

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.

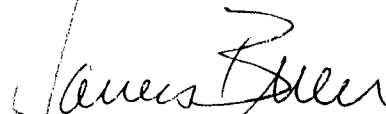
Case No. 14,258

AFFIDAVIT OF NOTICE

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

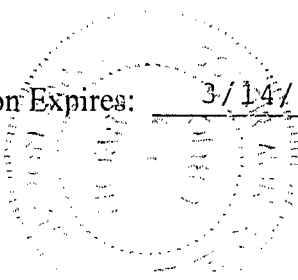
James Bruce, being duly sworn upon his oath, deposes and states:

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. 5
Exhibit No. 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) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

November 21, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

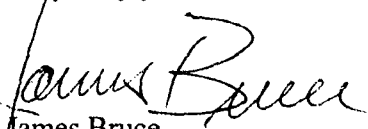
To: Persons on Exhibit A

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

**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

Lawrence Dotson
Street, Apt. No.: P.O. Box 556
or P.O. Box No. Sierra Blanca, Texas 79851
City, State, Zip+4

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

2. Article Number

(Transfer from service label)

7008 0500 0001 4439 5082

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Address

B. Received by (Printed Name)

C. Date of Delivery

11/25/08

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

☐ No

**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

Melissa E. Smith

P.O. Box 40

Carrizo Springs, Texas 78834

Street, Apt. No., or P.O. Box No.

City, State, Zip+4

PS Form 3800, August 2005

See Reverse for Instructions

2005 6644 1000 0050 8002

6275 6644 1000 0050 8002

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

Postmark: NOV 21 2008
 U.S. 87631

7008 0500 0001 4439 5068

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

2. Article Number (Transfer from service label)
 PS Form 3811, February 2004

7008 0500 0001
 Domestic Return Receipt

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mary Bell* ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label)
 PS Form 3811, February 2004

7008 0500 0001 4439 5068
 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information visit 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 _____

PS Form 3811, February 2004

7008 0500 0001 4439 5051

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

Postmark: MAY 21 2004

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

A. Signature
 X *[Signature]*

B. Received by
[Signature]

D. Is delivery address different from item 1? If YES, enter:

3. Service Type
☒ Certified
☐ Registered
☐ Insured Mail

4. Restricted Delivery?

2. Article Number 7008 0500 0001 4439
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt P

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Catherine Ivey ☐ Agent ☒ Addressee

B. Received by (Printed Name) Catherine Ivey 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

2. Article Number 7008 0500 0001 4439 5051
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt P 102595-02-11-10-4

7008 0500 0001 4439 5051

U.S. Postal Service
CERTIFIED MAIL
 (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: Roy Campbell
 46 Delaney Lane
 Plainview, Arkansas 72857

PS Form 3800, August 2005

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

7008 0500 0001 4439 5105

(Transfer from service lab

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 11/23/08

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

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)

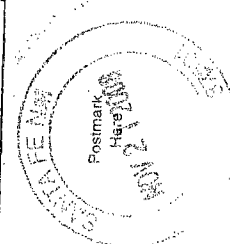
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Charee Dotson
P.O. Box 662
Somerset, Texas 78069
City, State, ZIP+4

See Reverse for Instructions



9ET5 6E44 T000 0050 8002

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

Charles Phillips
243 Atlantic
Angleton, Texas 77515
City, State, ZIP+4



50T5 6E44 T000 0050 8002

US Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For tracking information, visit our website at www.usps.com

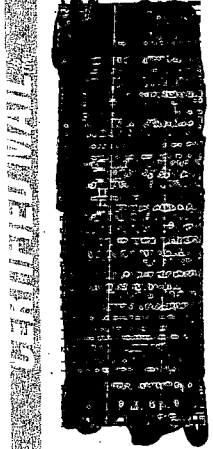
OFFICIAL USE

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 _____
 Angleton, Texas 77516

7008 0500 0001 4439 5112

2009 James Bruce
 PO Box 1056
 Santa Fe, NM 87504-1056



BUENOS AIRES

BUENOS AIRES

21 NOV 2008 PM 3:14

7008 0500 0001 4439 5112

1ST NOTICE
 2ND NOTICE
 RETURN

NOV 21 2008

1ST NOTICE
 2ND NOTICE
 RETURN

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

FWD
 1A

77516 4439 5112

77516 4439 5112