

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, LEA COUNTY,  
NEW MEXICO.

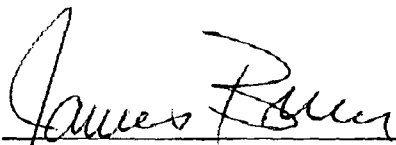
Case No. 14,466

AFFIDAVIT OF NOTICE

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

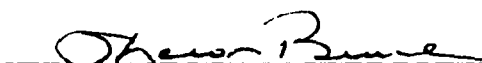
James Bruce, being duly sworn upon his oath, deposes and states:

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 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 8<sup>th</sup> day of May, 2010 by James Bruce.

My Commission Expires: 3/14/13

  
Notary Public

Oil Conservation Division  
Case No. 3  
Exhibit No. 3

**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

April 8, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

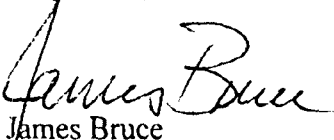
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S½S½ of Section 35, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 29, 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, April 22, 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

EXHIBIT A

Pear Resources  
Attention: Alan Byars  
P.O. Box 11044  
Midland, Texas 79702

Nortex Corporation  
Suite 3100  
1415 Louisiana  
Houston, Texas 77002

Fuel Products, Inc.  
Attention: Thomas M. Beall  
P.O. Box 3098  
Midland, Texas 79702

Grace K. Bankhead and  
Bankhead Administrative  
Accounting Trust  
4201 Potomac  
Dallas, Texas 75205

Hyde Oil and Gas Corporation  
Attention: Blair Hamburg  
Suite 1018  
6300 Ridglea Place  
Fort Worth, Texas 76116

MGT Partners I, L.P.  
Merit Management Partners I, L.P.  
Merit Energy Partners III, L.P.  
Merit Energy Partners D-III, L.P.  
c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240

Michael J. Moncrief 2008 Trust A  
Attention: Jerry Goodwin, CPA  
Suite 1030  
777 Taylor Street  
Fort Worth, Texas 76102

Sundown Energy  
Suite 2000  
13455 Noel Road  
Dallas, Texas 75240-6604

Robert W. Kent  
P.O. Box 131524  
Houston, Texas 77219

Janice Shelton Crebbs, Trustee  
3769 North Camino Leamaria  
Tucson, Arizona 85716

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1. Article Addressed to:  
Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$  
Sent to Janice Shelton Crebbs, Trustee  
3769 North Camino Leamaria  
Tucson, Arizona 85716  
Street, Apt. 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:  
Michael J. Moncrief 2008 Trust A  
Attention: Jerry Goodwin, CPA  
Suite 1030  
777 Taylor Street  
Fort Worth, Texas 76102  
2. Article Number (Transfer from service label)  
7009 2820 0002 8539 3606  
PS Form 3811, February 2004 Domestic Return Receipt PS Form 3800, August 2006

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature X *Shelton J. Moncrief* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery 4/12  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:  
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ 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:  
Janice Shelton Crebbs, Trustee  
3769 North Camino Leamaria  
Tucson, Arizona 85716  
Street, Apt. No.  
City, State, ZIP+4  
PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature X *Shelton J. Moncrief* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery 4/12  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:  
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes  
2. Article Number (Transfer from service label)  
7009 2820 0002 8539 3576  
PS Form 3811, February 2004 Domestic Return Receipt PS Form 3800, August 2006

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Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage Michael J. Moncrief 2008 Trust A  
Attention: Jerry Goodwin, CPA  
Suite 1030  
777 Taylor Street  
Fort Worth, Texas 76102  
Street, Apt. No.  
City, State, ZIP+4  
PS Form 3800, August 2006 See Reverse for Instructions

909E 6E58 2000 0282 6002

U.S. Postal Service<sup>TM</sup>  
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Sent To Hyde Oil and Gas Corporation  
Attention: Blair Hamburg  
Suite 1018  
Street, Apt. No., PO Box No. 6300 Ridglea Place  
City, State, ZIP+4 Fort Worth, Texas 76116

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:

Hyde Oil and Gas Corporation  
Attention: Blair Hamburg  
Suite 1018  
6300 Ridglea Place  
Fort Worth, Texas 76116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>X Barbara J. Mott</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Barbara J. Mott</i>	C. Date of Delivery <i>4/2/10</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number  
(Transfer from service label)  
7009 2820 0002 8539 3620

PS Form 3811, February 2004 Domestic Return Receipt

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:

Nortex Corporation  
Suite 3100  
1415 Louisiana  
Houston, Texas 77002

2. Article Number  
(Transfer from service label)  
7009 2820 0002 8539 3569

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>X [Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>[Signature]</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number  
(Transfer from service label)  
7009 2820 0002 8539 3569

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service<sup>TM</sup>  
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To Nortex Corporation  
Suite 3100  
Street, Apt. No., PO Box No. 1415 Louisiana  
City, State, ZIP+4 Houston, Texas 77002

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 3569

U.S. Postal Service<sup>TM</sup>  
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Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery  
Endorsement Required

MGT Partners I, L.P.  
Merit Management Partners I, L.P.  
Merit Energy Partners III, L.P.  
Merit Energy Partners D-III, L.P.  
Total Postage & f c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240  
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:**

MGT Partners I, L.P.  
Merit Management Partners I, L.P.  
Merit Energy Partners III, L.P.  
Merit Energy Partners D-III, L.P.  
c/o Merit Energy Partners GP, LLC  
Attention: Chris Heavner  
Suite 500  
13727 Noel Road  
Dallas, Texas 75240

**2. Article Number**

(Transfer from service label)

7009 2620 0002 8539 3613

PS Form 3811, February 2004

Domestic Return Receipt

35-4 CR

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X J Overton* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *J Anderson* C. Date of Delivery *4/12*  
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:**

Sundown Energy  
Suite 2000  
13455 Noel Road  
Dallas, Texas 75240-6604

**2. Article Number**

(Transfer from service label)

7009 2620 0002 8539 3590

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postmark Here

Sent To Sundown Energy  
Suite 2000  
Street, Apt. No.: 13455 Noel Road  
or PO Box No. Dallas, Texas 75240-6604  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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4012 6E58 2000 0282 6002

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

Sent To: Pear Resources  
Attention: Alan Byars  
P.O. Box 11044  
Midland, Texas 79702  
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:

Pear Resources  
Attention: Alan Byars  
P.O. Box 11044  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Alan Byars* ☒ Agent ☐ Addressee  
B. Received by (Printed Name): *Alan Byars* C. Date of Delivery: *4-14-10*  
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) 7009 2620 0002 8539 2104

PS Form 3811, February 2004

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:

Grace K. Bankhead and  
Bankhead Administrative  
Accounting Trust  
4201 Potomac  
Dallas, Texas 75205

2. Article Number (Transfer from service label) 7009 2620 0002 8539 3552

PS Form 3811, February 2004

102595-02-M-1540

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2552 6E58 2000 0282 6002

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

Sent To: Grace K. Bankhead and  
Bankhead Administrative  
Accounting Trust  
4201 Potomac  
Dallas, Texas 75205  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, & 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:

Fuel Products, Inc.  
Attention: Thomas M. Beall  
P.O. Box 3098  
Midland, Texas 79702

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

7009 2820 0002 8539 3637  
Domestic Return Receipt Cx 354

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
X Robert W. Kent ☐ Addressee  
B. Received by (Printed Name) Robert W. Kent C. Date of Delivery 4/14/10  
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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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  
Robert W. Kent  
P.O. Box 131524  
Houston, Texas 77219  
City, State, Zip+4

See Reverse for Instructions

PS Form 3800, August 2005

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, & 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:

Robert W. Kent  
P.O. Box 131524  
Houston, Texas 77219

A. Signature ☒ Agent  
X Robert W. Kent ☐ Addressee  
B. Received by (Printed Name) Robert W. Kent C. Date of Delivery 4/14/10  
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)  
PS Form 3811, February 2004

7009 2820 0002 8539 3583  
Domestic Return Receipt Cx 354

102595-02-M-1540

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

Sent To  
Fuel Products, Inc.  
Attention: Thomas M. Beall  
P.O. Box 3098  
Midland, Texas 79702  
City, State, Zip+4

See Reverse for Instructions

PS Form 3800, August 2005



**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)

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

April 22, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Linn Energy Holdings, LLC  
Suite 5100  
600 Travis Street  
Houston, Texas 77002

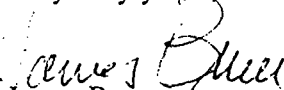
Ladies and gentlemen:

Enclosed are copies of four applications for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S $\frac{1}{2}$ S $\frac{1}{2}$ , N $\frac{1}{2}$ S $\frac{1}{2}$ , S $\frac{1}{2}$ N $\frac{1}{2}$ , and N $\frac{1}{2}$ N $\frac{1}{2}$  of Section 35, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, May 13, 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 these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, May 6, 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.

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- 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:

Linn Energy Holdings, LLC  
Suite 5100  
600 Travis Street  
Houston, Texas 77002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* 5/3/2010 ☐ Agent  
X ☐ 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)

7009 2820 0002 8540 1752