

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,  
CHAVES COUNTY, NEW MEXICO.

Case No. 14,507

APPLICATION OF CIMAREX ENERGY CO.  
FOR A NON-STANDARD OIL SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
CHAVES COUNTY, NEW MEXICO.


Case No. 14,507

AFFIDAVIT OF NOTICE

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

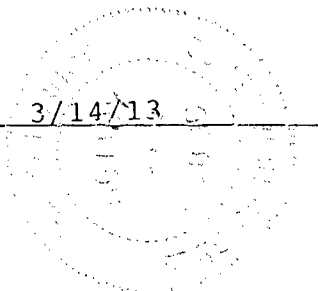
James Bruce, being duly sworn upon his oath, deposes and states:

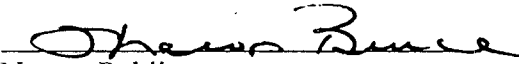
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications 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 21st day of July, 2010 by James Bruce.

My Commission Expires: 3/14/13



  
Notary Public

Oil Conservation Division  
Case No. 3  
Exhibit No. 7

**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)

June 29, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

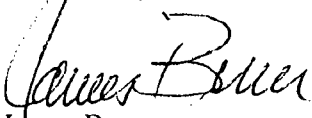
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of two applications for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding (i) the E $\frac{1}{2}$ E $\frac{1}{2}$  of Section 3, and (ii) the W $\frac{1}{2}$ E $\frac{1}{2}$  of Section 3, in Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 22, 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.** The well locations are orthodox. As an offset operator or working interest owner, you have the right to enter an appearance and participate in the cases. Failure to appear will preclude you from contesting these matters at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, July 15, 2010 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Chevron U.S.A. Inc.  
15 Smith Road  
Midland, Texas 79705

Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, Texas 79710

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

COG Operating LLC  
Suite 1300  
550 West Texas  
Midland, Texas 79701

Kevin O. Butler & Associates, Inc.  
P.O. Box 1171  
Midland, Texas 79702

**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:

COG Operating LLC  
Suite 1300  
550 West Texas  
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1547

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☐ Addressee
- 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

**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)

MAILING OFFICIAL USE

Postage	\$	\$0.78
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.88



Sent To  
Kevin O. Butler & Associates, Inc.  
P.O. Box 1171  
Midland, Texas 79702  
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

**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)

MAILING OFFICIAL USE

Postage	\$	\$0.61
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.71



Sent To  
COG Operating LLC  
Suite 1300  
550 West Texas  
Midland, Texas 79701  
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:

Kevin O. Butler & Associates, Inc.  
P.O. Box 1171  
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1530

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 ☐ 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

**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:

Chevron U.S.A. Inc.  
15 Smith Road  
Midland, Texas 79705

2. Article Number

7008 0500 0001 4594 1578

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

PS Form 3811, February 2004

Postage	\$	\$0.61
Certified Fee	\$	\$2.80
Return Receipt Fee (Endorsement Required)	\$	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$5.71

Sent To  
Chevron U.S.A. Inc.  
15 Smith Road  
Midland, Texas 79705  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) 7/06/10
- C. Date of Delivery 7/06/10
- 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.
- 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 Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

2. Article Number  
(Transfer from service label)

7008 0500 0001 4594 1554

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

PS Form 3811, February 2004

Postage	\$	\$0.61
Certified Fee	\$	\$2.80
Return Receipt Fee (Endorsement Required)	\$	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$5.71

Sent To  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Amber Hamilton
- C. Date of Delivery 06/30/2010
- 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

**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:

Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, Texas 79710

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*X [Signature]*

B. Received by (Printed Name) *Jason Hopkins* C. Date of Delivery *7-12-10*

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

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1561

PS Form 3811, February 2004

Domestic Return Receipt

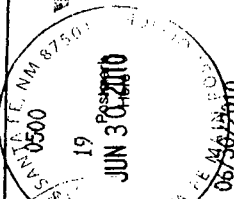
102595-02-M-1540

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> 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	\$ 0.61
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.71



Sent To

Marshall & Winston, Inc.  
Street, Apt. No.:  
or PO Box No. P.O. Box 50880  
City, State, ZIP+4 Midland, Texas 79710

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4594 1561