

JAMES BRUCE
ATTORNEY AT LAW

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SANTA FE, NEW MEXICO 87504

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SANTA FE, NEW MEXICO 87501

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

jamesbruc@aol.com

April 23, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of an application for statutory unitization, and a related waterflood application, filed with the New Mexico Oil Conservation Division by Apache Corporation, regarding parts of Sections 4, 8, 9, 16, 17, and 21, Township 21 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, May 15, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As a working interest owner in the unit area, 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, May 8, 2008 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Apache Corporation

EXHIBIT

A

EXHIBIT A

BP America Production Company
501 Westlake Park Blvd
Houston, Texas 77079

Attention: Tom Furtwangler

Geodyne Nominee Corporation
Suite 1010
200 North Loraine Street
Midland, Texas 79701

Attention: Tom Land

John P. Searls
P. O. Box 7018
Odessa, Texas 79760

Attention: Mr. Roy Collier

Susan Searls Collier
P. O. Box 7018
Odessa, Texas 79760

Attention: Mr. Roy Collier

Linda Searls Neidert
P. O. Box 7018
Odessa, Texas 79760

Attention: Mr. Roy Collier

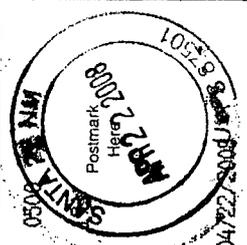
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OFFICIAL USE

Postage	\$	\$6.40
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$11.20

Sent to
 John P. Searis
 P. O. Box 7018
 Odessa, Texas 79760
 Street, Apt. No., or P.O. Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7007 3020 0001 2490 5264

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:
 John P. Searis
 P. O. Box 7018
 Odessa, Texas 79760

2. Article Number (Transfer from service label) 7007 3020 0001 2490 5264

PS Form 3811, February 2004 Domestic Return Receipt Ap-cw1 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) E. Woldridge C. Date of Delivery 4-25-08
- D. Is delivery address different from item 1? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3800, August 2006 See Reverse for Instructions

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:
 Susan Searis Collier
 P. O. Box 7018
 Odessa, Texas 79760

2. Article Number (Transfer from service label) 7007 3020 0001 2490 5257

PS Form 3811, February 2004 Domestic Return Receipt Ap-cw1 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) E. Woldridge C. Date of Delivery 4-25-08
- D. Is delivery address different from item 1? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3800, August 2006 See Reverse for Instructions

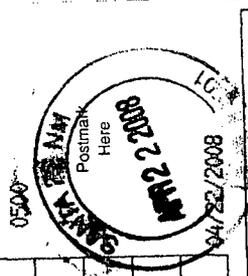
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Postage	\$	\$6.40
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$11.20

Sent to
 Susan Searis Collier
 P. O. Box 7018
 Odessa, Texas 79760
 Street, Apt. No., or P.O. Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



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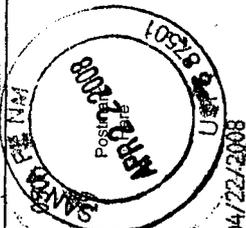
For delivery information visit our website at www.usps.com

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Postage	\$ 6.40
Certified Fee	\$ 2.65
Return Receipt Fee (Endorsement Required)	\$ 2.15
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 11.20

Sent To
 Geodyne Nominee Corporation
 Suite 1010
 200 North Loraine Street
 Midland, Texas 79701
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7007 3020 0001 2490 5271

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:

Geodyne Nominee Corporation
 Suite 1010
 200 North Loraine Street
 Midland, Texas 79701

2. Article Number

(Transfer from service label)

7007 3020 0001 2490 5271

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

AP - WI

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:

BP America Production Company
 501 Westlake Park Blvd
 Houston, Texas 77079

2. Article Number

(Transfer from service label)

7007 3020 0001 2490 5288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

AP - WI

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Emily Beard
- B. Received by (Printed Name)
 Emily Beard
- D. Is delivery address different from item 1? If YES, enter delivery address below:

- 3. Service Type
 Certified Mail
 Registered
 Insured Mail
 C.O.D.
- 4. Restricted Delivery? (Extra Fee)
 Yes
 No

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 W. Delaney
- B. Received by (Printed Name)
 W. Delaney
- C. Date of Delivery
 4/24/08
- D. Is delivery address different from item 1? If YES, enter delivery address below:

- 3. Service Type
 Certified Mail
 Registered
 Insured Mail
 C.O.D.
- 4. Restricted Delivery? (Extra Fee)
 Yes
 No

2. Article Number

(Transfer from service label)

7007 3020 0001 2490 5271

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

AP - WI

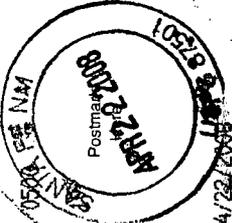
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Postage	\$ 8.25
Certified Fee	\$ 2.65
Return Receipt Fee (Endorsement Required)	\$ 2.15
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 13.05

Sent To
 BP America Production Company
 501 Westlake Park Blvd
 Houston, Texas 77079
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4



7007 3020 0001 2490 5288

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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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:

Linda Searls Neident
P. O. Box 7018
Odessa, Texas 79760

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
E. Woodridge Addressee
- B. Received by (Printed Name) C. Date of Delivery
E. Woodridge *4-25-08*
- 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

2. Article Number (Transfer from service label) **7007 3020 0001 2490 5240**

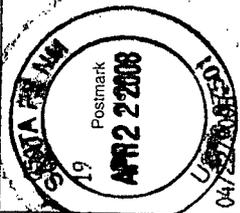
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Postage	\$ 6.40
Certified Fee	\$ 2.65
Return Receipt Fee (Endorsement Required)	\$ 2.15
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 11.20



Sent To
 Street, Apt. No.: Linda Searls Neident
 or PO Box No. P. O. Box 7018
 City, State, ZIP+4 Odessa, Texas 79760

0125 0642 7000 0209 7007 3020 0001 2490 5240