

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF POGO PRODUCING
COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 12,308

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 stated 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 mailing each of them, by certified mail, a copy of the Application. 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 16th day of December, 1999, by James Bruce.



Notary Public

My Commission Expires:
3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 4

CASE NO. _____

JAMES BRUCE

ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

November 24, 1999

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

To: Persons on Exhibit A

Dear Sir:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Pogo Producing Company, regarding the S $\frac{1}{2}$ of Section 18, Township 20 South, Range 25 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, December 16, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce
James Bruce

Attorney for Pogo
Producing Company

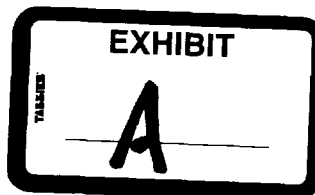


EXHIBIT A

Roberts and Koch
Suite 1540
400 West Illinois
Midland, Texas 79701

Jack C. Cartwright
P.O. Drawer 10250
Midland, Texas 79702

Wayman W. Buchanan
511 East Mandalay
San Antonio, Texas 78212

Kirby Minerals, LC
P.O. Box 57330
Oklahoma City, Oklahoma 73157

David T. Holt
P.O. Box 844
Clarksville, Tennessee 37401

Gene F. Lang & Co.
6995 South Chapparal Circle West
Aurora, Colorado 80016

Loneta S. Curtis, Trustee of the
Loneta S. Curtis Living Trust
605 South 15th Street
Artesia, New Mexico 88210

Mr. and Mrs. James T. Jennings
P.O. Box 1180
Roswell, New Mexico 88202

Ralph Nix
P.O. Box 440
Artesia, New Mexico 88211

Devon Energy Corporation (Nevada)
Suite 1500
20 North Broadway
Oklahoma City, Oklahoma 73102-8260

Attention: David Whitten

Nearburg Exploration Company, L.L.C.
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705

Attention: Robert G. Shelton

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Devon Energy Corporation (Nevada)
 Suite 1500
 20 North Broadway
 Oklahoma City, Oklahoma 73102-8260
 Attention: David Whitten

4a. Article Number
 Z 392742357

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
 David Whitten

6. Signature (Addressee or Agent)
David Whitten

7. Date of Delivery
 11-29

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

2 261 150 521

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Postage \$ 0.55
 Certified Fee 1.40
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered 1-25
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$ 3.20
 Postmark or Date

Jack C. Cartwright
 P.O. Drawer 10250
 Midland, Texas 79702

Page - FP

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Page - FP

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Jack C. Cartwright
 P.O. Drawer 10250
 Midland, Texas 79702

4a. Article Number
 Z 261150521

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
 David Whitten

6. Signature (Addressee or Agent)
David Whitten

7. Date of Delivery
 11-26-99

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3800, April 1995

Postage \$ 0.55
 Certified Fee 1.40
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered 1-25
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$ 3.20
 Postmark or Date

Page - FP

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Devon Energy Corporation (Nevada)
 Suite 1500
 20 North Broadway
 Oklahoma City, Oklahoma 73102-8260
 Attention: David Whitten

2 392 742 357

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Page - FP

PS Form 3800, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Kirby Minerals, LC
P.O. Box 57330
Oklahoma City, Oklahoma 73157

4a. Article Number
Z 26150523

4b. Service Type
 Registered
 Express Mail
 Certified
 Return Receipt for Merchandise
 COD

7. Date of Delivery
11-30-99

8. Addressee's Address (Only if requested and fee is paid)

Postage	\$ 0.95
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Loneta S. Curtis, Trustee of the
Loneta S. Curtis Living Trust
605 South 15th Street
Artesia, New Mexico 88210

4a. Article Number
Z 392142337

4b. Service Type
 Registered
 Express Mail
 Certified
 Return Receipt for Merchandise
 COD

7. Date of Delivery
FDU 99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
D.S. GILMAN

6. Signature (Addressee or Agent)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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3. Article Addressed to:
Kirby Minerals, LC
P.O. Box 57330
Oklahoma City, Oklahoma 73157

4a. Article Number
Z 26150523

4b. Service Type
 Registered
 Express Mail
 Certified
 Return Receipt for Merchandise
 COD

7. Date of Delivery
11-30-99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
D.S. Gilman

6. Signature (Addressee or Agent)
D.S. Gilman

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery

PS Form 3800, April 1995

Postmark or Date
1999

Postage	\$ 0.95
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20

5. Received By: (Print Name)
Loneta S. Curtis, Trustee of the
Loneta S. Curtis Living Trust
605 South 15th Street
Artesia, New Mexico 88210

6. Signature (Addressee or Agent)
Loneta S. Curtis

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 392 142 337

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Roberts and Koch
 Suite 1540
 400 West Illinois
 Midland, Texas 79701

4a. Article Number
 Z 261 150 520

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 11/29/99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Deese Newman

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3800 April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 Mr. and Mrs. James T. Jennings,
 P.O. Box 1180
 Roswell, New Mexico 88202

Postage \$ 0.55
 Certified Fee 1.40
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered 1-25
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$ 3.20
 Postmark or Date
 1999 USPS

Z 392 742 338

Postage - FP

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Mr. and Mrs. James T. Jennings
 P.O. Box 1180
 Roswell, New Mexico 88202

4a. Article Number
 Z 392 742 338

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
 12-1-99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Gay Snader

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Postage - FP

PS Form 3800 April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 Roberts and Koch
 Suite 1540
 400 West Illinois
 Midland, Texas 79701

Postage \$ 0.55
 Certified Fee 1.40
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered 1-25
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$ 2.40
 Postmark or Date
 1999 USPS

Z 261 150 520

PS Form 3811, December 1994

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 Roberts and Koch
 Suite 1540
 400 West Illinois
 Midland, Texas 79701

Postage \$ 0.55
 Certified Fee 1.40
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered 1-25
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$ 2.40
 Postmark or Date
 1999 USPS

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994 Postage - FP

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994 Postage - FP

PS Form 3800, April 1995

PS Form 3811, December 1994 *PAGO-FF* **Domestic Return Receipt**

102595-99-B-0223

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 David T. Holt
 P.O. Box 844
 Clarksville, Tennessee 37401

4a. Article Number: **Z 261180524**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name) *CLARK*

6. Signature (Addressee or Agent) *[Signature]*

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

PS Form 3811, December 1994 *PAGO-FF* **Domestic Return Receipt**

102595-99-B-0223

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Ralph Nix
 P.O. Box 440
 Artesia, New Mexico 88211

4a. Article Number: **Z 392742339**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name) *Ralph Nix*

6. Signature (Addressee or Agent) *[Signature]*

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

PS Form 3811, December 1994 *PAGO-FF* **Domestic Return Receipt**

102595-99-B-0223

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 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 David T. Holt
 P.O. Box 844
 Clarksville, Tennessee 37401

4a. Article Number: **Z 261180524**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name) *CLARK*

6. Signature (Addressee or Agent) *[Signature]*

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

PS Form 3811, December 1994 *PAGO-FF* **Domestic Return Receipt**

102595-99-B-0223

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 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to:
 Ralph Nix
 P.O. Box 440
 Artesia, New Mexico 88211

4a. Article Number: **Z 392742339**

4b. Service Type:
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name) *Ralph Nix*

6. Signature (Addressee or Agent) *[Signature]*

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	1999

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

PS Form 3800, April 1995 *Boys - FP*

Z 261 150 525

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
Gene F. Lang & Co. 6995 South Chapparral Circle West Aurora, Colorado 80016	
Postage	\$ 0.95
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:

Gene F. Lang & Co.
6995 South Chapparral Circle West
Aurora, Colorado 80016

4a. Article Number *2261150525*

4b. Service Type

- Registered
- Express Mail
- Certified
- Insured
- Return Receipt for Merchandise
- COD

5. Received By: (Print Name)

Gene F. Lang

6. Signature (Addressee or Agent)

7. Date of Delivery *11-27-94*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.