

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

**APPLICATION OF XTO ENERGY INC.
FOR COMPULSORY POOLING,
SAN JUAN COUNTY, NEW MEXICO.**

Case No. 13,849

**APPLICATION OF XTO ENERGY INC.
FOR COMPULSORY POOLING,
SAN JUAN COUNTY, NEW MEXICO.**

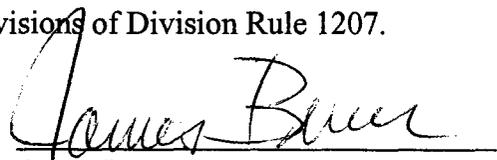
Case No. 13,850

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 XTO Energy Inc.
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 correct 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 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of January, 2007 by James Bruce.


Notary Public

My Commission Expires: 3/14/09

Oil Conservation Division
Case No. 13,850
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 14, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed are copies of two applications for compulsory pooling, filed by XTO Energy Inc. with the New Mexico Oil Conservation Division, regarding (i) the W½ of Section 5, and (ii) the W½ of Section 8, both in Township 30 North, Range 13 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 4, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the wells, you have the right to enter an appearance and participate in the cases. Failure to enter an appearance will preclude you from contesting these matters at a later date. IF YOU HAVE EXUTED AN ASSIGNMENT TO XTO ENERGY INC., YOU MAY IGNORE THIS NOTICE.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, December 28, 2006 if you intend to participate at the hearing.

Very truly yours,



James Bruce

Attorney for XTO Energy Inc.

EXHIBIT **A**

EXHIBIT A

Jack Pierson
25584 Coastal Boulevard
Onley, Pennsylvania 19547

Harvey Dell Cranmore
Apartment B
1848 West Robinson Street
Norman, Oklahoma 73069

Deborah K. McClelland
9017 Forrest Hills Boulevard
Dallas, Texas 75218

Ester Lynn Richards
Apartment 14-H
392 Central Park West
New York, New York 10025

William C. Mann
c/o Kirtley Craig
534 Park Drive
Longmeadow, Massachusetts 01106

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$ 4.05
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.30

Sent To
 Jack Pierson
 25184 Coastal Boulevard
 Oakley, Pennsylvania 19547
 City, State, ZIP+4



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:
 William C. Mann
 c/o Kirtley Craig
 534 Park Drive
 Longmeadow, Massachusetts 01106

2. Article Number
 (Transfer from service label)
 7005 1160 0003 1171 8221

Domestic Return Receipt
 PS Form 3811, February 2004

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?
 If YES, enter delivery address below:
 Yes No

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

4. Restricted Delivery? (Extra Fee)
 Yes No

2005 1160 0003 1171 8221

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:
 Jack Pierson
 25184 Coastal Boulevard
 Oakley, Pennsylvania 19547
 VA 23418

2. Article Number
 (Transfer from service label)
 7005 1160 0003 1171 8191

Domestic Return Receipt
 PS Form 3811, February 2004

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?
 If YES, enter delivery address below:
 Yes No

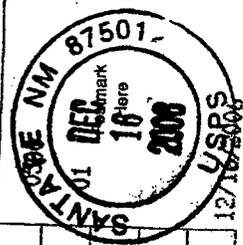
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)
 Yes No

2005 1160 0003 1171 8191

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Postage	\$ 0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88



Sent To
 William C. Mann
 c/o Kirtley Craig
 534 Park Drive
 Longmeadow, Massachusetts 01106
 City, State, ZIP+4

PS Form 3800, June 2002
 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:

Harvey Dell Cranmore
 Apartment B
 1848 West Robinson Street
 Norman, Oklahoma 73069

2. Article Number
 (Transfer from service label)

7005 1160 0003 1171 8207

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 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

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

4. Restricted Delivery? (Extra Fee) Yes

Handwritten signature

U.S. Postal ServiceTM
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 (Domestic Mail Only; No Insurance/ Coverage Provided)

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

**NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES**

Postage \$	\$60.83
Certified Fee	\$2.60
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$4.88



Sent To

Harvey Dell Cranmore
 Apartment B
 1848 West Robinson Street
 Norman, Oklahoma 73069

PS Form 3800, June 2002. See Reverse for Instructions.

7005 1160 0003 1171 8207