

PAUL BACA PROFESSIONAL COURT REPORTERS

OIL CONSERVATION DIVISION

Case #: 14245

EXHIBIT

6

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF RSC RESOURCES LIMITED
PARTNERSHIP FOR APPROVAL OF A NON-
STANDARD OIL SPACING AND PRORATION
UNIT AND FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

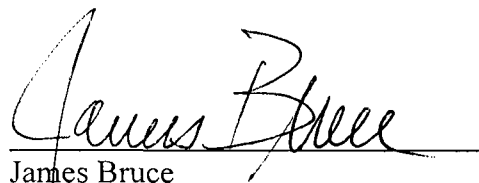
Case No. 14,245

AFFIDAVIT OF NOTICE

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

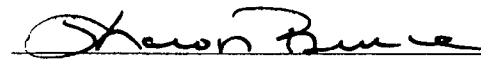
James Bruce, being duly sworn upon his oath, deposes and states:

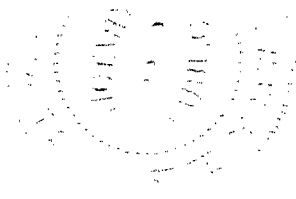
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for RSC Resources Limited Partnership.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators entitled to receive notice of the application 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 2nd day of December, 2008 by
James Bruce.

My Commission Expires: 3/14/09


Notary Public



Oil Conservation Division
Case No. _____
Exhibit No. 6

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

October 23, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

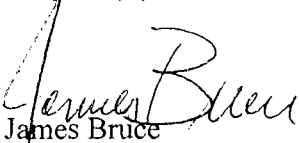
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, filed with the New Mexico Oil Conservation Division by RSC Resources Limited Partnership, regarding the S½S½ of Section 30, Township 16 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 13, 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 this 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, November 6, 2008 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for RSC Resources Limited Partnership

EXHIBIT A

EXHIBIT A

Cal-Mon Oil Company
Suite 1200
500 West Texas
Midland, Texas 79701

Sargon Investments One Ltd.
P.O. Box 11044
Midland, Texas 79702

Stratco Operating Co., Inc.
400 Buckeye Trail
Austin, Texas 78746

William Wallace
P.O. Box 10354
Midland, Texas 79702

Marks and Garner Production Ltd. Co.
P.O. Box 1089
Hobbs, New Mexico 88241

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101

JKM Energy, LLC
26 East Compress Road
Artesia, New Mexico 88210

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


Three Span Oil and Gas, Inc.
P.O. Box 51538
Midland, Texas 79710

Judson Operating, Ltd.
P.O. Box 3340
Midland, Texas 79702

LAJ Exploration
P.O. Box 100626
Midland, Texas 79702

Sigmar, Inc.
Suite 100
400 North Marienfeld
Midland, Texas 79701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sargon Investments One Ltd. P.O. Box 11044 Midland, Texas 79702</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7006 2150 0002 3591 3640</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sargon Investments One Ltd. P.O. Box 11044 Midland, Texas 79702</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7006 2150 0002 3591 3640</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		OFFICIAL USE 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., _____ or PO Box No., _____ City, State, ZIP+4 _____	Sargon Investments One Ltd. P.O. Box 11044 Midland, Texas 79702
--	---

PS Form 3800, August 2006 See Reverse for Instructions

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

William Wallace

Street, Apt. No.,

P.O. Box 10354

or PO Box No.

Midland, Texas 79702

City, State, ZIP+4

SANTA FE NEW MEXICO

Postmark Here

0CT 23 2008

USPS

806f

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">William Wallace P.O. Box 10354 Midland, Texas 79702</p> </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">7006 2150 0002 3591 3657</p> </div> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee)</p> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div>
<p>A. Signature</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>X</p> </div> <div style="width: 40%;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </div> <div style="width: 20%;"> <p>C. Date of Delivery 10-30-09</p> </div> </div> <p>B. Received by (Printed Name)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Wallace</p> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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:

LAJ Exploration
P.O. Box 100626
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7006 2150 0002 3591 6157

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RSC

COMPLETE THIS SECTION ON DELIVERY

- Signature *[Signature]* ☐ Agent ☐ Addressee
- Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*
- 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 ServiceTM 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
Three Span Oil and Gas, Inc.
P.O. Box 51538
Midland, Texas 79710

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



U.S. Postal ServiceTM 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
LAJ Exploration
P.O. Box 100626
Midland, Texas 79702

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:

Three Span Oil and Gas, Inc.
P.O. Box 51538
Midland, Texas 79710

2. Article Number
(Transfer from service label)

7006 2150 0002 3591 6153

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RSC

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*
- 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

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:

Sigmat, Inc.
Suite 100
400 North Marientfeld
Midland, Texas 79701

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 7008 0500 0001 4522 3544
(Transfer from service label)
Domestic Return Receipt RSC
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
G.W. 10/19/08 11/21/08
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

U.S. Postal ServiceTM CERTIFIED MAILTM 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 Sigmat, Inc.
Suite 100
400 North Marientfeld
Midland, Texas 79701

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:

Judson Operating, Ltd.
P.O. Box 3340
Midland, Texas 79702

2. Article Number 7006 2150 0002 3591 6184
(Transfer from service label)
Domestic Return Receipt RSC
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X G.W. 10/19/08
- B. Received by (Printed Name) C. Date of Delivery
G.W. 10/19/08
- D. Is delivery address different from item 1? ☐ Yes ☐ No
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

7006 2150 0002 3591 6184

Domestic Return Receipt RSC

102595-02-M-1540

U.S. Postal ServiceTM CERTIFIED MAILTM 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 Judson Operating, Ltd.
P.O. Box 3340
Midland, Texas 79702

See Reverse for Instructions

PS Form 3800, August 2006

7006 2150 0002 3591 6184

Postmark Here

OCT 23 2008

NEW MEXICO

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:

JKM Energy, LLC
26 East Compress Road
Artesia, New Mexico 88210

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RSC

7006 2150 0002 3591 3596

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
Keretta Matthews ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
Keretta Matthews *10-24*
- C. 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

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

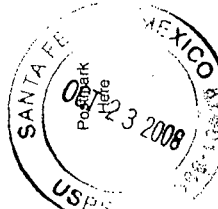
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To *JKM Energy, LLC*
26 East Compress Road
Artesia, New Mexico 88210
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



965E 165E 2000 0512 9002

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

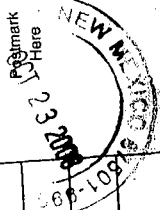
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

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

PS Form 3800, August 2006 See Reverse for Instructions



695E 165E 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)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2150 0002 3591 3589

RSC

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
K. Koenig ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
K. Koenig *10-23*
- C. 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:

Cal-Mon Oil Company
Suite 1200
500 West Texas
Midland, Texas 79701

2. Article Number

(Transfer from service label)

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) John Smith C. Date of Delivery 12/17
- 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 web site at www.usps.com

OFFICIAL USE

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

Sent To Cal-Mon Oil Company
Suite 1200
500 West Texas
Midland, Texas 79701
City, State, ZIP+4



PS Form 3800, August 2006 See Reverse for Instructions

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 Strato Operating Co., Inc.
400 Buckeye Trail
Austin, Texas 78746
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:

Strato Operating Co., Inc.
400 Buckeye Trail
Austin, Texas 78746

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) John Smith C. Date of Delivery 10/27/08
- 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

7006 2150 0002 3591 3626

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540