

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

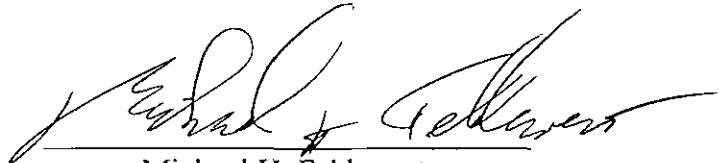
IN THE MATTER OF THE APPLICATIONS OF ALAMO PERMIAN RESOURCES,  
LLC FOR APPROVAL OF THE HIGH LONESOME QUEEN UNIT, ESTABLISHMENT  
OF A WATERFLOOD PROJECT AS AN ENHANCED OIL RECOVERY PROJECT  
PURSUANT TO THE ENHANCED OIL RECOVERY ACT, EDDY COUNTY, NEW  
MEXICO

CASE NOS. 15116

AFFIDAVIT

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

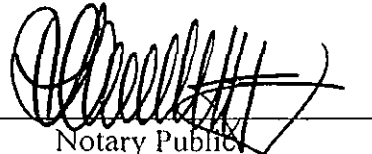
Michael H. Feldewert, attorney in fact and authorized representative of Alamo Permian Resources, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application has been provided under the notice letter and proof of receipts attached hereto.

  
\_\_\_\_\_  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 30th day of April 2014 by Michael H. Feldewert.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 04/14/15

  
\_\_\_\_\_  
Notary Public

BEFORE THE OIL CONSERVATION  
DIVISION  
Santa Fe, New Mexico  
Exhibit No. 3  
Submitted by: ALAMO PERMIAN RESOURCES  
Hearing Date: April 30, 2014

**NMOCD Form C-108 – Sec. XIII: Proof of Notice  
High Lonesome Queen Unit  
Eddy Co., New Mexico**

**Exhibit “A”**

Legacy Reserves Operating LLC  
Paul T. Horne  
P.O. Box 10848  
Midland, TX 79702

Beach Exploration Inc.  
800 N. Marienfeld, Ste. 200  
Midland, TX 79701

Chase Oil Corp  
PO Box 1767  
Artesia, NM 88211

ConocoPhillips Company  
3401 E. 30<sup>th</sup> St.  
Farmington, NM 87402

General Western Petroleum Corp  
P. O. Box 967  
King City, CA 93930

Chevron  
Attn: Sandy Stedman-Daniel  
P.O. Box 2100  
Houston, TX 77252

New Mexico State Land Office  
State of New Mexico  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

**HOLLAND & HART** LLP



**Michael H. Feldewert**  
Recognized Specialist in the Area of  
Natural Resources - oil and gas law - New  
Mexico Board of Legal Specialization  
mfeldewert@hollandhart.com

March 28, 2014

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: AFFECTED PARTIES**

**Re: Application Of Alamo Permian Resources, LLC For Approval Of The High Lonesome Queen Unit, Establishment Of A Waterflood Project, And Certification Of The Waterflood Project As An Enhanced Oil Recovery Project Pursuant To The Enhanced Oil Recovery Act, Eddy County, New Mexico.**

Ladies & Gentlemen:

This letter is to advise you that Alamo Resources, LLC ("Alamo") has filed the enclosed application with the New Mexico Oil Conservation Division. You are receiving notice of this application because you are either a landowner or a leasehold operator within one-half mile of Alamo's proposed unit area.

This application will be set for hearing before a Division Examiner on April 17, 2014. The hearings will start at 8:15 a.m. in Porter Hall at the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

To obtain a copy of the Division Form C-108 filed with this Application, or in the event you have questions about this matter please contact the following Alamo representative: Tyler Woodruff, Senior Landman, 820 Gessner, Suite 1650, Houston, TX 77024, twoodruff@alamoresources.com, (832) 657-8005.

Sincerely,

Michael H. Feldewert  
ATTORNEY FOR ALAMO RESOURCES, LLC

**Holland & Hart** LLP

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. ☺

7006 0100 0005 5771 7156

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL MAIL</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Legacy Reserves Operating LLC Paul T. Horne P.O. Box 10848 Midland, TX 79702	
PS Form 3800, June 2002 See Reverse for Instructions	

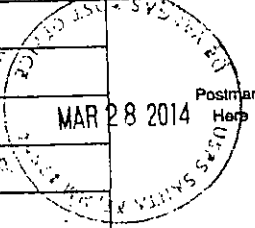
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:	
1. Article Addressed to: Legacy Reserves Operating LLC Paul T. Horne P.O. Box 10848 Midland, TX 79702		Service Type <input 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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee)	
PS Form 3811, February 2004		102595-02-M-1540	

7006 0100 0005 5771 7149

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL MAIL</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Beach Exploration Inc. 800 N. Marienfeld, Ste. 200 Midland, TX 79701	
PS Form 3800, June 2002 See Reverse for Instructions	

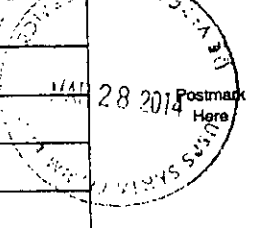
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:	
1. Article Addressed to: Beach Exploration Inc. 800 N. Marienfeld, Ste. 200 Midland, TX 79701		Service Type <input 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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee)	
PS Form 3811, February 2004		102595-02-M-1540	

7006 0100 0005 5771 7132

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Chase Oil Corp PO Box 1767 Artesia, NM 88211	
PS Form 3800, June 2002 See Reverse for Instructions	

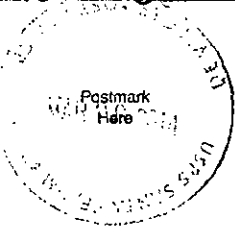
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Kathy Donaghe</i> <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>KATHY DONAGHE</b> Date of Delivery	
1. Article Addressed to:  Chase Oil Corp PO Box 1767 Artesia, NM 88211		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7006 0100 0005 5771 7132</b>		3. Service Type <input 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	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

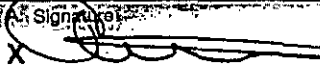
7006 0100 0005 5771 7125

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
ConocoPhillips Company 3401 E. 30th St. Farmington, NM 87402	
PS Form 3800, June 2002 See Reverse for Instructions	

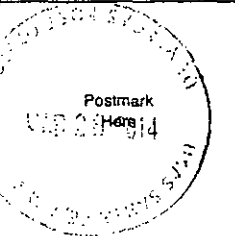
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Grey Cross</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>Grey Cross</b> C. Date of Delivery <b>3/31/14</b>	
1. Article Addressed to:  ConocoPhillips Company 3401 E. 30th St. Farmington, NM 87402		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <b>7006 0100 0005 5771 7125</b>		3. Service Type <input 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	
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540	

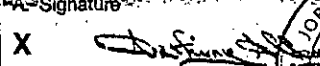
7118 5771 0005 0100 2006

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
General Western Petroleum Corp P. O. Box 967 King City, CA 93930	
or Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>THIS SECTION ON DELIVERY</b> A. Signature:  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: <u>04/08/14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
1. Article Addressed to: General Western Petroleum Corp P. O. Box 967 King City, CA 93930		3. Service Type <input 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: (Transfer from service label)		7006 0100 0005 5771 7118	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7101 5771 0005 0100 2006

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Chevron Attn: Sandy Stedman-Daniel P.O. Box 2100 Houston, TX 77252	
or Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>THIS SECTION ON DELIVERY</b> A. Signature:  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: <u>APR 7 2014</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <u>USPS No</u>	
1. Article Addressed to: Chevron Attn: Sandy Stedman-Daniel P.O. Box 2100 Houston, TX 77252		3. Service Type <input 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: (Transfer from service label)		7006 0100 0005 5771 7101	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

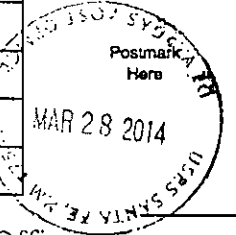
7006 0100 0005 5771 7095

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> 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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



New Mexico State Land Office  
State of New Mexico  
310 Old Santa Fe Trail  
Santa Fe, NM 87504

See Reverse for Instructions