

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289
www.montand.com

April 1, 2003

HAND-DELIVERED

Lori Wrotenbery, Director
Oil Conservation Division
New Mexico Department of Energy,
Minerals and Natural Resources
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

RECEIVED

APR 1 2003

Oil Conservation Division

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County,
New Mexico.*

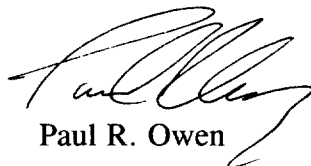
Dear Ms. Wrotenbery:

Enclosed in triplicate is the notice affidavit for the above-referenced case, in which I certify that notice of the March 13, 2003 hearing in this matter was given to all interested parties entitled to receive notice of the application under Oil Conservation Division rules.

The matter was heard on March 13, 2003, and presented by affidavit. Pursuant to my representation on the record, I am supplementing the record in this case by presentation of this Affidavit, and request that it be admitted as Trilogy Exhibit 2.

Please let me know if you have any questions.

Very truly yours,



Paul R. Owen

Enclosures

cc: Mr. Jerry Weant
Mr. David Brooks (via hand delivery)

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF TRILOGY OPERATING, INC. FOR
COMPULSORY POOLING, LEA COUNTY, NEW
MEXICO**

CASE 13024

AFFIDAVIT

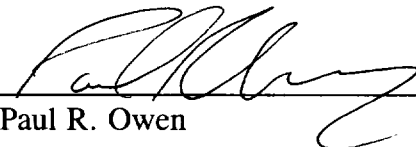
RECEIVED

APR 1 2003

Oil Conservation Division

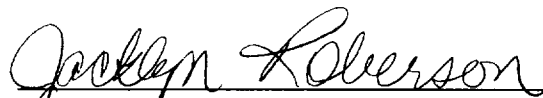
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Paul R. Owen, attorney in fact and authorized representative of Trilogy Operating, Inc., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, at the addresses shown on Exhibit "A" attached hereto.



Paul R. Owen

SUBSCRIBED AND SWORN to before this 1st day of April, 2003, by Paul R. Owen.



Jocelyn Roberson
Notary Public

My Commission Expires: April 1, 2006

EXHIBIT A
NOTIFICATION LIST
APPLICATION OF TRILOGY OPERATING, INC.
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO

SECTION 11, TOWNSHIP 19 SOUTH, RANGE 38 EAST,
NMPM, LEA COUNTY, NEW MEXICO

Gena Gilmer (unable to locate)

Mike Gilmer (unable to locate)

Barbara Christman Farrell (unable to locate)

Snyder-Flood Trust and Estate of Anne Snyder
c/o Wells Fargo Bank, Trustee
Attention: Trust Department
Post Office Box 1959
Midland, Texas 79702

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289

www.montand.com

February 19, 2003

VIA CERTIFIED U.S. MAIL,
RETURN RECIEPT REQUESTED

Snyder-Flood Trust and Estate of Anne Snyder
c/o Wells Fargo Bank, Trustee
Attention: Trust Department
Post Office Box 1959
Midland, Texas 79702

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County,
New Mexico*

Gentlemen:

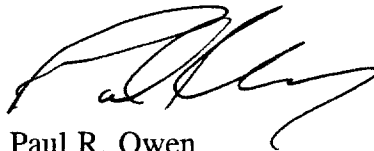
This letter is to advise you that Trilogy Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all mineral interests from the surface to the base of the Silurian formation, in certain spacing and proration units in the NW/4 SE/4 of Section 11, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Trilogy proposes to dedicate the referenced pooled units to its proposed Selman Well No. 1, to be drilled at a standard location in the NW/4 SE/4 of said Section 11.

This application has been set for hearing before a Division Examiner on March 13, 2003. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Snyder-Flood Trust and Estate of Anne Snyder
c/o Wells Fargo Bank, Trustee
February 19, 2003
Page 2

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



Paul R. Owen
Attorney for Trilogy Operating, Inc.

Encl.

M:\Attorneys\PRO\Trilogy\Selman No. 1\notice letter.021903.wpd

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
<div>7002 0510 0003 4612 8177</div>	
PRO	Postage \$
	Certified Fee
	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees \$
<div>SANTA FE NM FEB 19 2003 USPS - 87501</div>	
Sent To	
Snyder-Flood Trust & Estate of Anne Snyder	
Street, Apt. No., C/O Wells Fargo Bank Trust Dept	
or PO Box No. Post Office Box 1959	
City, State, ZIP+4 Midland, Texas 79702	
PS Form 3800, January 2001 See Reverse for Instructions	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Snyder-Flood Trust and
Estate of Anne Snyder
c/o Wells Fargo Bank, Trustee
Attention: Trust Department
Post Office Box 1959
Midland, Texas 79702

4a. Article Number

702 0510 0003 4612 8177

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

