



**JAMES BRUCE**  
ATTORNEY AT LAW

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[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

April 8, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

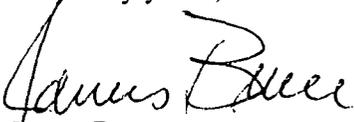
Ladies and gentlemen:

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 N½N½ of Section 35, 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, April 29, 2010, 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, April 22, 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 Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Pear Resources  
Attention: Alan Byars  
P.O. Box 11044  
Midland, Texas 79702

Fuel Products, Inc.  
Attention: Thomas M. Beall  
P.O. Box 3098  
Midland, Texas 79702

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

MGT Partners I, L.P.  
Merit Management Partners I, L.P.  
Merit Energy Partners III, L.P.  
Merit Energy Partners D-III, L.P.  
c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240

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

7009 2820 0002 8539 2180

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Postage \$ \_\_\_\_\_

Certified Fee \$ \_\_\_\_\_

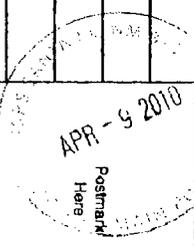
Return Receipt Fee (Endorsement Required) \$ \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \$ \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Sent To: Hyde Oil and Gas Corporation  
Attention: Blair Hanburg  
Suite 1018  
Street, Apt. No.: 6300 Ridglea Place  
or PO Box No. Fort Worth, Texas 76116  
City, State, ZIP+4

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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Blair Hanburg*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *4/12/10*

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: 7009 2820 0002 8539 2180  
*(Transfer from service label)*

PS Form 3811, February 2004 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:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Allen J. Moncrief*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *4/12*

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: 7009 2820 0002 8539 2180  
*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7009 2820 0002 8539 2180

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Postage \$ \_\_\_\_\_

Certified Fee \$ \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \$ \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \$ \_\_\_\_\_

Total Postage & F. \_\_\_\_\_

Sent To: Michael J. Moncrief 2008 Trust A  
Attention: Jerry Goodwin, CPA  
Suite 1030  
Street, Apt. No.: 777 Taylor Street  
or PO Box No. Fort Worth, Texas 76102  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7009 2820 0002 8539 2173

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Postage	\$	Postmark	Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			

Restricted Delivery (Endorsement Required) MGT Partners I, L.P.  
Merit Management Partners III, L.P.  
Merit Energy Partners D-III, L.P.

Total Postage & Fees c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner

Sent To  
Street Apt. No. or PO Box No. Suite 500  
City, State, ZIP+4 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.
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1. Article Addressed to:

MGT Partners I, L.P.  
Merit Management Partners I, L.P.  
Merit Energy Partners III, L.P.  
Merit Energy Partners D-III, L.P.  
c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]*  Date of Delivery *[Signature]*

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number 7009 2820 0002 8539 2173  
*(Transfer from service label)*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154-0

**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.  
Attention: Thomas M. Beall  
P. O. Box 3098  
Midland, Texas 79702

2. Article Number 7009 2820 0002 8539 2177  
*(Transfer from service label)*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154-0

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]*  Date of Delivery *[Signature]*

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

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

Total Postage & Fees \$

Sent To  
Street, Apt. No. or PO Box No. Fuel Products, Inc.  
City, State, ZIP+4 P.O. Box 3098  
Midland, Texas 79702

PS Form 3800, August 2006

See Reverse for Instructions

7009 2820 0002 8539 2177

7009 2820 0002 8539 2203

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**OFFICIAL USE**

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



Sent to: Pear Resources  
Attention: Alan Byars  
P O Box 11044  
Midland, Texas 79702

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

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:

Pear Resources  
Attention: Alan Byars  
P O Box 11044  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Alan Byars*  Agent

B. Received by (Printed Name): *Alan Byars*  Addressee

C. Date of Delivery: *4-14-06*

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: 7009 2820 0002 8539 2203

(Transfer from service label)

PS Form 3811 February 2004

Domestic Return Receipt

*Ca 15-7*

102596-02-NF-1540

**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)

April 22, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Linn Energy Holdings, LLC  
Suite 5100  
600 Travis Street  
Houston, Texas 77002

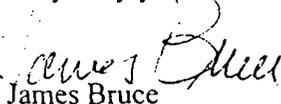
Ladies and gentlemen:

Enclosed are copies of four applications for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S $\frac{1}{2}$ S $\frac{1}{2}$ , N $\frac{1}{2}$ S $\frac{1}{2}$ , S $\frac{1}{2}$ N $\frac{1}{2}$ , and N $\frac{1}{2}$ N $\frac{1}{2}$  of Section 35, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, May 13, 2010, 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 these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, May 6, 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 Cimarex Energy Co.

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- 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:

Linn Energy Holdings, LLC  
Suite 5100  
600 Travis Street  
Houston, Texas 77002

2. Article Number  
(Transfer from service label)

7009 2820 0002 8540 1752

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Handwritten Signature]* 5/3/2010  
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