

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. FOR SURFACE COMMINGLING, EDDY COUNTY, NEW MEXICO.

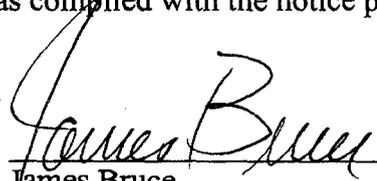
Case No. 13,467

AFFIDAVIT REGARDING NOTICE

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

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

1. I am over the age of eighteen, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Devon Energy Production Company, L.P. has conducted a diligent, good faith 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 correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Devon Energy Production Company, L.P. has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 6th day of April, 2005, by James Bruce.



My Commission Expires: 3/14/09

  
Notary Public

OIL CONSERVATION DIVISION  
CASE NUMBER  
EXHIBIT NUMBER 2

**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

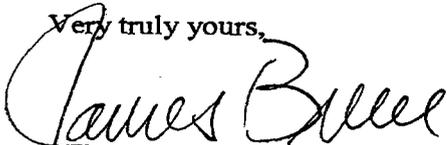
March 17, 2005

To: Persons on Exhibit A

Devon Energy Production Company, L.P. has filed an application with the New Mexico Oil Conservation Division seeking authorization to surface commingle production from the Northeast Red Lake Glorieta-Yeso Pool and Red Lake Queen-Grayburg-San Andres Pool originating from its wells located on Federal Leases NM 050158, NM 0557370, and LC 067849, which comprise all or parts of Sections 26 and 35, Township 17 South, Range 27 East, NMPM, Eddy County, New Mexico. Applicant also seeks an exception to the metering requirements of 19.15.5.303B(4)(a) NMAC by authorizing the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Eagle "35" Satellite Tank Battery located in the SE/4 NW/4 of Section 35. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 7, 2005 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the leases, 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 latter date. **IN THE ABSENCE OF OBJECTION, THIS MATTER WILL BE TAKEN UNDER ADVISEMENT.**

If you intend to appear at the hearing, you must notify (in writing) the Division and the undersigned by Friday, April 1, 2005.

Very truly yours,

  
James Bruce

Attorney for Devon Energy Production Company, L.P.



**Interest Owners:**

Occidental Permian Notices  
PO Box 50250  
Midland TX 79710-0250

Jonel Susan Grasso  
11 Ocean Ridge  
Laguna Niguel CA 92677

Joan A Hudson  
81 North St  
Naples FL 34108

Jane Ann Hudson Davis  
6770 Wolf Creek Ct  
Rio Rancho NM 87124

Minerals Management Service  
Royalty Management Program  
PO Box 5810  
Denver CO 80217-5810

Summit Overseas Expl Inc  
PO Box 260590  
Lakewood CO 80226-0590

Howard B Wright Trust  
c/o Wells Fargo Bank, NA, TTEE  
OGM MAC C7300-07D  
PO Box 5383  
Denver CO 80217-5383

John J Schaller  
1721 Antler Lane  
Finksburg MD 21048

Trigg Family Trust  
c/o Wells Fargo Bank West, NA  
PO Box 5383  
Denver CO 80217-5383

Conrad G. & Ada J. Keyes Living Trust  
PO Box 156  
Ruidoso, NM 88355

Chesapeake Energy Corporation  
6100 N. Western  
Oklahoma City, Oklahoma 73118

---

EXHIBIT A

**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)

**OFFICIAL USE**

Postage \$	0.37
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees \$</b>	<b>4.42</b>

Sent To: Occidental Permarian Notices  
 PO Box 50250  
 Midland TX 79710-0250

City, State, ZIP+4

PS Form 3800, June 2002 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:

John J Schaller  
 1721 Antler Lane  
 Finlburg MD 21048

2. Article Number (Transfer from service label)  
 7004 2510 0002 2809 1294

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John J Schaller*

B. Received by (Printed Name) C. Date of Delivery  
 John J. Schaller 2/11/04

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  No

7004 2510 0002 2809 1294 Domestic Return Receipt *Dev-SC* 102595-02-M-1

**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 Permarian Notices  
 PO Box 50250  
 Midland TX 79710-0250

2. Article Number (Transfer from service label)  
 7004 2510 0002 2809 1362

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John J Schaller*

B. Received by (Printed Name) C. Date of Delivery  
 John J Schaller 2/11/04

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  No

7004 2510 0002 2809 1362 Domestic Return Receipt *Dev-SC* 102595-02-M-1540

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**OFFICIAL USE**

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

Sent To: John J Schaller  
 1721 Antler Lane  
 Finlburg MD 21048

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**OFFICIAL USE**

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 4.42

UNIT ID: 8504  
 MAR 1 10 2004  
 CLERK: KAZUHIKO  
 03/17/05

Sent To  
 Conrad G. & Ada J. Keyes Living Trust  
 PO Box 156  
 Ruidoso, NM 88355  
 City, State, Zip+4

PS Form 3800, June 2002 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:  
 Chesapeake Energy Corporation  
 6100 N. Western  
 Oklahoma City, Oklahoma 73118

2. Article Number  
 (Transfer from service label)  
 7004 2510 0002 2809 1379

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Brian James*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. 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:  
 Conrad G. & Ada J. Keyes Living Trust  
 PO Box 156  
 Ruidoso, NM 88355

2. Article Number  
 (Transfer from service label)  
 7004 2510 0002 2809 1386

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Ada J. Keyes*  Agent  Addressee

B. Received by (Printed Name) *Ada J. Keyes* C. 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

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

**OFFICIAL USE**

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 4.42

UNIT ID: 8504  
 MAR 1 10 2004  
 CLERK: KAZUHIKO  
 03/17/05

Sent To  
 Chesapeake Energy Corporation  
 6100 N. Western  
 Oklahoma City, Oklahoma 73118  
 City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

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**OFFICIAL USE**

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$

Sent To  
 Jane Ann Hudson Davis  
 6770 Wolf Creek Ct  
 Rio Rancho NM 87124  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 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:

Jana A. Hudson  
 81 North St  
 Naples FL 34108

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 2510 0002 2809 1348

Domestic Return Receipt

Dpv-SC

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *3-17*  
 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:

Jane Ann Hudson Davis  
 6770 Wolf Creek Ct  
 Rio Rancho NM 87124

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *3-17-05*  
 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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 2510 0002 2809 1331

Domestic Return Receipt

Dpv-SC

102595-02-M-1540

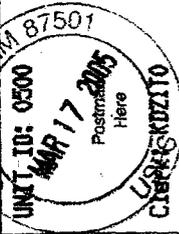
**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

**OFFICIAL USE**

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$

Sent To  
 Joan A. Hudson  
 81 North St  
 Naples FL 34108  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4



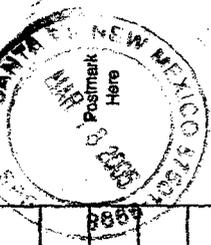
PS Form 3800, June 2002 See Reverse for Instructions

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**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

**Sent To**  
 Trieg Family Trust  
 c/o Wells Fargo Bank West, NA  
 PO Box 5383  
 Denver, CO 80217-5383

PS Form 3810, June 2002 See Reverse for Instructions



7004 2510 0002 2809 1287

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Howard B Wright Trust  
 c/o Wells Fargo Bank, NA, TTBE  
 OCIM/MAC C7300-07D  
 PO Box 5383  
 Denver CO 80217-5383

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
 H. Wright

C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7004 2510 0002 2809 1300  
 Domestic Return Receipt *Dev-SC* 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Trieg Family Trust  
 c/o Wells Fargo Bank West, NA  
 PO Box 5383  
 Denver CO 80217-5383

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
 H. Wright

C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

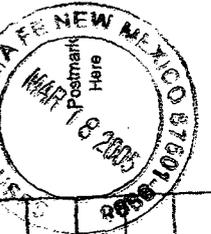
4. Restricted Delivery? (Extra Fee)  Yes

7004 2510 0002 2809 1287  
 Domestic Return Receipt *Dev-SC* 102595-02-M-1540

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

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

**Sent To**  
 Howard B Wright Trust  
 c/o Wells Fargo Bank, NA, TTBE  
 OCIM/MAC C7300-07D  
 PO Box 5383  
 Denver CO 80217-5383



7004 2510 0002 2809 1300

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

**OFFICIAL USE**

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

Sent To  
 Minerals Management Service  
 Royalty Management Program  
 PO Box 3810  
 Denver CO 80217-3810

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

PS Form 3800, June 2002 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:

Summit Overseas Expl Inc  
 PO Box 260590  
 Lakewood CO 80226-0590

2. Article Number  
 (Transfer from service label)

7004 2510 0002 2809 1317  
 Domestic Return Receipt *Dev-SC*  
 PS Form 3811, February 2004

**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:

Minerals Management Service  
 Royalty Management Program  
 PO Box 3810  
 Denver CO 80217-3810

Sent To

2. Article Number  
 (Transfer from service label)

7004 2510 0002 2809 1324

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

RECEIVED BY  
 OPTIMUM MANAGEMENT SYSTEMS  
 AGENT FOR MINERALS MANAGEMENT SERVICES

D. Is delivery address different from item?  Yes  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes  No

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**OFFICIAL USE**

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

Sent To

Summit Overseas Expl Inc  
 PO Box 260590  
 Lakewood CO 80226-0590

PS Form 3800, June 2002 See Reverse for Instructions



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

B. Received by (Printed Name)  
 GARY SAJIS

C. Date of Delivery  
 MAR 18 2005

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  No

7004 2510 0002 2809 1317

Domestic Return Receipt *Dev-SC*  
 PS Form 3800, June 2002 See Reverse for Instructions

102595-02-M-1540

7004 2520 2002 0152 4002 2809 1355

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**LAUREL J & JAIL**  
 835 E  
 UNIT ID#00500

Postmark Here  
 MAR 17 2005  
 SANTA FE, NM  
 USPS

Check: KD2170

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To  
 Jonel Susan Grasso  
 11 Ocean Ridge  
 Laguna Niguel CA 92677  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions