



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

January 27, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

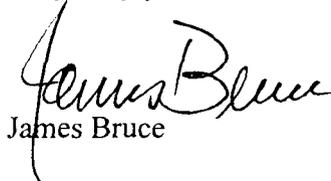
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Apache Corporation, regarding the NW¼NW¼ of Section 11, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 17, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, 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, February 10, 2011 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Apache Corporation

EXHIBIT A

EXHIBIT A

Robert Groves Howard, Jr.  
and Pamela K. Howard  
3813 West Trevino Road  
Hobbs, New Mexico 88240

Thelma Marie Carlin  
312 Walnut  
Ruidoso, New Mexico 88345

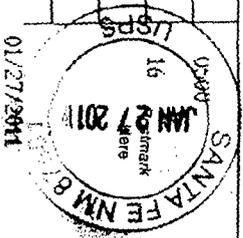
Overloade, Ltd.  
P.O. Box 148  
Las Cruces, New Mexico 88001

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

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

**OFFICIAL USE**

|  |    |                |
|--|----|----------------|
| Postage  | \$ | 21.44          |
| Certified Fee                                  |    | \$2.80         |
| Return Receipt Fee (Endorsement Required)      |    | \$2.30         |
| Restricted Delivery Fee (Endorsement Required) |    | \$0.00         |
| <b>Total Postage &amp; Fee</b>                 |    | <b>\$26.54</b> |



Sent to: Robert Groves Howard, Jr.  
 and Pamela K. Howard  
 3813 West Trevino Road  
 Hobbs, New Mexico 88240  
 Street, Apt. No.:  
 or PO Box No.:  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4686 4999

**CERTIFIED MAIL™**

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

1ST NOTICE 2-58-11  
 2ND NOTICE \_\_\_\_\_  
 RETURN \_\_\_\_\_

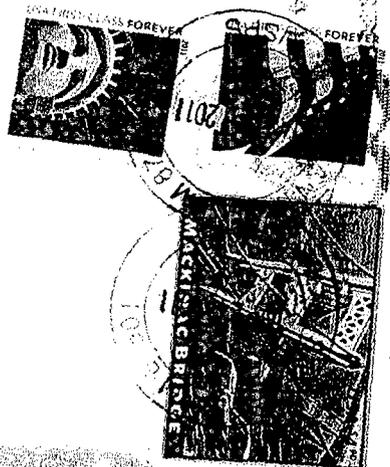
7008 0500 0001 4686 4999

Robert Groves Howard, Jr.  
 and Pamela K. Howard  
 3813 West Trevino Road  
 Hobbs, New Mexico 88240

BAZAO+37564e1056



U.S. POSTAGE  
 9013  
 S9NT81FE, NM  
 JAN 27 2011  
 RHOJUNT



\$0.00  
 00037612-16

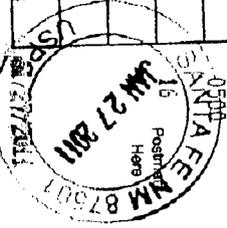


**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*

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

**OFFICIAL USE**

|   |         |
|---|---------|
| Postage   | \$ 0.44 |
| Certified Fee                                     | \$ 2.80 |
| Return Receipt Fee<br>(Endorsement Required)      | \$ 3.30 |
| Restricted Delivery Fee<br>(Endorsement Required) | \$ 0.00 |
| Total Postage & Fees                              | \$ 6.54 |



Send to: Overload, Ltd.,  
P.O. Box 148  
Street, Apt. No., or PO Box No. Las Cruces, New Mexico 88001  
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:

Overload, Ltd.  
P.O. Box 148  
Las Cruces, New Mexico 88001

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*Stan Bullard*
- B. Received by (Printed Name)  Date of Delivery  
*Stan Bullard 1/31/11*
- 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 0500 0001 4686 4913

PS Form 3811, February 2004 Domestic Return Receipt AP 102595-02-M-1540