

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:

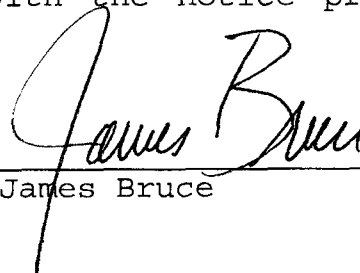
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

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

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

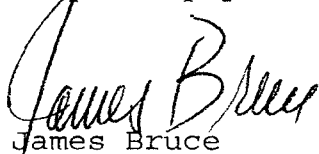
To: Persons on Exhibit A

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

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

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

Stamp: **SANTA FE**
ID: 0500
AUG 25 2001
Postmark Here
CLERK: WEN
08/25/03

Sent To: Doris J. Barnes,
2515 Neely,
Midland, TX 79703
432-884-9524

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

City, State, ZIP+4

PS Form 3811, 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:

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

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.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0007 1225 3420

Domestic Return Receipt

102585-02-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:

Doris J. Barnes,
2515 Neely,
Midland, TX 79703
432-884-9524

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7002 2030 0007 1225 3413

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

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:

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

Sent To

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

PS Form 3800, June 2002 See Reverse for Instructions

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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

Stamp: **SANTA FE**
ID: 0500
AUG 25 2001
Postmark Here
CLERK: WEN
08/25/03

Sent To

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

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE
 MIDLAND, TX 79705

Postage \$	0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.42

Sent To
 Juanita R. Marshall
 2309 W. Shandon
 Midland, TX 79705
 City, State, ZIP+4

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.

Article Addressed to:

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

1. Article Number (Transfer from service label)
7002 2030 0007 1225 3390
2. Article Number (Transfer from service label)
7002 2030 0007 1225 3390
3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee)
☐ Yes ☒ No

Sent To
 Juanita R. Marshall
 2309 W. Shandon
 Midland, TX 79705
 City, State, ZIP+4

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.

Article Addressed to:

Rena Hook and Irving Hook
 3515 S. Tananache Drive
 Denver, CO 80237

1. Article Number (Transfer from service label)
7002 2030 0007 1225 3352
2. Article Number (Transfer from service label)
7002 2030 0007 1225 3352
3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee)
☐ Yes ☒ No

Sent To
 Rena Hook and Irving Hook
 3515 S. Tananache Drive
 Denver, CO 80237
 City, State, ZIP+4

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.

Article Addressed to:

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

1. Article Number (Transfer from service label)
7002 2030 0007 1225 3390
2. Article Number (Transfer from service label)
7002 2030 0007 1225 3390
3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee)
☐ Yes ☒ No

Sent To
 Juanita R. Marshall
 2309 W. Shandon
 Midland, TX 79705
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
☒ Agent ☐ Addressee
- B. Received by (Printed Name)
Lynn Stahler
- C. Date of Delivery
8/27
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee)
☐ Yes ☒ No

Sent To
 Rena Hook and Irving Hook
 3515 S. Tananache Drive
 Denver, CO 80237
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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 DENVER, CO 80237

Postage \$	0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.65

Sent To
 Rena Hook and Irving Hook
 3515 S. Tananache Drive
 Denver, CO 80237
 City, State, ZIP+4

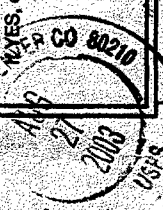
PS Form 3800, June 2002 See Reverse for Instructions

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 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 ☐ 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 (Transfer from service label) 7002 2030 0007 1225 3406
 PS Form 3811, August 2001 Domestic Return Receipt G 102595-02-M-1540

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For delivery information, visit our website at www.usps.com

OFFICIAL USE
 DENVER, CO 80210

Postage	\$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here SANTA FE
Restricted Delivery Fee (Endorsement Required)		Clerk: WESK1J
Total Postage & Fees	\$ 4.65	AUG 27 2003

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

904E 522T 2000 0E02 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS POLS AT POSTED 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 Stonewood
San Antonio, TX

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X**
- B. Received by (Printed Name) ☐ Agent ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
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

Domestic Return Receipt

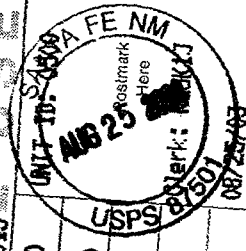
102595-02-M-7540

PS Form 3811, August 2001

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For delivery information visit our website at www.usps.com

SAN ANTONIO, TX 78210-2915



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

Sent To

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

Lurline Frischkorn Thompson
243 Stonewood
San Antonio, TX

69EE 522T 2000 0007 1225 3369

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 ☒ 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 7002 2030 0007 1225 3383

(Transfer from service)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WICHITA FALLS, TX 76301-0500

UNIT ID: 0500

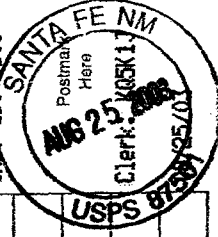
Postage \$ 0.60

Certified Fee 2.30

Return Receipt Fee 1.75
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 4.65



Sent To

Taylor Darrell Whitehead
c/o Lee Sellers, Esq.
1300 City National Bank
Wichita Falls, TX 76301
City, State, ZIP+4

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

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7002 2030 0007 1225 3376

Domestic Return Receipt

102595-02-N-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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WICHITA FALLS, TX 76301

UNIT ID: 0500

Postage \$ 0.60

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required) 8.75

Total Postage & Fees \$ 4.65

Sent To

Wilma Faye Whitehead Nitschke

c/o Lee Sellers, Esq.

1300 City National Bank

Wichita Falls, TX 76301

City, State, ZIP+4

PS Form 3811, August 2001