

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

Case No. 14,968

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

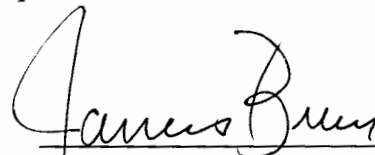
Case No. 14,969

AFFIDAVIT OF NOTICE

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

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

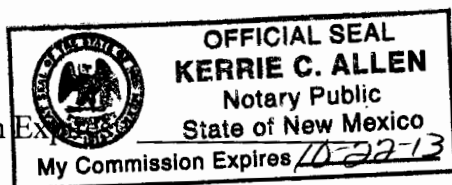
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.

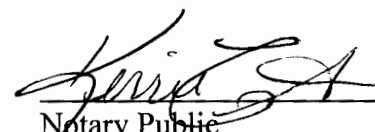


James Bruce

SUBSCRIBED AND SWORN TO before me this 20th day of March, 2013 by James Bruce.

My Commission Expires





Notary Public

Oil Conservation Division
Case No. 5
Exhibit No. 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

February 28, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

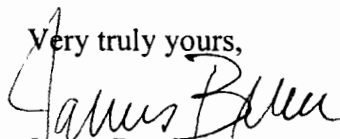
Ladies and gentlemen:

Enclosed are copies of two applications for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding two wells in the SW/4 of Section 30 and the W/2 of Section 31, Township 23 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, March 21, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, March 14, 2013. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Devon Energy Production Company, L.P.

EXHIBIT

A

EXHIBIT A

Oxy USA Inc.
P.O. Box 4294
Houston, TX 77210

Attn: Chris Gertson

Chevron U.S.A. Inc.
1400 Smith Street
Houston, TX 77002

Attn: Austin Brown

Fortson Oil Company
Suite 2900
301 West Commerce
Ft. Worth, TX 76102

Attn: Dinah Dupuy

Fortson Production Company
Suite 2900
301 West Commerce
Ft. Worth, TX 76102

Attn: Dinah Dupuy

AWM Management Trust
Burnett Plaza Suite 1500
801 Cherry Street Unit #9
Ft. Worth, TX 76102-6881

Attn: David Rhodes

Benco Energy, Inc.
P.O. Box 29
Ft. Worth, TX 76101

Khody Land & Minerals Company
210 Park Avenue
Oklahoma City, OK 73120

Attn: Cody Reid

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:

Chevron U.S.A. Inc.
1400 Smith Street
Houston, TX 77002

2. Article Number
(Transfer from service label) 7008 1140 0003 5880 1842

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

X [Signature]

B. Received by (Printed Name) [Signature] Date of Delivery MAR 6 2013

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

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OFFICIAL USE

7008 1140 0003 5880 1835

Postage	\$ 0.66	0500
Certified Fee	\$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.31	03/02/2013

Sent To Fortson Oil Company
Suite 2900
301 West Commerce
Ft. Worth, TX 76102

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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HOUSTON TX 77002

Postage	\$ 0.66	0500
Certified Fee	\$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.31	03/02/2013

Sent To Chevron U.S.A. Inc.
1400 Smith Street
Houston, TX 77002

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 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:

Fortson Oil Company
Suite 2900
301 West Commerce
Ft. Worth, TX 76102

2. Article Number
(Transfer from service label) 7008 1140 0003 5880 1835

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] Date of Delivery MAR 5 2013

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

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:

Benco Energy, Inc.
P.O. Box 29
Ft. Worth, TX 76101

2. Article Number 7008 1140 0003 5880 1804
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt D H 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Sarah Beckwith Date of Delivery MAR 05 2013

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

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FORT WORTH TX 76102

Postage	\$ 0.66	0500
Certified Fee	\$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.31	03/02/2013

Sent To Fortson Production Company
Suite 2900
301 West Commerce
Ft. Worth, TX 76102

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5880 1828

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OFFICIAL USE
FORT WORTH TX 76102

Postage	\$ 0.66	0500
Certified Fee	\$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.31	

Sent To Benco Energy, Inc.
P.O. Box 29
Ft. Worth, TX 76101

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5880 1804

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:

Fortson Production Company
Suite 2900
301 West Commerce
Ft. Worth, TX 76102

2. Article Number 7008 1140 0003 5880 1828
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt D H 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] 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

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:

Khody Land & Minerals Company
210 Park Avenue
Oklahoma City, OK 73120

2. Article Number **7008 1140 0003 5880 1798**
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt **DH** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] 3/4/13 Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **3-4-13**

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

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FORT WORTH, TX 76102

Postage	\$ 0.66	0500
Certified Fee	\$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	03/02/2013

Sent To: AWM Management Trust
 Burnett Plaza Suite 1500
 801 Cherry Street Unit #9
 Ft. Worth, TX 76102-6881

PS Form 3800, August 2006 See Reverse for Instructions

TTT 0995 E000 04TT 8007

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OFFICIAL USE

OKLAHOMA CITY OK 73120

Postage	\$ 0.66	0500
Certified Fee	\$3.10	03 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	03/02/2013

Sent To: Khody Land & Minerals Company
 210 Park Avenue
 Oklahoma City, OK 73120

PS Form 3800, August 2006 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:

AWM Management Trust
 Burnett Plaza Suite 1500
 801 Cherry Street Unit #9
 Ft. Worth, TX 76102-6881

2. Article Number **7008 1140 0003 5880 1811**
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt **DH** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **3-4-13**

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

962T 0995 E000 04TT 8007

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:

Oxy USA Inc.
P.O. Box 4294
Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] 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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7008 1140 0003 5880 1859**
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt *DF* 102595-02-M-1540

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HOUSTON TX 77210

Postage	\$ 0.66	0500 03 Postmark Here
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	03/02/2013

Sent To Oxy USA Inc.
P.O. Box 4294
Houston, TX 77210
Street, Apt. No. or PO Box No.
City, State, ZIP+4

7008 1140 0003 5880 1859