

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OCEAN ENERGY,
INC. FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

Case No. 12,841

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 15th day of May, 2002, by James Bruce.

Notary Public

My Commission Expires:
3/14.2005

OIL CONSERVATION DIVISION
CASE NUMBER _____
Ocean EXHIBIT F

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

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

February 25, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Ocean Energy, Inc., regarding the W $\frac{1}{2}$ of Section 25, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. This application is scheduled to be heard at 8:00 a.m. on Thursday, March 21, 2002 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.

You are required to notify the Division, and the undersigned, by Friday, March 15, 2002, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Ocean Energy, Inc.



EXHIBIT A

David H. Arrington Oil & Gas, Inc.
P.O. Box 2071
Midland, Texas 79702

Attention: David H. Arrington

Ameristate Oil & Gas, Inc.
P.O. Box 341449
Austin, Texas 78734

Attention: Mark Nearburg

TMBR/Sharp Drilling Inc.
P.O. Box 10970
Midland, Texas 79702

Attention: Jeff Phillips

Fuel Products, Inc.
P.O. Box 3098
Midland, Texas 79702

Attention: Tom Beall

Louis Mazzullo
P.O. Box 66657
Albuquerque, New Mexico 87193

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

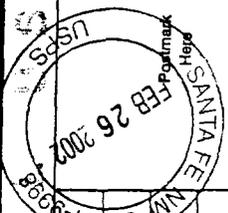
5725
2611
1192
0000
0000
0000
0000

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.17
Total Postage & Fees	\$ 8.34

Sent To Ameristate Oil & Gas, Inc.
P.O. Box 341449
Austin, Texas 78734

Street, Apt. No., or PO Austin, Texas 78734
City, State, ZIP+4 Attention: Mark Nearburg

PS Form 3800, May 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:

David H. Arrington Oil & Gas, Inc.
P.O. Box 2071
Midland, Texas 79702
Attention: David H. Arrington

2. Article Number 7000
(Transfer from service label) 2870 9999 19215773

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0999

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary Bell

B. Received by (Printed Name) C. Date of Delivery
Mary Bell FEB 28 2002

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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P.O. Box 341449
Austin, Texas 78734
Attention: Mark Nearburg

2. Article Number 7000
(Transfer from service label) 2870 9999 19215773

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0999

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary Bell

B. Received by (Printed Name) C. Date of Delivery
Mary Bell 3-7-02

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

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
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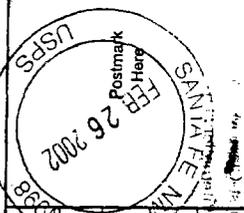
5725
2611
1192
0000
0000
0000
0000

Postage	\$ 0.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.17
Total Postage & Fees	\$ 8.34

Sent To David H. Arrington Oil & Gas, Inc.
P.O. Box 2071
Midland, Texas 79702
Attention: David H. Arrington

Street, Apt. No., or PO Midland, Texas 79702
City, State, ZIP+4

PS Form 3800, May 2000 See Reverse for Instructions



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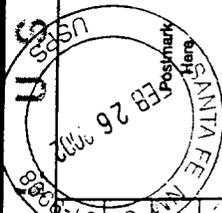
OFFICIAL

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

Sent To Fuel Products, Inc.
P.O. Box 3098
Midland, Texas 79702

Street, Apt. No., or PO Box

City, State, ZIP+4 Attention: Tom Beall



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:

Fuel Products, Inc.
P.O. Box 3098
Midland, Texas 79702

Attention: Tom Beall

2. Article Number (Transfer from service label)

799 2879 0000 119 21 3693

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *K Keller*

B. Received by (Printed Name) **K KELLER**

C. Date of Delivery **3-4-02**

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

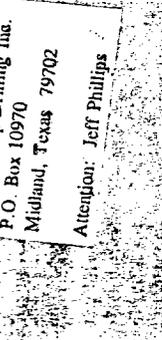
SENDER: COMPLETE THIS SECTION

- 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:

TMBR/Sharp Drilling Inc.
P.O. Box 10970
Midland, Texas 79702

Attention: Jeff Phillips



2. Article Number (Copy from service label)

799 2879 0000 119 2

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____

B. Date of Delivery **3-4-02**

C. Signature *Jeff Phillips*

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
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OFFICIAL

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

Sent To TMBR/Sharp Drilling Inc.
P.O. Box 10970
Midland, Texas 79702

Street, Apt. No., or PO Box

City, State, ZIP+4 Attention: Jeff Phillips

SENDER: COMPLETE THIS SECTION

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P.O. Box 3098
Midland, Texas 79702

Attention: Tom Beall

2. Article Number (Transfer from service label)

799 2879 0000 119 21 3693

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *K Keller*

B. Received by (Printed Name) **K KELLER**

C. Date of Delivery **3-4-02**

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

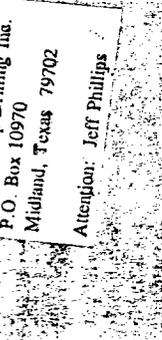
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TMBR/Sharp Drilling Inc.
P.O. Box 10970
Midland, Texas 79702

Attention: Jeff Phillips



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799 2879 0000 119 2

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____

B. Date of Delivery **3-4-02**

C. Signature *Jeff Phillips*

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

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OFFICIAL

Postage	\$ 0.57
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Midland, Texas 79702

Street, Apt. No., or PO Box

City, State, ZIP+4 Attention: Jeff Phillips

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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:

Louis Mazzaullo
P.O. Box 66657
Albuquerque, New Mexico 87193

2. Article Number: 70002870 0000 1192 5686

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] Date of Delivery: 3-1-02

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.

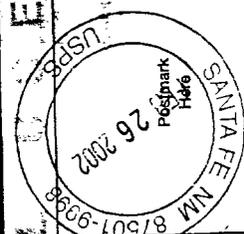
4. Restricted Delivery? (Extra Fee) Yes No

Domestic Return Receipt

102595-01-M-038

**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



Sent to: Louis Mazzaullo
 Street, Apt. No., or PO Box No.: P.O. Box 66657
 City, State, ZIP+4: Albuquerque, New Mexico 87193

PS Form 3800, May 2000 See Reverse for Instructions