

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, EDDY COUNTY,  
NEW MEXICO.

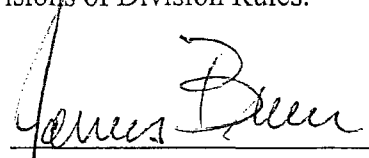
Case No. 14,418

AFFIDAVIT OF NOTICE

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

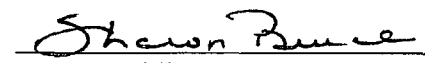
James Bruce, being duly sworn upon his oath, deposes and states:

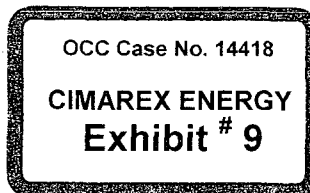
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice 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 letters 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 2nd day of February, 2010 by James Bruce.

My Commission Expires: 3/14/13

  
\_\_\_\_\_  
Notary Public



**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)

December 31, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

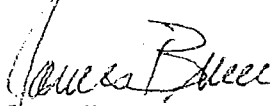
To: Persons on Exhibit A

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 21, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 21, 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.** The well's location is orthodox. As an offset operator, 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, January 14, 2010 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

McBride Oil & Gas Corp.  
P.O. Box 1515  
Roswell, New Mexico 88202

Devon Energy Production Company, L.P.  
20 North Broadway  
Oklahoma City, Oklahoma 73102

Nearburg Producing Company  
Building 2, Suite 120  
3300 North "A" Street  
Midland, Texas 79705

Occidental Permian L.P.  
P.O. Box 4292  
Houston, Texas 77210

Chase Oil Corporation  
P.O. Box 1767  
Artesia, New Mexico 88211

Chaparral Energy LLC  
701 Cedar Lake Boulevard  
Oklahoma City, Oklahoma 73114

Joe M. Parsley  
Jane S. Parker  
Suite 1100  
550 West Texas  
Midland, Texas 79701

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

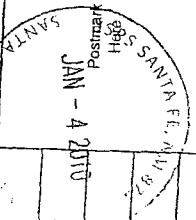
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent to  
 Street, Apt. No., or PO Box No. Occidental Permian L.P.  
 P.O. Box 4292  
 Houston, Texas 77210  
 City, State, ZIP+4

PS Form 3800, August 2005 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:

Devon Energy Production Company, L.P.  
 20 North Broadway  
 Oklahoma City, Oklahoma 73102

2. Article Number:  
 (Transfer from service label)  
 7008 3230 0000 2318 7938  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name)  
 [Signature]
- C. Date of Delivery  
 [Signature]
- 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:

Occidental Permian L.P.  
 P.O. Box 4292  
 Houston, Texas 77210

2. Article Number  
 (Transfer from service label)  
 7008 3230 0000 2318 7932  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name)  
 [Signature]
- C. Date of Delivery  
 [Signature]
- 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

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**OFFICIAL USE**

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

Sent to  
 Street, Apt. No., or PO Box No. Devon Energy Production Company, L.P.  
 20 North Broadway  
 Oklahoma City, Oklahoma 73102  
 City, State, ZIP+4

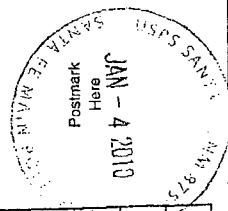
PS Form 3800, August 2005 See Reverse for Instructions



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|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |



Sent To  
Chaparral Energy LLC  
701 Cedar Lake Boulevard  
Oklahoma City, Oklahoma 73114  
City, State, ZIP+4

PS Form 3800, August 2005 (See Reverse for Instructions)

9562 8722 0000 0000 0000 0000 0000 0000

**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:

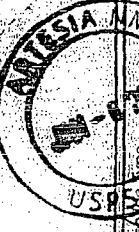
Chase Oil Corporation  
P.O. Box 1767  
Artesia, New Mexico 88211

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Kathy Donaghe*  
B. Received by (Printed Name)  
KATHY DONAGHE  
C. Date of Delivery  
JAN 7 - 2010  
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

7008 3230 0000 2318 7949

Domestic Return Receipt  
102595-02-44-1540

**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:

Chaparral Energy LLC  
701 Cedar Lake Boulevard  
Oklahoma City, Oklahoma 73114

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Manuel*  
B. Received by (Printed Name)  
Manuel  
C. Date of Delivery  
JAN 7 - 2010  
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

7008 3230 0000 2318 7956

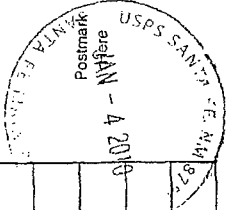
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-44-1540

9562 8722 0000 0000 0000 0000 0000 0000

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|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |



Sent To  
Chase Oil Corporation  
P.O. Box 1767  
Artesia, New Mexico 88211  
City, State, ZIP+4

PS Form 3800, August 2005 (See Reverse for Instructions)

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Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees: Joe M. Parsley  
 Jane S. Parker  
 Suite 1100  
 530 West Texas  
 Midland, Texas 79701

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

Postmark: *Midland TX 0102 4*

PS Form 3811, August 2005 See Reverse for Instructions

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**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \_\_\_\_\_

Sent To: Nearburg Producing Company  
 Building 2, Suite 120  
 3300 North "A" Street  
 Midland, Texas 79705

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

Postmark: *Midland TX 0102 4*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Joe M. Parsley  
 Jane S. Parker  
 Suite 1100  
 530 West Texas  
 Midland, Texas 79701

2. Article Number (Transfer from service label) **7008 3230 0000 2318 7963**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Joe M. Parsley*

B. Received by (Printed Name) C. Date of Delivery  
*Joe M. Parsley* *1/6*

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

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**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Sent To: Nearburg Producing Company  
 Building 2, Suite 120  
 3300 North "A" Street  
 Midland, Texas 79705

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

Postmark: *Midland TX 0102 4*

PS Form 3811, August 2005 See Reverse for Instructions

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Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

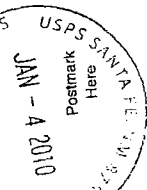
Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Sent to McBride Oil & Gas Corp.  
P.O. Box 1515  
Roswell, New Mexico 88202  
 City, State, ZIP+4

PS Form 3811, August 2006 See Reverse for Instructions



7902 2318 0000 0000 0000 0000 0000 0000

**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:  
  
 McBride Oil & Gas Corp.  
 P.O. Box 1515  
 Roswell, New Mexico 88202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Jan Starnes*

B. Received by (Printed Name)  Date of Delivery  
*Jan Starnes 1-6-10*

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)  
 PS Form 3811, February 2004

7008 3230 0000 2318 7901  
 Domestic Return Receipt  
 102595-02-M-1540

**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)

January 13, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED


Tritex Resources, L.L.C.  
Suite 600  
15455 Dallas Parkway  
Addison, Texas 75001

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 21, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 4, 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.** The well's location is orthodox. As an offset operator, 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, January 28, 2010 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.



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**OFFICIAL USE**

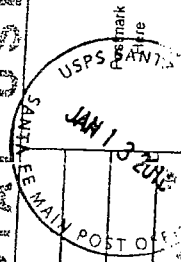
|  |  |
|--|--|
| Postage \$                                     |  |
| Certified Fee                                  |  |
| Return Receipt Fee (Endorsement Required)      |  |
| Restricted Delivery Fee (Endorsement Required) |  |

Total Postage & Fees \$

Sent to **Tritex Resources, L.L.C.**  
**Suite 600**  
**15455 Dallas Parkway**  
**Addison, Texas 75001**

PS Form 3800, August 2005. See Reverse for Instructions.

7009 2820 0002 8539 1756



**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:  
**Tritex Resources, L.L.C.**  
**Suite 600**  
**15455 Dallas Parkway**  
**Addison, Texas 75001**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Dave Farwell*

B. Received by (Printed Name)  
**Dave Farwell**

C. Date of Delivery  
**1/11/05**

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)  
**7009 2820 0002 8539 1756**

PS Form 3811, February 2004

Domestic Return Receipt

*CX-PP*

102595-02-M-1540