

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

APPLICATION OF PURVIS OPERATING CO.
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.

Case No. 14,258

AFFIDAVIT OF NOTICE

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

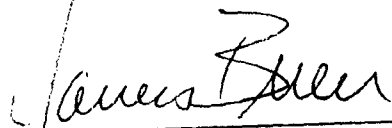
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Purvis Operating Co.

3. Purvis Operating Co. 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.

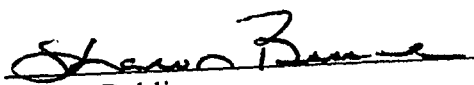
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of December, 2008 by
James Bruce.

My Commission Expires: 3/14/09


Notary Public

Oil Conservation Division

Case No. 5A

Exhibit No. 5A

1/8/09

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

November 21, 2008

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

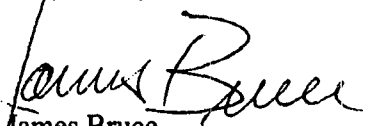
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Purvis Operating Co., regarding the E½ of Section 7, Township 15 South, Range 35 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 18, 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, December 11, 2008 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Purvis Operating Co.

EXHIBIT

A

EXHIBIT A

Rodney D. Dickens
1315 Spring Water
Canyon Lake, Texas 78133

Mary Francis Bell
Apartment 407
834 South Getty Street
Uvalde, Texas 78801

Melissa E. Smith
P.O. Box 40
Carrizo Springs, Texas 78834

Roy Campbell
46 Delaney Lane
Plainview, Arkansas 72857

Charles Phillips
243 Atlantic
Angleton, Texas 77515

Odus Phillips
P.O. Box 1056
Angleton, Texas 77516

Lawrence Dotson
P.O. Box 556
Sierra Blanca, Texas 79851

Charee Dotson
P.O. Box 662
Somerset, Texas 78069

Charlee Dotson
P.O. Box 662
Somerset, Texas 78069

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:

Lawrence Dotson
P.O. Box 556
Sierra Blanca, Texas 79851

2. Article Number

(Transfer from service label)

7008 0500 0001 4439 5129

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
12-9-08
- 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

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OFFICIAL USE

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

Sent To
Lawrence Dotson
P.O. Box 556
Sierra Blanca, Texas 79851
City, State, Zip

PS Form 3800, August 2005

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:

Melissa E. Smith
P.O. Box 40
Carrizo Springs, Texas 78834

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
x Melissa E. Smith
- B. Received by (Printed Name) C. Date of Delivery
11/29/08
- 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

2. Article Number

(Transfer from service label)

7008 0500 0001 4439 5062

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

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OFFICIAL USE

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

Sent To
Melissa E. Smith
P.O. Box 40
Carrizo Springs, Texas 78834
City, State, Zip

PS Form 3800, August 2005

See Reverse for Instructions

2805 6E44 1000 0050 8002

6275 6E44 1000 0050 8002

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To
Mary Francis Bell
Apartment 407

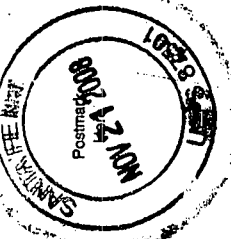
834 South Getty Street
Uvalde, Texas 78801

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

City, State, ZIP+4

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:

Mary Francis Bell
Apartment 407
834 South Getty Street
Uvalde, Texas 78801

2. Article Number

(Transfer from service label)

7008 0500 0001 4439 5068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Mary Bell
- B. Received by (Printed Name)
Mary Bell
- C. Date of Delivery
11-25-08
- 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

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:

Charlie Dotson
P.O. Box 662
Somerset, Texas 78069

2. Article Number
(Transfer from service label)

7008 0500 0001 4439 5143

PS Form 3811, February 2004

Domestic Return Receipt

102595-02

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Charlie Dotson
- B. Received by (Printed Name)
Charlie Dotson
- C. Date of Delivery
11-25-08
- 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

U.S. Postal ServiceTM
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OFFICIAL USE

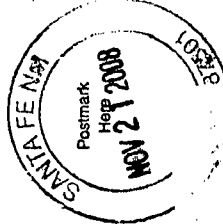
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

Charlie Dotson

P.O. Box 662

Somerset, Texas 78069

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

City, State, ZIP+4

PS Form 3800, August 2006

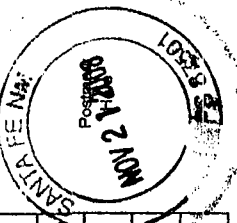
See Reverse for Instructions

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



Sent To
 Street, Apt. No.: Roy Campbell
 or PO Box No. 46 Delaney Lane
 City, State, ZIP+4: Plainview, Arkansas 72857

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4439 5099

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:

Rodney D. Dickens
 1315 Spring Water
 Canyon Lake, Texas 78133

2. Article Number

(Transfer from service label)

7008 0500 0001 4439 5051

PS Form 3811, February 2004

Domestic Return Receipt

1025596-02

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rodney D. Dickens* ☐ Agent
 B. Received by (Printed Name) *Rodney D. Dickens* ☒ 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 ☐ 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:

Roy Campbell
 46 Delaney Lane
 Plainview, Arkansas 72857

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Roy Campbell* ☒ Agent
 B. Received by (Printed Name) *Roy Campbell* ☒ 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 ☐ 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)

7008 0500 0001 4439 5099

PS Form 3811, February 2004

Domestic Return Receipt

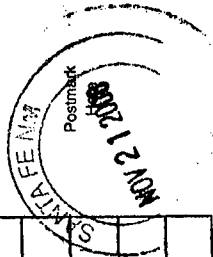
1025596-02-M-1549

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



Sent To
 Street, Apt. No.: Rodney D. Dickens
 or PO Box No. 1315 Spring Water
 City, State, ZIP+4: Canyon Lake, Texas 78133

PS Form 3800, August 2006

See Reverse for Instructions

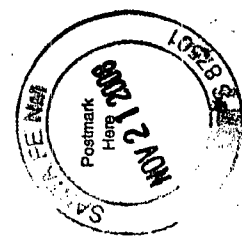
7008 0500 0001 4439 5051

U.S. Postal Service
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7008 0500 0001 4439 5105



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

Sent to
 Charles Phillips
 243 Atlantic
 Street, Apt. No.
 or PO Box No.
 Angleton, Texas 77515
 City, State, ZIP+4

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:

Charles Phillips
 243 Atlantic
 Angleton, Texas 77515

2. Article Number

(Transfer from service lab)

7008 0500 0001 4439 5105

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 11/23/08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No	

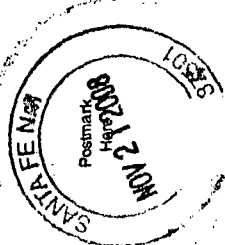
3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

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OFFICIAL USE

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



Sent To: **Charee Dotson**
P.O. Box 662
Somerset, Texas 78069

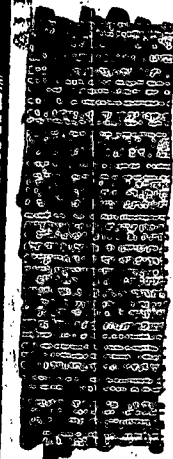
Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4439 5136

CERTIFIED MAILTM

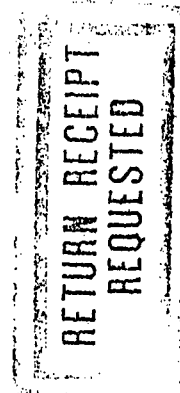


7008 0500 0001 4439 5136

James Bruce
PO Box 1056
Santa Fe, NM 87504-1056

Charee Dotson
P.O. Box 662
Somerset, Texas 78069

78069+0662
87504@1056



1ST NOTICE 12-1-07
2ND NOTICE 12-1-07
RETURN

**RETURN RECEIPT
REQUESTED**

1124

12/09

UNC

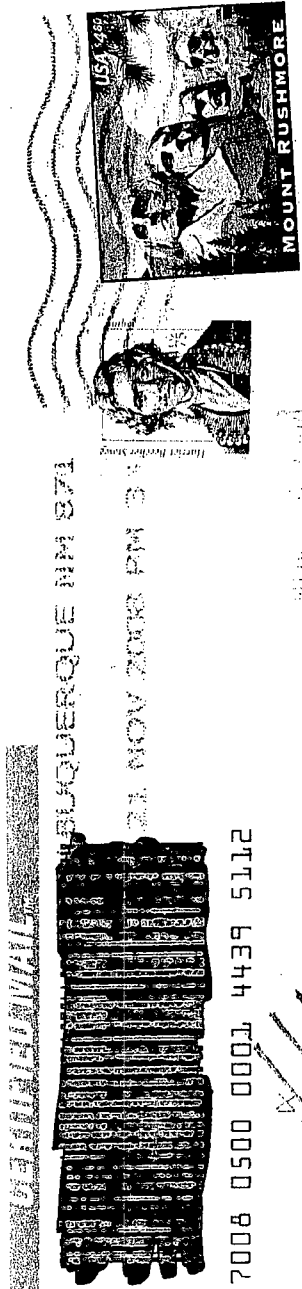
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CERTIFIED MAIL - RECEIPT
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 For delivery information visit our website at www.usps.com

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

Sent to
 Street, Apt. No. Odus Phillips
 or PO Box No. P.O. Box 1056
 City, State, ZIP+4 Angleton, Texas 77516

7008 0500 0001 4439 5112

James Bruce
 PO Box 1056
 Santa Fe, NM 87504-1056



ALBUQUERQUE NM 871

21 NOV 2008 PM 3

7008 0500 0001 4439 5112

NOV 23 2008
 1ST NOTICE
 2ND NOTICE
 RETURN

Odus Phillips
 P.O. Box 1056
 Angleton, Texas 77516

FWD
 IA

