

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF EDGE PETROLEUM
EXPLORATION COMPANY FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

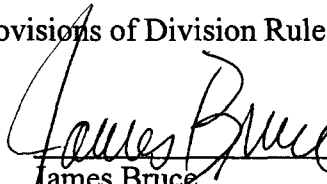
Case No. 13,552

AFFIDAVIT OF NOTICE


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

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 Edge Petroleum Exploration Company, and have personal knowledge of the matters stated herein.
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 letters 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 6th day of September, 2005 by
James Bruce.


Notary Public

My Commission Expires:
3/14/09

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 5

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)

jamesbruc@aol.com

August 18, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

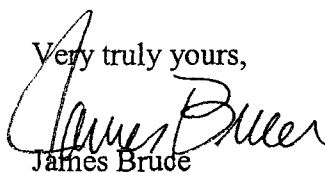
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Edge Petroleum Exploration Company, regarding the N½ of Section 29, Township 20 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 8, 2005, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, September 2, 2005 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Edge Petroleum Exploration Company



EXHIBIT A

Occidental Permian, Ltd.
Suite 6000
6 Desta Drive
Midland, Texas 79705

BE618 75-1492567
M. BRAD BENNETT, INC.
P.O. BOX 51510
MIDLAND, TX 79710-1510

HU254 75-6278787
EDWARD R. HUDSON TRUSTS 1,2,3
616 TEXAS STREET
FT. WORTH, TX 76102

HU255 75-6197898
THE EDWARD R. HUDSON TRUST #4
MARY T. ARD, TRUSTEE
222 W. 4TH STREET, PH-5
FT. WORTH, TX 76102

HU256 455-50-0190
EDWARD R. HUDSON, JR.
616 TEXAS STREET
FT. WORTH, TX 76102

HU258 455-50-0675
WILLIAM A. HUDSON II
616 TEXAS STREET
FT. WORTH, TX 76102

LE961 22-6928275
DELMAR HUDSON LEWIS LIVING TRU
6300 RIDGLEA PLACE, SUITE 1005-A
FORT WORTH, TX 76116-5736

LI650 452-80-8190
FRANCIS HILL HUDSON
FBO LINDY'S LIVING TRUST
6300 RIDGLEA PLACE, STE. 1005-A
FT. WORTH, TX 76116

MO702 76-0185037
MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552

YA812 85-0154842
YATES PETROLEUM CORPORATION
P.O. BOX 1395
ARTESIA, NM 88211-1395

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

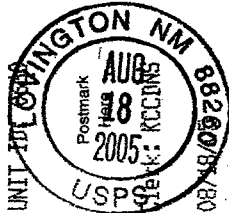
For delivery information, visit our website at www.usps.com

OFFICIAL USE
 FORT WORTH, TX 76102

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To
 EDWARD R. HUDSON TRUSTS 1,2,3
 616 TEXAS STREET
 FT. WORTH, TX 76102
 City, State, ZIP+4

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:

Occidental Permian, Ltd.
 Suite 6000
 6 Deste Drive
 Midland, Texas 79705

2. Article Number
(Transfer from service label)

7005 0390 0005 0052 5038
 PS Form 3811, February 2004

Domestic Return Receipt *E dgc*

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:

EDWARD R. HUDSON TRUSTS 1,2,3
 616 TEXAS STREET
 FT. WORTH, TX 76102

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)

7005 0390 0005 0051 9235
 PS Form 3811, February 2004

Domestic Return Receipt *E dgc*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *x [Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Robert M. Itcher* C. Date of Delivery *8-19*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

*Box 50250
 Midland TX 79710*

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

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

7005 0390 0005 0052 5038

Domestic Return Receipt *E dgc*

102595-02-M-1540

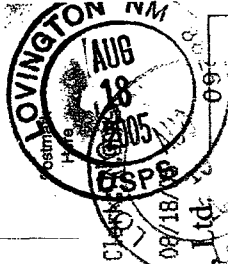
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE
 MIDLAND, TX 79705

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To
 Occidental Permian, Ltd.
 Suite 6000
 6 Deste Drive
 Midland, Texas 79705
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4



PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *x [Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Kristal Rea* C. Date of Delivery *8/22/05*
- 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

7005 0390 0005 0051 9235
 PS Form 3811, February 2004

Domestic Return Receipt *E dgc*

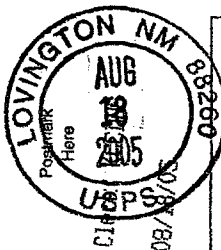
102595-02-M-1540

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

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

UNIT ID: 0660

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84



Sent To
 Street, Apt. No., 616 TEXAS STREET
 or PO Box No. FT. WORTH, TX 76102
 City, State, ZIP+4

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:

DELMAR HUDSON LEWIS LIVING TRU
 6300 RIDGLEA PLACE, SUITE 1005-A
 FORT WORTH, TX 76116-5736

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 0390 0005 0051 9273

Domestic Return Receipt

102595-02-M-1540

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? ☐ 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

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:

EDWARD R. HUDSON, JR.
 616 TEXAS STREET
 FT. WORTH, TX 76102

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

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? ☐ 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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

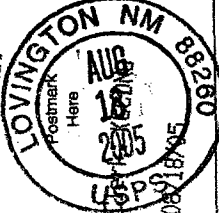
102595-02-M-1540

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

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

UNIT ID: 0660

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84



Sent To
 Street, Apt. No., 6300 RIDGLEA PLACE, SUITE 1005-A
 or PO Box No. FORT WORTH, TX 76116-5736
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0005 0051 9273

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE
 FT. WORTH, TX 76102

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

LOVINGTON NM 88228
 AUG 18 2005
 08:48/05
 09288

Sent To: THE EDWARD R. HUDSON TRUST #4
 Street, Apt. No., or PO Box No.: MARY T. ARD, TRUSTEE
 222 W. 4TH STREET, PH-5
 City, State, Zip+4: FT. WORTH, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0005 0051 9259

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:
And Oil
And Energy
 THE EDWARD R. HUDSON TRUST #4
 MARY T. ARD, TRUSTEE
 222 W. 4TH STREET, PH-5
 FT. WORTH, TX 76102

2. Article Number
 (Transfer from service label) 7005 0390 0005 0051 9259

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Thomas G. F.* C. Date of Delivery *8-22-05*
 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

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:
 M. BRAD BENNETT, INC.
 P.O. BOX 51510
 MIDLAND, TX 79710-1510

2. Article Number
 (Transfer from service label) 7005 0390 0005 0051 9228

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *McGowan* C. Date of Delivery *8-25*
 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 ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE
 MIDLAND, TX 79710

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

LOVINGTON NM 88228
 AUG 25 2005
 09:18/05
 09288

Sent To: M. BRAD BENNETT, INC.
 P.O. BOX 51510
 MIDLAND, TX 79710-1510

PS Form 3800, June 2002 See Reverse for Instructions

9228 7500 0005 0051 9228

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	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84

Sent To: MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552

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

UNIT ID: 0660

See Reverse for Instructions

PS Form 3800, June 2002

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:

YATES PETROLEUM CORPORATION
P.O. BOX 1395
ARTESIA, NM 88211-1395

2. Article Number
(Transfer from service label)

7005 0390 0001 6039 2759

Domestic Return Receipt *Edge*

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X* *John Jones* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *John Jones* C. Date of Delivery *8/18/05*

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

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:

MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552

2. Article Number
(Transfer from service label)

7005 0390 0001 6039 2766

Domestic Return Receipt *Edge*

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X* *John Jones* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *John Jones* C. Date of Delivery *8-22-05*

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 ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84

Sent To: YATES PETROLEUM CORPORATION
P.O. BOX 1395
ARTESIA, NM 88211-1395

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

UNIT ID: 0660

See Reverse for Instructions

PS Form 3800, June 2002

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

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

UNIT ID: 0660

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

LOVINGTON NM 88266

Sent To: FRANCIS HILL HUDSON
 Street, Apt. No., or PO Box No.: FBO LINDY'S LIVING TRUST 1005-A
 City, State, ZIP+4: 6300 RIDGLEA PLACE, STE. 1005-A FT. WORTH, TX 76116

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:

WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102

2. Article Number
 (Transfer from service label)

7005 0390 0005 0051 9266

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) W. A. Hudson II Date of Delivery 8/22/05

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

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 HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

2. Article Number
 (Transfer from service label)

7005 0390 0005 0051 9280

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) W. A. Hudson II Date of Delivery 8/22/05

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

102595-02-M-1540

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

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

UNIT ID: 0660

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

LOVINGTON NM 88266

Sent To: WILLIAM A. HUDSON II
 Street, Apt. No., or PO Box No.: 616 TEXAS STREET
 City, State, ZIP+4: FT. WORTH, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0005 0051 9266

9266 7005 0005 0051 9266

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)

jamesbruc@aol.com

August 29, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

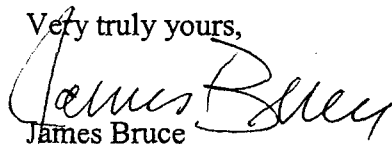
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Edge Petroleum Exploration Company, regarding the N½ of Section 29, Township 20 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 8, 2005, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, September 2, 2005 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Edge Petroleum Exploration Company

EXHIBIT A

Occidental Permian, Ltd.
Suite 6000
6 Desta Drive
Midland, Texas 79705

BE618 75-1492567
M. BRAD BENNETT, INC.
P.O. BOX 51510
MIDLAND, TX 79710-1510

HU254 75-6278787
EDWARD R. HUDSON TRUSTS 1,2,3
616 TEXAS STREET
FT. WORTH, TX 76102

HU255 75-6197898
THE EDWARD R. HUDSON TRUST #4
MARY T. ARD, TRUSTEE
222 W. 4TH STREET, PH-5
FT. WORTH, TX 76102

HU256 455-50-0190
EDWARD R. HUDSON, JR.
616 TEXAS STREET
FT. WORTH, TX 76102

HU258 455-50-0675
WILLIAM A. HUDSON II
616 TEXAS STREET
FT. WORTH, TX 76102

LE961 22-6928275
DELMAR HUDSON LEWIS LIVING TRU
6300 RIDGLEA PLACE, SUITE 1005-A
FORT WORTH, TX 76116-5736

LI650 452-80-8190
FRANCIS HILL HUDSON
FBO LINDY'S LIVING TRUST
6300 RIDGLEA PLACE, STE. 1005-A
FT. WORTH, TX 76116

MO702 76-0185037
MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552

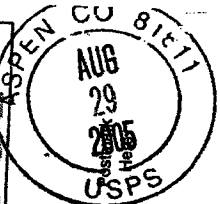
YA812 85-0154842
YATES PETROLEUM CORPORATION
P.O. BOX 1395
ARTESIA, NM 88211-1395

U.S. Postal ServiceTM
CERTIFIED MAIL[®] 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., or PO Box No. EDWARD R. HUDSON TRUSTS 1,2,3
 616 TEXAS STREET
 City, State, ZIP+4 FT. WORTH, TX 76102

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:

DELMAR HUDSON LEWIS LIVING TRU
 6300 RIDGLEA PLACE, SUITE 1005-A
 FORT WORTH, TX 76116-5736

2. Article Number
(Transfer from service label)

7005 0390 0001 6039 2155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *ANITA SLOTT* C. Date of Delivery *8/31/04*
 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

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:

EDWARD R. HUDSON TRUSTS 1,2,3
 616 TEXAS STREET
 FT. WORTH, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Crystal Vec* C. Date of Delivery *8/31/05*
 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

2. Article Number
(Transfer from service label)

7005 0390 0001 6039 2087

PS Form 3811, February 2004

Domestic Return Receipt

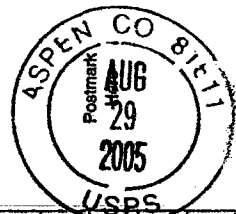
102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAIL[®] 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	\$

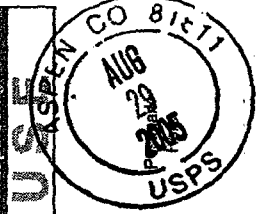


Sent To
 Street, Apt. No., or PO Box No. DELMAR HUDSON LEWIS LIVING TRU
 6300 RIDGLEA PLACE, SUITE 1005-A
 City, State, ZIP+4 FORT WORTH, TX 76116-5736

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0001 6039 2155

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



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

Sent To
MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0001 6039 2131

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 A. HUDSON II
616 TEXAS STREET
FT. WORTH, TX 76102

2. Article Number
(Transfer from service label)

7005 0390 0001 6039 2162

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature W. A. Hudson II ☐ Agent ☐ Addressee
B. Received by (Printed Name) W. A. Hudson II C. Date of Delivery 9-2-05
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

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:

MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552

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)

7005 0390 0001 6039 2131

PS Form 3811, February 2004

Domestic Return Receipt

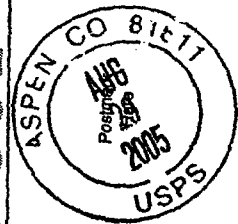
8482 2

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature W. A. Hudson II ☐ Agent ☐ Addressee
B. Received by (Printed Name) W. A. Hudson II C. Date of Delivery 9-1
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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



Sent To
WILLIAM A. HUDSON II
616 TEXAS STREET
FT. WORTH, TX 76102
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0001 6039 2162

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

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
 FRANCIS HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

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:

FRANCIS HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

2. Article Number (Transfer from service)

7005 0390 0001 6039 2148

PS Form 3811, February 2004 Domestic Return Receipt Edg - 2 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:

YATES PETROLEUM CORPORATION
 P.O. BOX 1395
 ARTESIA, NM 88211-1395

2. Article Number (Transfer from service)

7005 0390 0001 6039 2117

PS Form 3811, February 2004 Domestic Return Receipt Edg - 2 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/3/04*

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

2. Article Number (Transfer from service)

7005 0390 0001 6039 2148

PS Form 3811, February 2004 Domestic Return Receipt Edg - 2 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/3/04*

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

PS Form 3800, June 2002 See Reverse for Instructions

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

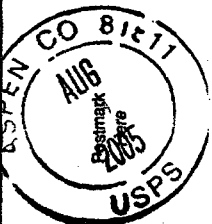
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To
 YATES PETROLEUM CORPORATION
 P.O. BOX 1395
 ARTESIA, NM 88211-1395

2. Article Number (Transfer from service)

7005 0390 0001 6039 2117

PS Form 3800, June 2002 See Reverse for Instructions



[Home](#) | [Help](#)[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7005 0390 0001 6039 2179

Status: **Delivered**

Your item was delivered at 8:31 am on September 02, 2005 in FORT WORTH, TX 76102.

[Track & Confirm](#)

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)POSTAL INSPECTORS
Preserving the Trust[site map](#)[contact us](#)[government services](#)[jobs](#)[National & Premier Accounts](#)Copyright © 1999-2004 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

U.S. Postal Service™ CERTIFIED MAIL™ 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: EDWARD R. HUDSON, JR. 616 TEXAS STREET FT. WORTH, TX 76102 City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for Instructions	

7005 0390 0001 6039 2179

ASPEN
SEP 02 2005
FBI

7005 0390 0001 6039 3091

U.S. Postal ServiceTM

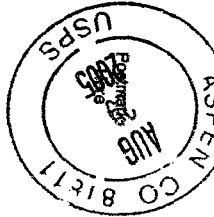
CERTIFIED MAILTM RECEIPT

(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 THE EDWARD R. HUDSON TRUST #4
MARTY T. ARD, TRUSTEE
Street, Apt. No. 222 W. 4TH STREET, PH-5
or PO Box No. FT. WORTH, TX 76102
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

[Home](#) | [Help](#)[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7005 0390 0001 6039 2094

Status: **Delivered**Your item was delivered at 9:24 am on September 07, 2005 in
MIDLAND, TX 79705.[Additional Details >](#)[Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)POSTAL INSPECTORS
Preserving the Trust[site map](#)[contact us](#)[government services](#)[jobs](#)[National & Premier Accounts](#)Copyright © 1999-2004 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

4502 6E09 1000 0660 5002

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance or 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	\$

Postmark
SEP 07 2005
ASPEN CO 81517
USPS

Sent To
M. BRAD BENNETT, INC.
Street, Apt. No., or PO Box No. R.D. BOX 51510
City, State, ZIP+4 MIDLAND, TX 79710-1510

PS Form 3800, June 2002 See Reverse for Instructions

[Home](#) | [Help](#)[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7005 0390 0001 6039 2100
Status: **Delivered**

Your item was delivered at 10:11 am on September 07, 2005 in
MIDLAND, TX 79705.

[Track & Confirm](#)

Enter Label/Receipt Number.

[Additional Details >](#)[Return to USPS.com Home >](#)

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

POSTAL INSPECTORS
Preserving the Trust

[site map](#) [contact us](#) [government services](#) [jobs](#) [National & Premier Accounts](#)
Copyright © 1999-2004 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

U.S. Postal Service™ CERTIFIED MAIL™ 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	
Occidental Permian, Ltd.	
Sent To	Suite 6000
Street, Apt. No., or PO Box No.	6 Desta Drive
City, State, ZIP+4	Midland, Texas 79705
PS Form 3800, June 2002	
See Reverse for Instructions	



0012 6039 1000 0400 5002

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)

jamesbruc@aol.com

September 1, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Providence Oil & Gas Corp.
7160 South College Avenue
Tulsa, Oklahoma 74136

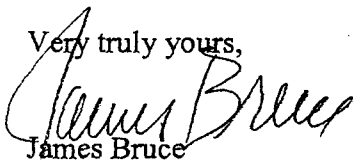
Attention: Jack Kelly

Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Edge Petroleum Exploration Company, regarding the N½ of Section 29, Township 20 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 8, 2005, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Edge Petroleum Exploration Company

[Home](#) | [Help](#)[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7005 0390 0005 0052 5021

Status: **Delivered**

Your item was delivered at 11:24 am on September 06, 2005 in TULSA, OK 74136.

[Additional Details >](#)[Return to USPS.com Home >](#)


Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

[Go >](#) **POSTAL INSPECTORS**
Preserving the Trust[site map](#)[contact us](#) [government services](#) [jobs](#)[National & Premier Accounts](#)Copyright © 1999-2004 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

U.S. Postal Service TM	
CERTIFIED MAIL TM 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	
Providence Oil & Gas Corp.	
7160 South College Avenue	
Tulsa, Oklahoma 74136	
Street, Apt. No.; or PO Box No.	
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for Instructions	