

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,
EDDY COUNTY, NEW MEXICO

Case No 15,634

AFFIDAVIT OF NOTICE

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

James Bruce being duly sworn upon his oath deposes and states

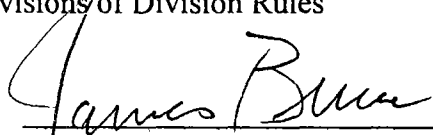
1 I am over the age of 18 and have personal knowledge of the matters stated herein

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 offset operators or working interest owners entitled to receive notice of the application filed herein

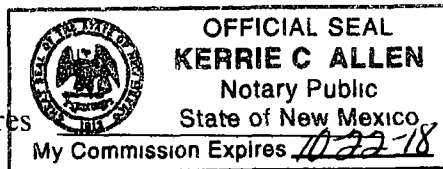
4 Notice of the application was provided to the operator or working interest owner, at its correct address by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Attachment A

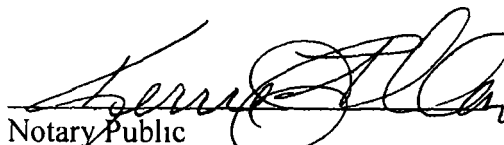
5 Applicant has complied with the notice provisions of Division Rules

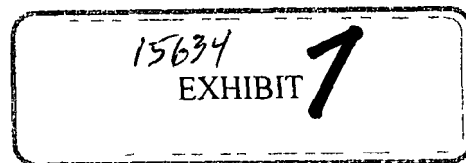

James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of March, 2017 by James
Bruce

My Commission Expires




Notary Public



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

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 THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p> <p>1 Article Addressed to</p> <p>COG Operating LLC One Concho Center 600 West Illinois Midland Texas 79701</p> <p>9590 9402 1676 6053 6585 11</p> <p>2 Article Number (Transfer from service label) 7014 0510 0000 9535 1845</p>		<p>A. Signature X Donna Simmons <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Donna Simmons 2/28/17</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below</p> <p>3 Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <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 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endo sem en Req ed)	
Restricted Delivery Fee (En or ent Req ed)	
Postmark	He
Address & Fees	
To	Linn Energy Holdings LLC Linn Operating Inc Suite 4900 600 Travis Houston Texas 77002
Adt No or PC Box No	
C S ZIP	
PS Form 3800 August 2005 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	
Postage	\$
Certified Fee	
Return Receipt Fee (Endo sem en Req ed)	
Restricted Delivery Fee (En or ent Req ed)	
Postmark	He
Total Postage & Fees	\$
To	COG Operating LLC One Concho Center 600 West Illinois Midland Texas 79701
Adt No or PC Box No	
C S ZIP	
PS Form 3800 August 2005 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p> <p>1 Article Addressed to</p> <p>Linn Energy Holdings LLC Linn Operating Inc Suite 4900 600 Travis Houston Texas 77002</p> <p>9590 9402 1676 6053 6584 74</p> <p>2 Article Number (Transfer from service label) 7014 0510 0000 9535 1807</p>		<p>A. Signature X [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Lynn Osprey 2/28/17</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below</p> <p>3 Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <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 Domestic Return Receipt

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- 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

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

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Krinwasy

C. Date of Delivery

3/1/17

D. Is delivery address different from item 1? If YES enter delivery address below

- ☐ Yes
☐ No

3 Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

d Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

Certified Fee

Return Receipt Fee
(Postment Required)Certified Delivery Fee
(Postment Required)

Postage & Fees \$

Postmark
Here

Sent To

McCombs Energy Ltd
Suite 1220Sent Apt No
PO Box5599 San Felipe Street
Houston Texas 77056

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

Postage

Certified Fee

Return Receipt Fee
(Postment Required)Certified Delivery Fee
(Postment Required)

Postage & Fees \$

Postmark
Here

Sent To

Marshall & Winston Inc
P O Box 50880
Midland Texas 79710Sent Apt No
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
- 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 6584 98

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

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Olivia Bailey

C. Date of Delivery

3-3-17

D. Is delivery address different from item 1? If YES enter delivery address below

- ☐ Yes
☐ No

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1 2 and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1 Article Addressed to</p> <p>OXY USA Inc 5 Greenway Plaza Houston Texas 77046</p> <p>9590 9402 1676 6053 6584 81</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery</p>	
<p>2 Article Number (Transfer from service label) 7014 0510 0000 9535 1814</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>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <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

7014 0510 0000 9535 1814

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage tag \$	
Receipt Fee	
Return Receipt Fee (if required)	
Delivery Point Fee (if required)	
Total Postage & Fee \$	
Deliver to	
Street Apt No	OXY USA Inc
P.O. Box No	5 Greenway Plaza
City ZIP+4	Houston Texas 77046

PS Form 3800 August 2006 See Reverse for Instructions