

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

**APPLICATION OF READ & STEVENS, INC. FOR
COMPULSORY POOLING, LEA COUNTY, NEW
MEXICO.**


14, 15, 2
Case No. ~~13,152~~

AFFIDAVIT OF NOTICE

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

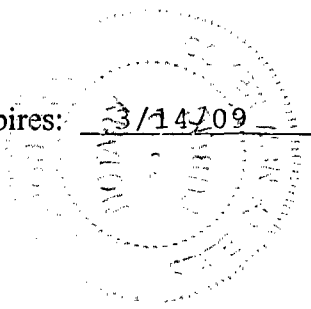
James Bruce, being duly sworn upon his oath, deposes and states:


1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Read & Stevens, Inc.
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 proper 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. Applicant has complied with the notice provisions of Division Rule 1210.


James Bruce

SUBSCRIBED AND SWORN TO before me this 23rd day of July, 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

July 3, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

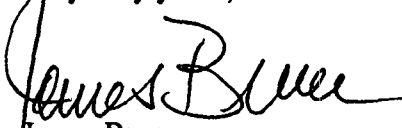
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Read & Stevens, Inc., regarding the N½ of Section 5, Township 20 South, Range 34 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 24, 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, July 17, 2008 if you intend to participate at the hearing.

Very truly yours,


James Bruce
Attorney for Read & Stevens, Inc.

EXHIBIT

A

EXHIBIT A

Ard Oil, Ltd.
PH 5
222 West 4th Street
Fort Worth, Texas 76102

Francis H. Hudson, Trustee
of Lindy's Living Trust
Suite 1005A
6300 Ridglea Place
Fort Worth, Texas 76116

Moore & Shelton Co., Ltd.
P.O. Box 3070
Galveston, Texas 77552

U.S. Postal Service CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Moore & Shelton Co., Ltd.
P.O. Box 3070
Galveston, Texas 77552
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

6696 0642 1000 0206 2002

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:

Ard Oil, Ltd.
PH 5
222 West 4th Street
Fort Worth, Texas 76102

2. Article Number
(Transfer from service label)

7007 3020 0001 2490 9712

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RTS

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:

Moore & Shelton Co., Ltd.
P.O. Box 3070
Galveston, Texas 77552

2. Article Number
(Transfer from service label)

7007 3020 0001 2490 9699

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RTS

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent
B. Received by (Printed Name) *Donald B. Moore* ☐ Addressee
C. Date of Delivery *7/8/08*
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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

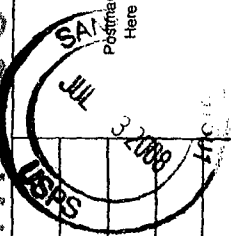
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Ard Oil, Ltd.
PH 5
222 West 4th Street
Fort Worth, Texas 76102
City, State, ZIP+4



PS Form 3800, August 2006 See Reverse for Instructions

2126 0642 1000 0206 2002

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:

Francis H. Hudson, Trustee
of Lindy's Living Trust
Suite 1005A
6300 Ridglea Place
Fort Worth, Texas 76116

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by [Signature] Name [Signature] C. Date of Delivery 7/17/08

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number
(Transfer from service label) **7007 3020 0001 2490 9705**

PS Form 3811, February 2004

Domestic Return Receipt RTS

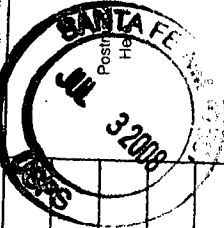
102595-02-M-1540

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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



Sent to Francis H. Hudson, Trustee
of Lindy's Living Trust
Suite 1005A
Street, Apt. No. 6300 Ridglea Place
or PO Box No. Fort Worth, Texas 76116
City, State, Zip

PS Form 3800, August 2006

See Reverse for Instructions