

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

**APPLICATION OF CIMAREX ENERGY CO. FOR
A NON-STANDARD OIL SPACING AND PRORATION
UNIT AND COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

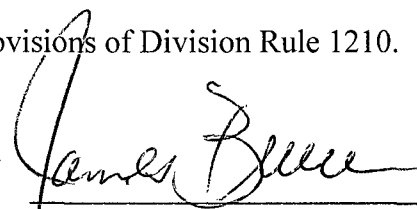
Case No. 14,083

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.
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 owner, at his 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 1210.



James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of February, 2008 by James Bruce.

My Commission Expires: 3/14/09



Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 2

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
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jamesbruc@aol.com

January 17, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

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

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 E½SW¼ of Section 12, 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, February 7, 2008, 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, January 31, 2008 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
<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 <div style="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> Sidney Roger Davis 1/23/08 </div> </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>1. Article Addressed to:</p> <div style="text-align: right; padding-right: 50px; margin-top: 20px;"> Sidney Roger Davis P.O. Box 29330 Austin, Texas 78755 </div>	<p>3. Service Type</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Certified Mail </div> <div style="width: 50%;"> <input type="checkbox"/> Express Mail </div> <div style="width: 50%;"> <input type="checkbox"/> Registered </div> <div style="width: 50%;"> <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="width: 50%;"> <input type="checkbox"/> Insured Mail </div> <div style="width: 50%;"> <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="display: flex; justify-content: space-between;"> 7006 3450 0001 4317 3314 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div> <div style="text-align: right; margin-top: 10px;"> <i>C. Antonio 12-5</i> </div>	

7006 3450 0001 4317 3314

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

Sent To Sidney Roger Davis

Street, Apt. No., or PO Box No. P.O. Box 29330

City, State, ZIP+4 Austin, Texas 78755

PS Form 3800, August 2006
See Reverse for Instructions