

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.

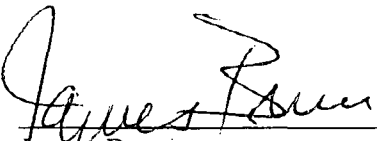
Case No. 14,467

AFFIDAVIT OF NOTICE

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

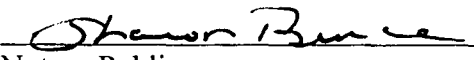
James Bruce, being duly sworn upon his oath, deposes and states:

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 8th day of May, 2010 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 3
Exhibit No.

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 N½S½ 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

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

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

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, Texas 77002

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

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance or 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 & Restricted Delivery Fee

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

PS Form 3811, February 2004
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X J. Anderson*
B. Received by (Printed Name): *J. Anderson*
C. Date of Delivery: *4/1/04*
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 ☒ No

Article Number: 7008 0500 0001 4590 6843
Domestic Return Receipt

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X*
B. Received by (Printed Name):
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
☐ Registered
☐ Insured Mail
☐ Express Mail
Return Receipt for Merchandise ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Article Number: 7008 0500 0001 4590 6782
Domestic Return Receipt

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X J. Anderson*
B. Received by (Printed Name): *J. Anderson*
C. Date of Delivery: *4/1/04*
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 ☒ No

Article Number: 7008 0500 0001 4590 6843
Domestic Return Receipt

PS Form 3811, February 2004

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance or 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 & Restricted Delivery Fee

1. Article Addressed to:
Grace K. Bankhead and
Bankhead Administrative
Accounting Trust
4201 Potomac
Dallas, Texas 75205

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X*
B. Received by (Printed Name):
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
☐ Registered
☐ Insured Mail
☐ Express Mail
Return Receipt for Merchandise ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Article Number: 7008 0500 0001 4590 6782
Domestic Return Receipt

PS Form 3811, February 2004

U.S. Postal ServiceTM
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 \$

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *Jessie Nuckles*
 C. Date of Delivery *2/1/2004*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Addressed to:

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

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:

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

2. Article Number (Transfer from service label)
 7008 0500 0001 4590 6812

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *Robert W. Kent*
 C. Date of Delivery *2/1/2004*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Addressed to:

7008 0500 0001 4590 6812

102595-02-M-1540

U.S. Postal ServiceTM
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 \$

Postmark Here

Sent To Robert W. Kent
 Street Apt. P.O. Box 131524
 or PO Box Houston, Texas 77219
 City, State, ZIP+4

PS Form 3800, August 2006. See Reverse for Instructions

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
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 Janice Shelton Crebbs, Trustee
 3769 North Camino Leamaria
 Tucson, Arizona 85716

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:

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4590 6805

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Janice Crebbs*
 B. Received by (Printed Name)
 C. Date of Delivery
 4/10/07

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4590 6805

PS Form 3811, February 2004 Domestic Return Receipt

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)
 7008 0500 0001 4590 6836

PS Form 3811, February 2004 Domestic Return Receipt

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	\$

Sent To
 Attention: Jerry Goodwin, CPA
 Suite 1030
 777 Taylor Street
 Fort Worth, Texas 76102

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4590 6836

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™ 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: Fuel Products, Inc.
Attention: Thomas M. Beall
P.O. Box 3098
Midland, Texas 79702

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

PS Form 3800, August 2006 See Reverse for Instructions

2989 0654 1000 0050 8002

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4590 6850

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Blair Hamburg

B. Received by (Printed Name) *Blair Hamburg*

C. Date of Delivery *4/12/06*

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:

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

7008 0500 0001 4590 6867

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Fuel Products

B. Received by (Printed Name) *Fuel Products*

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 ☐ No

U.S. Postal Service™ 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)	

Postmark Here

Total Postage & Fees Hyde Oil and Gas Corporation
Attention: Blair Hamburg

Sent To Suite 1018
Street, Apt. No., or PO Box No. 6300 Ridglea Place
City, State, ZIP+4 Fort Worth, Texas 76116

PS Form 3800, August 2006 See Reverse for Instructions

0589 0654 1000 0050 8002

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	\$

Postmark Here

Sent To: Nortex Corporation
 Suite 3100
 1415 Louisiana
 Houston, Texas 77002

PS Form 3800, August 2006 See Reverse for Instructions

6629 0654 1000 0050 8002

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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

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

7008 0500 0001 4590 6874

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☒ Address ☐
 B. Received by (Printed Name) *Alan Byars* C. Date of Delivery *4-18-10*
 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 ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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

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

7008 0500 0001 4590 6799

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☒ Address ☐
 B. Received by (Printed Name) *Alan Byars* C. Date of Delivery *4-18-10*
 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 ☐ No

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	\$

Postmark Here

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

PS Form 3800, August 2006 See Reverse for Instructions

6299 0654 1000 0050 8002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance; CC-V-Tag[®] 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	\$

Postmark
Here

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

7275 0001 4590 0000 0000 0000 0000 0000 0000 0000

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

Signature <u>[Signature]</u>	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Addressee
B. Received by (Printed Name) <u>W. A. RYAN</u>	C. Date of Delivery <u>4/12</u>
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 type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured Mail
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Transfer from service label)	7008 0500 0001 4590 6775
PS Form 3811, February 2004	Domestic Return Receipt: <u>OK 353</u>
	102595-02-14-1540

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 22, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

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

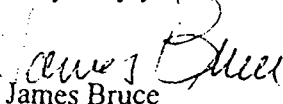
Ladies and gentlemen:

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 S½S½, N½S½, S½N½, and N½N½ 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.

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:

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

COMPLETE THIS SECTION ON DELIVERYA. Signature *[Signature]* 5/3/2010 ☐ 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: ☐ No3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number
(Transfer from service label)

7009 2820 0002 8540 1752