

AFFIDAVIT OF NOTICE

Before me, the undersigned authority, on this day personally appeared DAVID K. BROOKS, well known to me to be a credible person, and after being duly sworn, did solemnly declare upon his oath as follows:

“My name is David K. Brooks. I am employed by the Energy, Minerals and Natural Resources Department of the State of New Mexico as Assistant General Counsel.

“I am attorney of record for the New Mexico Oil Conservation Division, as Applicant, in Case No. 12771, Application of the New Mexico Oil Conservation Division for an Order Requiring Operators to Bring Sixty-Two (62) Wells into Compliance with Rule 201.B, and Assessing Appropriate Civil Penalties; Lea, Roosevelt and Chaves Counties, New Mexico.

“On October 24, 2001, I prepared a letter to all of the operators named as respondents in the Application filed in Case No. 12771. Attachment A to this Affidavit is a true copy of the letter that I prepared. I then caused a copy of Attachment A to be mailed to each of the operators named on the second page of Attachment A, by Certified Mail, Return Receipt Requested. A copy of the Application filed with the Division is Case No. 12771 was enclosed with each letter.

“A copy of the notification letter (Attachment A) was sent to C.C. Pollard c/o Frank Pollard, by Certified Mail, Return Receipt Requested, and received by Frank Pollard, as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment B.

“A copy of the notification letter (Attachment A) was sent to Prairie Sun, Inc., by Certified Mail, Return Receipt Requested, and received by Prairie Sun, Inc., as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment C.

“A copy of the notification letter (Attachment A) was sent to Primal Energy Corporation, by Certified Mail, Return Receipt Requested, and received by Primal Energy Corporation, as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment D.

“A copy of the notification letter (Attachment A) was sent to Professional Oil Services, Inc., c/o Art Marquez, by Certified Mail, Return Receipt Requested, and received by Art Marquez, as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment E. Art Marquez is the registered agent for Professional Oil Services, Inc., as evidenced by copy of report from the web site of the New Mexico Public Regulation ~~Commission~~ attached hereto as Attachment F.

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. <u>2</u>
CASE NO.	<u>12771</u>

"A copy of the notification letter (Attachment A) was sent to Pro-Gas Operating, Inc., c/o Glen L. Houston, by Certified Mail, Return Receipt Requested, and received by Glen L. Houston, as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment G. Glen L. Houston is the registered agent for Pro-Gas Operating, Inc., as evidenced by copy of report from the web site of the New Mexico Public Regulation Commission attached hereto as Attachment H.

"A copy of the notification letter (Attachment A) was sent to RW Oil Co., by Certified Mail, Return Receipt Requested, and received by RW Oil Co., as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment I.

"A copy of the notification letter (Attachment A) was sent to Spence Energy Co. by Certified Mail, Return Receipt Requested, and received by Spence Energy Co., as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment J.

"A copy of the notification letter (Attachment A) was sent to Tenison Oil Co. by Certified Mail, Return Receipt Requested, and received by Tenison Oil Co., as evidenced by receipt for certified mail and postal return receipt true copies whereof are attached hereto as Attachment K.

Further Affiant sayeth not.



David K. Brooks

Subscribed and sworn to in the City of Santa Fe, County of Santa Fe, State of New Mexico, this 15th day of November, 2001. Witness my hand and seal of office.



Notary Public
State of New Mexico

[SEAL]

My commission expires 2/18, 2003



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

October 24, 2001

Lori Wrotenbery
Director
Oil Conservation Division

ADDRESS LIST

VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 12771: **Application of the New Mexico Oil Conservation Division for an Order Requiring Operators to Bring Sixty-Two (62) Wells into Compliance with Rule 201.B, and Assessing Appropriate Civil Penalties; Lea, Roosevelt and Chaves Counties, New Mexico.**

Ladies and Gentlemen:

You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, seeking an Order requiring you to bring specified inactive wells in Lea, Roosevelt and Chaves Counties, New Mexico into compliance with Division Rule 201.B, by either restoring such wells to production or beneficial use, permanently abandoning or temporarily abandoning them. In addition, the Division seeks assessment of civil penalties for your failure to comply with previous administrative notices to bring these wells into compliance.

A hearing on this Application will take place before a Division hearing officer on Thursday, November 15, 2001, at 8:15 a.m., in the Division Hearing Room, First Floor, 1220 South St. Francis Drive in Santa Fe, New Mexico. At that hearing you will have an opportunity to show cause, if any there be, why an order should not be entered as requested in the Application.

Operational inquiries concerning the subject of this hearing should be directed to Mr. Chris Williams, District Supervisor, Oil Conservation Division, 1625 French Drive, Hobbs, NM 88240; phone (505)-393-6161. Counsel may contact the undersigned in the Santa Fe office at (505)-476-3450.

Very truly yours,

David K. Brooks
Assistant General Counsel

Attachment A

C.C.POLLARD
C/O FRANK POLLARD
166 MORITZ CIRCLE
SAN ANGELO, TX 76904

SPENCE ENERGY CO
4925 GREENVILLE, STE 220
DALLAS, TX 75206

PRAIRIE SUN, INC.
3103 YESO RD
PO BOX 8280
ROSWELL, NM 88201

TENISON OIL CO
401 CYPRESS ST, STE 500
ABILENE, TX 79601

PRIMAL ENERGY CORPORATION
211 HIGHLAND CROSS, STE 227
HOUSTON, TX 77073

TEXLAND PETROLEUM, INC
777 MAINSTREET, SUITE 3200
FORT WORTH, TX 76102

PROFESSIONAL OIL SERVICES INC.
804 SPRAGUE
ODESSA, TX 73764

W H BRININSTOOL
PO DRAWER A
JAL, NM 88252

PROFESSIONAL OIL SERVICES INC.
C/O ART MARQUEZ
1307 W. MONROE
LOVINGTON, NM 88260

PRO-GAS OPERATING INC.
P.O. BOX 60243
MIDLAND, TX 79711-0243

PRO-GAS OPERATING INC.
4917 S.C.R.. 1303
MIDLAND, TX 79765

PRO-GAS OPERATING INC.
C/O GLENN L. HOUSTON
1010 FOWLER
HOBBS, NM 88240

PRONGHORN MANAGEMENT CORP
PO BOX 1772
HOBBS, NM 88241

RW OIL CO *Route 1 Box 104*
~~P.O. Box 1209~~
Lovington, NM 88260
34703 SABA ENERGY OF TEXAS INC
3000 WILCREST, STE 220
HOUSTON, TX 77042

SANTA FE ENERGY OPERATING
PARTNERS L P
1616 S VOSS, STE 600
HOUSTON, TX 77057

SMITH & MARRS INC
PO BOX 863
KERMIT, TX 79745

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

7000 0520 0021 6896 3553

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 C C Pollard c/o Frank Pollard
 Street, Apt. No.; or PO Box No.
 166 Moritz Circle
 City, State, ZIP+4
 San Angelo, TX 76904

PS Form 3800, February 2000. 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:

C C Pollard
 c/o Frank Pollard
 166 Moritz Circle
 San Angelo, TX 76904

COMPLETE THIS SECTION ON DELIVERY

12771 FL

A. Received by (Please Print Clearly)	B. Date of Delivery 10/30/99
C. Signature <i>Frank Pollard</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label) 7000 0520 0021 6896 3553

Attachment B

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

7000 0520 0021 6896 3560

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Prairie Sun, Inc.

Street, Apt. No.; or PO Box No. PO Box 8380 3103 Yeso Road

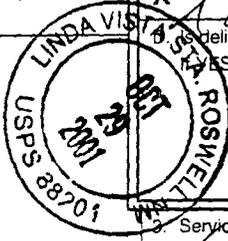
City, State, ZIP+ 4 Roswell, Nm 88201

PS Form 3800, February 2000 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:
 Prairie Sun, Inc.
 3103 Yeso Road
 PO Box 8280
 Roswell, NM 88201



COMPLETE THIS SECTION ON DELIVERY

12771 FL

A. Received by (Please Print Clearly) Leah Lee B. Date of Delivery

C. Signature [Signature] Agent Addressee

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

2. Article Number (Copy from service label) 7000 0620 0021 6896 3560

Attachment C

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

7000 0520 0021 6896 3577

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)	
Primal Energy Corporation	
Street, Apt. No., or PO Box No.	
211 Highland Cross, Ste. 227	
City, State, ZIP+ 4	
Houston, TX 77073	
PS Form 3800, February 2000	
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:

Primal Energy Corporation
 211 Highland Cross, Suite 227
 Houston, TX 77073

COMPLETE THIS SECTION ON DELIVERY

12771 EL

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> 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 (Copy from service label)

7000 0520 0021 6896 3577

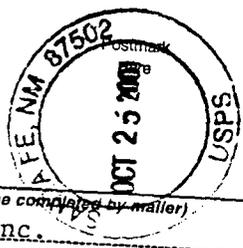
Attachment D

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

7000 0520 0021 6896 3676

000

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Professional Oil Svcs. Inc.
 Street, Apt. No., or PO Box No.
c/o Art Marquez 1307 W. Monroe
 City, State, ZIP+ 4
Lovington, NM 88260

PS Form 3800, February 2000 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:

Professional Oil Services Inc.
 C/o Art Marquz
 1307 W. Monroe
 Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **CR MARQUEZ** B. Date of Delivery **10 27 01**

C. Signature Agent
 Addressee

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 (Copy from service label) **7000 0520 0021 6896 3676**

Attachment E

NMPRC Corporation Information Inquiry

- [Follow this link to start a new search.](#)

PROFESSIONAL OIL SERVICES, INC.

(TEXAS Corporation)

SCC Number: 1925536
Tax & Revenue Number: 02355137002
Qualification Date: APRIL 06, 1998, in NEW MEXICO
Corporation Type: FOREIGN PROFIT
Corporation Status: ACTIVE
Good Standing: Not in Good Standing
Purpose: OIL & GAS RECOVERY

CORPORATION DATES

Taxable Year End Date: 05/06/00
Filing Date: //
Expiration Date:

SUPPLEMENTAL POST MARK DATES

Supplemental:
Name Change:
Purpose Change:

MAILING ADDRESS

8404 SPRAGUE ODESSA , TEXAS 79764

PRINCIPAL ADDRESS

PRINCIPAL ADDRESS (Outside New Mexico)

Attachment F

REGISTERED AGENT

ART MARQUEZ

1307 W. MONROE LOVINGTON NEW MEXICO 88260

Designation date: 05/12/98

Agent Post Mark Date:

Resignation date:

COOP LICENSE INFORMATION

Number:

Type:

Expiration Year:

OFFICERS

President *SEGURA, HUGO*

Vice President *ABALOS, POLY*

Secretary *MARQUEZ, ART*

Treasurer *NONE LISTED*

DIRECTORS

Date Election of Directors:

SEGURA, HUGO 8404 SPRAGUE ODESSA , TX 79764

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

7000 0520 0021 6896 3584

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Pro Gas Operating Inc.
 Street, Apt. No.; or PO Box No. c/o Glenn L. Houston
 1010 Fowler
 City, State, ZIP+ 4 Hobbs, NN 88240
 PS Form 3800, February 2000 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:

Pro Gas Operating Inc.
 c/o Glenn L. Houston
 1010 Fowler
 Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

12771 FL

A. Received by (Please Print Clearly) Alice C Robledo B. Date of Delivery 6-29-01
 C. Signature Alice C. Robledo Agent Addressee
 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 (Copy from service label) 7000 0520 0021 6896 3584

Attachment G

NMPRC Corporation Information Inquiry

- [Follow this link to start a new search.](#)

PRO-GAS OPERATING, INC.

(TEXAS Corporation)

SCC Number: 1462175
Tax & Revenue Number:
Qualification Date: DECEMBER 21, 1989, in NEW MEXICO
Corporation Type: FOREIGN PROFIT
Corporation Status: THE PROCESS OF REVOCATION
Good Standing:
Purpose: OPERATOR OF OIL AND GAS WELLS

CORPORATION DATES

Taxable Year End Date: 12/31/93
Filing Date: //
Expiration Date:

SUPPLEMENTAL POST MARK DATES

Supplemental:
Name Change:
Purpose Change:

MAILING ADDRESS

P.O. BOX 60243 MIDLAND , TEXAS 79711-0243

PRINCIPAL ADDRESS

1010 FOWLER HOBBS NEW MEXICO 88240

PRINCIPAL ADDRESS (Outside New Mexico)

Attachment H

4917 S.C.R. 1303 MIDLAND TEXAS 79765

REGISTERED AGENT

GLEN L. HOUSTON

1010 FOWLER HOBBS NEW MEXICO 88240

Designation date: 12/11/92

Agent Post Mark Date:

Resignation date:

COOP LICENSE INFORMATION

Number:

Type:

Expiration Year:

INCORPORATORS

MCDONALD, D.M.

NONE LISTED

MCDONALD, SUE T.

NONE LISTED

DIRECTORS

Date Election of Directors: 01/04/93

MCDONALD, D M 1510 SPUR ODESSA , TX 79761

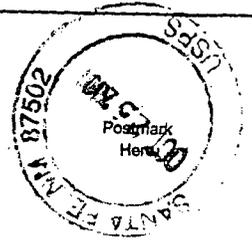
MCDONALD, SUE T 1510 SPUR ODESSA , TX 79761

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

7000 0520 0021 6896 3607

[Redacted area]

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 R W Oil Co.
 Street, Apt. No.; or PO Box No.
 Rte 1 Box 104
 City, State, ZIP+ 4
 Lovington, NM 88260

PS Form 3800, February 2000 See Reverse for Instructions

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. Received by (Please Print Clearly) B. Date of Delivery 12771 FL</p> <p>C. Signature [Signature] 04/07/99</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>1. Article Addressed to: R W Oil Co. Rte 1 Box 104 Lovington, NM 88260</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Copy from service label) 7000 0520 0021 6896 3607

Attachment I

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

7000 0520 0021 6896 3645

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



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Spence Energy Co.
Street, Apt. No.; or PO Box No.
 4925 Greenville, Ste. 220
City, State, ZIP+ 4
 Dallas, TX 75206

PS Form 3800, February 2000 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:

 Spence Energy Co.
 4925 Greenville, Ste 220
 Dallas, TX 75206

COMPLETE THIS SECTION ON DELIVERY

12771 FL

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature Agent
 Addressee
 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

2. Article Number (Copy from service label) 7000 0520 0021 6896 3645

Attachment J

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

7000 0520 0021 6896 3706

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

Postmark Here
 OCT 25 2001
 SANTA FE, N.M. 87502

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Tenison Oil Co.

Street, Apt. No.; or PO Box No.
 401 Cypress St. Ste. 500

City, State, ZIP+ 4
 Abilene, TX 79601

PS Form 3800, February 2000 See Reverse for Instructions

Case 12771

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. Received by (Please Print Clearly) WILLIAM B. TENISON</p> <p>B. Date of Delivery 10/30/01</p> <p>C. Signature <i>X William B. Tenison</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: Tenison Oil Co. 401 Cypress St. Ste. 500 Abilene, TX 79601</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>2. Article Number (Copy from service label) 7000 0520 0021 6896 3706</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Attachment K