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

APPLICATION OF CIMAREX ENERGY CO. FOR A NON-STANDARD OIL SPACING AND PRORATION UNIT AND COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

Case No. 14,468

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 Cimarex Energy Co.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the operators or working 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 Rules.

James Bruce

SUBSCRIBED AND SWORN TO before me this 8th day of May, 2010 by James Bruce.

My Commission Expires: 3/14/13

Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 4

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

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, *etc.*, 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, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator or working interest owner, 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, April 22, 2010 if you intend to participate in the hearing.

Very truly yours,

James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Rubicon Oil & Gas II, LP
Suite 500
508 West Wall
Midland, Texas 79701

Western Equipment Co.
P.O. Box 5457
Midland, Texas 79704

Robert W. Kent
P.O. Box 131524
Houston, Texas 77219

Janice Shelton Crebbs, Trustee
3769 North Camino Leamaria
Tucson, Arizona 85716

Grace K. Bankhead and
Bankhead Administrative
Accounting Trust
4201 Potomac
Dallas, Texas 75205

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, Texas 77002

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OFFICIAL USE

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

Postmark Here

7008 0500 0001 4590 6805

Sent To
Janice Shelton Crebbs, Trustee
Street, Apt. No.; or PO Box No. 3769 North Camino Leamaria
City, State, ZIP+4 Tucson, Arizona 85716

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:

Grace K. Bankhead and
Bankhead Administrative
Accounting Trust
4201 Potomac
Dallas, Texas 75205

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) 7008 0500 0001 4590 6782

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:

Janice Shelton Crebbs, Trustee
3769 North Camino Leamaria
Tucson, Arizona 85716

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
4/10/10

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 0500 0001 4590 6805

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

7008 0500 0001 4590 6782

Sent To
Grace K. Bankhead and
Bankhead Administrative
Street, Apt. No.; or PO Box No. Accounting Trust
4201 Potomac
City, State, ZIP+4 Dallas, Texas 75205

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To: Nortex Corporation
Street, Apt. No.; or PO Box No.: Suite 3100
City, State, ZIP+4: 1415 Louisiana Houston, Texas 77002

7008 0500 0001 4590 6799

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:

Robert W. Kent
P.O. Box 131524
Houston, Texas 77219

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) RW KENT C. Date of Delivery 4/14/10

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 0500 0001 4590 6812

PS Form 3811, February 2004 — Domestic Return Receipt — Cx 35-5 — 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:

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, Texas 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] 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 lab) 7008 0500 0001 4590 6799

PS Form 3811, February 2004 — Domestic Return Receipt — Cx 35-5 — 102595-02-M-1540

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

APR - 9 2010

Postmark Here

Sent To: Robert W. Kent
Street, Apt. No.; or PO Box No.: P.O. Box 131524
City, State, ZIP+4: Houston, Texas 77219

7008 0500 0001 4590 6812

PS Form 3800, August 2006 — See Reverse for Instructions

7008 3230 0000 2319 2363

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MIDLAND TX 79701 OFFICIAL USE

Postage	$ $0.61	0500
Certified Fee	$2.80	03
Return Receipt Fee (Endorsement Required)	$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.71	04/09/2010

Sent To: Rubicon Oil & Gas II, LP
Street, Apt. No.; or PO Box No.: Suite 500, 508 West Wall
City, State, ZIP+4: Midland, Texas 79701

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:

Rubicon Oil & Gas II, LP
Suite 500
508 West Wall
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): [illegible] C. Date of Delivery: 4/12/10

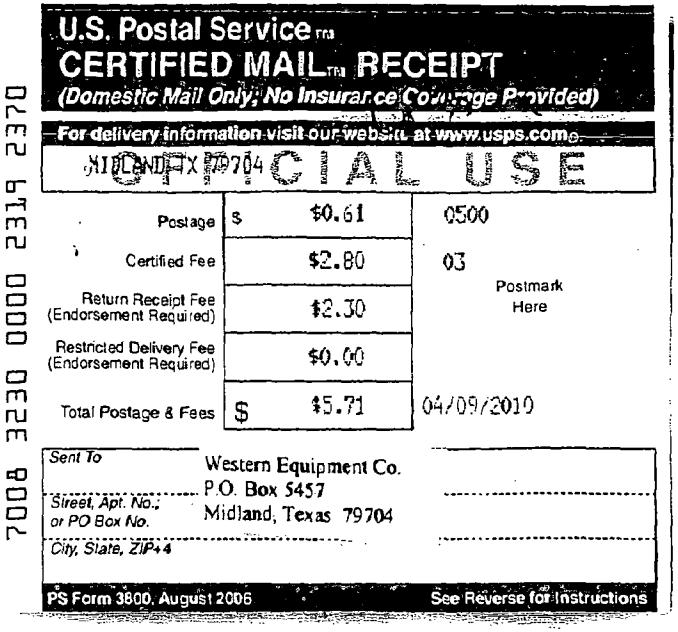
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 2319 2363

PS Form 3811, February 2004 — Domestic Return Receipt — Cx 35-6 4 — 102595-02-M-1540



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MIDLAND TX 79704 OFFICIAL USE

Postage	$ $0.61	0500
Certified Fee	$2.80	03
Return Receipt Fee (Endorsement Required)	$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.71	04/09/2010

Sent To: Western Equipment Co.
Street, Apt. No.; or PO Box No.: P.O. Box 5457
City, State, ZIP+4: Midland, Texas 79704

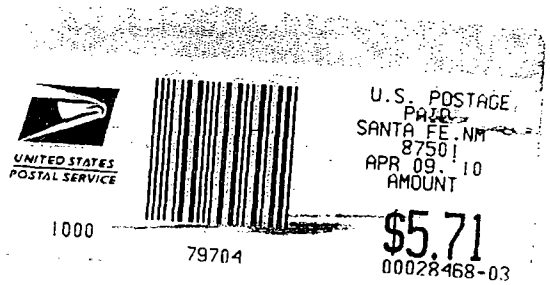
PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2319 2370

CERTIFIED MAIL™

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

7008 3230 0000 2319 2370



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Midland, Texas 79704

FWD