

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

APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY, L.P. FOR APPROVAL OF A NON-STANDARD  
OIL SPACING AND PRORATION UNIT AND  
COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

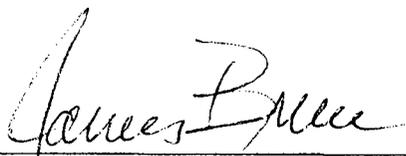
Case No. 14,458

AFFIDAVIT OF NOTICE

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

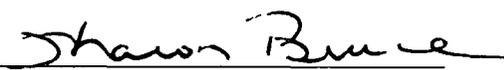
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
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 last known 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 14<sup>th</sup> day of April, 2010 by James Bruce.

My Commission Expires: 3/14/13

  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 7

**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)

March 25, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the N½N½ of Section 5, Township 17 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 15, 2010, 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 8, 2010. 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

EOG Resources, Inc.  
Suite 500  
4000 North Big Spring  
Midland, TX 79705

Hunt Oil Company  
1900 North Akard Street  
Dallas, TX 75201

Bright Hawk/Burkard Venture  
P.O. Box 79790  
Houston, TX 77279-9790

Ayco Energy L.L.C.  
Suite 115  
16360 Park Place Ten  
Houston, TX 77084

Theila L. Smith  
1354 North Castle Road  
Sonoma, CA 95476

Thelma Bernice Houston  
1681 Corsica Drive  
Yuba City, CA 95993-1123

Glenn E. Houston  
1965 Cole Court  
Yuba City, CA 95993

Todd R. Houston  
17-189 M.5  
Thayawancity  
Home Village  
Nernplabwan Road  
Lnog Prve, Banglamung  
Pattaya, Chonburi  
20150 Thailand

Kenneth C. Smith  
Apartment 1308  
525 11<sup>th</sup> Avenue  
San Diego, CA 92101

Reid W Smith  
1304 Doney Way  
Bozeman, MT 59718-7369



**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:

Bright Hawk/Burkard Venture  
P.O. Box 79790  
Houston, TX 77279-9790

2. Article Number  
(Transfer from service label)

7009 2820 0002 8539 3408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *J. Carlson*  Agent  Addressee
- B. Received by (Printed Name): *J. CARLSON* 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

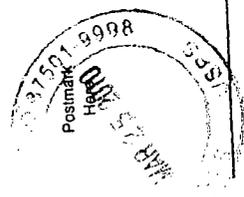
**U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

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

Sent To: Ayco Energy L.L.C.  
Suite 115  
Street, Apt. No., or PO Box No.: 16360 Park Place Ten  
City, State, ZIP+4: Houston, TX 77084



PS Form 3800, August 2005 See Reverse for Instructions

7009 2820 0002 8539 3415

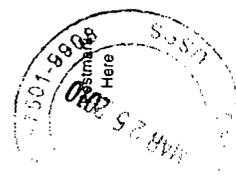
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: Bright Hawk/Burkard Venture  
P.O. Box 79790  
Houston, TX 77279-9790  
City, State, ZIP+4



PS Form 3800, August 2005 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:

Ayco Energy L.L.C.  
Suite 115  
16360 Park Place Ten  
Houston, TX 77084

2. Article Number  
(Transfer from service label)

7009 2820 0002 8539 3415

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *J. Carlson*  Agent  Addressee
- B. Received by (Printed Name): *J. CARLSON* 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

**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:

Theila L. Smith  
1354 North Castle Road  
Sonoma, CA 95476

2. Article Number  
(Transfer from service label)

7009 2620 0002 8539 3422

PS Form 3811, February, 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *Theila L. Smith*
- B. Received by (Printed Name): *THEILA SMITH*
- C. Date of Delivery: *2/20/04*
- D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

- 3. Service Type:
  - Certified Mail
  - Registered
  - Insured Mail
  - C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes  No

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**OFFICIAL USE**

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



Sent To: Thelma Bernice Houston  
Street, Apt. No.: 1681 Corsica Drive  
or PO Box No.: Yuba City, CA 95993-1123  
City, State, ZIP+4:

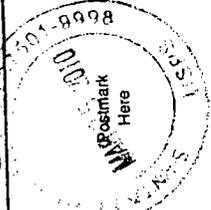
PS Form 3800, August 2005 See Reverse for Instructions

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**OFFICIAL USE**

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



Sent To: Theila L. Smith  
Street, Apt. No.: 1354 North Castle Road  
or PO Box No.: Sonoma, CA 95476  
City, State, ZIP+4:

PS Form 3800, August 2005 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:

Thelma Bernice Houston  
1681 Corsica Drive  
Yuba City, CA 95993-1123

2. Article Number  
(Transfer from service label)

7009 2620 0002 8539 3439

PS Form 3811, February, 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *Thelma B. Bernice*
- B. Received by (Printed Name): *THEILMA B. BERNICE*
- C. Date of Delivery: *2/20/04*
- D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

- 3. Service Type:
  - Certified Mail
  - Registered
  - Insured Mail
  - Express Mail
  - Return Receipt for Merchandise
  - C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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:

Glenn E. Houston  
1965 Cole Court  
Yuba City, CA 95993

2. Article Number 7009 2820 0002 8539 3446

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postmark Here



Sent To

Glenn E. Houston  
1965 Cole Court  
Yuba City, CA 95993

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Aelen J. Sousa  Agent  Addressee

B. Received by (Printed Name) Aelen J. Sousa C. Date of Delivery 3-29-10

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  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**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:

Kenneth C. Smith  
Apartment 1308  
1525 11<sup>th</sup> Avenue  
San Diego, CA 92101

2. Article Number 7009 2820 0002 8539 3453

PS Form 3811, February 2004

Domestic Return Receipt

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 \$	

Postmark Here



Sent To

Kenneth C. Smith  
Apartment 1308  
525 11<sup>th</sup> Avenue  
San Diego, CA 92101

PS Form 3800, August 2006

See Reverse for Instructions

7009 2820 0002 8539 3453

**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:

Reid W Smith  
1304 Doney Way  
Bozeman, MT 59718-7369

2. Article Number

(Transfer from service label)

7009 2820 0002 8539 3460

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-40

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

Reid W Smith 4-1-08

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

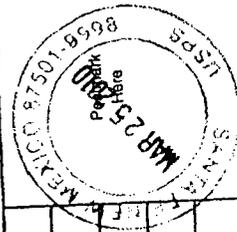
3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes  No

U.S. Postal Service<sup>TM</sup>  
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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 Reid W Smith  
Street, Apt. No.: 1304 Doney Way  
or PO Box No. Bozeman, MT 59718-7369  
City, State, ZIP+4

PS Form 3800, August 2006. See Reverse for Instructions

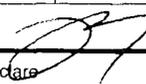
7009 2820 0002 8539 3460

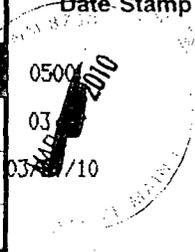
Registered No.

RB266042580US

Date Stamp

To Be Completed  
By Post Office

Reg. Fee	\$11.50		
Handling Charge	\$0.00	Return Receipt	\$0.00
Postage	\$1.76	Restricted Delivery	\$0.00
Received by 			



Customer Must Declare Full Value \$0.00

Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).

87501

OFFICIAL USE

To Be Completed By Customer  
(Please Print)  
All Entries Must Be in Ballpoint or Typed

FROM	JAMES BRUCE
	PO Box 1056 Santa Fe, NM 87504
TO	7088 R. [Redacted] Houston
	17-189 M.S. Thanyawan City Home Village, Nernphabwan Rd Pattaya, Chonburi 20150 Thailand