

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.

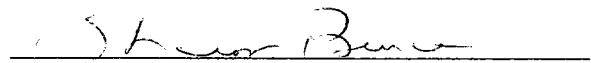
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibits A and B.

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



James Bruce

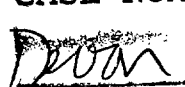
SUBSCRIBED AND SWORN TO before me this 9th day of January, 2002, by James Bruce.


Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION

CASE NUMBER

 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

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

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)	4.17
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly: No Insurance Coverage Provided)

Murchison Oil & Gas, Inc.

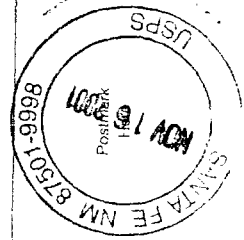
1100 Mira Vista Boulevard

Plano, Texas 75093

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:

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

2. Article Number (Copy from service label)

7099 3402 0020 004E 6602

PS Form 3811, July 1999

Domestic Return Receipt

PS Form 3800, February 2000

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)
- B. Date of Delivery
- C. Signature
- D. Is delivery address different from item 1? ☐ Yes ☐ No

Ann Thacker
x Ann Thacker

- 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 3402 0020 004E 6602

PS Form 3811, July 1999

Domestic Return Receipt

PS Form 3800, February 2000

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly)
- B. Date of Delivery
- C. Signature
- D. Is delivery address different from item 1? ☐ Yes ☐ No

David P. Gruy

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

7099 3402 0020 004E 6602

PS Form 3811, July 1999

Domestic Return Receipt

PS Form 3800, February 2000

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)	4.17
Total Postage & Fees	\$

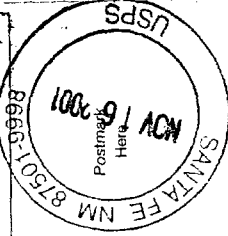
Recipient's Name (Please Print Clearly) (to be completed by mailer)

Gruy Petroleum Management Company

Street, Apt. No. P.O. Box 140907

Irving, Texas 75014

City, State, ZIP+4



PS Form 3800, February 2000

See Reverse for Instructions

102595-00-M-0952

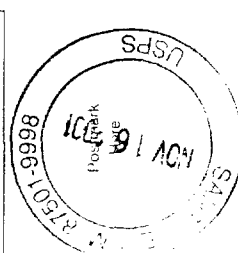
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

1. Article Addressed to:

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

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:

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

2. Article Number (Copy from service label)

7099 3400 0000 0020 1069 1127 761

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Dev-PA

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

2. Article Number (Copy from service label)

7099 3400 0000 0020 1069 1127 761

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Dev-PA



SENDER: COMPLETE THIS SECTION

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- 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

2. Article Number (Copy from service label)

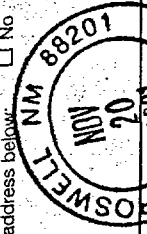
7099 3400 0000 0020 1069 1127 761

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Dev-PA



COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

☒ Agent ☐ Addressee

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

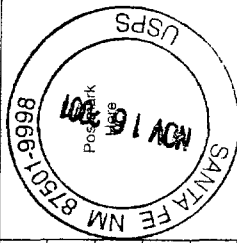
3. Service Type
☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ Restricted Delivery for Merchandise

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

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

7099 3400 0000 0020 1069 1127 761

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



Recipient's Name (Please Print Clearly) (to be completed by mailer)

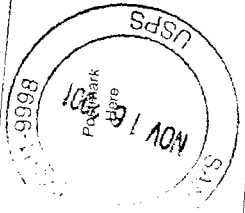
Read & Stevens, Inc.
Street, Apt. No., or P.O. Box 1518
Roswell, New Mexico 88202
City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Postage 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



Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Street, Apt. No., or P.O. Box 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

2. Article Number (Copy from service label)
 7099 300 0020 1069 1251
 PS Form 3811, July 1999

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
 C. Signature *X.D. Javencor* 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 300 0020 1069 1251
 PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *X.D. Javencor*

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



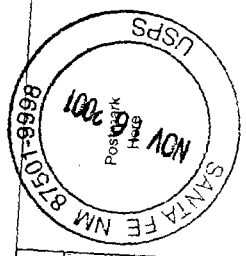
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

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

Domestic Return Receipt

PS Form 3811, July 1999

U.S. Postal Service CERTIFIED MAIL RECEIPT (Postage 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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Street, Apt. No., or P.O. Box 904 Moore Avenue
 City, State, Zip+4 Roswell, New Mexico 88202

2. Article Number (Copy from service label)
 7099 300 0020 1069 1251
 PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

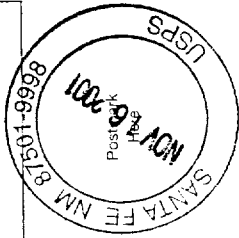
See Reverse for Instructions

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



Recipient's Name (Please Print Clearly) (to be completed by mailer)

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

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.

Article Addressed to:

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

2. Article Number (Copy from service label)

7099 5700 0020 1069 1261

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

11-19-01

C. Signature

X JANN SNOW

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

☐ Express Mail

☒ Return Receipt for Merchandise

☐ Restricted Delivery? (Extra Fee)

☐ Yes

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. Grynborg
Suite 500
5000 South Quebec Street
Denver, Colorado 80237

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

☐ Express Mail

☒ Return Receipt for Merchandise

☐ Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 5700 0020 1069 1292

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage

\$ 0.57

Certified Fee

2.10

Return Receipt Fee (Endorsement Required)

1.50

Restricted Delivery Fee (Endorsement Required)

\$ 4.17

Total Postage & Fees

\$

Recipient's Name (Please Print Clearly)

Snow Oil & Gas, Inc.

P.O. Box 1277

Andrews, Texas 79714

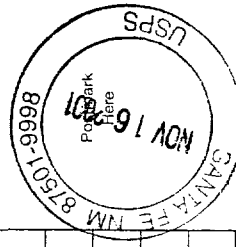
City, State, ZIP+4

PS Form 3811, February 2000

See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)



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:

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

2. Article Number (Copy from service label)

1299 3452 000 1009 1708

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

new-PA

COMPLETE THIS SECTION ON DELIVERY

A. Received by PAUL H. COOPER Restricted Delivery

NOV 19 2001

C. Signature

Patricia Carillo

☒ 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

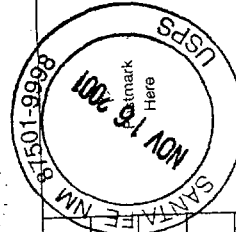
☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7009 4000 0200 1040 1300



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

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Yates Petroleum Corporation

Street, Apt. No., or PO 105 South Fourth Street

City, State, ZIP+4 Artesia, New Mexico 88210

See Reverse for Instructions

PS Form 3800, February 2000

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

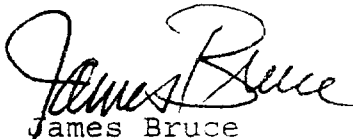
Attention: Joe W. Hammond

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 mail piece, or on the front if space permits.

Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

Signature [Signature] ☐ Agent
Received by (Printed Name) [Name] ☐ Addressee

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

C. Date of Delivery

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 7000 1670 0000 0605 7670
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-N-2509
Dec-94

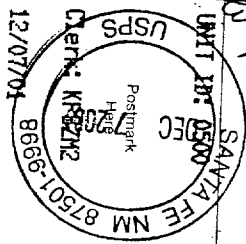
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OKLAHOMA CITY, OK 73134

Postage	\$ <u>0.95</u>
Certified Fee	<u>2.24</u>
Return Receipt Fee (Endorsement Required)	<u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.69</u>



Recipient's Name (if different from mailer)
Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134

7000 1670 0000 0605 7670

PS Form 3800, February 2000

See Reverse for Instructions