



**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)  
(5050) 982-2151 (Fax)

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

May 2, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

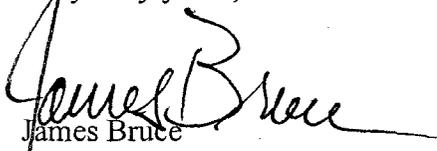
To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for approval of five non-standard gas spacing and proration units, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P. The well units are located within the Northeast Blanco Unit, located in San Juan and Rio Arriba Counties, New Mexico, as more particularly described in the application. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 24, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, May 17, 2007 if you intend to participate at the hearing.

Very truly yours,

  
James Bruce  
Attorney for Devon Energy Production Company, L.P.

EXHIBIT

A

EXHIBIT A

Mosbacher USA Inc.  
Suite 2200  
712 Main Street  
Houston, Texas 77002

John David Mosbacher  
1580 Canada Lane  
Woodside, California 94064

Emil Mosbacher III  
1580 Canada Lane  
Woodside, California 94064

Robert A. Mosbacher, Trustee  
Jane P. Mosbacher Estate Trust  
P.O. Box 201678  
Houston, Texas 77216-1678

Robert A. Mosbacher, Trustee  
Jane P. Mosbacher Estate Trust  
Suite 2100  
1300 Main Street  
Houston, Texas 77002

Henry G. Robledo  
20 Sandia Heights N.E.  
Albuquerque, New Mexico 87122

James B. Fullerton  
P.O. Box 2368  
Denver, Colorado 80201

Broome Family L.P.  
HC 70, Box 62  
Pecos, New Mexico 87552

San Juan Basin Properties, LLC  
1499 Blake Street, #7K  
Denver, Colorado 80202

Elm Ridge Exploration Company  
Suite 950  
1225 Greenville Ave.  
Dallas, Texas 75243

Rebecca Jean Ebert Brewer, Ind. Executrix  
of the Estate of R. P. Brewer, III  
c/o W. T. Chumney, Jr.  
200 Mercantile National Bank Bldg.  
40 NE Loop 410  
San Antonio, Texas 78216

Betty Brewer Chumney  
c/o W. T. Chumney, Jr.  
200 Mercantile National Bank Bldg.  
40 NE Loop 410  
San Antonio, Texas 78216

India Brewer Chumney de Marigny  
c/o W. T. Chumney, Jr.  
200 Mercantile National Bank Bldg.  
40 NE Loop 410  
San Antonio, Texas 78216

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

Sent To  
 Elm Ridge Exploration Company  
 Suite 950  
 1225 Greenville Ave.  
 Dallas, Texas 75243  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5708 8799

**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:

Elm Ridge Exploration Company  
 Suite 950  
 1225 Greenville Ave.  
 Dallas, Texas 75243

2. Article Number (Transfer from service label)

7006 0100 0005 5708 8799

PS Form 3811, February 2004

Domestic Return Receipt

D-N2801

102595-02-M-1540

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- 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:

Rebecca Jean Ebert Brewer, Ind. Executrix  
 of the Estate of R. P. Brewer, III  
 c/o W. T. Chumney, Jr.  
 200 Mercantile National Bank Bldg.  
 40 NE Loop 410  
 San Antonio, Texas 78216

2. Article Number (Transfer from service label)

7006 0100 0005 5708 8782

PS Form 3811, February 2004

Domestic Return Receipt

D-N2801

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[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

2. Article Number (Transfer from service label)

7006 0100 0005 5708 8799

PS Form 3811, February 2004

Domestic Return Receipt

D-N2801

102595-02-M-1540

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

Sent To  
 Rebecca Jean Ebert Brewer, Ind. Executrix  
 of the Estate of R. P. Brewer, III  
 c/o W. T. Chumney, Jr.  
 200 Mercantile National Bank Bldg.  
 40 NE Loop 410  
 San Antonio, Texas 78216

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

Sent To \_\_\_\_\_  
Street, Apt. No., or PO Box No. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_  
San Juan Basin Properties, LLC  
1499 Blake Street, #7K  
Denver, Colorado 80202

PS Form 3800, June 2002 See Reverse for Instructions

MAY 1 Here 2007  
USPS-97501-998

**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: \_\_\_\_\_

2. Article Number (Transfer from service label) \_\_\_\_\_  
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) \_\_\_\_\_  
*[Signature]*  Date of Delivery \_\_\_\_\_

C. 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  No

Article Number (Transfer from service label) \_\_\_\_\_  
7006 0100 0005 5708 8805  
Domestic Return Receipt *D-N29U*  
102595-02-M-1540

**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: \_\_\_\_\_

2. Article Number (Transfer from service label) \_\_\_\_\_  
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) \_\_\_\_\_  
*[Signature]*  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  No

Article Number (Transfer from service label) \_\_\_\_\_  
7006 0100 0005 5708 8805  
Domestic Return Receipt *D-N29U*  
102595-02-M-1540

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

Sent To \_\_\_\_\_  
Street, Apt. No., or PO Box No. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_  
Broome Family L.P.  
HC 70, Box 62  
Pecos, New Mexico 87552

PS Form 3800, June 2002 See Reverse for Instructions

MAY 1 Here 2007  
USPS-97501-998

**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: \_\_\_\_\_

2. Article Number (Transfer from service label) \_\_\_\_\_  
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) \_\_\_\_\_  
*[Signature]*  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  No

Article Number (Transfer from service label) \_\_\_\_\_  
7006 0100 0005 5708 8805  
Domestic Return Receipt *D-N29U*  
102595-02-M-1540

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

Sent To  
 India Brewer Chumney de Merincey  
 c/o W. T. Chumney, Jr.  
 200 Mercantile National Bank Bldg.  
 40 NE Loop 410  
 San Antonio, Texas 78216

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

Postmark Here  
 MAY 1 2007  
 SAN ANTONIO, TX

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7006 0300 0005 5708 8768

**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:

Betty Brewer Chumney  
 c/o W. T. Chumney, Jr.  
 200 Mercantile National Bank Bldg.  
 40 NE Loop 410  
 San Antonio, Texas 78216

2. Article Number  
 (Transfer from service label)

7006 0300 0005 5708 8775

PS Form 3811, February 2004  
 Domestic Return Receipt

102595-02-M-1540

D-NEB9

**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:

India Brewer Chumney de Merincey  
 c/o W. T. Chumney, Jr.  
 200 Mercantile National Bank Bldg.  
 40 NE Loop 410  
 San Antonio, Texas 78216

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label)

7006 0300 0005 5708 8768

PS Form 3811, February 2004  
 Domestic Return Receipt

102595-02-M-1540

D-NEB9

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent  Addressee
- B. Received by (Printed Name)  
 Date of Delivery

*[Signature]*

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent  Addressee
- B. Received by (Printed Name)  
 Date of Delivery

*[Signature]*

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label)

7006 0300 0005 5708 8768

PS Form 3811, February 2004  
 Domestic Return Receipt

102595-02-M-1540

D-NEB9

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**OFFICIAL USE**

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

Sent To  
 Betty Brewer Chumney  
 c/o W. T. Chumney, Jr.  
 200 Mercantile National Bank Bldg.  
 40 NE Loop 410  
 San Antonio, Texas 78216

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

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 MAY 1 2007  
 SAN ANTONIO, TX

PS Form 3811, June 2002 See Reverse for Instructions

7006 0300 0005 5708 8775

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

Sent To \_\_\_\_\_  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, Zip+4 \_\_\_\_\_

Mosbacher USA Inc.  
 Suite 2200  
 712 Main Street  
 Houston, Texas 77002

PS Form 3811, August 2006 See Reverse for Instructions

2006 3450 0001 4326 8102

MAY 1 - 2007  
 Postmark Here  
 SAN ANGELO, TX 76901-6398

USPS-87501-6398

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 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 A. Mosbacher, Trustee  
 Jane P. Mosbacher Estate Trust  
 P.O. Box 201678  
 Houston, Texas 77216-1678

2. Article Number (Transfer from service label) **7006 3450 0001 4326 8102**  
 PS Form 3811, February 2004 Domestic Return Receipt **D-N286A**  
 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  
 Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **5-1-07**

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  No

**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:  
 Mosbacher USA Inc.  
 Suite 2200  
 712 Main Street  
 Houston, Texas 77002

2. Article Number (Transfer from service label) **7006 3450 0001 4326 8133**  
 Domestic Return Receipt **D-N286A**  
 PS Form 3811, February 2004 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  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  No

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

Sent To \_\_\_\_\_  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, Zip+4 \_\_\_\_\_

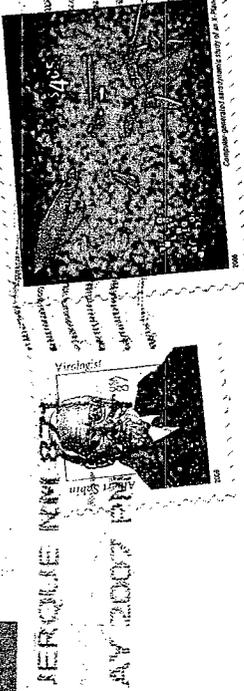
Robert A. Mosbacher, Trustee  
 Jane P. Mosbacher Estate Trust  
 P.O. Box 201678  
 Houston, Texas 77216-1678

PS Form 3811, August 2006 See Reverse for Instructions

2006 3450 0001 4326 8102

MAY 1 - 2007  
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 SAN ANGELO, TX 76901-6398

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James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

7006 3450 0001 4326 8046

1ST NOTICE 15-69-07  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

VAA

 RETURN TO ADDRESSEE

Robert A. Mosbacher, Trustee  
Jane F. Mosbacher Estate Trust

MOVED LEFT NO ADDRESS  
 ATTEMPTED - NOT KNOWN  
 UNCLAIMED - NOT KNOWN  
 NO SUCH STREET  
 NO SUCH NUMBER  
 INSUFFICIENT ADDRESS  
 NOT DELIVERABLE AS  
ADDRESSED UNABLE TO FORWARD

 UNITED STATES POSTAL SERVICE

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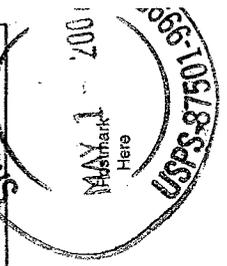
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent to \_\_\_\_\_  
Street, Apt. No.,  
or PO Box No. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_

Robert A. Mosbacher, Trustee  
Jane F. Mosbacher Estate Trust  
Suite 2100  
1300 Main Street  
Houston, Texas 77002

U.S. POSTAGE AND FEES PAID PERMIT NO. 1000 SAN ANTONIO, TEXAS

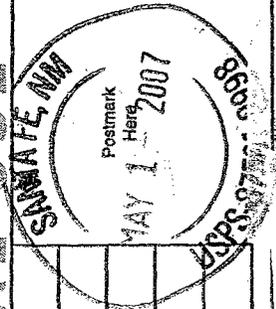
9608 9224 7000 0546 9002



U.S. Postal Service<sup>SM</sup>  
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7006 3450 0001 4326 8119

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



Sent to  
 Emil Mosbacher III  
 1580 Canada Lane  
 Woodside, California 94064  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800, August 2006 See Reverse for Instructions

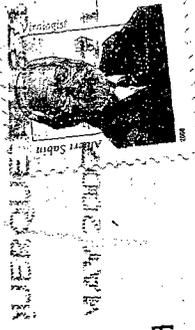
James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

1ST NOTICE 05-10-07  
 2ND NOTICE 5-18  
 RETURN 5-28

**CERTIFIED MAIL**

7006 3450 0001 4326 8119

NO SUCH #



Emil Mosbacher III  
 1580 Canada Lane  
 Woodside, California 94064

NIXIE 941 DE 1 00 05/04/07

RETURN TO SENDER  
 NO SUCH NUMBER  
 UNABLE TO FORWARD

BC: 8750410566 \*0560-17799-01-42

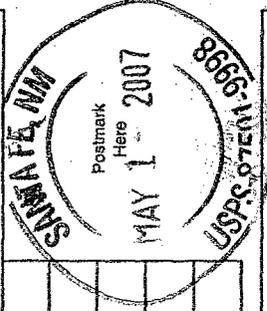
8750401056  
 84052+2412

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



Sent to  
 John David Mosbacher  
 Street, Apt. No.: 1580 Canada Lane  
 or PO Box No. Woodside, California 94064  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**CERTIFIED MAIL**

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

1ST NOTICE 05-10-07  
 2ND NOTICE 5-18  
 RETURN 5-28



QUERQUE, NM  
 MAY 2007

7006 3450 0001 4326 8126

*no such #*

John David Mosbacher  
 1580 Canada Lane  
 Woodside, California 94

NIXIE 941 DE 1 00 03/04/07  
 RETURN TO SENDER  
 NO SUCH NUMBER  
 UNABLE TO FORWARD  
 EC: 87504010566 \*0488-21784-01-40

8750401056

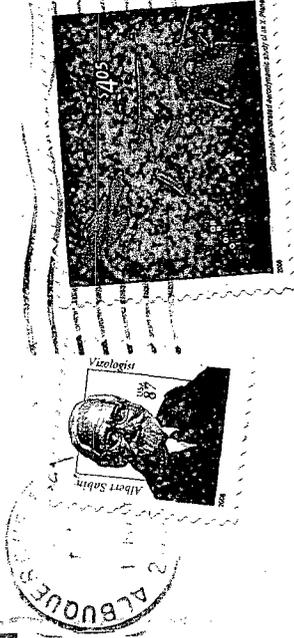
8750401056

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

1ST NOTICE 05-11-07  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

7006 3450 0001 4326 8072

**CERTIFIED MAIL**



James B. Fullerton  
P.O. Box 2268  
Denver, Colorado 80201

NIXIE 002 5C 1 74 05/08/07

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 87504105555 \*0958-00455-01-45

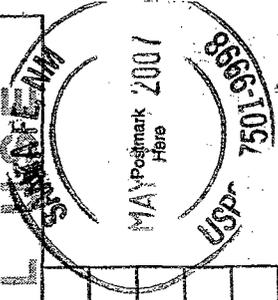
80201426000143268072

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 Henry G. Robledo  
 20 Sandia Heights N.E.  
 Albuquerque, New Mexico 87122  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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**CERTIFIED MAIL**

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

1ST NOTICE 05-08-07  
 2ND NOTICE  
 RETURN



*FRS*

Henry G. Robledo  
 20 Sandia Heights N.E.  
 Albuquerque, New Mexico

NIXIE 871 1 10 05/04/07  
 RETURN TO SENDER  
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 UNABLE TO FORWARD  
 BC: 87504105655 \*0950-05119-01-46

712232009 C901  
 8750401056



**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)

June 8, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

John David Mosbacher  
Emil Mosbacher III  
c/o Robert A. Mosbacher  
P.O. Box 201678  
Houston, Texas 77216

Ladies and gentlemen:

Enclosed is a copy of an application for approval of five non-standard gas spacing and proration units, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P. The well units are located within the Northeast Blanco Unit, located in San Juan and Rio Arriba Counties, New Mexico, as more particularly described in the application. This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, July 5, 2007 if you intend to participate at the hearing.

Very truly yours,

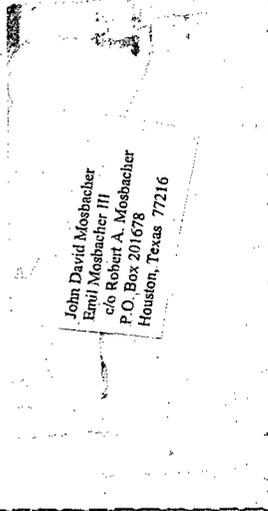
  
James Bruce

Attorney for Devon Energy Production Company, L.P.

**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:



2. Article Number  
(Transfer from service label)

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) John David Moshbacher  
 C. Date of Delivery 2-10-07  
 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  No

U.S. Postal Service<sup>TM</sup>  
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**SPECIAL USE**

Postage	\$ 0.41	0500
Certified Fee	\$2.65	03
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$5.21	06/12/2007

Sent To  
 John David Moshbacher  
 Emil Moshbacher III  
 Street, Apt. No.,  
 c/o Robert A. Moshbacher  
 or PO Box No.  
 P.O. Box 201678  
 Houston, Texas 77216  
 City, State, ZIP+4

PS Form 3811, August 2006 See Request for Instructions

4249 9264 1000 0546 9002