



**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)

November 2, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Sidney Roger Davis  
P.O. Box 29330  
Austin, Texas 78755

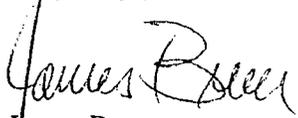
Occidental Permian Ltd.  
P.O. Box 50250  
Midland, Texas 79710

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the E $\frac{1}{2}$ NW $\frac{1}{4}$  of Section 13, Township 15 South, Range 37 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 29, 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 (in writing) the Division, and the undersigned, by Thursday, November 22, 2007 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>K. Mitchell</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>K. Mitchell</i>      <i>11/17/02</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">Occidental Permian Ltd.  P.O. Box 50250  Midland, Texas 79710</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)      <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)      7006 3450 0001 4320 4742</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      <i>Cinix - Huron</i>      102595-02-M-1540</p>	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Sid Davis</i>      <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>Sid Davis</i>      <i>11/17/07</i></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>
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<p>2. Article Number  (Transfer from service label)      7006 3450 0001 4320 4735</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      <i>Cinix - Huron</i>      102595-02-M-1540</p>	