





**Michael H. Feldewert**  
Recognized Specialist in the Area of  
Natural Resources - oil and gas law -  
New Mexico Board of Legal  
Specialization  
mfeldewert@hollandhart.com

August 29, 2014

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: APPLICATION OF CHEVRON U.S.A. INC. FOR A NON-STANDARD  
SPACING AND PRORATION UNIT, AND COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.  
(Gramma Ridge 14-24-34-8H Well)**

Ladies & Gentlemen:

This letter is to advise you that Chevron U.S.A. Inc., has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 18, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

If you have any questions about this matter please contact Cody Cole, at (713) 372-1103 or ccole@chevron.com.

Sincerely,

Michael H. Feldewert

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻️



**Michael H. Feldewert**  
Recognized Specialist in the Area  
of Natural Resources - oil and gas  
law New Mexico Board of Legal  
Specialization  
mfeldewert@hollandhart.com

August 29, 2014

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: OFFSETTING LESSEES AND OPERATORS**

**RE: APPLICATION OF CHEVRON U.S.A. INC. FOR A NON-STANDARD  
SPACING AND PRORATION UNIT, AND COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.  
(Gamma Ridge 14-24-34-8H Well)**

This letter is to advise you that Chevron U.S.A. Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on September 14, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Questions concerning this application should be directed to Cody Cole at (713) 372-1103 or [ccole@chevron.com](mailto:ccole@chevron.com).

Sincerely,

Michael H. Feldewert

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☻

**CHEVRON U.S.A. INC.  
GRAMMA RIDGE 14-24-34-8H WELL**

**OFFSETS**

Energex, LLC  
Attn.: Tim Lilley  
4425 98th Street, Suite 200  
Lubbock Texas 79424

Crump Energy Partners, LLC  
Attn.: Brian Hall  
P.O. Box 50820  
Midland, Texas 79710

Partners IV, LP  
Attn.: Brian Hall  
P.O. Box 50820  
Midland, TX 79710

COG Operating LLC  
One Concho Center  
Midland, TX 79701

**POOLED PARTIES**

Robert E. Landreth  
1600 Country Club Drive  
Midland, TX 79701

Carter Legacy, LLC  
5331 85th Street  
Lubbock, TX 79424

Debra D. Dye  
P.O. Box 834  
La Porte, TX 77572

Burlington Resources Oil &  
Gas Company, LP  
P.O. Box 2267  
Midland, TX 79702

Estate of Lawrence Gordon  
Dotson  
P.O. Box 556  
Sierra Blanca, TX 79851

Charee Joe Dotson  
P.O. Box 510  
Aurla, AZ 85320

Charlee Jessica Dotson  
P.O. Box 662  
Summerset, TX 78060

Babe Development LLC  
Attn: Shari Hamilton  
P.O. Box 758  
Roswell, NM 88202

Sandi Miller  
1015 Fern Drive  
Roswell, NM 88203

7006 2760 0001 6377 2952

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Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here  
 AUG 29 2004  
 SANTA FE NM 87504

Energex, LLC  
 ATTN: Tim Lilley  
 4425 98th St., Ste 200  
 Lubbock, TX 79424

PS Form 3811, February 2004 See Reverse for Instructions

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:

Energex, LLC  
 ATTN: Tim Lilley  
 4425 98th St., Ste 200  
 Lubbock, TX 79424

2. Article Number (Transfer from service label) 7006 2760 0001 6377 2952

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 9/2

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

7006 2760 0001 6377 2969

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**OFFICIAL RECEIPT**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here  
 AUG 29 2004  
 SANTA FE NM 87504

Crump Energy Partners, LLC  
 ATTN: Brian Hall  
 P.O. Box 50820  
 Midland, Texas 79710

PS Form 3811, February 2004 See Reverse for Instructions

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:

Crump Energy Partners, LLC  
 ATTN: Brian Hall  
 P.O. Box 50820  
 Midland, Texas 79710

2. Article Number (Transfer from service label) 7006 2760 0001 6377 2969

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 9-3-07

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

7006 2760 0001 6377 2716

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**OFFICIAL** *Chevrons 8H*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Partners IV, LP  
ATTN: Brian Hall  
P.O. Box 50820  
Midland, Texas 79710

See Reverse for Instructions

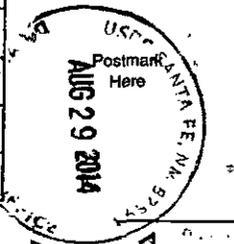
7006 2760 0001 6377 2723

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**OFFICIAL** *Chevrons 8H*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



COG Operating LLC  
One Concho Center  
Midland, TX 79701

See Reverse for Instructions

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:

Partners IV, LP  
ATTN: Brian Hall  
P.O. Box 50820  
Midland, Texas 79710

2. Article Number

(Transfer from service label)



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Brian Hall* *9-3-14*

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

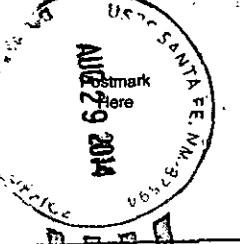
7006 2760 0001 6377 2730

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**OFFICIAL** *Handwritten Signature*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Robert E. Landreth  
1600 Country Club Dr.  
Midland, TX 79701

for Instructions

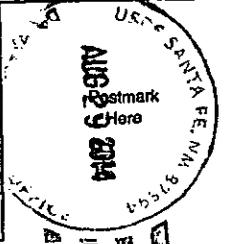
7006 2760 0001 6377 2037

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL** *Handwritten Signature*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Carter Legacy, LLC  
5331 85th St.  
Lubbock, TX 79424

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:

Robert Landreth  
1600 Country Club Dr.  
Midland, TX 79701

2. Article Number

(Transfer from service label) 7006 2760 0001 6377 2730

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Donna P. Landreth*

B. Received by (Printed Name) *Donna P. Landreth* 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:

Carter Legacy, LLC  
5331 85th St.  
Lubbock, TX 79424

2. Article Number

(Transfer from service label) 7006 2760 0001 6377 2037

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*St. P. [Signature]*

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

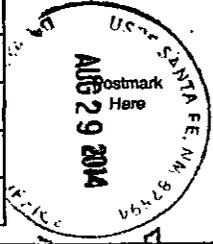
7000 2760 0001 6377 2020

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**OFFICIAL MAILING SERVICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Debra D. Dye  
 P.O. Box 834  
 La Porte, TX 77572

PS Form 3811, August 2004 See the reverse for Instructions

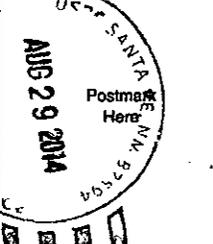
7000 2760 0001 6377 2013

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**OFFICIAL MAILING SERVICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Burlington Resources Oil &  
 Gas Company, LP  
 P.O. Box 2267  
 Midland, TX 79702

for Instructions

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

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>	<p>A. Signature            x <i>Robert Foree</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>R. Foree</i> C: Date of Delivery  <i>9-2-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type
<i>Burlington Resources Oil &amp; Gas Company, LP            P.O. Box 2267            Midland, TX 79702</i>	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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
<i>7000 2760 0001 6377 2013</i>	

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

7006 2760 0001 6377 2006

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**OFFICIAL** *CHAMBERS*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 AUG 29 2014  
 SANTA FE, NM 87504

Estate of Lawrence Gordon  
 Dotson  
 P.O. Box 556  
 Sierra Blanca, TX 79851

PS Form 3800, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6377 1993

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**OFFICIAL** *CHAMBERS*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 AUG 29 2014  
 SANTA FE, NM 87504

Charee Joe Dotson  
 P.O. Box 510  
 Aurla, AZ 85320

PS Form 3800, August 2006 See Reverse for Instructions

Returned

998 J 197 7 6377 1979 1000 0922 7006

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**OFFICIAL RETURN RECEIPT**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 AUG 29 2014  
 U.S. POST OFFICE SANTA FE, NM 97504

Charlee Jessica Dotson  
 P.O. Box 662  
 Summerset, TX 78060

PS Form 3800, August 2006 See Reverse for Instructions

998 J 197 7 6377 1979 1000 0922 7006

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

**OFFICIAL RETURN RECEIPT**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 AUG 29 2014  
 U.S. POST OFFICE SANTA FE, NM 97504

Babe Development LLC  
 Attn: Shari Hamilton  
 P.O. Box 758  
 Roswell, New Mexico, 88202

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:  
 Babe Development LLC  
 Attn: Shari Hamilton  
 P.O. Box 758  
 Roswell New Mexico, 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6377 1979

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 Tracee Per...  
 B. Received by (Printed Name) Tracee Per...  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

7006 2760 0001 6377 1962

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

**OFFICIAL** *Christina Miller*

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 AUG 29 2014  
 ROSWELL, NM 88203

Sandi Miller  
 1015 Fern Dr.  
 Roswell, NM 88203

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS AND NOT OUTSIDE LINE

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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Miller</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p> <p>SEP 6 2014</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to:	
Sandi Miller 1015 Fern Dr. Roswell, NM 88203	
2. Article Number (Transfer from service label)	7006 2760 0001 6377 1962

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