

**PAUL BACA PROFESSIONAL COURT REPORTERS**

**OIL  
CONSERVATION  
DIVISION**

**CASE #: 14195**

**EXHIBIT**

**4**

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, CHAVES COUNTY,  
NEW MEXICO.

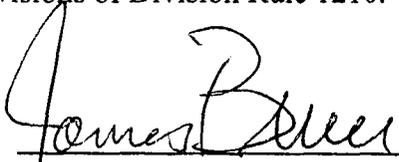
Case No. 14,195

AFFIDAVIT OF NOTICE

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

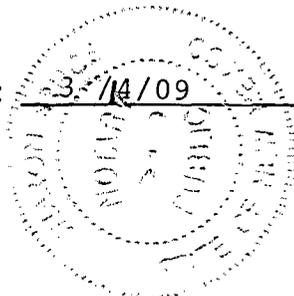
James Bruce, being duly sworn upon his oath, deposes and states:

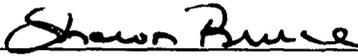
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators, 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 15<sup>th</sup> day of October, 2008 by James Bruce.

My Commission Expires:



  
Notary Public

Oil Conservation Division  
Case No. 4  
Exhibit No. 1

**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)

September 23, 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, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S $\frac{1}{2}$ N $\frac{1}{2}$  of Section 16, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 16, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. The Division has required applicant to notify offset operators of the non-standard unit portion of the application. As an offset operator, 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, October 9, 2008 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

---

EXHIBIT A

EXHIBIT A

COG Operating, LLC  
Suite 1300  
550 West Texas  
Midland, Texas 79701

Chesapeake Exploration Limited Partnership  
P.O. Box 18496  
Oklahoma City, Oklahoma 73154-0496

Chevron U.S.A. Inc.  
11111 South Wilcrest Drive  
Houston, Texas 77099-4310

Kevin O. Butler & Associates, Inc.  
P.O. Box 1171  
Midland, Texas 79702

XTO Energy Inc.  
Suite 2000  
810 Houston Street  
Fort Worth, Texas 76102

Anadarko Petroleum Corporation  
1201 Lake Robbins Drive  
The Woodlands, Texas 77380

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**OFFICIAL USE**

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

Sent to  
Chevron U.S.A. Inc.  
11111 South Wilcrest Drive  
Houston, Texas 77099-4310  
Street, Apt. No.; or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 3591 3480



**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Chesapeake Exploration Limited Partnership  
P.O. Box 18496  
Oklahoma City, Oklahoma 73154-0496

2. Article Number (Transfer from service label)  
7006 2150 0002 3591 3497  
PS Form 3811, February 2004 Domestic Return Receipt **Ck-7**

PS Form 3800, August 2006 See Reverse for Instructions

- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Rick Simpson*

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

PS Form 3800, August 2006 See Reverse for Instructions

PS Form 3811, February 2004 Domestic Return Receipt **Ck-7**

**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:  
Chevron U.S.A. Inc.  
11111 South Wilcrest Drive  
Houston, Texas 77099-4310

2. Article Number (Transfer from service label)  
7006 2150 0002 3591 3480  
PS Form 3811, February 2004 Domestic Return Receipt **Ck-7**

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X J. S. Smith*

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

PS Form 3800, August 2006 See Reverse for Instructions

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**OFFICIAL USE**

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

Sent to  
Chesapeake Exploration Limited Partnership  
Street, Apt. No.; P.O. Box 18496  
or PO Box No. Oklahoma City, Oklahoma 73154-0496  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 3591 3497



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 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  
 COG Operating, LLC  
 Suite 1300  
 550 West Texas  
 Midland, Texas 79701  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

- 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:

Anadarko Petroleum Corporation  
 1201 Lake Robbins Drive  
 The Woodlands, Texas 77380

2. Article Number  
 (Transfer from service label)  
 7006 2150 0002 3591 3459

PS Form 3811, February 2004 Domestic Return Receipt **Cx-7**

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:

COG Operating, LLC  
 Suite 1300  
 550 West Texas  
 Midland, Texas 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 A. WOODMAN 3-25

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 Number  
 (Transfer from service label)  
 7006 2150 0002 3591 3503

PS Form 3811, February 2004 Domestic Return Receipt **Cx-7**

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Donald M. Woodman  
 B. Received by (Printed Name) C. Date of Delivery  
 DONALD WOODMAN 3/25

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 Number  
 (Transfer from service label)  
 7006 2150 0002 3591 3459

PS Form 3811, February 2004 Domestic Return Receipt **Cx-7**

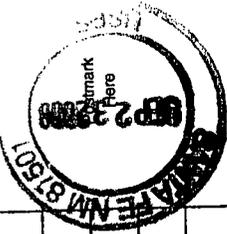
102595-02-M-1540

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**OFFICIAL USE**

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

Sent To  
 Anadarko Petroleum Corporation  
 Street, Apt. No.: 1201 Lake Robbins Drive  
 or PO Box No. The Woodlands, Texas 77380  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



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  
 Kevin O. Butler & Associates, Inc.  
 P.O. Box 1171  
 Midland, Texas 79702  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 3591 3472

**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:

Kevin O. Butler & Associates, Inc.  
 P.O. Box 1171  
 Midland, Texas 79702

2. Article Number  
 (Transfer from service label)

7006 2150 0002 3591 3473

PS Form 3811, February 2004 Domestic Return Receipt

CX-7

102595-02-M-1540

- 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:

XTO Energy Inc.  
 Suite 2000  
 810 Houston Street  
 Fort Worth, Texas 76102

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

7006 2150 0002 3591 3466

Domestic Return Receipt

CX-7

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  
 Agent  
 Addressee

B. Received by (Printed Name) *[Name]*  
 C. Date of Delivery **SEP 26 2008**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  
 Agent  
 Addressee

B. Received by (Printed Name) *[Name]*  
 C. Date of Delivery *[Date]*

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

2. Article Number  
 (Transfer from service label)

7006 2150 0002 3591 3473

PS Form 3811, February 2004 Domestic Return Receipt

CX-7

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  
 XTO Energy Inc.  
 Suite 2000  
 810 Houston Street  
 Fort Worth, Texas 76102  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 3591 3466