



**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)  
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(505) 982-2151 (Fax)

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

November 24, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

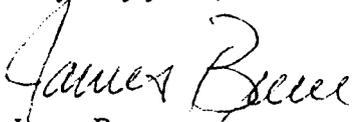
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard spacing and proration unit, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S½S½ of Section 20, 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 17, 2009, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, December 10, 2009. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Allie M. Lee Trust  
c/o Wells Fargo Bank, N.A.  
580 West Texas Avenue  
Midland, Texas 79701

Attention: Myra Wiggins

Occidental Permian Limited Partnership  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

Attention: Robbie Abraham

B.P. Exploration, Inc.  
c/o BP America Production Company  
WL-1 6.110  
501 Westlake Park Boulevard  
Houston, Texas 77079

Attention: Don Thompson

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, 3, & 4. 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:

Allie M. Lee Trust  
 c/o Wells Fargo Bank, N.A.  
 580 West Texas Avenue  
 Midland, Texas 79701

2. Article Number  
 (Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3811, February 2004

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website 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

Allie M. Lee Trust  
 c/o Wells Fargo Bank, N.A.  
 580 West Texas Avenue  
 Midland, Texas 79701

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Lou Ann Adams

C. Date of Delivery  
 11-30-09

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

2. Article Number  
 (Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, 3, & 4. 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:

Occidental Permian Limited Partnership  
 Suite 110  
 5 Greenway Plaza  
 Houston, Texas 77046

2. Article Number  
 (Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3811, February 2004

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website 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

Occidental Permian Limited Partnership  
 Suite 110  
 5 Greenway Plaza  
 Houston, Texas 77046  
 City, State, Zip+4

2. Article Number  
 (Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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 Lou Ann Adams

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 11-30-09

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3. Service Type  
 Certified Mail  
 Express Mail  
 Registered  
 Insured Mail  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3811, February 2004

**JAMES BRUCE**  
ATTORNEY AT LAW

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(505) 982-2151 (Fax)

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

December 31, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

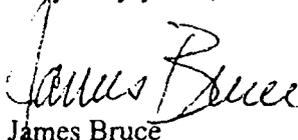
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard spacing and proration unit, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S½S½ of Section 20, 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, January 21, 2010, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, January 14, 2010. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Shriners Hospital for Crippled Children  
2900 Rocky Point Drive  
Tampa, Florida 33607  
Attention: Tom Guthrie

**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:

Shriners Hospital for Crippled Children  
2900 Rocky Point Drive  
Tampa, Florida 33607

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *B. Brown*  Agent  Addressee

B. Received by (Printed Name)  
**B. BROWN** 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 (Transfer from service label) **7008 3230 0000 2318 7888**

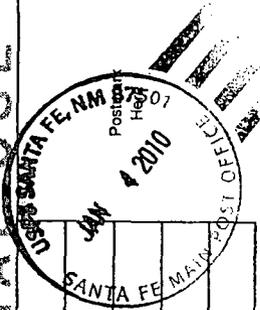
PS Form 3811, February 2004 Domestic Return Receipt **CVR** 102596-92-N-1540

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**OFFICIAL USE**

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



Sent To

Street, Apt. No.: Shriners Hospital for Crippled Children  
or PO Box No. 2900 Rocky Point Drive  
City, State, ZIP+4 Tampa, Florida 33607

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2318 7888