

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

**APPLICATION OF OGX OPERATING, LLC FOR
A NON-STANDARD SPACING AND PRORATION
UNIT, COMPULSORY POOLING, AND AN
UNORTHODOX GAS WELL LOCATION, EDDY
COUNTY, NEW MEXICO.**

Case No. 15,564

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 OGX Operating, LLC.
3. OGX Operating, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets 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 25th day of October, 2016 by James Bruce.

My Commission Expires




Notary Public

EXHIBIT 7

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

October 6, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

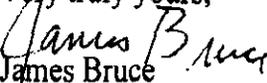
Ladies and gentlemen:

Enclosed are copies of two applications for a non-standard unit and an unorthodox gas well location, *etc.*, filed with the New Mexico Oil Conservation Division by OGX Operating, LLC, regarding (i) a Wolfcamp well in the E½ of Section 28 and the E½ of Section 33, Township 26 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, and (ii) a Wolfcamp well in the W½ of Section 28 and the W½ of Section 33, Township 26 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

These matter are for hearing at 8:15 a.m. on Thursday, October 27, 2016, 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 **offset operator or interest owner** who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, October 20, 2016. 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 OGX Resources LLC



EXHIBIT A

Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

COG Production LLC
600 West Illinois
Midland, Texas 79701

Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210

RKI Exploration & Production, LLC
3500 One Williams Tower
Tulsa, Oklahoma 74172

Khody Land & Mineral Company
Suite 700
210 Park Avenue
Oklahoma City, Oklahoma 73102

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

9590 9402 1676 6053 6631 57

2. Article No. **7014 0510 0000 9539 6570**

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A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10/11/16*

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

3. Service Type Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery

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

Sent To **COG Production LLC**
600 West Illinois
Midland, Texas 79701

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

PS Form 3800, August 2006 See Reverse for instructions

9599 6556 0000 0750 4702

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

Sent To **Bureau of Land Management**
620 East Greene
Carlsbad, New Mexico 88220

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.
- 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
600 West Illinois
Midland, Texas 79701

9590 9402 1676 6053 6631 40

2. Article No. **7014 0510 0000 9539 6563**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10/11/16*

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

3. Service Type Priority Mail Express® Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7014 0510 0000 753

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bra</u> C. Date of Delivery <u>10/11/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Yates Petroleum Corporation 105 South 4th Street Artesia, New Mexico 88210</p>		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>9590 9402 1676 6053 6631 3</p>		<p>2. Article Number (Transfer from envelope label)</p> <p>7014 0510 0000 9539 6556</p> <p>(over \$500) Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

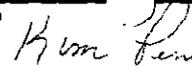
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>RKI Exploration & Production, LLC</u>	
Street, Apt. No., or PO Box No. <u>3500 One Williams Tower</u>	
City, State, ZIP+4 <u>Tulsa, Oklahoma 74172</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

7014 0510 0000 9539 6549 6549

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For delivery information visit our website at www.usps.com	
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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>Yates Petroleum Corporation</u>	
Street, Apt. No., or PO Box No. <u>105 South 4th Street</u>	
City, State, ZIP+4 <u>Artesia, New Mexico 88210</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

7014 0510 0000 9539 6556 6556

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Kim Verise</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>RKI Exploration & Production, LLC 3500 One Williams Tower Tulsa, Oklahoma 74172</p>		<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>2. Article Number (Transfer from envelope label)</p> <p>7014 0510 0000 9539 6549</p> <p>(over \$500) Delivery</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

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October 25, 2016 , 10:06 pm	Departed USPS Facility	NORTH TEXAS PROCESSING AND DISTRIBUTION CENTER

October 25, 2016 , 1:21 pm	Arrived at USPS Facility	NORTH TEXAS PROCESSING AND DISTRIBUTION CENTER
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October 11, 2016 , 7:12 am	Undeliverable as Addressed	OKLAHOMA CITY, OK 73102
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October 11, 2016 , 1:22 am	Departed USPS Facility	OKLAHOMA CITY, OK 73107
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October 10, 2016 , 3:15 pm	Arrived at USPS Facility	OKLAHOMA CITY, OK 73107
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October 8, 2016 , 10:59 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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