

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

**APPLICATION OF LEGEND NATURAL GAS III,
LP FOR SPECIAL RULES AND REGULATIONS
FOR THE NORTH HAY HOLLOW-BONE SPRING
POOL, EDDY COUNTY, NEW MEXICO.**

Case No. 15,076

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 Legend Natural Gas LP.
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 last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 22nd day of January, 2014 by James Bruce.



My Commission Expires:


Notary Public

Oil Conservation Division
Case No. 2
Exhibit No. 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

December 26, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an corrected application, filed with the New Mexico Oil Conservation Division by Legend Natural Gas III, LP, for special pool rules for the North Hay Hollow-Bone Spring Pool.

This matter is re-scheduled for hearing at 8:15 a.m. on Thursday, January 23, 2014, 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 operator in the pool 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 Thursday, January 16, 2014. 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 time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Legend Natural Gas III, LP

EXHIBIT

A

EXHIBIT A

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

Chevron U.S.A. Inc.
1400 Smith Street
Houston, Texas 77002

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

COG Operating LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

Devon Energy Production Company, L.P.
333 West Sheridan
Oklahoma City, Oklahoma 73102

7012 3050 0000 6871 7049

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON TX 77002 OFFICIAL USE

Postage	\$ 0.46	0500
Certified Fee	\$3.10	05
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	



Sent To: Chevron U.S.A. Inc.
1400 Smith Street
Houston, Texas 77002

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

PS Form 3800, August 2006

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:

Devon Energy Production Company, L.P.
333 West Sheridan
Oklahoma City, Oklahoma 73102

2. Article Number

(Transfer from service label)

7012 3050 0000 6871 6295

PS Form 3811, February 2004

Domestic Return Receipt

Legend

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

C. Date of Delivery *JAN 2 2013*

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:

Chevron U.S.A. Inc.
1400 Smith Street
Houston, Texas 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* 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

2. Article Number

(Transfer from service label)

7012 3050 0000 6871 7049

PS Form 3811, February 2004

Domestic Return Receipt

Legend

102595-02-M-1540

7012 3050 0000 6871 6295

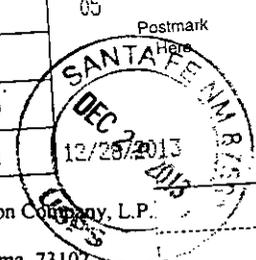
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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OKLAHOMA CITY OK 73102 OFFICIAL USE

Postage	\$ 0.46	0500
Certified Fee	\$3.10	05
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	



Sent To: Devon Energy Production Company, L.P.
333 West Sheridan
Oklahoma City, Oklahoma 73102

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

PS Form 3800, August 2006

See Reverse for Instructions

7012 3050 0000 6871 7063

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MIDLAND, TX 79701 **OFFICIAL USE**

Postage	\$ 0.46
Certified Fee	\$ 3.10
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.11

SANTA FE NM 87501
 0500
 DEC 28 2013
 12/28/2013

Sent To: **COG Operating LLC**
 One Concho Center
 600 West Illinois
 Midland, Texas 79701

PS Form 3800, August 2006 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:

Mewbourne Oil Company
 Suite 1020
 500 West Texas
 Midland, Texas 79701

2. Article Number: 7012 3050 0000 6871 7032
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Matchell*

C. Date of Delivery: *12/28*

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:

COG Operating LLC
 One Concho Center
 600 West Illinois
 Midland, Texas 79701

2. Article Number: 7012 3050 0000 6871 7063
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

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

C. Date of Delivery: *12/20/13*

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

7012 3050 0000 6871 7063

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MIDLAND, TX 79701 **OFFICIAL USE**

Postage	\$ 0.46
Certified Fee	\$ 3.10
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.11

SANTA FE NM 87501
 0500
 DEC 28 2013
 12/28/2013

Sent To: **Mewbourne Oil Company**
 Suite 1020
 500 West Texas
 Midland, Texas 79701

PS Form 3800, August 2006 See Reverse for Instructions

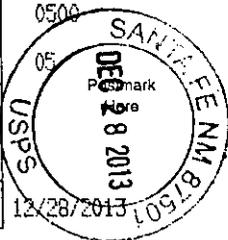
7012 3050 0000 6871 7025

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.66
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.31



Sent To: Yates Petroleum Corporation
 105 South Fourth Street
 Artesia, New Mexico 88210

PS Form 3800, August 2006

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 Operating, Inc.
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Chris Condit*
 Agent
 Addressee

B. Received by (Printed Name): *Chris Condit*
 C. Date of Delivery: *1/2/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7012 3050 0000 6871 7056

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:

Yates Petroleum Corporation
 105 South Fourth Street
 Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X A. Argo*
 Agent
 Addressee

B. Received by (Printed Name): *A. Argo*
 C. Date of Delivery: *12/30/13*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7012 3050 0000 6871 7025

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

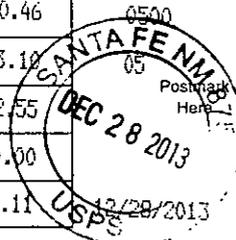
7012 3050 0000 6871 7056

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OFFICIAL USE

Postage	\$ 0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.11



Sent To: Chesapeake Operating, Inc.
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

PS Form 3800, August 2006

See Reverse for Instructions