

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

APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR SPECIAL POOL RULES, EDDY
COUNTY, NEW MEXICO.


Case No. 15,272

AFFIDAVIT OF NOTICE

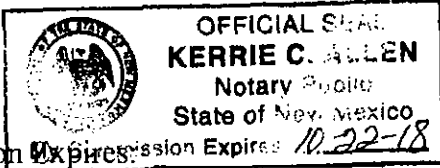
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

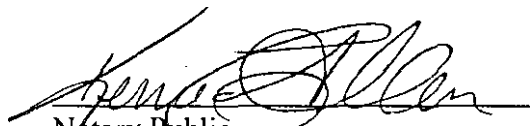
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the operators entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators, 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 Rule NMAC 19.15.4.


James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of March, 2015 by James
Bruce.

My Commission Expires 


Notary Public

Oil Conservation Division
Case No. 4 15272
Exhibit No. 4

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

February 18, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to amend special pool rules, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the Livingston Ridge-Bone Spring Pool in Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 19, 2015, 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the 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, March 12, 2015. 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 Devon Energy Production Company, L.P.

EXHIBIT 

EXHIBIT A

COG Production LLC
2208 West Main Street
Artesia, New Mexico 88210

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

OXY USA Inc.
5 Greenway Plaza
Houston, Texas 77046

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

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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

MIDLAND, TX 79701 01A 10 03

Postage	\$ \$0.49	0500
Certified Fee	\$ \$3.30	03
Return Receipt Fee (Endorsement Required)	\$ \$2.70	
Restricted Delivery Fee (Endorsement Required)	\$ \$0.00	
Total Postage & Fees	\$ \$6.49	02/21/2015

Sent to
 COG Operating LLC
 One Concho Center
 600 West Illinois
 Midland, Texas 79701
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

2525 2895 0000 020E F102

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.
 5 Greenway Plaza
 Houston, Texas 77046

2. Article Number
(Transfer from service label)

7013 3020 0000 4637 5269

PS Form 3811, July 2013

Domestic Return Receipt

D-PR

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by *(Printed Name)* *Cynthia Hernandez* 3/25
- 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[®] ☐ Priority Mail Express[™]
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
- 4. Restricted Delivery? *(Extra Fee)* ☐ Yes ☐ No

2. Article Number
(Transfer from service label)

7013 3020 0000 4637 5252

Domestic Return Receipt

D-PR

PS Form 3811, July 2013

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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

HOUSTON, TX 77046

Postage	\$ \$0.49	0500
Certified Fee	\$ \$3.30	03
Return Receipt Fee (Endorsement Required)	\$ \$2.70	
Restricted Delivery Fee (Endorsement Required)	\$ \$0.00	
Total Postage & Fees	\$ \$6.49	02/21/2015

Sent to
 OXY USA Inc.
 5 Greenway Plaza
 Houston, Texas 77046
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

6925 2895 0000 020E F102

9225 2E9H 0000 020E 6T02

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
ARTESIA, NM 88210	
Postage \$	0500
Certified Fee	03
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	02/21/2015
Sent To	
XTO Energy Inc.	
810 Houston Street	
Fort Worth, Texas 76102	
City, State, ZIP+4	
PS Form 3800, August 2005 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:	
COG Production LLC	
2208 West Main Street	
Artesia, New Mexico 88210	
2. Article Number (Transfer from service label)	
7013 3020 0000 4637 5263	
PS Form 3811, July 2013	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, enter delivery address below:
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Priority Mail Express [™]
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic Return Receipt	
D-PR	

SENDER: COMPLETE THIS SECTION	
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810 Houston Street	
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7013 3020 0000 4637 5266	
PS Form 3811, July 2013	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, enter delivery address below:
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Priority Mail Express [™]
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic Return Receipt	
D-PR	

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
ARTESIA, NM 88210	
Postage \$	0500
Certified Fee	03
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	02/21/2015
Sent To	
COG Production LLC	
2208 West Main Street	
Artesia, New Mexico 88210	
City, State, ZIP+4	
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