

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

**APPLICATION OF CIMAREX ENERGY CO.
FOR COMPULSORY POOLING, LEA
COUNTY, NEW MEXICO.**

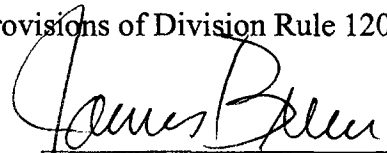
Case No. 13,496 (Reopened)

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., 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 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 Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 10th day of August, 2005 by James Bruce.


Notary Public

My Commission Expires:
3/14/09

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

July 21, 2005

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 21, Township 15 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 11, 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, August 5, 2005 if you intend to participate in the hearing.

Very truly yours,

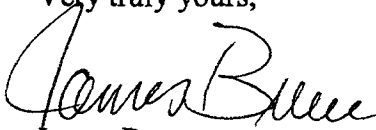

James Bruce
Attorney for Cimarex Energy Co.



EXHIBIT A

Betty Atkins
7107 S. Hudson Circle
Littleton, CO 80121

Dr. James Obed Baker
9337 Redondo Drive
Dallas, TX 75218-3645

Bruce W. Crockett &
Andrea Crockett
1611 S. Jackson Drive
Roswell, NM 88302-6033

Bernadine R. Glenn

10-D Town Park Lane
Charleston, SC 29412

Randall Pettigrew
5331 Dana Leigh
Houston, TX 77066-1603

Richard Pettigrew
2812 Pinewood Dr.
League City, TX 77573

James L. Shelton, Trustee of the
Pauline M. Reeser, Revocable Living Trust
3501 Marsh Road
Deland, FL 32724

Fred T. Schooler, dec'd
P.O. Box 843
Midland, Texas 79702-0843

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OFFICIAL USE

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

Sent To
Bernadine R. Glem
10-D Town Park Lane
Charleston, SC 29412
City, State, ZIP+4

PS Form 3811, February 2004
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:

Betty Atkins
7107 S. Hudson Circle
Littleton, CO 80121

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 1160 0001 1248 1218

Domestic Return Receipt

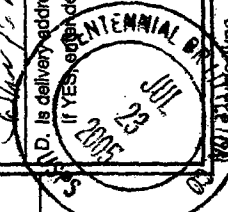
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Betty Atkins 7-23-05

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



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:

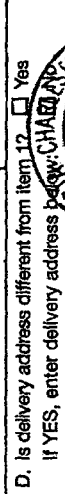
Bernadine R. Glem
10-D Town Park Lane
Charleston, SC 29412

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

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

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0001 1248 1249

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

Sent To
Betty Atkins
7107 S. Hudson Circle
Littleton, CO 80121
City, State, ZIP+4

PS Form 3811, June 2002
See Reverse for Instructions



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

Sent To

Richard Pettigrew
2812 Pinewood Dr.
League City, TX 77573
City, State, Zip+4



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:

James L. Shelton, Trustee of the
Pauline M. Reese, Revocable Living Trust
3501 Miami Road
Deland, FL 32724

2. Article Number

(Transfer from service label)

7005 1160 0001 1248 1270

PS Form 3811, February 2004

Domestic Return Receipt (X)

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *James L. Shelton* Agent
B. Received by (Printed Name) *James L. Shelton* Addressee
C. Date of Delivery *7-27-04*
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

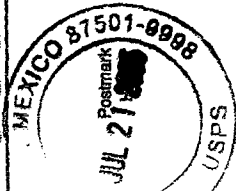
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OFFICIAL USE

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



Sent To

James L. Shelton, Trustee of the
Pauline M. Reese, Revocable Living Trust
3501 Miami Road
Deland, FL 32724
City, State, Zip+4

PS Form 3800, June 2002

See Reverse for Instructions


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Track & Confirm

Search Results

Label/Receipt Number: 7005 1160 0001 1248 1256
 Status: **Delivered**

Your item was delivered at 10:42 am on August 02, 2005 in HOUSTON, TX 77066.

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Enter Label/Receipt Number.

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Get current event information or updates for your item sent to you or others by email.

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<div style="float: right;"> </div>	
Sent To Randall Pettigrew 5331 Dana Leigh Houston, TX 77066-1603 City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for instructions	

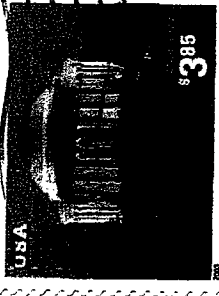
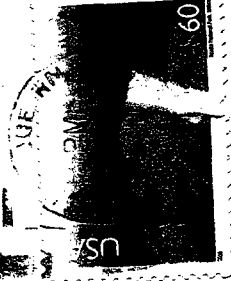
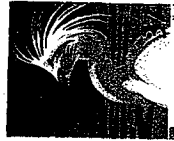
1ST NOTICE
2ND NOTICE
RETURN
JAMES BRUCE
PO BOX 1058
SANTA FE NM 8

7005 1160 0001 1248 1232



REASON CHECKED
 Undelivered _____
 Addressee unknown _____
 Insufficient address _____
 No such office in state _____
 No post office in this country _____

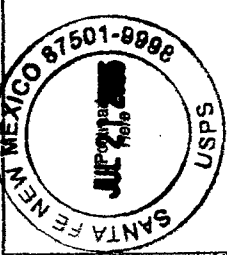
Bruce W. Crockett &
 Andrea Crockett
 1611 S. Jackson Drive
 Roswell, NM 88302-6033



1ST NOTICE _____
 2ND NOTICE _____
 RETURN _____

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

Sent To
 Bruce W. Crockett &
 Andrea Crockett
 or PO Box No. 1611 S. Jackson Drive
 Roswell, NM 88302-6033
 City, State, ZIP+4

See Reverse for Instructions

PS Form 3800, June 2002

2002 JUL 21 1248 0001 1160 5227

JAMES BRUCE
PC BOX 1056
SANTA FE NM 87504

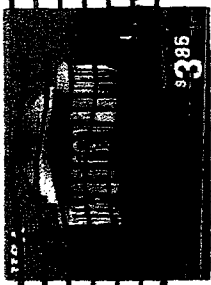
7005 1160 0001 1248 1225

15 NOTICE
BOLTON JR

Dr. James Obed Baker
9337 Redondo Drive
Dallas, TX 75218-3645

NMR

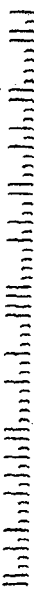
752183645



NIXIE 752 1 10 07/28/03

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BC1 97504105655 *0460-09494-21-03



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

Sent To	Dr. James Obed Baker
Street, Apt. No., or PO Box No.	9337 Redondo Drive Dallas, TX 75218-3645
City, State, ZIP+4	

PS Form 3800, June 2002 See Reverse for Instructions

7005 1248 0001 1248 1225

JAMES BRUCE
PO BOX 1056

SANTA FE NM 87501-8998

1st NOTICE

2ND NOTICE

RETURN

7005 1160 0001 1248 1287

ALBH

Fred T. Schooler, dec'd

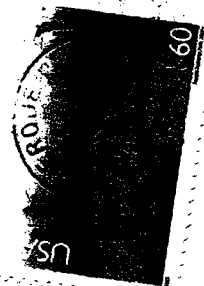
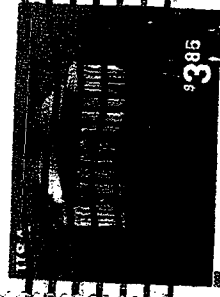
P.O. Box 843

Midland, Texas 79702-0843

79702-0843

ATTEMPTED,
NOT KNOWN

721



U.S. Postal ServiceTM

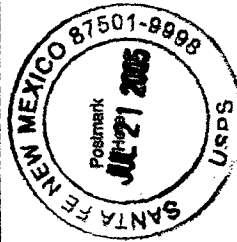
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Fred T. Schooler, dec'd

P.O. Box 843

Midland, Texas 79702-0843

City, State, ZIP+4

PS Form 3800, June 2002

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