

EXHIBIT A

Dean Kinsolving
P.O. Box 325
Tatum, NM 88257-0325

DeVargas Street LLC
4613 Los Poblanos Cir., NW
Albuquerque, NM 87107

Devon Energy Corporation
333 West Sheridan Avenue
Oklahoma City, OK 73102-5015

Mewbourne Oil Company
P.O. Box 7698
Tyler, TX 75711



**MONTGOMERY
& ANDREWS**
LAW FIRM

J. SCOTT HALL

Office: (505) 986-2646

Email: shall@montand.com

Reply To: Santa Fe Office

www.montand.com

June 14, 2013

DeVargas Street LLC
4613 Los Poblanos Cir., NW
Albuquerque, NM 87107

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

**Re: NMOCD Case No. 15018: Application of SM Energy Company for
Designation of a Non-Standard Oil Spacing and Proration Unit and for
Compulsory Pooling, Eddy County, New Mexico**

Dear Sir or Madam:

Please be advised that SM Energy Company has filed an Application with the New Mexico Oil Conservation Division for an order consolidating the 40-acre spacing units within the N/2 N/2 of Section 34, Township 19 South Range 29 East, NMPM and designating the consolidated units as a 160-acre± non-standard oil spacing and proration unit for a well location in the Bone Spring formation for Applicant's horizontal drilling project area. Applicant further seeks the compulsory pooling of all interests in the Bone Spring formation underlying the N/2 N/2 of Section 34 to be dedicated to its Osage "34" Federal No. 1H Well to be drilled horizontally from a standard surface location in the NE/4 NE/4 (Unit A) to a bottom hole location in the NW/4 NW/4 (Unit D) of Section 34 to a depth sufficient to test the Bone Spring formation, Parkway Bone Spring pool (49622). Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of SM Energy Company as operator and a charge for risk involved in drilling the well.

A copy of SM Energy Co.'s Application is enclosed.

This Application will be set for hearing before a Division Examiner on July 11, 2013, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an

REPLY TO:

325 Paseo de Peralta
Santa Fe, New Mexico 87501
Telephone (505) 982-3873 • Fax (505) 982-4289

Post Office Box 2307
Santa Fe, New Mexico 87504-2307

6301 Indian School Road NE, Suite 400
Albuquerque, New Mexico 87110
Telephone (505) 884-4200 • Fax (505) 888-8929

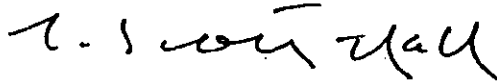
Post Office Box 36210
Albuquerque, New Mexico 87176-6210

DeVargas Street LLC
June 14, 2013
Page 2

owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 19.15.4.13.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

A handwritten signature in black ink, appearing to read "J. Scott Hall", written in a cursive style.

J. Scott Hall

Enclosure

cc: Joseph Davis

477240



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J. Scott Hall

Enclosure

cc: Joseph Davis

477259



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MONTGOMERY & ANDREWS, P.A.

A handwritten signature in black ink, appearing to read "J. Scott Hall". The signature is written in a cursive, somewhat stylized font.

J. Scott Hall

Enclosure

cc: Joseph Davis

477261



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J. Scott Hall

Enclosure

cc: Joseph Davis

477241

7012 2210 0001 2087 9794

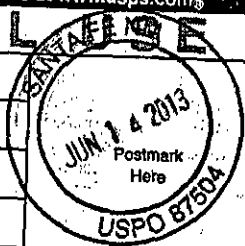
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Street, Apt. No., or PO Box No. P.O. Box 7698
City, State, ZIP+4 Tyler, TX 75711

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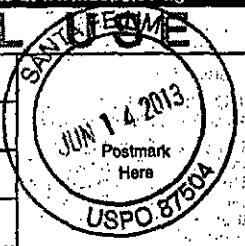
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Street, Apt. No., or PO Box No. 333 W. Sheridan Ave.
City, State, ZIP+4 Oklahoma City OK 73102

PS Form 3800, August 2006 See Reverse for Instructions.



7013 0600 0002 2194 5743

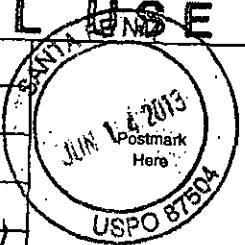
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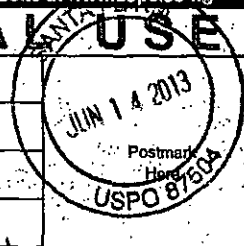
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dean Kinsolving
P.O. Box 325
Tatum, NM 88257-0325

2. Article Number

(Transfer from service label)

7013 0600 0002 2194 5736

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**

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De Vargas Street LLC
4613 Los Poblanos Cir., NW
Albuquerque, NM 87107

2. Article Number

(Transfer from service label)

7013 0600 0002 2194 5743

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

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<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;">7012 2210 0001 2087 9794</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input checked="" 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>

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

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<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;">7012 2210 0001 2087 9787</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>

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