

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

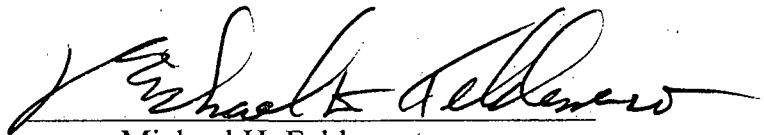
APPLICATION OF EOG RESOURCES, INC.
FOR SIMULTANEOUS DEDICATION AND
AN EXCEPTION TO THE SPECIAL RULES
AND REGULATIONS FOR THE RED
HILLS-BONE SPRING POOL,
LEA COUNTY, NEW MEXICO.

Case No. 14738 & 14739

AFFIDAVIT

STATE OF NEW MEXICO)
) ss. *[Signature]*
COUNTY OF SANTA FE)

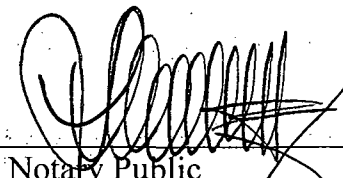
Michael H. Feldewert, attorney in fact and authorized representative of EOG Resources, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the addresses shown on Exhibit "A" attached hereto, and that true and correct copies of the notice letter and proof of receipt are attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before this 28th day of September 2011 by
Michael H. Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15


Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by:
EOG RESOURCES, INC.
Hearing Date: September 29, 2011

HOLLAND & HART



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

September 7, 2011

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

**RE: Case No. 14738: Application of EOG Resources, Inc. for Simultaneous
Dedication and an exception to the Special Rules and Regulations for the Red
Hills-Bone Spring Pool, Lea County, New Mexico**

This letter is to advise you that EOG Resources, Inc. has filed the enclosed application 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 29, 2011. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should 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

MHF
Enclosure

DILLON 31 FED COM
EOG RESOURCES

Comanche Oil & Gas Company
505 N. Big Spring, Suite 303
Midland, Texas 79701

Sharktooth Resources, Ltd.
407 N. Big Spring, Suite 240
Midland, Texas 79701

The Johnston Family Trust
301 Helen Greathouse Circle
Midland, Texas 79707

Roden Associates, Ltd.
2603 Augusta Drive , Suite 740
Houston, Texas 77057

Roden Participants, Ltd.
2603 Augusta Drive, Suite 740
Houston, Texas 77057

Chevron Midcontinent, LP
11111 S. Wilcrest
Houston, Texas 77099

Michael Shearn
4120 Rio Bravo, Suite 305
El Paso, Texas 79902

Sol West III
4120 Rio Bravo, Suite 305
El Paso, Texas 79902

Roden Exploration Company
2603 Augusta Drive, Suite 740
Houston, Texas 77057

Accord DuLac Partnerships, LP
Post Office Box 676370
Rancho Santa Fe, CA 92067

Pennies from Heaven, LLC
c/o Bank of America as Agent
P.O. Box 830308
Dallas, Texas 75283

Chesapeake Exploration, LLC
6100 North Western Ave.
Oklahoma City, OK 73118

Cyrene L. Inman Trust
c/o Nations Bank
Post Office Box 840738
Dallas, Texas 75283

D.E. Gonzales
Post Office Box 2475
Santa Fe, New Mexico 87504

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EOG-Dillon 31
Postmark
SEP - 7 2011
Here
Post Office
SANTA FE MAIN POST OFFICE
SANTA FE, NM 87501

Postage	\$ 4.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage & Fees	\$ 15.08

Comanche Oil & Gas Company
505 N. Big Spring, Suite 303
Midland, Texas 79701

For Instructions

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SANTA FE MAIN POST OFFICE
SANTA FE, NM 87501

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage & Fees	\$ 9.08

Sharktooth Resources, Ltd.
407 N. Big Spring, Suite 240
Midland, Texas 79701

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:

Comanche Oil & Gas Company
505 N. Big Spring, Suite 303
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 8600

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Kellye Simmons* ☐ Agent
B. Received by (Printed Name) *Kellye Simmons* ☐ Addressee
C. Date of Delivery *9-9-11*
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

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:

Sharktooth Resources, Ltd.
407 N. Big Spring, Suite 240
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 8594

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Carol R. Brown* ☐ Agent
B. Received by (Printed Name) *CAROL BROWN* ☐ Addressee
C. Date of Delivery *9-9-11*
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

ENCLOSURE

2 7558 6269 1000 0922 9002

U.S. Postal Service™
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EOG-Dillon 31

Postage \$ 44

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) 5.54

Total Postage & Fees \$ 5.54

The Johnston Family Trust
301 Helen Greathouse Circle
Midland, Texas 79707

for instructions

0258 6269 1000 0922 9002

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

EOG-Dillon 31

Postage \$ 44

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) 5.54

Total Postage & Fees \$ 5.54

Roden Associates, Ltd.
2603 Augusta Drive, Suite 740
Houston, Texas 77057

for instructions

2

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ENVELOPE TO THE RIGHT.

1. Article Addressed to:

The Johnston Family Trust
301 Helen Greathouse Circle
Midland, Texas 79707

2. Article Number (Transfer from service label)
7006 2760 0001 6379 8587

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

SECTION ON DELIVERY

A. Signature Shirley Johnston
X Ship Agent
B. Received by (Printed Name) Shirley Johnston
C. Date of Delivery 9-9-11
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

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ENVELOPE TO THE RIGHT.

1. Article Addressed to:

Roden Associates, Ltd.
2603 Augusta Drive, Suite 740
Houston, Texas 77057

2. Article Number (Transfer from service label)
7006 2760 0001 6379 8570

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ben Hubbard
X Ship Agent
B. Received by (Printed Name) Ben Hubbard
C. Date of Delivery 9-12-11
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

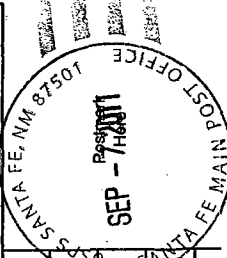
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Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54

Roden Participants, Ltd.
 2603 Augusta Drive, Suite 740
 Houston, Texas 77057

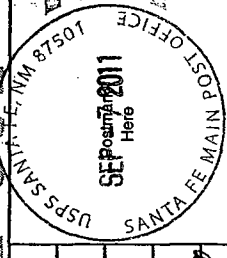


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EOG-Dillon 31
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AL USE

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Chevron Midcontinent, LP
 11111 S. Wilcrest
 Houston, Texas 77099



2006 2760 0001 6379 8563

2006 2760 0001 6379 8563

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:

Roden Participants, Ltd.
 2603 Augusta Drive, Suite 740
 Houston, Texas 77057

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 8563

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
☒ Agent
☐ Addressee
- B. Received by (Printed Name)
☐ Date of Delivery
 A. Hubbard 9-12-11
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

ENCLOSURE

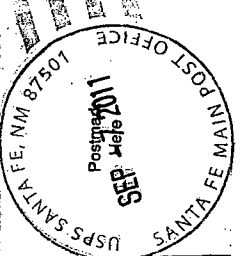
4

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EOG-Dillon 31
Postage at www.usps.com

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Michael Shearn
4120 Rio Bravo, Suite 305
El Paso, Texas 79902



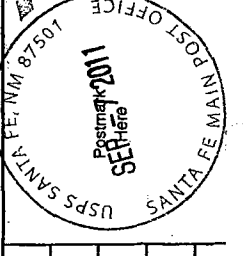
For Instructions

U.S. Postal ServiceTM
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EOG-Dillon 31
Postage at www.usps.com

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Sol West III
4120 Rio Bravo, Suite 305
El Paso, Texas 79902



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:

Michael Shearn
4120 Rio Bravo, Suite 305
El Paso, Texas 79902

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 8549

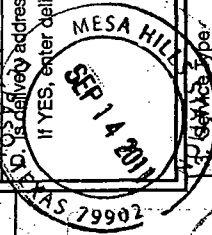
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ION ON DELIVERY

- A. Signature
Michael Shearn
- B. Received by (Printed Name)
Michael Shearn
- C. Date of Delivery
SEP 14 2011



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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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 III
4120 Rio Bravo, Suite 305
El Paso, Texas 79902

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 8532

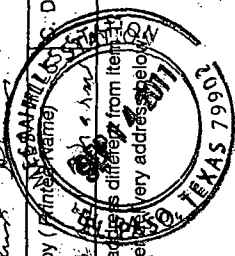
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ION ON DELIVERY

- A. Signature
Sol West III
- B. Received by (Printed Name)
Sol West III
- C. Date of Delivery
SEP 14 2011



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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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EOG-Dillon 31
Website at www.usps.com

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Roden Exploration Company
2603 Augusta Drive, Suite 740
Houston, Texas 77057

SEP - 7 2011
Postmark Here
SANTA FE MAIN POST OFFICE

or instructions

**U.S. Postal Service™
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EOG-Dillon 31
Website at www.usps.com

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Accord DuLac Partnerships, LP
Post Office Box 676370
Rancho Santa Fe, CA 92067

SEP - 7 2011
Postmark Here
SANTA FE MAIN POST OFFICE

or 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:

Roden Exploration Company
2603 Augusta Drive, Suite 740
Houston, Texas 77057

2. Article Number
(Transfer from service label) 7006 2760 0001 6379 8525

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

SECTION ON DELIVERY

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

B. Received by (Printed Name) A. Hubbard C. Date of Delivery 9-12-11

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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:

Accord DuLac Partnerships, LP
Post Office Box 676370
Rancho Santa Fe, CA 92067

2. Article Number
(Transfer from service label) 7006 2760 0001 6380 1096

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SECTION ON DELIVERY

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

B. Received by (Printed Name) Greg Stangor C. Date of Delivery 9-12-11

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

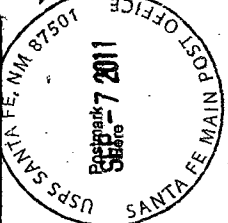
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Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage & Fees	\$ 8.98

Pennies from Heaven, LLC
c/o Bank of America as Agent
P.O. Box 830308
Dallas, Texas 75283

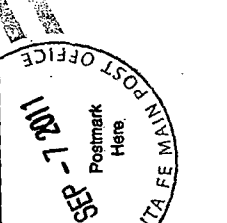


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Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
Total Postage & Fees	\$ 8.98

Chesapeake Exploration, LLC
6100 North Western Ave.
Oklahoma City, OK 73118



6807 0869 1000 0922 9002

2207 0869 1000 0922 9002

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pennies from Heaven, LLC
c/o Bank of America as Agent
P.O. Box 830308
Dallas, Texas 75283

2. Article Number
(Transfer from service label)

7006 2760 0001 6380 1069

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102595-02-M-1540

SECTION ON DELIVERY

Signature: *[Signature]*
B. Received by (Printed Name)
C. Date of Delivery: **SEP 12 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

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:

Chesapeake Exploration, LLC
6100 North Western Ave.
Oklahoma City, OK 73118

2. Article Number
(Transfer from service label)

7006 2760 0001 6380 1072

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): **RECEIVED** C. Date of Delivery: **SEP 12 2011**
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

MAILROOM 9

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

Enclosure