

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)

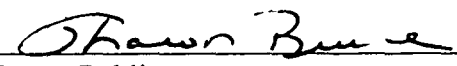
James Bruce, being duly sworn upon his oath, deposes and states:

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 offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators or working 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.


James Bruce

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

My Commission Expires: 3/14/13


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

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, *etc.*, 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, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator or working interest owner, 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, April 22, 2010 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Western Equipment Co.
P.O. Box 5457
Midland, Texas 79704

Tipton & Denton
Suite 1070, LB70
3710 Rawlins
Dallas, Texas 75219

Samson Resources Company
Suite 1010
200 North Loraine
Midland, Texas 79701

Hudson Oil Company of Texas
616 Texas Street
Fort Worth 76102

Armstrong Energy Corporation
P.O. Box 1973
Roswell, New Mexico 88202

Canaan Resources, LLC
Suite 1000
211 North Robinson
Oklahoma City, Oklahoma 73102

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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., P.O. Box No. Armstrong Energy Corporation
 City, State, ZIP+4 Roswell, New Mexico 88202

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 2241

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:
 Samson Resources Company
 Suite 1010
 200 North Loraine
 Midland, Texas 79701

2. Article Number (Transfer from service label)
 7009 2820 0002 8539 2227

PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☒ Addressee ☐
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/12/06*
 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 ☒ No

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:
 Armstrong Energy Corporation
 P.O. Box 1973
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label)
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Sent To
 Street, Apt. No., P.O. Box No. Samson Resources Company
 City, State, ZIP+4 Suite 1010
 200 North Loraine
 Midland, Texas 79701

PS Form 3800, August 2006 See Reverse for Instructions

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

Sent To
Canaan Resources, LLC
Street, Apt. No., Suite 1000
or PO Box No. 211 North Robinson
City, State, ZIP+4 Oklahoma City, Oklahoma 73102

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:

Canaan Resources, LLC
Suite 1000
211 North Robinson
Oklahoma City, Oklahoma 73102

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Article Number (Transfer from service label) 7008 0500 0001 4590 6775

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:

Hudson Oil Company of Texas
616 Texas Street
Fort Worth 76102

2. Article Number (Transfer from service label) 7009 2820 0002 8539 2234

PS Form 3811, February 2004 Domestic Return Receipt

102595-02 M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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Domestic Return Receipt

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

Sent To
Hudson Oil Company of Texas
616 Texas Street
Fort Worth 76102
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark
Here

Sent To Tipton & Denton
Suite 1070, LB70
3710 Rawlins
Dallas, Texas 75219
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

7009 2820 0002 8539 2210

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:

Tipton & Denton
 Suite 1070, LB70
 3710 Rawlins
 Dallas, Texas 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature Randy King ☒ Agent ☐ Addressee

B. Received by (Printed Name) Randy King C. Date of Delivery 4/12/2010

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 ☐ No

2. Article Number 7009 2820 0002 8539 2210

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

CC 35-4 a

102595-02-M-1540


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Label/Receipt Number: 7009 2820 0002 8539 2258

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Status: Notice Left

Track & Confirm

Enter Label/Receipt Number.

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We attempted to deliver your item at 2:58 PM on May 7, 2010 in MIDLAND, TX 79704 and a notice was left. You may pick up the item at the Post Office indicated on the notice, go to www.usps.com/redelivery, or call 800-ASK-USPS to arrange for redelivery. If this item is unclaimed after 30 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.

Detailed Results:

- Notice Left, May 07, 2010, 2:58 pm, MIDLAND, TX 79704
- Notice Left, April 15, 2010, 6:03 pm, MIDLAND, TX 79704

Notification Options

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	Western Equipment Co.
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City, State, ZIP+4	Midland, Texas 79704
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