

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

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P.  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.



CASE NO. 16346

SUPPLEMENTAL AFFIDAVIT OF NOTICE

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

Candace Callahan, being duly sworn upon her oath, deposes and states:

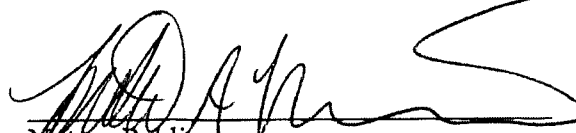
1. I am over the age of 18 and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted in good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to additional 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. For those interest owners who Applicant was unable to locate, notice was provided by publication, as reflected an Affidavit of Publication attached hereto as Exhibit B.
6. Applicant has complied with the notice provisions of Form C-108 and Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

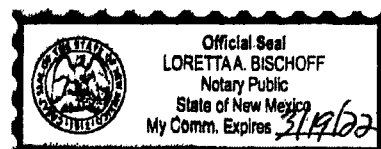
  
\_\_\_\_\_  
Candace Callahan

SUBSCRIBED AND SWORN TO before me this 27<sup>th</sup> day of September, 2018 by  
Candace Callahan.

My Commission Expires:

3/19/22

  
\_\_\_\_\_  
Notary Public



**BEATTY & WOZNIAK, P.C.**

ATTORNEYS AT LAW  
500 DON GASPAR AVENUE  
SANTA FE, NEW MEXICO 87505-2626  
TELEPHONE (505) 983-8545  
FACSIMILE (505) 983-8547  
www.bwenergylaw.com

CANDACE CALLAHAN

DIRECT: (505) 983-8764  
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

CASPER  
CHEYENNE  
DENVER  
SALT LAKE CITY  
SANTA FE

September 5, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT



To: Pooled Parties (Exhibit "A")

Re: New Mexico Oil Conservation Division Application for  
Compulsory Pooling, Case No. 16346  
**Spud Muffin 31-30 Fed Com 331H Well**

Dear Ladies and Gentlemen:

This letter is to advise you that Devon Energy Production Company, L.P. has filed the enclosed application for compulsory pooling of all uncommitted mineral interests with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 20, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner in the well unit you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four business days in advance of a scheduled hearing. 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 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Joe Hammond at (405) 552-8102 or Joe.Hammond@dvn.com.

Very truly yours,

Candace Callahan  
Attorney for Devon Energy Production Company, L.P.

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

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P.  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 16346

APPLICATION

Devon Energy Production Company, L.P. ("Devon"), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of N.M. Stat. Ann. §70-2-17, for an order pooling all uncommitted mineral interests in the Bone Spring formation underlying Lots 1 – 4 of Section 30 and Lots 1 – 4 of Section 31 (W/2W/2 of Sections 30 and 31), Township 23 South, Range 29 East, Eddy County, New Mexico. In support of its application, Devon states:

1. Devon (OGRID 6137) is a working interest owner in the subject acreage and has the right to drill thereon.
2. Devon proposes to dedicate the above-referenced 312.39 acre spacing and proration unit as the standard horizontal spacing and proration unit for the **Spud Muffin 31-30 Fed Com 331H well** to be horizontally drilled in the **Cedar Canyon; Bone Spring (Pool Code 11520)** from a surface location 270' FSL and 1275' FWL of Section 31 to a bottom hole location of 230' FNL and 990' FWL of Section 30.
3. This well will be pad-drilled sequentially and batch completed with other wells to be drilled within Sections 30 and 31 in the Bone Spring and Wolfcamp formations which are the subject of separate applications filed by Devon and currently pending before the Division.

4. The completed interval for this well will be orthodox.
5. Devon has sought and has been unable to obtain voluntary agreement for the development of these lands from all of the working interest owners in the subject spacing unit.
6. The pooling of interests will avoid the drilling of unnecessary wells, will prevent waste and will protect correlative rights.
7. As the proposed well will be simultaneously drilled and batch completed with other wells Devon has proposed to be drilled within Sections 30 and 31, Devon requests an extension of the 120-day time period to drill and complete the well provided by the standard pooling order.
8. In order to permit Devon to obtain it's just and fair share of the oil and gas underlying the subject lands, all mineral interests in this standard horizontal spacing and proration unit should be pooled and Devon Energy Production Company, L.P. should be designated the operator of this proposed horizontal well and spacing unit.
9. Notice of this application is being given in accordance with Division rules.

**WHEREFORE**, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on August 9, 2018, and, after notice and hearing as required by law, the Division enter an order:

- A. Pooling all uncommitted mineral interests in the Bone Spring formation underlying the standard horizontal spacing and proration unit comprised of the Lots 1 – 4 of Section 30 and Lots 1 – 4 of Section 31 (W/2W/2 of Sections 30 and 31), Township 23 South, Range 29 East, Eddy County, New Mexico;
- B. Dedicating the **Spud Muffin 31-30 Fed Com 331H** well to the standard horizontal spacing and proration unit for the Bone Spring formation comprised of the Lots 1 – 4

of Section 30 and Lots 1 – 4 of Section 31 (W/2W/2 of Sections 30 and 31), Township 23 South,  
Range 29 East, Eddy County, New Mexico;

- C. Providing an extension of the 120-day requirement to drill and complete the well;
- D. Designating Devon Energy Production Company, L.P. operator of this standard horizontal spacing and proration unit and the horizontal well to be drilled thereon;
- E. Authorizing Devon to recover its costs of drilling, equipping and completing the well;
- F. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- G. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing the initial well against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

BEATTY & WOZNIAK, P.C.

By: 

Candace Callahan

500 Don Gaspar Avenue

Santa Fe, New Mexico 87505

(505) 983-8545 or (505) 983-8765 (direct)

(800) 886-6566 (fax)

[ccallahan@bwenergylaw.com](mailto:ccallahan@bwenergylaw.com)

ATTORNEYS FOR DEVON ENERGY PRODUCTION  
COMPANY, L.P.

Exhibit A

Lerwick I Ltd.  
56 Stamford St.  
Apt 212  
Asheville, NC 28803

Michael A. Kulenguski  
279 Jones Mtn Rd.  
Madison, Virginia 22727

RKC, Inc.  
7500 E. Arapahoe Dr.  
Centennial, CO 80112-6116

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

Leslie R. Honeyman Trust  
Lanell Joy Honeyman, Trustee  
406 Skywood Circle  
Midland, TX 79705

Kaiser-Francis Oil Company  
P.O. Box 21468  
Tulsa, OK 74121-1468

AWM Management Trust  
Annie W. Marion, Trustee  
801 Cherry St.  
Fort Worth, TX 76102

John S. Tittl  
7304 Valencia Grove Ct.  
Fort Worth, TX 76132

Roden Participants, Ltd.  
2603 Augusta Drive  
Suite 430  
Houston, TX 77057

Roden Exploration Company  
2603 Augusta Drive  
Suite 430  
Houston, TX 77057

Roden Associates, Ltd.  
2603 Augusta Drive  
Suite 430  
Houston, TX 77057

Mid Continent Energy, Inc.  
4127 Gulf of Mexico Drive  
Longboat Key, FL 34428

U.S. Postal Service <sup>(TM)</sup>  
**CERTIFIED MAIL <sup>(TM)</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

ASHEVILLE, NC 28803

Postage	\$3.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
	\$0.00
	\$1.21
Total Postage & Fees	\$7.41



Sent To **Lerwick I Ltd.**  
Street, Apt. No. **56 Stamford St.**  
or PO Box No. **Apt 212**  
City, State, ZIP **Asheville, NC 28803**

PS Form 3800

7013 3020 0000 4607 3127



**BEATTY & WENZEL, P.D.**  
509 Don Gump Ave.  
Santa Fe, NM 87505



7013 3020 0000 4607 3127



1000



U.S. POSTAGE PAID  
\$7.41  
R230HE10686-19

**RETURN RECEIPT  
REQUESTED**

Lerwick Ltd.  
56 Stamford St.  
Apt 212  
Asheville, NC 28803

5001-0089 R

**SENDER - COMPLETE THIS SECTION**

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

- A. Signature ☒ Agent ☐ Address
- B. Received by (Printed Name) ☐ Date of Delivery
- C. If YES, enter delivery address below: ☐ Yes ☐ No

Lerwick Ltd.  
56 Stamford St.  
Apt 212  
Asheville, NC 28803

5001-0089 R

- 3. Service Type ☐ Certified Mail ☐ Priority Mail Express®
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Registered Delivery/ Return Fee ☐ Yes ☐ No

2. Article Number (Indicate item service label) 7013 3020 0000 4607 3127  
PS Form 3811, July 2013 Domestic Return Receipt

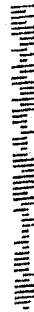
NIXIE

220 DC 1

0009/20/16

RETURN TO SENDER  
NOT DELIVERABLE  
UNABLE TO FORWARD

BC: 2880328862



**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:

5001-0089 R

Michael A. Kulenguski  
279 Jones Mtn Rd.  
Madison, Virginia 22727

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee  
 X *Robanne Berry*
- B. Received by (Printed Name) *Robanne Berry* C. Date of Delivery *9/20/18*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7013 3020 0000 4607 3134

PS Form 3811, July 2013

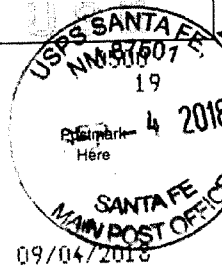
Domestic Return Receipt

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MADISON, VA 22727

Postage	\$3.45	\$2.75
Certified Fee		\$0.00
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		\$0.00
	\$1.21	
Total Postage & Fees	\$	\$7.41



5001-0089 R

Sent To  
 Michael A. Kulenguski  
 Street, A.  
 or PO Box 279 Jones Mtn Rd.  
 City, State Madison, Virginia 22727

PS Form

ctions

7013 3020 0000 4607 3134

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 100px;">5001-0089 R</p> <p>RKC, Inc. 7500 E. Arapahoe Dr. Centennial, CO 80112-6116</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>7013 3020 0000 4607 3141</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

7013 3020 0000 4607 3141

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**ENGLEWOOD, CO 80112**

Postage	\$3.45	\$2.75	
Certified Fee		\$0.00	
Return Receipt Fee (Endorsement Required)		\$0.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
	\$1.21		
<b>Total Postage &amp; Fees</b>	<b>\$7.41</b>		

Sent To \_\_\_\_\_ 5001-0089 R

Street, Apt. No., or PO Box No. **RKC, Inc.  
7500 E. Arapahoe Dr.**

City, State, ZIP+4 **Centennial, CO 80112-6116**

09/04/2018

PS Form 3800, 4

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;"><b>X</b></span> <div style="margin-left: 10px;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Liberty Vraza</div> </p> <p>C. Date of Delivery</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="text-align: right; margin-top: 20px;">5001-0089 R</div> <p style="margin-top: 20px;">Benco Energy, Inc.  P.O. Box 29  Fort Worth, TX 76101</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Priority Mail Express™  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery </div> </div> <hr/> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p style="font-size: 1.2em; text-align: center;">7013 3020 0000 4607 3158</p>

PS Form 3811, July 2013 Domestic Return Receipt

7013 3020 0000 4607 3158

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**FORT WORTH, TX 76101**

Postage	\$3.45	\$2.75	
Certified Fee		\$0.00	
Return Receipt Fee <small>(Endorsement Required)</small>		\$0.00	
Restricted Delivery Fee <small>(Endorsement Required)</small>		\$0.00	
	\$1.21		
<b>Total Postage</b>		<b>\$7.41</b>	

Sent To: **Benco Energy, Inc.** 5001-0089 R

Street, Apt. No. or PO Box No.: **P.O. Box 29**

City, State, ZIP: **Fort Worth, TX 76101**

PS Form 3800

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>Leslie R. Honeyman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="text-align: right;">5001-0089 R</div> Leslie R. Honeyman Trust Lanell Joy Honeyman, Trustee 406 Skywood Circle Midland, TX 79705		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7013 3020 0000 4607 3165	
PS Form 3811, July 2013		Domestic Return Receipt	

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
MIDLAND, TX 79705	
Postage	\$3.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage	\$6.20
	\$7.41
Sent To	Leslie R. Honeyman Trust
Street, Apt. or PO Box	Lanell Joy Honeyman, Trustee
City, State	406 Skywood Circle
	Midland, TX 79705
PS Form 3811, July 2013	

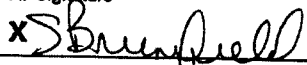
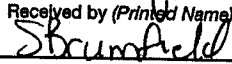
USPS SANTA FE NM 87501

SEP 4 2018

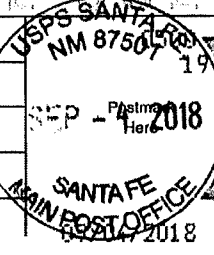
SANTA FE MAIN POST OFFICE

19/04/2018 5001-0089 R

7013 3020 0000 4607 3165

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="text-align: right;">5001-0089 R</div> Kaiser-Francis Oil Company P.O. Box 21468 Tulsa, OK 74121-1468		B. Received by (Printed Name) 	C. Date of Delivery 
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7013 3020 0000 4607 3172	

PS Form 3811, July 2013 Domestic Return Receipt

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<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
TULSA, OK 74121	
Postage \$7.41 Certified Fee \$2.75 Return Receipt Fee (Endorsement Required) \$0.00 Restricted Delivery Fee (Endorsement Required) \$0.00 Total Postage & Fees \$10.16	
Sent To Kaiser-Francis Oil Company P.O. Box 21468 Tulsa, OK 74121-1468	5001-0089 R
PS Form 3800	

7013 3020 0000 4607 3172

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 9-7-18	
1. Article Addressed to:  5001-0089 R AWM Management Trust Annie W. Marion, Trustee 801 Cherry St. Fort Worth, TX 76102		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7013 3020 0000 4607 3189	

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
FORT WORTH, TX 76102	
Postage	\$3.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.41
Sent To	AWM Management Trust
Street, Apt. or PO Box	Annie W. Marion, Trustee
City, State	801 Cherry St. Fort Worth, TX 76102

7013 3020 0000 4607 3189

USPS SANTA FE NM 87501  
SEP 4 2018  
SANTA FE MAIN POST OFFICE  
09702208  
5001-0089 R

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X </p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>John S Tittl <span style="float: right;">9-2-16</span></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>5001-0089 R</p> <p>John S. Tittl 7304 Valencia Grove Ct. Fort Worth, TX 76132</p>	
<p>7013 3020 0000 4607 3196</p>	

PS Form 3811, July 2013

Domestic Return Receipt

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**FORT WORTH, TX 76132**

Postage	\$3.45		
Certified Fee	\$2.75		
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
	\$0.00		
	\$1.21		
<b>Total Postage &amp; Fees</b>	<b>\$7.41</b>		

Sent To: John S. Tittl  
 Street, Apt., or PO Box #: 7304 Valencia Grove Ct.  
 City, State: Fort Worth, TX 76132

5001-0089 R

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>R. Monroe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="text-align: right;">5001-0089 R</div> Roden Participants, Ltd. 2603 Augusta Drive Suite 430 Houston, TX 77057		B. Received by (Printed Name) <i>R. Monroe</i> C. Date of Delivery <i>8/10/18</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7013 3020 0000 4607 3202	

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**HOUSTON TX 77057**

Postage	\$3.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
	\$1.21
Total Postage & Fees	\$7.41

Sent To: Roden Participants, Ltd.  
2603 Augusta Drive  
Suite 430  
Houston, TX 77057

PS Form 3811, July 2013

**USPS SANTA FE NM 87504**  
Postmark: Here 4 2018  
SANTA FE NM 87504

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Paul E Monte</i> Agent Addressee	
1. Article Addressed to:  5001-0089 R Roden Exploration Company 2603 Augusta Drive Suite 430 Houston, TX 77057		B. Received by (Printed Name) <i>E Monte</i> C. Date of Delivery <i>9/10/18</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7013 3020 0000 4607 3219	

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

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

HOUSTON, TX 77057

Postage	\$2.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
	\$0.00
	\$1.21
Total Postage & Fees	\$7.41

Sent To  
Roden Exploration Company  
2603 Augusta Drive  
Suite 430  
Houston, TX 77057

PS Form 3811

USPS SANTA FE NM 87507  
SEP 4 2018  
Postmark Here  
SANTA FE MAIN POST OFFICE  
09/04/2018  
5001-0089 R

7013 3020 0000 4607 3219

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <i>R. Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-0089 R</p> <p>Roden Associates, Ltd. 2603 Augusta Drive Suite 430 Houston, TX 77057</p>		<p>B. Received by (Printed Name) <i>R. Moore</i> C. Date of Delivery <i>5/10/18</i></p>	
<p>2. Article Number (Transfer from service label) <b>7013 3020 0000 4607 3226</b></p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7013 3020 0000 4607 3226

## U.S. Postal Service<sup>TM</sup>

# CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

HOUSTON, TX 77057

Postage	\$2.75
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$7.41</b>

Sent To: Roden Associates, Ltd.  
2603 Augusta Drive  
Suite 430  
Houston, TX 77057

PS Form 3800

USPS SANTIAGO NM 87507

MAY 10 2018

SANTA FE POST OFFICE

5001-0089 R

7013 3020 0000 4607 3233

U.S. Postal Service <sup>TM</sup>	
CERTIFIED MAIL <sup>TM</sup> RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
LONGBOAT KEY, FL 34228	
Postage	\$3.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.41
Sent To	
Mid Continent Energy, Inc.	
4127 Gulf of Mexico Drive	
Longboat Key, FL 34228	
PS Form	

USPS SANTA FE NM 87501

Postmark  
SEP 4 2018

SANTA FE  
MAIN POST OFFICE

5001-0089 R

actions

BEATTY & WOZNIAK, P.C.  
ENERGY IN THE LAW  
500 Don Gaspar Ave.  
Santa Fe, NM 87505

7013 3020 0000 4607 3233

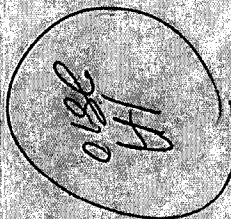


1000

34228

U.S. POSTAGE PAID  
SANTA FE, NM  
SEP 04, 18  
ALBION  
\$7.41  
R2304E100855-19

RETURN RECEIPT  
REQUESTED



Mid Continent Energy, Inc.  
4127 Gulf of Mexico Drive  
Longport Key, FL 34428  
5001-0089 R  
34228

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 back if space permits.

1. Article Addressed to:
2. Article Number (Transfer from service label)
3. Signature ☒ Agent ☐ Addressee
4. Restricted by (Planned Name) ☐ Address
5. Date of Delivery
6. Is delivery address different from item 1? ☐ Yes ☐ No
7. If YES, enter delivery address below: ☐ Yes ☐ No

Mid Continent Energy, Inc.  
4127 Gulf of Mexico Drive  
Longport Key, FL 34428  
5001-0089 R  
34228

PS Form 3811, February 2004 Domestic Return Receipt

NIXIE 326 D0 1 0009/11/18  
RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

CARLSBAD  
**CURRENT-ARGUS**

**AFFIDAVIT OF PUBLICATION**

Ad No.  
0001261023

BEATTY & WOZNAK, P.C.  
216 SIXTEENTH STREET, SUITE 1100  
DENVER CO 80202

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

09/09/18

*Audith R.*

Legal Clerk

Subscribed and sworn before me this  
10th of September 2018.

*Vicky Felty*

State of WI, County of Brown  
NOTARY PUBLIC

*9-19-21*

My Commission Expires

Ad#:0001261023  
P O : 16346  
# of Affidavits :0.00

STATE OF NEW  
MEXICO  
ENERGY MINERALS  
AND NATURAL RE-  
SOURCE DEPART-  
MENT  
OIL CONSERVATION  
DIVISION  
SANTA FE, NEW  
MEXICO

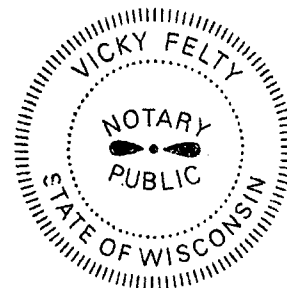
The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 a.m. on October 4, 2018, in the Oil Conservation Division's Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner, duly appointed for the hearing. OCD Rule Subsection B of 19.15.4.13 NMAC requires parties who intend to present evidence at an adjudicatory hearing to file a pre-hearing statement no later than the Thursday before the hearing and serve a copy on opposing counsel of record. If the OCD does not receive a pre-hearing statement from the applicant by the close of business on the Thursday before the hearing, the hearing may be continued.

**STATE OF NEW  
MEXICO TO:**

All named parties and persons having any right, title interest or claim in the following cases and notice to the public (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)  
TO: Lerwick I Ltd, Michael A. Kulenguski, RKC, Inc., Benco Ener-

EXHIBIT

*B*



gy, Inc., Leslie R. Honeyman Trust, Lanell Joy Honeyman, Trustee of the Leslie R. Honeyman Trust, Kaiser-Francis Oil Company, AWM Management Trust, John S. Tittl, Roden Participants, Ltd., Roden Exploration Company, Roden Associates, Ltd., Mid Continent Energy, Inc.,

**Case No. 16346: Application of Devon Energy Production Company, L.P. for a non-standard spacing and proration unit, and compulsory pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order pooling all uncommitted mineral interests in the Bone Spring formation underlying Lots 1 - 4 of Section 30 and Lots 1 - 4 of Section 31 (W/2W/2 of Sections 30 and 31), Township 23 South, Range 29 East, Eddy County, New Mexico. Said standard 312.39 acre horizontal spacing and proration unit is to be dedicated to the applicant's **Spud Muffin 31-30 Fed Com 331H well** to be horizontally drilled in the **Cedar Canyon; Bone Spring (Pool Code 11520)** from a surface location 270' FSL and 1275' FWL of Section 31 to a bottom hole location of 230' FNL and 990' FWL of Section 30. The completed interval this well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of Devon Energy Production Company, L.P. as operator of the well and a 200% charge for risk involved in drilling the well. Said

area is located ap-  
proximately 16 miles  
Southeast of Carlsbad,  
New Mexico.  
September 9, 2018