



**ATTACHMENT A**

**APPLICATION OF HEC PETROLEUM, INC.  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Douglas Com Well No . 2**

James E. Earnest Estate  
Betty Crowley, PR and Exec  
Route 3, Box 17  
Peculiar, MO 64078

Corrine Grace  
P.O. Box 1418  
Carlsbad, N.M. 88220

Michael P. Grace II Estate  
Caleb Loring III & E.J. Sullivan  
D. Rich Ardson Co-Execs  
P.O. Box 5600  
Beverly Farms, MA 01915-0512

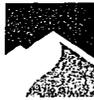
George E. & Elizabeth Hutton  
1804 Indian School, NW #15  
Albuquerque, N.M. 87104

Armando Larez  
Dora A. Larez  
P.O. Box 538  
Carlsbad, N.M. 88220

Olivia Navarro  
300 Calle Quieta  
Los Lunas, N.M. 87031-8725

Harold S. Winston  
P.O. Box 101235  
Fort Worth, TX 76185-1235

HOLLAND & HART<sup>LLP</sup>



Michael H. Feldewert  
Recognized Specialist in the Area of  
Natural Resources - oil and gas law -  
New Mexico Board of Legal  
Specialization

mfeldewert@hollandhart.com

June 29, 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Harold S. Winston  
P.O. Box 101235  
Fort Worth, TX 76185-1235

Re: Application of HEC Petroleum, Inc. for Compulsory Pooling  
Douglas Com Well No. 2, Eddy County, New Mexico.

Dear Interest Owner:

This letter is to advise you that HEC Petroleum, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner on July 22, 2004. You are not required to attend these hearings, but as an owner of an interest in this property, you may appear and present testimony. Failure to appear at this hearing and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of the scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Michael H. Feldewert  
Holland & Hart, LLP  
Attorneys for HEC Petroleum, Inc.

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

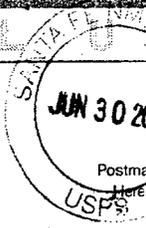
110 North Guadalupe Suite 1, Santa Fe, NM 87501 Mailing Address: P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☺

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**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



James E. Earnest Estate  
 Betty Crowley, PR and Exec  
 Route 3, Box 17  
 Peculiar, MO 64078

**SENDER: CO**

- 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:  
  
 James E. Earnest Estate  
 Betty Crowley, PR and Exec  
 Route 3, Box 17  
 Peculiar, MO 64078

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) John D. Crowley B. Date of Delivery 07/08/04

C. Signature John D. Crowley  Agent  Address

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.

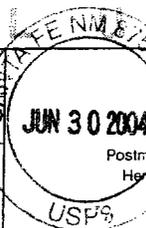
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 5118**

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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**MHF-HEC**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



Michael P. Grace II Estate  
 Caleb Loring III & E.J. Sullivan  
 D. Rich Ardson Co-Execs  
 P.O. Box 5600  
 Beverly Farms, MA 01915-0512

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1. Article Addressed to:  
  
 Michael P. Grace II Estate  
 Caleb Loring III & E.J. Sullivan  
 D. Rich Ardson Co-Execs  
 P.O. Box 5600  
 Beverly Farms, MA 01915-0512

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 7/30/04

C. Signature [Signature]  Agent  Address

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

2. Article Number (Copy from service label) **7001 1140 0002 5602 5095**

**SENDER: COMPLETE**

- 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:  
  
 Corrine Grace  
 P.O. Box 1418  
 Carlsbad, N.M. 88220

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Corrine Grace B. Date of Delivery 7/6/04

C. Signature Corrine Grace  Agent  Address

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.

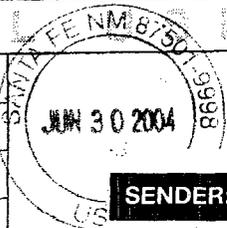
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 5101**

Corrine Grace  
 P.O. Box 1418  
 Carlsbad, N.M. 88220

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

MHF-HEC



Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Armando Larez  
 Dora A. Larez  
 P.O. Box 538  
 Carlsbad, N.M. 88220

**SENDER COMPLI**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**DELIVERY**

- 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:

Armando Larez  
 Dora A. Larez  
 P.O. Box 538  
 Carlsbad, N.M. 88220

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

C. Signature  Agent  Addressee  
 X *[Signature]*

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7001 1140 0002 5602 5071

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

MHF-HEC



Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

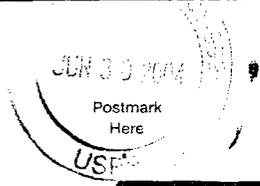
George E. & Elizabeth Hutton  
 1804 Indian School, NW #15  
 Albuquerque, N.M. 87104

For Instructions

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

MHF-HEC

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Harold S. Winston  
 P.O. Box 101235  
 Fort Worth, TX 76185-1235

PS Form 3800, January 2001

See Reverse for

**SENDER: CO** **ON DELIVERY**

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

A. Received by (Please Print Clearly) HS Winston	B. Date of Delivery 7-3-4
C. Signature X HS Winston	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Article Addressed to:

Harold S. Winston  
 P.O. Box 101235  
 Fort Worth, TX 76185-1235

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.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7001 1140 0002 5602 5064

PS Form 3811, July 1999

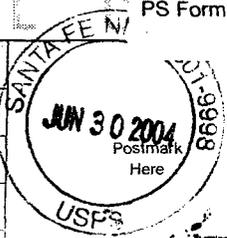
Domestic Return Receipt

102595-99-M-1789

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

MHF-HEC

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Olivia Navarro  
 300 Calle Quieta  
 Los Lunas, N.M. 87031-8725

PS Form 3800, January 2001

See

**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:

Olivia Navarro  
 300 Calle Quieta  
 Los Lunas, N.M. 87031-8725

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Olivia Navarro	B. Date of Delivery 7/1/04
C. Signature X Olivia Navarro	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7001 1140 0002 5602 5057

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789