

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

CASE NO. 14361

EXHIBIT

3

**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. 14,361

AFFIDAVIT OF NOTICE

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

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

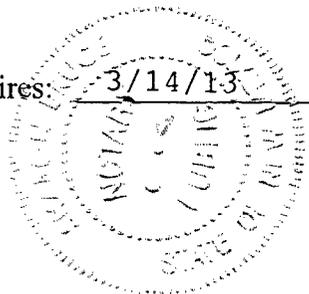
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 19th day of August, 2009 by James Bruce.

My Commission Expires _____





Notary Public

Oil Conservation Division
Case No. 3
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)

jamesbruce@aol.com

July 28, 2009

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 N½S½ of Section 34, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 20, 2009, in Porter Hall 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, August 13, 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 Cimarex Energy Co.

EXHIBIT **A**

EXHIBIT A

Pear Resources
P.O. Box 11044
Midland, Texas 79702

Fuel Products, Inc.
P.O. Box 3098
Midland, Texas 79702

Michael J. Moncrief 2008 Trust A
Attention: Jerry Goodwin, CPA
Suite 1030
777 Taylor Street
Fort Worth, Texas 76102

W.A. Moncrief, Jr. Trust
Lee Wiley Moncrief Trust
c/o U.S. Trust, Bank of America
Attention: Janet Cunningham, CPL
P.O. Box 2546
Fort Worth, Texas 76113

Hyde Oil and Gas Corporation
Attention: Blair Hamburg
Suite 1018
6300 Ridglea Place
Fort Worth, Texas 76116

MGT Partners I, L.P., *et al.*
Suite 500
13727 Noel Road
Dallas, Texas 75240

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

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

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

Sent To
 Pear Resources
 P.O. Box 11044
 Midland, Texas 79702
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7008 3230 0000 2319 1618

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:

Fuel Products, Inc.
 P.O. Box 3098
 Midland, Texas 79702

2. Article Number (Transfer from service label)

7008 3230 0000 2319 1618

PS Form 3811, February 2004

Domestic Return Receipt **CX - M 34-16** 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:

Pear Resources
 P.O. Box 11044
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery 7-31-09
 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

2. Article Number (Transfer from service label)

7008 3230 0000 2319 1618

PS Form 3811, February 2004

Domestic Return Receipt **CX - M 34-16** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery 8-5-09
 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

Article Number (Transfer from service label)

7008 3230 0000 2319 1618

PS Form 3800, August 2006

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

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

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

Sent To
 Fuel Products, Inc.
 P.O. Box 3098
 Midland, Texas 79702
 City, State, ZIP+4



7008 3230 0000 2319 1618

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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. _____

City, State, ZIP+4 _____

Postmark Here _____

MGT Partners I, L.P., et al.
 Attention: John Stroud
 Suite 500
 13727 Noel Road
 Dallas, Texas 75240

PS Form 3800, August 2006 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: _____

2. Article Number (Transfer from service label) **7008 0500 0001 4439 3453**

PS Form 3811, February 2004 Domestic Return Receipt **CK M 31/10** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* Agent Addressee

B. Received by (Printed Name) **A. DAVIS** Date of Delivery **3/1**

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: _____

3. Service Type Certified Mail Express Mail Return Receipt for Merchandise

Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ Date of Delivery **7/31**

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: _____

3. Service Type Certified Mail Express Mail Return Receipt for Merchandise

Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) **7008 3230 0000 2319 1625**

PS Form 3811, February 2004 Domestic Return Receipt **CK - M 31/16** 102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Sent to _____

Attention: **Michael J. Moncrief 2008 Trust A**

Street, Apt. No., or PO Box No. **Suite 1030**

City, State, ZIP+4 **777 Taylor Street Fort Worth, Texas 76102**

PS Form 3800, August 2006 See Reverse for Instructions



2008 0500 0001 4439 3453

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

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

OFFICIAL USE

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

Sent To: Hyde Oil and Gas Corporation
 Attention: Blair Hamburg
 Suite 1018
 6300 Ridgela Place
 Fort Worth, Texas 76116

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here: SANTA FE, NM 82501
 JUL 29 2009
 OFFICE OF POST OFFICE
 SANTA FE, NM

7008 3230 0000 2319 1595

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:
 Hyde Oil and Gas Corporation
 Attention: Blair Hamburg
 Suite 1018
 6300 Ridgela Place
 Fort Worth, Texas 76116

2. Article Number (Transfer from service label) 7008 3230 0000 2319 1595
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) G. Nelson
 C. Date of delivery 08/03/09
 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.
 Restricted Delivery? (Extra Fee) Yes

4. Article Number (Transfer from service label) 7008 3230 0000 2319 1595
 PS Form 3811, February 2004 Domestic Return Receipt

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

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

OFFICIAL USE

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

Total Postage & Fees: W.A. Moncrief, Jr. Trust
 Lee Wiley Moncrief Trust
 c/o U.S. Trust, Bank of America
 Attention: Janet Cunningham, CPL
 P.O. Box 2546
 Fort Worth, Texas 76113

Sent To: W.A. Moncrief, Jr. Trust
 Lee Wiley Moncrief Trust
 c/o U.S. Trust, Bank of America
 Attention: Janet Cunningham, CPL
 P.O. Box 2546
 Fort Worth, Texas 76113

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here: SANTA FE, NM 82501
 JUL 29 2009
 OFFICE OF POST OFFICE
 SANTA FE, NM

7008 3230 0000 2319 1595

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) [Signature]
 C. Date of Delivery JUL 31 2009
 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.
 Restricted Delivery? (Extra Fee) Yes

4. Article Number (Transfer from service label) 7008 3230 0000 2319 1595
 PS Form 3811, February 2004 Domestic Return Receipt

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:
 W.A. Moncrief, Jr. Trust
 Lee Wiley Moncrief Trust
 c/o U.S. Trust, Bank of America
 Attention: Janet Cunningham, CPL
 P.O. Box 2546
 Fort Worth, Texas 76113

2. Article Number (Transfer from service label) 7008 3230 0000 2319 1595
 PS Form 3811, February 2004 Domestic Return Receipt

CR - 139-6