

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF SANTA FE ENERGY  
RESOURCES, INC. FOR COMPULSORY  
POOLING AND AN UNORTHODOX GAS  
WELL LOCATION, LEA COUNTY, NEW MEXICO.

Case No. 11888

AFFIDAVIT REGARDING NOTICE

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

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

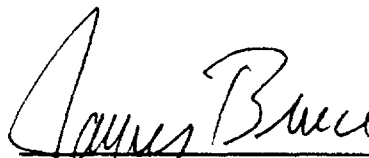
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

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 mailing them, by certified mail, a copy of the Application. 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 Rule 1207.



James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of December, 1997, by James Bruce.

  
Notary Public

My Commission Expires:

3/14/01

NEW MEXICO  
OIL CONSERVATION DIVISION

Santa Fe EXHIBIT 6

CASE NO. 11888

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

SUITE B  
612 OLD SANTA FE TRAIL  
SANTA FE, NEW MEXICO 87501

(505) 982-2043  
(505) 982-2151 (FAX)

November 10, 1997

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Doyle Hartman  
P.O. Box 10426  
Midland, Texas 79702

Larry Nermyr  
P.O. Box 4106S  
Sidney, Montana 59270

Dear Sirs:

Enclosed is a copy of an application for compulsory pooling, filed at the New Mexico Oil Conservation Division by Santa Fe Energy Resources, Inc., regarding Lots 1-4 and the E $\frac{1}{4}$ W $\frac{1}{4}$  of Section 19, Township 20 South, Range 34 East, Lea County, New Mexico. This application will be heard at 8:15 a.m. on Thursday, December 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney for Santa Fe  
Energy Resources, Inc.



PS Form 3800, April 1985

7 235 441 352

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to <b>Doyle Hartman</b>	
Street & Number <b>P. O. Box 10426</b>	
Post Office, State, & ZIP Code <b>Midland, Texas 79702</b>	
Postage	\$ <b>55.32</b>
Certified Fee	<b>1.10</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.10</b>
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$3.00 2.77</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
  - ☐ Restricted Delivery
- Consult postmaster for fee.

**3. Article Addressed to:**

**Doyle Hartman**  
**P. O. Box 10426**  
**Midland, TX 79702**

**4a. Article Number**

**7 235 441 352**

**4b. Service Type**

- ☐ Registered
- ☐ Express Mail
- ☒ Certified
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

Date of Delivery

**5. Received By: (Print Name)**

Addressee's Address (Only if requested and fee is paid)

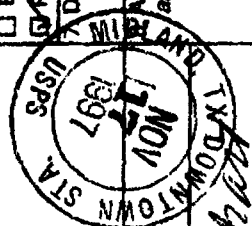
**6. Signature: (Addressee or Agent)**

*Doyle Hartman*

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service



Z 235 441 354

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Larry Henryr	
Street & Number	
P. O. Box 41065	
Post Office, State, & ZIP Code	
Sidney Montana 59270	
Postage	\$ .55 - 32
Certified Fee	1 35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$3.00 2.77
Postmark or Date	

PS Form 3800, April 1965

