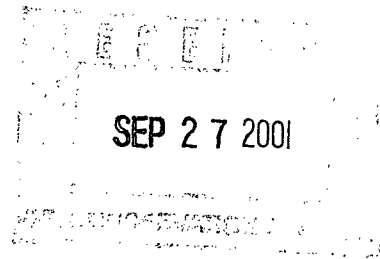


dugan production corp.



September 25, 2001

Mr. David Catanach
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan Production's application dated 9-6-01
Surface commingling and off-lease measurement
Proposed Big Band Gas Gathering System
San Juan County, NM

Dear Mr. Catanach,

Attached for your consideration in the captioned application are copies of the return-receipt cards which reflect that nine of the ten interest owners have received notice of Dugan's application to install and operate the Big Band Gas Gathering System.

We have not received the return-receipt card from Charles Breck and Susan J. Adams who jointly own a 1.0% overriding royalty interest in Dugan's Zappa No. 3 and No. 91 wells. Our notice was mailed to them using our last known address and subsequent efforts to contact them to verify that they received our notice letter indicates they are no longer at 979 Windflower Way in San Diego, CA. We have no other address for them and have been unable to locate them.

Should you have questions or need additional information, please let me know.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

attachments

C:\TF\Johnroe\BigBand\OCDrtmrcptedsltr.wpd

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Management
1235 La Plata Highway
Farmington, NM 87401

2. Article Number (Copy from service label)

7099-3400-0020-0904-2036

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-C952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Christine V. Groom
P.O. Box 1453
Roswell, NM 88202-1453

2. Article Number (Copy from service label)

7099-3400-0020-0904-2005

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. Andrew Grooms
P.O. Box 2328
Roswell, NM 88202-2328

2. Article Number (Copy from service label)

7099-3400-0020-0904-1992

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kellie M. Kross
P.O. Box 1453
Roswell, NM 88202-1453

2. Article Number (Copy from service label)

7099-3400-0020-0904-1985

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

David T. Sorenson 9-8-01

C. Signature

X David T. Sorenson

☐ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Billie Robinson
P.O. Box 1281
Santa Fe, NM 87501-1281

2. Article Number (Copy from service label)

7099-3400-0020-0904-2012

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Billie Robinson

☐ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David J. Sorenson
P.O. Box 1453
Roswell, NM 88202-1453

2. Article Number (Copy from service label)

7099-3400-0020-0904-1978

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

David J. Sorenson 9-8-01

C. Signature

X David J. Sorenson

☐ Agent
☐ Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

big band app. 9/6/01

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <u>David J. Sorensen</u> B. Date of Delivery <u>9-8-01</u></p> <p>C. Signature <u>X David J. Sorensen</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <u>Matthew N. Sorensen</u> <u>P.O. Box 1453</u> <u>Roswell, NM 88202-1453</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <u>7099-3400-0020-0904-1961</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL

dugan production corp.

P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

1st Notice

2nd Notice

Return

7099 3400 0020 0904 2029

G J & IRENE R FELLIS
P O BOX 10541
ALBUQUERQUE NM 87184-0541

1830 P05528085
1640 \$03.94 0 SEP 06 2001
1407 ISSUED FROM ZIP CODE 87401

1st mailing

Returned
undelivered
9-18-01

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G. J. + Irene R. Fellis
725 Calle Del Fajardo NW
Albuquerque, NM 87114

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) 9-30-01 B. Date of Delivery 9-30-01
- C. Signature G. J. Fellis ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service label)

7099 3400 0020 0904 2029

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

(Domestic Mail Only; No Insurance Coverage Provided)

69

\$ 3.94

9/6/01
2221

PS Form 3800, February 2000

See Reverse for Instructions

9/24/01
No phone listing
for Charles Brock Adams
+/or Susan Jo Adams
John Bee
9/24/01

*New Mexico Oil Conservation Division---Engineering Bureau
Administrative Application Process Documentation*

Part I

Date Application Received:

G-10-01

Date of Preliminary Review:
(Note: Must be within 10-days of received date)

9-1201

Results: X Application Complete _____ Application Incomplete

Date Incomplete Letter Sent:

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

Deadline to Submit Requested Information:**Date Additional Information Submitted:**[illegible]

RBDMS Updated: _____ **Yes** _____ **No**

 Yes No

Part II

Phone Call Date:

Downloaded from <http://ajphaphysocpharm.sagepub.com/> at 11:06 11 September 2014

(Note: Only applies if requested data is not submitted within the 7-day deadline)

Phone Log Completed?

Yes **No**

Date Application Processed:

Date Application Returned:

(Note: Only as a last resort & only after repeated attempts by the Division to obtain the necessary information to process the application)

County

Pool

TOWNSHIP

22 NORTH

Range

8 WEST

NMPM

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36

Handwritten marks: Blue checkmarks and arrows are present in the shaded areas. The shaded areas include sections of rows 23, 24, 26, 27, and 35. Specifically, there are checkmarks in the rightmost columns of rows 23 and 24, and in the middle columns of rows 26 and 27. Arrows point from the shaded areas towards the center of the grid.