

Oil Conservation Division  
Case No. 2  
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](mailto:jamesbruc@aol.com)

March 10, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

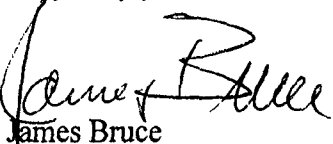
Anderson Carter, II,  
individually and as Trustee  
P.O. Box 7190  
Ruidoso, New Mexico 88355

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 NE¼NW¼ 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 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:

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

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

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

(Transfer from service label)

7006 3450 0001 4316 9454

PS Form 3811, February 2004

Domestic Return Receipt

Trilog - 70003

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

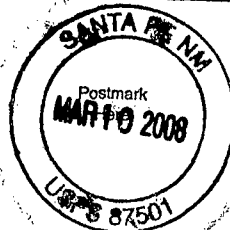
Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$



Sent To

Anderson Carter, II,

individually and as Trustee

P.O. Box 7190

Ruidoso, New Mexico 88355

PS Form 3800, August 2006

See Reverse for Instructions

**JAMES BRUCE**  
ATTORNEY AT LAW

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[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

March 13, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

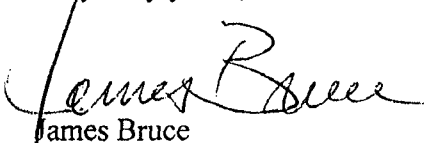
Stuart Carter  
5299 Arzberger  
Wilcox, Arizona 85643

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.

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Very truly yours,

  
James Bruce

Attorney for Trilogy Operating, Inc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1 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  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 5px;">x</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 5px;">3/21/08</span> </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="margin-top: 20px;"> Stuart Carter  5299 Arzberger  Wilcox, Arizona 85643 </div>	<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) <span style="float: right;">7007 0710 0003 0181 7309</span></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>	

7007 0710 0003 0181 7309

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OFFICIAL USE

Postage	\$	<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> SANTA FE NM  Postmark  Here  <b>MAR 13 2008</b>  USPS 07501 </div> </div>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
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