

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

**APPLICATION OF SYNERGY OPERATING,
LLC FOR COMPULSORY POOLING, SAN
JUAN COUNTY, NEW MEXICO.**

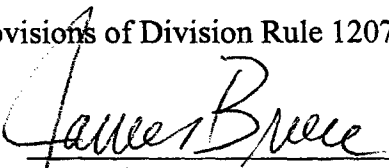
Case No. 13,486

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 Magnum Hunter Production, Inc., and have personal knowledge of the matters stated herein.
3. Applicant has conducted a 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 the locatable interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibits A and B.
5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of June, 2005 by James Bruce.


Notary Public

My Commission Expires:
3/14/09

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 5

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

April 14, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Earnest Smith and
Edwin Smith
40758 Jasper Drive
Kingsbury, California 93631

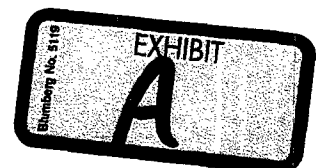
June Walmsley Estate
c/o Jerry T. Walmsley
801 West Paradise Road
Spokane, Washington 99224

June Walmsley Estate
c/o Jana Nelson
4003 East Broadway
Spokane, Washington 99202

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Synergy Operating, LLC, regarding the W½ of Section 8, Township 29 North, Range 11 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 5, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, 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 Friday, April 29, 2005 if you intend to participate in the hearing.



Very truly yours,


James Bruce

Attorney for Synergy Operating, LLC

cc: Bill Eden
Douglas, Eden, Phillips, Debugger & Stander
Suite 909
422 West Riverside
Spokane, Washington 99201

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:

Barnes Smith and
Edwin Smith
40758 Jasper Drive
Kingbury, California 93631

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 4840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Edwin Smith ☐ Addressee
C. Date of Delivery 4-19-05
D. Is delivery 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 ☐ 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:

Bill Eden
Douglas, Eden, Phillips, Debugger & Standler
Suite 909
422 West Riverside
Spokane, Washington 99201

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 4857

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent
B. Received by (Printed Name) Edwin Smith ☐ Addressee
C. Date of Delivery 4-19-05
D. Is delivery 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 ☐ No

...HERE THIS SECTION ON DELIVERY

- 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:

June Walmsley Estate
c/o Jerry T. Walmsley
801 West Paradise Road
Spokane, Washington 99224

Article Number

Transfer from service:

PG EPOCH 9811 August 2001

[illegible]

Domestic Return Receipt

PG EPOCH 9811 August 2001

102595-02-16-1840

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:

June Walmisley Estate
c/o Jana Nelson
4003 East Broadway
Spokane, Washington 99202

2. Article Number:

Transfer from service lab

PS Form 3811, February 2004

2000 0761 4826

Domestic Return Receipt

Spang

102595-02-M-1540

SEE THIS SECTION ON DELIVERY

A. Signature

Adient

Address

Received by (Printed Name)

Rate of Delivery

☐ Yes

ON

U.S. is delivery address below:

IF YES, ENTER DELIVERY ADDRESS BELOW:

Service Type	Service Description	Service Fee	Service Status
...

☒ Certified Mail

THE CERTIFIED

☐ Registered☐ Insured Mail

A Restricted Delivery? (Extra Fee)

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)

jamesbruce@aol.com

May 26, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Earnest Smith and
Edwin Smith
40758 Jasper Drive
Kingsbury, California 93631

June Walmsley Estate
c/o Jerry T. Walmsley
801 West Paradise Road
Spokane, Washington 99224

June Walmsley Estate
c/o Jana Nelson
4003 East Broadway
Spokane, Washington 99202

Joseph C. Robbins
2136 Lakeshore Drive
Chapel Hill, North Carolina 27514

Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Synergy Operating, LLC, regarding the W½ of Section 8, Township 29 North, Range 11 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 16, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, 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 Friday, June 10, 2005 if you intend to participate in the hearing.

Very truly yours,

A handwritten signature in cursive script that reads "James Bruce".

James Bruce

Attorney for Synergy Operating, LLC

cc: Bill Eden
Douglas, Eden, Phillips, Debugger & Stander
Suite 909
422 West Riverside
Spokane, Washington 99201

U.S. Postal ServiceSM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Charge Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Joseph C. Robbins
 2136 Lakeshore Drive
 Chapel Hill, North Carolina 27514
 City, State, ZIP+4

Postmark Here
 MAY 26 2005
 SANTA FE NEW MEXICO 87501-9998
 USPS

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:
 Earnest Smith and
 Edwin Smith
 40753 Jasper Drive
 Kingsbury, California 91631

2. Article Number (Transfer from service label)
 7004 2890 0001 4619 4551

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *E. Smith* Agent

B. Received by (Printed Name)
 Earnest Smith 6-1-05

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:
 Joseph C. Robbins
 2136 Lakeshore Drive
 Chapel Hill, North Carolina 27514

2. Article Number (Transfer from service label)
 7004 2890 0001 4619 4520

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joseph C. Robbins* Agent

B. Received by (Printed Name)
 Joseph C. Robbins

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

U.S. Postal ServiceSM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Charge Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Earnest Smith and
 Edwin Smith
 40753 Jasper Drive
 Kingsbury, California 91631
 City, State, ZIP+4

Postmark Here
 MAY 26 2005
 SANTA FE NEW MEXICO 87501-9998
 USPS

PS Form 3800, June 2002 See Reverse for Instructions

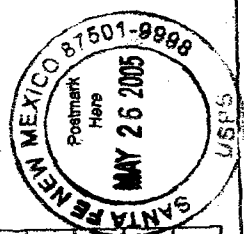
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
 June Wainsley Estate
 c/o Jerry T. Wainsley
 801 West Paradise Road
 Spokane, Washington 99224
 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:
 June Wainsley Estate
 c/o Jerry T. Wainsley
 801 West Paradise Road
 Spokane, Washington 99224

2. Article Number (Transfer from service label)
 7004 2890 0001 4619 4544

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *June Wainsley* ☐ Agent
 B. Received by (Printed Name) *Lynette Van Dyke* ☐ Addressee
 C. Date of Delivery *5/28/05*

D. Is delivery 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

Domestic Return Receipt *Spokane 12* 102595-02-M-1540

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:
 June Wainsley Estate
 c/o Jana Nelson
 4003 East Broadway
 Spokane, Washington 99202

2. Article Number (Transfer from service label)
 7004 2890 0001 4619 4537

PS Form 3811, February 2004 Domestic Return Receipt *Spokane 12* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Heather Backham* ☒ Agent
 B. Received by (Printed Name) *Heather Backham* ☐ Addressee
 C. Date of Delivery *5-31-05*

D. Is delivery 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

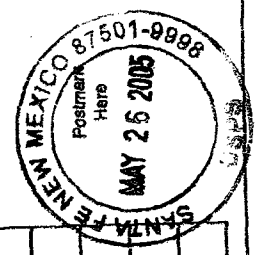
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
 June Wainsley Estate
 c/o Jana Nelson
 4003 East Broadway
 Spokane, Washington 99202
 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:

Bill Eden
Douglas, Eden, Phillips, Debugger & Stander
Suite 909
422 West Riverside
Spokane, Washington 99201

2. Article Number

(Transfer from service label)

7004 2890 0001 4619 4513

PS Form 3811, February 2004

Domestic Return Receipt

Squawny 12

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Bill Eden *May 26 2004*

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

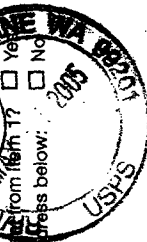
3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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



U.S. Postal Service

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To

Bill Eden

Douglas, Eden, Phillips, Debugger & Stander

Suite 909

422 West Riverside

Spokane, Washington 99201

PS Form 3811, June 2002

See Reverse for Instructions

7004 2890 0001 4619 4513