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February 28, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the N $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 8 and N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 9, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 21, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator, 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 Thursday, March 14, 2013 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

Legacy Reserves Operating, LP
P.O. Box 10848
Midland, Texas 79702

Chevron USA, Inc.
Land Department
1400 Smith Street
Houston, Texas 77002

7008 1140 0003 5880 9312

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	\$

Postmark Here

Sent To: Legacy Reserves Operating, LP
P.O. Box 10848
Midland, Texas 79702

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

PS Form 3800, August 2006

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:

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

2. Article Number
(Transfer from service label)

7008 1140 0003 5880 9312

PS Form 3811, February 2004

Domestic Return Receipt

Ex I 8-1

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Michelle Barton* Agent Addressee

B. Received by (Printed Name) *Michelle Barton* C. Date of Delivery *3/5/13*

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.

Article Addressed to:

Legacy Reserves Operating, LP
P.O. Box 10848
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Evan C. Baller* Agent Addressee

B. Received by (Printed Name) *Evan C. Baller* 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

Article Number
(Transfer from service label)

7008 1140 0003 5880 9329

PS Form 3811, February 2004

Domestic Return Receipt

Cx I 8-1

102595-02-M-1540

7008 1140 0003 5880 9312

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OFFICIAL USE

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

Postmark Here

Sent To: Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

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

PS Form 3800, August 2006

See Reverse for Instructions

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. 		A. Signature: <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> X	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Chevron USA, Inc. Land Department 1400 Smith Street Houston, Texas 77002 </div>		B. Received by (Printed Name): _____ Date of Delivery: <u>6.20.13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number: 7008 1140 0003 5880 9336
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt Cx I 8-1 102595-02-M-1540

7008 1140 0003 5880 9336

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OFFICIAL USE

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

Sent To: Chevron USA, Inc.
Land Department
Street, Apt. No., or PO Box No.: 1400 Smith Street
City, State, ZIP+4: Houston, Texas 77002

PS Form 3800, August 2006 See Reverse for Instructions