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

IN THE MATTER OF THE APPLICATION OF SEELY OIL COMPANY FOR CONTRACTION OF THE UNITIZED FORMATION IN THE E-K QUEEN UNIT, LEA COUNTY, NEW MEXICO.

| | | CASE NO. |
|---------------------|------------------|----------|
| | <u>AFFIDAVIT</u> | |
| STATE OF NEW MEXICO |)) ss. | |
| COUNTY OF SANTA FE |) | |

William F. Carr, attorney in fact and authorized representative of Seely Oil

Company, 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 $\frac{g}{2}$ th day of June 2002 by William F. Carr.

Notary Public

My Commission Expires: Clugar 23, 2005

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 12891 Exhibit No. 9
Submitted by:

SEELY OIL COMPANY
Hearing Date: <u>July 11, 2002</u>

| Supplying the latest and the supplying the s | | |
|--|---|---|
| U.S. Postal Service | | |
| CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage P) | | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Received by (Please Print Clearly) B. Date of Delivery |
| Seely(wtc) s 180 | 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. | Agent Addressee |
| Certified Fee 2.10 | Article Addressed to: | D. Is delivery address different from item 1? Yes |
| Return Receipt Fee (Endorsement Required) | | If YES, enter delivery address below: □ № |
| Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Boswell Interest Atd. 1320 Lake Street Street | Boswell Interests Ltd. 1320 Lake Street | |
| Sent To Boswell Interest Atd. | Fort Worth, Texas 76102 | 3. Service Type |
| Street, Apt. No. or PO Box No. Fort Worth, Texas \$6102 | | Certified Mail |
| City, State, ZIP+ | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| PS Form 3800) | 2. Article Number (Copy frc 7001 1140 00 | 02 5600 8050 |
| U.S. Postal Service CERTIFIED MAIL RECEIPT | PS Form 3811, July 1999 Domestic F | Return Receipt 102595-00-M-0952 |
| (Domestic Mail Only; No Insurance Coverage F | ■ Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Clearly) B. Date of Delivery |
| | item 4 if Restricted Delivery is desired. | 6-15-02 |
| VALUE OF THE PROPERTY OF THE P | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| WFC/Seely CO | Attach this card to the back of the mailpiece, or on the front if space permits. | X XMULL AUCILO - Addressee |
| Postage s , 80 | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Certified Fee 2. 10 FIGEEXA | | ii 123, entel delivery address below. |
| Return Receipt Fee (Endorsement Required) | Bureau of Land Management | |
| Restricted Delivery Fee (Endorsement Required) | Attention: Armando Lopez | |
| Total Postage & Fees \$ 4.40 | 2909 W. 2 nd Street | 3. Service Type |
| Sent To Duran of Land Managers and | Roswell, New Mexico 88201 | |
| Bureau of Land Management. Street, Apt. No Attention: Armando Lopez | | ☐ Insured Mail ☐ C.O.D. |
| or PO Box No. 2909 W. 2 nd Street | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| City, State, ZIP Roswell, New Mexico 882017 PS Form 3801 | 2. Article Number (Copy fi 7001 1140 000 | 12 5600 8210 |
| | PS Form 3811, July 1999 Domestic F | leturn Receipt 102595-00-M-0952 |
| U.S. Postal Service | item 4 if Restricted Delivery is desired. | |
| CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr | Print your name and address on the reverse | C. Signature |
| District Control of the Control of t | so that we can return the card to you. Attach this card to the back of the mailpiece, | Agent Agent |
| | or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| Seely (wpc) 410-87 Postage \$ 180 | Article Addressed to: | If YES, enter delivery address below: \(\square\$ No |
| 468 82.0001 Certified Fee 2.10 | | |
| Return Receipt Fee (Endersoment Remired) | Burnett Oil Company 801 Cherry Street, Suite 1500 | |
| (Litocrseitlent nedulec) | Fort Worth, Texas 76102 | 3. Service Type |
| Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 4.40 | | Certified Mail |
| Sent To | | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Burnett Oil Congany | Article Number (Copy from | |
| Street, Apt. No.; or PO Box No. Fort Worth, Texas 76102 | 7001 1140 0 | 002 5600 8067 |
| City, State, ZIF+ 4 | PS Form 3811, July 1999 Domestic Re | eturn Receipt 102595-00-M-0952 |

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| J.S. Postal Servi CERTIFIED N | ANTERES DE LA COMPANION DE LA | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|---|--|
| (Domestic Mail | Only; No insarchice Coverage | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Received by (Please Print Clearly) B. Date of Delivery 6-14-07 |
| seey(wfc) | | so that we can return the card to you. Attach this card to the back of the mailpiece, | Signature Agent Addressee |
| 4682.0001 | EV | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes |
| Certified Fee Return Receipt Fee (Endarsement Required) Restricted Delivery Fee | | CEB Oil Company | If YES, enter delivery address below: |
| (Endorsement Required) Total Postage & Fees | a 440 | 1320 Lake Street Fort Worth, Texas 76102 | |
| Street, Apt. No.; or PO Box No. | CEB Oil Company 1320 Lake Street Fort Worth, Texas 76102 | | 3. Service Type Certified Mail |
| City, State, ZIP+ 4 | | 2. Article Number (7001 1145 0002 | |
| PS Form 3800, J. | and the second s | | |
| | ice MAIL RECEIPT Only; No Insurance Coverage | □ Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Cleany FB. Date of Delivery C. Signature X JUN 1 9 2000 Addressee |
| Seely (WFC) Postage | OFFI | 1. Article Addressed to: | D. Is delivery address different from item 1? |
| Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | 1.50 \$ 4.40 \$ Commissioner of Payota | Commissioner of Public Lands New Mexico State Land Office Attention: Pete Martinez Post Office Box 1148 Santa Fe, NM 87504-1148 | 3. Service Type Scertified Mail |
| Street, Apt. No.; | New Mexico State Land Attention: Pete Martine: | z ———————————————————————————————————— | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| or PO Box No. City, State, ZIP+ 4 | Post Office Box 1148 Santa Fe, NM 87504-11 | 2. Article Number (Copy 7001 1140 00 | 02 5600 8158 |
| PS Form 3800, Ja. | Suitu 10, 11th 07501 11 | PS Form 3811, July 1999 Domestic | Return Receipt 102595-00-M-0952 |
| | rice MAIL RECEIPT Only; No Insurance Coverage | Provided) | |
| 35A | | | |
| Seety (WFC) H6887.000 | - 1/0 | | |
| Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | 1.50 | OSTMACO Here VS | |
| Street, Apt. No.; | Merlyn W. Dahlin and will Ruth G. Dahlin 3220 North Freeway | | |
| or PO Box No. City, State, ZIP+ | Fort Worth, Texas 76111 | | |

PS Form 3800

| \$U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage) | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|--|
| | ■ Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Clearly) B. Date of Delivery |
| Seely (wfe) \$,80 46882.0001 | Complete terms, 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. | C Signature X Agent Addressee |
| Certified Fee Z.10 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To EAB Oil Company 1320 Lake Street | EAB Oil Company 1320 Lake Street Fort Worth, Texas 76102 | 3. Service Type Certified Mail Registered Receipt for Merchandise |
| Street, Apt. No.; or PO Box No. Fort Worth, Texas 76102 | | Insured Mail |
| PS Form 3800, J | 2. Article Number (C 7001 1140 0002 5 | |
| U.S. Postal Service | PS Form 3811, July 1999 Domestic Ret | |
| CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Face) Seel y (W FC) Postage Y & 8 C 2.000 I Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | 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: Express Air Drilling, Inc. 3838 Oak Lawn Avenue Two Turtle Creek Village | A. Received by (Please Print Clearly) B. Date of Deliver C. Signature X |
| Total Postage & Fees \$ 7.40 Sent To | Dallas, Texas 75219-4516 | 3. Service Type Certified Mail |
| City, State, 217+ | 2. Article Number (Cc 7001 1140 0002 | SLOO ATOU |
| PS Form 3800, 3 | PS Form 3811, July 1999 Domestic Re | |
| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Page 1) | 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. | C. Signature Address |
| WFC/Seely \$ 80 | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Postage \$ 700 Certified Fee | A. Havet | 3. Service Type Certified Mail |
| A. Havel | 2. Article Number (Cor. 3003 1110 2003 | 4. Restricted Delivery? (Extra Fee) |
| Street, Apt. No. or PO Box No. City, State, ZIF4 City, State, ZIF4 7607 Chalkstone Dallas, Texas 75248 | 7007 7740 0005 | 5600 8173 eturn Receipt 102595-00-W-09f |

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| | SACON COLOR AND | |
|--|---|--|
| U.S. Postal Service CERTIFIED MAIL RECEIPT | | |
| (Domestic Mail Only: No Insurance Colerate | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Clearly) B. Date of Delivery |
| Carry Court Brown Court Court | item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse | |
| wfc (Seely) Co | so that we can return the card to you. Attach this card to the back of the mailpiece, | C. Signature |
| Certified Fee 2.10 | or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| Return Receipt Fee (Endorsement Required) | Article Addressed to: | If YES, enter delivery address below: No |
| Restricted Delivery Fee (Endorsement Required) | David L. Henderson and wife, | |
| Total Postage & Fees \$ 4,40 (8) | Dawn Henderson | |
| Sent To David L. Henderson and | 815 West 10 th Street Fort Worth Texas 76102 | 3. Service Type |
| Dawn Henderson Street, Apt. No.: 815 West 10 th Street | | ✓ Certified Mail ☐ Express Mail ☐ Registered ☑ Receipt for Merchandise |
| or PO Box No. 813 West 10 Street Fort Worth Texas 76102 | | ☐ Insured Mail ☐ C.O.D. |
| PS Form 3800, a) — | 2. Article Number (Copy from | 4. Restricted Delivery? (Extra Fee) Yes |
| and the control of th | | 02 5600 8166 |
| U.S. Postal Service CERTIFIED MAIL RECEIPT | PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-00-M-0952 |
| (Domestic Mail Only; No Insurance Coverage | Complete items 1, 2, and 3. Also complete | A. Beceived by (Filease Print Clearly) B. Date of Delivery |
| | item 4 if Restricted Delivery is desired. Print your name and address on the reverse | C. Signature |
| | so that we can return the card to you. Attach this card to the back of the mailpiece, | X delen an el Addressee |
| Seely (WFC) , 80 | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? |
| Certified Fee 2.10 | 1. Atticle Addressed to. | If YES, enter delivery address below: ☐ No |
| Return Receipt Fee (Endorsement Required) | James Robert Hill, Virginia Glenn | |
| Restricted Delivery Fee (Endorsement Required) | Hill Lattimore and John A. Styrsky, Trustees of the Houston | |
| Total Postage & Face S James Robert Hill, Wheinig | and Emma Hill Trust Estate | 3. Service Type ⚠ Certified Mail □ Express Mail |
| Sent To Hill Lattimore and John | Suite 1802, 500 W. 7 th Street, Unit 16 Fort Worth, Texas 76102-4772 | ☐ Registered Return Receipt for Merchandise |
| Styrsky, Trustees of the and Emma Hill Trust Es | | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| City, State, ZIP+ Suite 1802, 500 W. 7 th Stre | 2. Article Number (Copy fro | |
| Fort Worth, Texas 76102-4 | 7 0 1 1 1 4 0 0 0 1 PS Form 3811, July 1999 Domestic Re | |
| | | turn Receipt 102595-00-M-0952 |
| U.S. Postal Service CERTIFIED MAIL-RECEIPT | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| (Domestic Mail Only; No Insurance Coverage) | Print your name and address on the reverse so that we can return the card to you. | E. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | Agent Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? |
| WFC/Seely Postage \$,80 | | 1 |
| Certified Fee Z.10 | John P. Oil Company | |
| Return Receipt Fee (Endorsement Required) | 1320 Lake Street | |
| Restricted Delivery Fee (Endorsement Required) | Fort Worth, Texas 76102 | 3. Service Type ☑ Certified Mail ☐ Express Mail |
| Total Postage & Fees \$ 4.40 | | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| Sent To John P. Oil Company | | 4. Restricted Delivery? (Extra Fee) |
| Street, Apt. No. 1320 Lake Street | 2. Article Number (Copy from 7001 1140 0 | 002 5600 8203 |
| Fort Worth, Texas 76102 | PS Form 3811, July 1999 Domestic Re | eturn Receipt 102595-00-M-0952 |

PS Form 380

| U.S. Postal Service CERTIFIED MAIL RECEIPT | | |
|--|--|--|
| (Domestic Mail Only; No Insurance Coverage | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Seely (wfc) s ,80 | 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. | A. Received by (Please Print Clearly) B. Date of Delivery C. (Signature X. Agent Addressee |
| Certified Fee 2.10 Return Receipt Fee 1.50 | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To PVB Oil Company Street, Apt. No.; or PO Box No. City, State, ZIP+ PVB Oil Company 1320 Lake Street Fort Worth, Texas 76102 | PVB Oil Company 1320 Lake Street Fort Worth, Texas 76102 | 3. Service Type Certified Mail |
| PS Form 3800, & | 2. Article Number (Copy from se | 0002 5600 8135 |
| | | leturn Receipt 102595-00-M-0952 |
| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage | 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, | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee |
| Seely/wfc & ,80 | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To SSV&H Associates | SSV&H Associates 815 West 10 th Street Fort Worth, Texas 76102 | 3. Service Type Certified Mail |
| Street, Apt. No.; or PO Box No. Fort Worth, Texas 76102 | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| City, State, ZIP+ | 2. Article Number (Copy fro | 02 5600 8197 |
| PS Form 3800, | PS Form 3811, July 1999 Domestic R | eturn Receipt 102595-00-M-0952 |
| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage) See ly (Wfc) | 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: | A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: |
| Certified Fee 2.10 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 4.40 Sent To C. W. Seely and wife, Jan B | C. W. Seely and wife, Ian B. Seely 815 West 10 th Street Fort Worth, Texas 76102 | 3. Service Type Certified Mail |
| Street, Apt. No. or PO Box No. Fort Worth, Texas 76102 | 2. Article Number (Cc 7001 1140 0002 | 5600 8142 |
| City, State, Zil | PS Form 3811, July 1999 Domestic F | Receipt 102595-00-M-0952 |
| PS Form 388 | | |

