

PAUL BACA PROFESSIONAL COURT REPORTERS

# OIL CONSERVATION

## EXHIBIT 10

CASE NO. 14161

500 FOURTH STREET, NW SUITE 105, ALBUQUEQRUE, NM 87102

**NMOCD Case No. 14161**  
**September 18, 2008**  
**Targa Ex. No. 10**

**LIST OF OPERATORS WHO HAVE ACKNOWLEDGED  
RECEIPT OF NOTICE OF SECOND AMENDED APPLICATION**

1. Apache Corporation
2. BP America Production Co.
3. James R. Byrd
4. Chevron USA
5. Betty B. Cooper
6. Jimmie B. Cooper
7. El Paso Natural Gas
8. Enervest Operating, LLC
9. Leaco New Mexico Exploration
10. Momentum Energy Co.
11. Monument Disposal, Inc.
12. Monument LLC
13. Rice Operating Company
14. Versado Gas Processors
15. Phil Wahl, Attorney
16. XTO Energy

**LIST OF OPERATORS WHO HAVE NOT ACKNOWLEDGED  
RECEIPT OF NOTICE OF SECOND AMENDED APPLICATION**

1. DLD Corporation

COUNSEL EMERITUS  
William R. Federici

## MONTGOMERY & ANDREWS

PROFESSIONAL ASSOCIATION  
ATTORNEYS AND COUNSELORS AT LAW

J.O. Seth (1883-1963)  
A.K. Montgomery (1903-1987)  
Frank Andrews (1914-1981)  
Seth D. Montgomery (1937-1998)

325 Paseo de Peralta  
Santa Fe, New Mexico 87501

ALBUQUERQUE OFFICE

Victor R. Ortega  
Gary Kilpatric  
Thomas W. Olson  
Walter J. Melendres  
John B. Draper  
Nancy M. King  
Sarah M. Singleton  
Stephen S. Hamilton  
Edmund H. Kendrick  
Louis W. Rose  
Randy S. Bartell

Paul E. Houston  
Kevin M. Sexton  
Jeffery L. Martin  
Alexandra Corwin Aguilar  
Jeffrey J. Wechsler  
Shannon A. Parden  
Brian T. Judson  
Susan R. Johnson  
Holly Agajanian  
Sharon T. Shaheen  
Jaime R. Kennedy

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Suite 400  
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Post Office Box 36210  
Albuquerque, New Mexico 87176-6210

Telephone (505) 884-4200  
Fax (505) 888-8929

OF COUNSEL  
Joe A. Sturges  
J. Scott Hall  
Suzanne C. Odom  
Earl Potter, P.A.

August 15, 2008

[www.montand.com](http://www.montand.com)

Reply to Santa Fe Office

### CERTIFIED MAIL/RETURN RECEIPT REQUESTED

APACHE CORPORATION  
6120 S. Yale Ave, Suite 1500  
Tulsa, OK 74136-4224

Re: *NMOCD Case No. 14161: Second Amended Application of Targa Midstream Services L. P. for Approval of an Acid Gas Injection Well, Lea County, New Mexico*

Dear Sir or Madam:

This will advise that Targa Midstream Services L. P. ("Targa") has filed a Second Amended Application with the New Mexico Oil Conservation Division seeking approval to drill and utilize the Monument AGI No. 1 Well for acid-gas injection operations. The well is located in the SW/4 SE/4 (Unit O) of Section 36, T-19-S, R-36-E, Lea County, New Mexico.

A copy of the Second Amended Application is enclosed.

This application will be set for hearing before a Division Examiner on September 18, 2008, at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division,

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

<b>SENDER: COMPLETE THIS SECTION</b> 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, on the front if space permits.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Addressee Addressed to:  APACHE CORPORATION 120 S. Yale Ave, Suite 1500 Tulsa, OK 74136-4224		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	
Item Number (Transfer from service label)		7005 2570 0000 4561 0150	
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Total Postage & Fees	\$ 5.49
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PS Form 3800, June 2002 See Reverse for Instructions	

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

IN THE MATTER OF THE APPLICATION OF  
TARGA MIDSTREAM SERVICES LP FOR  
APPROVAL OF AN ACID GAS INJECTION  
WELL, LEA COUNTY, NEW MEXICO

CASE NO. 14161

**SECOND AMENDED APPLICATION**

TARGA MIDSTREAM SERVICES LP, by its undersigned attorneys,  
Montgomery and Andrews, P.A., (J. Scott Hall) hereby makes application pursuant to,  
*inter-alia*, Division Rule 701 for an order approving the Monument AGI No. 1 well for  
acid-gas injection operations. In support, Applicant states:

1. Applicant proposes to drill and complete the following well for acid-gas  
injection operations in Lea County, New Mexico:

Monument AGI No. 1  
662' FSL and 2,513' FEL  
Section 36: SW/4 SE/4 (Unit O)  
T-19-S, R-36-E, NMPM

2. Applicant proposes injection of acid gas and water through a closed  
system into the Devonian and Fusselman formations through perforations at depths of  
8,350' to 9,200' at a maximum injection pressure not to exceed 1,660 psi. Applicant  
proposes injection at average daily rates of approximately 3,500 bbls and 2.66 mmcf/d of  
acid gas and water and at maximum daily rates of approximately 5,000 bbls and 3.38  
mmcf/d. The source of the injected fluids will be the Targa Resources LLC Monument  
Gas Plant.

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2008 AUG 15 AM 10 20

3. Applicant's proposed injection operation can be conducted in a safe and responsible manner without causing waste, impairing correlative rights or endangering fresh water, public health or the environment.

WHEREFORE Applicant requests that this Application be set for hearing before a duly appointed examiner of the Oil Conservation Division on September 18, 2008 and that after notice and hearing as required by law, the Division enter its Order approving the drilling and operation of the Monument AGI No. 1 well for acid-gas injection operations, for the injection of acid-gas fluids into the Devonian and Fusselman formations at the intervals and at the pressures, volumes and rates indicated, and making such other and further provisions as the Division determines appropriate.

MONTGOMERY & ANDREWS, P.A.

By: 

J. Scott Hall

Attorneys for Targa Midstream Services LP  
Post Office Box 2307  
Santa Fe, New Mexico 87504-2307  
(505) 982-3873



counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

FOR: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete 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, on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Complete Addressed to:	B. Received by (Printed Name) <i>Kevin Krich</i> C. Date of Delivery <i>8-18-08</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <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

Article Number *111* / *7005/2570 0000/4561/0150/1111*  
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Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.49

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City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

BETTY B. COOPER  
August 15, 2008  
Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

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<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 <i>Betty B. Cooper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Betty B Cooper</i></p> <p>C. Date of Delivery <i>8/18/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>He 69 Box 55 monument, nm 88265</i></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>
1. Article Addressed to:  BETTY B. COOPER P.O. Box 55 Monument, New Mexico 88265	
2. Article Number (Transfer from service label)	7007 3020 0001 2489 2021

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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

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*AUG 15 2008*

PS Form 3800, August 2006 See Reverse for Instructions

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

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1. Article Addressed to:  BP AMERICA PRODUCTION CO. P.O. Box 3092 Houston, Texas 77253		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 (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7007 3020 0001 2489 2038			

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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City, State, ZIP+4

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JAMES R. BYRD

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

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1. Article Addressed to:	
JAMES R. BYRD P.O. Box 32 Monument, New Mexico 88265	
2. Article Number (Transfer from service label) <i>7007 3020 0001 2489 2045</i>	
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	

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OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Sent To <i>James Byrd</i>	
Street, Apt. No., or PO Box No.	
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SANTA FE, NM  
Postmark  
AUG 15 2008

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

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1. Article Addressed to:  CHEVRON USA P. O. Box 285 Houston, TX 77001		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 (Transfer from service label) 7007 3020 0001 2489 2069		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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Total Postage & Fees	\$
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Jimmie Cooper  
August 15, 2008  
Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

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1. Article Addressed to:			
JIMMIE B. COOPER 7501 S. Raymond Lane Monument, New Mexico 88265			
2. Article Number (Transfer from service label)		7007 3020 0001 2489 2052	
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DLD CORPORATION  
August 15, 2008  
Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

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Total Postage & Fees	\$

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EL PASO NATURAL GAS

August 15, 2008

Page 2

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Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

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1. Article Addressed to:  EL PASO NATURAL GAS P.O. Box 1087 Colorado Springs, CO 80944	B. Received by (Printed Name) <b>083008</b> Date of Delivery <b>08/15/08</b>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <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 (Transfer from service label)	<b>7007 3020 0001 2489 2083</b>

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Total Postage & Fees	\$

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or PO Box No.

City, State, ZIP+4

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ENERVEST OPERATING LLC

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

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1. Article Addressed to:  ENERVEST OPERATING LLC 1001 Fannin St., Suite 800 Houston, Texas 77002		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 (Transfer from service label) 7007 3020 0001 2489 2090		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Enervest</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7007 3020 0001 2489 2090

LEACO NEW MEXICO EXPLORATION

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

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"/> <i>A. Centeno</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>8-19-08</i></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>1. Article Addressed to:</p> <p>LEACO NEW MEXICO                      EXPLORATION                      2000 Post Oak Blvd, Suite 100                      Houston, Texas 77056</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>2. Article Number:                      (Transfer from service label)</p>	<p>7007 3020 0001 2489 2106</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7007 3020 0001 2489 2106

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To <i>Leaco</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>Postmark Here                      AUG 15 2008</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

MONUMENT LLC

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

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>		<b>A. Signature</b> <i>B. Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b>  MONUMENT LLC P.O. Box 388 Hobbs, New Mexico 88241		<b>B. Received by (Printed Name)</b> <i>B. Garcia</i>	<b>C. Date of Delivery</b>
<b>2. Article Number</b> (Transfer from service label) <b>7007 3020 0001 2489 2113</b>		<b>3. Service Type</b> <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.	
<b>PS Form 3811, February 2004</b>		<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes	

Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

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

Sent To: *Monument LLC*

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

PS Form 3800, August 2006 See Reverse for Instructions

MONUMENT DISPOSAL INC.

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall


JSH/mb

Enclosure

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 <i>Kathi Bearden</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kathi Bearden</i></p> <p>C. Date of Delivery <i>8/19</i></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>	
1. Article Addressed to:  MONUMENT DISPOSAL INC. 1314 Brittany Hobbs, New Mexico 88242		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 (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7007 3020 0001 2489 2120	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0001 2489 2120

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Monument Disposal</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

MOMENTUM ENERGY COMPANY

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

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>Molly Canble</i></p>	
<p>1. Article Addressed to:</p> <p>MOMENTUM ENERGY CO. P.O. Box 578 Albany, Texas 76430</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Molly Canble</i> <i>8/20/08</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7007 3020 0001 2489 2137</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7007 3020 0001 2489 2137

U.S. Postal Service™	
<p><b>CERTIFIED MAIL™ RECEIPT</b></p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p>	
<p>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></p>	
<p><b>OFFICIAL USE</b></p>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To <i>Momentum</i></p> <p>Street, Apt./No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

RICE OPERATING COMPANY

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

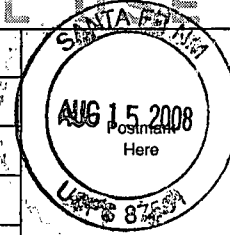
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <i>Cristin Anderson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>RICE OPERATING COMPANY            122 W. Taylor            Hobbs, New Mexico 88242</p>		<p>B. Received by (Printed Name)  <i>Cristin Anderson</i></p> <p>C. Date of Delivery  <i>8-19-08</i></p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7007 3020 0001 2489 2144</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>PS Form 3811, February 2004</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>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service<sup>TM</sup>  
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OFFICIAL USE

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



Sent To *Rice*

Street, Apt. No.,  
 or PO Box No.

City, State, ZIP+4

VERSADO GAS PROCESSORS

August 15, 2008

Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.

*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure

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>	<b>RECEIVED</b> <b>AUG 13 2008</b> A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received By (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <b>MESQUITE TX FIN STA 75150</b> <b>AUG 18</b>
1. Article Addressed to:  VERSADO GAS PROCESSORS Box 870849 Mesquite, Texas 75187	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7007 3020 0001 2489 2168	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To <i>Versado</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7007 3020 0001 2489 2168

SANTA FE NM  
Postmark  
AUG 13 2008  
US 87504

PHIL WAHL, ATTORNEY  
August 15, 2008  
Page 2

counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with Division Rule 1211.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.


*J. Scott Hall*

J. Scott Hall

JSH/mb

Enclosure


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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>CBSchwartz</i> C. Date of Delivery <i>8/16</i>
PHIL WAHL, ATTORNEY 1010 Lamar St. Houston, Texas 77002	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
	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
Article Number (transfer from service label)	7007 3020 0001 2489 2151
Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Phil Wahl</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7007 3020 0001 2489 2151



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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<h1 style="margin: 0;">OFFICIAL USE</h1>	
Postage	\$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>
Certified Fee	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>
Return Receipt Fee (Endorsement Required)	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>
Restricted Delivery Fee (Endorsement Required)	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>
Total Postage & Fees	\$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px;"></span>



Sent To	<div style="font-size: 2em; font-family: cursive;">XTO</div>
Street, Apt. No.; or PO Box No.	
City, State, ZIP+4	

PS Form 3800, August 2006
See Reverse for Instructions