

PAUL BACA PROFESSIONAL COURT REPORTERS

**OIL
CONSERVATION
DIVISION**

CASE #: 14195

EXHIBIT

4

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

**APPLICATION OF CIMAREX ENERGY CO. FOR
A NON-STANDARD OIL SPACING AND PRORATION
UNIT AND COMPULSORY POOLING, CHAVES COUNTY,
NEW MEXICO.**

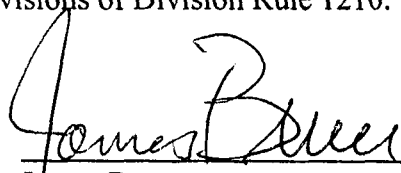
Case No. 14,195

AFFIDAVIT OF NOTICE

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

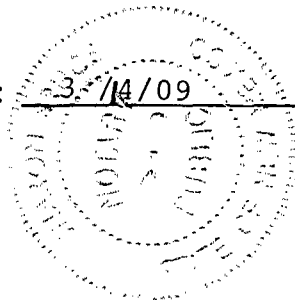
James Bruce, being duly sworn upon his oath, deposes and states:

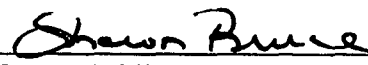
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators, 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:




Notary Public

Oil Conservation Division
Case No. 4
Exhibit No. 1

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

September 23, 2008

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

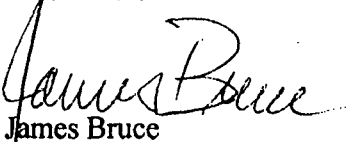
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S½N½ of Section 16, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. This matter is 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. The Division has required applicant to notify offset operators of the non-standard unit portion of the application. As an offset operator, 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 Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

COG Operating, LLC
Suite 1300
550 West Texas
Midland, Texas 79701

Chesapeake Exploration Limited Partnership
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

Chevron U.S.A. Inc.
11111 South Wilcrest Drive
Houston, Texas 77099-4310

Kevin O. Butler & Associates, Inc.
P.O. Box 1171
Midland, Texas 79702

XTO Energy Inc.
Suite 2000
810 Houston Street
Fort Worth, Texas 76102

Anadarko Petroleum Corporation
1201 Lake Robbins Drive
The Woodlands, Texas 77380

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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$

Sent To
 Chevron U.S.A. Inc.
 11111 South Wilcrest Drive
 Houston, Texas 77099-4310
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

084E 765E 2000 0512 9002

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:
 Chesapeake Exploration Limited Partnership
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

2. Article Number
 (Transfer from service label)
 7006 2150 0002 3591 3497

PS Form 3811, February 2004 Domestic Return Receipt **Ck-T**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rich Sup*
 B. Received by (Printed Name)
 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

102595-02-M-1540

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:
 Chevron U.S.A. Inc.
 11111 South Wilcrest Drive
 Houston, Texas 77099-4310

2. Article Number
 (Transfer from service label)
 7006 2150 0002 3591 3480

PS Form 3811, February 2004 Domestic Return Receipt **Ck-T**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rich Sup*
 B. Received by (Printed Name)
 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

102595-02-M-1540

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 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$

Sent To
 Chesapeake Exploration Limited Partnership
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

084E 765E 2000 0512 9002

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

Sent To
 COG Operating, LLC
 Suite 1300
 550 West Texas
 Midland, Texas 79701
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

0506 1656 2000 0512 9002

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:
 COG Operating, LLC
 Suite 1300
 550 West Texas
 Midland, Texas 79701

2. Article Number (Transfer from service label) 7006 2150 0002 3591 3503

PS Form 3811, February 2004 Domestic Return Receipt **Cr-7**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 H. Williams 3-25
 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

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

Sent To
 Anadarko Petroleum Corporation
 Street, Apt. No.: 1201 Lake Robbins Drive
 or PO Box No. The Woodlands, Texas 77380
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 3591 3559

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Donald M. M. 3-25
 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) 7006 2150 0002 3591 3459

PS Form 3811, February 2004 Domestic Return Receipt **Cr-7**

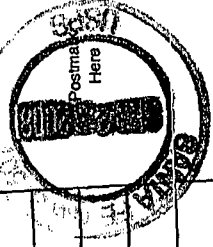
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anadarko Petroleum Corporation
 1201 Lake Robbins Drive
 The Woodlands, Texas 77380

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

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

Sent To
Kevin O. Butler & Associates, Inc.
P.O. Box 1171
Midland, Texas 79702
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7006 2150 0002 3591 3472

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:

Kevin O. Butler & Associates, Inc.
P.O. Box 1171
Midland, Texas 79702

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7006 2150 0002 3591 3473

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kevin O. Butler
B. Received by (Printed Name)
Kevin O. Butler
C. Date of Delivery
2/11/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

XTO Energy Inc.
Suite 2000
810 Houston Street
Fort Worth, Texas 76102

2. Article Number
(Transfer from service label)

7006 2150 0002 3591 3466

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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



Sent To
XTO Energy Inc.
Suite 2000
810 Houston Street
Fort Worth, Texas 76102
Street, Apt. No., or PO Box No.
City, State, ZIP+4

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