

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC.
FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

Case No. 13,382

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

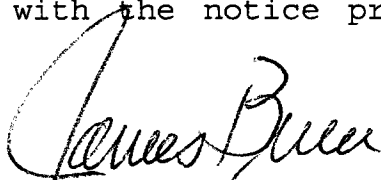
1. I am over the age of 18, and have personal knowledge of the matters stated herein.

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.

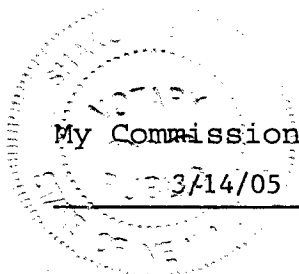
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

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



James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of November, 2004, by James Bruce.



My Commission Expires: _____

3/14/05



Notary Public

BEFORE EXAMINER CATHARINE
OIL CONSERVATION DIVISION
EXHIBIT NO. <u>4</u>
CASE NO. _____

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) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruce@aol.com

October 28, 2004

Certified Mail - Return Receipt Requested

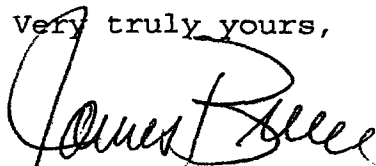
To: Persons on Exhibit A

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 the E½ of Section 14, Township 19 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, November 18, 2004 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 required to notify the Division, and the undersigned, by Friday, November 12, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Chi Energy, Inc.



EXHIBIT A

Redfern Enterprises, Inc.
P.O. Box 2127
Midland, Texas 79702

Monte Mount
2611 Ridge Road
Lubbock, Texas 79404

Marilou Wright
J. Cleo Thompson & James
Cleo Thompson, Jr., L.P.
Suite 4300
325 North St. Paul
Dallas, Texas 75201

I & L Development
Suite 720
3500 Oaklawn
Dallas, Texas 75219

Ken Gray
Land Department
Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

8 Way Oil & Gas, Inc.
Suite 1250
508 West Wall Street
Midland, Texas 79701

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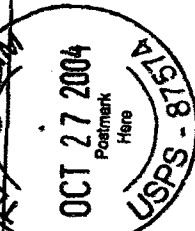
OFFICIAL RECEIPT

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

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Marilou Wright
J. Cleo Thompson & James
Suite 4300
325 North St. Paul
Dallas, Texas 75201

PS Form 3800, 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:

Monte Mount
2611 Ridge Road
Lubbock, Texas 79404

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7004 0750 0000 9053 4662

Domestic Return Receipt

102596-02-M-1640

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:

Marilou Wright
J. Cleo Thompson & James
Suite 4300
325 North St. Paul
Dallas, Texas 75201

COMPLETE THIS SECTION ON DELIVERY

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

Marilou Wright
J. Cleo Thompson & James
Suite 4300
325 North St. Paul
Dallas, Texas 75201

D. Is delivery address different from item 1? Yes ☒ No ☐

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
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1640

7004 0750 0000 9053 4648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent ☐ Addressee

B. Received by (Printed Name)
Monte Mount

C. Date of Delivery
OCT 27 2004

D. Is delivery address different from item 1? ☐ Yes ☒ No

3. Service Type

- ☒ Certified Mail
- ☐ Express Mail
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ C.O.D.

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

7004 0750 0000 9053 4662

Domestic Return Receipt

102596-02-M-1640

U.S. Postal ServiceTM

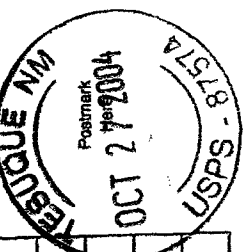
CERTIFIED MAIL[®] RECEIPT

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OFFICIAL USE

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



Sent To

Monte Mount
2611 Ridge Road
Lubbock, Texas 79404

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

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

Sent To
 Street, Apt. No., Suite 1250
 508 West Wall Street
 Midland, Texas 79701
 City, State, ZIP+4

8 Way Oil & Gas, Inc.
 Suite 1250
 508 West Wall Street
 Midland, Texas 79701

PS Form 3811, June 2002 See Reverse for Instructions

7004 0750 0000 9053 4679

1. Article Addressed to:
 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.

2. Article Number (Transfer from service label)
 7004 0750 0000 9053 4679

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

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

5. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

6. Received by (Printed Name)
 J. WARRICK

7. Date of Delivery
 OCT 27 2004

8. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

9. Signature
 J. WARRICK

10. Agent
☐ Agent
☐ Addressee

11. USPS - 87574

12. OCT 27 2004 Here

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Street, Apt. No., Suite 720
 3500 Oaklawn
 Dallas, Texas 75219
 City, State, ZIP+4

I & L Development
 Suite 720
 3500 Oaklawn
 Dallas, Texas 75219

PS Form 3811, June 2002 See Reverse for Instructions

7004 0750 0000 9053 4655

1. Article Addressed to:
 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.

2. Article Number (Transfer from service label)
 7004 0750 0000 9053 4655

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

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

5. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

6. Received by (Printed Name)
 J. WARRICK

7. Date of Delivery
 OCT 27 2004

8. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

9. Signature
 J. WARRICK

10. Agent
☐ Agent
☐ Addressee

11. USPS - 87574

12. OCT 27 2004 Here

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Street, Apt. No., Suite 1250
 508 West Wall Street
 Midland, Texas 79701
 City, State, ZIP+4

8 Way Oil & Gas, Inc.
 Suite 1250
 508 West Wall Street
 Midland, Texas 79701

PS Form 3811, June 2002 See Reverse for Instructions

7004 0750 0000 9053 4679

1. Article Addressed to:
 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.

2. Article Number (Transfer from service label)
 7004 0750 0000 9053 4679

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

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

5. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

6. Received by (Printed Name)
 J. WARRICK

7. Date of Delivery
 OCT 27 2004

8. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

9. Signature
 J. WARRICK

10. Agent
☐ Agent
☐ Addressee

11. USPS - 87574

12. OCT 27 2004 Here

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OFFICIAL USE

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

Sent To
 Street, Apt. No., Suite 720
 3500 Oaklawn
 Dallas, Texas 75219
 City, State, ZIP+4

I & L Development
 Suite 720
 3500 Oaklawn
 Dallas, Texas 75219

PS Form 3811, June 2002 See Reverse for Instructions

7004 0750 0000 9053 4655

1. Article Addressed to:
 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.

2. Article Number (Transfer from service label)
 7004 0750 0000 9053 4655

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

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

5. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

6. Received by (Printed Name)
 J. WARRICK

7. Date of Delivery
 OCT 27 2004

8. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

9. Signature
 J. WARRICK

10. Agent
☐ Agent
☐ Addressee

11. USPS - 87574

12. OCT 27 2004 Here

U.S. Postal ServiceTM
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OFFICIAL USE

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

Sent To
Ken Gray
Land Department
Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838
City, State, ZIP

PS Form 3800, 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:

Sent To
Ken Gray
Land Department
Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838
City, State, ZIP

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7004 0750 0000 9053 4624

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Sent To
Redfern Enterprises, Inc.
P.O. Box 2127
Midland, Texas 79702
City, State, ZIP

2. Article Number
(Transfer from service label) 7004 0750 0000 9053 4631

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7004 0750 0000 9053 4624

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7004 0750 0000 9053 4631

PS Form 3800, June 2002 See Reverse for Instructions

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

Sent To
Redfern Enterprises, Inc.
P.O. Box 2127
Midland, Texas 79702
City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions