



**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)  
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(505) 982-2151 (Fax)

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

April 8, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

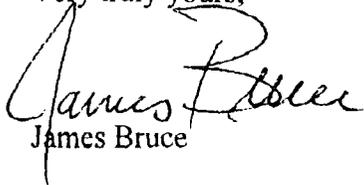
Ladies and gentlemen:

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 S½N½ 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

Sundown Energy  
Suite 2000  
13455 Noel Road  
Dallas, Texas 75240-6604

Canaan Resources, LLC  
Suite 1000  
211 North Robinson  
Oklahoma City, Oklahoma 73102

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**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Hyde Oil and Gas Corporation Attention: Blair Hamburg Suite 1018 6300 Ridgela Place Fort Worth, Texas 76116	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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) **7009 2820 0002 8539 2159**  
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Blair Hamburg*

B. Received by (Printed Name) *Blair Hamburg* Date of Delivery *9/12/10*

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

3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2572 6358 2000 0282 6009

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Canaan Resources, LLC  
Suite 1000  
211 North Robinson  
Oklahoma City, Oklahoma 73102

2. Article Number (Transfer from service label) **7009 2820 0002 8539 2159**  
PS Form 3811, February 2004 Domestic Return Receipt *Cx 35-6*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Blair Hamburg*

B. Received by (Printed Name) *Blair Hamburg* Date of Delivery *9/12*

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

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

Postmark Here

Sent To *Sundown Energy*  
Street, Apt. No., or PO Box No. *Suite 2000*  
*13455 Noel Road*  
City, State, ZIP+4 *Dallas, Texas 75240-6604*

PS Form 3800, August 2006 See Reverse for Instructions

2572 8539 2159

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**OFFICIAL USE**

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

Sent to  
 Fuel Products, Inc.  
 Attention: Thomas M. Beall  
 Street, Apt. No.; P.O. Box 3098  
 P.O. Box No. Midland, Texas 79702  
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, 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**

- Signature  Agent  
 Addressee
- Received by (Printed Name) C. Date of Delivery  
 Alan Byars 4-14-10
- 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  No

Article Number: 7008 0500 0001 4590 6898  
 Domestic Return Receipt: PS Form 3811, February 2004  
 102595-02-M-1540

7008 0500 0001 4590 6898

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, 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

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent  
 Addressee
- Received by (Printed Name) C. Date of Delivery  
 Alan Byars
- 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  No

2. Article Number: 7008 0500 0001 4590 6898  
 Domestic Return Receipt: PS Form 3811, February 2004  
 102595-02-M-1540

7008 0500 0001 4590 6898

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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.; P.O. Box No.  
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4590 6898

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**OFFICIAL USE**

Postage \$  
Certified Fee \$  
Postmark Here

Return (Endorsee): MGT Partners I, L.P.  
Restricted (Endorsee): Merit Management Partners I, L.P.  
Merit Energy Partners III, L.P.  
Merit Energy Partners D-III, L.P.  
Total Post: c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 2128

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, J3. 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:  
MGT Partners I, L.P.  
Merit Management Partners I, L.P.  
Merit Energy Partners D-III, L.P.  
Merit Energy Partners GP, LLC  
c/o Merit Energy Partners  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240

2. Article Number (Transfer from serial) 7009 2820 0002 8539 2128

PS Form 3811, February 2004 Domestic Return Receipt

CK 35-6

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, J3. 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:  
Sundown Energy  
Suite 2000  
13455 Noel Road  
Dallas Texas 75240-6604

2. Article Number (Transfer from serial) 7009 2820 0002 8539 2142

PS Form 3811, February 2004

102595-02-M-1540

CK 35-6

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* Agent   
Addressed to   
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* Agent   
Addressed to   
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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 serial) 7009 2820 0002 8539 2128

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

CK 35-6

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Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Post: Canaan Resources, LLC  
Suite 1000  
211 North Robinson  
Oklahoma City, Oklahoma 73102  
Street, Apt. or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 2159

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For delivery information visit our website at [www.USPS.com](http://www.USPS.com)

**OFFICIAL USE**

7009 2820 0002 8539 2135

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

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

**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  Agent  
*X Adam J. Moncrief*  Addressee

B. Received by (Printed Name)  Date of Delivery  
 4/12

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

3. Service Type  Express Mail  
 Certified Mail  Return Receipt for Merchandise  
 Registered  C.O.D.  
 Insured Mail  Yes  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from services lab)

7009 2820 0002 8539 2135

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

EX 35-6

**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

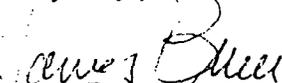
Ladies and gentlemen:

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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- 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:

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

2. Article Number

(Transfer from service label)

7009 2820 0002 8540 1752

PS Form 3811, February 2004

Domestic Return Receipt

Cx - Mallon 35

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* 5/3/2010  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