

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

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY, L.P. FOR A NON-STANDARD OIL SPACING  
AND PRORATION UNIT, AND COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.**


Case No. 15,057

**AFFIDAVIT OF NOTICE**

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

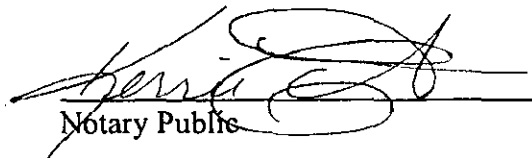
James Bruce, being duly sworn upon his oath, deposes and states:

1.     I am over the age of 18, and have personal knowledge of the matters stated herein.
2.     I am an attorney for Devon Energy Production Company, L.P.
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 last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 4<sup>th</sup> day of December, 2013 by  
James Bruce.



  
Notary Public

Oil Conservation Division  
Case No. 3A  
Exhibit No. 3A

**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)  
[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

October 10, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

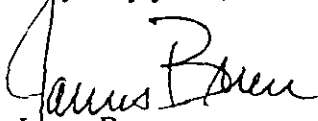
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding two wells in the S½S½ of Section 14, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 31, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend the 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 Thursday, October 24, 2013. 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 time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Devon Energy Production Company, L.P.

EXHIBIT

A

EXHIBIT A

Halcon Resources  
5100 E. Skelly Drive, Suite 650  
Tulsa, OK 74135

Range Operating New Mexico, Inc.  
281 N. Highway 248  
Eunice, New Mexico 88231

Deborah Masters Andrews  
c/o Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

Benefit of William Wilson Masters  
c/o Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

Benefit of Christian Martin Masters  
c/o Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

Asa Grayson Ashworth  
c/o John P. Ashworth, Attorney in Fact  
1577 Yankee Lane  
Hornell, NY 14843

Braille Institute of America, Inc.  
741 N. Vermont Avenue  
Los Angeles, CA 90029

## 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:

Halcon Resources  
5100 E. Skelly Drive, Suite 550  
Tulsa, OK 74135

2. Article Number

(Transfer from service label)

7012 3050 0000 6871 5663

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

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

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OFFICIAL USE

Postage	\$0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.11

Sent To

Benefit of William Wilson Masters  
c/o Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

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

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

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

TULSA OK 74135

Postage \$0.46

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage &amp; Fees \$6.11

Sent To

Halcon Resources  
5100 E. Skelly Drive, Suite 550  
Tulsa, OK 74135

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:

Benefit of William Wilson Masters  
c/o Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

2. Article Number

(Transfer from service label)

7012 3050 0000 6871 5694

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?

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

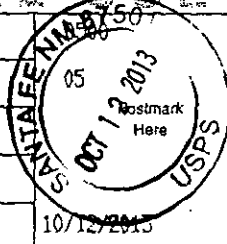
7012 3050 0000 6871 5687

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.11



Sent To: Range Operating New Mexico, Inc.  
281 N. Highway 248  
Eunice, New Mexico 88231  
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:

Deborah Masters Andrews  
c/o Balsh Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

2. Article Number  
(Transfer from service label)

7012 3050 0000 6871 5687

PS Form 3811, February 2004

Domestic Return Receipt

D-14

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

OCT 16 2013

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:

Range Operating New Mexico, Inc.  
281 N. Highway 248  
Eunice, New Mexico 88231

## 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)

7012 3050 0000 6871 5670

PS Form 3811, February 2004

Domestic Return Receipt

D-14

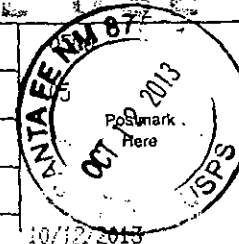
102595-02-M-1540

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Postage	\$0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.11



Sent To: Deborah Masters Andrews  
c/o Balsh Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 3050 0000 6871 5687

7012 3050 0000 6871 5724

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**OFFICIAL USE**

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.11</b>

**Postmark**  
 OCT 12 2013  
 10/12/2013

**Sent To**  
 Asa Grayson Ashworth  
 c/o John P. Ashworth, Attorney in Fact  
 1577 Yankee Lane  
 Hornell, NY 14843

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:  
 Baish Limited Partnerships  
 3020 Fishing Creek Valley Road  
 Harrisburg, PA 17112

2. Article Number: 7012 3050 0000 6871 5717  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt D-14 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 10/16/12

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**Postmark**  
 OCT 16 2013

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Asa Grayson Ashworth  
 c/o John P. Ashworth, Attorney in Fact  
 1577 Yankee Lane  
 Hornell, NY 14843

2. Article Number: 7012 3050 0000 6871 5724  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt D-14 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 10-19-12

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**Postmark**  
 OCT 12 2013

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Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.11</b>

**Postmark**  
 OCT 12 2013

**Sent To**  
 Baish Limited Partnerships  
 3020 Fishing Creek Valley Road  
 Harrisburg, PA 17112

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:

Braille Institute of America, Inc.  
741 N. Vermont Avenue  
Los Angeles, CA 90029

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* 10/15/13  
☒ Agent ☐ Addressee

B. Received by (Printed Name) *CARLOS GARCIA* C. Date of Delivery *10/15/13*

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

PS Form 3811, February 2004

Domestic Return Receipt *D-14*

102595-02-M-1540

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

HARRISBURG, PA 17112

Postage \$ *\$0.46*

Certified Fee *\$3.10*

Return Receipt Fee (Endorsement Required) *\$2.55*

Restricted Delivery Fee (Endorsement Required) *\$0.00*

Total Postage & Fees *\$6.11*

Sent To *Benefit of Christian Martin Masters*  
*c/o Baish Limited Partnerships*  
*3020 Fishing Creek Valley Road*  
*Harrisburg, PA 17112*

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

**PS Form 3800, August 2006** See Reverse for Instructions

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

LOS ANGELES, CA 90029

Postage \$ *\$0.46*

Certified Fee *\$3.10*

Return Receipt Fee (Endorsement Required) *\$2.55*

Restricted Delivery Fee (Endorsement Required) *\$0.00*

Total Postage & Fees \$ *\$6.11*

Sent To *Braille Institute of America, Inc.*  
*741 N. Vermont Avenue*  
*Los Angeles, CA 90029*

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

**PS Form 3800, August 2006** See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Benefit of Christian Martin Masters  
c/o Baish Limited Partnerships  
3020 Fishing Creek Valley Road  
Harrisburg, PA 17112

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* 10/16/13  
☒ Agent ☐ Addressee

B. Received by (Printed Name) *CARLOS GARCIA* C. Date of Delivery *10/16/13*

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

PS Form 3811, February 2004

Domestic Return Receipt *D-14*

102595-02-M-1540

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)  
[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

November 14, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Asa G. Ashworth  
1577 Yankee Lane  
Hornell, New York 14843

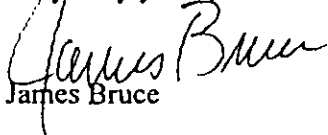
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding a well in the S½S½ of Section 14, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico (BAE 14 Fed. Com. Well No. 8H).

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 5, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend the 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 27, 2013. 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 time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

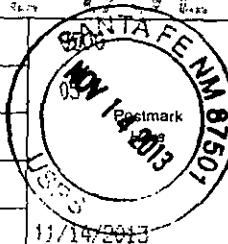
Attorney for Devon Energy Production Company, L.P.



7012 3050 0000 6871 6158

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Postage	\$	\$0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.31</b>



Sent To: Asa G. Ashworth  
 1577 Yankee Lane  
 Hornell, New York 14843

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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature: <i>Asa G. Ashworth</i></p> <p>B. Received by (Printed Name):</p> <p>C. Date of Delivery: 11/22/13</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>Asa G. Ashworth          1577 Yankee Lane          Hornell, New York 14843</p>		<p>3. Service Type:</p> <p><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 checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7012 3050 0000 6871 6158</p>			