

STATE OF NEW MEXICO

**ENERGY, MINERALS AND NATURAL
RESOURCES DEPARTMENT**

OIL CONSERVATION

CASE #: 14305

EXHIBIT 2

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

March 9, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the W½ of Section 13, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 16, 2009, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an 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 contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, April 9, 2009. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,



James Bruce

Attorney for Devon Energy Production Company, L.P.

EXHIBIT A

EXHIBIT A

Harry Richardson
5093 East Highway 82
Gainesville, Texas 76240

Edna Mae Watt
400 Holland Drive
West Sacramento, California 95605

Dale M. Richardson
5093 East Highway 82
Gainesville, Texas 76240

David B. Brown
P.O. Box 690050
San Antonio, Texas 78269

Denise McCoy
933 Fourth Street
Calimesa, California 92320

Cheryl and Craig E. Collins
3209 SW Belle Avenue
Topeka, Kansas 66614

Stephen A. Major, Trustee of
the John Charles Major Trust
Apartment 5209
7751 South Memorial Drive
Tulsa, Oklahoma 74133

James A. Collier III
1113 Shady Oak Circle
McKinney, Texas 75070

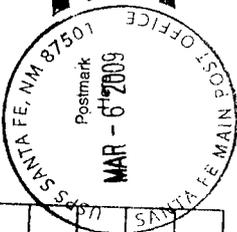
Cline Oil and Gas Company
Suite 405
7144 East Stetson Drive
Scottsdale, Arizona 85251

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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. Harry Richardson
5093 East Highway 82
City, State, ZIP+4 Gainsville, Texas 76240

PS Form 3800, August 2006 See Reverse for Instructions.

2008 0500 0001 4882 5110

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:

Edna Mae Watt
400 Holland Drive
West Sacramento, California 95605

2. Article Number (Transfer from service label)
7008 0500 0001 4882 5097

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Edna Mae Watt Agent
B. Received by (Printed Name) F. WATT Addressee
C. Date of Delivery 3-9-09
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

Domestic Return Receipt D-6

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:

Harry Richardson
5093 East Highway 82
Gainsville, Texas 76240

COMPLETE THIS SECTION ON DELIVERY

A. Signature Harry Richardson Agent
B. Received by (Printed Name) 3/7 Addressee
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

2. Article Number (Transfer from service label)
7008 0500 0001 4882 5110

PS Form 3811, February 2004

Domestic Return Receipt D-6

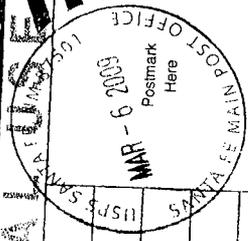
102595-02-M-1540

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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. Edna Mae Watt
400 Holland Drive
City, State, ZIP+4 West Sacramento, California 95605

PS Form 3800, August 2006 See Reverse for Instructions.

2008 0500 0001 4882 5097

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Postage \$ 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 0.00

Sent To Stephen A. Major, Trustee of the John Charles Major Trust
Apartment 5209
751 South Memorial Drive
Tulsa, Oklahoma 74133

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here

1. Article Addressed to:

Stephen A. Major, Trustee of
 the John Charles Major Trust
 Apartment 5209
 751 South Memorial Drive
 Tulsa, Oklahoma 74133

2. Article Number (Transfer from service label) 7006 0500 0001 4883 2040

PS Form 3811, February 2004 Domestic Return Receipt D-C 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:

Stephen A. Major, Trustee of
 the John Charles Major Trust
 Apartment 5209
 751 South Memorial Drive
 Tulsa, Oklahoma 74133

2. Article Number (Transfer from service label) 7006 0500 0001 4883 2040

PS Form 3811, February 2004 Domestic Return Receipt D-C 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:

David B. Brown
 P.O. Box 690050
 San Antonio, Texas 78269

2. Article Number (Transfer from service label) 7006 0500 0001 4882 5080

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COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery 3/25/09

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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Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees \$ 0.00

Postmark Here MAR - 9 2009

Sent To David B. Brown
P.O. Box 690050
San Antonio, Texas 78269

City, State, ZIP+4

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

Sent to
 Denise McCoy
 933 Fourth Street
 Calimesa, California 92320
 City, State, ZIP+4



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7008 0500 0001 4882 5073

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:

Dale M. Richardson
 5093 East Highway 82
 Gainesville, Texas 76240

2. Article Number
(Transfer from service label)

7008 0500 0001 4882 5103

PS Form 3811, February 2004

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:

Denise McCoy
 933 Fourth Street
 Calimesa, California 92320

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Denise McCoy

B. Received by (Printed Name) *MM* C. Date of Delivery *3/11/04*

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

2. Article Number
(Transfer from service label)

7008 0500 0001 4882 5073

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Dale Richardson

B. Received by (Printed Name) *MM* C. Date of Delivery *3/11/04*

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

DALE RICHARDSON

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

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
(Transfer from service label)

7008 0500 0001 4882 5103

Domestic Return Receipt

D-C

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

Sent to
 Dale M. Richardson
 5093 East Highway 82
 Gainesville, Texas 76240
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4



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7008 0500 0001 4882 5103

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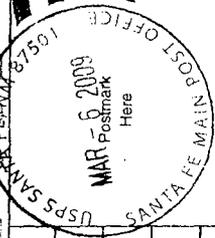
For delivery information visit our website at www.usps.com

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

Sent To: Cheryl and Craig E. Collins
 3209 SW Belle Avenue
 Topeka, Kansas 66614

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



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4905 2884 7000 0050 8002

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:

James A. Collier III
 1113 Shady Oak Circle
 McKinney, Texas 75070

2. Article Number

7008 0500 0001 4882 5042

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 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 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:

Cheryl and Craig E. Collins
 3209 SW Belle Avenue
 Topeka, Kansas 66614

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

7008 0500 0001 4882 5066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 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

MAR 11 2009

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



Sent To: James A. Collier III
 Street, Apt. No., or PO Box No. 1113 Shady Oak Circle
 City, State, ZIP+4 McKinney, Texas 75070

PS Form 3800, August 2006 See Reverse for Instructions

2008 0500 0001 4882 5042



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Label/Receipt Number: 7008 0500 0001 4882 5035
Status: **Notice Left**

We attempted to deliver your item at 12:21 PM on March 9, 2009 in SCOTTSDALE, AZ 85251 and a notice was left. You may pick up the item at the Post Office indicated on the notice, go to www.usps.com/redelivery, or call 800-ASK-USPS to arrange for redelivery. If this item is unclaimed after 30 days then it will be returned to the sender. Information, if available, is updated every evening. Please check again later.

Track & Confirm

Enter Label/Receipt Number.

Go >

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Cline Oil and Gas Company Suite 405 7144 East Stetson Drive Scottsdale, Arizona 85251	
Street, Apt. No. or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7008 0500 0001 4882 5035

