

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

**APPLICATION OF TRILOGY OPERATING, INC.
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**

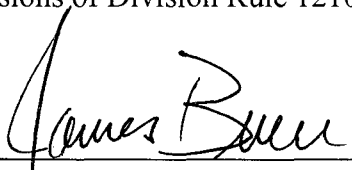
Case No. 14,105

AFFIDAVIT OF NOTICE

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

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

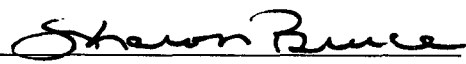
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Trilogy Operating, Inc.
3. Trilogy Operating, Inc. has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the 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 letters 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 1st day of April, 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

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

March 10, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

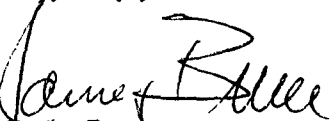
Anderson Carter, II,
individually and as Trustee
P.O. Box 7190
Ruidoso, New Mexico 88355

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Trilogy Operating, Inc., regarding the NE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 25, Township 19 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 3, 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, March 27, 2008 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Trilogy Operating, Inc.

EXHIBIT

A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">Anderson Carter, II, individually and as Trustee P.O. Box 7190 Ruidoso, New Mexico 88355</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number _____</p> <p style="font-size: small;">(Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 3450 0001 4316 9454</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt <i>Trilog - 7003</i> 102595-02-M-1540</p>	

7006 3450 0001 4316 9454

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

Sent To _____

Anderson Carter, II,
individually and as Trustee

Street, Apt. No., or PO Box No. _____ P.O. Box 7190

City, State, ZIP+4 _____ Ruidoso, New Mexico 88355

PS Form 3800, August 2006
See Reverse for Instructions

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

March 13, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

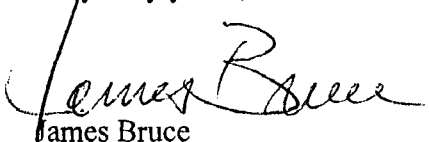
Stuart Carter
5299 Arzberger
Wilcox, Arizona 85643

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Trilogy Operating, Inc., regarding the NE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 25, Township 19 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 3, 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, March 27, 2008 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Trilogy Operating, Inc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1 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; justify-content: space-between;"> <input checked="" type="checkbox"/> <i>Stuart Carter</i> <input type="checkbox"/> Agent </div> </p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>3/21/08</u></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> <p style="margin-top: 20px;">Stuart Carter 5299 Arzberger Wilcox, Arizona 85643</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7007 0710 0003 0181 7309</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt <i>7.1.08</i> 102595-02-M-1540</p>	

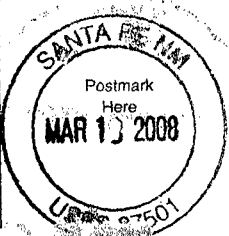
7007 0710 0003 0181 7309

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OFFICIAL USE

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



Sent To Stuart Carter

Street, Apt. No., or PO Box No. 5299 Arzberger

City, State, ZIP+4 Wilcox, Arizona 85643

PS Form 3800, August 2006
See Reverse for Instructions