BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OCEAN ENERGY RESOURCES, INC. FOR COMPULSORY POOLING AND FOUR NON-STANDARD OIL AND GAS SPACING AND PRORATION UNITS, LEA COUNTY, NEW MEXICO. **Case No. 12,567**

AFFIDAVIT REGARDING NOTICE

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

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 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 Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 10th day of January, 2001, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

OIL CONSERVATION DIVISION
CASE NUMBER
Ocean EXHIBIT 5B

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

December 19, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Ocean Energy Resources, Inc., regarding Lots 1-8 of Section 3, 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, January 11, 2001 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the proposed well, 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 Resources, Inc.

5

EXHIBIT A

Kenneth G. Cone, individually and
as Trustee of the Kenneth G. Cone
Children's Trust U/W/O Kathleen Cone
P.O. Box 11310
Midland, Texas 79702

Sonic Oil & Gas, L.P.
P.o. Box 1240
Graham, Texas 76450

The Blanco Company
P.O. Box 2168
Santa Fe, New Mexico 87504

Keith Pratt Daniels
P.O. Box 190766
Dallas, Texas 75219

Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

The Long Trusts
P.O. Box 3096
Kilgore, Texas 75663

Marilyn Cone, Trustee
of the D.C. Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
P.O. Box 64244
Lubbock, Texas 79424

Clifford Cone, individually and
as Trustee of the Clifford Cone
Family Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9724

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Keith Pratt Daniels
Street, Apt. No.: P.O. Box 190766
City, State, ZIP+ 4 Dallas, Texas 75219

PS Form 3800, July 1999 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:

The Long Trusts
P.O. Box 3096
Kilgore, Texas 75663

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELISABETH STOUT B. Date of Delivery 12-22-00

C. Signature
X Elisabeth Stout ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 3220 0005 9418 9750

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OEI

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:

Keith Pratt Daniels
P.O. Box 190766
Dallas, Texas 75219

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH DANIELS B. Date of Delivery 12-23-00

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ [redacted]
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 3220 0005 9418 9744

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OEI

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9750

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
The Long Trusts
Street, Apt. No.; P.O. Box 3096
City, State, ZIP+ 4 Kilgore, Texas 75663

PS Form 3800, July 1999 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9798

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Sonic Oil & Gas, L.P.
Street, Apt. No P.O. Box 1240
Graham, Texas 76450
City, State, ZIP+ 4

PS Form 3800, July 1999 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:

The Blanco Company
P.O. Box 2168
Santa Fe, New Mexico 87504

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
x [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7099 3220 0005 9418 9781

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OEJ

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:

Sonic Oil & Gas, L.P.
P.O. Box 1240
Graham, Texas 76450

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
x [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7099 3220 0005 9418 9798

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OEJ

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9781

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
The Blanco Company
Street, Apt. No P.O. Box 2168
Santa Fe, New Mexico 87504
City, State, ZIP+ 4

PS Form 3800, July 1999 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9804

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (
Street,
City, State, ZIP+ 4

Kenneth G. Cone, individually and
as Trustee of the Kenneth G. Cone
Children's Trust U/W/O Kathleen Cone
P.O. Box 11310
Midland, Texas 79702

PS Form 3800, July 1999 **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:

Marilyn Cone, Trustee
of the D.C. Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7099 3220 0005 9418 9743

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DET

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:

Kenneth G. Cone, individually and
as Trustee of the Kenneth G. Cone
Children's Trust U/W/O Kathleen Cone
P.O. Box 11310
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* SHAPIRA B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

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

MIDLAND TX DOWNTOWN JAN 3 2000 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7099 3220 0005 9418 9804

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DET

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9743

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Ple
Street, Apt
City, State, ZIP+ 4

Marilyn Cone, Trustee
of the D.C. Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

PS Form 3800, July 1999 **See Reverse for Instructions**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9682

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here — DEC 22 2000 — SANTA FE NM

Name (Please Print Clearly) (To be completed by mailer)
Clifford Cone, individually and as Trustee of the Clifford Cone Family Trust

Street, Apt. No.; or PO Box No.
P.O. Drawer 1629

City, State, ZIP+4
Lovington, New Mexico 88260

PS Form 3800, July 1999 — 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:

Clifford Cone, individually and
as Trustee of the Clifford Cone
Family Trust
P.O. Drawer 1629
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7099 3220 0005 9418 9682

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

OET

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0005 9418 9767

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here — DEC 22 2000

Name (Please Print Clearly) (To be completed by mailer)
Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999 — 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:

LWJ Partnership
P.O. Box 64244
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature

X ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7099 3220 0005 9418 9736

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OEI

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	$ .55
Certified Fee	1.80
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.60

FE NM 87501
DEC 1 2000
Postmark Here

7099 3220 0005 9418 9736

Name (Please Pr) LWJ Partnership
P.O. Box 64244
Street, Apt. No.; Lubbock, Texas 79424
City, State, ZIP+ 4

PS Form 3800, July 1999 See Reverse for Instructions