

RSC Resources, L.P.
432-553-1849

6824 Island Cir.
Midland, TX 79707

November 8, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

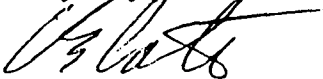
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by RSC Resources Limited Partnership, regarding the N½ of Section 10, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 29, 2012, in Porter Hall at the Division's offices at 1220 South St. 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 the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Wednesday, November 21, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate amount of time the party will need to present its case; and identification of any procedural matters that need to be resolved before the hearing. The Pre-Hearing Statement must also be provided to our attorney, James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,


Randall Cate, President

Oil Conservation Division
Case No. 14933
Exhibit No. 5

EXHIBIT A

**T-24-S, R-28-E, NMPM
SECTION 10 : N2**

| OWNER NAMES | ADDRESS | CITY | STATE | ZIP CODE |
|---|------------------------------|-------------------------------|-------|----------|
| PATRICIA ANN BEEMAN ALLEN, TRUSTEE | 807 ALAMOSA | CARLSBAD | NM | 88220 |
| WILLIAM F. BEEMAN | 405 JUANITA | CARLSBAD | NM | 88220 |
| FRANCIS F. and BETTYE J. BEEMAN | 1405 W. URAL | CARLSBAD | NM | 88220 |
| ZIA ROYALTY, LLC | P.O. BOX 2160 | HOBBS | NM | 88241 |
| GULF COAST OIL & GAS COMPANY | 500 W. Texas, Suite #1320 | MIDLAND | TEXAS | 79701 |
| THE BEVERIDGE CO. | P.O. BOX 993 | MIDLAND | TX | 79702 |
| THE BEVERIDGE CO. | 2900 RAQUET CLUB | MIDLAND | TX | 79705 |
| M44TH LLC, c/o Thomas Stribling | 6025 Osuna Rd. NE # C | ALBUQUERQUE | NM | 87109 |
| STEVE STRIBLING, C/o John Stribling | 520 RANCHITO RD., NW | LOS RANCHOS DE ALBUQUERQUE | NM | 87114 |
| ANTHONY SALVATORE, TRUSTEE, c/o Thomas Stribling | 6025 Osuna Rd., NE # C | Albuquerque | NM | 87109 |
| MARTHA STRIBLING | 520 RANCHITO RD., NW | LOS RANCHOS DE ALBUQUERQUE | NM | 87114 |
| SPIRAL INC., ATTN M. RANDLE | P.O. 1933 | Roswell | NM | 88202 |
| NORMA BEEMAN | 1006 DOGWOOD LANE | CARLSBAD | NM | 88220 |

| | | | | |
|---|--------------------------------|---------------|----|------------|
| MICHAEL JEROME BEEMAN | 11011 BROWNSTONE DR. | PARKER | CO | 80138 |
| BRANDY MICHELLE BEEMAN | 1006 DOGWOOD LANE | CARLSBAD | NM | 88220 |
| ConocoPhillips Company , Mr. Thomas Scarbrough | 600 N. Dairy Ashford , | Houston | TX | 77079-1175 |
| Devon Energy Production Company, Mr. Ken Gray | 333 West Sheridan Avenue | Oklahoma City | OK | 73102 |
| James C. Dewey, Dinero Operating | 1004 N. Big Spring, Ste 500 | Midland | Tx | 79701 |
| Gilberto Ruiz, c/o Mrs. Ramos | 4248 S. St. Claire | Mesa | Az | 85212 |
| Cecilio Ruiz | P.O. 1355 | Loving | NM | 88256 |

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:

GULF COAST OIL & GAS
COMPANY
500 W. Texas, Suite #1320
MIDLAND, TEXAS 79701

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0129

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Chelsea Sosa

☐ Agent☐ Addressee

B. Received by (Printed Name)

Chelsea Sosa

C. Date of Delivery

11-9

D. Is delivery address different from item 1? ☐ YesIf 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

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:

SPIRAL INC
ATTN: M Randle
PO Box 1933
Roswell NM 88202

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0075

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kelly Peterson

☒ Agent☐ Addressee

B. Received by (Printed Name)

Kelly Peterson

C. Date of Delivery

11-9

D. Is delivery address different from item 1? ☐ YesIf 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

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:

THE BEVERIDGE CO.
2900 RAQUET CLUB
MIDLAND, TX 79705

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0099

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x David Rivera Jr.

☐ Agent☐ Addressee

B. Received by (Printed Name)

G. Beckman

C. Date of Delivery

11-9-02

D. Is delivery address different from item 1? ☐ YesIf 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

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:

Gilberto Ruiz, c/o Mrs. Ramos
4248 S. St. Claire
Mesa, Az 85212

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? ☐ YesIf 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)

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:

MICHAEL JEROME BEEMAN
11011 BROWNSTONE DR.
PARKER, CO 80138

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? ☐ YesIf 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)

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:

Cecilio Ruiz
P.O. 1355
Loving, NM 88256

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? ☐ YesIf 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)

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:

ConocoPhillips Company, Mr.
Thomas Scarbrough
600 N. Dairy Ashford,
Houston, TX 77079

2. Article Number

(Transfer from service label)

7011 3500 0002 4931 7489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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? ☐ YesIf 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

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:

ZIA ROYALTY, LLC
P.O. BOX 2160
HOBBS, NM 88241

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0112

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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? ☐ YesIf 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

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:

James C. Dewey, Dinero Operating
1004 N. Big Spring, Ste 500
Midland, Tx 79701

2. Article Number

(Transfer from service label)

7011 3500 0002 4933 0013

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? ☐ YesIf 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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>Norma Beeman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NORMA BEEMAN</i> C. Date of Delivery <i>11-10-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">NORMA BEEMAN 1006 DOGWOOD LANE CARLSBAD, NM 88220</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

2. Article Number (Transfer from service label) 7011 3500 0002 4933 0044

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>Norma Beeman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NORMA BEEMAN</i> C. Date of Delivery <i>11-10-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">BRANDY MICHELLE BEEMAN 1006 DOGWOOD LANE CARLSBAD, NM 88220</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

2. Article Number (Transfer from service label) 7011 3500 0002 4933 0020

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>LUKE DAVIS</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>LUKE DAVIS</i> C. Date of Delivery <i>13 NOV 12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Devon Energy Production Company, Mr. Ken Gray 333 West Sheridan Avenue Oklahoma City, OK 73102</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

2. Article Number (Transfer from service label) 7011 3500 0002 4931 7458

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:

THE BEVERIDGE CO.
P.O. BOX 993
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X Mary Lytle
B. Received by (Printed Name) C. Date of Delivery
MARY LYTTLE 11-13-12
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)

7011 3500 0002 4933 0136

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:

WILLIAM F. BEEMAN
405 JUANITA
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X Anita Beeman
B. Received by (Printed Name) C. Date of Delivery
ANITA BEEMAN 11/10/12
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)

7011 3500 0002 4933 0150

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:

FRANCIS F. and BETTYE J.
BEEMAN
1405 W. URAL
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X Francis F. Beeman
B. Received by (Printed Name) C. Date of Delivery
FRANCIS F. BEEMAN 11-10-10
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)

7011 3500 0002 4933 0167

7011 3500 0002 4933 0068

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| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |
| MARTHA STRIBLING 520 RANCHITO RD., NW LOS RANCHOS DE ALBUQUERQUE, NM 87114 | | |
| <small>Sent To</small> <small>Street, Apt. #</small> <small>or PO Box No.</small> <small>City, State, Z</small> | | |

PS Form 3800, August 2006

7011 3500 0002 4933 0051

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

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| | | |
|--|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |
| ANTHONY SALVATORE, TRUSTEE, c/o Thomas Stribling 6025 Osuna Rd., NE # C Albuquerque, NM 87109 | | |
| <small>Sent To</small> <small>Street, Apt. #</small> <small>or PO Box No.</small> <small>City, State, Z</small> | | |

PS Form 3800, August 2006

7011 3500 0002 4933 0082

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

For delivery information visit our website at www.usps.com

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| | | |
|--|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |
| STEVE STRIBLING, C/o John Stribling 520 RANCHITO RD., NW LOS RANCHOS DE ALBUQUERQUE, NM 87114 | | |
| <small>Sent To</small> <small>Street, Apt. #</small> <small>or PO Box No.</small> <small>City, State, Z</small> | | |

SC Resources, LP
824 Island Circle
Midland, TX 79707

UP THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL



RETURN
TO
SENDER

3500 0002 4933 0105

VACANT

M44TH LLC,
c/o Thomas Stribling
6025 Osuna Rd. NE # C
ALBUQUERQUE, NM 87109

\$5.750
US POSTAGE
FIRST-CLASS
062S0007007473
79707



VAC

8710932541 0023

