

PAUL BACA PROFESSIONAL COURT REPORTERS

**OIL
CONSERVATION
DIVISION**

CASE #: 14196

EXHIBIT

2

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

**APPLICATION OF GMT EXPLORATION
COMPANY LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

Case No. 14,196

AFFIDAVIT OF NOTICE

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

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

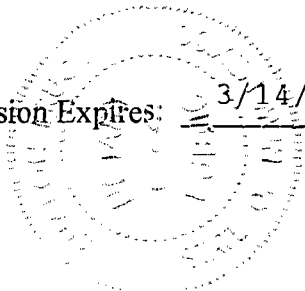
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for GMT Exploration Company LLC.
3. GMT Exploration Company LLC has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice 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 1210.




James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of October, 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)

jamesbruce@aol.com

September 23, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

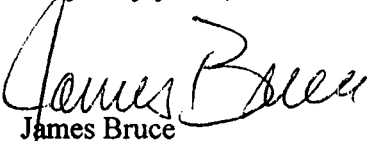
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by GMT Exploration Company LLC, regarding the E½ of Section 28, Township 18 South, Range 34 East, N.M.P.M., Lea County, New Mexico. The amended application will be scheduled for hearing at 8:15 a.m. on Thursday, October 16, 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, October 9, 2008 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for GMT Exploration Company LLC

EXHIBIT 

EXHIBIT A

Joan Fontaine
P.O. Box 222600
Carmel, California 93922

Joan Fontaine
229 Lower Walden Road
Carmel, California 93923

Patrick H. Admire, Trustee of the
R.E. Harding, Jr. Residuary Trust
Suite 100
3430 Hilldale Road
Fort Worth, Texas 76116

John P. Ritchie, Trustee of the
R.E. Harding, Jr. Residuary Trust
P.O. Box 98
Mineral Wells, Texas 76068

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:

Patrick H. Admire, Trustee of the
R.E. Harding, Jr. Residuary Trust
Suite 100
3430 Hilldale Road
Fort Worth, Texas 76116

2. Article Number:

7006 2150 0002 3591 3206

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

GM7

**U.S. Postal Service™
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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	Patrick H. Admire, Trustee of the R.E. Harding, Jr. Residuary Trust Suite 100 3430 Hilldale Road Fort Worth, Texas 76116
Street, Apt. No., or PO Box No.	
City, State, Zip+4	

See Reverse for Instructions

PS Form 3800, August 2006

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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	John P. Ritchie, Trustee of the R.E. Harding, Jr. Residuary Trust P.O. Box 98 Mineral Wells, Texas 76068
Street, Apt. No., or PO Box No.	
City, State, Zip+4	

See Reverse for Instructions

PS Form 3800, August 2006

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. Ritchie, Trustee of the
R.E. Harding, Jr. Residuary Trust
P.O. Box 98
Mineral Wells, Texas 76068

2. Article Number

7006 2150 0002 3591 3190

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

GM7

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

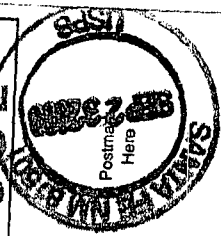
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No

0607 26 2008

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(Domestic Mail Only. No Insurance Coverage Provided)

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OFFICIAL USE



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

Sent To Joan Fontaine
P.O. Box 222600
Carmel, California 93922
City, State, Zip+4

PS Form 3800, August 2006
 See Reverse for Instructions

7006 2150 0002 3591 3220

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:

Joan Fontaine
 P.O. Box 222600
 Carmel, California 93922

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Joan Fontaine* ☐ Agent Addressee

B. Received by *Susan Heitler* ☐ Date of Delivery *2/24/08*

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

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

2. Article Number
 (Transfer from service label)

7006 2150 0002 3591 3220

PS Form 3811, February 2004

Domestic Return Receipt **G47**

102595-02-M-1540


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Track & Confirm

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Label/Receipt Number: 7006 2150 0002 3591 3213
Status: **Delivered**

Your item was delivered at 2:37 PM on September 27, 2008 in CARMEL, CA 93923.

Track & Confirm

Enter Label/Receipt Number.

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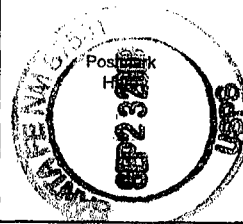
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

Joan Fontaine

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

229 Lower Walden Road
Carmel, California 93923

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions