

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

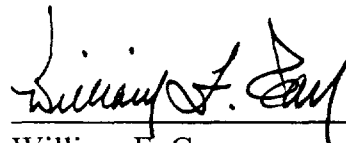
**IN THE MATTER OF THE APPLICATION OF
DAVID H. ARRINGTON OIL & GAS, INC. FOR
COMPULSORY POOLING, DIRECTIONAL DRILLING
AND AN UNORTHODOX WELL LOCATION,
LEA COUNTY, NEW MEXICO.**

CASE NO. 12560

AFFIDAVIT

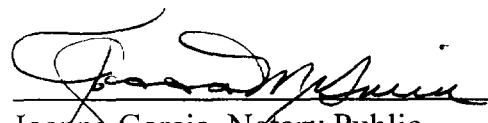
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of David H. Arrington Oil & Gas, 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 20th day of December, 2000, by
William F. Carr.



Joanna Garcia, Notary Public

My Commission Expires:
Aug 21, 2001

BEFORE THE OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO
Case No. 12560 Exhibit No. 5

Submitted by:
David H. Arrington Oil & Gas, Inc.
Hearing Date: December 21, 2000

Name and Address list for the David H. Arrington Oil & Gas, Inc. Royal Stimulator #1 Well, W/2 Section 31, T15S, R36E, Lea County, NM

Bradford A. Christmas
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

Candy Christmas
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

Helen Jane Christmas Barby, Trustee of the
Helen Jane Christmas Trust dated 2-14-92
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

Joyce Ann Brown
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

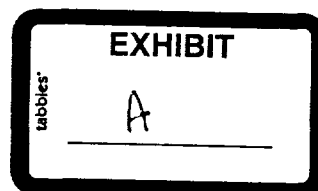
Mary T. Christmas Holladay
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

C. Bert Hendricks
1632 Cartwright Circle
Springdale, Arkansas 72762

Herman C. Gore
1012 N. Chenango
Angleton, Texas 77515

Latrice Teague Wilson
2109 West Moor Place
Arlington, Texas 76015

M. Dion Lowe
2306 Cypress Point West
Austin, Texas 78746



Mattie Pou
3313 Horner Street
Dallas, Texas 76206

Thelma Champion
4932 Lyndon Drive
Ft. Worth, Texas 76116

Anson Energy Corporation.
PO Box 24060
Oklahoma City, Oklahoma 73124

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 30, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS:

Re: Application of David H. Arrington Oil & Gas, Inc. for compulsory pooling,
Directional drilling and an Unorthodox Well Location, Lea County, New
Mexico

Ladies and Gentlemen:

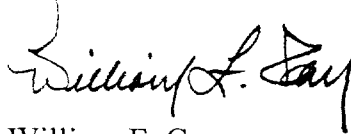
This letter is to advise you that David H. Arrington Oil & Gas, Inc. filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the surface to the base of the Morrow formation in certain spacing and proration units, in the W/2 equivalent of Irregular Section 31, Township 15 South, Range 36 East, NMPM., Lea County, New Mexico. Arrington proposes to dedicate the referenced pooled unit to its proposed Royal Stimulator Well No. 1 to be directionally drilled from an unorthodox surface location to an unorthodox bottomhole location in Section 31 as fully described in the enclosed application.

This application has been set for hearing before a Division Examiner on December 21, 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.

Notification Letter
November 30, 2000
Page 2

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,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is fluid and cursive, with a large initial "W" and a stylized "C".

William F. Carr
ATTORNEY FOR DAVID H. ARRINGTON
OIL & GAS, INC.

Enclosure

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

WFC #640

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
M. DION LOWE
Street, Apt. No., or PO Box No.
2206 CYPRESS POINT WEST
City, State, ZIP+4
AUSTIN, TEXAS 78746
PS Form 3800, February 2000

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:

M. DION LOWE
2206 CYPRESS POINT WEST
AUSTIN, TEXAS 78746

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) M. Dion Lowe B. Date of Delivery 12-4-00

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000. 0600. 0024. 3124. 7665

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

MATTIE PAU
3313 HOMER STREET
DALLAS, TEXAS 76206

A. Received by (Please Print Clearly) B. Date of Delivery 12-5-00

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000. 0600. 0024. 3124. 7672

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

THELMA CHAMPION
4032 LYNDEN DRIVE
FT. WORTH, TEXAS 76116

A. Received by (Please Print Clearly) Thelma Champion B. Date of Delivery 12-4-00

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000. 0600. 0024. 3127. 7689

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC #640

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
THELMA CHAMPION
Street, Apt. No., or PO Box No.
4032 LYNDEN DRIVE
City, State, ZIP+4
FT. WORTH, TEXAS 76116
PS Form 3800, February 2000

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

WFC #640

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

Recipient's Name (Please Print Clearly) (to be completed by mailer)
SUN ENERGY CORPORATION
Street, Apt. No., or PO Box No.
Box 24060
City, State, ZIP+4
ATLANTA CITY OKLAHOMA 73124
PS Form 3800, February 2000

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

WFC #640

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$3.20

SANTA FE NM
NOV 30 2000
USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
MARY T. CHRISTMAS HOLLADAY
Street, Apt. No., or PO Box No.
C/O JAMES R. UETEN, P.O. Box
City, State, ZIP+4
MIDLAND TEXAS 79702

PS Form 3800, February 2000 See Reverse

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:

MARY T. CHRISTMAS HOLLADAY
c/o JAMES R. UETEN
P.O. Box 10561
MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)

7000. 0600. 0024. 3127. 7627

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Date of Delivery
C. Signature
D. Is delivery address different from item 1? Yes No
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) Yes No

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

WFC #640

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$3.20

SANTA FE NM
NOV 30 2000
USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
C. BERT HENDRICKS
Street, Apt. No., or PO Box No.
1632 CARTWRIGHT CIRCLE
City, State, ZIP+4
SPRINGDALE ARKANSAS 72762

PS Form 3800, February 2000 See Reverse

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:

C. BERT HENDRICKS
1632 CARTWRIGHT CIRCLE
SPRINGDALE, ARKANSAS 72762

2. Article Number (Copy from service label)

7000. 0600. 0024. 3129. 7634

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. BERT HENDRICKS
C. Signature
D. Is delivery address different from item 1? Yes No
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) Yes No

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

WFC #640

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$3.20

SANTA FE NM
NOV 30 2000
USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
HERMAN C. GORE
Street, Apt. No., or PO Box No.
1012 NORTH CHENANGO
City, State, ZIP+4
ANGLETON, TEXAS 77515

PS Form 3800, February 2000 See Reverse

- 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:

HERMAN C. GORE
1012 NORTH CHENANGO
ANGLETON, TEXAS 77515

2. Article Number (Copy from service label)

7000. 0600. 0024. 3127. 7641

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

C. Signature
X
D. Is delivery address different from item 1? Yes No
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) Yes No

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

WFC #640

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$3.20

SANTA FE NM
NOV 30 2000
USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
LATRICE TERRELL WILSON
Street, Apt. No., or PO Box No.
2109 WEST MOOR PLACE
City, State, ZIP+4
ARLINGTON, TEXAS 76015

PS Form 3800, February 2000 See Reverse for Instructions

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

WFC 640

Postage	\$	1.40
Certified Fee		1.75
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.15

SANTA FE NM
NOV 30 2000
SPS 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
BLAUFORD A. CHRISTMAS
Street, Apt. No., or PO Box No.
c/o JAMES R. LEETON, P.O. BOX
City, State, ZIP+4
MIDLAND TEXAS 79702

PS Form 3800, February 2000 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:
BLAUFORD A. CHRISTMAS
c/o JAMES R. LEETON
P.O. BOX 10561
MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
7000. 0600. 0024. 3127. 7580

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DEC 5 2000

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

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

WFC 640

Postage	\$	1.40
Certified Fee		1.75
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.15

SANTA FE NM
NOV 25 2000
SPS 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
CANDY CHRISTMAS
Street, Apt. No., or PO Box No.
c/o JAMES R. LEETON, P.O. BOX
City, State, ZIP+4
MIDLAND TEXAS 79702

PS Form 3800, February 2000 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:
CANDY CHRISTMAS
c/o JAMES R. LEETON
P.O. BOX 10561
MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
7000. 0600. 0024. 3127. 7597

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DEC 5 2000

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

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

WFC 640

Postage	\$	1.40
Certified Fee		1.75
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.15

SANTA FE NM
NOV 25 2000
SPS 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
HELEN JANE CHRISTMAS BARBY, TRUSTEE OF THE HELEN JANE CHRISTMAS TRUST DATED 2/14/92
Street, Apt. No., or PO Box No.
c/o JAMES R. LEETON, P.O. BOX
City, State, ZIP+4
MIDLAND TEXAS 79702

PS Form 3800, February 2000 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:
HELEN JANE CHRISTMAS BARBY, TRUSTEE OF THE HELEN JANE CHRISTMAS TRUST DATED 2/14/92
c/o JAMES R. LEETON
P.O. BOX 10561
MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
7000. 0600. 0024. 3127. 7603

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DEC 5 2000

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

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

WFC 640

Postage	\$	1.55
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	2.80

SANTA FE NM
NOV 30 2000
SPS 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
JOYCE ANN BROWN
Street, Apt. No., or PO Box No.
c/o JAMES R. LEETON, P.O. BOX
City, State, ZIP+4
MIDLAND TEXAS 79702

PS Form 3800, February 2000 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:
JOYCE ANN BROWN
c/o JAMES R. LEETON
P.O. BOX 10561
MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
7000. 0600. 0024. 3127. 7610

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DEC 5 2000

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