

# Affidavit of Publication

STATE OF NEW MEXICO )

) ss.

COUNTY OF LEA )

LEGAL NOTICE  
NOTICE OF  
PUBLICATION

STATE OF  
NEW MEXICO  
ENERGY, MINERALS  
AND NATURAL  
RESOURCES  
DEPARTMENT  
OIL CONSERVATION  
DIVISION  
SANTA FE,  
NEW MEXICO

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Legal Notice

was published in a regular and entire issue of **THE LOVINGTON LEADER** and not in any supplement thereof, for

one (1) day, beginning with the issue of July 29, 2010 and ending with the issue of July 29, 2010.

And that the cost of publishing said notice is the sum of \$85.51 which sum has been (Paid) as Court Costs.

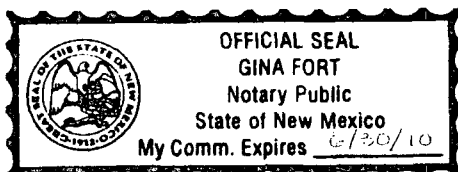
Subscribed and sworn to before me this 3rd day of August 2010

Gina Fort

Gina Fort

Notary Public, Lea County, New Mexico

My Commission Expires June 30, 2014



The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 19, 2010 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by August 9, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not

so stated.)

**CASE 14527:**

Application of Mewbourne Oil Company for a non-standard spacing and pro-rata unit and compulsory pooling, Lea County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a 160-acre non-standard spacing unit comprised of the S/2 N/2 of Section 17, Township 19 South, Range 33 East, NMPM; and (2) pooling all mineral interests in the Bone Spring formation, Tonto Bone Spring Pool (Pool Code 59475), in this non-standard spacing and pro-rata unit which spacing unit will be the project area for its Spyglass "17" Federal Well No. 1H to be drilled from a surface location 2135 feet from the North line and 330 feet from the West line (Unit E) and then in an easterly direction in the Bone Spring formation to a terminus 2135 feet from the North line and 330 feet from the East line (Unit H) of said Section 17. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of Mewbourne Oil Company as operator of the well and a charge for risk involved in drilling said well. Said area is located approximately 19 miles southeast

of Maljamar, New Mexico

Given under the Seal of the State of New Mexico, Conservator Commission at Santa Fe, New Mexico on this 2nd day July 2010.

STATE OF NEW MEXICO  
OIL CONSERVATION  
DIVISION

Mark E. Fesmire, P.  
Director  
Published in the Lovington Leader July 29, 2010.

ATTACHMENT E

HOLLAND & HART 

William F. Carr  
wcarr@hollandhart.com

July 21 2010

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**  
**TO AFFECTED INTEREST OWNERS:**

Re: **Application of Mewbourne Oil Company for a non-standard spacing and proration unit and compulsory pooling, Lea County, New Mexico.**

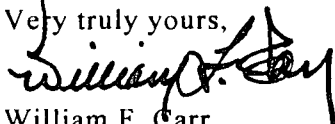
Ladies and Gentlemen:

This letter is to advise you that Mewbourne Oil Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order (1) creating a 160-acre non-standard spacing unit comprised of the S/2 N/2 of Section 17, Township 19 South, Range 33 East, NMPM, and (2) pooling all mineral interests in the Bone Spring formation, Tonto Bone Spring Pool (Pool Code 59475), in this non-standard spacing and proration unit which will be the project area for its Spyglass "17" Federal Well No. 1H to be drilled from a surface location 2135 feet from the North line and 330 feet from the West line (Unit E) and then in an easterly direction in the Bone Spring formation to a terminus 2135 feet from the North line and 330 feet from the East line (Unit H) of said Section 17.

This application has been set for hearing before a Division Examiner at 8:15 AM on August 19, 2010. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but no later than on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,




William F. Carr

cc: Mr. Corey Mitchell  
Mewbourne Oil Company

Holland & Hart 

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Denver Aspen Boulder Colorado Springs Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Salt Lake City Santa Fe Washington, D.C. 

7006 2760 0001 6379 0178

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

For delivery information visit our website

OFFICIAL

 Postage \$ 4.00  
 Certified Fee 2.8  
 Return Receipt Fee (Endorsement Required) 2.3  
 Restricted Delivery Fee (Endorsement Required) 0.7  
 Total Postage & Fees 9.8

 Yates Energy Corporation  
 Post Office Box 2323  
 Roswell, New Mexico
**SENDER: COMPLETE**

- 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:

 Yates Energy Corporation  
 Post Office Box 2323  
 Roswell, New Mexico 88202

 A. Signature [Signature] ☐ Agent ☒ Addressee

 B. Received by (Printed Name) Andrew A. H. H. C. Date of Delivery 7-21-10

 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

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

For delivery information visit our website

OFFICIAL

 Postage \$ 2.00  
 Certified Fee 2.00  
 Return Receipt Fee (Endorsement Required) 2.00  
 Restricted Delivery Fee (Endorsement Required) 0.50  
 Total Postage & Fees 6.50

 Edward R. Hudson Trust No. 4  
 c/o Julian Ard  
 222 West 4th Street, PH-5  
 Fort Worth, Texas 76102
**SENDER: COMPLETE**

- 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:

 Edward R. Hudson Trust No. 4  
 c/o Julian Ard  
 222 West 4th Street, PH-5  
 Fort Worth, Texas 76102

 A. Signature X ☐ Agent ☒ Addressee

 B. Received by (Printed Name) [Signature] C. Date of Delivery 7/21/10

 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)

7006 0100 0005 0625 0215

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 0222

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

For delivery information visit our website

OFFICIAL

 Postage \$ 1.61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.71  
 Total Postage & Fees 10.42

 Nadel Gussman Capitan, I  
 Attn.: Scott Germann, GM  
 601 N. Marienfield, Suite  
 Midland, Texas 79701
**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:

 Nadel Gussman Capitan, LLC  
 Attn.: Scott Germann, GM  
 601 N. Marienfield, Suite 508  
 Midland, Texas 79701

 A. Signature X ☒ Agent ☐ Addressee

 B. Received by (Printed Name) Lauren LeBario C. Date of Delivery 7-21-10

 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)

7006 0100 0005 0625 0222

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0625 0239

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

|  |             |
|--|-------------|
| Postage  | \$ 6.61     |
| Certified Fee                                  | 2.80        |
| Return Receipt Fee (Endorsement Required)      | 2.30        |
| Restricted Delivery Fee (Endorsement Required) |             |
| <b>Total Postage &amp; Fees</b>                | <b>5.71</b> |

Moore & Shelton, Ltd.  
 Post Office Box 3070  
 Galveston, Texas 77522

**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:

Moore & Shelton, Ltd.  
 Post Office Box 3070  
 Galveston, Texas 77522

2. Article Number  
 (Transfer from service label)

7006 0100 0005 0625 0239

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:

James H. Yates, Inc.  
 Attn.: Carolyn B. Yates  
 Post Office Box 189  
 Roswell, New Mexico 88202

A. Signature

X *Carolyn B. Yates*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 7-20-10

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

7006 2760 0001 6379 0116

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

|  |             |
|--|-------------|
| Postage  | \$ 6.61     |
| Certified Fee                                  | 2.80        |
| Return Receipt Fee (Endorsement Required)      | 2.30        |
| Restricted Delivery Fee (Endorsement Required) |             |
| <b>Total Postage &amp; Fees</b>                | <b>5.71</b> |

James H. Yates, Inc.  
 Attn.: Carolyn B. Yates  
 Post Office Box 189  
 Roswell, New Mexico 88202

**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:

Harvey E. Yates Company  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico 88202

A. Signature

X *Melissa Randal*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 7/22/2010

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

7006 2760 0001 6379 0123

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

|  |             |
|--|-------------|
| Postage  | \$ 6.61     |
| Certified Fee                                  | 2.80        |
| Return Receipt Fee (Endorsement Required)      | 2.30        |
| Restricted Delivery Fee (Endorsement Required) |             |
| <b>Total Postage &amp; Fees</b>                | <b>5.71</b> |

Harvey E. Yates Comp  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0123

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 0130

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

For delivery information, visit our website at [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.71

Explorers Petroleum Corporation  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico 88202

**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:

Explorers Petroleum Corporation  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico 88202

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0130

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:

Spiral, Inc.  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico 88202

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0147

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

Colkelan Corporation  
 3481 E. Sunset Road, Suite 102  
 Las Vegas, Nevada 89120

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0154

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

VERY

A. Signature

☐ 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: ☐ 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™**  
 (Domestic Mail Only; No Insurance)

For delivery information, visit our website at [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.7

Spiral, Inc.  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, 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:

Spiral, Inc.  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico 88202

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0147

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

Colkelan Corporation  
 3481 E. Sunset Road, Suite 102  
 Las Vegas, Nevada 89120

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0154

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

☐ 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: ☐ 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™**  
 (Domestic Mail Only; No Insurance)

For delivery information, visit our website at [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.7

Colkelan Corporation  
 3481 E. Sunset Road, Suite 102  
 Las Vegas, Nevada 89120

**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:

Spiral, Inc.  
 Attn.: Melissa Randal  
 Post Office Box 1933  
 Roswell, New Mexico 88202

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0147

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

Colkelan Corporation  
 3481 E. Sunset Road, Suite 102  
 Las Vegas, Nevada 89120

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6379 0154

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

☒ 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: ☐ 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](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .61  
Certified Fee 2.80  
Return Receipt Fee  
(Endorsement Required) 2.30  
Restricted Delivery Fee  
(Endorsement Required) 5.71  
Total Postage & Fees

Postmark  
Here

JUL 19 2010

Cimarex Energy Company  
600 E. Colinas Blvd., Suite 1100  
Irving, Texas 75038

For Instructions

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

For delivery information visit [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee  
(Endorsement Required) 2.30  
Restricted Delivery Fee  
(Endorsement Required) 5.80  
Total Postage & Fees

Cimarex Energy  
Suite 600  
600 N. Marienfeld  
Midland, TX 79

**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:

Cimarex Energy Co.  
Suite 600  
600 N. Marienfeld  
Midland, TX 79701

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Bonnie Russell*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

BONNIE RUSSELL

C. Date of Delivery

8-5-10

- 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

7006 0100 0005 0626 1099

Domestic Return Receipt

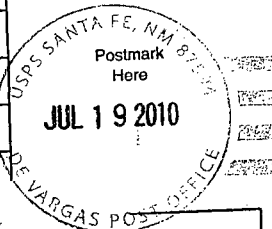
102595-02-M-1540

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee  
 (Endorsement Required) 2.30  
 Restricted Delivery Fee  
 (Endorsement Required) 5.71  
 Total Postage & Fees



Cimarex Energy Company  
 600 E. Colinas Blvd., Suite 1100  
 Irving, Texas 75038

for instructions

*Returned*

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

For delivery information visit [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee  
 (Endorsement Required) 2.30  
 Restricted Delivery Fee  
 (Endorsement Required) 5.80  
 Total Postage & Fees

Cimarex Energy  
 Suite 600  
 600 N. Marienfeld  
 Midland, TX 79701

**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:**

Cimarex Energy Co.  
 Suite 600  
 600 N. Marienfeld  
 Midland, TX 79701

**2. Article Number**

(Transfer from service label)

7006 0100 0005 0626 1099

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Bonnie Russell ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Bonnie Russell C. Date of Delivery 8-6-10  
 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