

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ELAND ENERGY, INC.
FOR COMPULSORY POOLING, CHAVES
COUNTY, NEW MEXICO.

No. 12742

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.

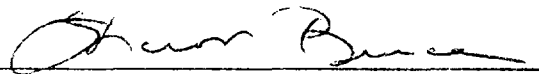
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.



James Bruce

SUBSCRIBED AND SWORN TO before me this 16th day of October, 2001, by James Bruce.



Notary Public

My Commission Expires:

3/14/2005

OIL CONSERVATION DIVISION

CASE NUMBER _____

EXHIBIT 5

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)

September 27, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

EXCO Resources, Inc.
Suite 2600
1775 Sherman Street
Denver, Colorado 80203

Attention: Gayle Baker

Providence Energy Corp.
Suite 209
14860 Montfort
Dallas, Texas 75240

Attention: Mike Allen

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Eland Energy, Inc., regarding the W $\frac{1}{4}$ of Section 3, Township 9 South, Range 26 East, N.M.P.M., Chaves County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, October 18, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are requested to notify the Division, and the undersigned, by Friday, October 12, 2001, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Eland Energy, Inc.



U.S. Postal Service CERTIFIED MAIL RECEIPT

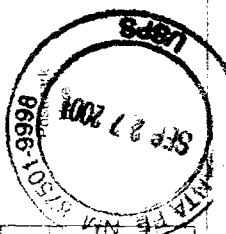
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 0.34
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	2.10
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94

Sent To

Providence Energy Corp.
Suite 209
14860 Montfort
Dallas, Texas 75240

PS Form 3811, 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:

EXCO Resources, Inc.
Suite 2600
1775 Sherman Street
Denver, Colorado 80203
Attention: Gayle Parker

2. Article Number (Copy from service label)

7000 1670 0012 3768 5991

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

845

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:

Providence Energy Corp.
Suite 209
14860 Montfort
Dallas, Texas 75240
Attention: Mike Allen

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Gayle Parker

B. Date of Delivery

10-1-01

C. Signature

X Gayle Parker

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

If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

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

2. Article Number (Copy from service label)

7000 1670 0012 3768 6004

Domestic Return Receipt

102595-00-M-0952

845

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

10-1-01

B. Date of Delivery

C. Signature

X Gayle Parker

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

If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

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

2. Article Number (Copy from service label)

7000 1670 0012 3768 5991

Domestic Return Receipt

102595-00-M-0952

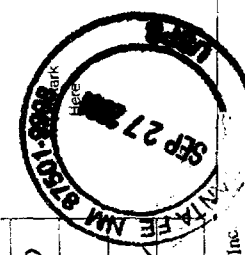
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