BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. TO ABOLISH THE SPECIAL RULES AND REGULATIONS FOR THE BUFFALO VALLEY-PENNSYLVANIAN GAS POOL, CHAVES COUNTY, NEW MEXICO. **Case No. 12778**

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 letters and certified return receipts are attached hereto as Exhibits A and B.

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 9th day of January, 2002, by James Bruce.

Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION
CASE NUMBER
DEVON EXHIBIT 3

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)

November 15, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., requesting the Division to abolish the Special Rules and Regulations for the Buffalo Valley-Pennsylvanian Gas Pool in Chaves County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, December 6, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an operator in the pool, 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 in writing the Division, and the undersigned, by Friday, November 30, 2001, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

James Bruce

Attorney for Devon Energy
Production Company, L.P.

EXHIBIT A

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Jack J. Grynberg
Suite 500
5000 South Quebec Street
Denver, Colorado 80237

Primero Operating, Inc.
P.O. Box 1433
Roswell, New Mexico 88202

Slayton Resources, Inc.
P.O. Box 2035
Roswell, New Mexico 88202

Snow Oil & Gas, Inc.
P.O. Box 1277
Andrews, Texas 79714

Havenor Operating Company
904 Moore Avenue
Roswell, New Mexico 88201

Read & Stevens, Inc.
P.O. Box 1518
Roswell, New Mexico 88202

Gruy Petroleum Management Company
P.O. Box 140907
Irving, Texas 75014

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

7099 3400 0020 1069 1223

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

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 Postmark Here NOV 16 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Murchison Oil & Gas, Inc.
Street, Apt. No.; or PO Box No. 1100 Mira Vista Boulevard
City, State, ZIP+4 Plano, Texas 75093

PS Form 3800, February 2000 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:

Gruy Petroleum Management Company
P.O. Box 140907
Irving, Texas 75014

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
NOV 21 2001
C. Signature
X Grace P. Ezzell ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 0020 1069 1230

PS Form 3811, July 1999 Domestic Return Receipt Dev-PA 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:

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Ann Inkster B. Date of Delivery
C. Signature
X Ann Inkster ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 0020 1069 1223

PS Form 3811, July 1999 Domestic Return Receipt Dev-PA 102595-00-M-0952

7099 3400 0020 1069 1230

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

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 Postmark Here NOV 16 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Gruy Petroleum Management Company
Street, Apt. No. P.O. Box 140907
City, State, ZIP+4 Irving, Texas 75014

PS Form 3800, February 2000 See Reverse for Instructions

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

7099 3400 0020 1069 1278

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 Postmark Here NOV 16 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Slayton Resources, Inc.
Street, Apt. No., or P.O. Box 2035
Roswell, New Mexico 88202
City, State, ZIP+4

PS Form 3800, February 2000 — 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:

Read & Stevens, Inc.
P.O. Box 1518
Roswell, New Mexico 88202

COMPLETE THIS SECTION 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
If YES, enter delivery address below: ☐ No

ROSWELL NM 88201 NOV 20 2001 USPS

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 0020 1069 1247

PS Form 3811, July 1999 — Domestic Return Receipt — Dev-PA — 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:

Slayton Resources, Inc.
P.O. Box 2035
Roswell, New Mexico 88202

COMPLETE THIS SECTION 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
If YES, enter delivery address below: ☐ No

ROSWELL NM 88201 NOV 20 2001 USPS

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 0020 1069 1247

PS Form 3811, July 1999 — Domestic Return Receipt — Dev-PA — 102595-00-M-0952

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

7099 3400 0020 1069 1247

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 Postmark Here NOV 16 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Read & Stevens, Inc.
Street, Apt. No., or PO Box P.O. Box 1518
Roswell, New Mexico 88202
City, State, ZIP+4

PS Form 3800, February 2000 — See Reverse for Instructions

7099 3400 0020 1069 1254

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

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here: NOV 16 2001 USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No., or PO Box: Havenor Operating Company, 904 Moore Avenue
City, State, ZIP+4: Roswell, New Mexico 88201

PS Form 3800, February 2000 — 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:

Primero Operating, Inc.
P.O. Box 1433
Roswell, New Mexico 88202

COMPLETE THIS SECTION 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
If YES, enter delivery address below: ☐ No

ROSWELL NM 88201 NOV 20 2001 USPS

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 0020 1069 1254

PS Form 3811, July 1999 — Domestic Return Receipt — Dev-PA — 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:

Havenor Operating Company
904 Moore Avenue
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery 11/19

C. Signature
X [signature]
☐ Agent ☐ Addressee

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

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 0020 1069 1254

PS Form 3811, July 1999 — Domestic Return Receipt — Dev-PA — 102595-00-M-0952

7099 3400 0020 1069 1285

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

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 NOV 16 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No., or PO Box: Primero Operating, Inc., P.O. Box 1433
City, State, ZIP+4: Roswell, New Mexico 88202

PS Form 3800, February 2000 — See Reverse for Instructions

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

7099 3400 0020 1069 1292

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 NOV 16 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Jack J. Grynberg
Street, Apt. No., or PO Box Suite 500
5000 South Quebec Street
City, State, ZIP+4 Denver, Colorado 80237

PS Form 3800, February 2000 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:

Snow Oil & Gas, Inc.
P.O. Box 1277
Andrews, Texas 79714

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 11-19-01

C. Signature
X Jonn Snow ☐ Agent ☐ Addressee

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

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 0020 1069 1261

PS Form 3811, July 1999 Domestic Return Receipt Den-PA 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:

Jack J. Grynberg
Suite 500
5000 South Quebec Street
Denver, Colorado 80237

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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 0020 1069 1292

PS Form 3811, July 1999 Domestic Return Receipt Den-PA 102595-00-M-0952

7099 3400 0020 1069 1261

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

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 NOV 16 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Snow Oil & Gas, Inc.
Street, Apt. No., or PO P.O. Box 1277
Andrews, Texas 79714
City, State, ZIP+4

PS Form 3800, February 2000 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:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
PATTY GUILLE NOV 19 2001

C. Signature
X Patti Cuille ☐ Agent ☐ Addressee

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

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 0020 1069 1308

PS Form 3811, July 1999 Domestic Return Receipt DEW-PA 102595-00-M-0952

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

Postage	$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 NOV 16 2001 Postmark Here USPS

7099 3400 0020 1069 1308

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Yates Petroleum Corporation
Street, Apt. No.; or PO 105 South Fourth Street
Artesia, New Mexico 88210
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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)

December 7, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134

Attention: Joe W. Hammond

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., requesting the Division to abolish the Special Rules and Regulations for the Buffalo Valley-Pennsylvanian Gas Pool in Chaves County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, January 10, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an operator in the pool, 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 in writing the Division, and the undersigned, by Friday, November 30, 2001, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Devon Energy
Production Company, L.P.

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:

Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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 (Transfer from service label) 7000 1670 0000 0605 7670

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

Dev-PA

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

OKLAHOMA CITY, OK 73134 DW PA

Postage	$ 0.37
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.57

UNIT ID: 0500
Postmark Here
USPS SANTA FE NM 87501-9998
DEC 12 2001
Clerk: KP8ZM2
12/07/01

7000 1670 0000 0605 7670

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Louis Dreyfus Natural Gas Corp.
Suite 600
Street, Apt. No., or PO Box No. 14000 Quail Springs Parkway
City, State, ZIP+4 Oklahoma City, Oklahoma 73134

PS Form 3800, February 2000 See Reverse for Instructions