

**BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY,
MINERALS AND NATURAL RESOURCES**

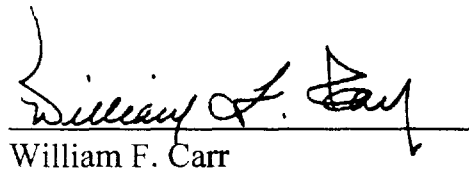
**IN THE MATTER OF THE APPLICATION
OF TMBR/SHARP DRILLING, INC.
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 12550

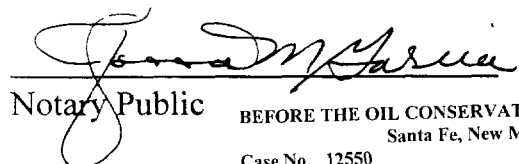
AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of TMBR/Sharp Drilling, Inc., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.


William F. Carr

SUBSCRIBED AND SWORN to before this 6th day of December, 2000 by William F. Carr.


Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12550 Exhibit No. 5
Submitted by:
TMBR/Sharp Drilling Company
Hearing Date: December 7, 2000

My Commission Expires:

August 21, 2001

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
TANYA M. TRUJILLO
ROBERT J. SUTPHIN, JR.

JACK M. CAMPBELL
1916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofpecos.com

November 16, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

Re: Application of TMBR/Sharp Drilling, Inc. for compulsory pooling, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that TMBR/Sharp Drilling, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of certain spacing and proration units in the W/2 of Section 21, Township 18 South, Range 32 East, NMPM, Lea County, New Mexico. Said units will be dedicated to TMBR/Sharp's proposed Federal "21" Well No. 1 which it proposes to drill at a standard location 1980 feet from the South line and 990 feet from the West line of said Section 21 to test the Atoka and Morrow formations.

This application has been set for hearing before a Division Examiner on December 7, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
ATTORNEY FOR TMBR/SHARP
DRILLING, INC.

Enclosure

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.

Article Addressed to:

F. Kirk Johnson, III
P.O. Box 2742
Abilene, Texas 79604-2742

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. D

C. Signature

X

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Copy from service label)

7000.0600.0024.3127.7528

Form 3811, July 1999

Domestic Return Receipt

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

Postage

\$.55

Certified Fee

1.40

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

Total

3.20

Recipient

F. Kirk Johnson, III
P.O. Box 2742

Street

Abilene, Texas 79604-2742

City, State

PS Form

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.

Article Addressed to:

Anadarko Petroleum Corporation
P.O. Box 1330
Houston, Texas 77251-1330

COMPLETE THIS SECTION ON DELIVERY

A. Received by

C. Signature

X

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Insured Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Copy from service label)

7000.0600.0024.3127.7559

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

Postage

\$.55

Certified Fee

1.40

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

Total

3.20

Recipient

Anadarko Petroleum Corporation
P.O. Box 1330

Street

Houston, Texas 77251-1330

City, State

PS Form

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.

Article Addressed to:

Clarence W. Stumhoffer &
Frieda T. Stumhoffer
P.O. Box 100416
Fort Worth, Texas 76185

COMPLETE THIS SECTION ON DELIVERY

A. Received by

C. Signature

X

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Insured Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Copy from service label)

7000.0600.0024.3127.7535

Form 3811, July 1999

Domestic Return Receipt

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

Postage

\$.55

Certified Fee

1.40

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

Total

3.20

Recipient

Clarence W. Stumhoffer &
Frieda T. Stumhoffer
P.O. Box 100416
Fort Worth, Texas 76185

Street

City, State

PS Form

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.

Article Addressed to:

DeMar Johnson Hopson
Route 1, Box 164
Lampasas, Texas 76551

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Copy from service label)

Form 3811, July 1999

Domestic Return Receipt

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

Postage \$.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

Recipient's Name DeMar Johnson Hopson
Route 1, Box 164
Lampasas, Texas 76551

City, State, ZIP

PS Form 3800

Instructions

102595-99-M-1789

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.

Article Addressed to:

Murjo Oil & Royalty Company
P.O. Box 12118
Fort Worth, Texas 76121

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Copy from service label)

Form 3811, July 1999

Domestic Return Receipt

U.S. Postal Service**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

Postage \$.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

Recipient's Name Murjo Oil & Royalty Company
P.O. Box 12118
Fort Worth, Texas 76121

City, State, ZIP

PS Form 3800

Instructions

102595-99-M-1789

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.

Article Addressed to:

Ann H. Johnson McReynolds, Managing
Conservator for F. Kirk Johnson IV and Marsland
Holt Johnson
c/o John McReynolds
1601 Bryan Street, 30th Floor
Dallas, Texas 75201

Article Number (Copy from service label)

7000.0600.0024.3127.7566

Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. C

JAN HELL

C. Signature

X [Signature]

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

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

Recipient:
Ann H. Johnson McReynolds, Managing
Conservator for F. Kirk Johnson IV and Marsland
Holt Johnson
c/o John McReynolds
1601 Bryan Street, 30th Floor
Dallas, Texas 75201

PS Form

Instructions

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Article Addressed to:

C. Daniel Walker
P.O. Box 121609
Fort Worth, Texas 76121-1609

Article Number (Copy from service label)

7000.0600.0024.3127.7542

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. C

L TRACY

C. Signature

X [Signature]

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

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

Recipient:
C. Daniel Walker
P.O. Box 121609
Fort Worth, Texas 76121-1609

PS Form

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.

Article Addressed to:

Debra Johnson Head
13751 Old Weatherford Road
Aledo, Texas 76008

Article Number (Copy from service label)

7000.0600.0024.3127.7504

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. C

BAILEY MCGUIRE

C. Signature

X [Signature]

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WFC #440

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

Recipient:
Debra Johnson Head
13751 Old Weatherford Road
Aledo, Texas 76008

PS Form

Instructions