

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

**IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION FOR  
THE PURPOSE OF CONSIDERING:**

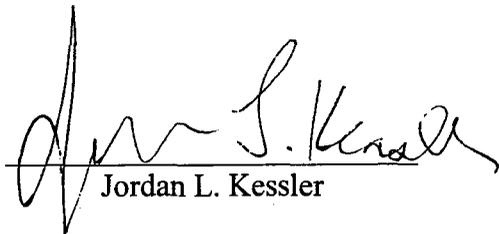
**APPLICATION OF RELIANT EXPLORATION  
AND PRODUCTION LLC, FOR COMPULSORY  
POOLING, HARDING COUNTY, NEW MEXICO.**

**CASE NO. 15113**

**AFFIDAVIT**

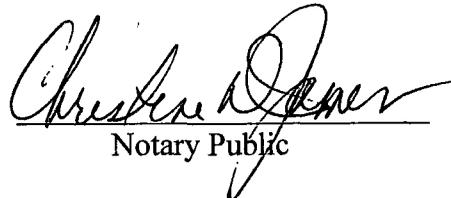
STATE OF TEXAS            )  
                                          ) ss.  
COUNTY OF MIDLAND    )

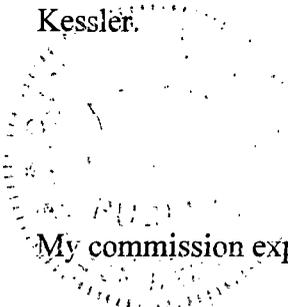
Jordan L. Kessler, attorney in fact and authorized representative of Reliant Exploration and Production LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
Jordan L. Kessler

SUBSCRIBED AND SWORN to before me this 15<sup>th</sup> day of April 2014 by Jordan L.

Kessler.

  
Notary Public



My commission expires: 7/7/17

**CERTIFIED MAIL RECEIPT – RELIANT EXPLORATION**

<b>Pooled Party</b>	<b>USPS Article No.</b>	<b>Returned</b>
Oxy USA Inc. P.O. Box 4294 Houston, TX 77210-4294 Attn: Permian Land Manager	7012 2210 0000 0348 3155	Yes
Rose Gideon Sandell Street Raymond, WA 98577	7012 2210 0000 0348 3162	Returned to Sender / Not Deliverable as Addressed / Unable to Forward
A.D. Deniston I Street Arcata, CA 98577	7012 2210 0000 0348 3179	Returned to Sender / Insufficient Address/ Unable to Forward
Anna Clapp Carson, WA 98610	7012 2210 0000 0348 3186	Returned to Sender / Insufficient Address / Unable to Forward
Ethel Fernstad 316-53 <sup>rd</sup> Ave. E Seattle, WA 98105	7012 2210 0000 0348 3193	Attempted – Not Known
Irene Tallman 25 <sup>th</sup> Ave. Longview, WA 98631	7012 2210 0000 0348 3209	Returned to Sender / Insufficient Address / Unable to Forward
Audry Koski Route 1, Box 52 Raymond, WA 98577	7012 2210 0000 0348 3216	Returned to Sender / Insufficient Address / Unable to Forward

Y:\dox\client\83415\0005\GENERAL\W2145188.DOCX

Y:\dox\client\83415\0005\GENERAL\W2145188.DOCX

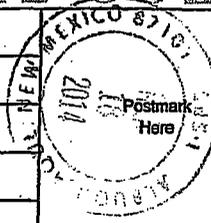
7012 2210 0000 0348 3155

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)		



83A15-0005  
EED

To: **Oxy USA Inc.**  
**P.O. Box 4294**  
**Houston, Texas 77210-4294**  
**Attn: Permian Land Manager**

**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:

**Oxy USA Inc.**  
**P.O. Box 4294**  
**Houston, Texas 77210-4294**  
**Attn: Permian Land Manager**

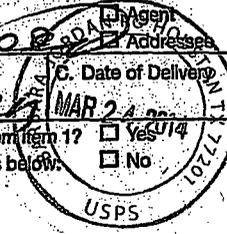
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: **MAR 24 2014**

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) **7012 2210 0000 0348 3155**

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

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

**Earl E. DeBrine, Jr., Esq.**  
**MODRALL, SPERLING, ROEHL, HARRIS & SISK, PA**  
**Post Office Box 2168**  
**Albuquerque, New Mexico 87103**

83A15-0005  
EED



**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

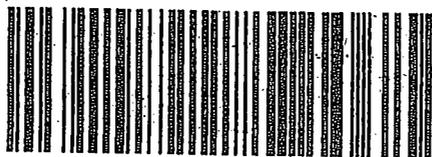
For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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



Sent: Ms. Rose Gideon  
 Street or PO: Sandell Street  
 City: Raymond, WA 98577



7012 2210 0000 0348 3162

Ms. Rose Gideon  
Sandell Street  
Raymond, WA 98577

Hasler  
03/18/2014  
US POSTAGE

FIRST-CLASS MAIL  
\$06.69<sup>00</sup>



ZIP 87102  
011D11630480

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

BC: 87103216868 \*0968-02943-1B-45

PLACE STICKER ABOVE OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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:

Ms. Rose Gideon  
Sandell Street  
Raymond, WA 98577

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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) 7012 2210 0000 0348 3162

**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	\$



7012 2210 0000 0348 3179

Master  
03/18/2014  
**US POSTAGE**

FIRST-CLASS MAIL  
**\$06.69<sup>00</sup>**  
ZIP 87102  
011D11630480

Sent To: **Mr. A.D. Deniston**  
Street, A or PO Box: **I Street**  
City, State: **Arcata, CA 98577**

Mr. A.D. Deniston  
I Street  
Arcata, CA 98577

IA

NIXIE 957 DE 1009 0003/25/14

**RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD**

BC: 87103216868 \*0968-02950-18-45

955216868

**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:  
**Mr. A.D. Deniston  
I Street  
Arcata, CA 98577**

2. Article Number  
(Transfer from service label)

7012 2210 0000 0348 3179

**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?  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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

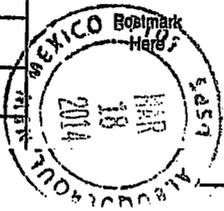
**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

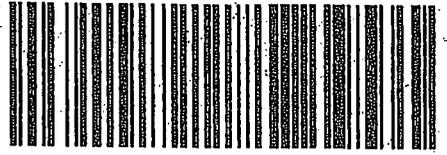
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



8345-0003

Sent to: **Ms. Anna Clapp**  
 Street, or PO: **Carson, WA 98610**  
 City, St:

PS Form 3811, February 2004



7012 2210 0000 0348 3186

Hasler  
 03/18/2014  
**US POSTAGE**

FIRST-CLASS MAIL  
**\$06.69**  
 ZIP 87102  
 011D11630480

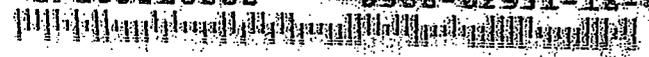
Ms. Anna Clapp  
 Carson, WA 98610

NOIXE 970 DE 1009 0003/21/14

**RETURN TO SENDER  
 INSUFFICIENT ADDRESS  
 UNABLE TO FORWARD**

BC: 87103216868 \*0968-02951-18-45

87103216868  
 98610890995



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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:

Ms. Anna Clapp  
 Carson, WA 98610

2. Article Number  
 (Transfer from service label)

7012 2210 0000 0348 3186

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

**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**

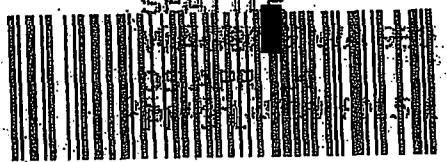
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



83415-0000  
 BPO  
 11/11

Sent To **Ms. Ethel Fermstad**  
 Street, or PO Box **316-53rd Ave. E**  
 City, State **Seattle, WA 98105**

PS Form 3800



7012 2210 0000 0348 3193

Haste  
 FIRST-CLASS MAIL  
 03/18/2014  
 US POSTAGE \$06.69  
 ZIP 87102  
 011D11630480

Ms. Ethel Fermstad  
 31  
 St

- RETURNED TO SENDER
- MOVED, LEFT NO ADDRESS
  - FORWARDING ORDER EXPIRED
  - ATTEMPTED-NOT KNOWN
  - UNCLAIMED
  - NO SUCH STREET
  - NO SUCH NUMBER
  - INSUFFICIENT ADDRESS

1ST NOTICE \_\_\_\_\_  
 NOTICE 3/28  
4/8

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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:

**Ms. Ethel Fermstad**  
**316-53rd Ave. E**  
**Seattle, WA 98105**

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

7012 2210 0000 0348 3193

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

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

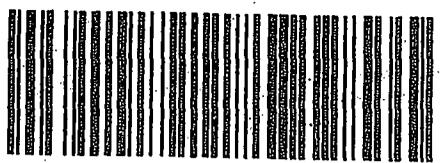
**OFFICIAL USE**

83A15-008  
ALBUQUERQUE, NEW MEXICO 87101  
Postmark Here  
MAR 18 2014

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

To: **Ms. Irene Tallman**  
25th Ave.  
Longview, WA 98632

PS Instructions



7012 2210 0000 0348 3209

Master  
03/18/2014  
US POSTAGE

FIRST-CLASS MAIL  
\$06.69  
ZIP 87102  
011D11630/80

Ms. Irene Tallman  
25th Ave.  
Longview

NEXIE 970 DE 1009 0003/21/14

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

BC: 87103216868 \*0968-02948-18-45

870963349999

PLACE STICKER AT TOP OF ENVELOPE OR HERE

**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:

Ms. Irene Tallman  
25th Ave.  
Longview, WA 98632

2. Article Number  
(Transfer from service label)

7012 2210 0000 0348 3209

**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?  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 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)

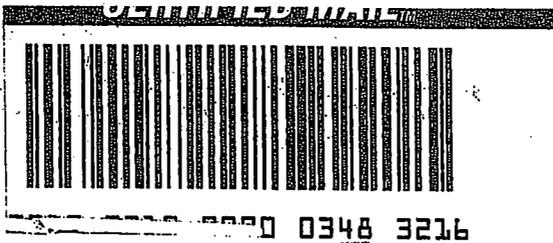
**OFFICIAL USE**

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

Postmark Here  
 0348 3216  
 0348-0000  
 0348-0000

Sent  
 Street or PO  
 City, State, ZIP+4®

Ms. Audry Koski  
 Route 1, Box 52  
 Raymond, WA 98577



Haster  
 03/18/2014  
**US POSTAGE**  
**\$06.69**  
 ZIP 87102  
 011D11630480

Ms. Audry Koski  
 Route 1, Box 52  
 Raymond, WA 98577

**RETURN TO SENDER  
 INSUFFICIENT ADDRESS  
 UNABLE TO FORWARD**

EC: 87103216868 0955-02949-1B-45

PLACE STICKER AT TOP OF ENVELOPE OR THE RIGHT OF THE RETURN ADDRESS, FOLD ADDRESS LINE

**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:

Ms. Audry Koski  
 Route 1, Box 52  
 Raymond, WA 98577

2. Article Number  
 (Transfer from service label)

7012 2210 0000 0348 3216

**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?  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