

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

**APPLICATION OF SYNERGY OPERATING,  
LLC FOR COMPULSORY POOLING, SAN  
JUAN COUNTY, NEW MEXICO.**

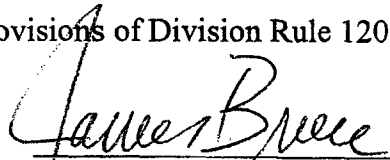
**Case No. 13,486**

**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 Synergy Operating? Magnum Hunter Production, Inc., 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 locatable interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibits A and B.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 15<sup>th</sup> day of June, 2005 by James Bruce.

My Commission Expires:  
3/14/09

  
Notary Public **CDM'N**  
OIL CONSERVATION DIVISION

CASE NUMBER

Synergy 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](mailto:jamesbruc@aol.com)

April 14, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Earnest Smith and  
Edwin Smith  
40758 Jasper Drive  
Kingsbury, California 93631

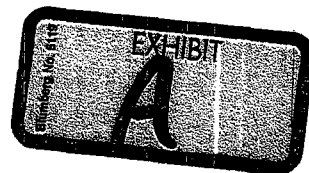
June Walmsley Estate  
c/o Jerry T. Walmsley  
801 West Paradise Road  
Spokane, Washington 99224

June Walmsley Estate  
c/o Jana Nelson  
4003 East Broadway  
Spokane, Washington 99202

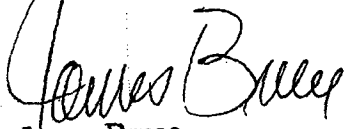
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Synergy Operating, LLC, regarding the W½ of Section 8, Township 29 North, Range 11 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 5, 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, April 29, 2005 if you intend to participate in the hearing.



Very truly yours,

  
James Bruce

Attorney for Synergy Operating, LLC

cc: Bill Eden  
Douglas, Eden, Phillips, Debugger & Stander  
Suite 909  
422 West Riverside  
Spokane, Washington 99201

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:

Barney Smith and  
Edwin Smith  
40758 Jasper Drive  
Kingsbury, California 93631

2. Article Number  
(Transfer from service label)

7004 1160 0002 5646 4840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Edwin Smith* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Edwin Smith* C. Date of Delivery *4-19-05*
- 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:

Bill Eden  
Douglas, Eden, Phillips, Debugger & Stander  
Suite 909  
422 West Riverside  
Spokane, Washington 99201

2. Article Number  
(Transfer from service label)

7004 1160 0002 5646 4857

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Edwin Smith* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Edwin Smith* C. Date of Delivery *4-19-05*
- 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 THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>June Walmaley Estate c/o Jerry T. Walmaley 801 West Paradise Road Spokane, Washington 99224</p>		<p>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number <u>7004 1160 0002 5646 4833</u></p>		<p>B. Received by (Printed Name) <u>Don Van Dyke</u> C. Date of Delivery <u>4-18-05</u></p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>5. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>June Walmaley Estate c/o Jerry T. Walmaley 801 West Paradise Road Spokane, Washington 99224</p>		<p>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number <u>7004 1160 0002 5646 4826</u></p>		<p>B. Received by (Printed Name) <u>M. Van Dyke</u> C. Date of Delivery <u>4-18-05</u></p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>5. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

**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](mailto:jamesbruc@aol.com)

May 26, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Earnest Smith and  
Edwin Smith  
40758 Jasper Drive  
Kingsbury, California 93631

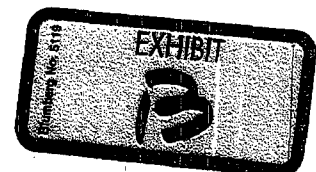
June Walmsley Estate  
c/o Jerry T. Walmsley  
801 West Paradise Road  
Spokane, Washington 99224

June Walmsley Estate  
c/o Jana Nelson  
4003 East Broadway  
Spokane, Washington 99202

Joseph C. Robbins  
2136 Lakeshore Drive  
Chapel Hill, North Carolina 27514

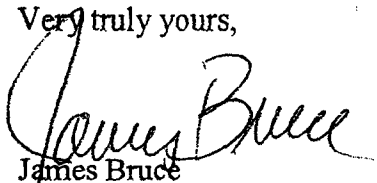
Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Synergy Operating, LLC, regarding the W½ of Section 8, Township 29 North, Range 11 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 16, 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, June 10, 2005 if you intend to participate in the hearing.

Very truly yours,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in dark ink and is positioned above the printed name.

James Bruce

Attorney for Synergy Operating, LLC

cc: Bill Eden  
Douglas, Eden, Phillips, Debugger & Stander  
Suite 909  
422 West Riverside  
Spokane, Washington 99201

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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 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 \$

Sent To  
 Joseph C. Robbins  
 2136 Lakeshore Drive  
 Chapel Hill, North Carolina 27514  
 City, State, ZIP+4

Postmark Here  
 MAY 26 2005  
 SANTA FE NEW MEXICO 87501-8998  
 USPS

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.

1. Article Addressed to:  
 Barnet Smith and  
 Edwin Smith  
 40738 Jasper Drive  
 Kingbury, California 93631

2. Article Number (Transfer from service label)  
 7004 2890 0001 4619 4551

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Barnet Smith* Agent

B. Received by (Printed Name)  
 Barnet Smith 6-1-05

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

Domestic Return Receipt *Synegry 12* 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:  
 Joseph C. Robbins  
 2136 Lakeshore Drive  
 Chapel Hill, North Carolina 27514

2. Article Number (Transfer from service label)  
 7004 2890 0001 4619 4520

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Joseph C. Robbins* Agent

B. Received by (Printed Name)  
 Joseph C. Robbins

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

Domestic Return Receipt *Synegry 12* 102595-02-M-1540

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**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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 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 \$

Sent To  
 Barnet Smith and  
 Edwin Smith  
 40738 Jasper Drive  
 Kingbury, California 93631  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

Postmark Here  
 MAY 26 2005  
 SANTA FE NEW MEXICO 87501-8998  
 USPS

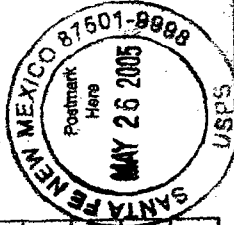
PS Form 3800, June 2002 See Reverse for Instructions

**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)

**OFFICIAL USE**

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



Sent To  
 June Wainaley Estate  
 c/o Jerry T. Wainaley  
 801 West Paradise Road  
 Spokane, Washington 99224  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

See Reverse for Instructions

7004 2890 0001 4619 4537

**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:

June Wainaley Estate  
 c/o Jerry T. Wainaley  
 801 West Paradise Road  
 Spokane, Washington 99224

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

7004 2890 0001 4619 4544

Domestic Return Receipt

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:

June Wainaley Estate  
 c/o Jana Nelson  
 4002 East Broadway  
 Spokane, Washington 99202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Heather Blackham* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *Heather Blackham* C. Date of Delivery *5-31-05*  
 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)

PS Form 3811, February 2004

7004 2890 0001 4619 4537

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Lynette Van Dyke* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *Lynette Van Dyke* C. Date of Delivery *5/28/05*  
 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

7004 2890 0001 4619 4544

Domestic Return Receipt

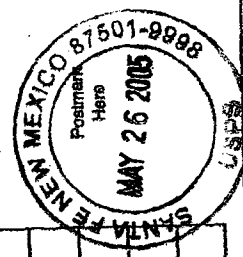
102595-02-M-1540

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



Sent To  
 June Wainaley Estate  
 c/o Jana Nelson  
 4002 East Broadway  
 Spokane, Washington 99202  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

See Reverse for Instructions

7004 2890 0001 4619 4537

**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:

Bill Edam  
Douglas, Eden, Phillips, Debugger & Stander  
Suite 909  
422 West Riverside  
Spokane, Washington 99201

2. Article Number

(Transfer from service label)

7004 2890 0001 4619 4513

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

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

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



Sent To

Bill Edam  
Douglas, Eden, Phillips, Debugger & Stander  
Suite 909  
422 West Riverside  
Spokane, Washington 99201

PS Form 3801, June 2002

See Reverse for Instructions