

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. 14,508

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 applications filed herein.
4. Notice of the applications 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 21st day of July, 2010 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 4
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)

jamesbruce@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 and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding (i) the E½E½ of Section 3, and (ii) the W½E½ 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, 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, July 15, 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

Chesapeake Exploration, LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

Attention: Hugh Brower

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

Attention: Jan Spradlin

First Roswell Company
111 South Kentucky Avenue
Roswell, New Mexico 88203

Pure Energy Group, Inc.
Suite 220
153 Treeline Park
San Antonio, Texas 78209

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To First Roswell Company 111 South Kentucky Avenue Roswell, New Mexico 88203		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

9157 4654 1000 0050 8002

SENDER: COMPLETE THIS SECTION	
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 1523	
PS Form 3811, February 2004 Domestic Return Receipt Cx-B 102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X <i>Michael Radde</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) C. Date of Delivery 7-2-10	<input type="checkbox"/> Addressee
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 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	

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To COG Operating LLC Suite 1300 550 West Texas Midland, Texas 79701		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

9257 4654 1000 0050 8002

SENDER: COMPLETE THIS SECTION	
1. Article Addressed to: First Roswell Company 111 South Kentucky Avenue Roswell, New Mexico 88203	
2. Article Number (Transfer from service label) 7008 0500 0001 4594 1516	
PS Form 3811, February 2004 Domestic Return Receipt Cx-B 102595-02-M-1540	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X <i>Michael Radde</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) C. Date of Delivery 7-2-10	<input type="checkbox"/> Addressee
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 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	

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

Sent To: Chesapeake Exploration, LLC
 P.O. Box 18496
 Street, Apt. No., Oklahoma City, Oklahoma 73154-0496
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4600 2537

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Chesapeake Exploration, LLC
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

2. Article Number (Transfer from service label) 7008 0500 0001 4600 2537

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

5. 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.

6. Article Addressed to:
 Chesapeake Exploration, LLC
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

7. Domestic Return Receipt ☒ 102595-02 M-15

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Postage \$ 0.07 00 NNC
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$

Sent To: Pure Energy Group, Inc.
 Suite 220
 Street, Apt. No., 153 Treeline Park
 or PO Box No. San Antonio, Texas 78209
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4594 1509