

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

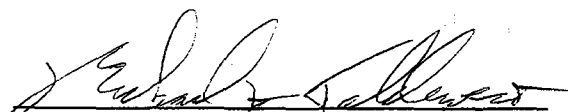
IN THE MATTER OF THE APPLICATION OF  
HEC PETROLEUM, INC. FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

CASE NO. 13302

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of HEC Petroleum Inc., the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 16 day of July 2004 by Michael H.

Feldewert.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO

My commission expires

01/14/07

Notary Public

My Commission Expires:

01/14/07

**ATTACHMENT A**

**APPLICATION OF HEC PETROLEUM, INC.  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Douglas Com Well No . 2**

James E. Earnest Estate  
Betty Crowley, PR and Exec  
Route 3, Box 17  
Peculiar, MO 64078

Corrine Grace  
P.O. Box 1418  
Carlsbad, N.M. 88220

Michael P. Grace II Estate  
Caleb Loring III & E.J. Sullivan  
D. Rich Ardson Co-Execs  
P.O. Box 5600  
Beverly Farms, MA 01915-0512

George E. & Elizabeth Hutton  
1804 Indian School, NW #15  
Albuquerque, N.M. 87104

Armando Larez  
Dora A. Larez  
P.O. Box 538  
Carlsbad, N.M. 88220

Olivia Navarro  
300 Calle Quieta  
Los Lunas, N.M. 87031-8725

Harold S. Winston  
P.O. Box 101235  
Fort Worth, TX 76185-1235

HOLLAND & HART<sup>LLP</sup>



**Michael H. Feldewert**  
Recognized Specialist in the Area of  
Natural Resources - oil and gas law -  
New Mexico Board of Legal  
Specialization

mfeldewert@hollandhart.com

June 29, 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Harold S. Winston  
P.O. Box 101235  
Fort Worth, TX 76185-1235

Re: Application of HEC Petroleum, Inc. for Compulsory Pooling  
Douglas Com Well No. 2, Eddy County, New Mexico.

Dear Interest Owner:

This letter is to advise you that HEC Petroleum, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner on July 22, 2004. You are not required to attend these hearings, but as an owner of an interest in this property, you may appear and present testimony. Failure to appear at this hearing and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of the scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Michael H. Feldewert  
Holland & Hart, LLP  
Attorneys for HEC Petroleum, Inc.

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

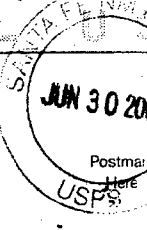
110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Albuquerque Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☐

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

**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



James E. Earnest Estate  
Betty Crowley, PR and Exec  
Route 3, Box 17  
Peculiar, MO 64078

**SENDER: CO** **COMPLETE THIS SECTION ON DELIVERY**

- 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 E. Earnest Estate  
Betty Crowley, PR and Exec  
Route 3, Box 17  
Peculiar, MO 64078

A. Received by (Please Print Clearly) John D. Crowley B. Date of Delivery 07/08/04  
C. Signature X John D. Crowley  
☐ Agent  
☐ Address  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

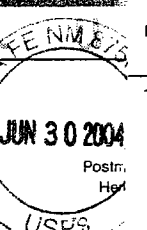
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 5118**

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

**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Michael P. Grace II Estate  
Caleb Loring III & E.J. Sullivan  
D. Rich Ardson Co-Execs  
P.O. Box 5600  
Beverly Farms, MA 01915-0512

- 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 P. Grace II Estate  
Caleb Loring III & E.J. Sullivan  
D. Rich Ardson Co-Execs  
P.O. Box 5600  
Beverly Farms, MA 01915-0512

A. Received by (Please Print Clearly) John D. Crowley B. Date of Delivery 07/13/04  
C. Signature X John D. Crowley  
☐ Agent  
☐ Address  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

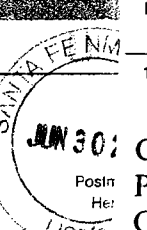
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 5095**

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

**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Corrine Grace  
P.O. Box 1418  
Carlsbad, N.M. 88220

**SENDER: COMPLETE THIS SECTION ON DELIVERY**

- 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:  
Corrine Grace  
P.O. Box 1418  
Carlsbad, N.M. 88220

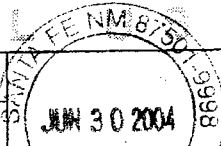
A. Received by (Please Print Clearly) Corrine Grace B. Date of Delivery 07/08/04  
C. Signature X Corrine Grace  
☐ Agent  
☐ Address  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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

2. Article Number (Copy from service label) **7001 1140 0002 5602 5101**

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

MHF-HEC



Postage \$ .60  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.65

Armando Larez  
 Dora A. Larez  
 P.O. Box 538  
 Carlsbad, N.M. 88220

**SENDER: COMPLETE**

- 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:

Armando Larez  
 Dora A. Larez  
 P.O. Box 538  
 Carlsbad, N.M. 88220

2. Article Number (Copy from service label)

7001 1140 0002 5602 5071

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

MHF-HEC



Postage \$ .60  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.65

George E. & Elizabeth Hutton  
 1804 Indian School, NW #15  
 Albuquerque, N.M. 87104

For Instructions

**DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- ☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

- ☐ Yes  
☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

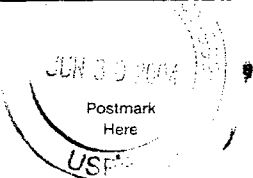
4. Restricted Delivery? (Extra Fee)

- ☐ Yes

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

**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Harold S. Winston  
P.O. Box 101235  
Fort Worth, TX 76185-1235

PS Form 3800, January 2001

See Reverse for

**SENDER: CO**

- 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:

Harold S. Winston  
P.O. Box 101235  
Fort Worth, TX 76185-1235

**NON DELIVERY**

A. Received by (Please Print Clearly) **HS Winston** B. Date of Delivery **7-3-4**

C. Signature **X HS Winston** ☐ Agent ☐ Addressee

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

2. Article Number (Copy from service label)

**7001 1140 0002 5602 5064**

PS Form 3811, July 1999

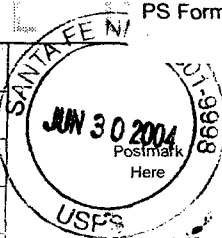
Domestic Return Receipt

102595-99-M-1789

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

**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Olivia Navarro  
300 Calle Quieta  
Los Lunas, N.M. 87031-8725

PS Form 3800, January 2001

See

**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:

Olivia Navarro  
300 Calle Quieta  
Los Lunas, N.M. 87031-8725

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Olivia Navarro** B. Date of Delivery **7/1/04**

C. Signature **X Olivia Navarro** ☐ Agent ☐ Addressee

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

2. Article Number (Copy from service label)

**7001 1140 0002 5602 5057**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789