

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF NADEL AND GUSSMAN
PERMIAN, L.L.C. FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 13043 (Reopened)

AFFIDAVIT REGARDING NOTICE

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

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

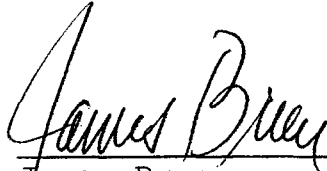
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

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 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 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 8th day of October, 2003, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT 5

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) 982-2151 (FAX)

jamesbruc@aol.com

September 18, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

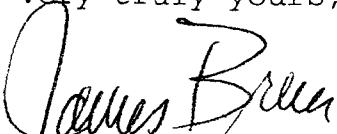
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the E½ of Section 28, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, October 9, 2003 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 appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 3, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Nadel and Gussman Permian, L.L.C.

EXHIBIT

A

EXHIBIT A

Exco Resources, Inc.
Suite 600
6500 Greenville Avenue
Dallas, Texas 75206

RKC, Inc.
Suite 2650
1775 Sherman Street
Denver, Colorado 80203

Texas Independent Exploration, Inc.
and Rick Zimmerman
Suite 600
1600 Smith Street
Houston, Texas 77002

Robert St. John
4647 West Ponds Circle
Littleton, Colorado 80123

David V. DeMarco
Suite 502
3050 Post Oak Boulevard
Houston, Texas 77056

Lowell Todd Armstrong
850 Azalea
Houston, Texas 77018

Matador E&P Company, Inc.
Suite 150, Pecan Creek
8340 Meadow Road
Dallas, Texas 75231-3751

J.M. Huber Corporation
Suite 400
11451 Katy Freeway
Houston, Texas 77079

James L. Pierce
2607 Ward
Midland, Texas 79705

J.C. Davis, Jr.
4703 Boulder
Midland, Texas 79707

J. Hiram Moore et al., Trustees
Suite 404
310 West Wall
Midland, Texas 79701

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
 J. Hiram Moore et al., Trustees
 Suite 404
 310 West Wall
 Midland, Texas 79701

PS Form 3811, June 2002

See Reverse for Instructions

7002 2030 0007 1225 3529

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:
 J. Hiram Moore et al., Trustees
 Suite 404
 310 West Wall
 Midland, Texas 79701

2. Article Number (Transfer from service label)
 PS Form 3811, August 2001

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

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

7002 2030 0007 1225 3529

Domestic Return Receipt

PS Form 3811, August 2001

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
 J.M. Huber Corporation
 Suite 400
 11451 Katy Freeway
 Houston, Texas 77079

PS Form 3811, June 2002

See Reverse for Instructions

7002 2030 0007 1225 3550

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:
 J.M. Huber Corporation
 Suite 400
 11451 Katy Freeway
 Houston, Texas 77079

2. Article Number (Transfer from service label)
 PS Form 3811, August 2001

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

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

7002 2030 0007 1225 3550

Domestic Return Receipt

PS Form 3811, August 2001

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
 J.M. Huber Corporation
 Suite 400
 11451 Katy Freeway
 Houston, Texas 77079

PS Form 3811, June 2002

See Reverse for Instructions

7002 2030 0007 1225 3550

U.S. Postal ServiceTM 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: Texas Independent Exploration, Inc.
and Rick Zimmerman
Suite 600
1600 Smith Street
Houston, Texas 77002

Street, Apt. No., or PO Box No.:
City, State, Zip+4:
Postmark Here

PS Form 3800, June 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:
Texas Independent Exploration, Inc.
and Rick Zimmerman
Suite 600
1600 Smith Street
Houston, Texas 77002

2. Article Number (Transfer from service label)
7002 2030 0007 1224 0352

Domestic Return Receipt
PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x Elizabeth Fix* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Elizabeth Fix* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:
James L. Pierce
2607 Ward
Midland, Texas 79705

2. Article Number (Transfer from service label)
7002 2030 0007 1225 3543

Domestic Return Receipt
PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x Sharon H. Pierce* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Sharon H. Pierce* C. Date of Delivery *9-23-03*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM 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: James L. Pierce
2607 Ward
Midland, Texas 79705

Street, Apt. No., or PO Box No.:
City, State, Zip+4:
Postmark Here

PS Form 3800, June 2002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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

Sent To
Exco Resources, Inc.
Suite 600
6500 Greenville Avenue
Dallas, Texas 75206
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
J.C. Davis, Jr.
4703 Boulder
Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 9-24-03
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Express Mail
☐ Registered Mail
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes
7002 2030 0007 1225 3536
Domestic Return Receipt
PS Form 3811, August 2001

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Exco Resources, Inc.
Suite 600
6500 Greenville Avenue
Dallas, Texas 75206
City, State, ZIP+4

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Express Mail
☐ Registered Mail
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes
7002 2030 0007 1224 0376
Domestic Return Receipt
PS Form 3811, August 2001

**U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
Postmark Here
Sent To
J.C. Davis, Jr.
4703 Boulder
Midland, Texas 79707
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

**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 USES

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

Sent To
Robert St. John
4647 West Ponds Circle
Littleton, Colorado 80123

PS Form 3811, June 2002

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:
Lowell Todd Armstrong
850 Azalea
Houston, Texas 77018

2. Article Number (Transfer from service label)
7002 2030 0007 1225 3574

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X

B. Received by (Printed Name) ☐ Agent ☐ Addressee

C. Date of Delivery

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

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:
Robert St. John
4647 West Ponds Circle
Littleton, Colorado 80123

2. Article Number (Transfer from service label)
7002 2030 0007 1225 3598

PS Form 3811, August 2001

Domestic Return Receipt

PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert St. John*

B. Received by (Printed Name) ☐ Agent ☐ Addressee

C. Date of Delivery

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

**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 USES

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

Sent To
Lowell Todd Armstrong
850 Azalea
Houston, Texas 77018

PS Form 3800, June 2002

See Reverse for Instructions

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
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 RKC, Inc.
 Suite 2650
 1775 Sherman Street
 Denver, Colorado 80203

PS Form 3800, June 2002 See Reverse for Instructions

6960 4227 2000 0030 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:
 Matador E&P Company, Inc.
 Suite 150, Pecan Creek
 8340 Meadow Road
 Dallas, Texas 75231-3751

2. Article Number (Transfer from service label)
 7002 2030 0007 1225 3567

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x Dymitchell* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *D Mitchell* C. Date of Delivery *9/22*
 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.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-14-1640

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
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 Matador E&P Company, Inc.
 Suite 150, Pecan Creek
 8340 Meadow Road
 Dallas, Texas 75231-3751

PS Form 3800, June 2002 See Reverse for Instructions

6960 5227 2000 0002 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLLOWING DOTTED LINE

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:

David V. DeMarco
Suite 502
3050 Post Oak Boulevard
Houston, Texas 77056

2. Article Number
(Transfer from service label)

7002 2030 0007 1225 3581

PS Form 3811, August 2001

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name) ☐ Agent
☐ Addressee

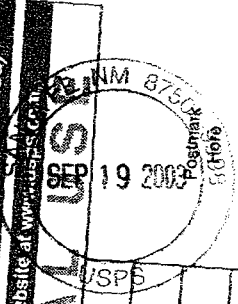
C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com



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

Sent To David V. DeMarco
Street, Apt. No., Suite 502
or PO Box No. 3050 Post Oak Boulevard
City, State, ZIP+4 Houston, Texas 77056

See Reverse for Instructions

7002 2030 0007 1225 3581

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) 982-2151 (FAX)

jamesbruc@aol.com

September 18, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

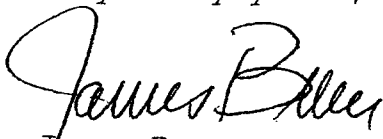
D. Paul Haden
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the E½ of Section 28, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, October 9, 2003 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 appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 3, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Nadel and Gussman Permian, L.L.C.

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:

D. Paul Haden
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 Date of Delivery 9/25/03
 C. Barnett
 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)

7003 1010 0003 6980 6176

PS Form 3811, August 2001

Domestic Return Receipt

NG-D

102599-02-M-1540