

**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.**

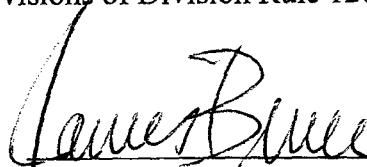
**Case No. 13,662**

**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, LLC, 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 owner, at its correct address, by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 28<sup>th</sup> day of March, 2006 by James Bruce.

  
Notary Public

My Commission Expires: 3/14/09

**OIL CONSERVATION DIVISION**

**CASE NUMBER**

**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)

February 14, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Maxxam Corporation  
Suite 2000  
1330 Post Oak Boulevard  
Houston, Texas 77056

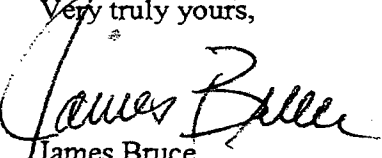
Attention: Jay Lerner

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 N½ of Section 6, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 16, 2006, 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 Thursday, March 9, 2006 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce  
Attorney for Synergy Operating, LLC



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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  <i>x William Gond</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>          <p style="text-align: right; margin-right: 50px;">Maxxam Corporation Suite 2000 1330 Post Oak Boulevard Houston, Texas 77056</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>William Gond</i> <span style="float: right;"><i>2-21-06</i></span></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) <span style="float: right;">7005 2570 0000 4604 2653</span></p>	<p>3. Service Type  <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) <span style="float: right;"><input type="checkbox"/> Yes</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt <i>Synex - 86</i> 102595-02-M-1540</span></p>	

7005 2570 0000 4604 2653

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

OFFICIAL USE

Postage	\$ 0.63	UNIT ID: 0500  <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">7005 2570 0000 4604 2653</div> <div style="text-align: center;">             Postmark              02/18/06              Clerk: KDZ170              02/18/06           </div> </div>
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$ 4.88

**Sent To** Maxxam Corporation  
 Suite 2000  
 1330 Post Oak Boulevard  
 Houston, Texas 77056

**Street, Apt. No., or PO Box No.**

**City, State, ZIP+4**

PS Form 3800, June 2002

See Reverse for Instructions