

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

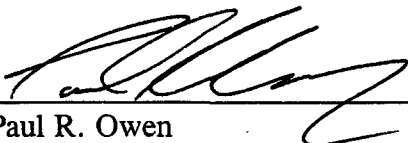
IN THE MATTER OF THE APPLICATION
OF TRILOGY OPERATING, INC. FOR
COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO

CASE 13063

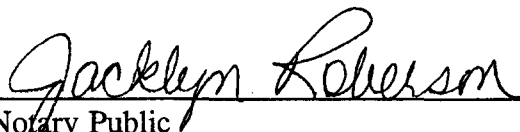
AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Paul R. Owen, attorney in fact and authorized representative of Trilogy Operating, Inc., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, at the addresses shown on Exhibit "A" attached hereto, and that no material change in ownership has occurred since the Division's May 8, 2003 hearing on this case.


Paul R. Owen

SUBSCRIBED AND SWORN to before this 4th day of February, 2004, by Paul R. Owen.


Notary Public

My Commission Expires: April 1, 2006

BEFORE THE OIL CONSERVATION
DIVISION

Santa Fe, New Mexico

Case No. 13063 Exhibit No. C

Submitted by: TRILOGY OPERATING, INC.

Hearing Date: February 5, 2004

**EXHIBIT A
NOTIFICATION LIST
APPLICATION OF TRILOGY OPERATING, INC.
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

**SECTION 24, TOWNSHIP 19 SOUTH, RANGE 38 EAST,
NMPM, LEA COUNTY, NEW MEXICO**

Heirs of Devisees of W.E. McWilliams
(Unable to locate)

Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

Bobby G. Bales
Rural Route 1, Box 308
Sperry, Oklahoma 74073

John W. Coyle, III
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

John W. Coyle, III
Personal Representative of the Estate
of Patrick Coyle
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

Shannon Coyle Manning
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

Michael Coyle
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

J.H. Free
(Unable to locate)

Heirs of Devisees of G.W. McWilliams
(Unable to locate)

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Lana Carol Smith Shepard
(Unable to locate)

Jo Ann Smith Parker
(Unable to locate)

Pamela Sue Reynolds Ortega
(Unable to locate)

Patricia Ann Reynolds
(Unable to locate)

Larry Gene Reynolds
(Unable to locate)

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289

www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL,
RETURN RECEIPT REQUESTED

Mr. Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County,
New Mexico*

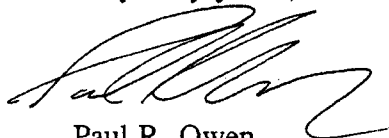
Dear Mr. Cone:

On April 16, 2003, by certified letter, return receipt requested, Trilogy Operating, Inc. notified you that it had filed an application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all mineral interests from the surface to the base of the Silurian formation, in certain spacing and proration units in the SE/4 NE/4 of Section 24, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Trilogy proposes to dedicate the referenced pooled units to its proposed Sapphire Well No. 3, to be drilled at a standard location in the SE/4 NE/4 of said Section 24. The application and its exhibits were sent to you with the April 16, 2003 letter.

Trilogy's application has been re-set for hearing before a Division Examiner at 8:15 a.m. on February 5, 2004, at the Division's offices located at 1220 South Saint Francis Drive in Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

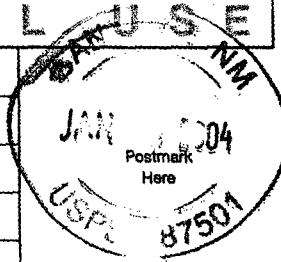


Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

OFFICIAL USE

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$



Sent To
Mr. Kenneth Cone
Street, Apt. No., or PO Box No.
Post Office Box 11310
City, State, ZIP+4
Midland, Texas 79702

PS Form 3800, May 2000

See Reverse for Instructions

5629 2612 1192 0000 7000 2870 0000

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

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Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289
www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL.
RETURN RECEIPT REQUESTED

Mr. Bobby G. Bales
Rural Route 1, Box 308
Sperry, Oklahoma 74073

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County,
New Mexico*

Dear Mr. Bales:

On April 16, 2003, by certified letter, return receipt requested, Trilogy Operating, Inc. notified you that it had filed an application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all mineral interests from the surface to the base of the Silurian formation, in certain spacing and proration units in the SE/4 NE/4 of Section 24, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Trilogy proposes to dedicate the referenced pooled units to its proposed Sapphire Well No. 3, to be drilled at a standard location in the SE/4 NE/4 of said Section 24. The application and its exhibits were sent to you with the April 16, 2003 letter.

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Very truly yours,

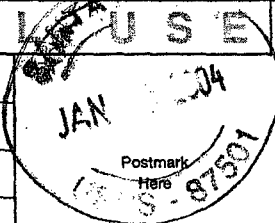


Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

OFFICIAL USE

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$



Sent To	
Mr. Bobby G. Bales	
Street, Apt. No.; or PO Box No.	
Rural Route 1, Box 308	
City, State, ZIP+ 4	
Snyder, Oklahoma 74073	

PS Form 3800, May 2000

See Reverse for Instructions

MONTGOMERY & ANDREWS
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Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3673
Fax (505) 982-4289

www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL.
RETURN RECEIPT REQUESTED

Mr. John W. Coyle, III
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County,
New Mexico*

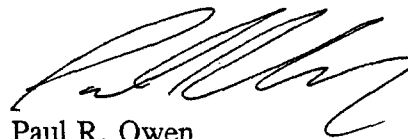
Dear Mr. Coyle:

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Very truly yours,

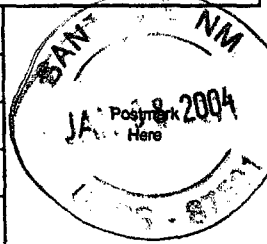


Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

OFFICIAL USE

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$



Sent To	
Mr. John W. Coyle, III	
Street, Apt. No., or PO Box No.	
119 North Robinson, Suite 320	
City, State, ZIP+4	
Oklahoma City, Oklahoma 73102	

PS Form 3800, May 2000

See Reverse for Instructions

7000 2870 0000 1192 9318

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289
www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL,
RETURN RECEIPT REQUESTED

Mr. John W. Coyle, III
Personal Representative of the Estate
of Patrick Coyle
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County, New Mexico*

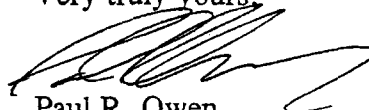
Dear Mr. Coyle:

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Very truly yours,



Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

OFFICIAL USE

7000 2870 0000 1192 9325

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$

JAN 08

Postmark
Here

Sent To
Mr. John W. Coyle, III, Personal Rep. of
Street, Apt. No.; or PO Box No. Estate of Patrick
119 North Robinson, Suite 320 Coyle
City, State, ZIP+ 4
Oklahoma City, Oklahoma 73102

PS Form 3800, May 2000

See Reverse for Instructions

MONTGOMERY & ANDREWS

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289

www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL.
RETURN RECEIPT REQUESTED

Ms. Shannon Coyle Manning
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County, New Mexico*

Dear Ms. Manning:

On April 16, 2003, by certified letter, return receipt requested, Trilogy Operating, Inc. notified you that it had filed an application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all mineral interests from the surface to the base of the Silurian formation, in certain spacing and proration units in the SE/4 NE/4 of Section 24, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Trilogy proposes to dedicate the referenced pooled units to its proposed Sapphire Well No. 3, to be drilled at a standard location in the SE/4 NE/4 of said Section 24. The application and its exhibits were sent to you with the April 16, 2003 letter.

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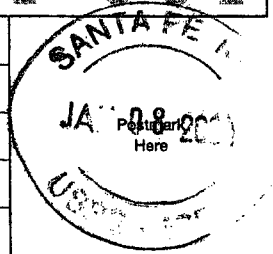
Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

OFFICIAL USE

7000 2870 0000 1192 9332

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$



Sent To	
Ms. Shannon Coyle Manning	
Street, Apt. No., or PO Box No.	
119 North Robinson, Suite 320	
City, State, ZIP+4	
Oklahoma City, Oklahoma 73102	

PS Form 3800, May 2000 See Reverse for Instructions

MONTGOMERY & ANDREWS

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

Paul R. Owen
Direct Dial: (505) 986-2538
powen@montand.com

Post Office Box 2307
Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289

www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL.
RETURN RECEIPT REQUESTED

Mr. Michael Coyle
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County, New Mexico*

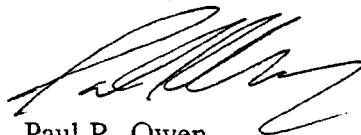
Dear Mr. Coyle:

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Very truly yours,



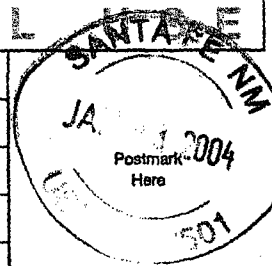
Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

7000 2670 0000 1192 9349

OFFICIAL USE

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$



Sent To	Mr. Michael Coyle
Street, Apt. No.; or PO Box No.	119 North Robinson, Suite 320
City, State, ZIP+4	Oklahoma City, Oklahoma 73102

PS Form 3800, May 2000

See Reverse for Instructions

MONTGOMERY & ANDREWS
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

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powen@montand.com

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Santa Fe, New Mexico 87504-2307
325 Paseo de Peralta
Telephone (505) 982-3873
Fax (505) 982-4289

www.montand.com

January 8, 2004

VIA CERTIFIED U.S. MAIL,
RETURN RECEIPT REQUESTED

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Re: *Application of Trilogy Operating, Inc. for Compulsory Pooling, Lea County, New Mexico*

Gentlemen:

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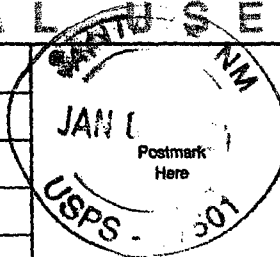
Paul R. Owen
Attorney for Trilogy Operating, Inc.

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

OFFICIAL USE

9566 2617 0000 2870 0000 7000

PRO	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$



Sent To	
The Long Trusts	
Street, Apt. No.; or PO Box No.	
Post Office Box 3096	
City, State, ZIP+ 4	
Kilgore, Texas 75663	

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Kenneth Cone
Post Office Box 11310
Midland, Texas 79702

4a. Article Number

7000-2870-0000-1192-9295

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-14-04

5. Received By: (Print Name)

SHAPIRA

6. Signature: (Addressee or Agent)

X R Shapiro

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Bobby G. Bales
Rural Route 1, Box 308
Sperry, Oklahoma 74073

4a. Article Number

7000-2870-0000-1192-9301

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1/21/04

5. Received By: (Print Name)

Bob G Bales

6. Signature: (Addressee or Agent)

X Bob G Bales

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. John W. Coyle, III
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

4a. Article Number

7000-2870-0000-1192-9318

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-12-00

5. Received By: (Print Name)

Alicia Bolton

6. Signature: (Addressee or Agent)

X Alicia Bolton

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. John W. Coyle, III
Personal Representative of the Estate of
Patrick Coyle
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

4a. Article Number

7000-2870-0000-1192-9325

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-12-00

5. Received By: (Print Name)

Alicia Bolton

6. Signature: (Addressee or Agent)

X Alicia Bolton

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Michael Coyle
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

4a. Article Number

7000-2870-0000-1192-9349

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

1-18-01

5. Received By: (Print Name)

Alicia Bolton

6. Signature: (Addressee or Agent)

X Alicia Bolton

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ms. Shannon Coyle Manning
119 North Robinson, Suite 320
Oklahoma City, Oklahoma 73102

4a. Article Number

7000-2870-0000-1192-9332

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

1-18-04

5. Received By: (Print Name)

Alicia Bolton

6. Signature: (Addressee or Agent)

X Alicia Bolton

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

4a. Article Number

7000-2870-0000-1192-9356

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

1-12-04

5. Received By: (Print Name)

ELISABETH STOUT

6. Signature: (Addressee or Agent)

x Elisabeth Stout

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.