

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

**APPLICATION OF CIMAREX ENERGY CO.
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
CHAVES COUNTY, NEW MEXICO.**

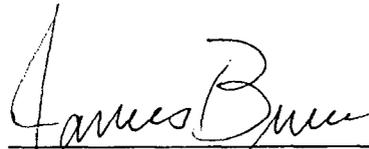
Case No. 14,796

AFFIDAVIT OF NOTICE

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

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

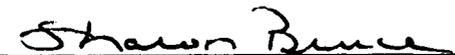
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the operators or working 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. Applicant has complied with the notice provisions of Division Rules.



James Bruce

SUBSCRIBED AND SWORN TO before me this 14th day of February, 2012 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division

Case No. 7

Exhibit No. 7

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

January 26, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 8 and S $\frac{1}{2}$ N $\frac{1}{2}$ of Section 9, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 16, 2012, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, February 9, 2012 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

COG Operating LLC
Suite 100
550 West Texas
Midland, Texas 79701

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

For delivery information visit our website at www.usps.com
MIDLAND, TX 79710
OFFICIAL USE

Postage \$	0500
Certified Fee	\$1.10
Return Receipt Fee (Endorsement Required)	\$2.95
Restricted Delivery Fee (Endorsement Required)	\$2.35
Total Postage & Fees \$	\$6.40

Sent to Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions



0226 9666 2002 0820 7010 0780 0002 3936 9720

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:
Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

2. Article Number (Transfer from service label)
7010 0780 0002 3936 9720

PS Form 3811, February 2004 Domestic Return Receipt *Ck I-8-2* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
B. Received by (Printed Name) *Kynan Kidd* C. Date of Delivery *1/31/12*
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:
Operating LLC
5100 West Texas
Midland, Texas 79701

2. Article Number (Transfer from service label)
7010 0780 0002 3936 9737

PS Form 3811, February 2004 Domestic Return Receipt *Ck I-8-2* 102595-02-M-1540

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550 West Texas
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City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions



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