



EXHIBIT "A"

**XTO Energy Inc.**  
Attn: Chris Spencer  
810 Houston Street  
Fort Worth, TX 76102

**Western Distributing**  
P. O. Box 5542 TA  
Denver, CO 80217

**Union Pacific Railroad**  
C/O Farmer's National  
403 S. Cheyenne Avenue Suite 800  
Tulsa OK 74103  
Attn: Terry Young

**Maralex Resources, Inc.**  
775 Goddard Ave  
Ignacio, CO 81137

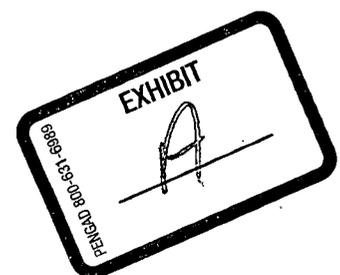
**Georgia Lee Kelton aka Georgia Lee Bright**  
5500 Old Clarksville Road  
Reno, TX 75462

**Candace Lenoir Cox**  
17 South Meadow Ridge  
Concord, MA 01742

**The Trommald Family Trust**  
**John E. and Heather Trommald, Trustees**  
17056 Marina Bay Drive  
Hamington Beach, CA 92649

**L.G. Krieger Marital Trust**  
Bank of the West, Trustee  
3800 Arapahoe Avenue  
Boulder, CO 80303

**Malcolm C. Todd**  
3950 27th Road N.  
3951 Arlington, VA 22207



**William G. Drosten, Jr. TR**  
uwo Alma F. Griesedieck,  
c/o Trust Dept.,  
The Boatman's National Bank  
nka Boatmen's Trust Company  
PO Box 14633  
510 Locust Street  
St. Louis, MO 63178

**Robert F. Travis**  
4195 Lakeside Drive  
Jacksonville, FL 32210

**Gladys Murphy**

*No last Known Address of Record*

**Ellen Berend**  
9969 Hilgard Ave  
9970 Los Angeles, CA 90095

**KELLAHIN & KELLAHIN**  
**Attorney at Law**

**W. THOMAS KELLAHIN**  
**706 GONZALES ROAD**  
**SANTA FE, NEW MEXICO 87501**

**TELEPHONE 505-982-4285**  
**FACSIMILE 505-982-2047**  
**TKELLAHIN@COMCAST.NET**

July 14, 2008

**TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO  
OIL CONSERVATION DIVISION CASE:**

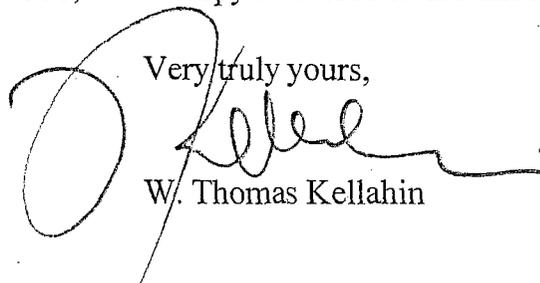
**Re: Application of San Juan Resources, Inc.**  
**For Compulsory Pooling,**  
**San Juan County, New Mexico**

On behalf of San Juan Resources, Inc. please find enclosed our application for compulsory pooling order for a 320 acre standard spacing unit consisting of the E/2 of Section 24, T30N, R12W for Dakota/Mesaverde production to be dedicated to its Blancett Ranch 24 Well No. 1 to be drilled an unorthodox well location in Unit H of this section. This application will be set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for 8:15 am on August 7, 2008. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico, 87505.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

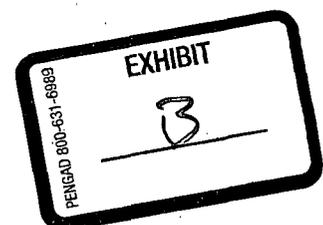
Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case or to oppose the proposed risk charge (See Order R-11992), then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, July 31, 2008, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

**cc: BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED**  
to all parties listed in application



**KELLAHIN & KELLAHIN**  
**Attorney at Law**

**W. THOMAS KELLAHIN**  
**706 GONZALES ROAD**  
**SANTA FE, NEW MEXICO 87501**

**TELEPHONE 505-982-4285**  
**FACSIMILE 505-982-2047**  
**TKELLAHIN@COMCAST.NET**

July 30, 2008

TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO  
OIL CONSERVATION DIVISION CASE:

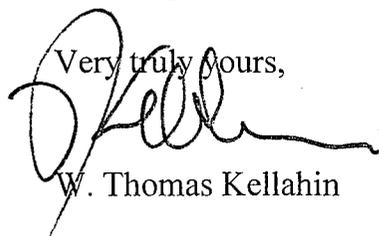
Re: Application of San Juan Resources, Inc.  
For Compulsory Pooling,  
San Juan County, New Mexico

On behalf of San Juan Resources, Inc. please find enclosed our application for compulsory pooling order for a 320 acre standard spacing unit consisting of the E/2 of Section 24, T30N, R12W for Dakota/Mesaverde production to be dedicated to its Blancett Ranch 24 Well No. 1 to be drilled an unorthodox well location in Unit H of this section. This application will be set for hearing on the New Mexico Oil Conservation Division Examiner's docket that was continued from August 7, 2008 and is now scheduled for 8:15 am on August 21, 2008. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico, 87505.

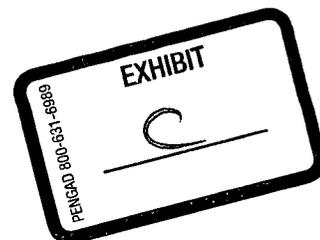
As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case or to oppose the proposed risk charge (See Order R-11992), then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, August 14, 2008, with a copy delivered to the undersigned.

Very truly yours,



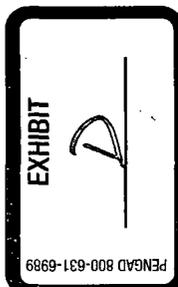
W. Thomas Kellahin



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>XTO Energy Inc.</b>  <b>Attn: Chris Spencer</b>  <b>810 Houston Street</b>  <b>Fort Worth, TX 76102</b> </div>	B. Received by (Printed Name)  	C. Date of Delivery <b>AUG 01 2008</b>
2. Article Number (Transfer from service label)	<b>7005 1820 0003 8431 9085</b>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Western-Distributing</b>  <b>P. O. Box 5542 TA</b>  <b>Denver, CO 80217</b> </div>	B. Received by (Printed Name)  	C. Date of Delivery  
2. Article Number (Transfer from service label)	<b>7005 1820 0003 8431 9092</b>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Union Pacific Railroad</b>  <b>C/O Farmer's National</b>  <b>403 S. Cheyenne Avenue Suite 800</b>  <b>Tulsa OK 74103</b> </div>	B. Received by (Printed Name) <b>Jennschaw</b>	C. Date of Delivery <b>7-17-08</b>
2. Article Number (Transfer from service label)	<b>7005 1820 0003 8431 8798</b>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Sue C. Farrow</i> C. Date of Delivery <i>7/5/08</i></p>
<p>1. Article Addressed to:</p> <p><b>Maralex Resources, Inc.</b>  <b>775 Goddard Ave</b>  <b>Ignacio, CO 81137</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 1820 0003 8431 8835</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Georgia Lee Kelton</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><b>Georgia Lee Kelton aka Georgia Lee Bright</b>  <b>5500 Old Clarksville Road</b>  <b>Reno, TX 75462</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type  <input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 1820 0003 8431 8804</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>CONNIE DIAS</i> C. Date of Delivery <i>7/15/08</i></p>
<p>1. Article Addressed to:</p> <p><b>Candace Lenoir Cox</b>  <b>17 South Meadow Ridge</b>  <b>Concord, MA 01742</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type  <input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0100 0005 5710 9852</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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**OFFICIAL USE**

Postage \$		SSR-FP  Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total Pos **The Trommald Family Trust**  
**John E. and Heather Trommald,**  
 Trustees

Sent To \_\_\_\_\_  
 Street, Apt. or PO Box # \_\_\_\_\_  
 City, State \_\_\_\_\_  
 17056 Marina Bay Drive  
 Hamington Beach, CA 92649

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> Heather E Hobbs <span style="float: right;">7/17/08</span> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     I.G. Krieger Marital Trust                      Bank of the West, Trustee                      3800 Arapahoe Avenue                      Boulder, CO 80303                 </div>	Service Type <input 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <span style="float: right; border: 1px solid black; padding: 2px;">7006 2150 0002 3589 8190</span>	
PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> Malcolm C. Todd <span style="float: right;">7/17/08</span> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Malcolm C. Todd                      3950 27th Road N.                      Arlington, VA 22207                 </div>	Service Type <input 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <span style="float: right; border: 1px solid black; padding: 2px;">7006 2150 0002 3589 8183</span>	
PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span>	

U.S. Postal Service™  
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**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Post **William G. Drosten, Jr. TR**

Sent to **The Boatman's National Bank**

Street, Apt. **510 Locust Street**

or PO Box **St. Louis, MO 63178**

City, State, & ZIP

PS Form 3800, June 2002 See Reverse for Instructions

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

**REGISTERED MAIL**

**KELLAHIN & KELLAHIN**

Attorney at Law  
706 Gonzales Road  
Santa Fe, NM 87501

R-15

1ST NOTICE 2-30  
2ND NOTICE 8/24  
RETURN 8/24

7005 1820 0003 8431 8811

UNITED STATES POSTAL SERVICE  
106 PB8560508  
0701 \$05.490 JUL 15 08  
4840 MAILED FROM SANTA FE NM 87501

**UNCLAIMED**

William G. Drosten, Jr. TR  
The Boatman's  
510 Locust Str  
St. Louis, MO

NIXIE 631 SE 1 78 07/25/08

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

EC: 87501874406 \*0958-14238-15-40

875018744

87501874406

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**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
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**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement) \_\_\_\_\_

Total Pos **Ellen Berend**  
 9979 Hilgard Ave  
 9980 Los Angeles, CA 90095

Sent To \_\_\_\_\_  
 Street, Apt or PO Box \_\_\_\_\_  
 City, State, \_\_\_\_\_

Postmark Here \_\_\_\_\_

PS Form 3800, June 2002 See Reverse for Instructions

**KELLAHIN & KELLAHIN**  
 Attorney at Law  
 706 Gonzales Road  
 Santa Fe, NM 87501

1ST NOTICE 2-3-09  
 2ND NOTICE 8-17-09  
 RETURN 8-17-09

7005 1620 0003 6431 8828



**Ellen Berend**  
 9977 Hilgard Ave  
 9978 Los Angeles, CA 90095

**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 F. Travis**  
 4195 Lakeside Drive  
 Jacksonville, FL 32210

2. Article Number (Transfer from service label)  
 7006 0100 0005 5710 9845

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

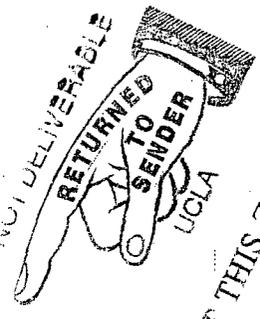
A. Signature *Mary Newman* Addressee  
 B. Received by (Printed Name) *Mary Newman* C. Date of Delivery *7.18*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes  No

**CERTIFIED MAIL<sup>SM</sup>**

127 05.490 PB8560508  
 0761 05.490 JUL 15 08  
 4841 MAILED FROM SANTA FE NM 87501



**NOT THIS ZIPCODE**

9505323333