

EXHIBIT 14

**Affidavit of Notice Regarding Hearing  
for Approval of Waterflood Project  
East Shugart (Delaware) Unit**

State of New Mexico                    )  
Counties of Eddy and Lea            ) ss.

B. Lynne Ellison, being first duly sworn, upon oath deposes and says:

I am of legal age and have personal knowledge of the matters stated herein. By letter dated May 27, 1999, I, as Landman for St. Mary Land & Exploration Company, Operator of the proposed East Shugart (Delaware) Unit covering 604.12 acres, more or less, described as:

Township 18 South, Range 31 East, NM Meridian

Section 13: S/2SE/4  
Section 24: NE/4 and N/2SE/4  
Eddy County, New Mexico

Township 18 South, Range 32 East, NM Meridian

Section 18: Lot 4 (SW/4SW/4)  
Section 19: Lots 1, 2 (W/2NW/4);  
              Lot 3 (NW/4SW/4); E/2NW/4  
              and NE/4SW/4  
Lea County, New Mexico

sent notice to all surface owners within the area covered by the proposed unit and to the operators or lessees of offsetting acreage that a hearing has been scheduled before the New Mexico Oil Conservation Division on June 24, 1999 relative to an application for approval of a waterflood project. Copies of the application were attached to the notices. The notices were delivered by certified mail, return receipt requested. A copy of the letter along with copies of the signed return receipts are attached to this Affidavit.

Further Affiant sayeth not.

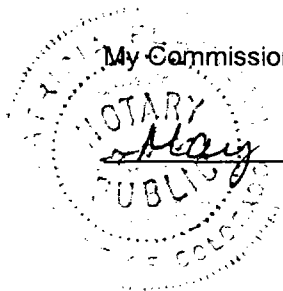
B. Lynne Ellison  
B. Lynne Ellison

Subscribed and sworn to before me this 13<sup>th</sup> day of July, 1999.

My Commission Expires:

May 15, 2003

Dorricia Hanejar  
Notary Public for the State of Colorado  
Residing at 1776 LINCOLN ST, STE 1100  
DENVER CO 80203



**Certified Mail  
Return Receipt Requested**

May 27, 1999

To: See Attached List of Addressees

Re: East Shugart (Delaware) Unit  
Eddy and Lea Counties, NM

Ladies and Gentlemen:

Enclosed is a copy of an application for approval of a waterflood project for the proposed East Shugart (Delaware) Unit filed with the New Mexico Oil Conservation Division by St. Mary Land & Exploration Company.

This matter will be heard at 8:15 a.m. on Thursday, June 24, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. Our records indicate that you are a surface owner or an offset operator/lessee. You have the right to enter an appearance and participate in the hearing. Failure to appear at the hearing will preclude you from contesting this matter at a later date. If you will be appearing at the hearing, you are requested to notify the attorney for the applicant no later than Friday, June 18, 1999. Our attorney is James Bruce, P. O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,

**St. Mary Land & Exploration Company**



B. Lynne Ellison  
Landman

/le  
Attachments

ADDRESS LIST  
EAST SHUGART (DELAWARE) UNIT

RAY WESTALL  
BOX 4  
LOCO HILLS NM 88255

YATES PETROLEUM COMPANY  
105 S 4TH ST  
ARTESIA NM 88210

CONOCO INC  
10 DESTA DR #100W  
MIDLAND TX 79705

BOYLE & STOVALL BETTIS  
BOX 1240  
GRAHAM TX 76450-1240

THUNDERBOLT PETROLEUM LLC  
BOX 10523  
MIDLAND TX 79702

KEVIN O BUTLER & ASSOCIATES  
500 W TEXAS STE 955  
MIDLAND TX 79701

18-31 INC  
PO BOX 1120  
ROSWELL NM 88202

HARVEY E YATES CO  
PO BOX 1933  
ROSWELL NM 88202-1933

ARMANDO LOPEZ  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ROSWELL FIELD OFFICE  
2909 W SECOND ST  
ROSWELL NM 88201-2019

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

Save this receipt and present it if you make an inquiry.

102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>		<p>4a. Article Number</p> <p>2 300 038 010</p>	
<p>3. Article Addressed to:</p> <p>RAY WESTALL</p> <p>BOX 4</p> <p>LOCO HILLS NM 88255</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> COD</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p>	
<p>5. Received By: (Print Name)</p> <p><i>[Signature]</i></p>		<p>7. Date of Delivery</p> <p>6-2-99</p>	
<p>6. Signature (Addressee or Agent)</p> <p><i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Is your RETURN ADDRESS completed on the reverse?

PS Form 3811, December 1994

102595-97 8-0179

Thank you for using Return Receipt Service.

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

Thank you for using Return Receipt Service.

<b>4. I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		<b>4a. Article Number</b> 2300638070	
<b>3. Article Addressed to:</b> YATES PETROLEUM COMPANY 105 S 4TH ST ARTESIA NM 88210		<b>4b. Service Type</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
<b>5. Received By: (Print Name)</b> Nancy Stall		<b>7. Date of Delivery</b>	
<b>6. Signature: (Addressee or Agent)</b> X Nancy Stall		<b>8. Addressee's Address (Only if requested and fee is paid)</b>	

102595-97-B-0179

PS Form 3811, December 1994

Domestic Return Receipt

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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		4a. Article Number 2 300 038019	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD		7. Date of Delivery 6/1	
3. Article Addressed to: CONOCO INC 10 DESTA DR #100W MIDLAND TX 79705		8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) Gonzalez		6. Signature: (Address of Agent) X	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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  - Save this receipt and present it if you make an inquiry.

102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

ER:

Complete items 1 and/or 2 for additional services.

Print your name and address on the reverse of this form so that we can return this card to you.

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:

BOYLE & STOVALL BETTIS  
BOX 1240  
GRAHAM TX 76450-1240

4a. Article Number

2300038023

4b. Service Type

☐ Registered

☐ Express Mail

☐ Return Receipt for Merchandise

☒ Certified  
☐ Insured  
☐ COD

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Andrew C. Cullen

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

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6. Save this receipt and present it if you make an inquiry.

102595-99-M-0079

**PS Form 3800, April 1995 (Reverse)**

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

**3. Article Addressed to:**  
 THUNDERBOLT PETROLEUM  
 LLC  
 BOX 10523  
 MIDLAND TX 79702

**4a. Article Number**  
 300 038 022

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

**7. Date of Delivery**  
 JUN - 1 1999

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

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

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

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

**Consult postmaster for fee.**

**Thank you for using Return Receipt Service.**

**PS Form 3811, December 1994**

**Domestic Return Receipt**

102595-97-B-0179



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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the front of the article?

<b>1. Article Addressed to:</b> KEVIN O BUTLER & ASSOCIATES 500 W TEXAS STE 955 MIDLAND TX 79701		<b>4a. Article Number</b> 2300 038 021	
<b>4b. Service Type</b> <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<b>4c. Certified</b> <input type="checkbox"/> Certified <input type="checkbox"/> Insured	
<b>5. Received By: (Print Name)</b> X J. Butler		<b>7. Date of Delivery</b> 6-1-99	
<b>6. Signature: (Addressee or Agent)</b> X J. Butler		<b>8. Addressee's Address (Only if requested and fee is paid)</b>	
<b>9. I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		<b>10. Thank you for using Return Receipt Service.</b>	

PS Form 3811, December 1994

102595-97-B-0179

Stick postage stamps to article to cover First-Class postage, certified mail fee, and any other charges for any selected optional services (See front).

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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

Thank you for using Return Receipt Service.

Items 1 and/or 2 for additional services.

Items 3, 4a, and 4b.

Write our name and address on the reverse of this form so that we can return this 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:

HARVEY E YATES CO  
PO BOX 1933  
ROSWELL NM 88202-1933

4a. Article Number

2300 038 024

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: Addressee or Agent

X Paul R. Yates

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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6. Save this receipt and present it if you make an inquiry.

102595-99-M-0079

**DER:**

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.

is your RETURN ADDRESS completed on the reverse.

Thank you for using Return Receipt Service.

<b>3. Article Addressed to:</b> 18-31 INC PO BOX 1120 ROSWELL NM 88202		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
<b>4a. Article Number</b> 2300 038 025		<b>4b. Service Type</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
<b>5. Received By: (Print Name)</b> X <i>[Signature]</i>		<b>7. Date of Delivery</b> 6-1-99	
<b>6. Signature: (Addressee or Agent)</b> X <i>[Signature]</i>		<b>8. Addressee's Address (Only if requested and fee is paid)</b>	

PS Form 3811, December 1994

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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

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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:

ARMANDO LOPEZ  
DEPT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
2909 WEST SECOND ST  
ROSWELL NM 88201-2019

4a. Article Number

2300 038 026

4b. Service Type

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

7. Date of Delivery

02-19-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Armando Lopez*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.