BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PECOS PRODUCTION COMPANY FOR POOL CREATION AND SPECIAL POOL RULES, LEA COUNTY, NEW MEXICO. **Case No. 13125**

AFFIDAVIT REGARDING NOTICE

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

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 set forth herein.

2. I am an attorney for Applicant.

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 Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 4th day of August, 2003, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER _____
EXHIBIT 8

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) 982-2151 (FAX)

jamesbruc@aol.com

July 18, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is an application for pool creation and special pool rules, filed with the New Mexico Oil Conservation Division by Pecos Production Company, regarding the SW¼ of Section 2, Township 16 South, Range 37 East, NMPM, Lea County, New Mexico. This application is scheduled to be heard at 8:00 a.m. on Thursday, August 7, 2003 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well and proposed pool, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, August 1, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

James Bruce

Attorney for Pecos Production Company

EXHIBIT A

Calex Resources, Inc.
Suite 1145
4949 Greenville Ave.
Dallas, Texas 75206

Fasken Oil and Ranch, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

Attention: Sally M. Kvasnicka

David Essex
P.O. Box 50577
Midland, Texas 79710

Gruy, LLC
Suite 250
8222 Douglas Avenue
Dallas, Texas 75225

Kerens Oil Ltd.
Suite 220
4514 Travis Street
Dallas, Texas 75205

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

Mizell Resources, A Trust
Suite 810
3600 South Yosemite
Denver, Colorado 80237

P.J.W. Exploration & Production
Suite 446
415 West Wall
Midland, Texas 79701

Sheldon Smith
P.O. Box 3544
Midland, Texas 79702

John Keffler
Suite 313
110 West Louisiana
Midland, Texas 79701

Yosemite Creek Oil & Gas
Suite 810
3600 South Yosemite
Denver, Colorado 80237

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, Oklahoma 74136

Attention: Mario R. Moreno, Jr.

THE FASKEN FOUNDATION
PO BOX 162786
AUSTIN, TX 78716-2786

RUBY NAOMA ANDERSON & SHIRLEY VAN BURNS
RIGHT OF SURVIVORSHIP
707 CLOVER PARK
ARLINGTON, TX 76013-1429

BROOKIE LEE GREEN
2814 EMERSON PLACE
MIDLAND, TX 79705

JOHN RICHARD ANDERSON
BOX 136
GAIL, TX 79738

CONNIE DELL WREN
1137 PASCAL PLACE
NORFOLK, VIRGINIA 23502

STANLEY EUGENE ANDERSON
212 WEST BOSTON AVE
RIDGECREST, CA 93555

KIMBERLY SCHAFFER HARRIS
HC 70, BOX 9A
LOVINGTON, NM 88260

MILTON WAYNE ANDERSON
24606 N V LAZY S LAND
ATHOL, IDALHO 83801

TAMARA SHAFFER MAXIE
HC 70, BOX 9A
LOVINGTON, NM 88260

MALCOLM S. ANDERSON
2010 46TH AVENUE, #N3
GREELEY, CO 80634

7003 1010 0003 6982 9779

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OFFICIAL USE

MIDLAND, TX 79710

Postage	$ 0.60	UNIT ID: 0500
Certified Fee		
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To
Street, Apt. No.; or PO Box No. David Essex
P.O. Box 50577
City, State, ZIP+4 Midland, Texas 79710

PS Form 3800, June 2002 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:

TAMARA SHAFFER MAXIE
HC 70, BOX 9A
LOVINGTON, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) G MAXIE C. Date of Delivery 7/21/03

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)* 7003 1010 0003 6982 9755

PS Form 3811, August 2001 Domestic Return Receipt 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 Essex
P.O. Box 50577
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J Redman C. Date of Delivery 7-24-03

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)* 7003 1010 0003 6982 9779

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

7003 1010 0003 6982 9755

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OFFICIAL USE

LOVINGTON, NM 88260

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To
Street, Apt. No.; or PO Box No. TAMARA SHAFFER MAXIE
HC 70, BOX 9A
LOVINGTON, NM 88260
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7003 1010 0003 6982 9823

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MIDLAND, TX 79701

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	JUL 19 2003
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To: P.J.W. Exploration & Production
Street, Apt. No.; or PO Box No.: Suite 446 415 West Wall
City, State, ZIP+4: Midland, Texas 79701

PS Form 3800, June 2002 — 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:

MALCOLM S. ANDERSON
2010 46TH AVENUE, #N3
GREELEY, CO 80634

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X M. Anderson — ☑ Agent ☐ Addressee

B. Received by (Printed Name): MEB ANDERSON — C. Date of Delivery: 07-21-03

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): 7003 1010 0003 6982 9762

PS Form 3811, August 2001 — Domestic Return Receipt — 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:

P.J.W. Exploration & Production
Suite 446
415 West Wall
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Robin Hall — ☐ Agent ☐ Addressee

B. Received by (Printed Name): G. H.ll — C. Date of Delivery: 7-23-03

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 la): 7003 1010 0003 6982 9823

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0003 6982 9762

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GREELEY, CO 80634

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KRV14X
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	07/19/03

Sent To: MALCOLM S. ANDERSON
Street, Apt. No.; or PO Box No.: 2010 46TH AVENUE, #N3
City, State, ZIP+4: GREELEY, CO 80634

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1010 0003 6982 9816

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OFFICIAL USE

DENVER, CO 80237

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To: Mizell Resources, A Trust
Street, Apt. No.; or PO Box No.: Suite 810, 3600 South Yosemite
City, State, ZIP+4: Denver, Colorado 80237

PS Form 3800, June 2002 — 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:

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Susan Humphreys — C. Date of Delivery: 7-23-03

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): 7003 1010 0003 6982 9809

PS Form 3811, August 2001 — Domestic Return Receipt — 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:

Mizell Resources, A Trust
Suite 810
3600 South Yosemite
Denver, Colorado 80237

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label): 7003 1010 0003 6982 9816

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0003 6982 9809

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MIDLAND, TX 79710

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To: Marshall & Winston, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 50880
City, State, ZIP+4: Midland, Texas 79710

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7003 0500 0002 3972 3511

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AUSTIN TX 78716

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501 JUL 19 2003 USPS Postmark Here

UNIT ID: 0500

Clerk: KRV14X

07/19/03

Sent To
THE FASKEN FOUNDATION
Street, Apt. No.; or PO Box No. PO BOX 162786
City, State, ZIP+4 AUSTIN, TX 78716-2786

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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:

Yosemite Creek Oil & Gas
Suite 810
3600 South Yosemite
Denver, Colorado 80237

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

2. Article Number (Transfer from service label) 7003 1010 0003 6982 9854

PS Form 3811, August 2001 Domestic Return Receipt 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:

THE FASKEN FOUNDATION
PO BOX 162786
AUSTIN, TX 78716-2786

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Amber C. Ewing

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

AUSTIN TX JUL 23 2003 USPS WESTLAKE HILLS BR

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) 7003 0500 0002 3972 3511

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 1010 0003 6982 9854

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DENVER CO 80237

Postage	$ 0.60
Certified Fee	.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501 JUL 19 2003 USPS Postmark Here

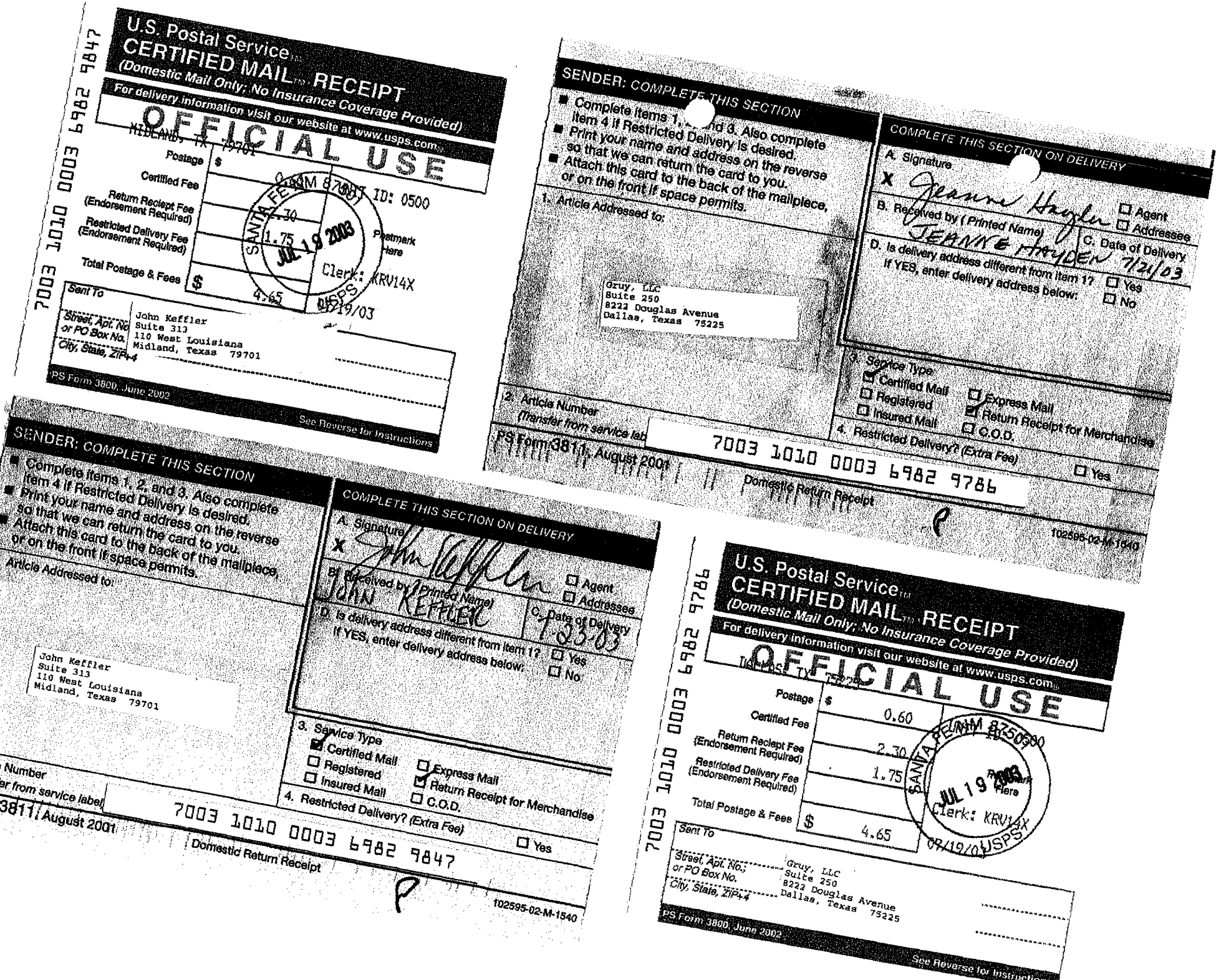
UNIT ID: 0500

Clerk: KRV14X

07/19/03

Sent To
Yosemite Creek Oil & Gas
Street, Apt. No.; or PO Box No. Suite 810
3600 South Yosemite
City, State, ZIP+4 Denver, Colorado 80237

PS Form 3800, June 2002 See Reverse for Instructions



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OFFICIAL USE
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65
Postmark Here
SANTA FE NM 87501
JUL 19 2003
Clerk: KRV14X
08/19/03 USPS
7003 1010 0003 6982 9847
Sent To
John Keffler
Suite 313
110 West Louisiana
Midland, Texas 79701
Street, Apt. No. or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002
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:
Gruy, LLC
Suite 250
8222 Douglas Avenue
Dallas, Texas 75225

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Jeanne Hayden
B. Received by (Printed Name) JEANNE HAYDEN
C. Date of Delivery 7/21/03
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) 7003 1010 0003 6982 9786
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1040

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:
John Keffler
Suite 313
110 West Louisiana
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X John Keffler
B. Received by (Printed Name) JOHN KEFFLER
C. Date of Delivery 7-23-03
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) 7003 1010 0003 6982 9847
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65
Postmark Here
SANTA FE NM 87501
JUL 19 2003
Clerk: KRV14X
08/19/03 USPS
7003 1010 0003 6982 9786
Sent To
Gruy, LLC
Suite 250
8222 Douglas Avenue
Dallas, Texas 75225
Street, Apt. No. or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002
See Reverse for Instructions

7003 1010 0003 6982 9885

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DALLAS, TX 75201

OFFICIAL USE

Postage	$ 0.60	UNIT ID: 0500
Certified Fee		
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	07/18/03

SANTA FE NM 87501 JUL 19 2003 Clerk: KRV14X USPS

Sent To: Pasken Oil and Ranch, Ltd.
Street, Apt. No.; or PO Box No.: Suite 1800, 303 West Wall
City, State, ZIP+4: Midland, Texas 79701
Attention: Sally M. Kvasnicka

PS Form 3800, June 2002 — 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:

Calex Resources, Inc.
Suite 1145
4949 Greenville Ave.
Dallas, Texas 75206

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X D. Cooper ☐ Agent ☐ Addressee

B. Received by (Printed Name): D. Cooper | C. Date of Delivery: 7-23-03

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): 7003 1010 0003 6982 9878

PS Form 3811, August 2001 — Domestic Return Receipt — 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:

Pasken Oil and Ranch, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

Attention: Sally M. Kvasnicka

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X D. Cooper ☐ Agent ☐ Addressee

B. Received by (Printed Name): D. Cooper | C. Date of Delivery: 7-23-03

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): 7003 1010 0003 6982 9885

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0003 6982 9878

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DALLAS, TX 75206

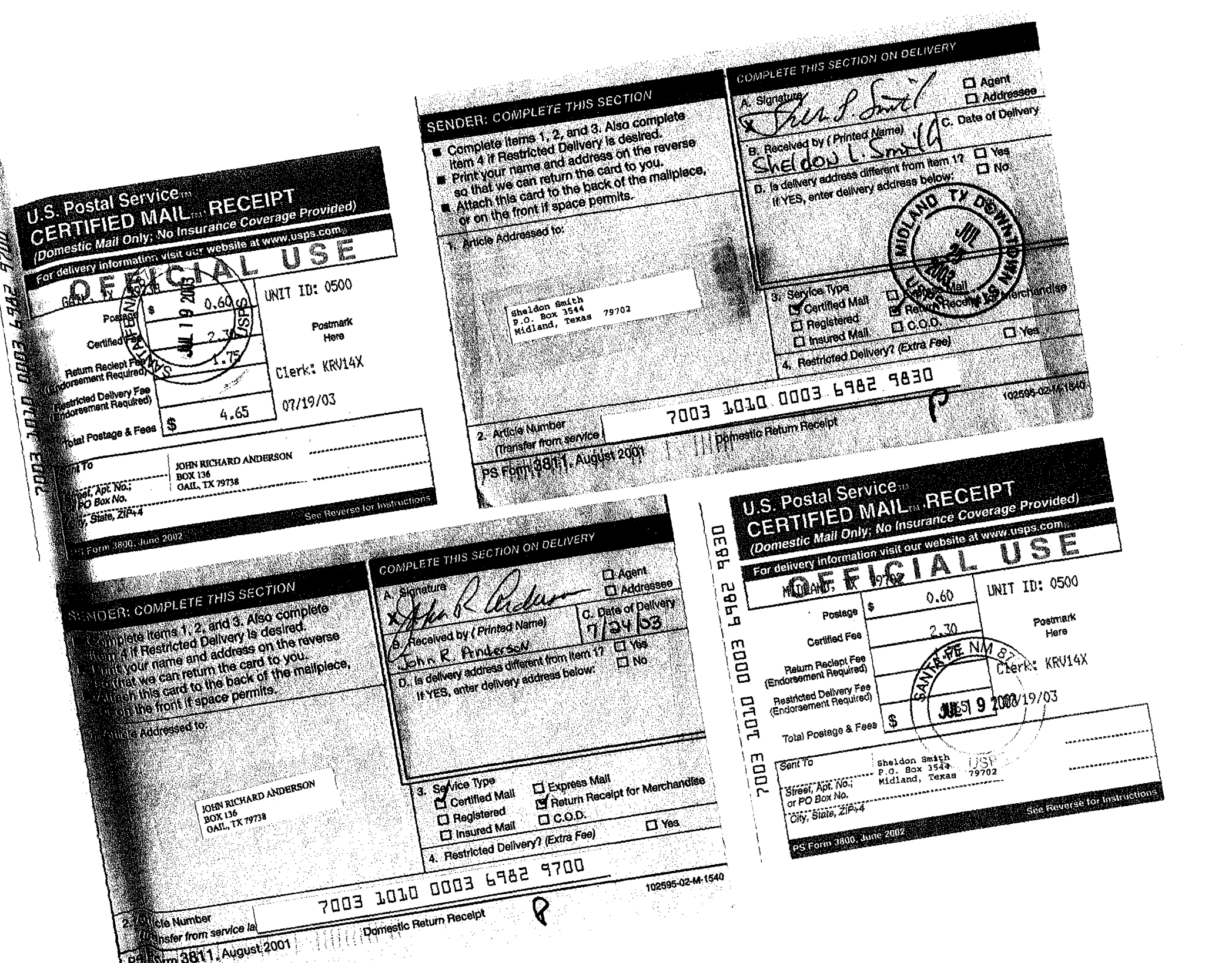
OFFICIAL USE

Postage	$ 0.60	UNIT ID: 0500
Certified Fee		
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	07/18/03

SANTA FE NM 87501 JUL 19 2003 Clerk: KRV14X USPS

Sent To: Calex Resources, Inc.
Street, Apt. No.; or PO Box No.: Suite 1145, 4949 Greenville Ave.
City, State, ZIP+4: Dallas, Texas 75206

PS Form 3800, June 2002 — See Reverse for Instructions



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
GAIL, TX 79738
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65
UNIT ID: 0500
Postmark Here
Clerk: KRV14X
07/19/03
JUL 19 2003
SANTA FE NM 87504 USPS
Sent To JOHN RICHARD ANDERSON
Street, Apt. No.; or PO Box No. BOX 136
City, State, ZIP+4 GAIL, TX 79738
See Reverse for Instructions
PS Form 3800, June 2002

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:
Sheldon Smith
P.O. Box 1544
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY
A. Signature X Sheldon L. Smith ☐ Agent ☐ Addressee
B. Received by (Printed Name) Sheldon L. Smith C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
MIDLAND TY DOWNTOWN JUL 21 2003 USPS
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) 7003 1010 0003 6982 9830
PS Form 3811, August 2001 Domestic Return Receipt
102595-02-M-1540

7003 1010 0003 6982 9830

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:
JOHN RICHARD ANDERSON
BOX 136
GAIL, TX 79738

COMPLETE THIS SECTION ON DELIVERY
A. Signature X John R Anderson ☐ Agent ☐ Addressee
B. Received by (Printed Name) John R Anderson C. Date of Delivery 7/24/03
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) 7003 1010 0003 6982 9700
PS Form 3811, August 2001 Domestic Return Receipt
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®
OFFICIAL USE
MIDLAND, TX 79702
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
UNIT ID: 0500
Postmark Here
Clerk: KRV14X
07/19/03
JUL 19 2003
SANTA FE NM 87504 USPS
Sent To Sheldon Smith
Street, Apt. No.; or PO Box No. P.O. Box 1544
City, State, ZIP+4 Midland, Texas 79702
See Reverse for Instructions
PS Form 3800, June 2002

7003 1010 0003 6982 9830

7003 1010 0003 6982 9793

U.S. Postal Service™
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DALLAS TX 75205

OFFICIAL USE

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501 JUL 19 2003 USPS

UNIT ID: 0500

Postmark Here

Clerk: KRV14X

07/19/03

Sent To
Kerens Oil Ltd.
Suite 220
4514 Travis Street
Dallas, Texas 75205

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 — 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:

CONNIE DELL WREN
1137 PASCAL PLACE
NORFOLK, VIRGINIA 23502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label) 7003 1010 0003 6982 9717

PS Form 3811, August 2001 — Domestic Return Receipt — 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:

Kerens Oil Ltd.
Suite 220
4514 Travis Street
Dallas, Texas 75205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Piper C. Date of Delivery 7-21-03

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) 7003 1010 0003 6982 9793

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0003 6982 9717

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NORFOLK VA 23501

OFFICIAL USE

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JUL 19 2003 USPS

UNIT ID: 0500

Postmark Here

CLERK: KRV14X

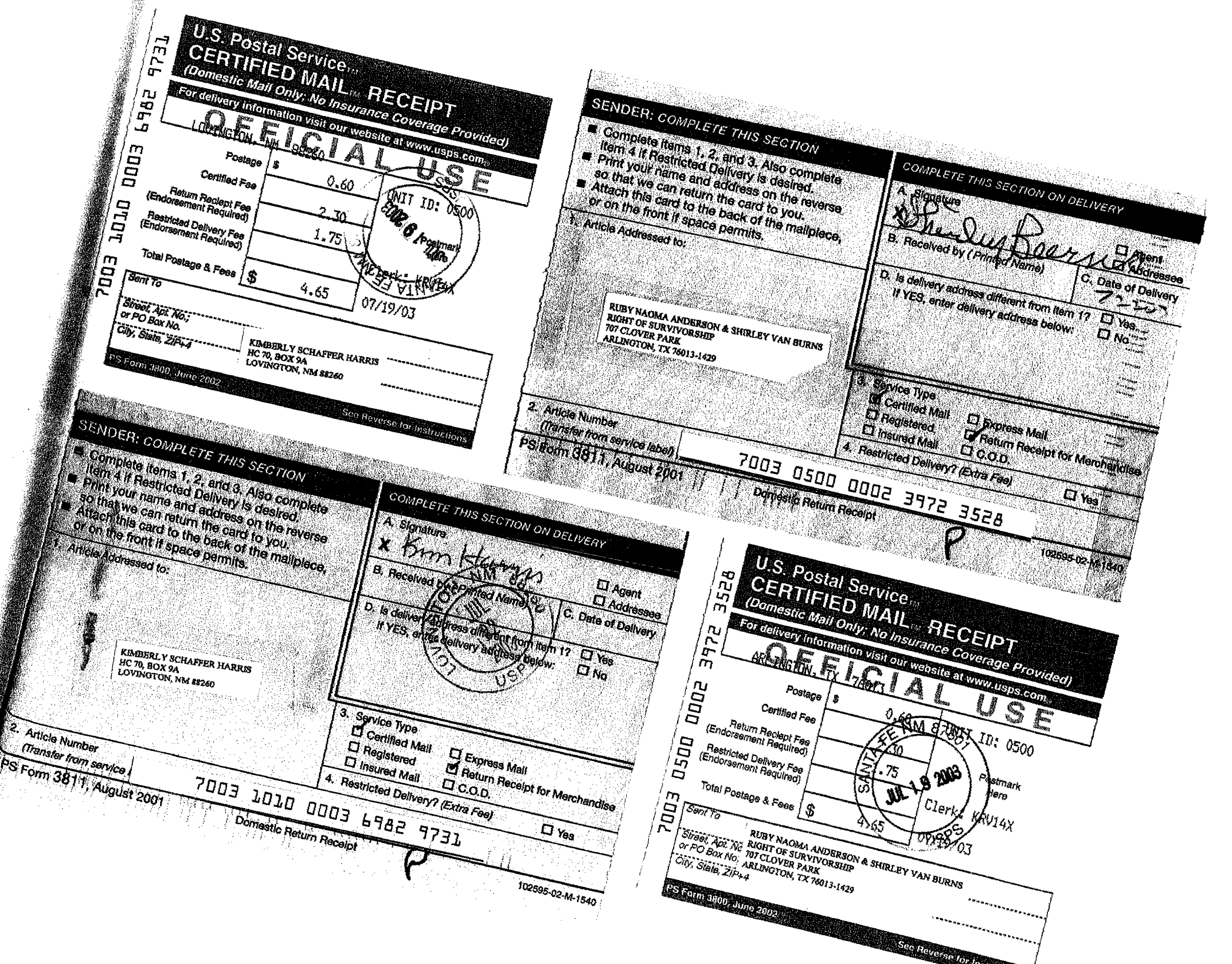
07/19/03

Sent To
CONNIE DELL WREN
1137 PASCAL PLACE
NORFOLK, VIRGINIA 23502

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions



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
LOVINGTON, NM 88260
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65
07/19/03
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
KIMBERLY SCHAFFER HARRIS
HC 70, BOX 9A
LOVINGTON, NM 88260
PS Form 3800, June 2002
See Reverse for Instructions
7003 1010 0003 6982 9731

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:
RUBY NAOMA ANDERSON & SHIRLEY VAN BURNS
RIGHT OF SURVIVORSHIP
707 CLOVER PARK
ARLINGTON, TX 76013-1429

COMPLETE THIS SECTION ON DELIVERY
A. Signature
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
2. Article Number (Transfer from service label) 7003 0500 0002 3972 3528
PS Form 3811, August 2001 Domestic Return Receipt
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:
KIMBERLY SCHAFFER HARRIS
HC 70, BOX 9A
LOVINGTON, NM 88260

COMPLETE THIS SECTION ON DELIVERY
A. Signature
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
2. Article Number (Transfer from service label) 7003 1010 0003 6982 9731
PS Form 3811, August 2001 Domestic Return Receipt
102595-02-M-1540

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
ARLINGTON, TX 76013
Postage $ 0.60
Certified Fee
Return Receipt Fee (Endorsement Required) .80
Restricted Delivery Fee (Endorsement Required) .75
Total Postage & Fees $ 4.65
07/19/03
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
RUBY NAOMA ANDERSON & SHIRLEY VAN BURNS
RIGHT OF SURVIVORSHIP
707 CLOVER PARK
ARLINGTON, TX 76013-1429
PS Form 3800, June 2002
See Reverse for
7003 0500 0002 3972 3528

7003 1010 0003 6982 9748

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ATHOL, ID 83801

OFFICIAL USE

Postage	$ .60	UNIT SIT: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To
MILTON WAYNE ANDERSON
Street, Apt. No.; or PO Box No. 24606 N V LAZY S LAND
City, State, ZIP+4 ATHOL, IDALHO 83801

PS Form 3800, June 2002 — 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:

BROOKIE LEE GREEN
2814 EMERSON PLACE
MIDLAND, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brookie Green ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7.23.03

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) 7003 1010 0003 6982 9694

PS Form 3811, August 2001 Domestic Return Receipt 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:

MILTON WAYNE ANDERSON
24606 N V LAZY S LAND
ATHOL, IDALHO 83801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Milton W Anderson ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Milton W Anderson 7/23/03

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) 7003 1010 0003 6982 9748

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 1010 0003 6982 9694

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MIDLAND, TX 79705

OFFICIAL USE

Postage	$ .60	UNIT AD: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

Sent To
BROOKIE LEE GREEN
Street, Apt. No.; or PO Box No. 2814 EMERSON PLACE
City, State, ZIP+4 MIDLAND, TX 79705

PS Form 3800, June 2002 — See Reverse for Instructions

7003 1010 0003 6982 9861

U.S. Postal Service™
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OFFICIAL USE

TULSA, OK 74136

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

JUL 19 2003 SANTA FE NM 87501 USPS

Sent To: Apache Corporation
Street, Apt. No.; or PO Box No.: Two Warren Place, Suite 1500, 6120 South Yale
City, State, ZIP+4: Tulsa, Oklahoma 74136
Attention: Mario R. Moreno, Jr.

PS Form 3800, June 2002 — 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:

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery: 7/21/03

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): 7003 1010 0003 6982 9892

PS Form 3811, August 2001 — Domestic Return Receipt — 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:

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, Oklahoma 74136

Attention: Mario R. Moreno, Jr.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): Stan Allen 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): 7003 1010 0003 6982 9861

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 1010 0003 6982 9892

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

OFFICIAL USE

OKLAHOMA CITY, OK 73102

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.65	07/19/03

JUL 15 2003 SANTA FE NM 87501 USPS

Sent To: Chesapeake Operating, Inc.
Street, Apt. No.; or PO Box No.: P.O. Box 18496
City, State, ZIP+4: Oklahoma City, Oklahoma 73102

PS Form 3800, June 2002 — See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
P.O. BOX 1056
SANTA FE, NM 87504

JUL 28 2003

1ST NOTICE
2ND NOTICE
RETURN

UNDELIVERABLE AS ADDRESSED
NO FORWARDING ORDER ON FILE

7003 1010 0003 6982 9724

1-02

U.S. POSTAGE
PAID
SANTA FE, NM
87501
JUL 19, 03
AMOUNT
$4.65
00028788-09

UNITED STATES POSTAL SERVICE

9264 93555

RETURN RECEIPT REQUESTED

STANLEY EUGENE ANDERSON
212 WEST BOSTON AVE
RIDGECREST, CA 93555

7003 1010 0003 6982 9724

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

RIDGECREST CA 93555

Postage	$ 0.60
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
USPS Postmark Here
JUL 19 2003
SANTA FE NM 87501
Clerk: KRV14X
07/19/03

Sent To
STANLEY EUGENE ANDERSON
Street, Apt. No.; or PO Box No. 212 WEST BOSTON AVE
City, State, ZIP+4 RIDGECREST, CA 93555

PS Form 3800, June 2002 See Reverse for Instructions

Date: July 24, 2003
To:James Bruce
From: Stanley Eugene Anderson
Re: Contact me

Dear Mr. Bruce

My name is Stanley Eugene Anderson. My brother is Milton Wayne Anderson of Athol ID, my sister is Connie Del (Anderson) (Pulliam) Wrenn of Norfolk VA. They have called me to ask about your communication regarding some propertes that we own mineral rights to. Our father Roy Lawerence Anderson of Lovington NM (deceased) left the property mineral rights to the 3 of us share and share alike. I must be included in any correspondnce concerning any of the properties. Since I moved 3 years ago I'm not certain that you have my current address. Add me to the list and send me any/all communications or documents or lease offers etc. that have been sent to them. My cousin Kimberly Harris and her sisters also have had some conversations and or communications about this same property (although there % is larger than ours.)
I hope to hear from you ASAP. Also can you advise me as to the correct procedure to make certain my name and address is on file with proper agencies that may have no record of my present address. I do have other propery that is leased and receive royalties from them, so they must have a central office or agency that keep such records.
Thank you
Stanley E. Anderson

Stanley E. Anderson
6118 Quail Drive
Lake Isabella, CA 93240-9740

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) 982-2151 (FAX)

jamesbruc@aol.com

July 30, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Stanley Eugene Anderson
6118 Quail Drive
Lake Isabella, California 93240

Dear Mr. Anderson:

Enclosed is the letter I attempted to send you at your old address. It concerns a hearing at the state Oil Conservation Division. As I understand the situation, interest ownership in the entire SW¼ of Section 2 is uniform, so the application does not affect the revenue you will receive from the well. However, we are required to give you notice of the hearing, and you have the right to object.

As to your address, there is no central governmental body which maintains addresses. Each oil company has to maintain its own records. I have forwarded your letter to Pecos Production Company, so they have the current address. The only way to give notice of a current address would be to record an affidavit with the County Clerk, setting forth your name and address. Enclosed is a list of addresses for the Lea County Clerk and Eddy County Clerk (in case you also own land there).

Very truly yours,

James Bruce

7003 1010 0003 6983 2519

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For delivery information visit our website at www.usps.com®
LAKE ISABELLA, CA 93240
OFFICIAL USE

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501 JUL 30 2003 USPS
07/30/03

Sent To: Stanley Eugene Anderson
Street, Apt. No.; or PO Box No.: 6118 Quail Drive
City, State, ZIP+4: Lake Isabella, California 93240