

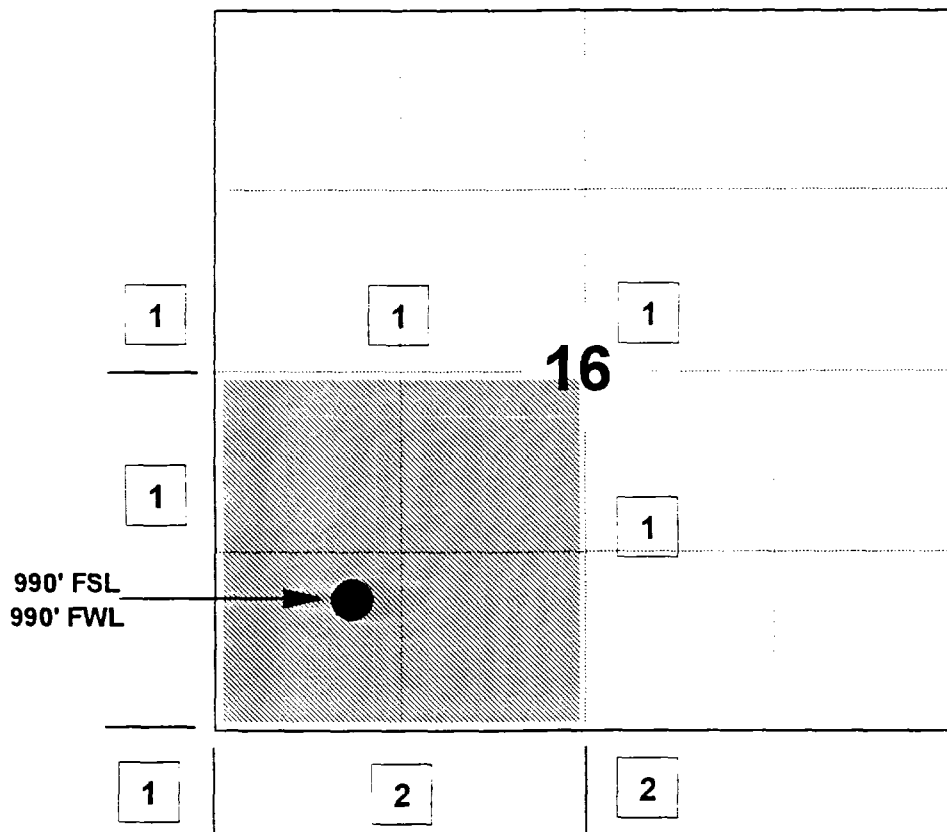
MERIDIAN OIL INC

SCHULTZ COM B #6

OFFSET OPERATOR \ OWNER PLAT

Fruitland Coal / Pictured Cliffs Commingle Well

Township 29 North, Range 10 West



1) Meridian Oil Inc

2) Meridian Oil Inc &

Amoco Production Company

PO Box 800, Denver, CO 80201

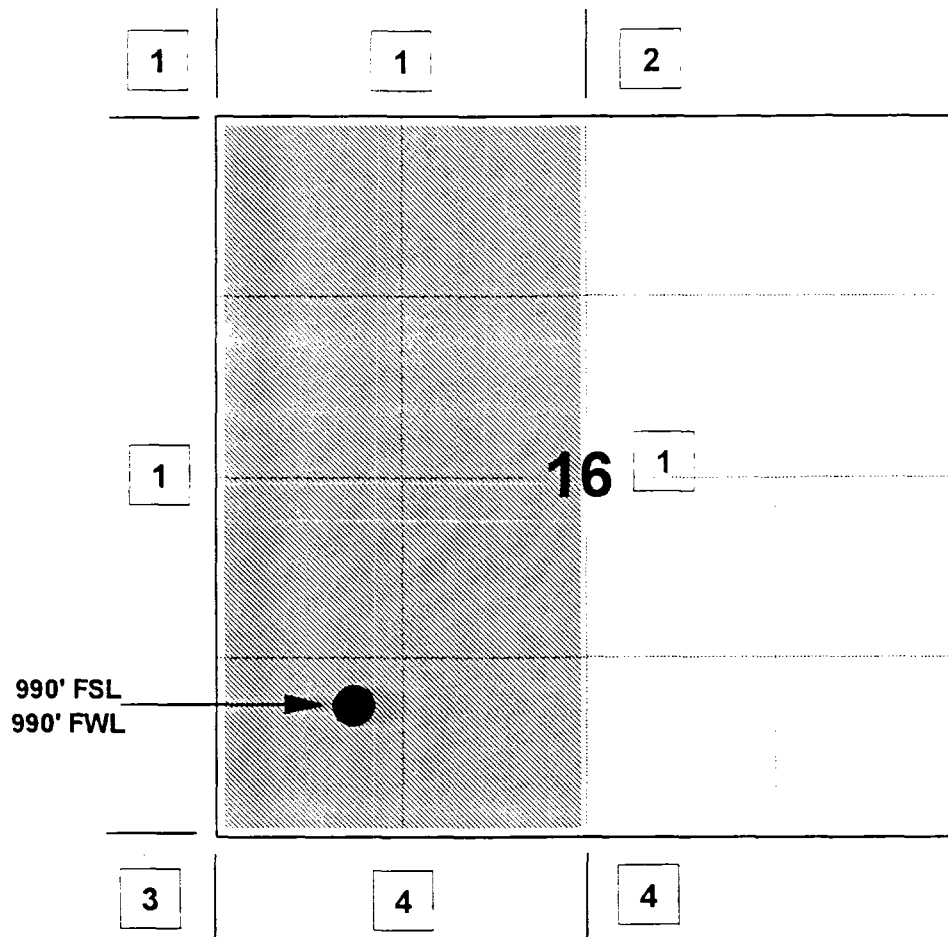
MERIDIAN OIL INC

SCHULTZ COM B #6

OFFSET OPERATOR \ OWNER PLAT

Fruitland Coal / Pictured Cliffs Commingle Well

Township 29 North, Range 10 West



1) Meridian Oil Inc

2) Meridian Oil Inc &

Koch Exploration

PO Box 2256, Wichita, KS 67201

3) Meridian Oil Inc &

S G Interests

811 Dallas, Suite 1505, Houston, TX 77002

4) Meridian Oil Inc, S G Interests &

Amoco Production Company

PO Box 800, Denver, CO 80201

SCHULTZ COM B #6 WELL

INTEREST OWNERS	TYPE OF INTEREST
Vastar Resources, Inc.(formerly ARCO) 15375 Memorial Drive Houston, TX 77069	Overriding Royalty Interest
Myron E. Thompson, Executrix c/o Fred Thompson Estate 3318 Western #134B Amarillo, TX 79109	Working Interest
Josephine Williams c/o J. M. Trigg, Power-of-Attorney 2620 Avenida Loop Irving, TX 75062-5131	Working Interest
John A. Pace 2720 Fairmount Dallas, TX 75201	Working Interest
Harriet M. Buchenau P. O. Box 867585 Plano, TX 75086-7585	Overriding Royalty
William L. Madsen or Sarah S. Mims Co-Trustees c/o Sarah S. Mims Revocable Trust P. O. Box 11846 Carrollton, TX 75011-1846	Overriding Royalty
Edmund W. Mudge, III & Laura M. Boedeker Trustees U/Mudge-Boedeker Trust P. O. Box 551149 Dallas, TX 75355-1149	Working Interest
State of New Mexico P. O. Box 1148 Santa Fe, NM 87501-1148	Royalty Interest
El Paso Production Company c/o Meridian Oil Inc. P. O. Box 4289 Farmington, NM 87499-4289	Working Interest
Meridian Minerals Company 801 Cherry Street Ft. Worth, TX 76102	Overriding Royalty

P 023 848 029



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Myron E. Thompson, Executrix	
Street and No. 3318 Western #134 B	
P.O., State and ZIP Code Amarillo, TX 79109	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 11/18/94 Schultz Com B #6 Well	

CERTIF
P 023 848
MAIL

MERIDIAN OIL
3535 E. 30TH ST.
FARMINGTON, NM 87499-4289

FIRST CLASS MAIL

MERIDIAN OIL

3535 E. 30th St., P.O. Box 4289
Farmington, New Mexico 87499-4289

Myron E. Thompson, Executrix
c/o Fred Thompson Estate,
3318 Western #134B
Amarillo, TX 79109

11/14
11/18
11/28

MO-0042 (Rev. 9-91)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Harriet M Buchenau
PO Box 867585
Plano, TX 75086-7585

4a. Article Number
P 023 848 032

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11-15-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Edmund W Mudge, III & Laura M Boedeker
Trustees U/Mudge-Boedeker Trust
PO Box 551149
Dallas, TX 75355-1149

4a. Article Number
P 023 848 034

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
NOV 15 1994

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Amoco Production Company
PO Box 800
Denver, CO 80201

4a. Article Number
P 023 848 027

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

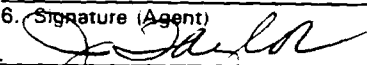
6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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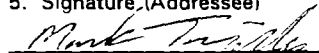
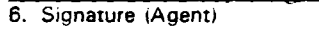
SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Amoco Production Company PO Box 800 Denver, Co 80201		4a. Article Number P 023 848 038	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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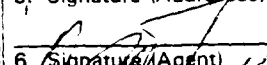

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: State of New Mexico PO Box 1148 Santa Fe, NM 87501-1148		4a. Article Number P 023 848 035	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery NOV 15 1991	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

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3. Article Addressed to: Josephine Williams c/o J M Trigg Power-of Attorney 2620 Avenida Loop Irving, TX 75062-5131		4a. Article Number P 023 848 030	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 11/12/94	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Vastar Resources, Inc. (formerly ARCO)
15375 Memorial Drive
Houston, TX 77069

4a. Article Number

P 023 848 028

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

S G Interests
811 Dallas, Ste 1505
Houston, TX 77002

4a. Article Number

P 023 848 037

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Koch Exploration
PO Box 2256
Wichita, KS 67201

4a. Article Number

P 023 848 036

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

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U.S. GPO: 1993-352-714

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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John A Pace
2720 Fairmount
Dallas, TX 75201

4a. Article Number

P 023 848 031

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

NOV 14 1994

5. Signature (Addressee)

6. Signature (Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

William L Madsen or Sarah Mims
Co- Trustees
c/o Sarah S Mims Revocable Trust
PO Box 11846
Carrollton, TX 75011-1846

4a. Article Number

P 023 848 033

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

11-21-94

5. Signature (Addressee)

6. Signature (Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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