

Hixon Development Company

January 26, 1990

F. A. Cronican Trust
Post Office Box 4201
Albuquerque, New Mexico 87112

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

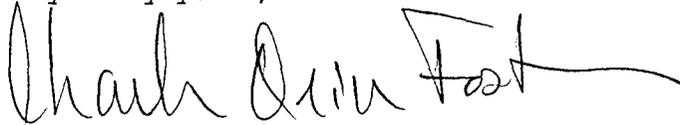
Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

F. A. Cronican st
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 290

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

F. A. Cronican Trust



Trustee 2-2-90

by:
title:

date

Hixon Development Company

January 26, 1990

Fred C. Luthy, Jr.
Post Office Box 1344
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Mr. Luthy:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Fred C. Luthy, Jr.
January 26, 1990
Page 2

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Very truly yours,



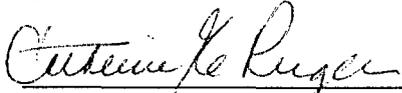
Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 283

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Sunwest Bank of Albuquerque
Agent for C. Fred Luthy



2/9/90

by: Catherine Rugen
title: Trust Officer

date

Hixon Development Company

January 26, 1990

Coleman Oil & Gas, Inc.
Post Office Drawer 3337
Farmington, New Mexico 87499

Attention: Mr. George E. Coleman

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Coleman Oil & Gas Inc.
January 26, 1990
Page 2

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Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 265

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Coleman Oil & Gas, Inc.


by: _____ date: 1/29/90
title: President

Hixon Development Company

January 26, 1990

Meridian Oil Inc.
Post Office Box 4289
Farmington, New Mexico 87499

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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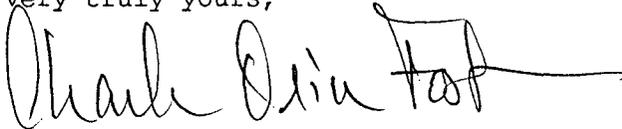
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Meridian Oil Ir.
January 26, 1990
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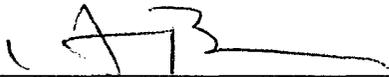
Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 270

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Meridian Oil Inc.



by:
title:

KENT BEERS, ATTORNEY-IN-FACT

date *1/26/90*

Hixon Development Company

January 26, 1990

Seabrook Corp.
Lancaster Corp.
555 17th Street, Suite 1000
Denver, Colorado 80202-3910

Attention: Mr. L. Stanley

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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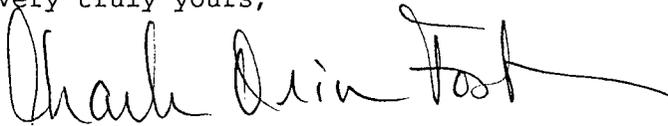
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Seabrook Corp.
Lancaster Corp.
January 26, 1990
Page 2

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Very truly yours,



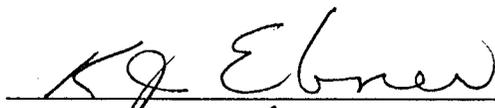
Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 267

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

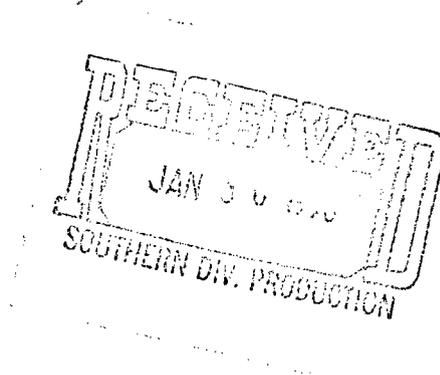
Seabrook Corp.
Lancaster Corp.

 2-5-90
by: _____ date
title: *V. P. Operations*

Hixon Development Company

January 26, 1990

T.O.C. Rocky Mountains, Inc.
Amoco Production Company
Post Office Box 800
Denver, Colorado 80201



Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

T.O.C. Rocky Mountains, Inc.
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 264

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

T.O.C. Rocky Mountains, Inc.
Amoco Production Company

T. D. Autry /ss
by:
title: So. Div. Prod Mgr.

2/15/90
date *mic*

Hixon Development Company

January 26, 1990

Coleman Oil & Gas, Inc.
Post Office Drawer 3337
Farmington, New Mexico 87499

Attention: Mr. George E. Coleman

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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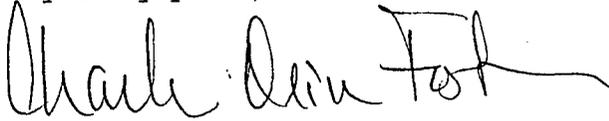
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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Coleman Oil & G Inc.
January 26, 1990
Page 2

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Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 265

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Coleman Oil & Gas, Inc.

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Yates Petroleum Corp.
ABO Petroleum Corp.
Myco Industries Inc.
Yates Drilling Co.
105 South 4th Street
Artesia, New Mexico 88210

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Yates Petroleum rp., et al
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 266

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Yates Petroleum Corp.
ABO Petroleum Corp.
Myco Industries Inc.
Yates Drilling Co.

by: _____ date _____
title:

Hixon Development Company

January 26, 1990

Exxon Company, U.S.A.
Post Office Box 1600
Midland, Texas 79702-1600

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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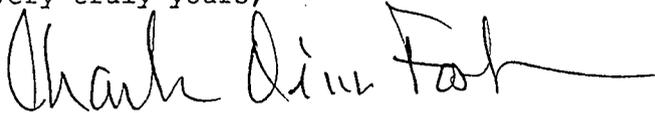
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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Exxon Company, .A.
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 268

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Exxon Company, U.S.A.

by:
title:

date

Hixon Development Company

January 26, 1990

Chevron, USA, Inc.
Post Office Box 599
Denver, Colorado 80201

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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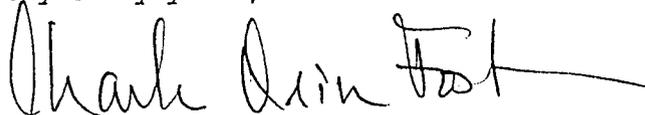
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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Chevron, USA, I
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 269

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Chevron, USA, Inc.

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Edith R. Briggs Trust
Post Office Box 2063
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Edith R. Briggs Trust
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script that reads "Charles Orin Foster". The signature is written in black ink and includes a long horizontal flourish at the end.

Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 279

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Edith R. Briggs Trust

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Energy Resources Group Inc.
Post Office Box 1407
Denver, Colorado 80201

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

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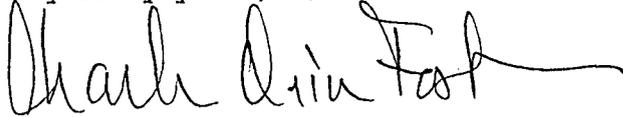
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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Energy Resource Group Inc.
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 280

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Energy Resources Group Inc.

by: _____ date _____
title:

Hixon Development Company

January 26, 1990

Minatome Corp.
One Allen Center #400
Houston, Texas 77002

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

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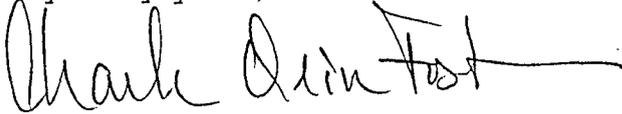
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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Minatome Corp.
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 282

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Minatome Corp.

by: _____ date _____
title:

Hixon Development Company

January 26, 1990

Potenziani Family Partnership
Post Office Box 36600
Albuquerque, New Mexico 87176

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

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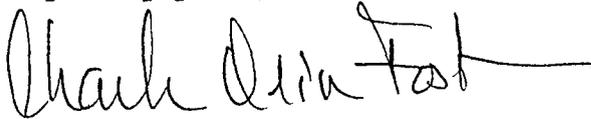
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Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Potenziani Fami Partnership
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 287

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Potenziani Family Partnership

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Walter O. Berger
1354 Rossmoor Towers
Laguna, California 92453

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Mr. Berger:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Walter O. Berge
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 276

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Walter O. Berger

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

William C. Briggs
Post Office Box 2063
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Mr. Briggs:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

William C. Brig
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 277

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

William C. Briggs

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Fred C. Luthy, Jr.
Post Office Box 1344
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Mr. Luthy:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Fred C. Luthy, Jr.
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 283

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Fred C. Luthy, Jr.

by: _____ date _____
title:

Hixon Development Company

January 26, 1990

Roger B. Nielsen
Post Office Box 12241
El Paso, Texas 79912

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Mr. Nielsen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

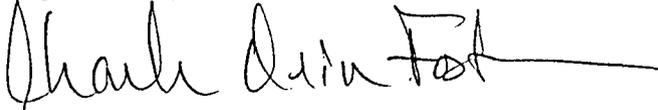
Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Roger B. Nielse
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 285

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Roger B. Nielsen

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Carolyn N. Sedberry
901 Laurel Circle SE
Albuquerque, New Mexico 87101

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Ms. Sedberry:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Carolyn N. Sedberry
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 288

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Carolyn N. Sedberry

by: _____ date _____
title:

Hixon Development Company

January 26, 1990

Cheryl L. Potenziani
4215 Ave. La Resolana
Albuquerque, New Mexico 87110

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Ms. Potenziani:

Hixon Development Company (HDC) proposes to recomplate the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

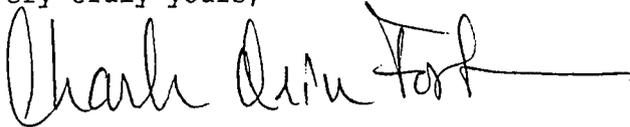
HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplate a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Cheryl L. Potenzi
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 286

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Cheryl L. Potenzi

by: _____ date _____
title:

Hixon Development Company

January 26, 1990

F. A. Cronican Trust
Post Office Box 4201
Albuquerque, New Mexico 87112

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

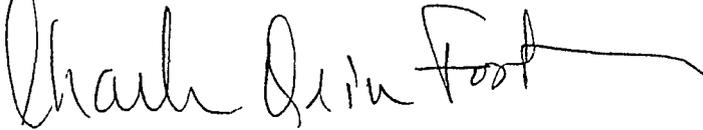
Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

F. A. Cronican Trust
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 290

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

F. A. Cronican Trust

by:
title:

date

Hixon Development Company

January 26, 1990

Cyrene L. Inman
Post Office Box 1344
Albuquerque, New Mexico 87107

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Ms. Inman:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Cyrene L. Inman
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script that reads "Charles Orin Foster". The signature is written in dark ink and includes a long horizontal flourish extending to the right.

Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 281

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Cyrene L. Inman

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Cyrene F. Mapel
Post Office Box 1344
Albuquerque, New Mexico 87104

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Ms. Mapel:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

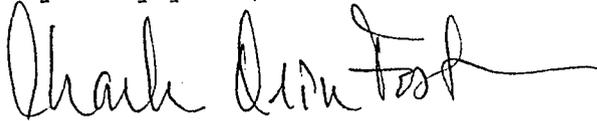
Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Cyrene F. Mapel
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 284

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Cyrene F. Mapel

by:
title:

date

Hixon Development Company

January 26, 1990

Herbert R. Briggs
1405 San Pablo NE
Albuquerque, New Mexico 87102

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Dear Mr. Briggs:

Hixon Development Company (HDC) proposes to recomplate the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplate a well that is not in either the NE/4 or the SW/4 of a governmental section.

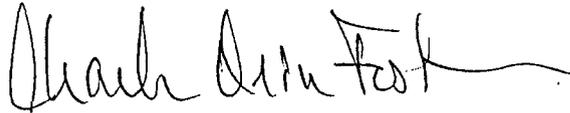
Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Herbert R. Briggs
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 289

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Herbert R. Briggs

by: _____ date _____
title: _____

Hixon Development Company

January 26, 1990

Energy Resources Group Inc.
Post Office Box 1407
Denver, Colorado 80201

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31-T25N-R10W, N.M.P.M.
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Post Office Box 2810
Farmington, New Mexico 87499
505/326-3325

Energy Resources Group Inc.
January 26, 1990
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED
P 140 441 280

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Energy Resources Group Inc.

by: _____ date _____
title:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 58890
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL, 1750' FWL, Section 31, T25N, R10W		8. FARM OR LEASE NAME Famous Amos
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6705' GLE	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat <i>pc</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31, T25N, R10W
		12. COUNTY OR PARISH 13. STATE San Juan New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Progress</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded surface at 11:15 a.m. on June 23, 1989. Drilled an 8-3/4" surface hole to 127'. Ran 3 jts. (126.6') of 7", 20#, 8rd, J-55, LT&C casing. Casing set at 126.6'. Cemented casing as follows: Mixed and pumped 50 sks. (59 cu. ft.) of Class "B" cement containing 2% CaCl₂ and 1/4#/sk. cellophane flakes. Cement circulated to surface.

RECEIVED
BUREAU MAIL ROOM
89 JUN 29 AM 10:45
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED

JUL 12 1989

OIL CONSERVATION DIV.
SANTA FE

RECEIVED

JUL 03 1989

OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer DATE June 28, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 30 1989

FARMINGTON RESOURCE AREA

BY *KH*

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Hixon Development Company

3. ADDRESS OF OPERATOR

P.O. Box 2810, Farmington, New Mexico 874

4. LOCATION OF WELL (Report location clearly and in accordance with any... See also space 17 below.)
At surface

990' FNL, 1750' FWL, Section 31, T25N, R10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6705' GLE

5. LEASE DESIGNATION AND SERIAL NO.

NM 58890

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Famous Amos

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat *pc*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, T25N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

RECEIVED

JUL 20 1989

RECEIVED

JUL 14 1989

OIL CON. DIV
DIST. 3

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Drilling Progress

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Drilled out from under casing with 6-1/4" bit on June 26, 1989. Drilled to T.D. of 1630'. Ran Induction Log with Gamma Ray and Compensated Density-Neutron Logs. Log tops as follows: Basal Fruitland Coal - 1474', Pictured Cliffs - 1492'. Ran 42 jts. (1625.08') of 4-1/2", 11.6#, K-55, 8rd, LT&C casing. Placed Bakerlocked cement nosed guide shoe on bottom and Baker Flapper Fill Collar on top of shoe jt. Ran centralizers on tops of 1st, 3rd, 5th, 7th and 9th jts. Casing set at 1624', with float collar at 1585'. Cemented casing as follows: Mixed and pumped 90 sks. (185 cu. ft.) Class "B" cement containing 2% Thriftyment and 1/4#/sk. cellophane. Tailed in with 110 sks. (129.8 cu. ft.) Class "B" cement containing 2% CaCl₂. Cement circulated to surface. Waiting on completion operations.

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

09 JUL 10 AM 11:37

RECEIVED
BL MAIL ROOM

18. I hereby certify that the foregoing is true and correct

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer

DATE July 7, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 11 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 Hixon Development Company

3. ADDRESS OF OPERATOR
 P.O. Box 2810, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
 990' FNL, 1750' FWL, Section 31, T25N, R10W
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 33 miles south-southeast of Farmington, NM

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
 790'

16. NO. OF ACRES IN LEASE
 199.28

17. NO. OF ACRES ASSIGNED TO THIS WELL
 160.159.28

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
 100'

19. PROPOSED DEPTH
 1750'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 6705' GLE
 DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REQUIREMENTS".

22. APPROX. DATE WORK WILL START*
 June 1, 1989

23. PROPOSED CASING AND CEMENTING PROGRAM This action is subject to technical and procedural review pursuant to 43 CFR 3161 and 43 CFR 3163.4.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
8-3/4"	7"	20#	110'	50 sks. to surface
6-1/4"	4-1/2"	11.6#	1750'	150 sks. to surface

It is proposed to drill the above referenced gas well. This well will be evaluated on the basis of open hole logs. Please see attached Onshore Oil and Gas Order No. 1 data.

RECEIVED
CLERK MAIL ROOM

09 APR 24 AM 11:26

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED

JUN 19 1989

OIL CONSERVATION DIV.
SANTA FE

RECEIVED

JUN 05 1989

OIL CON. DIV
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED John C. Corbett TITLE Vice President-Exploration DATE 4/22/89
 (This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OK
②

NMOCC

*See Instructions On Reverse Side

APPROVED
AS AMENDED

MAY 31 1989

AREA MANAGER

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Hixon Development Company			Lease Famous Amos			Well No. 1		
Unit Letter C	Section 31	Township 25 North	Range 10 West	County NMPM		San Juan		

Actual Footage Location of Well:
 990 feet from the North line and 1750 feet from the West line

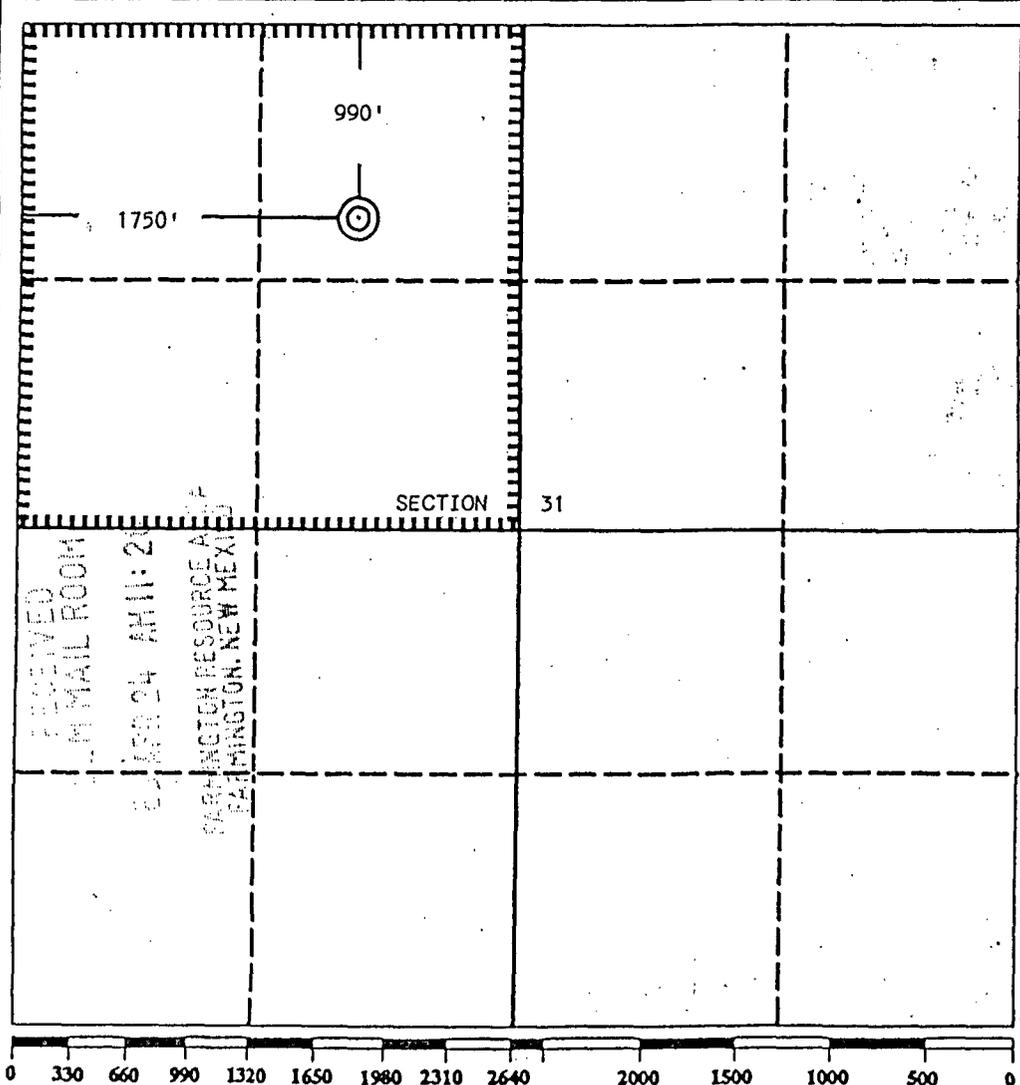
Ground level Elev. 6705	Producing Formation Pictured Cliffs	Pool Wildcat	Dedicated Acreage: 160.5928 Acres
----------------------------	--	-----------------	--------------------------------------

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: *John C. Corbett*
 Printed Name: John C. Corbett
 Position: Vice President-Exploration
 Company: Hixon Development Company
 Date: 4/6/89

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: March 31, 1989

Signature & Seal of Professional Surveyor: *Edgar Risenhoover*
 Certificate No. 5979
 Edgar Risenhoover
 Registered Land Surveyor

MAR 8 AM 9 03

March 6, 1990

Mr. Bill LeMay
Director
NM Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504

Subject: Application for Unorthodox Location
Famous Amos Well No. 1
990' FNL, 1750' FWL
Section 31, T25N, R10W NMPM
San Juan Co., NM

Dear Mr. LeMay:

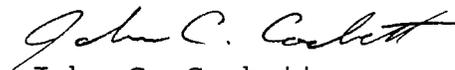
Hixon Development Company proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

Hixon has provided notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section. Operators were asked to return the notices to Hixon and copies of those responses that have been returned are enclosed with this request for your inspection. We have not yet heard from several interest owners as noted on the enclosed Attachment "A".

No completion report has been filed as the well has yet to sell gas. We are also waiting on the BLM to assign to us the NE/4 of Sec. 31, which we purchased in January's Federal lease sale.

If I can answer any questions concerning this matter please do not hesitate to call me at 1-326-3325 or write to me at the letterhead address.

Very truly yours,


John C. Corbett
Vice President - Exploration

enclosures

Submit to Appropriate District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section.

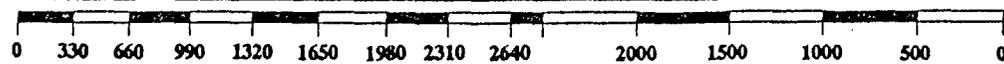
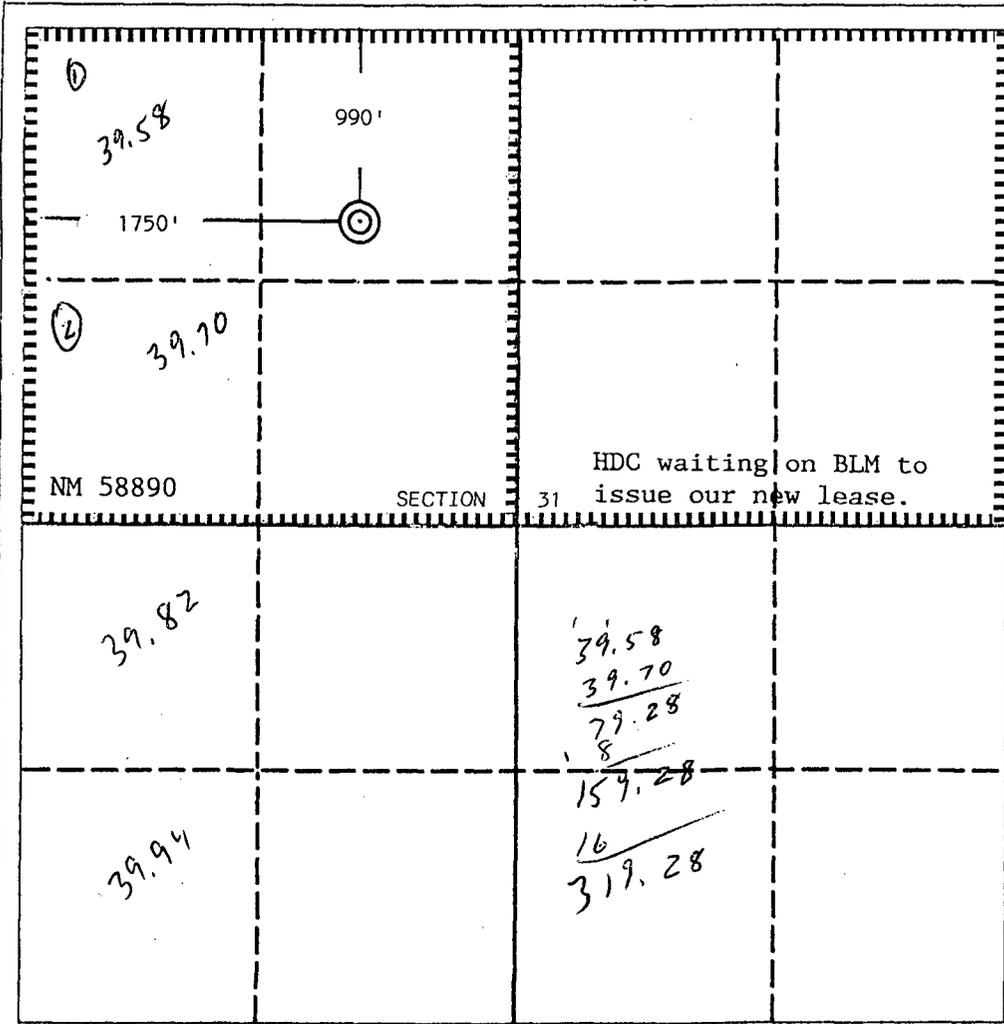
Operator Hixon Development Company			Lease Famous Amos			Well No. 1		
Unit Letter C	Section 31	Township 25 North	Range 10 West		County NMPM		San Juan	
Actual Footage Location of Well: 990 feet from the North line and 1750 feet from the West line								
Ground level Elev. 6705	Producing Formation Fruitland			Pool Basin Fruitland Coal			Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
John C. Corbett
 Printed Name
 John C. Corbett
 Position
 Vice President-Exploration
 Company
 Hixon Development Company
 Date
 4/6/89

SURVEYOR CERTIFICATION
 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
 March 31, 1989
 Signature & Seal of Professional Surveyor
Edgar Risenhoover
 Edgard Risenhoover
 Certificate No. 5979
 Edgar Risenhoover

Attachment "A"

Page 1 of 2

to that certain letter dated March 6, 1990
concerning the Famous Amos Well No. 1
Application for Unorthodox Location

Name	Status
Yates Petroleum Corp. ABO Petroleum Corp. Myco Industries Inc. Yates Drilling Co. 105 South 4th Street Artesia, New Mexico 88210	No response
Exxon Company, U.S.A. Post Office Box 1600 Midland, Texas 79702-1600	No response
Chevron, USA, Inc. Post Office Box 599 Denver, Colorado 80201	No response
Edith R. Briggs Trust Post Office Box 2063 Albuquerque, New Mexico 87103	No response
Minatome Corp. One Allen Center #400 Houston, Texas 77002	No response
Potenziani Family Partnership Post Office Box 36600 Albuquerque, New Mexico 87176	No response
Walter O. Berger 1354 Rossmoor Towers Laguna, California 92453	No response
William C. Briggs Post Office Box 2063 Albuquerque, New Mexico 87103	No response
Roger B. Nielsen Post Office Box 12241 El Paso, Texas 79912	No response
Carolyn Sedberry 901 Laurel Circle SE Albuquerque, New Mexico 87101	No response
Herbert R. Briggs 1405 San Pablo NE Albuquerque, New Mexico 87102	No response
Cheryl L. Potenziani 4215 Ave. La Resolana Albuquerque, New Mexico 87110	Fowarding order expired, returned to sender

Attachment "A"

Page 2 of 2

to that certain letter dated March 6, 1990
concerning the Famous Amos Well No. 1
Application for Unorthodox Location

Name	Status
Energy Resources Group Inc. Post Office Box 1407 Denver, Colorado 80201	Addressee Unknown, return to sender
Cyrene L. Inman Post Office Box 1344 Albuquerque, New Mexico 87104	Green card not returned, letter not returned
Cyrene F. Mapel Post Office Box 1344 Albuquerque, New Mexico 87104	Green card not returned, letter not returned

Coleman P 140 441 265

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 A NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Thank you for using
 Return Receipt Service.

PS Form 3800, June 1985

Sent to Coleman Oil & Gas, Inc.	
Street and No. P. O. Drawer 3337	
P.O., State and ZIP Code Farmington, New Mexico 87499	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

P 140 441 265

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO". Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	<p>4. Article Number P. 140 441 265</p>
	<p>Type of Service</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>3. Article Addressed to: Coleman Oil & Gas, Inc. P. O. Drawer 3337 Farmington, New Mexico 87499</p>	<p>5. Signature - Addressee X</p> <p>6. Signature - Agent X</p> <p>7. Date of Delivery</p>
<p>8. Addressee's Name (ONLY if requested and fee paid) WASHINGTON, NM</p> <p>JAN 29 1990</p> <p>USPO</p>	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2, when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available: Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)

2. Restricted Delivery (Extra charge)

3. Article Addressed to:
T.O.C. Rocky Mountains, Inc.
Amoco Production Company
P. O. Box 800
Denver, Colorado 80201

4. Article Number
P 140 441 264

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

5. Signature - Addressee X

6. Signature - Agent X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3817, Apr. 1989 * U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Amoco P 140 441 264

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to T.O.C. Rocky Mountains,
Amoco Production Company
Street and No. P. O. Box 800
City, State and Zip Denver, Colorado 80201

Postage	
Certified Fee	.45
Special Delivery Fee	.85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$.90
Postmark or Date	2.20

PS Form 3800, June 1985

1-26-90

P 140 441 264

Thank you for using
Return Receipt Service.

Yates

P 140 441 266

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
BUT FOR INTEREST ONLY
(See Reverse)

Sent to Yates Petroleum Corp.	
Street and No. 105 S. 4th St.	
P.O., State and ZIP Code Artesia, New Mexico 88210	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 266

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1 Show to whom delivered, date, and addressee's address. (Extra charge)

2 Restricted Delivery (Extra charge)

3: Article Addressed to:
Yates Petroleum Corp.
ABO Petroleum Corp.
Mycro Industries Inc.
Yates Drilling Co.
105 S. 4th St.
Artesia, New Mexico 88210

4: Article Number
P 140 441 266

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5: Signature — Addressee
X

6: Signature — Agent
X *[Signature]*

7: Date of Delivery
1-28-90

8: Addressee's Address (ONLY if requested and fee paid)
Artesia, New Mexico 88210

PS Form 3811, Apr. 1989
* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

Seabrook
Lancaster

P 140 441 267

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

Sent to: Seabrook Corp. Lancaster Corp.	
Street and No. 555 17th St., Ste. 1000	
P.O. name and ZIP Code Denver, Colorado 80202-3910	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

P 140 441 267

Thank you for using
Return Receipt Service.

Is your RETURN ADDRESS
completed on the reverse side?

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services(s) requested.</p> <p>1 <input type="checkbox"/> Show to whom delivered, date, and addressee's address (Extra charge)</p> <p>2 <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	<p>4 Article Number P 140 441 267</p>
	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>3 Article Addressed to: Seabrook Corp. Lancaster Corp. 555 17th Street, Suite 1000 Denver, Colorado 80202-3910</p>	<p>8 Addressee's Address (ONLY if requested and fee paid)</p>
<p>5 Signature — Addressee X</p>	
<p>6 Signature — Agent X</p>	
<p>7 Date of Delivery 1/26/90</p>	

DOMESTIC RETURN RECEIPT

* U.S.G.P.O. 1985-239-615

PS Form 3811, Apr 1989

Exxon P 140 441 268

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Send to Exxon Company, U.S.A.	
Street and No. P. O. Box 1600	
P.O., State and ZIP Midland, Texas 79702-1600	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 268

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 Show to whom delivered, date, and addressee's address. 2 Restricted Delivery (Extra charge).

3 Article Addressed to:
Exxon Company, U.S.A.
P. O. Box 1600
Midland, Texas 79702-1600

4 Article Number:
P-140-441-268

Type of Service:
 Insured
 Registered
 Certified
 Express Mail
 Return Receipt for Merchandise

5: Signature - Addressee
X

6: Signature - Agent
X *[Signature]*

7: Date of Delivery
JAN 30 1990

8: Addressee's Address (ONLY if requested and fee paid)
A ways obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1985-238-815 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

Fill in this space for using Return Receipt Service.

Champion

P 140 441 269

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Chevron, USA, Inc.	
Street and No. P. O. Box 599	
P. O. State and ZIP Code Denver, Colorado 80201	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$.90
	\$ 2.20
Postmark or Date	1-26-90

PS Form 3800, June 1985

P 140 441 269

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available: Consult postmaster for fees and check boxes for additional service(s) requested.

1 Show to whom delivered, date, and addressee's address. 2 Restricted Delivery (Extra charge)

3. Article Addressed to:
 Chevron, USA, Inc.
 P. O. Box 599
 Denver, Colorado 80201

4. Article Number
 P 140 441 269

Type of Service:
 Registered Insured
 Certified COD Return Receipt for Merchandise
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
 X *[Signature]*

6. Signature — Agent
 X *[Signature]*

7. Date of Delivery
 JAN 29 1990

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

DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1989-238-815

PS Form 3811, Apr. 1989

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using
Return Receipt Service.

Meridian P 140 441 270

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE FROM THE
POST OFFICE FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Meridian Oil Inc.	
Street	No.
P. O. Box 4289	
P.O., State, and ZIP Code Farmington, New Mexico 87499	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 270

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1: Show to whom delivered, date, and addressee's address. 2: Restricted Delivery (Extra charge)

3: Article Addressed to:
**Meridian Oil Inc.
P. O. Box 4289
Farmington, New Mexico 87499**

4: Article Number
P 140 441 270

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5: Signature - Addressee
X

6: Signature - Agent
X *Larry Cruise*

7: Date of Delivery
1/26/90

8: Addressee's Address (ONLY if requested and fee paid)
Same

PS Form 3811, Apr. 1989
* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

E. Briggs P 140 441 279

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERCARRIERS' MAIL
 (See Fictor 1)

Sent to Edith R. Briggs Trust	
Street and No. P. O. Box 2063	
P.O., State and ZIP Code Albuquerque, NM 87103	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 279

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Edith R. Briggs Trust
P. O. Box 2063
Albuquerque, New Mexico 87103

4. Article Number
P. 140 441 279

Type of Service:
 Registered Insured COD Return Receipt for Merchandise
 Certified Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery

8. Addressee's Address (ONLY if requested and *not* on form)
ALBUQUERQUE, NM 87103

PS Form 3811, Mar 1988 • U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

Thank you for using
Return Receipt Service.

Energy Resources
P 140 441 280

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE PROVIDED BY POSTAL SERVICE
NOT FOR POSTAL USE ONLY
(See Reverse)

Recipient Energy Resources Group Inc. Street and No. P. O. Box 1407 City, State and ZIP Code Denver, Colorado 80201	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <p style="text-align: center;">1-26-90</p>	

PS Form 3800, June 1985

P 140 441 280

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
3. Article Addressed to: Energy Resources Group Inc. P. O. Box 1407 Denver, Colorado 80201	
4. Article Number P 140 441 280	
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address X	
6. Signature — Agent X	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	

Is your RETURN ADDRESS
completed on the reverse side?

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

Minatome P 140 441 282

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Minatome Corp.	
Street and No. One Allen Center #400	
P. O., State and ZIP Code Houston, Texas 77002	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 282

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered; date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to: Minatome Corp. One Allen Center #400 Houston, Texas 77002</p>	
<p>4. Article Number P 140 441 282</p>	
<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee or agent and DATE DELIVERED</p>	
<p>5. Signature — Address X <i>[Signature]</i></p>	
<p>6. Signature Agent X <i>[Signature]</i></p>	
<p>7. Date of Delivery FEB 15 1990</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865</p>	

Is your RETURN ADDRESS
completed on the reverse side?

Potenziani Family

P 140 441 287

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE (1-02) TO
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

PS Form 3800, June 1985

Sent to	
Potenziani Family Partnership	
Street and No.	
P. O. Box 36600	
P.O., State and ZIP Code	
Albuquerque, NM 87176	
Postage	.45
Certified Mail	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date	
1-26-90	

P 140 441 287

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available: Consult postmaster for fees and check boxes for additional service(s) requested.
 1. Show to whom delivered, date, and addressee's address.
 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Potenziani Family Partnership
 P. O. Box 36600
 Albuquerque, NM 87176

4. Article Number
 P 140 441 287

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address
 X

6. Signature Agent
 [Signature]

7. Date of Delivery
 [Signature]

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

Berger P 140 441 276

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent by Walter O. Berger	
Street and No. 1354 Rossmoor Towers	
P.O., State and ZIP Code Laguna, California 92453	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 276

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 Show to whom delivered; date; and addressee's address. 2 Restricted Delivery (Extra charge)

3 Article Addressed to:
Walter O. Berger
1354 Rossmoor Towers
Laguna, California

4 Article Number
P 140 441 276

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

5 Signature of Addressee
 X *Walter O. Berger*

6 Signature of Agent
 X *[Signature]*

7 Date of Delivery
 1-30

8 Addressee's Address (ONLY if requested and fee paid)
 Always obtain signature of addressee of agent and DATE DELIVERED

PS Form 3811, Apr 1980 * U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using
Return Receipt Service.

Wm. Briggs P 140 441 277

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985	
Post to William C. Briggs	
Street and No. P. O. Box 2063	
P. O., State and ZIP Code Albuquerque, NM 87103	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.90
TOTAL Postage and Fees	2.20
Postmark or Date 1-26-90	

P 140 441 277

<p>SENDER: Complete items 1 and 2 when additional services are desired and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to William C. Briggs P. O. Box 2063 Albuquerque, NM 87103</p>	<p>4. Article Number P 140 441 277</p>
<p>5. Signature - Addressee <i>Wm. Briggs</i></p>	<p>Type of Service: <input type="checkbox"/> Registered Insured <input checked="" type="checkbox"/> Certified COD <input checked="" type="checkbox"/> Express Mail Return Receipt for Merchandise</p>
<p>6. Signature - Agent</p>	<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>7. Date of Delivery</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>

Is your RETURN ADDRESS completed on the reverse side?



U.S.G.P.O. 1989-236-815

PS Form 3811, Apr. 1989

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

Luthy P 140 441 283

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sender Fred C. Luthy, Jr.	
Street Address P. O. Box 1344	
P.O. State and ZIP Code Albuquerque, NM 87103	
Postage	\$.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 283

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Fred C. Luthy, Jr.
P. O. Box 1344
Albuquerque, New Mexico 87103

4. Article Number
P 140 441 283

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Nielsen P 140 441 285

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERED BY POSTAGE
 NOT FOR INTERNATIONAL MAIL
 (See Reverse Side)

Send to Roger B. Nielsen	
Street and No. P. O. Box 12241	
P.O., State and ZIP Code El Paso, Texas 79912	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 285

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the RETURN TO Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.
 Show to whom delivered, date, and addressee's address. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Roger B. Nielsen
 P. O. Box 12241
 El Paso, Texas 79912

4. Article Number
 P 140 441 285

Type of Service:
 Registered Insured
 Certified COD Return Receipt for Merchandise
 Express Mail

Always obtain signature of addressee.
 If agent and **DATE DELIVERED.**
 If addressee's address (ONLY if address on reverse side fee paid)

5. Signature - Address
 X

6. Signature - Agent
 X *R. B. Nielsen*

7. Date of Delivery

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using
 Return Receipt Service.

Delivery P 140 441 288

Thank you for using
Return Receipt Service.

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

Sent to Carolyn N. Sedberry	
Street and No. 901 Laurel Circle SE	
P.O., State and Zip Code Albuquerque, NM 87101	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

P 140 441 288

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to: Carolyn N. Sedberry 901 Laurel Circle SE Albuquerque, NM 87101</p>	
<p>4. Article Number P-140 441 288</p>	
<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> for Merchandise</p>	
<p>Always obtain signature of addressee or agent, and DATE DELIVERED.</p>	
<p>5. Signature Address <i>Carolyn N. Sedberry</i></p>	
<p>6. Signature Agent <i>Carolyn N. Sedberry</i></p>	
<p>7. Date of Delivery 1-27-90</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>PS Form 3811, Mar. 1988 * U.S.G.P.O. 1986-212-865 DOMESTIC RETURN RECEIPT</p>	

Is your RETURN ADDRESS
completed on the reverse side?

C. Potenziani

P 140 441 286

Thank you for using
Return Receipt Service.

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVER PROVIDED
NOT FOR INTERNATIONAL MAIL
Rice Report

PS Form 3800, June 1985

Sent to Cheryl L. Potenziani	
Street and No. 4215 Ave. La Resolana	
P.O., State and ZIP Code Albuquerque, NM 87110	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

P 140 441 286

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	<p>4. Article Number P 140 441 286</p>
	<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>3. Article Addressed to: Cheryl L. Potenziani 4215 Ave. La Resolana Albuquerque, NM 87110</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>5. Signature — Address X</p>	
<p>6. Signature — Agent X</p>	
<p>7. Date of Delivery</p>	

Is your RETURN ADDRESS
completed on the reverse side?

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 140 441 290

RECEIPT FOR CERTIFIED MAIL
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
(See Reverse)

F. A. Cronican Trust	
P. O. Box 4201	
Albuquerque, NM 87112	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date	1-26-90

PS Form 3800, June 1965

P 140 441 290

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered; date, and addressee's address.
2. Restricted Delivery (Extra charge)

3. Article Addressed to:
F. A. Cronican Trust
P. O. Box 4201
Albuquerque, New Mexico 87112

4. Article Number
P. 140 441 290

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature of Addressee: *[Signature]*
6. Signature - Agent: *[Signature]*
7. Date of Delivery: *30* JAN 30 1990

8. Addressee's Address (ONLY if requested and fee paid):

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS
completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Cyrene Inman

P 140 441 281

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 EXCEPT FOR CERTIFIED MAIL
 (See Reverse Side)

Cyrene L. Inman	
P. O. Box 1344	
Albuquerque, NM 87107	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date	
1-26-90	

PS Form 3800, June 1985

P 140 441 281

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Cyrene L. Inman P. O. Box 1344 Albuquerque, NM 87107	4. Article Number P 140 441 281
5. Signature — Address X	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Majel P 140 441 284

RECEIVED FOR OFFICIAL MAIL
 JUN 27 1988
 (554) 441 284

Thank you for using
 Return Receipt Service.

PS Form 3800, June 1985

Sent to Cyrene F. Mapel Sent as P. O. Box 1344 Sent by Albuquerque, NM 87104	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <p style="text-align: center;">1-26-90</p>	

P 140 441 284

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: Cyrene F. Mapel P. O. Box 1344 Albuquerque, NM 87104	4. Article Number P 140 441 284
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

H. Briggs P 140 441 289

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to: Herbert R. Briggs	
Street and No. 1405 San Pablo NE	
P.O. State and ZIP Code Albuquerque, NM 87102	
Postage	\$.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1985

P 140 441 289

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered for and the date of delivery. For additional fees, the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)

2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Herbert R. Briggs
1405 San Pablo NE
Albuquerque, NM 87102

4. Article Number:
P 140 441 289

5. Signature: *H. Briggs* Address: *Albuquerque, NM 87102*

6. Signature: Agent

7. Date of Delivery: *1-26-90*

8. Addressee's Address: (ONLY if requested and fee paid)

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 140 441 286

MAIL

Hixon Development Company

Cheryl L. Potenziani
4215 Ave. La Resolana
Albuquerque, NM 87110



Order-Expired

Post Office Box 2810
Farmington, New Mexico 87499

JAN 26 1990

POSTAL 220



REASON CHECKED

- Attempted, not known
- No such number
- No mail receptacle
- Temporarily away
- Vacant
- Refused

Handwritten signature

1st Notice FEB 11
2nd Notice
Return

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested:
 1. Show to whom delivered, date, and addressee's address. (Extra charge)
 2. Restricted Delivery. (Extra charge)

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Cheryl L. Potenziani
 4215 Ave. La Resolana
 Albuquerque, NM 87110

4. Article Number
 P 140 441 286

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address
 X

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

6. Signature — Agent
 X

7. Date of Delivery

Thank you for using Return Receipt Service.

P 140 441 280

MAIL

Claim Check
No.

813009

Hold

Date

1-29

1ST Notice

2ND Notice

Return

Notched from
PS Form 3843-A
Oct. 1985

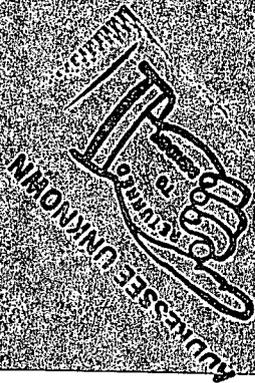
Hixon Development Company

Energy Resources Group Inc.
P. O. Box 1407
Denver, Colorado 80201

Forward to:

1560 Bolway
Denver, Co 80202

Post Office Box 2810
Farmington, New Mexico 87499



1st Notice FE

Thank you for using
Return Receipt Service.

DOMESTIC RETURN RECEIPT

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865

Is your RETURN ADDRESS
completed on the reverse?

1. Show to whom delivered.
2. Restricted Delivery (extra charge)
3. Article Addressed to:
P.O. Box 1407
Denver, Colorado 80201
4. Article Number: P 140 441 28U
5. Signature - Agent
6. Signature - Addressee
7. Date of Delivery
8. Addressee's Address (ONLY if agent, and DATE DELIVERED requested and fee paid)
Always obtain signature of addressee or agent.

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. The return receipt fee will provide you the following services are available. Consult postmaster. Failure to do this will prevent this card from being returned to you. Additional fees for additional services are available. Consult postmaster. For additional services requested, date, and address of addressee. Space on the reverse side. Failure to do this will prevent this card from being returned to you. Additional fees for additional services requested, date, and address of addressee. For additional services requested, date, and address of addressee. For additional services requested, date, and address of addressee. For additional services requested, date, and address of addressee.





OIL CONSERVATION DIVISION
 STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 AZTEC DISTRICT OFFICE

1100 THE BLAZOS ROAD
 AZTEC, NEW MEXICO 87410
 (505) 334-6178

ARREY CARRUTHERS
 GOVERNOR

Date: 3-13-90

ATTN: Mark Stagner

Oil Conservation Division
 P.O. Box 2088
 Santa Fe, NM 87504-2088

- Re: Proposed MC _____
- Proposed DHC _____
- Proposed NSL X _____
- Proposed SWD _____
- Proposed WFX _____
- Proposed PMX _____

Gentlemen:

I have examined the application dated 3-8-90
 for the HIXON DEVELOPMENT CO. FAMOUS AMOS #1
 Operator Lease & Well No.

C-31-25N-10W and my recommendations are as follows:
 Unit, S-T-R

Approve

Yours truly,

Ernie Busch