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August 13, 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, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding S½N½ of Section 20, 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, September 3, 2009, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators of the non-standard unit portion of the application, and you offset the above well unit.** The well location is orthodox. 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, August 27, 2009 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

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

Mack Energy Corporation
P.O. Box 960
Artesia, New Mexico 88211

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:

Mack Energy Corporation
P.O. Box 960
Artesia, New Mexico 88211

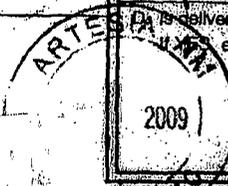
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Henry Donaghe* Agent
 Addressee

B. Received by (Printed Name) *Henry Donaghe* 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

2. Article Number (Transfer from service label) 7008 3230 0000 2324 8848

PS Form 3811, February 2004 Domestic Return Receipt (VF 20) 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lisa Thomas* Agent
 Addressee

B. Received by (Printed Name) *Lisa Thomas* C. Date of Delivery *8/18/09*

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) 7008 3230 0000 2924 8891

PS Form 3811, February 2004 Domestic Return Receipt (VF 20) 102595-02-M-1540