

AFFIDAVIT OF NOTICE

Before me, the undersigned authority, on this day personally appeared DAVID K. BROOKS, well known to me to be a credible person, and after being duly sworn, did solemnly declare upon his oath as follows:

“My name is David K. Brooks. I am employed by the Energy, Minerals and Natural Resources Department of the State of New Mexico as Assistant General Counsel.

“I am attorney of record for the New Mexico Oil Conservation Division, as Applicant, in Case No. 12822, Application of the New Mexico Oil Conservation Division for an Order Authorizing the Division to Plug One (1) Well; San Juan County, New Mexico.

“On January 30, 2002, I prepared a letter to each of the respondents named in Case No. 12822. Attachment A to this Affidavit is a true copy of the letter that I prepared. I then caused a copy of Attachment A to be mailed to said respondent, namely, Olin Triplett, Jennie Lee Triplett, Jean Triplett Bixler, Dale Triplett and Dewayne Triplett, at the addresses indicated on Attachment A, by Certified Mail, Return Receipt Requested. The named respondents are all of the persons identified to me by their counsel, Farmington attorney, John Dean, as owners of the property where the subject well is located. Olin Triplett is the owner of said property as reflected in the *ad valorem* tax records of San Juan County, New Mexico. A copy of the Application filed with the Division in Case No. 12822 was enclosed with each letter.

The notification letter sent to Olin Triplett, Jennie Lee Triplett and Jean Triplett Bixler was duly delivered, as evidenced by copy of certified mail receipt stamped by the United States Postal Service, and return receipt signed by Jean Bixler, attached hereto as Attachment B.

The notification letter sent to Dale Triplett was duly delivered, as evidenced by copy of certified mail receipt stamped by the United States Postal Service, and return receipt signed by Dale Triplett, attached hereto as Attachment C.

The notification letter sent to Dewayne Triplett was duly delivered, as evidenced by copy of certified mail receipt stamped by the United States Postal Service, and return receipt signed by Beverly Triplett, attached hereto as Attachment D.

Further Affiant sayeth not.

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
OCD EXHIBIT NO. 1
CASE NO. 12822

David K. Brooks

David K. Brooks

Subscribed and sworn to in the City of Santa Fe, County of Santa Fe, State of New Mexico, this 20th day of February, 2002. Witness my hand and seal of office.



Notary Public
State of New Mexico

[SEAL]

My commission expires 2/18, 20 03



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Betty Rivera
Cabinet Secretary

February 20, 2002

Lori Wrotenbery
Director
Oil Conservation Division

Mr. Olin Triplett
Ms. Jennie Lee Triplett
Ms. Jean Triplett Bixler
P.O.Box 406
Fort Sumner, NM 88119

Mr. Dewayne Triplett
P.O.Box 392
Waterflow, NM 87421

Ms. Dale Triplett
6511 State Hwy 1140
Hesperus, CO 81326

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

**Re: Case No. _____ : Application of the New Mexico Oil Conservation Division
for an Order Authorizing the Division to Plug One (1) Well; San Juan
County, New Mexico.**

Ladies and Gentlemen:

You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, authorizing the Division to plug one (1) well in San Juan County, New Mexico, specifically identified in said application.

A hearing on this Application will take place before a Division hearing officer on Thursday, February 21, 2002, at 8:15 a.m., in the Division Hearing Room, First Floor, 1220 South St. Francis Drive in Santa Fe, New Mexico. At that hearing you will have an opportunity to show cause, if any there be, why an order should not be entered as requested in the Application.

Attachment A

Inquiries concerning this application may be directed to the undersigned in the Santa Fe office of the Division at (505)-476-3450.

Very truly yours,

David K. Brooks
Assistant General Counsel

cc: Mr. John Dean
Attorney at Law
506 W. Arrington
Farmington, NM 87401

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

7001 1940 0004 7919 3337

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To Mr. Olin Triplett			
Street, Apt. No.; or PO Box No. PO Box 406			
City, State, ZIP+4 Ft. Sumner, NM 88119			
PS Form 3800, January 2001		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:
 MR. Olin Triplett
 Ms. Jennie Lee Triplett
 Ms. Jean Triplett Bixler
 PO Box 406
 Ft. Sumner, NM 88119

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Jean Bixler

B. Received by (Printed Name) *Jean Bixler* 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.
 Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7001 1940 0004 7919 3337

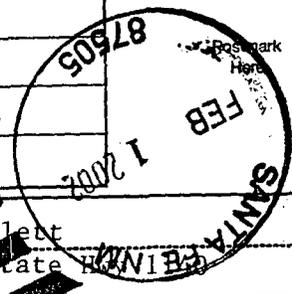
Attachment B

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

OFFICIAL USE

7001 1940 0004 7919 3351

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



Sent To
 Ms. Dale Triplett
 Street, Apt. No.; or PO Box No. 6511 State Hwy 1140
 City, State, ZIP+4 Hesperus, CO 81326

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X Dale Triplett <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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: Ms. Dale Triplett 6511 State Hwy 1140 Hesperus, CO 81326</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7001 1940 0004 7919 3351</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Attachment C

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

7001 1940 0004 7919 3344

OFFICIAL USE

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



Sent To Mr. Dewayne Triplett
 Street, Apt. No.; or PO Box No. PO Box 392
 City, State, ZIP+4 Waterflow, NM 87421
 PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X Beverly Triplett <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 2/5/02</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: Mr. Dewayne Triplett P.O. Box 392 Waterflow, NM 87421</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7001 1940 0004 7919 3344

Attachment D