

BEFORE THE OIL CONSERVATION DIVISION
NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT

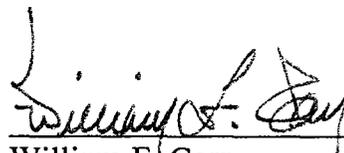
APPLICATION OF PURE RESOURCES, L.P. FOR A
BLANKET EXCEPTION IN THE RINCON UNIT AREA
TO THE WELL LOCATION REQUIREMENTS FOR
THE BLANCO-MESAVERDE GAS POOL, RIO
ARRIBA COUNTY, NEW MEXICO.

CASE NO. 13112

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Pure Resources, L.P., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 8th day of August 2003.



Notary Public

My Commission Expires:

August 23, 2005

HOLLAND & HART LLP
ATTORNEYS AT LAW

DENVER • ASPEN
BOULDER • COLORADO SPRINGS
DENVER TECH CENTER
BILLINGS • BOISE
CHEYENNE • JACKSON HOLE
SALT LAKE CITY • SANTA FE
WASHINGTON, D.C.

P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208
110 NORTH GUADALUPE, SUITE 1
SANTA FE, NEW MEXICO 87501-6525

TELEPHONE (505) 988-4421
FACSIMILE (505) 983-6043

William F. Carr

wcarr@hollandhart.com

July 31, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS.

Re: Application of Pure Resources, L.P. for Blanket Exception in the Rincon Unit Area to the Well Location Requirements for the Blanco-Mesaverde Gas Pool, Rio Arriba county, New Mexico.

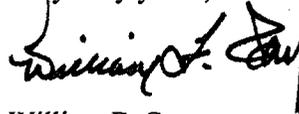
Ladies and Gentlemen:

Enclosed is a copy of the application of Pure Resources, L.P. in the above-referenced case for a blanket exception in the Rincon Unit to the well location requirements for the Blanco-Mesaverde Gas Pool in Rio Arriba County, New Mexico.

This application has been set for hearing before a Division Examiner on August 21, 2003. You are not required to attend this hearing, but as an owner of the interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement three days in advance of a scheduled hearing at the Oil Conservation Division's Santa Fe Office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,



William F. Carr
Attorney for Pure Resources, L.P.

Enclosure

**APPLICATION OF PURE RESOURCES, L.P.
FOR A BLANKET EXCEPTION IN THE RINCON UNIT AREA
TO THE WELL LOCATION REQUIREMENTS OF
THE BLANCO MESAVERDE GAS POOL,
RIO ARRIBA COUNTY, NEW MEXICO.**

NOTICE LIST

Theodore J. Blechar
138 La Canada Way
Santa Cruz, California 95060

Anita Briggs
115 Fish and Game Road
Cherry Valley, New York 13320

Linda Calvert
26 East Funk Road
Lake Arthur New Mexico 88253

Martha Lou Dixon
311 West Taggard Street
Burnet, Texas 78611

H Limited Partnership
Post Office Box 2185
Santa Fe, New Mexico 87504

Phil W. Harvey
13203 De La Vista Street
San Antonio, Texas 78233-5407

Rowena Dale Laabs
Post Office Box 83
Tularosa, New Mexico 88352

Lou Ann Patterson
1807 Briscoe
Artesia, New Mexico 88210

Loy Sue Siegenthaler
300 Tulane Place, NE
Albuquerque, New Mexico 87106

William M. Siegenthaler
122 Watson
Artesia, New Mexico 88210

Robert W. and Thelma M. Smith
Smith Revocable Trust Dated 11/6/97
Post Office Box 1034
Pogosa Springs, Colorado 81147

Kay Beth Staveley
14000 County Road 478
May, Texas 76857

M. A. & E. I. Zamora Revocable Trust
Matias A. Zamora and Emeline L. Zamora, Trustees
Post Office Box 28667
Santa Fe, New Mexico 87592-8667

Kaime Revocable Trust (successor to interest of Edwin H.
Kaime) Elizabeth R. Kaime, Trustee
5007 Mead Lane
Farmington, New Mexico 87402

Largo Construction Company (Successor in interest of
George N. Kaime) c/o Wilma J. Kaime
HCR 80 Box 4
Counselor, New Mexico 87108

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

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		5.11
Total Postage & Fees	\$	



Sent To **Theodore J. Blechar**
38 La Canada Way
Santa Cruz, CA 95060

PS Form

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:

Theodore J. Blechar
138 La Canada Way
Santa Cruz, CA 95060

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *[Signature]* Agent
 Addressee
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

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

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		5.11
Total Postage & Fees	\$	



Sent To **Anita Briggs**
15 Fish and Game Road
Cherry Valley, New York 13320

PS Form

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Anita Briggs
115 Fish and Game Road
Cherry Valley, New York 13320

C. Signature

X *[Signature]* Agent
 Addressee
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

2. Article Identification Number: **7001 1140 0002 5601 9520**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		5.11
Total Postage & Fees	\$	



Sent To **Linda Calvert**
26 East Funk Road
Lake Arthur NM 88253

PS Form

- 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:

Linda Calvert
26 East Funk Road
Lake Arthur NM 88253

A. Received by (Please Print Clearly) B. Date of Delivery

Dianna L. Neel *08-04-03*

C. Signature

X *[Signature]* Agent
 Addressee
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

2. Article Identification Number: **7001 1140 0002 5601 9537**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Rowena Dale Laabs
P.O. Box 83
Tularosa, NM 88352

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:

Rowena Dale Laabs
P.O. Box 83
Tularosa, NM 88352

2. 7001 1140 0002 5601 9575

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Rowena Dale Laabs
P.O. Box 83
Tularosa, NM 88352

2. 7001 1140 0002 5601 9582

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Largo Construction Company
(Succ. in int of George N. Kaime)
c/o Wilma J. Kaime
HCR 80 Box 4
Counselor, NM 87108

2. 7001 1140 0002 5601 9650

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Quinter W. Laabs* B. Date of Delivery *8-1-03*

C. Signature *Quinter W. Laabs* Agent Addressee

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)

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Rowena Dale Laabs
P.O. Box 83
Tularosa, NM 88352

- 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:

Rowena Dale Laabs
P.O. Box 83
Tularosa, NM 88352

2. 7001 1140 0002 5601 9582

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Largo Construction Company
(Succ. in int of George N. Kaime)
c/o Wilma J. Kaime
HCR 80 Box 4
Counselor, NM 87108

2. 7001 1140 0002 5601 9650

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) *Wilma J. Kaime* B. Date of Delivery *8/4/03*

C. Signature *Wilma J. Kaime* Agent Addressee

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)

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Largo Construction Company
Succ. in int of George N. Kaime)
c/o Wilma J. Kaime
HCR 80 Box 4
Counselor, NM 87108

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

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Send to: **Loy Sue Siegenthaler**
300 Tulane Place, NE
Albuquerque, NM 8710



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:
Loy Sue Siegenthaler
300 Tulane Place, NE
Albuquerque, NM 8710

2. Article # **7001 1140 0002 5601 9599**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Susan Brown** B. Date of Delivery **8-1-01**

C. Signature *Susan Brown* Agent Addressee

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

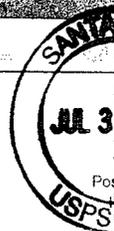
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Send to: **William M. Siegenthaler**
22 Watson
Artesia, NM 88210



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 M. Siegenthaler
22 Watson
Artesia, NM 88210

2. Article # **7001 1140 0002 5601 9605**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Bill Siegenthaler** B. Date of Delivery **8-4-03**

C. Signature *Bill Siegenthaler* Agent Addressee

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

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)

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Send to: **Robert W. and Thelma M. Smith**
Smith Rev. Trust Dated 11/6/97
P.O. Box 1034
Pagosa Springs, CO 81147



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:
Robert W. and Thelma M. Smith
Smith Rev. Trust Dated 11/6/97
P.O. Box 1034
Pagosa Springs, CO 81147

2. Article # **7001 1140 0002 5601 9612**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Tracy Allen** B. Date of Delivery **8/4/03**

C. Signature *Tracy Allen* Agent Addressee

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)

OFFICIAL MAIL

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Postmark: SANTA FE, JUL 31, 1999

Sender: Phil W. Harvey
3203 De La Vista Street
San Antonio, TX 78233-5407

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:

Phil W. Harvey
13203 De La Vista Street
San Antonio, TX 78233-5407

2. Article # 7001 1140 0002 5601 9568

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Kay Beth Staveley
14000 County Road 478
May, TX 76857

2. Article # 7001 1140 0002 5601 9629

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

M. A. & E. I. Zamora Rev. Trust
M.A.Zamora, E.L.Zamora, Trustees
P.O. Box 28667
Santa Fe, NM 87592-8667

2. Article # 7001 1140 0002 5601 9636

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
8-4-03

C. Signature
X [Signature] Agent Addressee

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)

OFFICIAL MAIL

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Postmark: SANTA FE, AUG 11 2003

Sender: Kay Beth Staveley
14000 County Road 478
May, TX 76857

A. Received by (Please Print Clearly) B. Date of Delivery
8-11-03

C. Signature
X [Signature] Agent Addressee

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)

OFFICIAL MAIL

Postage	\$	1.06
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.11

Postmark: SANTA FE, AUG 05 2003

Sender: M. A. & E. I. Zamora Rev. Trust
M.A.Zamora, E.L.Zamora, Trustees
P.O. Box 28667
Santa Fe, NM 87592-8667

A. Received by (Please Print Clearly) B. Date of Delivery
Mafiasa Zamora

C. Signature
X [Signature] Agent Addressee

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