

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

**APPLICATION OF CIMAREX ENERGY CO. OF
COLORADO FOR APPROVAL OF A SECONDARY
RECOVERY PROJECT AND TO QUALIFY THE
PROJECT FOR THE RECOVERED OIL TAX RATE,
LEA COUNY, NEW MEXICO.**

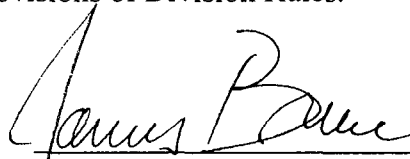
Case No. 14,676

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 Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owner, at its correct address, by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules.



James Bruce

SUBSCRIBED AND SWORN TO before me this 22nd day of June, 2011 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division
Case No. 4 14676
Exhibit No. 4

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

June 2, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit 1

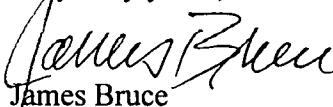
Ladies and gentlemen:

Enclosed is a copy of an application for approval of a secondary recovery project, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co. of Colorado, regarding a project in Section 1, Township 19 South, Range 32 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 23, 2011, in Porter Hall 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter 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, June 16, 2011. 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 Cimarex Energy Co. of Colorado

EXHIBIT 

EXHIBIT 1

Bureau of Land Management
620 East Greene Street
Carlsbad, New Mexico 88220

Sol West
Michael Shearn
P.O. Box 10120
El Paso, Texas 79992

Strata Production Company
P.O. Box 1030
Roswell, New Mexico 88202

Hudson Oil Company of Texas
616 Texas Street
Fort Worth, Texas 76102

Iverson Trusts
P.O. Box 10508
Midland, Texas 78702

Penroc Oil Corp.
P.O. Box 5970
Hobbs, New Mexico 88241

ConocoPhillips Company
P.O. Box 7500
Bartlesville, Oklahoma 74005

Occidental Permian L.P.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

Saber Oil & Gas Ventures, LLC
Suite 950
400 West Illinois
Midland, Texas 79701

7992 2985 0000 0417 8002

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OFFICIAL USE
 CARLSBAD, NM 88226

Postage	\$ 1.68
Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.83

Postmark Here: JUN - 2 2011
 0500
 SANTA FE MAIN POST OFFICE

Sent To: Bureau of Land Management
 620 East Greene Street
 Carlsbad, New Mexico 88220
 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:
 Sol West
 Michael Shearn
 P.O. Box 10120
 El Paso, Texas 79992

2. Article Number: 7008 1140 0003 5862 0658
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt *Cx-3* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Michael Shearn* Agent Addressee

B. Received by (Printed Name): *Michael Shearn* Date of Delivery: *6/2/2011*

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

WASHINGTON PARK ST
 EL PASO, TX
 79905 - USPS

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:
 Bureau of Land Management
 620 East Greene Street
 Carlsbad, New Mexico 88220

2. Article Number: 7008 1140 0003 5862 0665
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt *Cx-3* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X [Signature]* Agent Addressee

B. Received by (Printed Name): *De Salcedo* Date of Delivery: *6/1/11*

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

7992 2985 0000 0417 8002

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OFFICIAL USE
 EL PASO, TX 79905

Postage	\$ 1.68
Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.83

Postmark Here: JUN - 2 2011
 0500
 SANTA FE MAIN POST OFFICE

Sent To: Sol West
 Michael Shearn
 P.O. Box 10120
 El Paso, Texas 79992
 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:

Iverson Trusts
P.O. Box 10508
Midland, Texas 78702

2. Article Number:

7008 1140 0003 5862 0627

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *R. V. PENN* C. Date of Delivery: *6-9-11*

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.

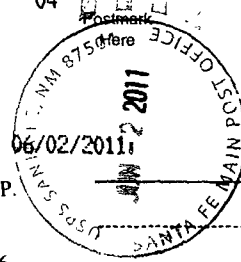
4. Restricted Delivery? (Extra Fee) Yes

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HOUSTON TX 77046 OFFICIAL USE

Postage	\$ 1.68	0500
Certified Fee	\$2.85	04
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.83	



Sent To Occidental Permian L.P.
 Suite 110
 5 Greenway Plaza
 Houston, Texas 77046

PS Form 3800, August 2006

See Reverse for Instructions

7008 1140 0003 5862 0597

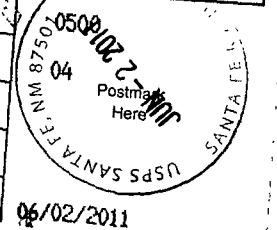
7008 1140 0003 5862 0627

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AUSTIN TX 78702 OFFICIAL USE

Postage	\$ 1.68
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.83



Sent To Iverson Trusts
 P.O. Box 10508
 Midland, Texas 78702

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:

Occidental Permian L.P.
 Suite 110
 5 Greenway Plaza
 Houston, Texas 77046

2. Article Number:

7008 1140 0003 5862 0597

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *[Signature]* C. Date of Delivery: *[Signature]*

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

CR-B

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:

Hudson Oil Company of Texas
616 Texas Street
Fort Worth, Texas 76102

2. Article Number
(Transfer from service label) **7008 1140 0003 5862 0634**

PS Form 3811, February 2004 Domestic Return Receipt *Ce-3* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Olivia* C. Date of Delivery *6-7-11*

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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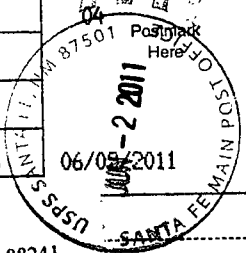
OFFICIAL USE
HOBBS NM 88241

Postage	\$ 1.68	0500
Certified Fee	\$ 2.85	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.83	

Sent To Penroc Oil Corp.
P.O. Box 5970
Hobbs, New Mexico 88241
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5862 0610



7008 1140 0003 5862 0634

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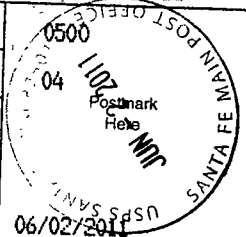
For delivery information visit our website at www.usps.com

OFFICIAL USE
FORT WORTH TX 76102

Postage	\$ 1.68	0500
Certified Fee	\$ 2.85	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.83	

Sent To Hudson Oil Company of Texas
616 Texas Street
Fort Worth, Texas 76102
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:

Penroc Oil Corp.
P.O. Box 5970
Hobbs, New Mexico 88241

2. Article Number
(Transfer from service label) **7008 1140 0003 5862 0610**

PS Form 3811, February 2004 Domestic Return Receipt *Ce-3* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery *6/7/11*

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

7008 1140 0003 5862 0641

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Postage	\$ 1.68
Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.83

Postmark Here: JUN 2 2011

Sent To: Strata Production Company
 Street, Apt No. or PO Box No.: P.O. Box 1030
 City, State, ZIP+4: Roswell, New Mexico 88202

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:
 Saber Oil & Gas Ventures, LLC
 Suite 950
 400 West Illinois
 Midland, Texas 79701

2. Article Number: 7008 1140 0003 5862 0580
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *B. Palista*

C. Date of Delivery: *6/6/11*

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:
 Strata Production Company
 P.O. Box 1030
 Roswell, New Mexico 88202

2. Article Number: 7008 1140 0003 5862 0641
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Nancy Bonibel*

C. Date of Delivery: *06/07/2011*

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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Postage	\$ 1.68
Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.83

Postmark Here: JUN 7 2011

Sent To: Saber Oil & Gas Ventures, LLC
 Street, Apt No. or PO Box No.: Suite 950
 City, State, ZIP+4: Midland, Texas 79701

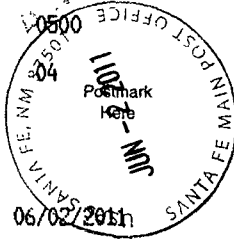
PS Form 3800, August 2006 See Reverse for Instructions

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Postage	\$ 1.68
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.83



Sent To: ConocoPhillips Company
P.O. Box 7500
Street, Apt. No., or PO Box No. Bartlesville, Oklahoma 74005
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5862 0603

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:

ConocoPhillips Company
P.O. Box 7500
Bartlesville, Oklahoma 74005

2. Article Number:
(Transfer from service label)

7008 1140 0003 5862 0603

COMPLETE THIS SECTION ON DELIVERY

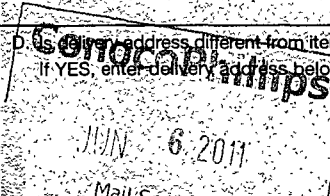
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is this 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



Cx - 9