

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC.
FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

Case No. 12959

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

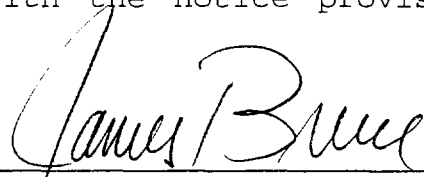
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of November, 2002, by James Bruce.


Notary Public

My Commission Expires:
3/14/2002

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT

EXHIBIT A

Sklarco LLC
401 Edwards Street
Shreveport, Louisiana 71101

James S. Strohmeyer, Trustee of the
Estate of Betty Baish Strohmeyer
5311 East 5th Street
Tucson, Arizona 85711

Karen Elizabeth Charles
110 Hudson Avenue
Altoona Pennsylvania 16602

Katherine Mary Scott
809 Sheridan Street
Altoona, Pennsylvania 16602

Mary Elizabeth Baish Weston
220 Fran Street
Lilly, Pennsylvania 15938

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, Georgia 30503

Michael R. McGuire
3209 Estrella Driver
Roswell, New Mexico 88201

Estate of Elyse Saunders Patterson
c/o Commerce Bank of Kansas City
Personal Trust Department
P.O. Box 419248
Kansas City, Missouri 64141

Donald S. Iverson
No. 1 Terrace Mountain Cove
Austin, Texas 78746

Jareed Partners, Ltd.
2407 Bellechase Court
Midland, Texas 79705

Penwell Employee Royalty Pool
Suite 600
600 North Marienfeld
Midland, Texas 79701

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

October 24, 2002

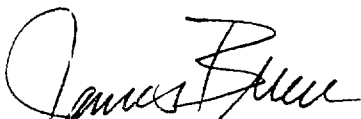
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding the W½ of Section 30, Township 18 South, Range 31 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, November 14, 2002 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,



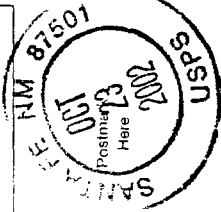
James Bruce

Attorney for Chi Energy, Inc.



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$ 8.65



Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
Sklarco LLC
401 Edwards Street
Shreveport, Louisiana 71101

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Elizabeth Baish Weston
220 Fran Street
Lilly, Pennsylvania 15938

2. Article Number

(Transfer from service label)

7001 2510 0006 5984 2871

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *T. Weston* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
TED WESTON, JR C. Date of Delivery
10-29-02

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sklarco LLC
401 Edwards Street
Shreveport, Louisiana 71101

2. Article Number

(Transfer from service label)

7001 2510 0006 5984 2833

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Weston* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
MR. WESTON C. Date of Delivery
10/25/02

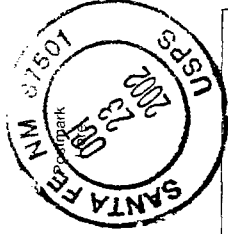
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$ 8.65



Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
Mary Elizabeth Baish Weston
220 Fran Street
Lilly, Pennsylvania 15938

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$ 8.30

Sent To
 Street, Apt. No. or PO Box No.
 Devon Energy Production Company, L.P.
 P.O. Box 108838
 Oklahoma City, Oklahoma 73101-8838
 City, State, Zip+4



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James S. Strohmeyer, Trustee of the
 Estate of Betty Baish Strohmeyer
 5311 East 5th Street
 Tucson, Arizona 85711

2. Article Number
 (Transfer from service label)
 7001

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Devon Energy Production Company, L.P.
 P.O. Box 108838
 Oklahoma City, Oklahoma 73101-8838

2. Article Number
 (Transfer from service label)
 7001

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Goodluck Njoku

C. Date of Delivery
 10-25-02

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Express Mail
☐ Registered
☒ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Jim Strohmeyer

C. Date of Delivery
 10/26/02

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Express Mail
☐ Registered
☒ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

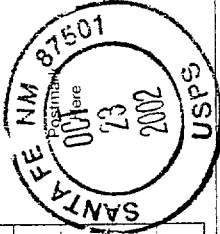
2. Article Number
 (Transfer from service label)
 7001

Domestic Return Receipt

102595-01-M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$ 9.30



Sent To

James S. Strohmeyer, Trustee of the
 Estate of Betty Baish Strohmeyer
 5311 East 5th Street
 Tucson, Arizona 85711

PS Form 3800, January 2001

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 0.60
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.65
 Total Postage & Fees \$ 9.30

Sent To
 Huggins Trust, Inc.
 P.O. Box 2421
 Gainesville, Georgia 30503
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Penwell Employee Royalty Pool
 Suite 600
 600 North Maricfield
 Midland, Texas 79701

2. Article Number
 (Transfer from service label) 7001 2510 0006 5984 2949

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Penwell* C. Date of Delivery *10-24-02*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-01-M-0381

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Huggins Trust, Inc.
 P.O. Box 2421
 Gainesville, Georgia 30503

2. Article Number
 (Transfer from service label) 7001 2510 0006 5984 2888

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Penwell* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ 0.60
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.65
 Total Postage & Fees \$ 9.30

Sent To
 Penwell Employee Royalty Pool
 Suite 600
 600 North Maricfield
 Midland, Texas 79701

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
 Estate of Elyse Saunders Patterson
 c/o Commerce Bank of Kansas City
 Personal Trust Department
 P.O. Box 419248
 Kansas City, Missouri 64141

PS Form 3800, January 2001. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael R. McGuire
 3209 Estrella Drive
 Roswell, New Mexico 88201

2. Article Number
(Transfer from service label)

7001 2510 0006 5984 2895

PS Form 3811, August 2001

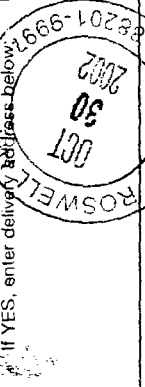
Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below

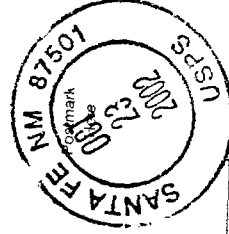


3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To

Michael R. McGuire
 3209 Estrella Drive
 Roswell, New Mexico 88201

PS Form 3800, January 2001. See Reverse for Instructions.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse, so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jareed Partners, Ltd.
2407 Bellechase Court
Midland, Texas 79705

2. Article Number
(Transfer from service label) **7001 2510 0006 5984 2925**

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

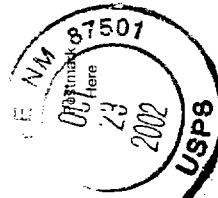
A. Signature	☐ Agent
X	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes	
If YES, enter delivery address below: ☐ No	

3. Service Type	☐ Express Mail
☒ Certified Mail	☐ Return Receipt for Merchandise
☐ Registered	☐ C.O.D.
☐ Insured Mail	
4. Restricted Delivery? (Extra Fee)	☐ Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)

5262 7865 9000 0152 7002

Postage	\$ 0-60
Certified Fee	2-30
Return Receipt Fee (Endorsement Required)	1-75
Restricted Delivery Fee (Endorsement Required)	4-65
Total Postage & Fees	\$



Sent To

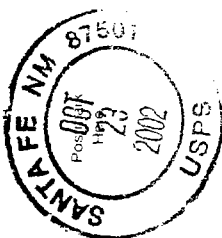
Jareed Partners, Ltd.
2407 Bellechase Court
Midland, Texas 79705

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

4982 4865 9000 0752 7002

Postage	\$ 0-66
Certified Fee	2-30
Return Receipt Fee (Endorsement Required)	1-75
Restricted Delivery Fee (Endorsement Required)	-
Total Postage & Fees	\$ 4-65



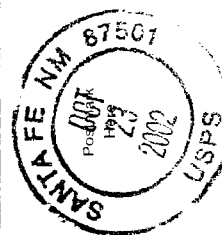
Sent To _____
 Street, Apt. No.,
 or PO Box No. Katherine Mary Scott
 809 Sheridan Street
 City, State, Zip+4 Altoona, Pennsylvania 16602

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7582 4865 9000 0752 7002

Postage	\$ 0-60
Certified Fee	2-30
Return Receipt Fee (Endorsement Required)	1-75
Restricted Delivery Fee (Endorsement Required)	-
Total Postage & Fees	\$ 4-65



Sent To _____
 Street, Apt. No.,
 or PO Box No. Karen Elizabeth Charles
 110 Hudson Avenue
 City, State, Zip+4 Altoona Pennsylvania 16602

PS Form 3800, January 2001 See Reverse for Instructions

8762 4865 9000 0752 7002

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

PS Form 3800, January 2001. See Reverse for Instructions.