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ATTORNEY AT LAW

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SANTA FE NEW MEXICO 87504

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jamesbruce@aol.com

February 23 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To Persons on Exhibit A

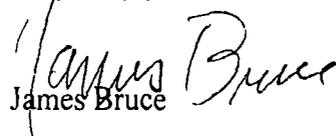
Ladies and gentlemen

Enclosed is a copy of an application for a non standard unit *etc* filed with the New Mexico Oil Conservation Division by Devon Energy Production Company L P regarding a Bone Spring well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 1 and the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 12 Township 23 South Range 31 East N M P M Eddy County New Mexico

This matter is scheduled for hearing at 8 15 a m on Thursday March 16 2017 at the Division's offices at 1220 South St Francis Drive Santa Fe New Mexico 87505 You are not required to attend this hearing but as an **offset interest owner or operator** who 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 March 9 2017 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

ATTACHMENT

A

EXHIBIT A

COG Operating LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

Marshall & Winston Inc
P O Box 50880
Midland Texas 79710

McCombs Energy Ltd
Suite 1220
5599 San Felipe Street
Houston Texas 77056

OXY USA Inc
5 Greenway Plaza
Houston, Texas 77046

Linn Energy Holdings LLC
Linn Operating Inc
Suite 4900
600 Travis
Houston Texas 77002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3
- 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

COG Operating LLC
One Concho Center
600 West Illinois
Midland Texas 79701

9590 9402 1676 6053 6585 11

2 Article Number (Transfer from service label)
7014 0510 0000 9535 1845

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Simmons Agent Addressee

B. Received by (Printed Name)
Donna Simmons

C. Date of Delivery
2/28/17

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

- 3 Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053

Domestic Return Receipt

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7014 0510 0000 9535 1807

Postage & Fees \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Postage Delivery Fee (Excess Weight)

Postage & Fees \$

Postmark Here

Linn Energy Holdings LLC
Linn Operating Inc
Suite 4900
600 Travis
Houston Texas 77002

PS Form 3811 August 2015 See Reverse for Instructions

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Postage Delivery Fee (Excess Weight)

To a Postage & Fees \$

To
COG Operating LLC
One Concho Center
600 West Illinois
Midland Texas 79701

Postmark Here

9590 9402 1676 6053 6584 74

PS Form 3811 August 2015 See Reverse for Instructions

7014 0510 0000 9535 1845

SENDER: COMPLETE THIS SECTION

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1 Article Addressed to

Linn Energy Holdings LLC
Linn Operating Inc
Suite 4900
600 Travis
Houston Texas 77002

9590 9402 1676 6053 6584 74

2 Article Number (Transfer from service label)
7014 0510 0000 9535 1807

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent Addressee

B. Received by (Printed Name)
Lynn Sparks

C. Date of Delivery
2/28/17

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

- 3 Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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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

Marshall & Winston Inc
 P O Box 50880
 Midland Texas 79710

9590 9402 1676 6053 6585 04

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1838

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature *[Signature]* Agent Addressee

B Received by (Printed Name) *Kim Fasy* C Date of Delivery *3/1/17*

D Is delivery address different from item 1? Yes No
 if YES enter delivery address below

- 3 Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Delvery

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1821 5556 0000 0150 4102

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To *McCombs Energy Ltd Suite 1220 5599 San Felipe Street Houston Texas 77056*

Street Apt No *5599 San Felipe Street*

PO Box No *Houston Texas 77056*

City State ZIP 4

PS Form 3811 August 2015 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3
- 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

McCombs Energy Ltd
 Suite 1220
 5599 San Felipe Street
 Houston Texas 77056

9590 9402 1676 6053 6585 04

2 Article Number (Transfer from service label) 7014 0510 0000 9535 1821

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature *Olivia Bailey* Agent Addressee

B Received by (Printed Name) *Olivia Bailey* C Date of Delivery *3-3-17*

D Is delivery address different from item 1? Yes No
 if YES enter delivery address below

- 3 Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Restricted Delivery

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7014 0510 0000 9535 1836

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 *P O Box 50880*

PO Box No *Midland Texas 79710*

City State ZIP 4

PS Form 3811 August 2015 See Reverse for Instructions

D

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1 2 and 3 ■ 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 	<p>A Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) <input type="checkbox"/> C Date of Delivery</p>
<p>1 Article Addressed to</p> <p style="text-align: center;">OXY USA Inc 5 Greenway Plaza Houston Texas 77046</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>2 Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 1676 6053 6584 81</p> <p style="text-align: center;">7014 0510 0000 9535 1814</p>	<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811 July 2015 PSN 7530 02 000 9053 0 Domestic Return Receipt

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Postage \$	
Receipt Fee (if a receipt is required)	
Registration Fee (if a registration is required)	
Total Postage & Fee \$	

Send To

Street Apt N
POB No
City ZIP+4

OXY USA Inc
5 Greenway Plaza
Houston Texas 77046

PS Form 3800 August 2005 See Reverse for Instructions

7014 0510 0000 9535 1814