

RSC Resources, L.P.  
432-553-1849

6824 Island Cir.  
Midland, TX 79707

November 8, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

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 RSC Resources Limited Partnership, regarding the N½ of Section 10, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 29, 2012, in Porter Hall at the Division's offices at 1220 South St. 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 the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Wednesday, November 21, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate amount of time the party will need to present its case; and identification of any procedural matters that need to be resolved before the hearing. The Pre-Hearing Statement must also be provided to our attorney, James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,

  
Randall Cate, President

Oil Conservation Division  
Case No. 14933  
Exhibit No. 5

EXHIBIT A

**T-24-S, R-28-E, NMPM  
SECTION 10 : N2**

OWNER NAMES	ADDRESS	CITY	STATE	ZIP CODE
PATRICIA ANN BEEMAN ALLEN, TRUSTEE	807 ALAMOSA	CARLSBAD	NM	88220
WILLIAM F. BEEMAN	405 JUANITA	CARLSBAD	NM	88220
FRANCIS F. and BETTYE J. BEEMAN	1405 W. URAL	CARLSBAD	NM	88220
ZIA ROYALTY, LLC	P.O. BOX 2160	HOBBS	NM	88241
GULF COAST OIL & GAS COMPANY	500 W. Texas, Suite #1320	MIDLAND	TEXAS	79701
THE BEVERIDGE CO.	P.O. BOX 993	MIDLAND	TX	79702
THE BEVERIDGE CO.	2900 RAQUET CLUB	MIDLAND	TX	79705
M44TH LLC, c/o Thomas Stribling	6025 Osuna Rd. NE # C	ALBUQUERQUE	NM	87109
STEVE STRIBLING, C/o John Stribling	520 RANCHITO RD., NW	LOS RANCHOS DE ALBUQUERQUE	NM	87114
ANTHONY SALVATORE, TRUSTEE, c/o Thomas Stribling	6025 Osuna Rd., NE # C	Albuquerque	NM	87109
MARTHA STRIBLING	520 RANCHITO RD., NW	LOS RANCHOS DE ALBUQUERQUE	NM	87114
SPIRAL INC., ATTN M. RANDLE	P.O. 1933	Roswell	NM	88202
NORMA BEEMAN	1006 DOGWOOD LANE	CARLSBAD	NM	88220

MICHAEL JEROME BEEMAN	11011 BROWNSTONE DR.	PARKER	CO	80138
BRANDY MICHELLE BEEMAN	1006 DOGWOOD LANE	CARLSBAD	NM	88220
ConocoPhillips Company , Mr. Thomas Scarbrough	600 N. Dairy Ashford ,	Houston	TX	77079-1175
Devon Energy Production Company, Mr. Ken Gray	333 West Sheridan Avenue	Oklahoma City	OK	73102
James C. Dewey, Dinero Operating	1004 N. Big Spring, Ste 500	Midland	Tx	79701
Gilberto Ruiz, c/o Mrs. Ramos	4248 S. St. Claire	Mesa	Az	85212
Cecilio Ruiz	P.O. 1355	Loving	NM	88256

**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:

GULF COAST OIL & GAS  
COMPANY  
500 W Texas, Suite #1320  
MIDLAND, TEXAS 79701

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0129

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Chelsea Sosa  Agent  Addressee

B. Received by (Printed Name)

Chelsea Sosa

C. Date of Delivery

11-9

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

**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:

SPITAL INC  
ATH M Randle  
PO Box 1933  
Roswell NM 88202

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0075

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x [Signature]  Agent  Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

11-9

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

**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:

THE BEVERIDGE CO.  
2900 RAQUET CLUB  
MIDLAND, TX 79705

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x [Signature]  Agent  Addressee

B. Received by (Printed Name)

G. Beckman

C. Date of Delivery

11-9

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

**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:

Gilberto Ruiz, c/o Mrs. Ramos  
 4248 S. St. Claire  
 Mesa, Az 85212

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 11/15/12

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 **7010 3090 0001 8510 0182**  
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 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:

MICHAEL JEROME BEEMAN  
 11011 BROWNSTONE DR.  
 PARKER, CO 80138

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 NOV 16 2012

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 **7011 3500 0002 4933 0037**  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 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:

Cecilio Ruiz  
 P.O. 1355  
 Loving, NM 88256

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 11-14-12

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 **7011 3500 0002 4931 7472**  
 (Transfer from service label)

**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:

ConocoPhillips Company, Mr.  
Thomas Scarbrough  
600 N. Dairy Ashford,  
Houston, TX 77079

2. Article Number

(Transfer from service label)

7011 3500 0002 4931 7489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

11/13/12

 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**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:

ZIA ROYALTY, LLC  
P.O. BOX 2160  
HOBBS, NM 88241

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0112

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Nancy J. Rhoads

 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**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 C. Dewey, Dinero Operating  
1004 N. Big Spring, Ste 500  
Midland, Tx 79701

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Jim Dewey

 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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Norma Beeman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>NORMA BEEMAN</i>	C. Date of Delivery <i>11-10-12</i>
NORMA BEEMAN 1006 DOGWOOD LANE CARLSBAD, NM 88220	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 3500 0002 4933 0044

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Norma Beeman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>NORMA BEEMAN</i>	C. Date of Delivery <i>11-10-12</i>
BRANDY MICHELLE BEEMAN 1006 DOGWOOD LANE CARLSBAD, NM 88220	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 3500 0002 4933 0020

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Luke Davis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>LUKE DAVIS</i>	C. Date of Delivery <i>13 NOV 12</i>
Devon Energy Production Company, Mr. Ken Gray 333 West Sheridan Avenue Oklahoma City, OK 73102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 3500 0002 4931 7458

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Mary Lyke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
THE BEVERIDGE CO. P.O. BOX 993 MIDLAND, TX 79702		MARY LYKE 11-13-12	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		7011 3500 0002 4933 0136	
PS Form 3811, February 2004		Domestic Return Receipt	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Anita Beeman</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
WILLIAM F. BEEMAN 405 JUANITA CARLSBAD, NM 88220		11/10/12	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		7011 3500 0002 4933 0150	
PS Form 3811, February 2004		Domestic Return Receipt	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Francis F. Beeman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
FRANCIS F. and BETTYE J. BEEMAN 1405 W. URAL CARLSBAD, NM 88220		11-10-10	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		7011 3500 0002 4933 0167	
PS Form 3811, February 2004		Domestic Return Receipt	

7011 3500 0002 4933 0066

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **MARTHA STRIBLING**  
**520 RANCHITO RD., NW**  
 Sent To **LOS RANCHOS DE**  
**ALBUQUERQUE, NM 87114**  
 Street, Apt. N  
 or PO Box N  
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4933 0051

**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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **ANTHONY SALVATORE,**  
**TRUSTEE, c/o Thomas Stribling**  
 Sent To **6025 Osuna Rd., NE # C**  
**Albuquerque, NM 87109**  
 Street, Apt. N  
 or PO Box N  
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4933 0082

**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)

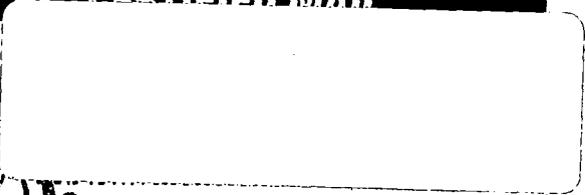
**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **STEVE STRIBLING,**  
 Sent To **C/o John Stribling**  
**520 RANCHITO RD., NW**  
**LOS RANCHOS DE**  
 Street, Apt. N  
 or PO Box N  
 City, State, Z **ALBUQUERQUE, NM 87114**

SC Resources, LP  
824 Island Circle  
Midland, TX 79707

UP: THE RETURN ADDRESS, FOLLOW AT DOTTED LINE  
**CERTIFIED MAIL**



3500 0002 4933 0105

**\$5.750**  
US POSTAGE  
FIRST-CLASS  
062S0007007473  
79707  
B40941.11

**VACANT**

~~M44TH LLC,  
c/o Thomas Stribling  
6025 Osuna Rd. NE # C  
ALBUQUERQUE, NM 87109~~

VAC

8710932541 0023

