

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

**APPLICATION OF CIMAREX ENERGY CO.
FOR COMPULSORY POOLING, LEA
COUNTY, NEW MEXICO.**

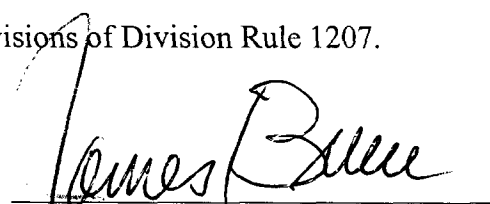
Case No. 13,777

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 Cimarex Energy Co., 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 interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts 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 14th day of September, 2006 by
James Bruce.


Notary Public

My Commission Expires: 3/14/09

Oil Conservation Division
Case No. 13777
Exhibit No. 2

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

August 17, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the SW $\frac{1}{4}$ NW $\frac{1}{4}$ and NW $\frac{1}{4}$ SW $\frac{1}{4}$ of Section 21, Township 15 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 14, 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, September 7, 2006 if you intend to participate in the hearing.

Very truly yours,

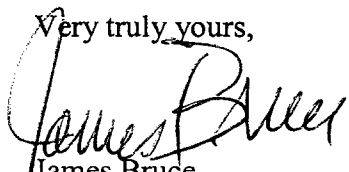

James Bruce
Attorney for Cimarex Energy Co.

Exhibit A

EXHIBIT A

Bruce W. Crockett
1611 Jackson Street
Roswell, New Mexico 88201

Dr. James Obed Baker (wife Vera)
9337 Redondo Drive
Dallas, Texas 75218

Fred T. Schooler
P.O. Box 843
Midland, Texas 79702

Randall Pettigrew
8986 Hialena Circle South
North Richland Hills, Texas 76180

Richard Pettigrew
2812 Pinewood Drive
League City, Texas 77573

Frank S. Hayford
Apartment 35
2770 19th Street
San Francisco, California 94132

M.K. Bennett
(no address)

The Blanco Company
P.O. Box 3010
Ruidoso, New Mexico 88355

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

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

COMPENSATION USE

Postage \$ 40.39
Certified Fee \$ 2.40
Return Receipt Fee (Endorsement Required) \$ 1.85
Restricted Delivery Fee (Endorsement Required) \$ 0.00
Total Postage & Fees \$ 44.64

Postmark Here
AUG 17 2006

Sent To
The Blanco Company
P.O. Box 3010
Ruidoso, New Mexico 88355
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5780 6331

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:
Frank S. Hayford
Apartment 35
2770 19th Street
San Francisco, California 94132

2. Article Number
(Transfer from service label)
7006 0100 0005 5780 6348

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Number
(Transfer from service label)
7006 0100 0005 5780 6348

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
B. Received by (Printed Name)
Frank S. Hayford
C. Date of Delivery
AUG 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
If YES, enter delivery address below:
If YES, enter delivery address below:

102595-02-M-1E

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:
The Blanco Company
P.O. Box 3010
Ruidoso, New Mexico 88355

2. Article Number
(Transfer from service label)
7006 0100 0005 5780 6331

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Number
(Transfer from service label)
7006 0100 0005 5780 6331

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™
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COMPENSATION USE

Postage \$ 40.39
Certified Fee \$ 2.40
Return Receipt Fee (Endorsement Required) \$ 1.85
Restricted Delivery Fee (Endorsement Required) \$ 0.00
Total Postage & Fees \$ 44.64

Postmark Here
AUG 17 2006

Sent To
Frank S. Hayford
Apartment 35
2770 19th Street
San Francisco, California 94132
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5780 6348

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Dr. James Obed Baker (wife Vera)
9337 Redondo Drive
Dallas, Texas 75218

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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)

7006 0100 0005 5780 6386

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™
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DALLAS, TX 75218

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$4.59

\$2.40

\$1.85

\$0.00

\$4.64

AUG 17 2006

0574

04

08/17/2006

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Dr. James Obed Baker (wife Vera)
9337 Redondo Drive
Dallas, Texas 75218

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Bruce W. Crockett
1611 Jackson Street
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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)

7006 0100 0005 5780 6393

Receipt

102595-02-M-1540

7006 0100 0005 5780 6393

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ROS WELL, NM 88201

OFFICIAL USE

Postage	\$ 4.39	0574
Certified Fee	\$2.40	
Return Receipt Fee (Endorsement Required)	\$1.85	
Restricted Delivery Fee (Endorsement Required)	\$0.60	
Total Postage & Fees	\$ 4.64	

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Bruce W. Crockett
1611 Jackson Street
Roswell, New Mexico 88201

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AND DOTTED LINE

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:

Richard Pettigrew
2812 Pinewood Drive
League City, Texas 77573

2. Article Number
(Transfer from service label)

7006 0100 0005 5780 6355

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

C. Date of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5780 6355

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LEAGUE CITY, TX 77573

OFFICIAL USE

Postage	\$	\$0.39
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.64

Postmark

AUG 17 2006

08/17/2006

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Richard Pettigrew
2812 Pinewood Drive
League City, Texas 77573

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5780 6362

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79702

OFFICIAL USE

Postage	\$	\$0.39	0574
Certified Fee		\$2.40	AUG 17 2006
Return Receipt Fee (Endorsement Required)		\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	USPS - 8751
Total Postage & Fees	\$	\$4.64	08/17/2006

Sent To

Fred T. Schooler
 Street, Apt. No., or PO Box No. P.O. Box 843
 Midland, Texas 79702
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5780 6362

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

NORTH RICHLAND HILLS TX 76180

Postage	\$	\$0.39	0574
Certified Fee		\$2.40	AUG 17 2006
Return Receipt Fee (Endorsement Required)		\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	USPS - 8751
Total Postage & Fees	\$	\$4.64	08/17/2006

Sent To

Randall Pettigrew
 Street, Apt. No., or PO Box No. 8986 Hialena Circle South
 North Richland Hills, Texas 76180
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions