

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY)
THE OIL CONSERVATION DIVISION FOR THE)
PURPOSE OF CONSIDERING:)
CASE NO. 13,115
APPLICATION OF NADEL AND GUSSMAN)
PERMIAN, L.L.C., FOR SPECIAL POOL)
RULES OR, IN THE ALTERNATIVE, FOR)
A NONSTANDARD GAS SPACING AND)
PRORATION UNIT AND AN UNORTHODOX)
GAS WELL LOCATION, EDDY COUNTY,)
NEW MEXICO)

ORIGINAL

REPORTER'S TRANSCRIPT OF PROCEEDINGS

EXAMINER HEARING

BEFORE: MICHAEL E. STOGNER, Hearing Examiner

RECEIVED

SEP 11 2003

Oil Conservation Division

September 4th, 2003

Santa Fe, New Mexico

This matter came on for hearing before the New Mexico Oil Conservation Division, MICHAEL E. STOGNER, Hearing Examiner, on Thursday, September 4th, 2003, at the New Mexico Energy, Minerals and Natural Resources Department, 1220 South Saint Francis Drive, Room 102, Santa Fe, New Mexico, Steven T. Brenner, Certified Court Reporter No. 7 for the State of New Mexico.

* * *

I N D E X

September 4th, 2003
Examiner Hearing
CASE NO. 13,115

	PAGE
APPEARANCES	3
STATEMENT BY MR. BRUCE	4
STATEMENT BY MR. OWEN	7
REPORTER'S CERTIFICATE	10

* * *

E X H I B I T

Applicant's	Identified	Admitted
Exhibit 1	7	-

* * *

A P P E A R A N C E S

FOR THE DIVISION:

DAVID K. BROOKS, JR.
Assistant General Counsel
Energy, Minerals and Natural Resources Department
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

FOR THE APPLICANT:

JAMES G. BRUCE
Attorney at Law
P.O. Box 1056
Santa Fe, New Mexico 87504

FOR SNOW OIL AND GAS COMPANY:

MONTGOMERY & ANDREWS, P.A.
Attorneys at Law
325 Paseo de Peralta
P.O. Box 2307
Santa Fe, New Mexico 87504-2307
By: PAUL R. OWEN

* * *

1 WHEREUPON, the following proceedings were had at
2 8:45 a.m.:

3 EXAMINER STOGNER: Okay, I think we're back on
4 track. Let's go to page 2, and at this time I'm going to
5 call Case Number 13,115. This is the Application of Nadel
6 and Gussman Permian, L.L.C., for special pool rules or, in
7 the alternative, for a nonstandard gas spacing and
8 proration unit and an unorthodox gas well location, Eddy
9 County, New Mexico.

10 Call for appearances.

11 MR. BRUCE: Mr. Examiner, James Bruce of Santa
12 Fe, representing the Applicant. If you need any additional
13 testimony, I do have one witness.

14 EXAMINER STOGNER: Any other appearances?

15 MR. OWEN: Paul Owen of the Santa Fe law firm of
16 Montgomery and Andrews, appearing on behalf of Snow Oil and
17 Gas Company. I have no witnesses.

18 EXAMINER STOGNER: For the record, Mr. Bruce,
19 would you please bring us up to date and give us a little
20 synopsis of what's happened to this time?

21 MR. BRUCE: Mr. Examiner, this involves a well
22 that was drilled to test the Delaware in a -- within the
23 North Esperanza-Delaware Pool. The well was completed in
24 the springtime. When it first started producing it was
25 producing as an oil well, albeit at a high gas-oil ratio.

1 It then -- the oil production then declined to the point
2 where it was producing in excess of 100,000-to-1 GOR. It
3 was producing -- capable of producing, I believe, close to
4 a million cubic feet of gas per day.

5 Due to some questions by Mr. Owen's client, the
6 well has been shut in by the District Office pending a
7 resolution of these matters.

8 Nadel and Gussman originally applied for either a
9 -- essentially for a nonstandard unit, or for a
10 determination that it was an oil well, although it was
11 producing essentially gas.

12 You wrote a letter to the Division explaining the
13 provisions of Rule 506, essentially that this -- even
14 though it was producing as a gas well, it was within an oil
15 reservoir, and therefore should be considered an oil well,
16 but it would be subject to the casinghead gas allowable
17 which, because the oil allowable is 80 barrels per day, its
18 maximum producing rate should be 160,000 at the standard
19 2000-to-1 GOR.

20 We did submit testimony four weeks ago in this
21 matter, land testimony, geological testimony and
22 engineering testimony. I've brought the engineer back
23 today in case there are questions.

24 After some discussions, we decided to amend the
25 Application, either to ask for a nonstandard unit, still,

1 in case it was determined to be a gas well, or, in the
2 alternative, to amend the pool rules -- or I should say to
3 create special pool rules for the North Esperanza-Delaware
4 Pool to include a limiting gas-oil ratio of 15,000 cubic
5 feet of gas for each barrel of oil produced.

6 The reason for that request, as the engineer
7 testified, is that because of the water the well produces
8 and the other problems associated with producing the well,
9 if it is limited to 160,000 cubic feet of gas per day it
10 cannot produce appropriately, and that zone would probably
11 have to be abandoned, they'd have to move uphole to an oil
12 zone.

13 As a result, we filed the request for the
14 increased GOR, and we have also been in discussions with
15 Snow Oil and Gas regarding this matter. And I don't
16 believe there's an objection, I think the parties are more
17 or less in a line.

18 One thing is that if -- Mr. Owen and I have
19 talked about, is that, if, instead of amending the pool
20 rules for this particular pool and Nadel and Gussman was
21 granted a nonstandard 80-acre gas well unit, Nadel and
22 Gussman would certainly have no objection to Snow Oil and
23 Gas obtaining similar relief in the event it completes a
24 well essentially as a gas well.

25 So we are here today. I have renotified

1 everyone. I do have a notice exhibit that has been given
2 to everyone who would be affected either by the nonstandard
3 unit or an unorthodox gas well location or special pool
4 rules.

5 And with that, I do have Mr. McCready here to
6 testify if you do have any questions about the status of
7 the well or how it should be produced.

8 EXAMINER STOGNER: Mr. Owen, do you have any
9 comments at this time?

10 MR. OWEN: I do. I do not have an objection. I
11 believe that Mr. Bruce had adequately summarized the
12 record. We have reviewed the amended Application filed in
13 this case, I have discussed it with Mr. Bruce and the
14 clients have discussed it between themselves.

15 It is my understanding that this case is
16 primarily -- or under the amended Application Nadel and
17 Gussman is primarily seeking the special pool rules,
18 increasing the GOR, and in the alternative asking for a
19 nonstandard proration unit.

20 What we would request is that if the Division
21 chooses, instead of allowing the special pool rules, if the
22 Division chooses to allow the nonstandard proration unit,
23 that any additional wells drilled within this pool also be
24 allowed a similar nonstandard proration unit.

25 EXAMINER STOGNER: What would be -- or what is

1 the proposed term of these special pool rules, Mr. Bruce?
2 Are they to be made permanent, or was there any discussion
3 that you know of for the operators to review --

4 MR. BRUCE: I don't think there's been any
5 discussion on that. I think they could be made temporary,
6 as is the normal practice of the Division. I believe the
7 testimony was that this was a limited reservoir, and
8 probably by the time it came up for hearing we would
9 certainly have enough data for a subsequent hearing, for
10 enough data to establish that.

11 But at this time -- They could probably be made
12 permanent on what we know, but to be on the safe side I
13 would request that they be made temporary, perhaps just for
14 a year.

15 Sometimes the Division does a year and a half or
16 two years, but I think a year would be sufficient time to
17 see what else might occur in this pool because of this gas
18 stringer that this well is completed in.

19 EXAMINER STOGNER: I don't believe I -- I don't
20 have any questions for your witness.

21 Mr. Owen, do you have any desire to cross-examine
22 or examine Mr. Bruce's witness?

23 MR. OWEN: I do not.

24 EXAMINER STOGNER: Is there any questions?

25 MR. BROOKS: No questions.

1 EXAMINER STOGNER: Then with that, Case Number
2 13,115 will be taken under advisement at this time.

3 Thank you, gentlemen.

4 MR. BRUCE: Thank you.

5 (Thereupon, these proceedings were concluded at
6 8:53 a.m.)

7 * * *

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

I do hereby certify that the foregoing is
a complete record of the proceedings in
the Examiner hearing of Case No. 13115.
C. T. BRENNER, 4 September 2003.
Oil Conservation Division, Examiner

CERTIFICATE OF REPORTER

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

I, Steven T. Brenner, Certified Court Reporter and Notary Public, HEREBY CERTIFY that the foregoing transcript of proceedings before the Oil Conservation Division was reported by me; that I transcribed my notes; and that the foregoing is a true and accurate record of the proceedings.

I FURTHER CERTIFY that I am not a relative or employee of any of the parties or attorneys involved in this matter and that I have no personal interest in the final disposition of this matter.

WITNESS MY HAND AND SEAL September 4th, 2003.



STEVEN T. BRENNER
CCR No. 7

My commission expires: October 16th, 2006

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF NADEL AND GUSSMAN
PERMIAN, L.L.C. FOR SPECIAL POOL
RULES, OR IN THE ALTERNATIVE FOR
A NON-STANDARD GAS SPACING AND
PRORATION UNIT AND AN UNORTHODOX
GAS WELL LOCATION, EDDY COUNTY,
NEW MEXICO.

Case No. 13115 (Readvertised)

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
)
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

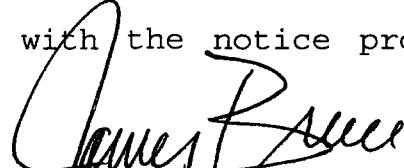
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

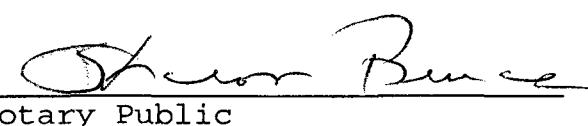
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.



James Bruce

SUBSCRIBED AND SWORN TO before me this 3 rd day of September, 2003, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER 13115

Nadel/Gussman EXHIBIT 1

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (PHONE)
(505) 982-2151 (FAX)

jamesbruc@aol.com

August 14, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

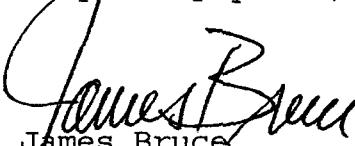
To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an amended application for special pool rules, or in the alternative for a non-standard gas spacing and proration unit, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding land in Section 28, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, September 4, 2003 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator or interest owner, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are requested to notify the Division, and the undersigned, by Friday, August 29, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Nadel and Gussman Permian, L.L.C.



EXHIBIT A

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

Attention: Ken Gray

OXY USA WTP Limited Partnership
P.O. Box 50250
Midland, Texas 79710

Snow Oil & Gas, Inc.
P.O. Box 1277
Andrews, Texas 79714

Key Production Co., Inc.
Suite 3300
707 17th Street
Denver, Colorado 80202

Mark T. Owen
3323 Providence Drive
Midland, Texas 79707

Redfern Enterprises, Inc.
P.O. Box 2127
Midland, Texas 79702

EXCO Resources, Inc.
Central Resources, Inc.
RKC, Inc.
Suite 600
6500 Greenville Avenue
Dallas, Texas 75206

Texas Independent Exploration, Inc.
Rick Zimmerman
Suite 3800
1600 Smith Street
Houston, Texas 77002

Robert St. John
4647 West Ponds Circle
Littleton, Colorado 80123

J. Hiram Moore	Mewbourne Oil Company
Suite 404	Suite 1020
310 West Wall	500 West Texas
Midland, Texas 79701	Midland, Texas 79701

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

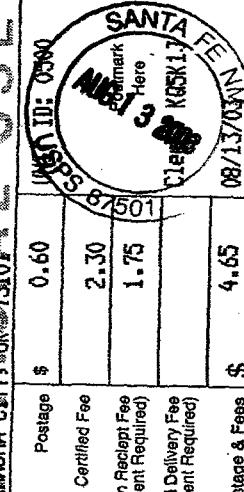
For delivery information visit our website at www.usps.com

OKLAHOMA CITY, OK 73101 USE

Postage	\$ 0.60	UNIT ID: 0380
Certified Fee (Endorsement Required)	2.30	
Return Receipt Fee (Endorsement Required)	1.75	501
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	

Send To:
Street, Apt. No.,
or P.O. Box No.
Oklahoma City, Oklahoma 73101-8838
City, State, ZIP+4

PS Form 3800, June 2002
See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP Limited Partnership
P.O. Box 50250
Midland, Texas 79710

2. Article Number
(Transfer from service label)
PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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.

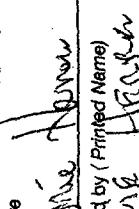
1. Article Addressed to:

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

PS Form 3800, June 2002

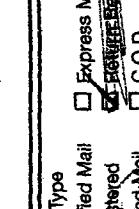
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature 

Agent Addressee

B. Received by (Printed Name) 

C. Date of Delivery 

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

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

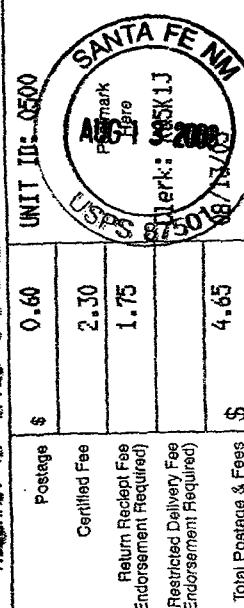
For delivery information visit our website at www.usps.com

OKLAHOMA CITY, OK 73101 USE

Postage	\$ 0.60	UNIT ID: 0500
Certified Fee (Endorsement Required)	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	

Send To:
Street, Apt. No.,
or P.O. Box No.
Oklahoma City, Oklahoma 73101-8838
City, State, ZIP+4

PS Form 3800, June 2002
See Reverse for Instructions



102595-02-M-1540

2. Article Number
(Transfer from service label)
PS Form 3811, August 2001

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

5. Sent To:
Street, Apt. No.,
or P.O. Box No.
Midland, Texas 79710
City, State, ZIP+4

PS Form 3800, June 2002
See Reverse for Instructions

102595-02-M-1540

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

For delivery information visit our website at www.usps.com.

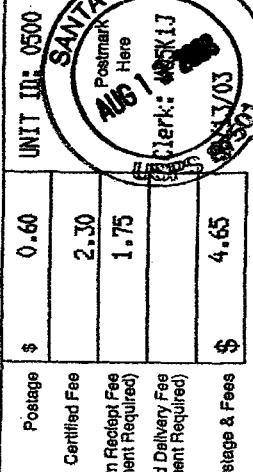
AMARILLO, TX - MAIL USE

Postage	\$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	

Send To:

Snow Oil & Gas, Inc.
P.O. Box 1277
Andrews, Texas 79714

PS Form 3800, June 2002
See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, 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:

[Signature]

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

PS Form 3811, August 2001
Domestic Return Receipt N

102595-02-M-1540

[Signature]

Snow Oil & Gas, Inc.
P.O. Box 1277
Andrews, Texas 79714

PS Form 3800, June 2002
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Show Oil & Gas, Inc.
P.O. Box 1277
Andrews, Texas 79714

PS Form 3811, August 2001
Domestic Return Receipt N

102595-02-M-1540

2. Article Number
(Transfer from service label) 7002 2030 0007 1224 0628

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 Restricted Delivery? (Extra Fee) Yes

4. Restricted Delivery? (Extra Fee) Yes

5. Signature X

6. Received by (Printed Name) Clerk: [Signature]

7. Date of Delivery 2003-08-14

8. Is delivery address different from item 1? Yes No

9. If YES, enter delivery address below:

10. Total Postage & Fees \$ 4.65

11. Postage \$ 0.60

12. Certified Fee \$ 2.30

**13. Return Receipt Fee
(Endorsement Required)** \$ 1.75

**14. Restricted Delivery Fee
(Endorsement Required)** \$ 0.00

15. Total Postage & Fees \$ 4.65

16. INIT ID: 0500

17. Postmark SANTA FE NM 87501 USA 2003-08-14

18. Clerk: [Signature]

19. Date: 2003-08-14

20. Postmark: SANTA FE NM 87501 USA 2003-08-14

21. Bureau of Land Management
Bureau, Apt. No.: 2909 West Second Street
or P.O. Box No.: 2909
City, State: Roswell, New Mexico 88201

22. PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

[Signature]

A. Signature Agent Addressee
 Received by (Printed Name) C. Date of Delivery 8/15
 Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, August 2001
Domestic Return Receipt N

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

For delivery information visit our website at www.usps.com

1. Article Addressed to:

2. Article Number
(Transfer from service label) 7002 2030 0007 1224 0628

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 Restricted Delivery? (Extra Fee) Yes

4. Restricted Delivery? (Extra Fee) Yes

5. Signature X

6. Received by (Printed Name) Clerk: [Signature]

7. Date of Delivery 2003-08-14

8. Is delivery address different from item 1? Yes No

9. If YES, enter delivery address below:

10. Total Postage & Fees \$ 4.65

11. Postage \$ 0.60

12. Certified Fee \$ 2.30

**13. Return Receipt Fee
(Endorsement Required)** \$ 1.75

**14. Restricted Delivery Fee
(Endorsement Required)** \$ 0.00

15. Total Postage & Fees \$ 4.65

16. INIT ID: 0500

17. Postmark SANTA FE NM 87501 USA 2003-08-14

18. Clerk: [Signature]

19. Date: 2003-08-14

20. Postmark: SANTA FE NM 87501 USA 2003-08-14

21. Bureau of Land Management
Bureau, Apt. No.: 2909 West Second Street
or P.O. Box No.: 2909
City, State: Roswell, New Mexico 88201

22. PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

[Signature]

A. Signature Agent Addressee
 Received by (Printed Name) C. Date of Delivery 8/15
 Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

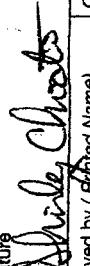
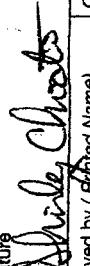
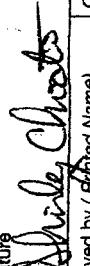
PS Form 3811, August 2001
Domestic Return Receipt N

See Reverse for Instructions
PS Form 3800, June 2002

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, August 2001

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. 		<table border="1"> <tr> <td>A. Signature </td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery 8-18-03</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="2"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> <tr> <td>2. Article Number (Transfer from service #)</td> <td>7003 1010 0003 6983 2540</td> <td colspan="2">Domestic Return Receipt</td> </tr> <tr> <td colspan="2">PS Form 3811, August 2001</td> <td colspan="2">10255-02 M-1540</td> </tr> </table>		A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery 8-18-03	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"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service #)	7003 1010 0003 6983 2540	Domestic Return Receipt		PS Form 3811, August 2001		10255-02 M-1540	
A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee																						
B. Received by (Printed Name)	C. Date of Delivery 8-18-03																						
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"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.																							
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes																							
2. Article Number (Transfer from service #)	7003 1010 0003 6983 2540	Domestic Return Receipt																					
PS Form 3811, August 2001		10255-02 M-1540																					

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. 		<table border="1"> <tr> <td>A. Signature </td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) John Steele</td> <td>C. Date of Delivery 7-17-03</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ _____ _____</td> </tr> <tr> <td colspan="2"> J. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Yes </td> </tr> <tr> <td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></td> </tr> <tr> <td>1. Article Addressed to:</td> <td colspan="3"> Key Production Co., Inc. Suite 3300 707 17th Street Denver, Colorado 80202 </td> </tr> <tr> <td>2. Article Number (Transfer from service label)</td> <td colspan="3">7002 2030 0007 1224 0666</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Domestic Return Receipt</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">PS Form 3811, August 2001</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">10295-02-M-1540</td> </tr> </table>		A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) John Steele	C. Date of Delivery 7-17-03	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ _____ _____		J. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/>		1. Article Addressed to:	Key Production Co., Inc. Suite 3300 707 17th Street Denver, Colorado 80202			2. Article Number (Transfer from service label)	7002 2030 0007 1224 0666					Domestic Return Receipt				PS Form 3811, August 2001				10295-02-M-1540	
A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee																																
B. Received by (Printed Name) John Steele	C. Date of Delivery 7-17-03																																
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ _____ _____																																	
J. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Yes																																	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/>																																	
1. Article Addressed to:	Key Production Co., Inc. Suite 3300 707 17th Street Denver, Colorado 80202																																
2. Article Number (Transfer from service label)	7002 2030 0007 1224 0666																																
		Domestic Return Receipt																															
		PS Form 3811, August 2001																															
		10295-02-M-1540																															

U.S. Postal Service CERTIFIED MAIL RECEIPT		<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$ 0.37	UNIT ID:	0500
Certified Fee	2.30		
Return Receipt Fee (Endorsement Required)	1.15		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 4.42		
Sent To		Redfern Enterprises, Inc. P.O. Box 2127 Midland, Texas 79702	
Street, Apt. No.; or P.O. Box No.; City, State, Zip/4			
HS Form 3800 - June 2002			
See Reverse Side for Instructions			

87501
Hans
Clark: [Signature]
[Stamp Date: 08/17/02]

U.S. Postal Service CERTIFIED MAIL <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>		RECEIPT	
<p>For delivery information visit our website at www.usps.com</p> <p>MAIL CLASSIFICATION USE</p>			
Postage	\$ 0.60	UNIT ID: 0500	
Certified Fee	2.30		
Return Receipt Fee (Endorsement Required)	1.75		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 4.65		
Send To	EXCO Resources, Inc. Central Resources, Inc. RKC, Inc. Suite 600 6500 Greenville Avenue Dallas, Texas 75206		
Sheet, Apt. No., or P.O. Box No. City, State, Zip/4	1255 E 866 8000 0201 1002		

PS Form 3806 (June 2002)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2 and 3. Also complete item 4 if Restricted delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X</p> <p>B. Received by (Printed Name) <i>Rick Zimmerman</i></p> <p>C. Agent Addresssee</p> <p>D. Received by (Printed Name) <i>Rick Zimmerman</i></p> <p>E. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Texas Independent Exploration, Inc. Rick Zimmerman Suite 3800 1600 Smith Street Houston, Texas 77002</p>		<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, August 2001</p> <p>7003 1010 0003 6982 7522</p> <p>N</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>EXCO Resources, Inc. Central Resources, Inc. RKC, Inc. Suite 660 6500 Greenville Avenue Dallas, Texas 75206</p> <p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Transfer from service label 7003 1010 0003 6983 2557</p> <p>PS Form 3811, August 2001 Domestic Return Receipt</p> <p>102595-02-M-1540</p>	
1. Article Addressed to:			
2. Article Number			

Postage	\$ 0.60	UNIT ID: 0590
Certified Fee	2.30	
Return Recipient Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	1472

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

For delivery information visit our website at www.usps.com

LITTLETON, CO 80120 U.S.A.

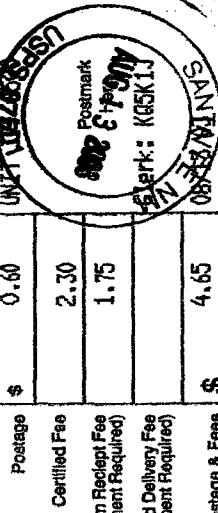
Postage	\$ 0.60	UNITED STATES POSTAL SERVICE
Certified Fee	2.30	POSTAGE & FEES
Return Receipt Fee (Endorsement Required)	1.75	STAMPS
Restricted Delivery Fee (Endorsement Required)		MAILING & HANDLING
Total Postage & Fees	\$ 4.65	

Send To:

Street, Apt. No., or PO Box No.
City, State, ZIP+4

See Reverse for Instructions

PS Form 3800-6, June 2002



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:

Mark T. Owen
3323 Providence Drive
Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Date of Delivery
 Mark Owen 8/17/03
- C. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

PS Form 3811, August 2001

Domestic Return Receipt

7003 1010 0003 6983 2533

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MIDLAND, TX 79701 USE

Postage	\$ 0.60	UNIT 11: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	08/17/03

Sent To:

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800-6, June 2002

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:

Robert St. John
4647 West Ponds Circle
Littleton, Colorado 80123



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MIDLAND, TX 79701 USE

Postage	\$ 0.60	UNIT 11: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	08/17/03

Sent To:

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800-6, June 2002

PS Form 3811, August 2001

Domestic Return Receipt

7003 1010 0003 6982 7539

102595-02-M-1540

PS Form 3800-6, June 2002

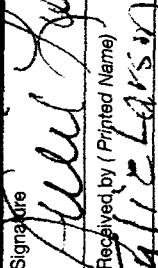
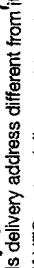
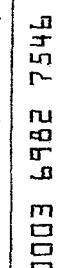
Domestic Return Receipt

7003 1010 0003 6982 7539

102595-02-M-1540

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, 3, & 4. Item 4 is required.</p> <p>■ Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse side so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature <i>Spangler, D. S. 8/15/03</i> <input checked="" type="checkbox"/> B. Address <i>Spangler, D. S.</i> <input type="checkbox"/> C. Date of Delivery <i>8/15/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Article Addressed to:</p> <p>Mewbourne Oil Company Suite 1020 500 West Texas Midland, Texas 79701</p> <p>F. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>G. Restricted Delivery? <input type="checkbox"/> Extra Fee <input type="checkbox"/> Yes</p> <p>H. Article Number <i>7003 1010 0003 6982 7553</i> <i>(Transfer from service label)</i></p> <p>I. PS Form 3811, August 2001 <i>Domestic Return Receipt</i></p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by / Printed Name) </p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p> <p>2. Article Number (Transfer from service label) </p> <p>PS Form 3811, August 2001 Domestic Return Receipt </p> <p>102595-2 M-1540</p>		
<p>1. Article Addressed to:</p> <p>J. Hiram Moore Suite 404 310 West Wall Midland, Texas 79701</p>				

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>		For delivery information visit our website at: www.usps.com 																													
<table border="1"> <tr> <td>Postage</td> <td>\$ 0.37</td> <td>UNIT ID: 0500</td> <td></td> </tr> <tr> <td>Certified Fee</td> <td>2.75</td> <td>Postmark 2005 17501</td> <td></td> </tr> <tr> <td>Return Recipient Fees (Endorsement Required)</td> <td></td> <td>SANTA CLARA CA 95051 Clerk:</td> <td></td> </tr> <tr> <td>Restricted Delivery Fees (Endorsement Required)</td> <td></td> <td>08/13/05</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>4x42</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4">Total Postage & Fees</td> </tr> </table>				Postage	\$ 0.37	UNIT ID: 0500		Certified Fee	2.75	Postmark 2005 17501		Return Recipient Fees (Endorsement Required)		SANTA CLARA CA 95051 Clerk:		Restricted Delivery Fees (Endorsement Required)		08/13/05				4x42				\$		Total Postage & Fees			
Postage	\$ 0.37	UNIT ID: 0500																													
Certified Fee	2.75	Postmark 2005 17501																													
Return Recipient Fees (Endorsement Required)		SANTA CLARA CA 95051 Clerk:																													
Restricted Delivery Fees (Endorsement Required)		08/13/05																													
		4x42																													
		\$																													
Total Postage & Fees																															
Sent To: Mewbourne Oil Company Street Address: Suite 1020 City, State: 500 West Texas City, State: Midland, Texas 79701																															