

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF J. CLEO THOMPSON &
JAMES CLEO THOMPSON, JR., L.P. FOR
AN UNORTHODOX OIL WELL LOCATION
AND A NON-STANDARD OIL SPACING AND
PRORATION UNIT, LEA COUNTY, NEW MEXICO.

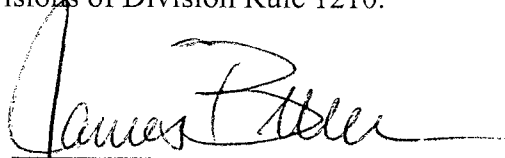
Case No. 14,013

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

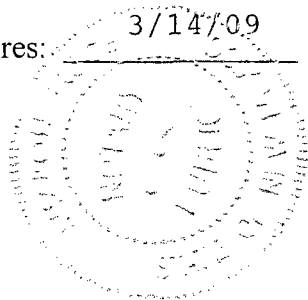
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for J. Cleo Thompson & James Cleo Thompson, Jr., L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice 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 1210.



James Bruce

SUBSCRIBED AND SWORN TO before me this 31st day of October, 2007 by James Bruce.

My Commission Expires:

3/14/09




Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 12

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

September 25, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

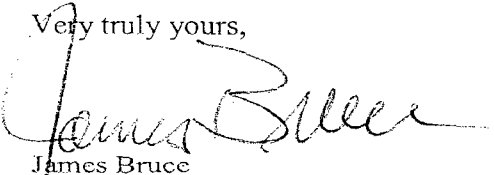
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard oil well unit and an unorthodox oil well location, filed with the New Mexico Oil Conservation Division by J. Cleo Thompson & James Cleo Thompson, Jr., L.P., regarding the S½NW¼ of Section 13, Township 9 South, Range 37 East, N.M.P.M., Lea County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, October 18, 2007** 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 the Division, and the undersigned, by Thursday, October 11, 2007 if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for J. Cleo Thompson & James Cleo Thompson, Jr., L.P.

EXHIBIT

A

EXHIBIT A

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

William T. Speller, LLC
3535 NW 58th Street
Oklahoma City, Oklahoma 73112

Byron M. Snyder, Successor Trustee
of the Cooley Trust under
Management Trust Agreement
dated February 17, 1987
P.O. Box 35096
Tucson, Arizona 85740-5096

David G. Miller
P.O. Box 150
Fischer, Texas 78623

Mary V. Miller
P.O. Box 434
Marion, Texas 78124

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

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

OFFICIAL USE

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

Sent To
 William T. Speller, LLC
 3535 NW 58th Street
 Oklahoma City, Oklahoma 73112
 Street Apt. No. or PO Box No.
 City, State, ZIP+4

Postmark Here
 SEP 25 2004
 SANTA FE, NM

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:
 Bureau of Land Management
 2009 West Second Street
 Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Charles Hines* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *CH HINES* C. Date of Delivery *9/27*
 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 *7006 3450 0001 4373 5208*
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt *JCA* 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.

Article Addressed to:
 William T. Speller, LLC
 3535 NW 58th Street
 Oklahoma City, Oklahoma 73112

COMPLETE THIS SECTION ON DELIVERY

A. Signature *William T. Speller* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) 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

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

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

OFFICIAL USE

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

Sent To
 Bureau of Land Management
 2009 West Second Street
 Roswell, New Mexico 88201
 Street Apt. No. or PO Box No.
 City, State, ZIP+4

Postmark Here
 SEP 25 2004
 SANTA FE, NM

7006 3450 0001 4373 5215
 PS Form 3811, February 2004 Domestic Return Receipt *JCA* 102595-02-M-1540

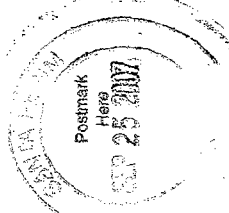
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OFFICIAL USE

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

Sent To
 Byron M. Snyder, Successor Trustee
 of the Cooley Trust under
 Management Trust Agreement
 dated February 17, 1987
 Street, Apt. No.,
 or P.O. Box No.
 P.O. Box 33096
 Tucson, Arizona 85740-5096
 City, State, ZIP+4



2225 E2EH T000 05HE 9002

ER: 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.

Article Addressed to:
 Byron M. Snyder, Successor Trustee
 of the Cooley Trust under
 Management Trust Agreement
 dated February 17, 1987
 P.O. Box 33096
 Tucson, Arizona 85740-5096

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Byron M. Snyder* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Byron M. Snyder* C. Date of Delivery *9/27/07*
 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

Article Number
 Transfer from service label 7006 3450 0001 4373 5222
 Domestic Return Receipt JCT
 Form 3811, February 2004 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.

Article Addressed to:
 Mary V. Miller
 P.O. Box 434
 Marton, Texas 78124

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mary V. Miller* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Mary V. Miller* C. Date of Delivery *10/9/07*
 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

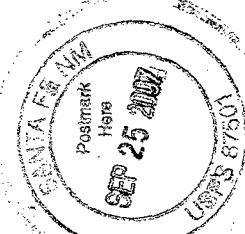
Article Number
 Transfer from service label 7006 3450 0001 4373 5246
 Domestic Return Receipt JCT
 PS Form 3811, February 2004 102595-02-M-1540

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

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OFFICIAL USE

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



Sent To
 Mary V. Miller
 Street, Apt. No.,
 or P.O. Box No.
 P.O. Box 434
 Marton, Texas 78124
 City, State, ZIP+4

9425 E2EH T000 05HE 9002

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:

David G. Miller
P.O. Box 150
Fischer, Texas 78623

2. Article Number

(Transfer from service label)

7006 3450 0001 4373 5239

PS Form 3811, February 2004

Domestic Return Receipt *JCF*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Linda Miller* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *LINDA MILLER* C. Date of Delivery *10-3-07*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

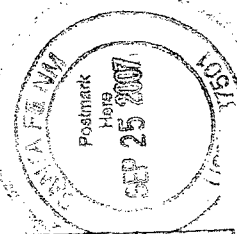
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
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OFFICIAL USE

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



David G. Miller
 P.O. Box 150
 Fischer, Texas 78623
 City, State, ZIP+4

6225 22EH 1000 054E 9002