

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OCEAN ENERGY RESOURCES,
INC. FOR COMPULSORY POOLING AND FOUR
NON-STANDARD OIL AND GAS SPACING AND
PRORATION UNITS, LEA COUNTY, NEW MEXICO.

Case No. 12,567

AFFIDAVIT REGARDING NOTICE

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

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

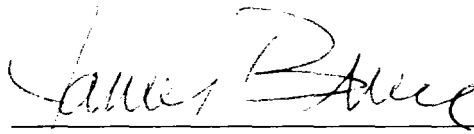
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

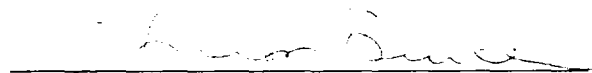
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

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 7th day of February, 2001, by James Bruce.


Notary Public

My Commission Expires:

3/14/2001

OIL CONSERVATION DIVISION

CASE NUMBER

12567 EXHIBIT B

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

January 16, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Ocean Energy Resources, Inc., regarding Lots 1-8 of Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. The application has been amended to provide for pooling from the surface to the base of the Mississippian formation, rather than the Morrow formation. This application is scheduled to be heard at 8:15 a.m. on Thursday, February 8, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the proposed well, 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,

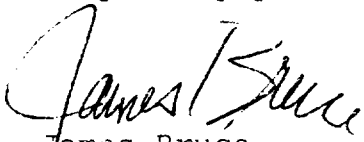

James Bruce
Attorney for Ocean
Energy Resources, Inc.



EXHIBIT A

Kenneth G. Cone, individually and
as Trustee of the Kenneth G. Cone
Children's Trust U/W/O Kathleen Cone
P.O. Box 11310
Midland, Texas 79702

Sonic Oil & Gas, L.P.
P.O. Box 1240
Graham, Texas 76450

The Blanco Company
P.O. Box 2168
Santa Fe, New Mexico 87504

Keith Pratt Daniels
P.O. Box 190766
Dallas, Texas 75219

Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

The Long Trusts
P.O. Box 3096
Kilgore, Texas 75663

Marilyn Cone, Trustee
of the D.C. Trust
P.O. Box 64244
Lubbock, Texas 79464

LWJ Partnership
P.O. Box 64244
Lubbock, Texas 79424

Clifford Cone, individually and
as Trustee of the Clifford Cone
Family Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

7099 3220 0005 9418 9507

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

Article Sent To:

Postage	\$ 55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Name (Please Print Clearly) (To be completed by mailer)
Keith Pratt Daniels
P.O. Box 190766
Dallas, Texas 75219
City, State, ZIP+4

PS Form 3800, July 1999

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:

Kenneth G. Cone, individually and as Trustee of the Kenneth G. Cone Children's Trust U/W/O Kathleen Cone
P.O. Box 11310
Midland, Texas 79702

2. Article Number (Copy from service label)
1099 3220 0005 9418 9507
PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
R. Shapiro

B. Date of Delivery
7-29-99

C. Signature
X R. Shapiro

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

102595-00-M-0952

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:

Keith Pratt Daniels
P.O. Box 190766
Dallas, Texas 75219

2. Article Number (Copy from service label)
1099 3220 0005 9418 9417
PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
KEITH PRATT DANIELS 7-29-99

B. Date of Delivery
7-29-99

C. Signature
X Keith Pratt Daniels

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

102595-99-M-1789

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:

Keith Pratt Daniels
P.O. Box 190766
Dallas, Texas 75219

2. Article Number (Copy from service label)
1099 3220 0005 9418 9417
PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
KEITH PRATT DANIELS 7-29-99

B. Date of Delivery
7-29-99

C. Signature
X Keith Pratt Daniels

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

102595-99-M-1789

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

Article Sent To:

Postage	\$ 55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Name (Please Print Clearly)
Kenneth G. Cone, individually and as Trustee of the Kenneth G. Cone Children's Trust U/W/O Kathleen Cone
P.O. Box 11310
Midland, Texas 79702
City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0005 9418 9507

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

Article Sent To:

Postage	\$ 1.90
Certified Fee	\$ 1.50
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.40

Name (Please Print Clearly) (To be completed by mailer)

Sonic Oil & Gas, L.P.
P.O. Box 1240
Graham, Texas 76450

City, State, ZIP+4

PS Form 3800, July 1999

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:

Sonic Oil & Gas, L.P.
P.O. Box 1240
Graham, Texas 76450

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
JAN 22 2001
- C. Signature
[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.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2 Article Number (Copy from service label)

1099 3220 0005 9418 9491

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M 0952

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:

The Long Trusts
P.O. Box 3096
Kilgore, Texas 75663

2 Article Number (Copy from service label)

1099 3220 0005 9418 9453

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M 1788

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

Article Sent To:

Postage	\$ 1.90
Certified Fee	\$ 1.50
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.40

Name (Please Print Clearly) (To be completed by mailer)

The Long Trusts
P.O. Box 3096
Kilgore, Texas 75663

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

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

Article Sent To:

Postage	\$ 5.50
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Name (Please print) Clifford Cone, individually and as Trustee of the Clifford Cone Family Trust
Street, Apt. No. P.O. Drawer 1629
City, State, ZIP+4 Lovington, New Mexico 88260

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9418 9422

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:

The Blanco Company
P.O. Box 2168
Santa Fe, New Mexico 87500

2. Article Number (Copy from service label)

7099 3220 0005 9418 9484

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please print clearly) B. Date of Delivery
- C. Signature Phil White ☒ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Postmark Here
NM 87501
USPS
Express Mail
Registered
Insured Mail
Restricted Delivery? (Extra Fee)
Return Receipt for Merchandise
C.O.D.

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

Domestic Return Receipt

102595-00 M 0952

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:

Clifford Cone, individually and as Trustee of the Clifford Cone Family Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

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 3220 0005 9418 9422

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please print clearly) B. Date of Delivery
- C. Signature Phil White ☒ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Postmark Here
NM 87501
USPS
Express Mail
Registered
Insured Mail
Restricted Delivery? (Extra Fee)
Return Receipt for Merchandise
C.O.D.

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

Domestic Return Receipt

102595-00 M 0952

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

Article Sent To:

Postage	\$ 5.50
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Name (Please print) The Blanco Company
Street, Apt. No. P.O. Box 2168
City, State, ZIP+4 Santa Fe, New Mexico 87504

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0005 9418 9484

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

Article Sent To:

Postage \$ 3.25

Certified Fee 1.90

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.25

Name (Please Print Clearly) (To be completed by mailer)

LWJ Partnership
P.O. Box 6424
Lubbock, Texas 79424

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

LWJ Partnership
P.O. Box 6424
Lubbock, Texas 79424

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9418 9439

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DEI

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Lynda Pratt Rast
1202 Marilee Lane
Arlington, Texas 76014

2. Article Number (Copy from service label)

7099 3220 0005 9418 9460

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DEI

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

Article Sent To:

Postage \$ 5.50

Certified Fee 1.90

Return Receipt Fee (Endorsement Required) 1.90

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.25

Name (Please Print Clearly) (To be completed by mailer)

Lynda Pratt Rast
1202 Marilee Lane
Arlington, Texas 76014

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name)

Lynda Pratt Rast

B. Date of Delivery

1-22

C. Signature

Lynda Pratt Rast

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

If YES, enter delivery address below

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Sent To:

Postage \$ 5.50

Certified Fee 1.90

Return Receipt Fee (Endorsement Required) 1.90

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.25

Name (Please Print Clearly) (To be completed by mailer)

Lynda Pratt Rast
1202 Marilee Lane
Arlington, Texas 76014

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

SENDER - COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Marilyn Cone, Trustee
of the D.C. Trust
P.O. Box 64244
Lubbock, Texas 79464

2. Article Number (Copy from service label)

7099 3220 0005 9418 9446

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-00052

DET

COMPLETE THIS SECTION ON DELIVERY

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

Tamara Young

C. Signature

X Tamara Young Agent Addressee

D. Is delivery address different from origin? If YES, enter delivery address below. If NO, enter origin address below.

Yes

No



3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 1.50
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.90



Name (Please Print)

Marilyn Cone, Trustee

of the D.C. Trust

P.O. Box 64244

Lubbock, Texas 79464

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions