

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

AMENDED APPLICATION OF CONOCOPHILLIPS
COMPANY, INC. FOR AMENDMENT OF
DIVISION ORDER NO. R-5897 AND SPECIAL
RULES FOR THE EAST VACUUM GRAYBURG-SAN
ANDRES UNIT PRESSURE MAINTENANCE PROJECT
AREA, LEA COUNTY, NEW MEXICO.

CASE NO. 147~~5~~⁵

7

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of ConocoPhillips Company, Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15

Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 28th day of March 2012 by
Adam G. Rankin.

Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by:
CONOCOPHILLIPS COMPANY, INC.
Hearing Date: March 29, 2012

Notice List

Apache Corporation
Attn: Michelle Hanson
303 Veterans Airpark, Suite 300
Midland, TX 79705

Chesapeake Operating Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496

Chevron USA Inc.
Attn: NOJV Manager
P.O. Box 2100
Houston, TX 77252

Legacy Reserves Operating LP
303 W. Wall Street, Suite 1400
Midland, TX 79701

Mack Energy Corp.
P.O. Box 960
11352 Lovington Highway
Artesia, NM 88210

Nadel & Gussman HEYCO LLP
500 N. Main Street
Roswell, New Mexico 88201

XTO Energy Incorporated
Attn: Steve Cobb
810 Houston Street
Ft. Worth, TX 76102



February 14, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED PARTIES

**Re: Case No. 14775: Amended Application of ConocoPhillips Company, Inc.,
for Amendment of Division Order No. R-5897 and Special Rules for the
East Vacuum Grayburg-San Andres Unit Pressure Maintenance Project
Area, Lea County, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that ConocoPhillips Company, Inc. has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking an order amending Order No. R-5897 and the Special Rules and Regulations for the East Vacuum Grayburg-San Andres Unit Pressure Maintenance Project Area to require that the injection packer be set as close as practically possible to the uppermost injection perforations or casing shoe, provided that the injection packer set point remains within the unitized interval, and to increase the surface injection pressure limitation in accordance with the results of step-rate tests to be presented at the hearing performed in representative injection wells across the Unit.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 29, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, 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.

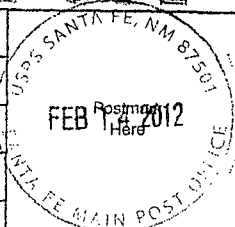
Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

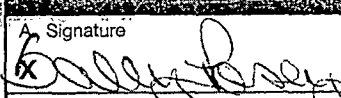
Sincerely,

Adam G. Rankin


ATTORNEY FOR CONOCOPHILLIPS COMPANY, INC.

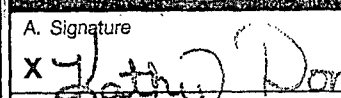
7006 2760 0001 6379 9850

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Total Postage & Fees	\$ 5.95
	
Nadel & Gussman HEYCO LLP 500 North Main Street Roswell, New Mexico 88201	
for instructions	

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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.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery E. Vacuum Grayburg 2/14/12 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:		3. Service Type	
Nadel & Gussman HEYCO LLP 500 North Main Street Roswell, New Mexico 88201		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number: (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
	
Mack Energy Corporation Post Office Box 960 Artesia, New Mexico 88210	
See Reverse for Instructions	

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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.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery S. DONACHE 2/17/2012 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:		3. Service Type	
Mack Energy Corporation Post Office Box 960 Artesia, New Mexico 88210		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number: (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0001 6379 9843			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6379 9836

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E. Vacuum Grayburg AL USE	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.95</u>
Legacy Reserves Operating, LP 303 W. Wall Street, Suite 1400 Midland, Texas 79701	
Postmark Here FEB 14 2012 SANTA FE MAIN POST OFFICE	
For Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>APRIN INGLE</u> C. Date of Delivery <u>2-16-12</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: Legacy Reserves Operating, LP 303 W. Wall Street, Suite 1400 Midland, Texas 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

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E. Vacuum Grayburg AL USE	
Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.95</u>
Chevron USA Inc. Attn: NOJV Manager Post Office Box 2100 Houston, Texas 77252	
Postmark Here FEB 14 2012 SANTA FE MAIN POST OFFICE	
For Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Anthony Alayan</u> C. Date of Delivery <u>2-20-12</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: Chevron USA Inc. Attn: NOJV Manager Post Office Box 2100 Houston, Texas 77252		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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102595-02-M-1540

7006 2760 0001 6379 9812

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Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

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Chesapeake Operating, Inc.
 Post Office Box 18496
 Oklahoma City, OK 73154-0496

[for instructions](#)

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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.		A. Signature X RECEIVED Agent <input type="checkbox"/> Addressee <input type="checkbox"/> B. Received by (Printed Name) FEB 16 2012 C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: MAIL ROOM 2	
1. Article Addressed to: Chesapeake Operating, Inc. Post Office Box 18496 Oklahoma City, OK 73154-0496		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6379 9812		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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7006 2760 0001 6379 9805

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Postage \$.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here
 FEB 14 2012
 SANTA FE MAIN POST OFFICE

Apache Corporation
 Attn: Michelle Hanson
 303 Veterans Airpark
 Suite 300
 Midland, Texas 79705

[for instructions](#)

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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.		A. Signature X Cindy Key Agent <input type="checkbox"/> Addressee <input type="checkbox"/> B. Received by (Printed Name) Cindy Key C. Date of Delivery 2/16/12 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Apache Corporation Attn: Michelle Hanson 303 Veterans Airpark Suite 300 Midland, Texas 79705		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7006 2760 0001 6379 9805		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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7006 2760 0001 6379 9867

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Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95
XTO Energy Inc. Attn: Steve Cobb 810 Houston Street Ft. Worth, Texas 76102	
for instructions	



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1. Article Addressed to: XTO Energy Inc. Attn: Steve Cobb 810 Houston Street Ft. Worth, Texas 76102		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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