BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No. 14,088

AFFIDAVIT REGARDING NOTICE

STATE OF OKLAHOMA)
OUNTY OF OKLAHOMA) ss.
Novella Adams, being duly sworn upon his oath, deposes and states:
1. I am over the age of eighteen, and have personal knowledge of the matters stated
herein.
2. I am an Engineering Ted for Devon Energy Production Company, L.P.
3. Devon Energy Production Company, L.P. has conducted a diligent, good faith
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. Devon Energy Production Company, L.P. has complied with the notice
requirements of Division regulations.
D8 7eb.5
SUBSCRIBED AND SWORN TO before me this 5th day of February, 2008, by Norvella Adams.
My Commission Expires: 9-23-2010 William TARISMENT Color toon
My Commission Expires: 9-23-2010 Oil Conservation Division Case No Exhibit No Exhibit No



January 2, 2008

Re: Rea

Request for Exception to Rule 303-A

Hondo 4 K #49 and Winfohr 4 Federal #2 Leases

Red Lake; (Q-GB-SA) 51300 Red Lake; Glorieta—Yeso 51120

Section 4, Township 18 South, Range 27 East

Eddy County, New Mexico

To: All Leasehold Owners

Devon Energy Production Company, L.P. has filed an application with the New Mexico Oil Conservation Division (copy enclosed) seeking an exception to NMAC 19.15.5.303.A to authorize the surface commingling of production from the Red Lake Queen-Grayburg-San Andres Pool and Red Lake Glorieta-Yeso Pool originating from its wells located on Federal Lease NM 7717, covering the NE/4SW/4 of Section 4, and Federal Lease LC 061783-A, covering the SE/4 of Section 4, in Township 18 South, Range 27 East, N.M.P.M. Applicant also seeks an exception to the metering requirements of NMAC 19.15.5.303.B(4)(a) to authorize the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Windfohr "4" Tank Battery, located in the NE/4SE/4 of Section 4. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2008 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in one of the leases, 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 latter date.

If you intend to appear at the hearing, you must notify the Division, in writing, by Thursday, January 17, 2008.

EXHIBIT A

Sincerely,

Devon Energy Production Company, LP

Marcos Ortiza

Operations Engineer

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P. FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO.

Case No.	

APPLICATION

Devon Energy Production Company, L.P. applies for an exception to Division Rule 303 to permit lease commingling and an exception to metering requirements, and in support thereof, states:

- 1. Applicant is the operator of wells completed in the Red Lake Queen-Grayburg-San Andres Pool and the Red Lake Glorieta-Yeso Pool within (i) United States Oil and Gas Lease NM 7717, covering the NE½SW¼ of Section 4, and (ii) United States Oil and Gas Lease LC 061783-A, covering the SE¼ of Section 4, in Township 18 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. A plat of the leases is attached as Exhibit A.
- 2. Applicant seeks approval to surface commingle Red Lake Queen-Grayburg-San Andres Pool and Red Lake Glorieta-Yeso Pool production from its wells located on the leases. A list of the wells involved in this application is attached as Exhibit B.
- 3. Applicant further seeks an exception to the metering requirements of NMAC 19.15.5.303.B(4)(a) to authorize the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Windfohr "4" Tank Battery, located in the NE¼SE¼ of Section 4. A schematic of the facilities is attached as Exhibit C.
- 4. Royalty interest ownership under the subject leases is common, but overriding royalty interest and/or working interest ownership varies.

- 5. Notice of this application has been given to all interested parties, by certified mail.
 - 6. The granting of this application will prevent waste and protect correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order approving the relief requested above.

Respectfully submitted,

James Bruce

Post Office Box 1056

Santa Fe, New Mexico 87504

(505) 982-2043

Attorney for Devon Energy Production Company, L.P.

SECTION PLAT

	Eddy County	, State of_	New Mexico	
Section4	Township	18 S	Range	27E
	Hondo 4 K Federal 49 USA NM 7717	•3	Windfohr 4 Federa USA NM LC 06178	•2

EXHIBIT

Devon Energy Production Company, LP Windfohr 4 Battery Section 4 – T18S – R27E. Unit I Federal Lease USA NM LC-061783-A

Wells currently producing to the Windfohr 4 Battery:

Lease No. USA NM LC-061783-A

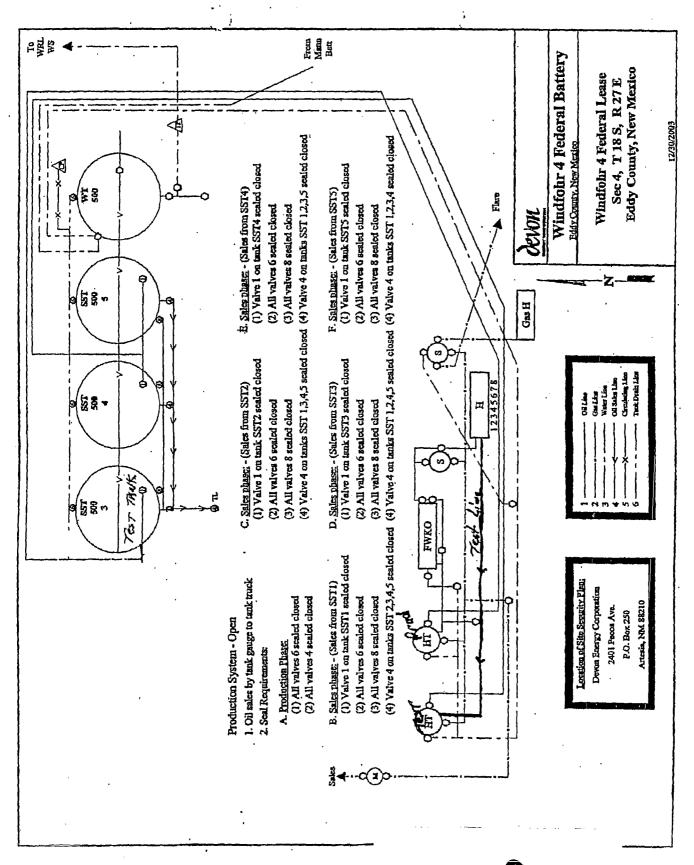
Lease Name:	Windfol	hr 4 Federal	
Well No.	UL	API No.	Formation / Pool Name
1	I	30-015-30467	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
2	Ī	30-015-30411	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
3	J	30-015-30468	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
4	J	30-015-30474	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
5	0	30-015-30415	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
6	0	30-015-30419	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
7	P	30-015-30460	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
8	P	30-015-30420	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso

Wells proposed to produce to the Windfohr 4 Battery:

Lease No. USA NM 7717

Lease Name:	Hondo 4 Federal		
Well No.	UL	API No.	Formation / Pool Name
49	K	30-015-28286	Red Lake-Glorieta Yeso





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KEYELS T883552027 1207 04 11/20/08 KEYES 804 RALEISH XI LAS CRUCKE AM 891105-3741 Mall Jecopt for M With initial state Little and the continue of the complete item 4 in Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A sticle Addressed to: DAVID W THORNE 443 WELLINGTON AVE ROCHERSTER NY 14619 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 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. 2. Article Addressed to: 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. A Signature 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. A Signature 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. A Signature X August 1	CONT	RAD G & ADA	J KEYES		res, enter	delivery address	a below.
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JANE A RONCA-WASHBURN 11805 LA CHARLES AVE NE	
ALBUQUERQUE NM 87111	3. Service Type Cl Certified Mail
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BALWICK LIMITED PARTNERSHIP	
PO BOX 2493 MIDLAND TX 79702	
WIDLAND IX 19702	3. Service Type
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	PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTI Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desi Print your name and address on the so that we can return the card to year and the second of the properties. Attach this card to the back of the or on the front if space permits. NOBLE ROYALTIES I PO BOX 660082	complete fred. ne reverse you. malipiece,	A. Signature A. Signature B. Received by (Printed Name) D. Is delivery address different from its If YES, enter delivery address below the second of the	Agent Addres C. Date of Deliver 1? Yes Sow: No
4. Hestricted Delivery? (Extra Fee)	PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTI Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desi Print your name and address on the so that we can return the card to year and the second of the properties. Attach this card to the back of the or on the front if space permits. NOBLE ROYALTIES I PO BOX 660082	complete fred. ne reverse you. malipiece,	A. Signature A. Signature B. Received by (Printed Name) D. Is delivery address different from its If YES, enter delivery address below the second of the	Agent Addres Addres C. Date of Deliv O 7 2000 Am 1? Yes ow: No

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Hell Zarlut Address
so that we can return the card to you.	B. Received by (Printed Name) . Date of Delive
Attach this card to the back of the mailpiece, or on the front if space permits.	JAN 200
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
FIELD ROEBUCK	
6960 JOYCE WAY	
DALLAS TX 75225	
DALLAS IX 13223	Service Type
	Registered Return Receipt for Merchandis
•	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 2	760 0003 6281 1513
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-15
CENDED: COMPLETE THE SECTION:	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	Address
Attach this card to the back of the mailpiece,	B. Received by (Partied Name) C. Date of Delive
or on the front if space permits.	D. Is deliver paddress different from item 1? Yes
Article Addressed to:	No No
JOHN E THORNE	000
2756 TAMARACK DR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ARNOLD MO 63010	3. Service Type
	Sertified Mail
	☐ Registered ☐ Return Receipt for Merchandis ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 2760	0003 6281 1315
(Transfer from service label)	turn Popolint
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A Signature (
item 4 if Restricted Delivery is desired.	X M Juliu PAgent
Print your name and address on the reverse so that we can return the card to you.	B. Recgived by (Printed Name) C. Date of Detiver
Attach this card to the back of the mailpiece, or on the front if space permits.	Liverett 1-1-08
1. Article Addressed to:	D. Is delivery address different from item 1? Yes """:S, enter delivery address below:
ANNE BURNETT TANDY TEST TI	
BURNETT PLAZA STE 1500	7001
801 CHERRY ST UNIT 9	
FORTH WORTH TX 76102	
1 OKIII WOKIII 1X /0102	3. Service Type
	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service labs 7006 2760 [0003 6281 1506

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Délivery is desired.	A. Signature
 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 mailpied or on the front if space permits. 	B. Received by (Printed Name) C. Date of Deliver, Printed Name)
1, Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes ✓ Yes, enter delivery address below: ☐ No
NANCY BRUNDEN C/O 1 ST NATIONAL BANK TRI PO BOX AA	UST DEPT
ARTESIA NM 88211	3. Service Type G Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 (Transfer from service label)	2760 0003 6281 1568
PS Form 3811, February 2004 Dom	nestic Return Receipt 102595-02-M-
 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 revers so that we can return the card to you. Attach this card to the back of the mailpied 	A Sonature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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105 SOUTH 4 th ST Artesia nm 88210	· · · · · · · · · · · · · · · · · · ·
	Certified Mail
ARTESIA NM 88210 2. Article Number 7006	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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2. Article Number (Transfer from service label) PS Form 3811, February 2004 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	Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Certified Mail
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2. Article Number (Transfer from service label) PS Form 3811, February 2004 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 revers so that we can return the card to you. Attach this card to the back of the mailpled or on the front if space permits. 1. Article Addressed to:	Certified Mall

	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to:	If YES, enter delivery address below:
ANNE VALIANT BURNETT WIND 1952 TRUST	DFOHR
BURNETT PLAZA STE 1500	3. Service Type
801 CHERRY ST UNIT 9 FORTH WORTH TX 76102	Certified Mail Express Mail Registered Return Receipt for Merchal C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 274 (Transfer from service label)	0 0003 6281 1605
PS Form 3811, February 2004 Domestic R	eturn Recelpt 102595-02-
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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■ Print your name and address on the reverse	X Add
so that we can return the card to you. Attach this card to the back of the mailpiece,	B Received by (Printed Name) C. Date of D
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If VES, enter delivery address below: \(\Pi\) No.
ANN D ALLISON PO BOX 64035	LUBBOCATIVE
LUBBOCK TX 79464	3. Service Tipe 3. Service Tipe 4. Service Tipe 5. Service Tipe 6. Service Tipe 7. Ser
	☐ Insured Mail ☐ C.O.D.
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 071	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) / UU / U / L	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ ☐☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(Transfer from service label) 7 1 1 7 1 7 1 PS Form 3811, February 2004 Domestic F	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ ☐☐☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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or on the front if space permits.	PAVIS A. COPPEDGE	<u></u>
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D4V15		
*DAVID A COPPEDGE		
466 GOODWIN DR		
RICHARDSON TX 75081	3. Service Type Contified Mail Express Mail Registered Return Re Insured Mail C.O.D.	fail celpt for Merchand
	4. Restricted Delivery? (Extra Fee)	☐ Yes
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 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Rèce ved by (Printed Name)	Date of Della
1. Article Addressed to:	D. Is delivery address different from it If YES, enter delivery address bel	
PO BOX 395 DECATUR TX 76234	3. Service Type Certified Mail Express M Registered Return Re Insured Mail C.O.D.	fail ceipt for Merchand
	4. Restricted Delivery? (Extra Fee)	
		☐ Yes
2. Article Number 7007 0710	0001 9808 8363	☐ Yes
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■ Complete items 1, 2, and 3. Also complete	A. Signature	Q □ Age
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ROBERT WAYNE DELANCY 1715 S GARY AVENUE		
TULSA OK 74104	3. Service Type	
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■ Complete items 1, 2, and 3. Also complete	A. Signature	<i>(</i>)
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5404 NOAH WAY	3. Service Type	
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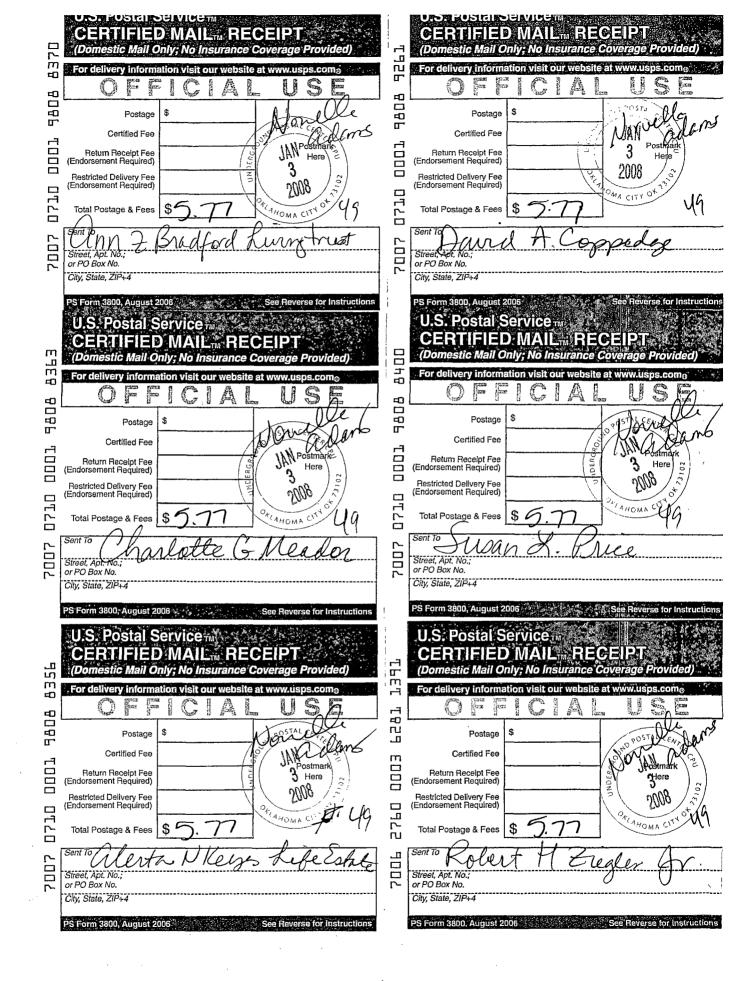
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· .	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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	DALLAS TX 75225	3. Service Type D Certified Mail
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	 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 mailplece, or on the front if space permits. 1. Article Addressed to: CHESAPEAKE EXPLORATION LLC PO BOX 960161 	B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from Item 12 Yes
	 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 mailplece, or on the front if space permits. 1. Article Addressed to: CHESAPEAKE EXPLORATION LLC	B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from Item 12 Yes
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	 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: CHESAPEAKE EXPLORATION LLC PO BOX 960161 OKLAHOMA CITY, OK 73196 	B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 12 Yes If YES, enter delivery address below: 1 No 3. Service Type
	 ■ 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: CHESAPEAKE EXPLORATION LLC PO BOX 960161 OKLAHOMA CITY, OK 73196 2. Article Number 	B. Received by (Printed Name) C. Date of Deliver

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7	or PO Box No. City, State, ZIP+4 PS Form 3800, August 2006 See Reverse for Instructions	7.	or PO Box No. City, State, ZIP+4 PS Form 3800, August 2006 See Reverse for Instructions
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PS Form 3800, August 2006. U.S.: Postal Service TM, CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.comp Postage \$ Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ Sent To Street, Apt. No. or PO Box No. City, State, ZIP+4 PS Form 3800, August 2006. See Reverse for Instructions	PS Form 3800, August 2006 U.SPostal Service Receipt CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.come Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Sent Mail Total Postage & Fees S. The Sireet Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, August 2006 See Reverse for Instructions