BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OCEAN ENERGY, INC. FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO. **Case No. 11,959**

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 each of them, by certified mail, a copy of the Application. Copies of the notice letters and certified return receipts are attached hereto as Exhibits W, X, Y, and Z.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of May, 1998, by James Bruce.

Notary Public

My Commission Expires:

3/12/01

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
EXHIBIT NO. 8B
CASE NO.

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)

March 11, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Yates Petroleum Corporation
Yates Drilling Company
Abo Petroleum Corporation
MYCO Industries, Inc.
105 South Fourth Street
Artesia, New Mexico 88210

Amerind Oil Company, Ltd.
Suite 500
415 West Wall Street
Midland, Texas 79701

Dear Sirs:

Enclosed is a copy of an application for compulsory pooling filed at the New Mexico Oil Conservation Division by UMC Petroleum Corporation regarding the S½ of Section 2, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. This application will be heard at 8:15 a.m. on Thursday, April 2, 1998 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 UMC
Petroleum Corporation

EXHIBIT
W

PS Form **3800**, April 1995

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

Z 432 549 374

Sent to	Amerind Oil Company Ltd.
Street & Number	415 West Wall Street #500
Post Office, State, & ZIP Code	Midland, TX 79701
Postage	$ .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	$ 2.77
Postmark or Date	USPS 1998 MAR 16 79701

SENDER:
- Complete items 1 and/or 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Yates Petroleum Co., et al
105 South Fourth Stt
Artesia, NM 88210

4a. Article Number
Z 432 549 373

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 3.16.98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X T. Pennington

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 432 549 373

Sent to	Yates Petroleum Co., et al
Street & Number	105 S. Fourth St.
Post Office, State, & ZIP Code	Artesia, NM 88210
Postage	$ .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	$ 2.77
Postmark or Date	USPS 1998 MAR 16 87501

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I also wish to receive the following services (for an extra fee):
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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Amerind Oil Company Ltd
415 West Wall Street #500
Midland, TX 79701

4a. Article Number
Z 432 549 374

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 3-16-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Mary Ann Brock

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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)

April 8, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Dear Sirs:

Enclosed is a copy of an application for compulsory pooling filed at the New Mexico Oil Conservation Division by UMC Petroleum Corporation (**now known as Ocean Energy, Inc.**) regarding the S½ of Section 2, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, April 16, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. **However, the applicant has requested that the case (No. 11959) be continued to the April 30, 1998 hearing.** 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 Ocean
Energy, Inc.

EXHIBIT
X

EXHIBIT A

Ameristate Oil & Gas, Inc.
Ameristate Exploration L.L.C.
1211 West Texas
Midland, Texas 79701

John F. Herbig, Jr.
Suite 280
One Marienfeld Place
Midland, Texas 79701

Fuel Products, Inc.
P.O. Box 3098
Midland, Texas 79702

Marilyn Cone, Trustee
P.O. Box 64244
Lubbock , Texas 79464

Lavena Howard, Trustee
5221 Ira
Ft. Worth, Texas 76117

Heirs of Lucretia E. Conlon
c/o Charles M. Fuchtman
P.O. Box 10109
Huntsville, Alabama 35801

Flo Scott Brown
8610 Miami Avenue
Midland, Texas 79423

Heirs of Tom Schnaubert
c/o Mary Irwinsey
4404 Odessa Avenue
Ft. Worth, Texas 76117

Constance Cobb Keen
4915-D 94th Street
Lubbock, Texas 79424

Dan and Mike Field
20 Brentwood Circle
Lubbock, Texas 79407

PS Form **3800**, April 1995

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

Z 432 546 214

Sent to	John F. Herbig, Jr. Suite 280 One Marienfeld Place Midland, Texas 79701
Postage	$0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$3.00
Postmark or Date	3-8 MIDLAND TX 79710

SENDER:
- Complete items 1 and/or 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.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ameristate Oil & Gas, Inc.
Ameristate Exploration L.L.C.
1211 West Texas
Midland, Texas 79701

4a. Article Number: Z 432 546 216

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 3-15-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 432 546 216

Sent to	Ameristate Oil & Gas, Inc. Ameristate Exploration L.L.C. 1211 West Texas Midland, Texas 79701
Postage	$0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$2.00
Postmark or Date	3-8 MIDLAND TX 79710

SENDER:
- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John F. Herbig, Jr.
Suite 280
One Marienfeld Place
Midland, Texas 79701

4a. Article Number: Z 432 546 214

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 3-10-98

5. Received By: *(Print Name)* JOHN F. HERBIG, JR.

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

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 432 546 212

Sent to	Marilyn Cone, Trustee P.O. Box 64244 Lubbock , Texas 79464
Postage	$0.55
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
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Fuel Products, Inc.
P.O. Box 3098
Midland, Texas 79702

4a. Article Number
Z 432 546 213

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
APR 7 1995

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 432 546 213

Sent to	Fuel Products, Inc. P.O. Box 3098 Midland, Texas 79702
Postage	$0.55
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
Postmark or Date	APR 7 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, 4a, and 4b.
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- 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marilyn Cone, Trustee
P.O. Box 64244
Lubbock , Texas 79464

4a. Article Number
Z 432 546 212

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
APR 7 1995

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

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

6. Signature: *(Addressee or Agent)*
X Tamara Wilde

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 211 155 379

Sent to
Heirs of Lucretia E. Conlon
c/o Charles M. Fuchtman
P.O. Box 10109
Huntsville, Alabama 35801

Postage	$0.55
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
Postmark or Date	

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 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.
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- 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Heirs of Lucretia E. Conlon
c/o Charles M. Fuchtman
P.O. Box 10109
Huntsville, Alabama 35801

4a. Article Number
Z 211 155 379

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4/14/98

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

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

6. Signature: *(Addressee or Agent)*
X Charles M. Fuchtman

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 211 155 380

Sent to
Lavena Howard, Trustee
5221 Ira
Ft. Worth, Texas 76117

Postage	$0.55
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
Postmark or Date	

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Lavena Howard, Trustee
5221 Ira
Ft. Worth, Texas 76117

4a. Article Number
Z 211 155 380

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-14-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 211 155 372

Sent to
Heirs of Tom Schnaubert
c/o Mary Irwinsey
4404 Odessa Avenue
Ft. Worth, Texas 76117

Postage	$ 0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	0.90
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Flo Scott Brown
8610 Miami Avenue
Midland, Texas 79423

4a. Article Number
Z 211 155 378

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-14-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Flo Scott Brown

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 211 155 378

Sent to
Flo Scott Brown
8610 Miami Avenue
Midland, Texas 79423

Postage	$ 0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	0.90
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.80
Postmark or Date	

SENDER:
- Complete items 1 and/or 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.
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- Write *"Return Receipt Requested"* on the mailpiece below the article number.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Heirs of Tom Schnaubert
c/o Mary Irwinsey
4404 Odessa Avenue
Ft. Worth, Texas 76117

4a. Article Number
Z 211 155 372

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-13-98

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

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

6. Signature: *(Addressee or Agent)*
X Rose Rivarola

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the return address

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

CERTIFIED

KEEN915 794241061 1N 03 04/13/98
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

Z 211 1

MAI

APR 20 1998

1ST NOTICE
2ND NOTICE
RETURN

Unclaimed
Attempted - Not Known
Insufficient Address
No such street number
No such office in state
Do not remail in this envelope

USA

old address please

Constance Cobb Keen
[redacted]
[redacted]

Forward to:
2815 Bristop Dr.
Bloomington, IN
47404

Z 211 155 373

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

Sent to
Constance Cobb Keen
4915-D 94th Street
Lubbock, Texas 79424

Postage	$ 0.55
Certified Fee	1.35
Special Delivery Fee	.80
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	FREE
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dan and Mike Field
20 Brentwood Circle
Lubbock, Texas 79407

4a. Article Number
Z 211 155 374

4b. Service Type
- ☐ Registered
- ☑ Certified
- ☐ Express Mail
- ☐ Insured
- ☑ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery
APR 13 1998

5. Received By: *(Print Name)*

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
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Do not use for International Mail (*See reverse*)

Sent to
Dan and Mike Field
20 Brentwood Circle
Lubbock, Texas 79407

Z 211 155 374

Postage	$ 0.55
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

Postmark or Date

APR 13 1998
LUBBOCK, TEXAS

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)

April 10, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Dear Sirs:

Enclosed is a copy of an application for compulsory pooling filed at the New Mexico Oil Conservation Division by UMC Petroleum Corporation (**now known as Ocean Energy, Inc.**) regarding the S½ of Section 2, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, April 16, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. **However, the applicant has requested that the case (No. 11959) be continued to the May 14, 1998 hearing.** Recent title information indicates that you may own an interest in the proposed well unit. As an interest owner 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

James Bruce

Attorney for Ocean
Energy, Inc.

EXHIBIT
Y

EXHIBIT A

Mark L. Shidler, Inc.
1010 Lamar, Suite 500
Houston, Texas 77002

Roy G. Barton, Jr., Trustee
P. O. Box 978
Hobbs, New Mexico 88241-0978

Bristol Resources Corporation
6655 S. Lewis, Suite 200
Tulsa, Oklahoma 74136

Clifford Cone
P. O. Drawer 1629
Lovington, New Mexico 88260-1629

Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702-8310

S. E. Cone, Jr.
P. O. Box 10321
Lubbock, Texas 79408-3321

A. L. Cone Partnership
P. O. Box 3457
Lubbock, Texas 79452-3457

Five States 1995-B, Ltd.
4925 Greenville Avenue, Suite 1220
Dallas, Texas 75206

Five States 1995-D, Ltd.
4925 Greenville Avenue, Suite 1220
Dallas, Texas 75206

Marjorie Cone Kastman
P. O. Box 5930
Lubbock, Texas 79408-5930

Katherine Cone Keck
1801 Avenue of Stars, Suite 446
Los Angeles, California 90067-5906

PS Form **3800**, March 1993

Sent to	Roy G. Barton, Jr., Trustee P. O. Box 978 Hobbs, New Mexico 88241-0978
Postage	$ 0.55
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, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	APR 10 1998 USPS 87501

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Z 194 413 267

SENDER:
- Complete items 1 and/or 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. UMC-6

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mark L. Shidler, Inc.
1010 Lamar, Suite 500
Houston, Texas 77002

4a. Article Number: Z 194 413 266

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 4 13 98

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

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

6. Signature: *(Addressee or Agent)* X C. Miner

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
- Complete items 1 and/or 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. UMC-6

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Roy G. Barton, Jr., Trustee
P. O. Box 978
Hobbs, New Mexico 88241-0978

4a. Article Number: Z 194 413 267

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 4-14-98

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

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

6. Signature: *(Addressee or Agent)* X J Isbell

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

PS Form **3800**, March 1993

Sent to	Mark L. Shidler, Inc. 1010 Lamar, Suite 500 Houston, Texas 77002
Postage	$ 0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	FEE 1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	ADR
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SA APR 10 1998 USPS 87501

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Z 194 413 266

Z 194 413 268

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form **3800**, March 1993

Sent to
Bristol Resources Corporation
6655 S. Lewis, Suite 200
Tulsa, Oklahoma 74136

Postage	$ 0.55
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, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

SANTA FE NM 87501 APR 10 1998 USPS

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 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.

3. Article Addressed to: UMC-6

Bristol Resources Corporation
6655 S. Lewis, Suite 200
Tulsa, Oklahoma 74136

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

4a. Article Number Z 194 413 268

4b. Service Type
☐ Registered ☐ Insured
☐ Express Mail ☐ COD
☑ Return Receipt for Merchandise ☑ Certified

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

102595-97-B-0179 Domestic Return Receipt

PS Form **3811**, December 1994

Is your RETURN ADDRESS completed on the reverse side?

Z 194 413 269

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form **3800**, March 1993

Sent to
Clifford Cone
P. O. Drawer 1629
Lovington, New Mexico 88260-1629

Postage	$ 0.55
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, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

SANTA FE NM 87501 APR 10 1998 USPS

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: UMC-6

Clifford Cone
P. O. Drawer 1629
Lovington, New Mexico 88260-1629

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

4a. Article Number Z 194 413 269

4b. Service Type
☐ Registered ☐ Insured
☐ Express Mail ☐ COD
☑ Return Receipt for Merchandise ☑ Certified

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

102595-97-B-0179 Domestic Return Receipt

PS Form **3811**, December 1994

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3800**, March 1993

Postmark or Date

Postage	$ 0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 1.90

Sent to
S. E. Cone, Jr.
P. O. Box 10321
Lubbock, Texas 79408-3321

Z 194 413 271

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

USPS SANTA FE NM 10 1998 87501

SENDER:
- Complete items 1 and/or 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. UMC-6

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702-8310

4a. Article Number Z 194 413 270

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 4-14-98

5. Received By: (Print Name) K Shapira

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

6. Signature: (Addressee or Agent) X K Shapira

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 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. UMC-6

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

S. E. Cone, Jr.
P. O. Box 10321
Lubbock, Texas 79408-3321

4a. Article Number Z 194 413 271

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

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

6

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, March 1993

Postmark or Date

Postage	$ 0.55
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, and Addressee's Address	
TOTAL Postage & Fees	$ 3.00

Sent to
Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702-8310

Z 194 413 270

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

USPS 10 1998 87501 SANTA FE NM

PS Form **3800**, March 1993

Postage	$0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.10
TOTAL Postage & Fees	$2.00
Postmark or Date	APR 10 1998 USPS 87501

Sent to: Five States 1995-B, Ltd.
4925 Greenville Avenue, Suite 1220
Dallas, Texas 75206

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Z 194 413 273

SENDER:
- Complete items 1 and/or 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.

UMC-6

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

A. L. Cone Partnership
P. O. Box 34576
Lubbock, Texas 79452-3457

4a. Article Number: Z 194 413 272

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name) Betty Petree

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

6. Signature: (Addressee or Agent)
X Betty Petree

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 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.

UMC-6

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Five States 1995-B, Ltd.
4925 Greenville Avenue, Suite 1220
Dallas, Texas 75206

4a. Article Number: Z 194 413 273

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 4/3/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X S. Hanson

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3800**, March 1993

Postage	$0.55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.10
TOTAL Postage & Fees	$2.00
Postmark or Date	APR 10 1998 USPS 87501

Sent to: A. L. Cone Partnership
P. O. Box 34576
Lubbock, Texas 79452-3457

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Z 194 413 272

PS Form **3800**, March 1993

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Z 194 413 275

Postage	$0.55
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, and Addressee's Address	
TOTAL Postage & Fees	$2.00
Postmark or Date	USPS 10 1998 87501

Marjorie Cone Kastman
P. O. Box 5930
Lubbock, Texas 79408-5930

P.O. State and ZIP Code

SENDER:
- Complete items 1 and/or 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):
1. ☐ Addressee's Address
2. ☒ Restricted Delivery

Consult postmaster for fee.

UMC-6

3. Article Addressed to:
Five States 1995-D, Ltd.
4925 Greenville Avenue, Suite 1220
Dallas, Texas 75206

4a. Article Number Z 194 413 274

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 9/13/98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Stephen Hanson

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 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.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

UMC-6

3. Article Addressed to:
Marjorie Cone Kastman
P. O. Box 5930
Lubbock, Texas 79408-5930

4a. Article Number Z 194 413 275

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Marjorie Kastman

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, March 1993

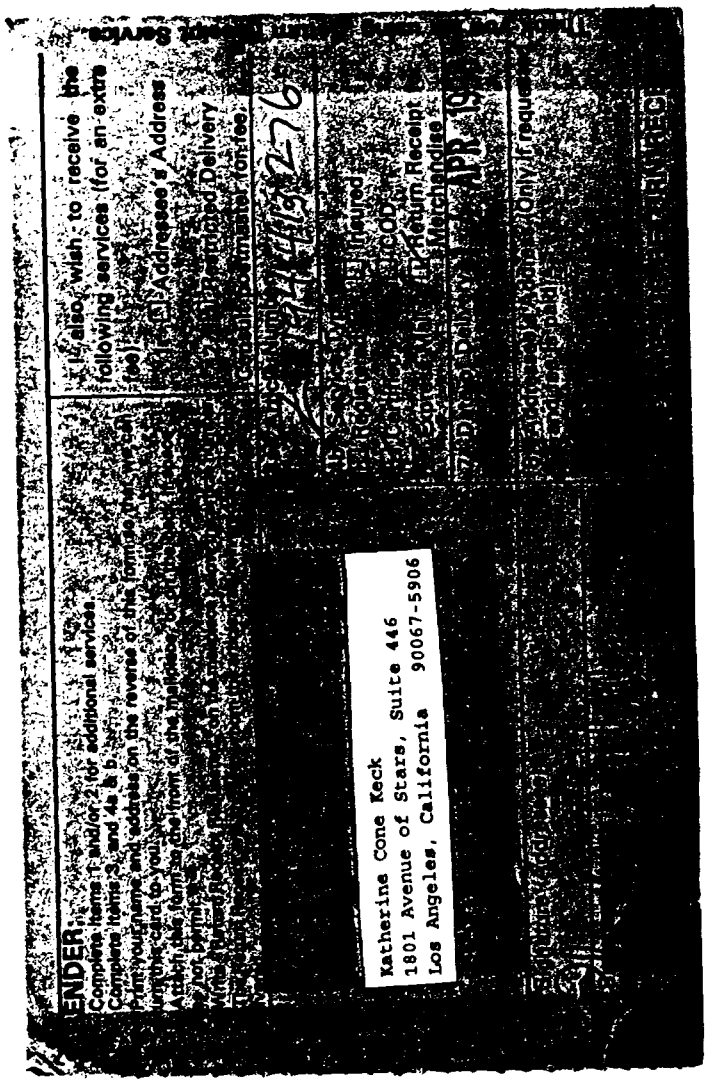
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Z 194 413 274

Postage	$0.55
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, and Addressee's Address	
TOTAL Postage & Fees	$2.00
Postmark or Date	USPS 10 1998 87501

Five States 1995-D, Ltd.
4925 Greenville Avenue, Suite 1220
Dallas, Texas 75206

P.O. State and ZIP Code



Z 194 413 276

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Katherine Cone Keck
1801 Avenue of Stars, Suite 446
Los Angeles, California 90067-5906

PS Form **3800**, March 1993

P.O., State and ZIP Code	
Postage	$0.55
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, and Address	
TOTAL Postage & Fees	$3.00
Postmark or Date	

SANTA FE NM 87501
APR 10 1998
USPS

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)

May 11, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Constance Cobb Keen
2815 Bishop Drive
Bloomington, Indiana 47404

Dear Ms. Keen:

Enclosed is a copy of an application for compulsory pooling filed at the New Mexico Oil Conservation Division by UMC Petroleum Corporation (**now known as Ocean Energy, Inc.**) regarding the S½ of Section 2, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, May 14, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. Recent title information indicates that you may own an interest in the proposed well unit. As an interest owner 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 Ocean
Energy, Inc.

EXHIBIT
2

Z 434 586 906

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to: Constance Cobb Keen	
Street & Number: 2815 Bishop Drive	
Post Office, State, & ZIP Code: Indianapolis, IN 47404	
Postage	$ 0.55
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
Postmark or Date	

SANTA FE NM MAY 1 1998 USPS - 87501

PS Form **3800**, April 1995