

**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.**

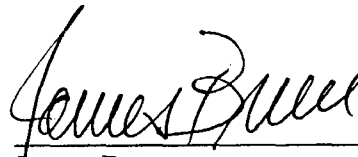
**Case No. 14,253**

**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 Rules.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 6th day of January, 2009 by James Bruce.

My Commission Expires:

3/14/09

  
Notary Public

Oil Conservation Division  
Case No. 4  
Exhibit No. 4

**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](mailto:jamesbruc@aol.com)

November 12, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

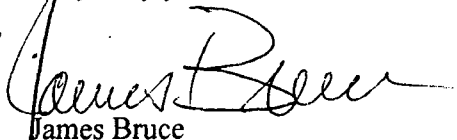
To: Persons on Exhibit A

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 N½S½ of Section 10, 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, December 4, 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 Wednesday, November 26, 2008 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

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

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

OXY USA Inc.  
5 Greenway Plaza  
Houston, Texas 77046

**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  
Chesapeake Energy Corporation  
P.O. Box 18496  
Oklahoma City, Oklahoma 73154-0496

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ 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 4522 31793

PS Form 3811, February 2004

Domestic Return Receipt

*Cx Ad 10-1-USD*

102595-02-M-1540

**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web site at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage

Certified Fee

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Sent To

OXY USA Inc.  
5 Greenway Plaza  
Houston, Texas 77046  
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.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OXY USA Inc.  
5 Greenway Plaza  
Houston, Texas 77046

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* ☐ 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 4522 3179

PS Form 3811, February 2004

Domestic Return Receipt

*Cx Ad 10-1-USD*

**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage

Certified Fee

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Postmark  
Here

Sent To

Chesapeake Exploration Limited Partnership  
Chesapeake Energy Corporation  
P.O. Box 18496  
Oklahoma City, Oklahoma 73154-0496  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4522 31793

**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:

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Melinda* *MELINDA* Agent  
B. Recipient (Printed Name) *MELINDA* Addressee

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 4522 3148**

PS Form 3811, February 2004 Domestic Return Receipt *Cr- Aut 10-1 USPO* 102595-02-M-1540

**U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our web site: [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark Here

Sent To Yates Petroleum Corporation  
Street, Apt. No., 105 South Fourth Street  
or PO Box No. Artesia, New Mexico 88210  
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:

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

**U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our web site: [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark Here

Sent To COG Operating, LLC  
Street, Apt. No., Suite 1300  
or PO Box No. 550 West Texas  
City, State, ZIP+4 Midland, Texas 79701

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *D. Heuser* ☐ Agent  
B. Recipient by (Printed Name) *D. Heuser* ☐ Addressee  
C. Date of Delivery *11/17*  
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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PS Form 3811, February 2004 Domestic Return Receipt *Cr- Aut 10-1 USPO* 102595-02-M-1540