

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

APPLICATION OF CIMAREX ENERGY CO. FOR  
A NON-STANDARD OIL SPACING AND PRORATION  
UNIT AND COMPULSORY POOLING, LEA COUNTY,  
NEW MEXICO.

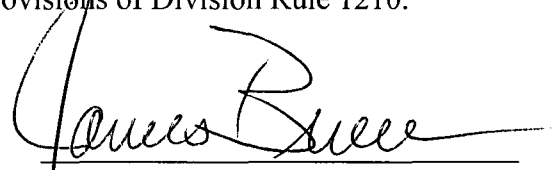
Case No. 14,167

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO    )

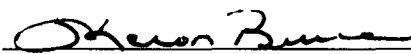
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
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 1210.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 20<sup>th</sup> day of August, 2008 by James Bruce.

My Commission Expires: 3/14/09

  
Notary Public

Oil Conservation Division  
Case No. 14,167  
Exhibit No. 3

**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)

July 28, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED


To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the E $\frac{1}{2}$ NE $\frac{1}{4}$  of Section 17, Township 15 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 21, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, 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, August 14, 2008 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

# Exhibit "A"

UNLEASED MINERAL OWNERS & LEASEHOLD OWNER	MINERAL INTEREST	UNIT WI for Caudill 17 Fee #2
Ann Childers (address unknown)	1/140	0.714286%
Chesapeake Exploration Limited Partnership 6100 North Western Avenue Oklahoma City, OK 73118		18.383763%
Christa L. Leavell P.O. Box 470 Robinson, Illinois 62454	3/6400	0.046875%
Christa L. Leavell, Custodian for Michelle C. Leavell P.O. Box 470 Robinson, Illinois 62454	3/6400	0.046875%
Estate of Elizabeth Brown Bennett, Deceased P.O. Box 1054 Arlington, Texas 76010	2/63	3.174603%
FFF, Inc. P.O. Box 8687 Denver, Colorado 80201	9/51200	0.017578%
Jonathan S. Roderick, Trustee of the Jonathan S. Roderick Living Trust dated 2-8-07 P.O. Box 7961 Boulder, CO 80306	9/32000	0.028125%
Estate of E.P. Childers, Deceased	1/140	0.714286%

**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:

FTF, Inc.  
P.O. Box 8637  
Denver, Colorado 80201

2. Article Number

(Transfer from service label)

7007 3020 0001 2490 5561

PS Form 3811, February 2004.

Domestic Return Receipt

102595-02-M-154

Ca 17-2

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

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

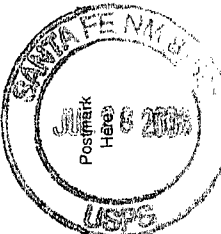
**OFFICIAL USE**

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

Sent To

FTF, Inc.  
P.O. Box 8637  
Denver, Colorado 80201

PS Form 3800, August 2006 See Reverse for Instructions



**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Heather* C. Date of Delivery *7/31/2008*
- 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

**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:

Jonathan S. Roderick, Trustee of the Jonathan S. Roderick Living Trust dated 2-8-07  
P.O. Box 7961  
Boulder, CO 80306

2. Article Number

(Transfer from service label)

7007 3020 0001 2490 5554

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

Ca 17-2

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Jonathan S. Roderick* C. Date of Delivery *7/31/2008*
- 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

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

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

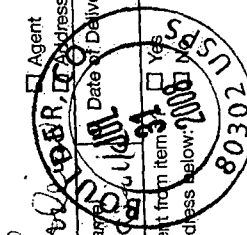
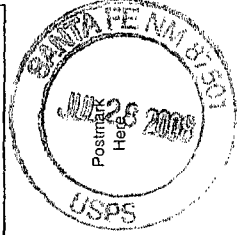
**OFFICIAL USE**

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

Sent To

Jonathan S. Roderick, Trustee of the Jonathan S. Roderick Living Trust dated 2-8-07  
P.O. Box 7961  
Boulder, CO 80306

PS Form 3800, August 2006 See Reverse for Instructions



7007 3020 0001 2490 5554

**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:

**Cheapeake Exploration Limited Partnership**  
6100 North Western Avenue  
Oklahoma City, OK 73118

2. Article Number  
(Transfer from service label)

7007 3020 0001 2490 5608

PS Form 3811, February 2004

Domestic Return Receipt

Q 17-2

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *MM*

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

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

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$



Sent To

**Cheapeake Exploration Limited Partnership**

Street, Apt. 1 6100 North Western Avenue  
or PO Box N Oklahoma City, OK 73118

City, State, ZIP+4

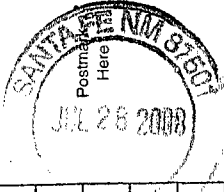
PS Form 3800, August 2006

See Reverse for Instructions

8095 0642 1000 0206 2007

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only, No Insurance / Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

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



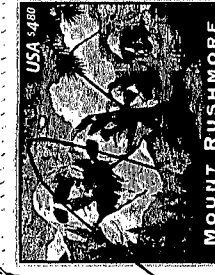
Sent To  
 Estate of Elizabeth Brown Bennett, Deceased  
 P.O. Box 1054  
 Arlington, Texas 76010  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800 August 2006 See Reverse for Instructions

7007 3020 0001 2490 5578

**CERTIFIED MAIL™**

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

7007 3020 0001 2490 5578



7-20  
 1ST NOTICE 8.5  
 2ND NOTICE  
 RETURN

Estate of Elizabeth Brown Bennett, Deceased  
 P.O. Box 1054  
 Arlington, Texas 76010

NIXIE 780 SE 1 23 07/31/08  
 RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD  
 BC: 87504105656 \*0268-02086-28-43

7800431056 2490 5578


[Home](#) | [Help](#) | [Sign In](#)
[Track & Confirm](#)
[FAQs](#)

## Track & Confirm

### Search Results

Label/Receipt Number: 7007 3020 0001 2490 5592  
Status: **Delivered**

Your item was delivered at 9:37 AM on July 31, 2008 in ROBINSON, IL 62454.

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

[Site Map](#)
[Contact Us](#)
[Forms](#)
[Gov't Services](#)
[Jobs](#)
[Privacy Policy](#)
[Terms of Use](#)
[National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved.

No FEAR Act EEO Data FOIA

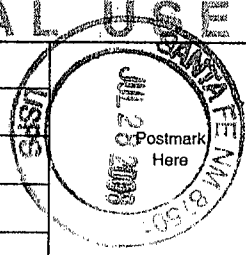


United States Postal Service  
Mission Statement



United States Postal Service  
Mission Statement

7007 3020 0001 2490 5592

U.S. Postal Service™	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
	
Sent To: <b>Christa L. Leavell</b>	
P.O. Box 470	
Robinson, Illinois 62454	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	


[Home](#) | [Help](#) | [Sign In](#)
[Track & Confirm](#)
[FAQs](#)

## Track & Confirm

### Search Results

Label/Receipt Number: **7007 3020 0001 2490 5585**  
 Status: **Delivered**

Your item was delivered at 9:37 AM on July 31, 2008 in ROBINSON, IL 62454.

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

[Site Map](#)
[Contact Us](#)
[Forms](#)
[Gov't Services](#)
[Jobs](#)
[Privacy Policy](#)
[Terms of Use](#)
[National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved.

No FEAR Act EEO Data

FOIA


 United States Postal Service  
 Department of Justice

 United States Postal Service  
 Department of Justice

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: <b>Christa L. Leavell, Custodian for Michelle C. Leavell</b> Street, Apt. No.: <b>P.O. Box 470</b> or PO Box No.: <b>Robinson, Illinois 62454</b> City, State, ZIP+4:	
PS Form 3800, August 2006 See Reverse for Instructions	