

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CROSS TIMBERS OIL
COMPANY TO AMEND DIVISION ORDER
NOS. R-11132 AND R-11132-A FOR
SIMULTANEOUS DEDICATION AND AN
UNORTHODOX SURFACE WELL LOCATION,
SAN JUAN COUNTY, NEW MEXICO.

Case No. _____

AFFIDAVIT REGARDING NOTICE

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

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

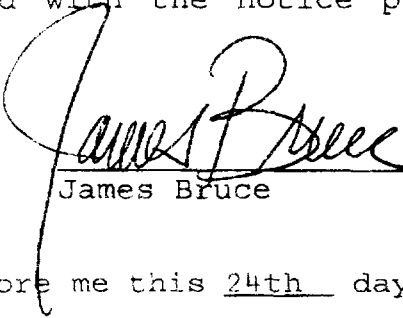
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

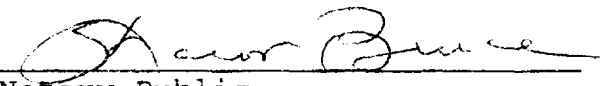
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing 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 24th day of January, 2001, by James Bruce.


Notary Public

My Commission Expires:
3/14/2001

OIL CONSERVATION DIVISION

CASE NUMBER _____

EXHIBIT 2

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 3, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Gordon Hammond
Energy Office
Ute Mountain Ute Tribe
P.O. Box 42
Towaoc, Colorado 81334

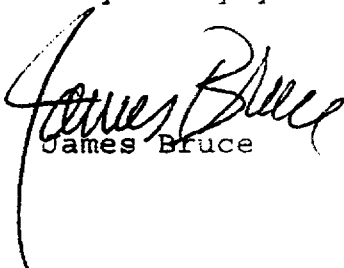
Dan Rabinowitz
Bureau of Land Management
15 Burnett Court
Durango, Colorado 81301

G.D. Simon
Data Consultants Incorporated
P.O. Box 14749
Albuquerque, New Mexico 87191

Gentlemen:

Cross Timbers Oil Company has applied to the New Mexico Oil Conservation Division for approval of simultaneous dedication, etc. for its proposed Ute Indians "A" Well No. 32, located in the SE¼ of Section 2, Township 31 North, Range 14 West, NMPM, San Juan County, New Mexico. A copy of the application is enclosed. This matter will be heard by the Division at 8:15 a.m. on Thursday, January 25, 2001. **Please note** that the Division is in the process of moving its offices to the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. The hearing room is on the first floor. **However, you should call the Division [(505) 827-7132] before the hearing to confirm the location of the hearing.** You have the right to attend the hearing and participate in the case. Failure to object at that time will preclude you from contesting this matter at a later date.

Very truly yours,


James Bruce



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:

Dan Rabinowitz
Bureau of Land Management
15 Burnett Court
Durango, Colorado 81301

2. Article Number (Copy from service label)

1099 3220 00059418 9606

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

CDC

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

Article Sent To:

Postage	\$ 3.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74

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

Dan Rabinowitz
Bureau of Land Management
15 Burnett Court
Durango, Colorado 81301

PS Form 3800, July 1999

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X RD Stubb

☒ 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

- 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:

Gordon Hammond
Energy Office
Ute Mountain Ute Tribe
P.O. Box 42
Towaoc, Colorado 81334

2. Article Number (Copy from service label)

1099 3220 00059418 9590

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0852

CDC

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

Article Sent To:

Postage	\$ 3.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74

Name (Please Print)

Gordon Hammond
Energy Office
Ute Mountain Ute Tribe
P.O. Box 42
Towaoc, Colorado 81334

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Gordon Hammond

☐ 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.

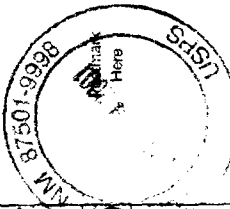
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Sent To:

7099 3220 0005 9418 9613

Postage	\$ 34
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74



Name (Please Print Clearly) (To be completed by addressee)
 G.D. Simon
 Data Consultants Incorporated
 Street, Apt. 1 P.O. Box 14749
 Albuquerque, New Mexico 87191
 City, State, ZIP+ 4

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

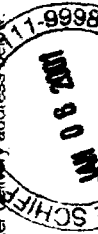
- Complete items 1, 2, 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G.D. Simon
 Data Consultants Incorporated
 P.O. Box 14749
 Albuquerque, New Mexico 87191

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature *G.D. Simon* ☐ Agent ☐ Addressee
- D. Is delivery address same as item 1? ☐ Yes ☐ No
 If YES, enter delivery address below



3. Service Type ☒ Certified Mail ☐ Registered Mail ☐ 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 9613

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952