

**BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL
RESOURCES**

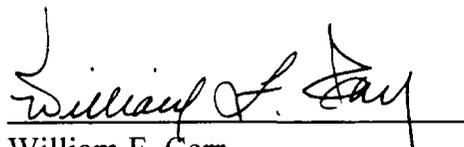
**IN THE MATTER OF THE APPLICATION OF
MARBOB ENERGY CORPORATION FOR CONTRACTION
OF THE LUSK-MORROW GAS POOL,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 12493

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Marbob Energy Corporation, the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before this 15th day of September, 2000 by William F. Carr.





Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12493 Exhibit No. 3
Submitted by:
Marbob Energy Corporation
Hearing Date: September 21, 2000

EXHIBIT A

Bureau of Land Management
P.O. Box 27115
Santa Fe, NM 87504-1148

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504-1148

Lynx Petroleum Consultants
P.O. Box 1979
Hobbs, NM 88241-1979

Petroleum Development Corp.
9720-B Candelaria, NE
Albuquerque, NM 87112

3Tec Energy Corporation
777 Walker, Suite 2400
Houston, TX 77002

Gruy Petroleum Management
P.O. Box 14097
Irving, TX 75014

Ray Westall
P.O. Box 4
Loco Hills, NM 88255

Harvey E. Yates Company
P.O. Box 1933
Roswell, NM 88202

Manzano Oil Corporation
P.O. Box 2107
Roswell, NM 88202-2107

Prize Operating Company
20 East 5th Street, Suite 1400
Tulsa, OK 74103

Yates Drilling Company
105 South Fourth Street
Artesia, NM 88210

Bellwether Exploration Co.
1221 Lamar, Suite 1600
Houston, TX 77010

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
TANYA M. TRUJILLO

JACK M. CAMPBELL
1916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofpecos.com

August 31, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: Application of Marbob Energy Corporation for contraction of the Lusk-Morrow Gas Pool, Eddy and Lea Counties, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Marbob Energy Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking contraction of the Lusk-Morrow Gas Pool in Eddy and Lea Counties, New Mexico.

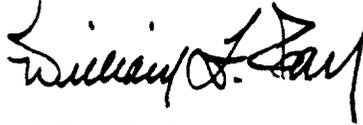
This application has been set for hearing before a Division Examiner on September 21, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

August 31, 2000
Page 2

Marbob Energy Corporation requests that you indicate your support for this application by signing the enclosed copy of this letter on the line provided and returning it to our attorneys in the enclosed envelope. Your attention to this request is appreciated.

Very truly yours,



William F. Carr
ATTORNEY FOR MARBOB ENERGY
CORPORATION

WFC/md

Enclosures

***We hereby support the application of
Marbob Energy Corporation dated
August 29, 2000 to contract the
boundaries of the Lusk-Morrow Gas Pool.***

Printed Name

Signature

Title

Company

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

SENDER

ACTION ON DELIVERY

Article Sent To

| | |
|--|-------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | 3.20 |

- 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:
Yates Drilling Company
105 South Fourth Street
Artesia, NM 88210

A. Received by (Please Print Clearly) **JOANN GRIGGS** B. Date of Delivery

C. Signature *[Signature]* Agent Addressee

X Registered Return Receipt for Merchandise

Insured Mail C.O.D.

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) **7099 3400 0007 7003 7145**

7099 3400 0007 7003 7145

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

SENDER

ACTION ON DELIVERY

Article Sent To

| | |
|--|-------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | 3.20 |

- 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:
Prize Operating Company
20 East 5th Street, Suite 1400
Tulsa, OK 74103

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery **9-5-99**

C. Signature *[Signature]* Agent Addressee

X Registered Return Receipt for Merchandise

Insured Mail C.O.D.

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) **7099 3400 0007 7003 7152**

7099 3400 0007 7003 7152

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

SENDER

ACTION ON DELIVERY

Article Sent To

| | |
|--|-------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | 3.20 |

- 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:
Bellwether Exploration Co.
1221 Lamar, Suite 1600
Houston, TX 77010

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery **SEP 05 1999**

C. Signature *[Signature]* Agent Addressee

X Registered Return Receipt for Merchandise

Insured Mail C.O.D.

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) **7099 3400 0007 7003 7152**

7099 3400 0007 7003 7136

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

7099 3400 0007 7003 7237

Article Sent to:

| | |
|--|----------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Name: **Commissioner of Public La**
 P.O. Box 1148
 Santa Fe, NM 87504-1148

SENDER: CC

- 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:
Commissioner of Public Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148

ON ON DELIVERY

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

C. Signature
 X *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SEP 01 2000

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) **7099 3400 0007 7003 7237**

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

7099 3400 0007 7003 7244

Article Sent to:

| | |
|--|----------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Name: **Bureau of Land Management**
 P.O. Box 27115
 Santa Fe, NM 87504-1148

SENDER

- 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:
Bureau of Land Management
 P.O. Box 27115
 Santa Fe, NM 87504-1148

SECTION OF DELIVERY

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

C. Signature
 X *Mike Mansfield* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SEP 01 2000

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) **7099 3400 0007 7003 7244**

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

7099 3400 0007 7003 7220

Article Sent to:

| | |
|--|----------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Name: **Lynx Petroleum Consultants**
 P.O. Box 1979
 Hobbs, NM 88241-1979

WFS 489
 AUG 31 2000
 Postmark Here

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

7099 3400 0007 7003 7183

Article Sent To: _____

| | |
|--|----------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Name: Please Print
Ray Westall
 Street, Apt. No., or P.O. Box
P.O. Box 4
 City, State, ZIP+4
Loco Hills, NM 88255

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:
Ray Westall
P.O. Box 4
Loco Hills, NM 88255

ACTION ON DELIVERY

A. Received by (Please Print Clearly) **ANGIE SANCHEZ** B. Date of Delivery **9-5-00**

C. Signature *[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 No

2. Article Number (Copy from service label) **7099 3400 0007 7003 7183**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7099 3400 0007 7003 7176

Article Sent To: _____

| | |
|--|----------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Name: Please Print
Harvey E. Yates Company
 Street, Apt. No., or P.O. Box
P.O. Box 1933
 City, State, ZIP+4
Roswell, NM 88202

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:
Harvey E. Yates Company
P.O. Box 1933
Roswell, NM 88202

ACTION ON DELIVERY

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

C. Signature *[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 No

2. Article Number (Copy from service label) **7099 3400 0007 7003 7176**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7099 3400 0007 7003 7169

Article Sent To: _____

| | |
|--|----------------|
| Postage | \$ 1.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | 1.25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Name: Please Print
Manzano Oil Corporation
 Street, Apt. No., or P.O. Box
P.O. Box 2107
 City, State, ZIP+4
Roswell, NM 88202-2107

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:
Manzano Oil Corporation
P.O. Box 2107
Roswell, NM 88202-2107

ACTION ON DELIVERY

A. Received by (Please Print Clearly) **J. ALSEP** B. Date of Delivery _____

C. Signature *[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 No

2. Article Number (Copy from service label) **7099 3400 0007 7003 7169**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7099 3400 0007 7003 7190

Article Sent To

| | |
|--|----------------|
| Postage | \$.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | .25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

Irving, TX 75014
 AUG 31 2000

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:
Gruy Petroleum Management
P.O. Box 14097
Irving, TX 75014

COMPLETE THIS SECTION ON DELIVERY

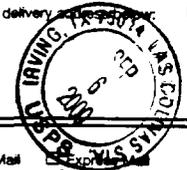
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Donald P. Egan* 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) **7099 3400 0007 7003 7190**

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

7099 3400 0007 7003 7206

Article Sent To

| | |
|--|----------------|
| Postage | \$.55 |
| Certified Fee | 1.40 |
| Return Receipt Fee (Endorsement Required) | .25 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 3.20 |

3Tec Energy Corporation
 777 Walker, Suite 2400
 Houston, TX 77002

WFC 409
 AUG 31 2000

SENDER

- 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:
Petroleum Development Corp.
9720-B Candelaria, NE
Albuquerque, NM 87112

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **9/15/00**

C. Signature *Donald P. Egan* 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) **7099 3400 0007 7003 7213**