

**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](mailto:jamesbruc@aol.com)

January 4, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Kaiser-Francis Oil Company, regarding:

1. Two Bone Spring wells in the W/2SW/4 of Section 31, Township 25 South, Range 33 East, NMPM, and the W/2W/2 of Section 6, Township 26 South, Range 33 East, NMPM, Lea County, New Mexico; and
2. A Wolfcamp well in the W/2SW/4 of Section 31, Township 25 South, Range 33 East, NMPM, and the W/2W/2 of Section 6, Township 26 South, Range 33 East, NMPM, Lea County, New Mexico

These matters are scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2019, 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 owner of an interest 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.

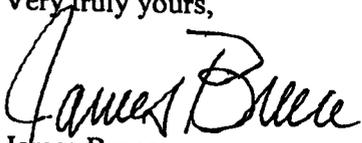
A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, January 17, 2019. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and his or her attorney; a concise 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.

*Kaiser-Francis Case 2005 & 20051*

EXHIBIT 6

*Presented: 1/24/19*

Very truly yours,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in black ink and is positioned above the printed name.

James Bruce

Attorney for Kaiser-Francis Oil Company

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**OFFICIAL USE**

5296 E005 7000 DEPT 9102

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To **Royalty Clearinghouse 2003, LLC.**  
**201 West 5<sup>th</sup> Street, Suite 1350**  
 Street and Apt. No. **Austin, TX 78701-3090**  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

Royalty Clearinghouse 2003, LLC.  
 201 West 5<sup>th</sup> Street, Suite 1350  
 Austin, TX 78701-3090

9590 9402 3453 7210 0911 40

2. Article Number (Transfer from service label)

**7018 1130 0001 5003 9825**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  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

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

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

*KFOC-PT*

Domestic Return Receipt