BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 12879**

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 Exhibit A.

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 30th day of July, 2002, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT 4

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)

July 11, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit 1

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc. This matter will be heard at 8:15 a.m. on Thursday, August 1, 2002 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 participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Chi Energy, Inc.

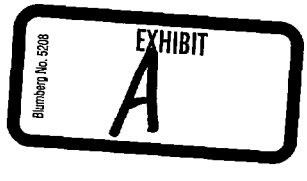


EXHIBIT 1

Bank of America NA, Trustee of
the L. Jay Root Royalty Trust
500 4th Street NW
Albuquerque, New Mexico 87102

Edna Jo Scott
Inez June Scott
Samuel Warren Scott, Jr.
Mary Jane Barron
600 South Pennsylvania Avenue
Roswell, New Mexico 88201

Mary Louise Carlson
53 Lincoln Street
Norwell, Massachusets 02061

Robert Collins
P.O. Box 31
Artesia, New Mexico 88211

Serena Hamilton
P.O. Box 155
Haifa, Israel

Ruth McNeil Estate
812 Skyline Drive
Globe, Arizona 85501

Mary Ann Antone
2401 Detroit Street
El Paso, Texas 79930

Pacific Christian College
2600 Nutwood
Fullerton, California 92831

First Christian Church
440 Elm Avenue
Long Beach, Claifornia 90802

Mrs. Lata Widaman Zimmerman
527 Hallie Road
Elkhart Indiana 46514

Clyde F. Widaman
37 Cherry Avenue
Long Beach, California 90802

Earl F. Widaman
7538 Corbin Avenue
Canoga Park, California 91304

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

7002 0510 0003 2514 4006

OFFICIAL USE

NORWELL, MA 02061

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	JUL 12 2002 Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KRV14X
Restricted Delivery Fee (Endorsement Required)		USPS - 87501
Total Postage & Fees	$ 4.42	07/12/02

SANTA FE NM

Sent To: Mary Louise Carlson
Street, Apt. No.; or PO Box No.: 53 Lincoln Street
City, State, ZIP+4: Norwell, Massachusets 02061

PS Form 3800, January 2001 — 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:

Edna Jo Scott
Inez June Scott
Samuel Warren Scott, Jr.
Mary Jane Barron
600 South Pennsylvania Avenue
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 7-15-02

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)* 7002 0510 0003 2514 4143

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

C-1

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:

Mary Louise Carlson
53 Lincoln Street
Norwell, Massachusets 02061

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 7/15/02

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)* 7002 0510 0003 2514 4006

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

C-1

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

7002 0510 0003 2514 4143

OFFICIAL USE

ROSWELL, NM 88201

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	JUL 12 2002 Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KRV14X
Restricted Delivery Fee (Endorsement Required)		USPS - 87501
Total Postage & Fees	$ 4.42	07/12/02

SANTA FE NM

Sent To: Edna Jo Scott
Inez June Scott
Samuel Warren Scott, Jr.
Mary Jane Barron
Street, Apt. No.; or PO Box No.: 600 South Pennsylvania Avenue
City, State, ZIP+4: Roswell, New Mexico 88201

PS Form 3800, January 2001 — See Reverse for Instructions

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

OFFICIAL USE

EL PASO, TX 79930

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

SANTA FE NM 87501 — Postmark Here — JUL 12 2002 — Clerk: KRV14X

07/12/02

Sent To: Mary Ann Antone
Street, Apt. No.; or PO Box No.: 2401 Detroit Street
City, State, ZIP+4: El Paso, Texas 79930

PS Form 3800, January 2001 — See Reverse for Instructions

7002 0510 0003 4614 8625

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:

Pacific Christian College
2600 Nutwood
Fullerton, California 92831

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
JUL 15 2002

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) 7002 0510 0003 4614 8618

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

C-1

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:

Mary Ann Antone
2401 Detroit Street
El Paso, Texas 79930

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Mary Antone | 7-15-

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

JUL 15 20

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 la) 7002 0510 0003 4614 8625

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

C-1

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

OFFICIAL USE

FULLERTON, CA 92831

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

SANTA FE NM 87501 — Postmark Here — JUL 12 2002 — Clerk: KRV14X

Sent To: Pacific Christian College
Street, Apt. No.; or PO Box No.: 2600 Nutwood
City, State, ZIP+4: Fullerton, California 92831

PS Form 3800, January 2001 — See Reverse for Instructions

7002 0510 0003 4614 8618

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:

First Christian Church
440 Elm Avenue
Long Beach, California 90802

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) 7002 0510 0003 4614 8601

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

OFFICIAL USE

LONG BEACH, CA 90802

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

SANTA FE NM
Postmark Here
JUL 12 2002
Clerk: KRV14X
87501

Sent To: First Christian Church
Street, Apt. No.; or PO Box No.: 440 Elm Avenue
City, State, ZIP+4: Long Beach, California 90802

7002 0510 0003 4614 8601

PS Form 3800, January 2001 See Reverse for Instructions

CERTIFIED MAIL

OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Bank of America NA, Trustee of
the L. Jay Root Royalty Trust
500 4th Street NW
Albuquerque, New Mexico 87102

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ 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) 7002 0510 0003 4614 8441

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

C-1

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

OFFICIAL USE

ALBUQUERQUE, NM 87102

Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		Clerk: KRV14X
Total Postage & Fees	$ 4.42	JUL 12 2002 07/12/02

Sent To
Bank of America NA, Trustee of
the L. Jay Root Royalty Trust
Street, Apt. No.; or PO Box No.
500 4th Street NW
City, State, ZIP+4
Albuquerque, New Mexico 87102

7002 0510 0003 4614 8441

PS Form 3800, January 2001 See Reverse for Instructions

SANTA FE NM
USPS 87501

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Clyde F. Widaman
37 Cherry Avenue
Long Beach, California 90802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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) 7002 0510 0003 4614 8588

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

C.1

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

OFFICIAL USE

CANOGA PARK, CA 91304

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

SANTA FE NM 0500 JUL 12 2002 Clerk: KRV14X
Postmark Here
07/12/02
USPS - 8750

Sent To: Earl F. Widaman
Street, Apt. No.; or PO Box No.: 7538 Corbin Avenue
City, State, ZIP+4: Canoga Park, California 91304

7002 0510 0003 4614 8571

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Mrs. Lata Widaman Zimmerman
527 Hallie Road
Elkhart Indiana 46514

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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) 7002 0510 0003 4614 8595

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

C-1

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

OFFICIAL USE

ELKHART, IN 46514

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

SANTA FE NM JUL 12 2002 87501 07/12/02

Sent To
Mrs. Lata Widaman Zimmerman
Street, Apt. No., or PO Box No. 527 Hallie Road
City, State, ZIP+4 Elkhart Indiana 46514

7002 0510 0003 4614 8595

PS Form 3800, January 2001 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:

Robert Collins
P.O. Box 31
Artesia, New Mexico 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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) 7002 0510 0003 4614 8649

102595-01-M-0381

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

OFFICIAL USE

Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

ARTESIA, NM 88211
UNIT ID: 0500
JUL 12 2002
Postmark Here
Clerk
USPS - 87501
07/12/02

7002 0510 0003 4614 8649

Sent To Robert Collins
Street, Apt. No., or PO Box No. P.O. Box 31
City, State, ZIP+4 Artesia, New Mexico 88211

PS Form 3800, January 2001 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Ruth McNeil Estate
812 Skyline Drive
Globe, Arizona 85501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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)* 7002 0510 0003 4614 8632

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

C-1

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

GLOBE, AZ 85501 **OFFICIAL USE**

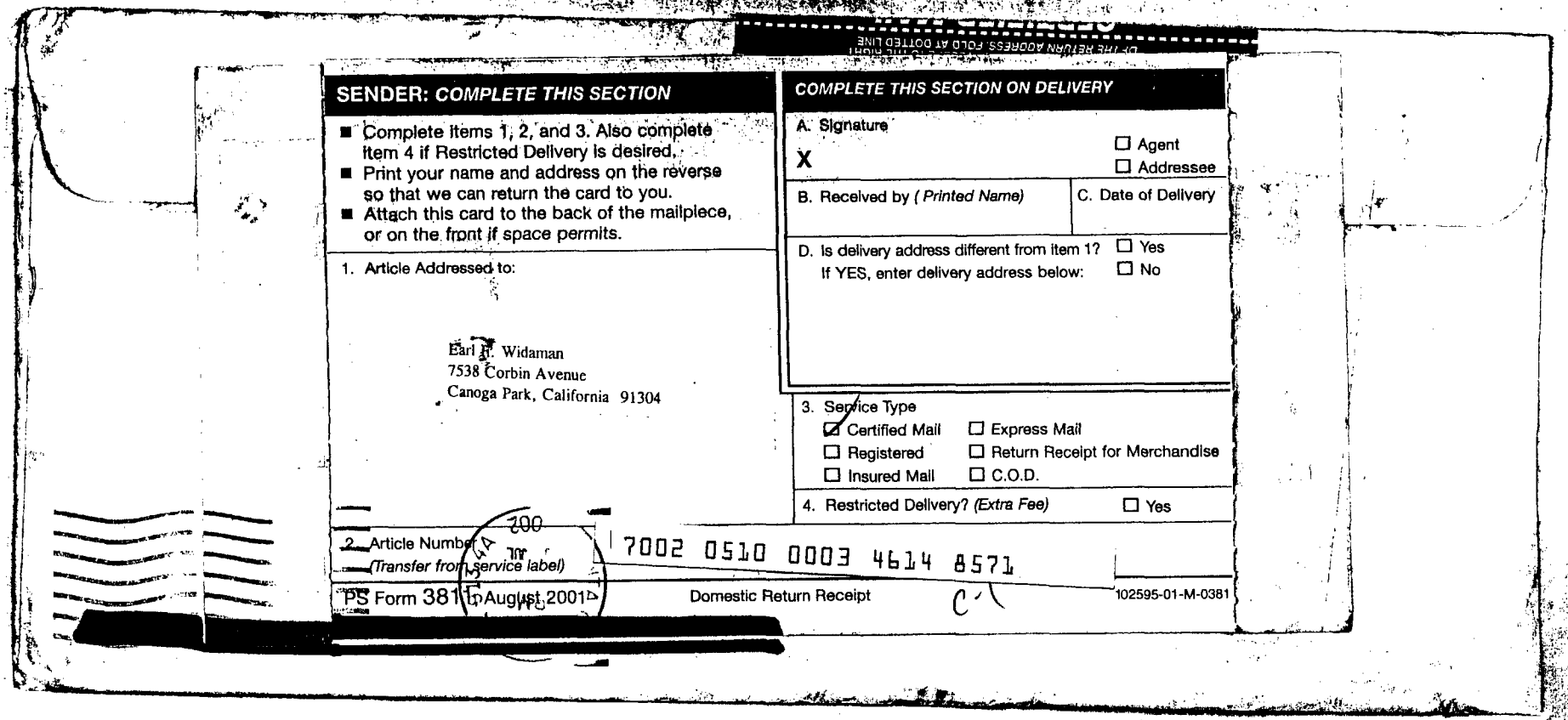
Postage	$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

UNIT FIE OFOO SANTA FE NM Postmark Here JUL 12 2002 Clerk: 1kRU14X 07/12/02

Sent To: Ruth McNeil Estate
Street, Apt. No.; or PO Box No.: 812 Skyline Drive
City, State, ZIP+4: Globe, Arizona 85501

7002 0510 0003 4614 8632

PS Form 3800, January 2001 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:

Earl F. Widaman
7538 Corbin Avenue
Canoga Park, California 91304

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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)* 7002 0510 0003 4614 8571

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

OFFICIAL USE

LONG BEACH CA 90802

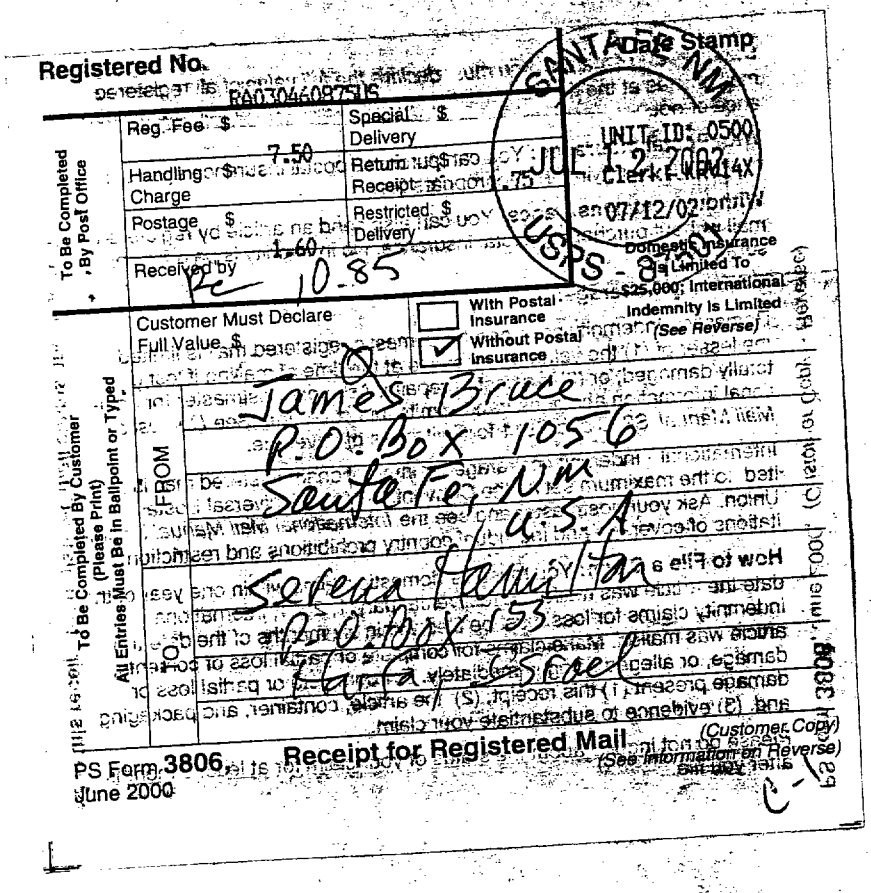
Postage	$ 0.37	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KRUIZY
Restricted Delivery Fee (Endorsement Required)		JUL 12 2002
Total Postage & Fees	$ 4.42	07/12/02

SANTA FE NM USPS - 87501

Sent To: Clyde F. Widaman
Street, Apt. No., or PO Box No.: 37 Cherry Avenue
City, State, ZIP+4: Long Beach, California 90802

7002 0510 0003 4614 8588

PS Form 3800, January 2001 See Reverse for Instructions



Registered No.
RA030460875US

Date Stamp
SANTA FE NM
JUL 12 2002
UNIT ID: 0500
Clerk: WRM14X
07/12/02

Reg. Fee $	Special Delivery $	
Handling Charge $ 7.50	Return Receipt $ 1.75	
Postage $ 1.60	Restricted Delivery $	
Received by Pe	10.85	

To Be Completed By Post Office

Domestic Insurance Limited To $25,000; International Indemnity Is Limited (See Reverse)

Customer Must Declare Full Value $

- With Postal Insurance
- Without Postal Insurance

To Be Completed By Customer (Please Print)
All Entries Must Be In Ballpoint or Typed

FROM
James Bruce
P.O. Box 1056
Santa Fe, NM
U.S.A.

TO
Serena Hamilton
P.O. Box 153
Taos, NM
U.S.A.

(Customer Copy)

PS Form 3806, June 2000 **Receipt for Registered Mail** (See Information on Reverse)

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)

July 11, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding a well in the W½ of Section 4, Township 17 South, Range 28 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, August 1, 2002 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 participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Chi Energy, Inc.

EXHIBIT A

Marjorie Meyer
917 Ridge Road
Cheyenne, Wyoming 82001

Conrad G. Keyes
P.O. Box 1108
Roswell, New Mexico 88202

Robert Grant Keyes
1119 South Missouri
Roswell, New Mexico 88201

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:

Robert Grant Keyes
1119 South Missouri
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alberto N. Keyes ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alberto Keyes
C. Date of Delivery 7/17

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) 7001 2510 0006 5987 5411

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

Ali - 16

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

OFFICIAL USE

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	$

SANTA FE NM 87501
Postmark Here
JUL 15 2002
USPS

7001 2510 0006 5987 5411

Sent To
Robert Grant Keyes
Street, Apt. No., or PO Box No. 1119 South Missouri
City, State, ZIP+4 Roswell, New Mexico 88201

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Marjorie Meyer
917 Ridge Road
Cheyenne, Wyoming 82001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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) 7002 0510 0003 4614 8465

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

OFFICIAL USE

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501
Postmark
JUL 15 2002
USPS

7002 0510 0003 4614 8465

Sent To Marjorie Meyer
Street, Apt. No.; or PO Box No. 917 Ridge Road
City, State, ZIP+4 Cheyenne, Wyoming 82001

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Conrad G. Keyes
P.O. Box 1108
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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 lab) 7002 0510 0003 4614 8458

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

OFFICIAL USE

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

SANTA FE NM 87501 JUL 15 2002 Postmark Here USPS

7002 0510 0003 4614 8458

Sent To: Conrad G. Keyes
Street, Apt. No.; or PO Box No.: P.O. Box 1108
City, State, ZIP+4: Roswell, New Mexico 88202

PS Form 3800, January 2001 See Reverse for Instructions