

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF NADEL AND GUSSMAN  
PERMIAN, L.L.C. FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 12957 (Reopened)

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 10th day of March, 2003, by James Bruce.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
3/14/05

CONSERVATION DIVISION

FILE NUMBER

B

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

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

jamesbruc@aol.com

February 19, 2003

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

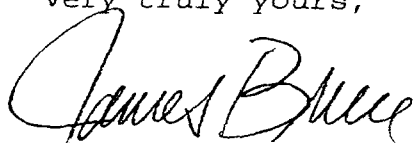
To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the E $\frac{1}{2}$  of Section 35, Township 23 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, March 13, 2003 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, March 7, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Nadel and Gussman Permian, L.L.C.



EXHIBIT A

Mary and William Bright  
815 East County Road, 55 South  
North Vernon, Indiana 47265

Danny Yost  
601 Nevada Drive  
Sellersburg, Indiana 47172

Dale Yost  
1801 Winged Foot Court  
Jeffersonville, Indiana 47130

Francis Guernsey  
U.S. Highway ALA South, Lot #5  
St. Augustine, Florida 32086

Dr. Deborah Yarrow  
121 Harvey Road  
Central, South Carolina 29630

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

Postage \$	0.60	Postmark Here
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.65	
<b>Total Postage &amp; Fees \$</b>	<b>9.30</b>	

Sent to  
 Date Yost  
 1801 Winged Foot Court  
 Jeffersonville, Indiana 47130  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0006 5984 2581

**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:

Danny Yost  
 601 Nevada Drive  
 Sellersburg, Indiana 47172

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7001 2510 0006 5984 2574

Domestic Return Receipt

102595-01-M-0381

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 M. Yost  
 C. Date of Delivery  
 2-21-03

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

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 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.
- 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:

Danny Yost  
 1801 Winged Foot Court  
 Jeffersonville, Indiana 47130

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7001 2510 0006 5984 2581

Domestic Return Receipt

102595-01-M-0381

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 M. Yost  
 C. Date of Delivery  
 FEB 21 2003

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.65	
<b>Total Postage &amp; Fees \$</b>	<b>9.30</b>	

Sent to  
 Danny Yost  
 601 Nevada Drive  
 Sellersburg, Indiana 47172  
 City, State, ZIP+4

PS Form 3800, January 2001

7001 2510 0006 5984 2574

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$	0.60	Postmark Here
Certified Fee	2.70	1 FEB 13 2003
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.65	
Total Postage & Fees \$		

Sent To  
 Street, Apt. No., or PO Box No.  
 Dr. Deborah Yarrow  
 121 Harvey Road  
 Central, South Carolina 29630  
 City, State, ZIP+4

PS Form 3811, June 2002 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:  
 Mary and William Bright  
 815 East County Road, 55 South  
 North Vernon, Indiana 47265

2. Article Number  
 (Transfer from service label)  
 7001 2510 0006 5984 2567

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 2-25-03

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

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

4. Restricted Delivery? (Extra Fee)  
 Yes

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$	0.60	Postmark Here
Certified Fee	2.70	1 FEB 13 2003
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.65	
Total Postage & Fees \$		

Sent To  
 Street, Apt. No., or PO Box No.  
 Mary and William Bright  
 815 East County Road, 55 South  
 North Vernon, Indiana 47265  
 City, State, ZIP+4

PS Form 3811, June 2002 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:  
 Dr. Deborah Yarrow  
 121 Harvey Road  
 Central, South Carolina 29630

2. Article Number  
 (Transfer from service label)  
 7002 2030 0003 3714 2482

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  
 Yes

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

Postage \$ 0.60  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 4.65  
 Total Postage & Fees \$ 9.70

Sent To  
 Street, Apt. No., or PO Box No.  
 Mary and William Bright  
 815 East County Road, 55 South  
 North Vernon, Indiana 47265  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7002 2030 0003 3714 2482

7001 2510 0006 5984 2567

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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:

Francis Guernsey  
Highway A.L.A. South, Lot #5  
St. Augustine, Florida 32086

2. Article Number  
(Transfer from service label)

7002 2030 0003 3714 2499

3. Domestic Return Receipt *U.P.*

102595-01-M-0381

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

**X**  Addressee

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

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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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	0.50	Postmark	2003
Certified Fee	1.32	Postmark	2003
Return Receipt Fee (Endorsement Required)	1.75	Postmark	2003
Restricted Delivery Fee (Endorsement Required)	4.65	Postmark	2003
Total Postage & Fees	\$ 8.22		

Sent To Francis Guernsey  
Street, Apt. No. U.S. Highway A.L.A. South, Lot #5  
or PO Box No. St. Augustine, Florida 32086  
City, State, ZIP+4

7002 2030 0003 3714 2499