

**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.**

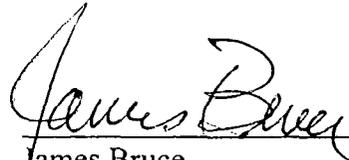
Case No. 14,489

AFFIDAVIT OF NOTICE

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

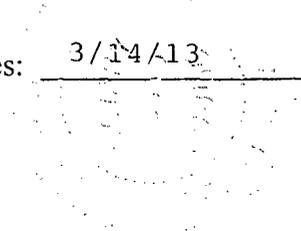
James Bruce, being duly sworn upon his oath, deposes and states:

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 9th day of June, 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)

jamesbruce@aol.com

May 20, 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 W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 24, Township 19 South, Range 32 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 10, 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, June 3, 2010 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

BOPCo, L.P.
Suite 2900
201 Main Street
Fort Worth, Texas 76102

Samson Resources Company
Suite 1010
200 North Loraine
Midland, Texas 79701

Exxon Mobil Corporation
P.O. Box 4358
Houston, Texas 77210

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

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:

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7009 2820 0002 8540 1936

PS Form 3811, February 2004

Domestic Return Receipt *Cx-EL*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/24*

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

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:

BOPCo, L.P.
Suite 2900
201 Main Street
Fort Worth, Texas 76102

2. Article Number

(Transfer from service label)

7009 2820 0002 8540 1899

PS Form 3811, February 2004

Domestic Return Receipt *Cx-EL*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery *MAY 24 2010*

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

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:

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7009 2820 0002 8540 1929

PS Form 3811, February 2004

Domestic Return Receipt *Cx-EL*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *B-OCT 1* C. Date of Delivery *5/24/10*

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>DeKempfer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DeKempfer</i> Date of Delivery <i>5-24-10</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Samson Resources Company Suite 1010 200 North Loraine Midland, Texas 79701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>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.</p>
<p>7009 2820 0002 8540 1905</p> <p>PS Form 3811, February 2004 Domestic Return Receipt <i>Cx-EL</i> 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jesse Dean</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jesse Dean</i> Date of Delivery <i>2-6-2010</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Exxon Mobil Corporation P.O. Box 4358 Houston, Texas 77210</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>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.</p>
<p>7009 2820 0002 8540 1912</p> <p>PS Form 3811, February 2004 Domestic Return Receipt <i>Cx-EL</i> 102595-02-M-1540</p>	