BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF GRUY PETROLEUM MANAGEMENT CO. TO EXPAND THE WHITE CITY-PENNSYLVANIAN GAS POOL, EDDY COUNTY, NEW MEXICO. **No. 13139**

AFFIDAVIT REGARDING NOTICE

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

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 set forth herein.

2. I am an attorney for Applicant.

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 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 Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 8th day of October, 2003, by James Bruce.

Notary Public

My Commission Expires:

3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT 3

BEFORE THE COMMISSION
Santa Fe, New Mexico
Case No. 13139 Exhibit No. 5
Submitted by:
GRUY PETROLEUM MANAGEMENT CO.
Hearing Date: November 20, 2003

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) 982-2151 (FAX)

jamesbruc@aol.com

August 26, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Gruy Petroleum Management Co., requesting an expansion of the White City-Pennsylvanian Gas Pool in Eddy County, New Mexico to include all of Section 14, Township 24 South, Range 26 East, N.M.P.M.. This application is scheduled to be heard at 8:15 a.m. on Thursday, September 18, 2003 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in Section 14, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, September 12, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Applicants

EXHIBIT A

EXHIBIT A

Wallace H. Scott, Jr.
600 Congress Ave., Suite 1500
Austin, TX 78701-2589

Doris J. Barnes.
2515 Neely
Midland, TX 79705
432-684-8524

Alberta Link
3055 South Race Street
Denver, CO 80210

Juanita R. Marshall
2309 W. Shandon
Midland, TX 79705

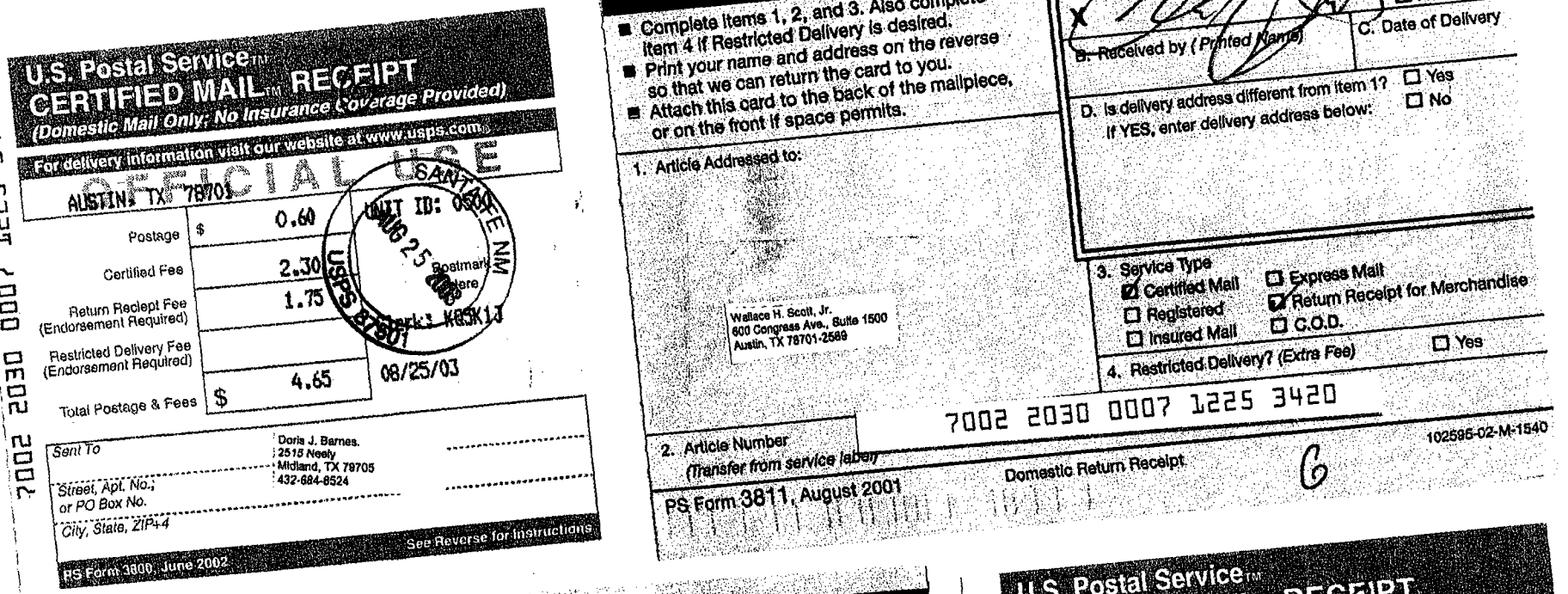
M. M. Bradley
last known address was in Archer City, Texas,

Taylor Darrell Whitehead
c/o Lee Sellers, Esq.
1300 City National Bank
Wichita Falls, TX 76301

Wilma Faye Whitehead Nitschke
c/o Lee Sellers, Esq.
1300 City National Bank
Wichita Falls, TX 76301

Lurline Frischkorn Thompson
243 Storywood
San Antonio, TX

Flora Hook, and Irving Hook
3515 S. Tamarac Drive
Denver, CO 80237



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OFFICIAL USE
AUSTIN, TX 78701
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65
Postmark Here
USPS 87501 SANTA FE NM
AUG 25 2003
Clerk: K05K13
08/25/03
Sent To: Doris J. Barnes, 2515 Neely, Midland, TX 79705, 432-684-8524
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions
7002 2030 0007 1225 3413

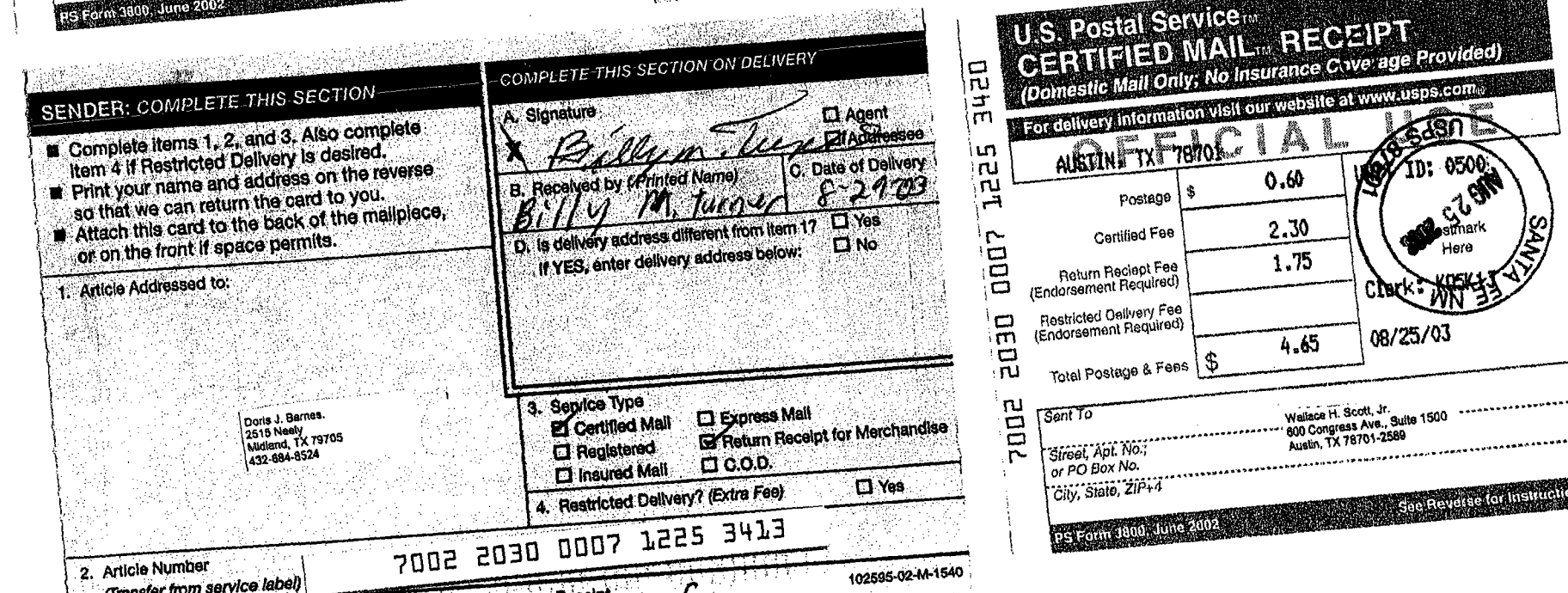
SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Wallace H. Scott, Jr., 600 Congress Ave., Suite 1500, Austin, TX 78701-2589

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) 7002 2030 0007 1225 3420
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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OFFICIAL USE
AUSTIN, TX 78701
Postage $ 0.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65
Postmark Here
USPS 87501 SANTA FE NM
AUG 25 2003
Clerk: K05K13
08/25/03
Sent To: Wallace H. Scott, Jr., 600 Congress Ave., Suite 1500, Austin, TX 78701-2589
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions
7002 2030 0007 1225 3420

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: Doris J. Barnes, 2515 Neely, Midland, TX 79705, 432-684-8524

COMPLETE THIS SECTION ON DELIVERY
A. Signature X Billy M. Turner
Agent
Addressee
B. Received by (Printed Name) Billy M. Turner
C. Date of Delivery 8-27-03
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) 7002 2030 0007 1225 3413
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2030 0007 1225 3390

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MIDLAND, TX 79705

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	SANTA FE NM AUG 25 Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	USPS 87501 Clerk: KQ5K1J
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.42	08/25/03

Sent To
Juanita R. Marshall
Street, Apt. No.; or PO Box No. 2309 W. Shandon
City, State, ZIP+4 Midland, TX 79705

PS Form 3800, June 2002 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:
Flora Hook, and Irving Hook
3515 S. Tamarac Drive
Denver, CO 80237

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynn Stahler ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lynn Stahler
C. Date of Delivery 8/27

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) 7002 2030 0007 1225 3352

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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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:
Juanita R. Marshall
2309 W. Shandon
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Juanita R. Marshall ☐ Agent ☐ Addressee

B. Received by (Printed Name) Juanita
C. Date of Delivery 8-28-03

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 7002 2030 0007 1225 3390

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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7002 2030 0007 1225 3352

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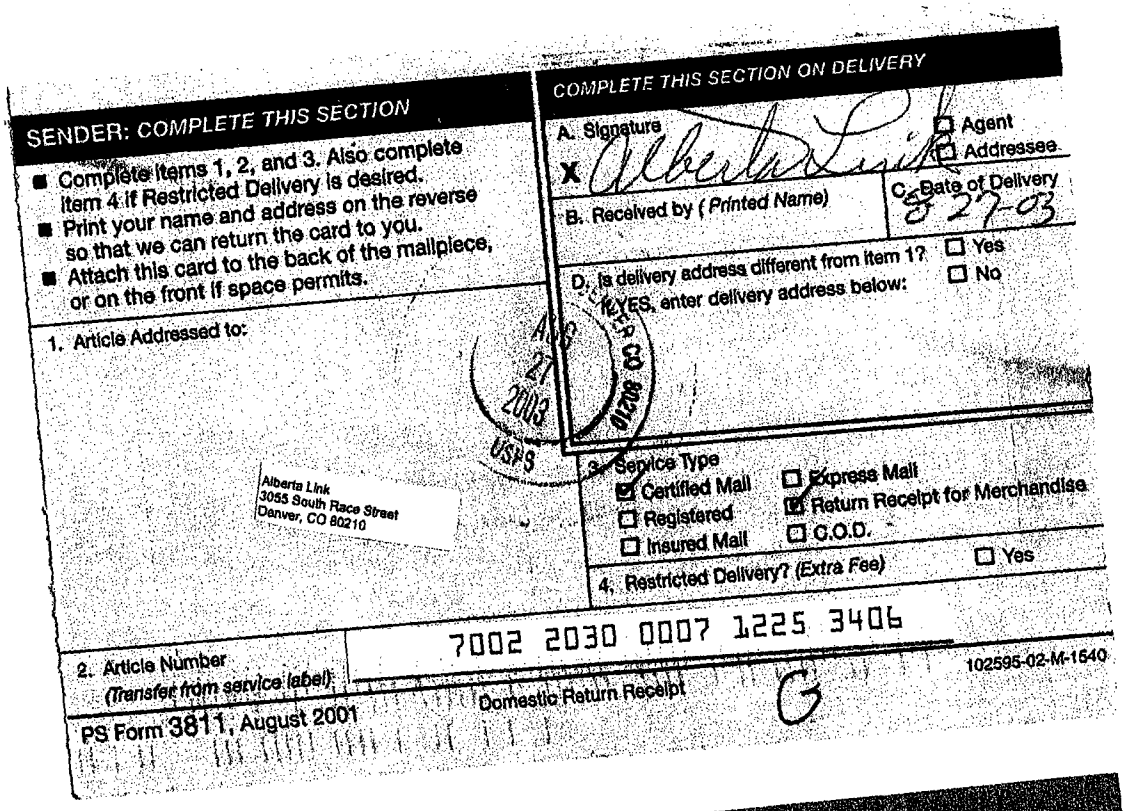
DENVER, CO 80237

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	SANTA FE NM AUG 25 Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	USPS 87501 Clerk: KQ5K1J
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	08/25/03

Sent To
Flora Hook, and Irving Hook
Street, Apt. No.; or PO Box No. 3515 S. Tamarac Drive
City, State, ZIP+4 Denver, CO 80237

PS Form 3800, June 2002 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:

Alberta Link
3055 South Race Street
Denver, CO 80210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alberta Link
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8-27-03

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) 7002 2030 0007 1225 3406

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1640

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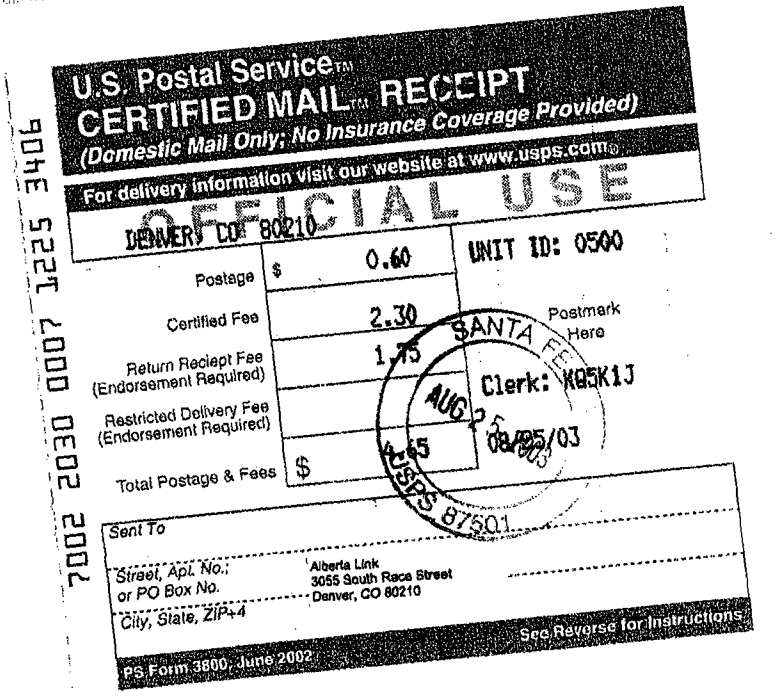

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DENVER CO 80210

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Reciept Fee (Endorsement Required)	1.75	Clerk: KQ5K1J
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	08/25/03

SANTA FE NM AUG 25 USPS 87501

Sent To
Alberta Link
Street, Apt. No.; or PO Box No. 3055 South Race Street
City, State, ZIP+4 Denver, CO 80210

PS Form 3800, June 2002 See Reverse for Instructions

7002 2030 0007 1225 3406

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Lurline Frischkorn Thompson
243 Storywood
San Antonio, TX

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) 7002 2030 0007 1225 3369

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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7002 2030 0007 1225 3369

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SAN ANTONIO, TX 78213-2915

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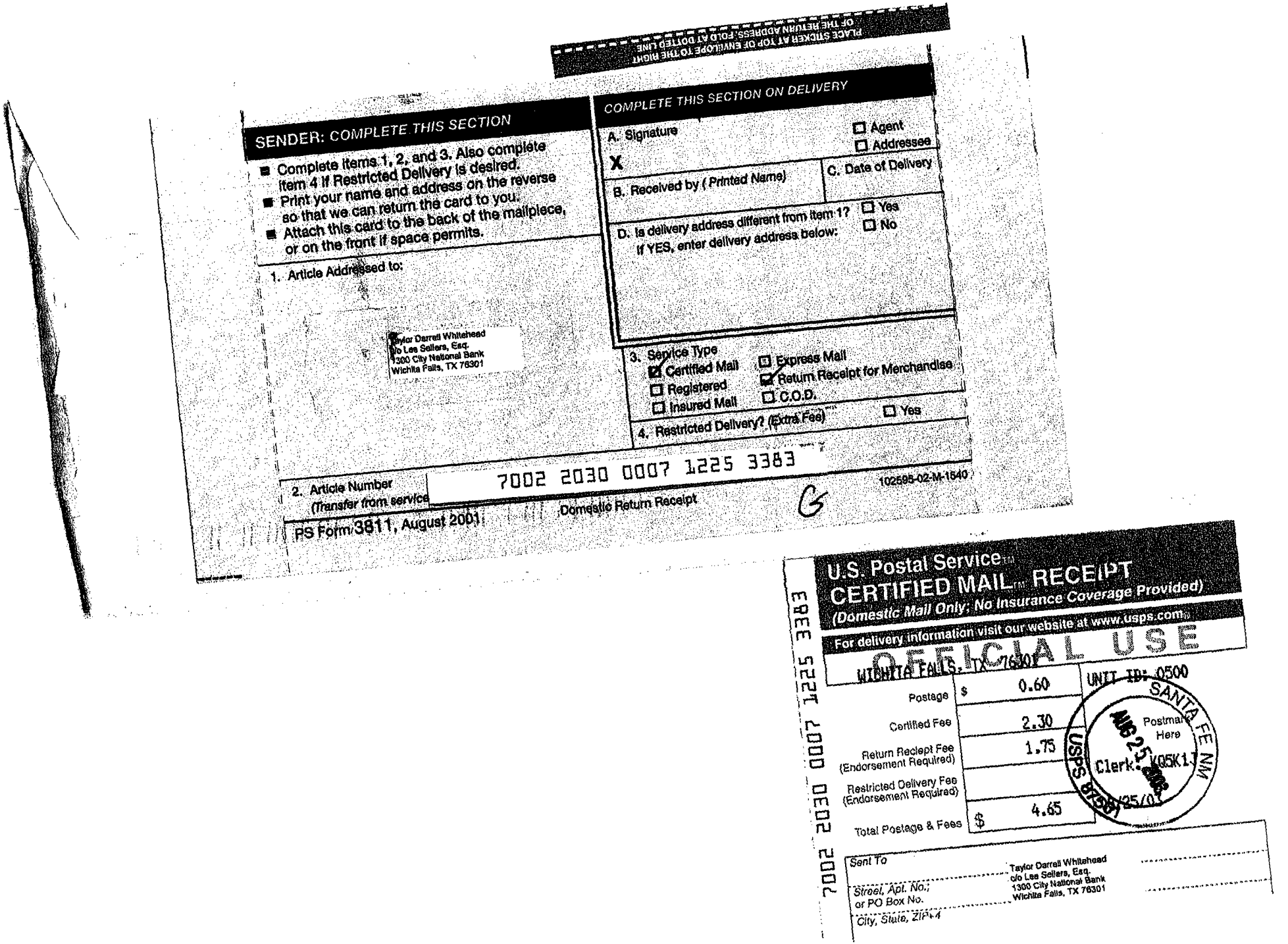
Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0300
SANTA FE NM
USPS 01501
AUG 25 Postmark Here
Clerk: [redacted]
08/25/03

Sent To
Lurline Frischkorn Thompson
Street, Apt. No.; or PO Box No. 243 Storywood
City, State, ZIP+4 San Antonio, TX

PS Form 3800, June 2002 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Taylor Darrell Whitehead
c/o Lee Sellers, Esq.
1300 City National Bank
Wichita Falls, TX 76301

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) 7002 2030 0007 1225 3383

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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WICHITA FALLS, TX 76301

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

SANTA FE NM
USPS 87501
AUG 25 2006
Clerk: K05K1T
08/25/06

Postmark Here

Sent To: Taylor Darrell Whitehead
c/o Lee Sellers, Esq.
1300 City National Bank
Wichita Falls, TX 76301

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

7002 2030 0007 1225 3383

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Wilma Faye Whitehead Nitschke
c/o Lee Sellers, Esq.
1300 City National Bank
Wichita Falls, TX 76301

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 lab) 7002 2030 0007 1225 3376

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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7002 2030 0007 1225 3376

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Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.65	08/25/03

SANTA FE NM AUG 25 '03 USPS 87501 Clerk: K05[illegible]

Sent To: Wilma Faye Whitehead Nitschke
Street, Apt. No.; or PO Box No.: c/o Lee Sellers, Esq.
City, State, ZIP+4: 1300 City National Bank, Wichita Falls, TX 76301