

# EXHIBIT 1 CASE No. 11,173

## STATEMENT and EXHIBIT INDEX

Operator: **W. M. Gallaway**

Well: **Trix #2**, 790' FSL, 990' FWL, M-5-26N-2W  
Gavilan-Mancos Pool and Blanco-Mesaverde (Gas) Pool

Plats: a. **EXHIBIT 2**: Mineral Ownerships  
b. **EXHIBIT 3**: Offset Operators with tabulation  
c. **EXHIBIT 4**: Offset Wells with tabulation  
d. **EXHIBIT 5**: Acreage Dedication Plat for Blanco-Mesaverde  
(Gas) Pool

Production: **EXHIBIT 6**: Production Data.

The Trix #2 well was completed for production in the Gavilan-Mancos Pool on 1/1/94. It has not been completed in the Blanco-Mesaverde Pool.

Completion: **EXHIBIT 7**: Schematic of proposed completion  
**EXHIBIT 8**: Copy of well log.

Tests: **EXHIBIT 9**: Allocation proposal

Tests will be conducted immediately prior to and after the recompletion operation.

Compatibility: The petroleum production from the Gavilan-Mancos and the Blanco-Mesaverde formations are compatible. The production from one zone does not adversely affect the value of the production of another.

Notification: All known offset operators and the United States Bureau of Land Management have been notified in writing of the subject matter of this case. *not*

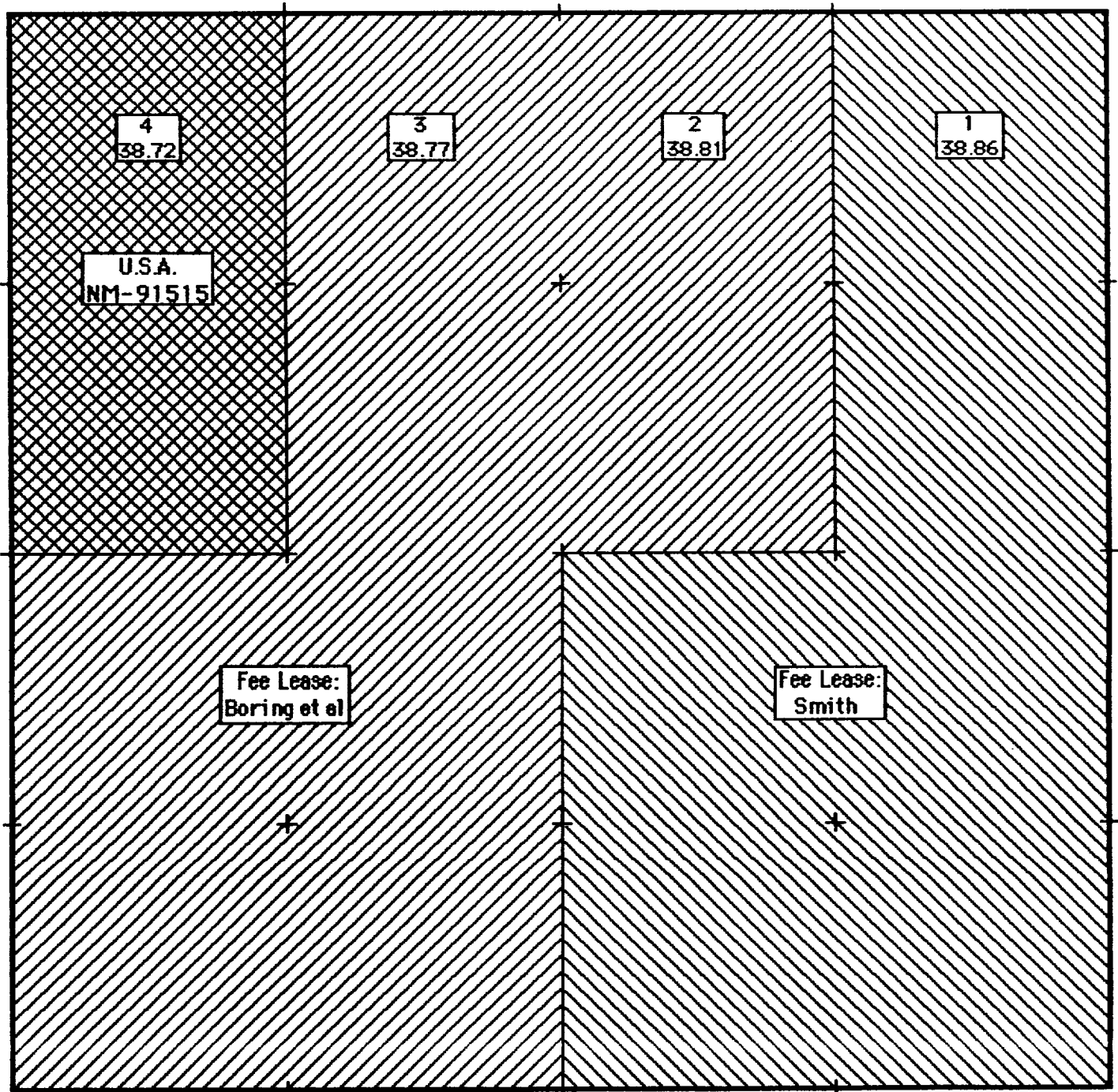
*Notice to be  
sent 1/5/95  
Readvertised to 2/7/95*

BEFORE EXAMINER CATALAN	
OIL CONSERVATION DIVISION	
<i>Gallaway</i>	EXHIBIT NO. <u>1-9</u>
CASE NO. <u>11173</u>	

# EXHIBIT 2 CASE No. 11,173

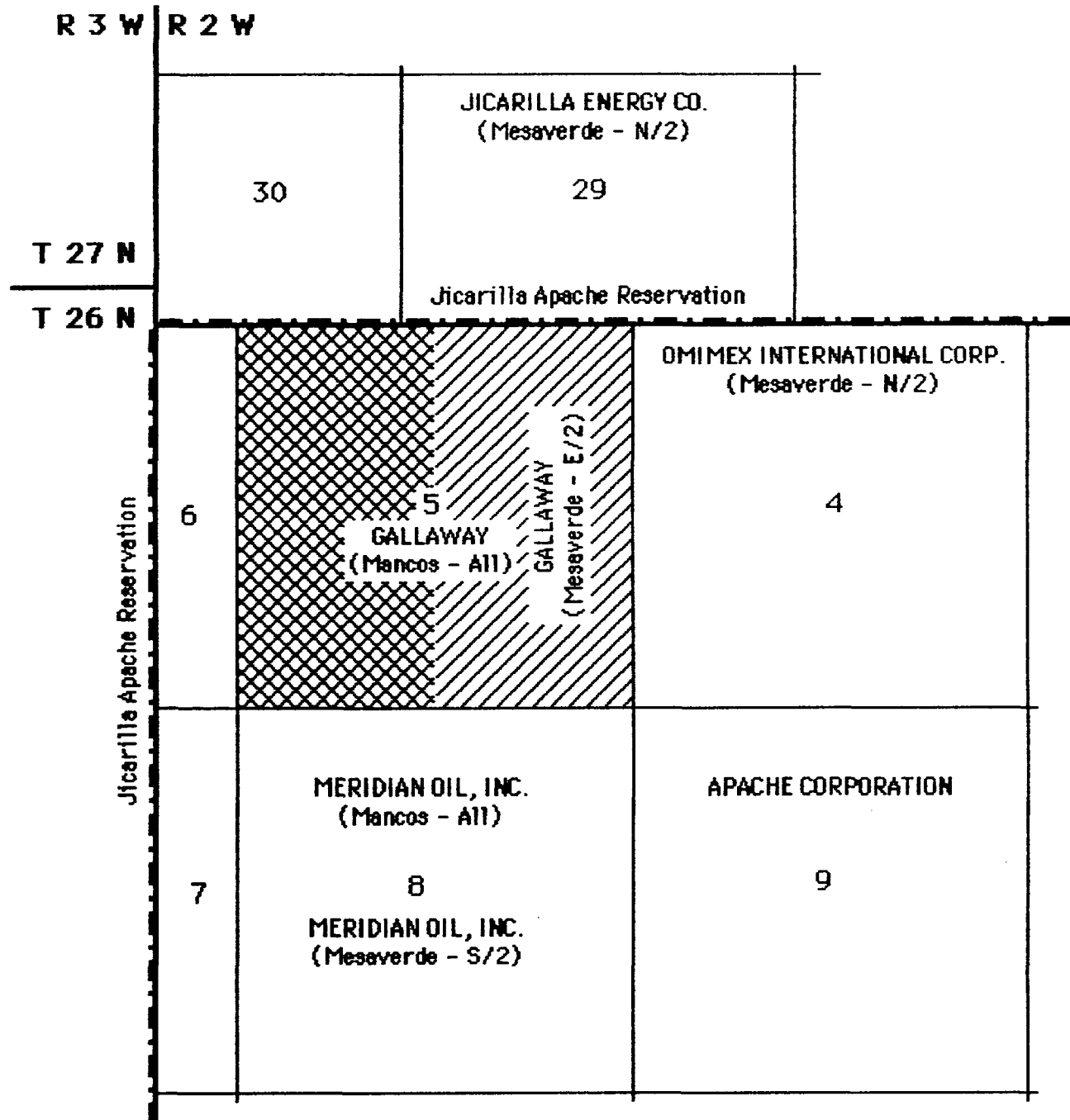
## MINERALS OWNERS

Section 5 , Township 26 North, Range 2 West



# EXHIBIT 3-A CASE No. 11,173

## OFFSET OPERATORS



## **EXHIBIT 3-B CASE No. 11,173**

### **KNOWN OFFSET OPERATORS OR LEASE OWNERS**

Apache Corporation  
1700 Lincoln Street, Suite 3600  
Denver, Colorado 80203-4536

Jicarilla Energy Company  
Attention: Mr. Thurman Velarde  
P. O. Box 507  
Dulce, New Mexico 87528

McHugh Companies  
650 South Cherry Street, Suite 1225  
Denver, Colorado 80222-1894

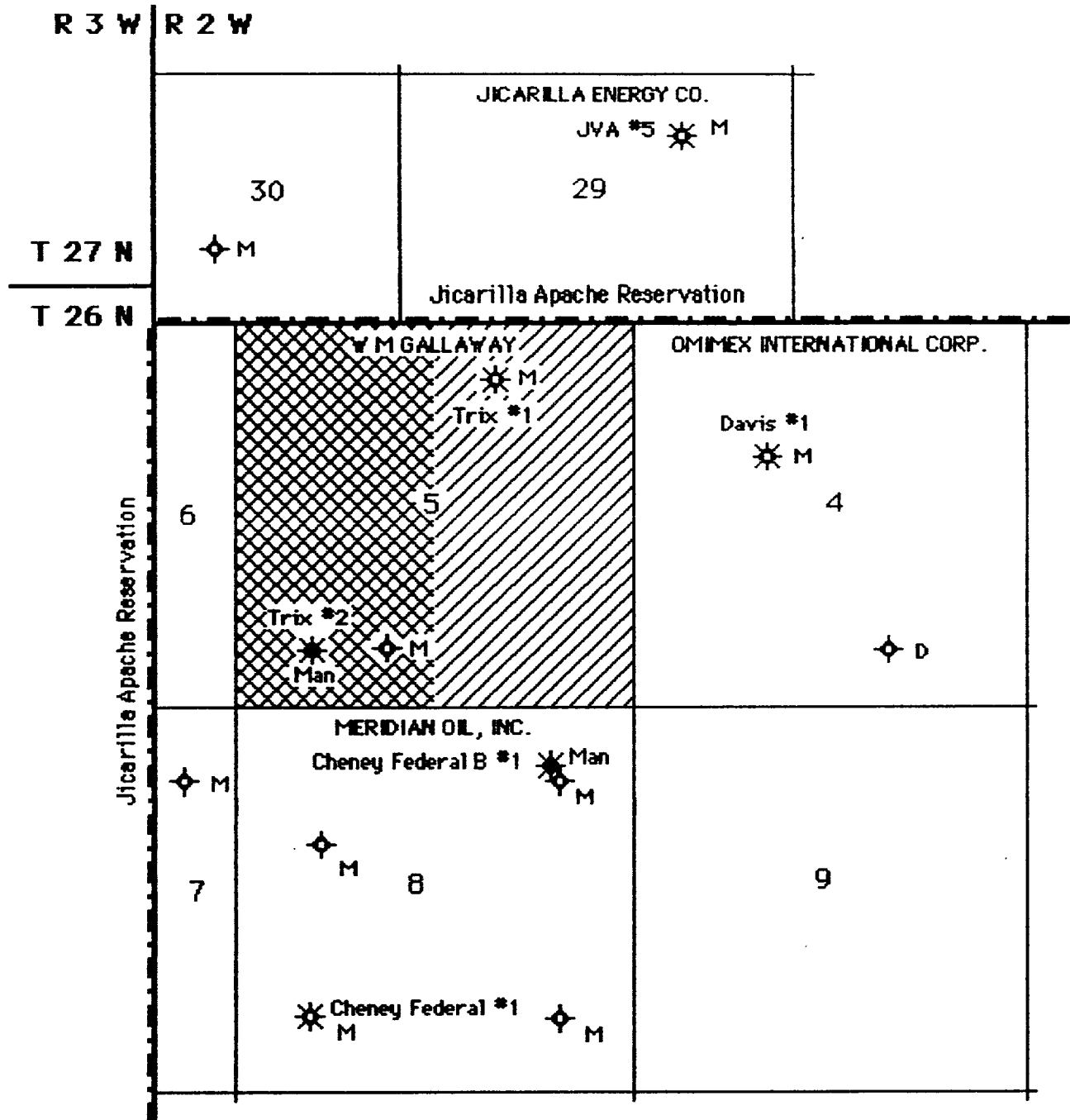
Meridian Oil, Inc.  
P. O. Box 4289  
Farmington, New Mexico 87499-4289

Omimex International Corporation  
dba Omimex Petroleum, Inc.  
8055 E. Tufts Avenue Parkway, Suite 1060  
Denver, Colorado 80237

Quinoco Petroleum, Inc.  
P. O. Box 10800  
Denver, Colorado 80210-0800

# EXHIBIT 4-A CASE No. 11,173

## OFFSET WELLS



## EXHIBIT 4-B CASE No. 11,173

### Offset Wells

#### ACTIVE WELLS

Omimex International Corporation F-4-26N-2W, 1750' FNL 1800' FWL	Davis #1 Blanco Mesaverde	N-315.92
W. M. Gallaway B-5-26N-2W, 790' FNL 1850' FEL	Trix #1 Blanco Mesaverde	E-317.67
●W. M. Gallaway M-5-26N-2W, 790' FSL 990' FWL	●Trix #2 Gavilan Mancos	A-635.16
Meridian Oil, Inc. A-8-26N-2W, 790' FNL 990' FEL	Cheney Federal B #1 Gavilan Mancos	A-640
Meridian oil, Inc. M-8-26N-2W, 990' FSL 990' FWL	Cheney Federal #1 Blanco Mesaverde	S-320
Jicarilla Energy Company B-29-27N-2W, 850' FNL 1490' FEL	JVA #5 Blanco Mesaverde	

#### ABANDONED WELLS:

Oryx Energy Company O-4-26N-2W, 790' FSL 1850' FEL	Tapacito Canyon #1 Dakota	P&A, 1989
Palmer Oil & Gas Company N-5-26N-2W, 800' FSL 1700' FWL	Stevenson #3 Mesaverde	P&A, 1978
John J. Eisner A-7-26N-2W, 990' FNL 700' FEL	Reuckhaus et al #1 Mesaverde	P&A, 1958
Mobil Oil Corporation A-8-26N-2W, 990' FNL 990' FEL	Boring Cheney Federal #1 Mesaverde	P&A, 1958
Palmer Oil & Gas Company E-8-26N-2W, 1850' FNL 1150' FWL	Stevenson #2 Mesaverde	P&A, 1979
Mobil Oil Corporation P-8-26N-2W, 990' FSL 990' FEL	Cheney Federal #1A Mesaverde	P&A, 1977
Palmer Oil & Gas Company F-30-27N-2W, 985' FSL 800' FWL	Apache JVA #1 Mesaverde	P&A, 1978

# EXHIBIT 5 CASE No. 11,173

State of New Mexico  
Energy, Minerals & Mining Resources Department  
OIL CONSERVATION DIVISION  
P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-102

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number <b>30-039-25302</b>	Pool Code <b>72319</b>	Pool Name <b>Blanco-Mesaverde</b>
Property Code <b>004453</b>	Property (Well) Name <b>Trix</b>	Well Number <b>2</b>
OGRID No. <b>24393</b>	Operator Name <b>W. M. GALLAWAY</b>	Elevation <b>7105' GR</b>

### Surface Location

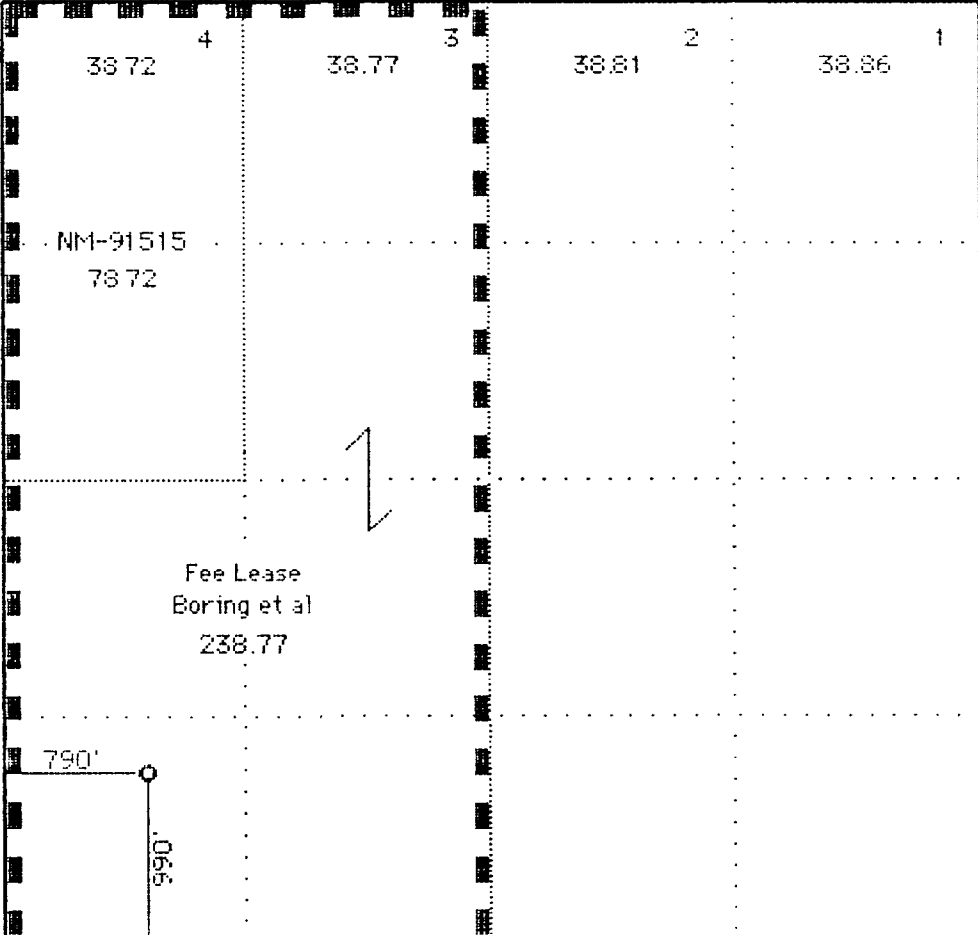
UL or Lot <b>M</b>	Sec. <b>5</b>	Twp. <b>26N</b>	Rge. <b>2W</b>	Lot Idn.	Feet from > <b>790</b>	North/South <b>SOUTH</b>	Feet from > <b>990</b>	East/West <b>WEST</b>	County <b>RIO ARRIBA</b>
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### Bottom Hole Location If Different From Surface

UL or Lot	Sec.	Twp.	Rge.	Lot Idn.	Feet from >	North/South	Feet from >	East/West	County
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Dedication <b>317.49</b>	Joint? <b>N</b>	Consolidation <b>C</b>	Order No.
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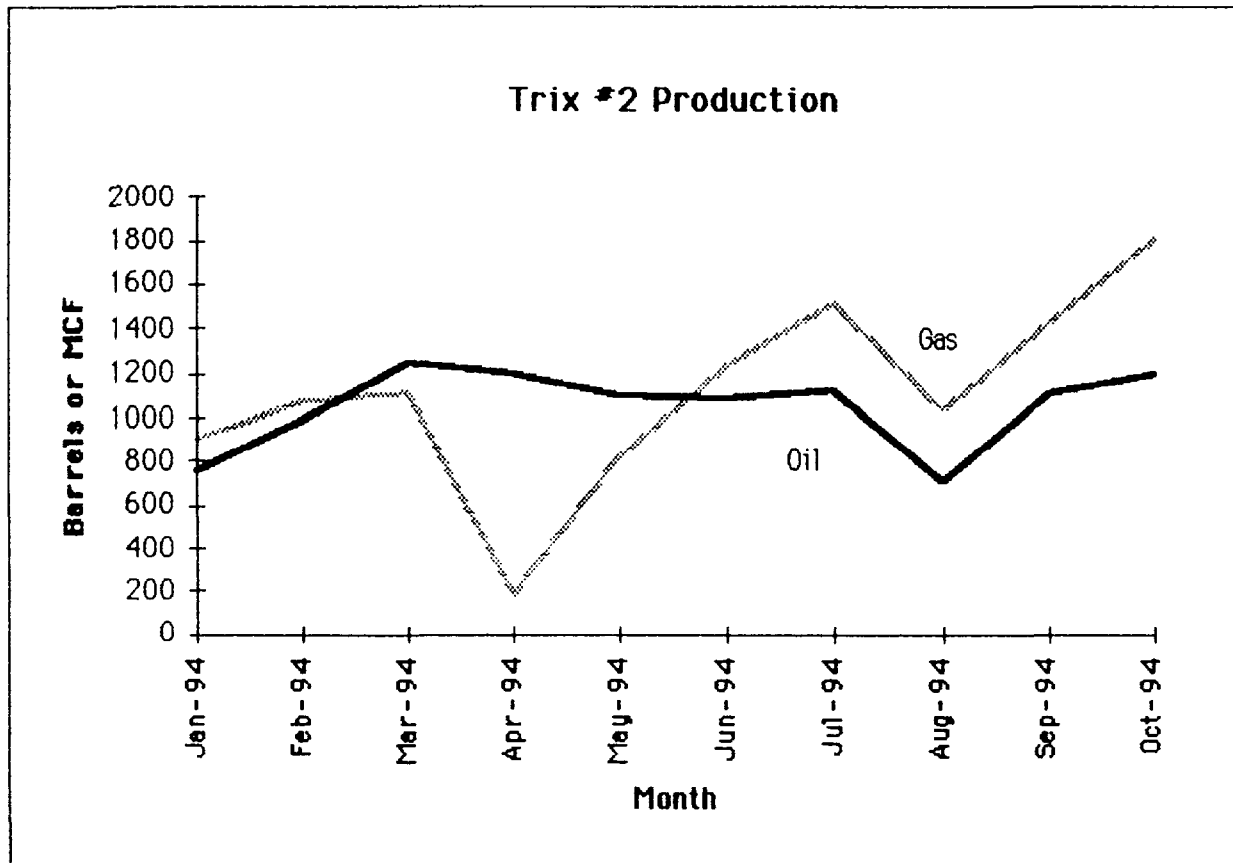
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature <i>W. M. Gallaway</i> Printed Name <b>W. M. Gallaway</b> Title <b>Operator</b> Date <b>11-29-94</b> <b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor Certificate Number
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## EXHIBIT 6 CASE No. 11,173

### PRODUCTION HISTORY

MONTH	OIL	GAS SOLD
Jan-94	762	900
Feb-94	989	1073
Mar-94	1247	1112
Apr-94	1191	183
May-94	1095	813
Jun-94	1088	1236
Jul-94	1127	1512
Aug-94	712	1034
Sep-94	1114	1424
Oct-94	1200	1803

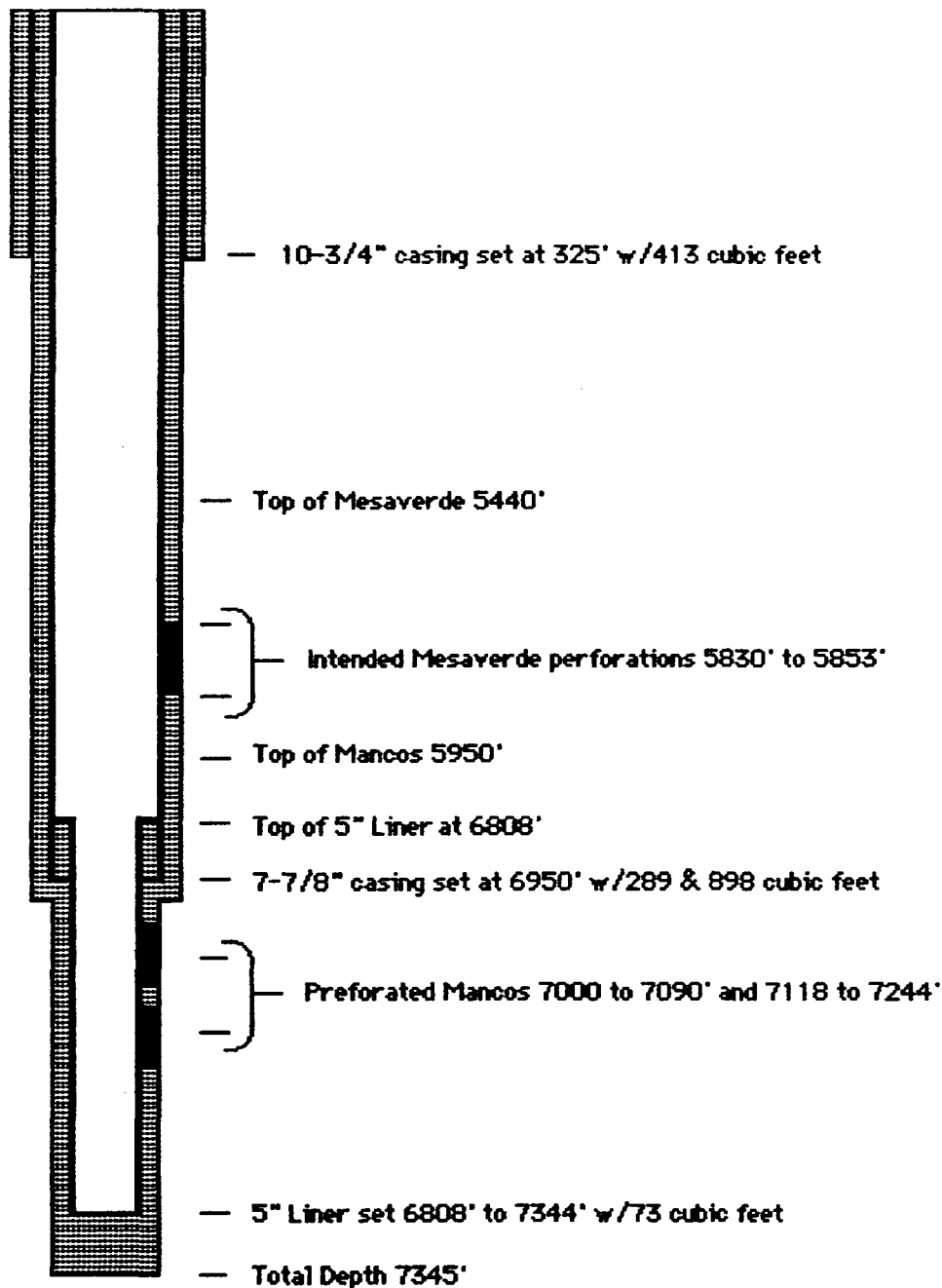




# EXHIBIT 7 CASE No. 11,173

## SCHEMATIC DIAGRAM

W. M. Gallaway  
Trix #2



## EXHIBIT 8-A CASE No. 11,173

Schlumberger

SIMULTANEOUS  
COMPENSATED NEUTRON-  
FORMATION DENSITY

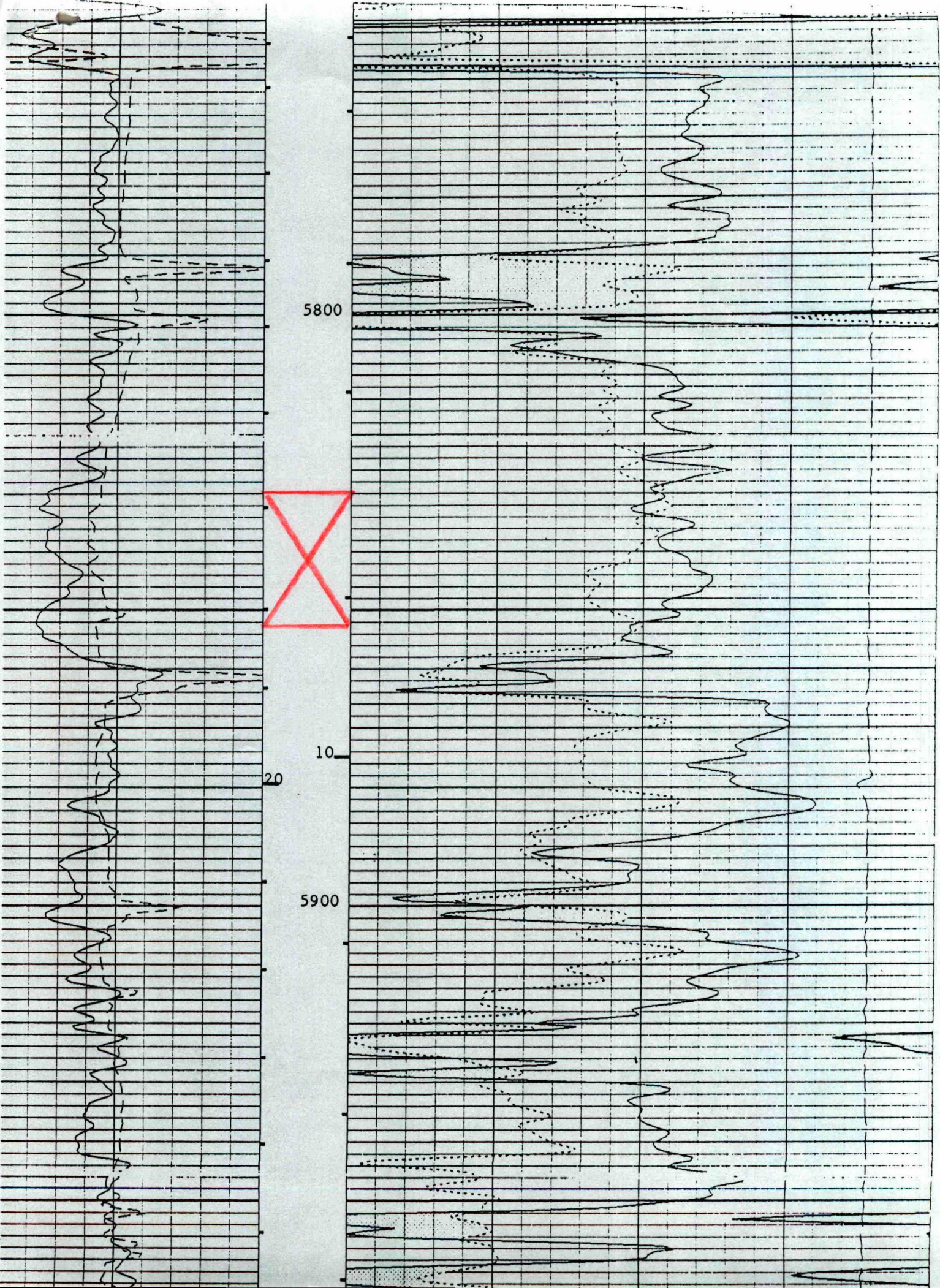
COMPANY		W.M. Galloway	
WELL		Trix #2	
FIELD		Gavilan Mancos	
COUNTY		Rio Arriba	
STATE		New Mexico	
LOCATION		790' FSL & 990' FWL	
Other Services: FDC/CALPER CML/GR			
APN SERIAL NO.	SECT.	TWP.	RANGE
N/A	5	26N	2W
Permanent Datum	Ground Level	Elev.	7105.0 F
Log Measured From	Kelly Bushing	710 F	above Perm. Datum
Drilling Measured From	Kelly Bushing		
Date	27-SEP-1993		
Run No.	ONE		
Depth Driller	6954.0 F		
Depth Logger (Schl.)			
Bitm. Log Interval	6200.0 F		
Top Log Interval	5200.0 F		
Casing-Driller	10 3/ 342.0 F		
Casing-Logger			
Bit Size	9 7/8		
Type Fluid in Hole	GEL CHEM		
Dens.	Visc.	44.0 S	
pH	Fld. Loss	8.5 C3	
Source of Sample	TANK		
Rm @ Meas. Temp.	2.230 OHMM	77.0 DEGF	
Rmf @ Meas. Temp.	1.670 OHMM	77.0 DEGF	
Rmc @ Meas. Temp.	3.350 OHMM	77.0 DEGF	
Source: Rmf	CALC	CALC	
Rm @ BHT	1.319 OHMM	135 DEGF	
Circulation Ended	18:00		
Logger on Bottom	SEE LOG		
Max. Rec. Temp.	135 DEGF		
Equip. Location	8206	FARMINGTON	
Recorded By	K. BARTENHAGEN		
Witnessed By	W. GALLOWAY		

The well name, location and borehole reference data were furnished by the customer.

All interpretations are opinions based on inferences from electrical or other measurements and we cannot, and do not guarantee the accuracy or correctness of any interpretations, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages or expenses incurred or sustained by anyone resulting from any interpretations made by any of our officers, agents or employees. These interpretations are also subject to Clause 4 of our General Terms and Conditions as set out in our current Price Schedule.

Run No.	ONE
Service Order No.	836008
Drilling Fluid Level	0.0 F
Salinity	300.0 PPM
Rmf @ BHT	.988 OHMM 135. DEGF
Rmc @ BHT	1.982 OHMM 135. DEGF
Logging Speed	1800.0 F/HR
EQUIPMENT DATA	
Tool Number 1	DRS B 3718
Tool Number 2	NSC E 2727
Tool Number 3	PDH L 2782
Tool Number 4	PGD G 2781
Tool Number 5	GSR J 1836
Tool Number 6	CNC H 378
Tool Number 7	NSR F 2352
Tool Number 8	CNB AB 4259
Tool Number 9	









CORRELATION GAMMA RAY-CEMENT BOND U/VOL

FILING NO.

COMPANY U.M. GALLAWAY

WELL TRIX #2

FIELD GAVILAN MANCOS

COUNTY RIO ARRIBA

STATE NM

LOCATION:

790' FSL

990' FWL

OTHER SERV:

SEC 5 TWP 26N RGE 2W

PERMANENT DATUM: G.L.

ELEV: 7105'

ELEVATION

LOG MEASURED FROM 17' FT ABOVE PERM DATUM  
DRILLING MEASURED FROM K.B.

KD: 7102'  
DF: 7121'  
CL: 7105'

DATE 10-22-93

RUN NO. ONE

DEPTH - DRILLER

DEPTH - LOGGER 7315'

BOTTOM LOGGED INT 7310'

TOP LOGGED INT 5190'

TYPE FLUID IN HOLE WATER

SALINITY PPM CL.

DENSITY

LEVEL

MAX TEMP DEG F

OPERATING RIG TIME 2 HRS.

OPERATOR THOMASON

WITNESSED BY SALZMAN

RUN BORE HOLE RECORD

CASING RECORD

NO. BIT FROM TO SIZE WGT. FROM TO

7-5/8"

6954'

0

6954'

START DEPTH 5180FT DATE: 10-22-93 TIME: 1:37 PM FILE: GALL

PLAYBACK PROGRAM

COLLAR LOCATOR

MV

-1

GAMMA RAY

CPS

52

AMPLITUDE

MV

122

AMPLITUDE x 5

MV

22

VARIABLE DENSITY

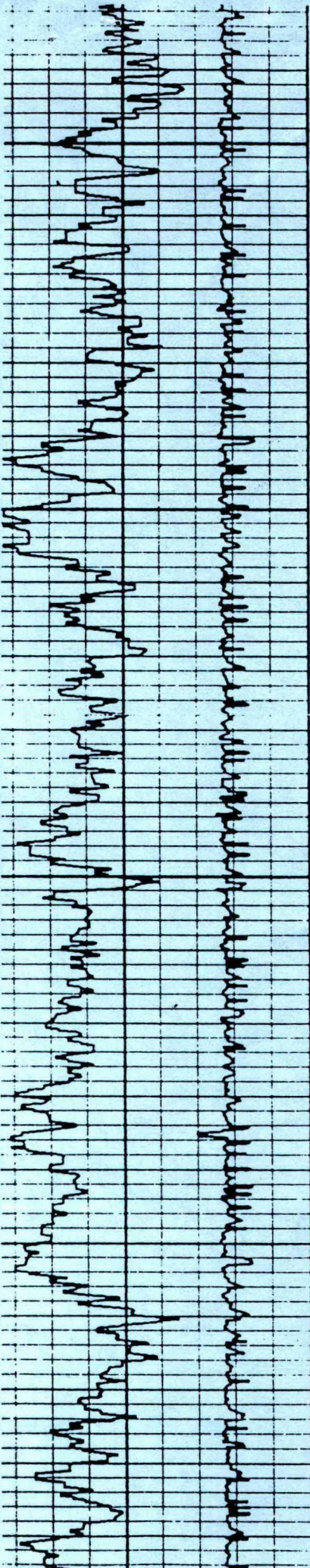
202

used

1200

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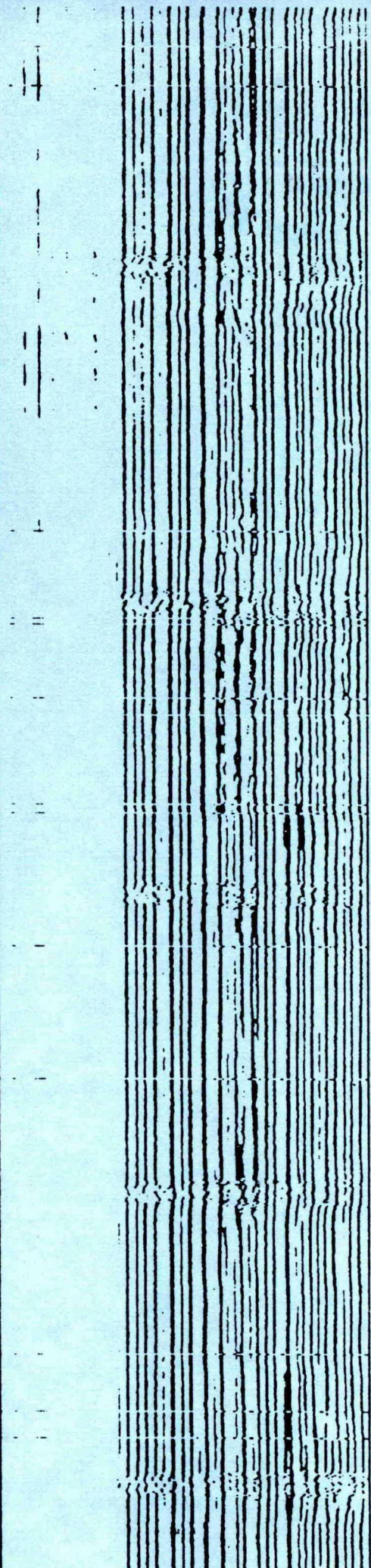
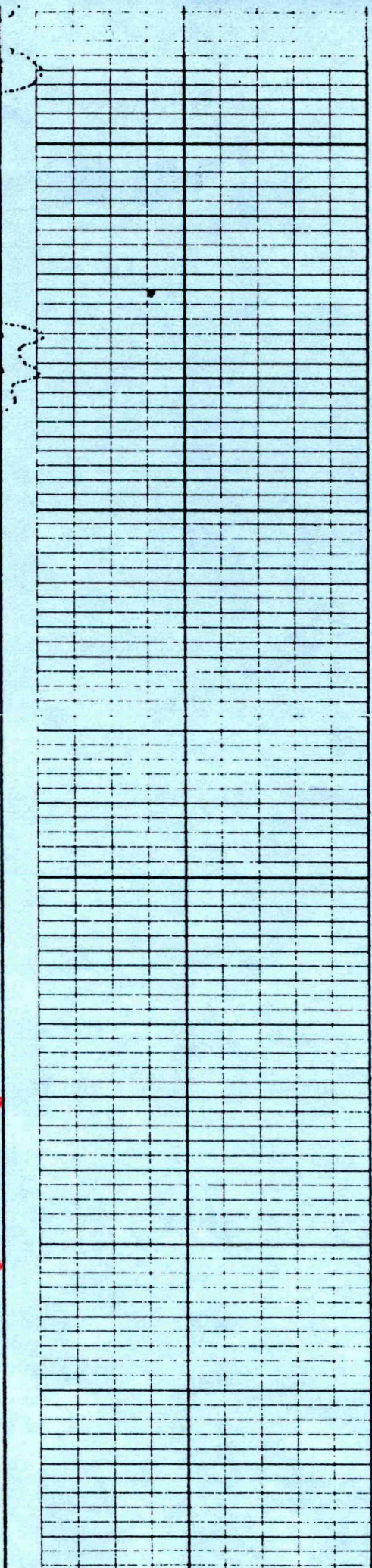


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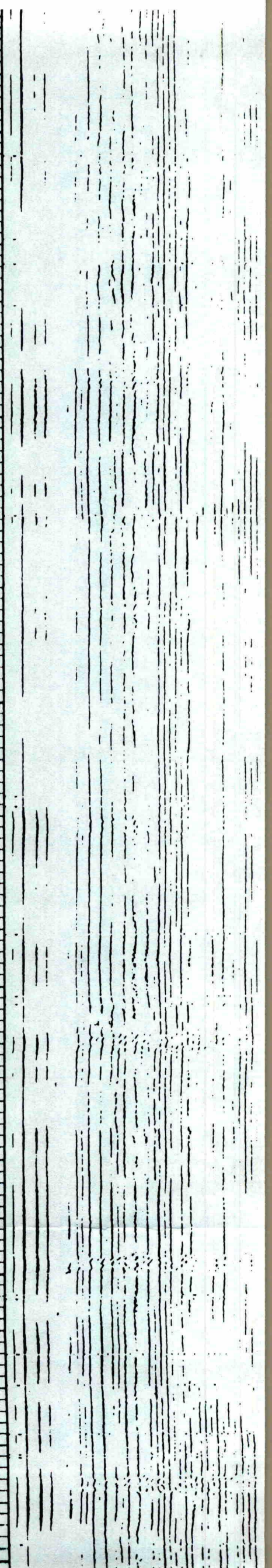
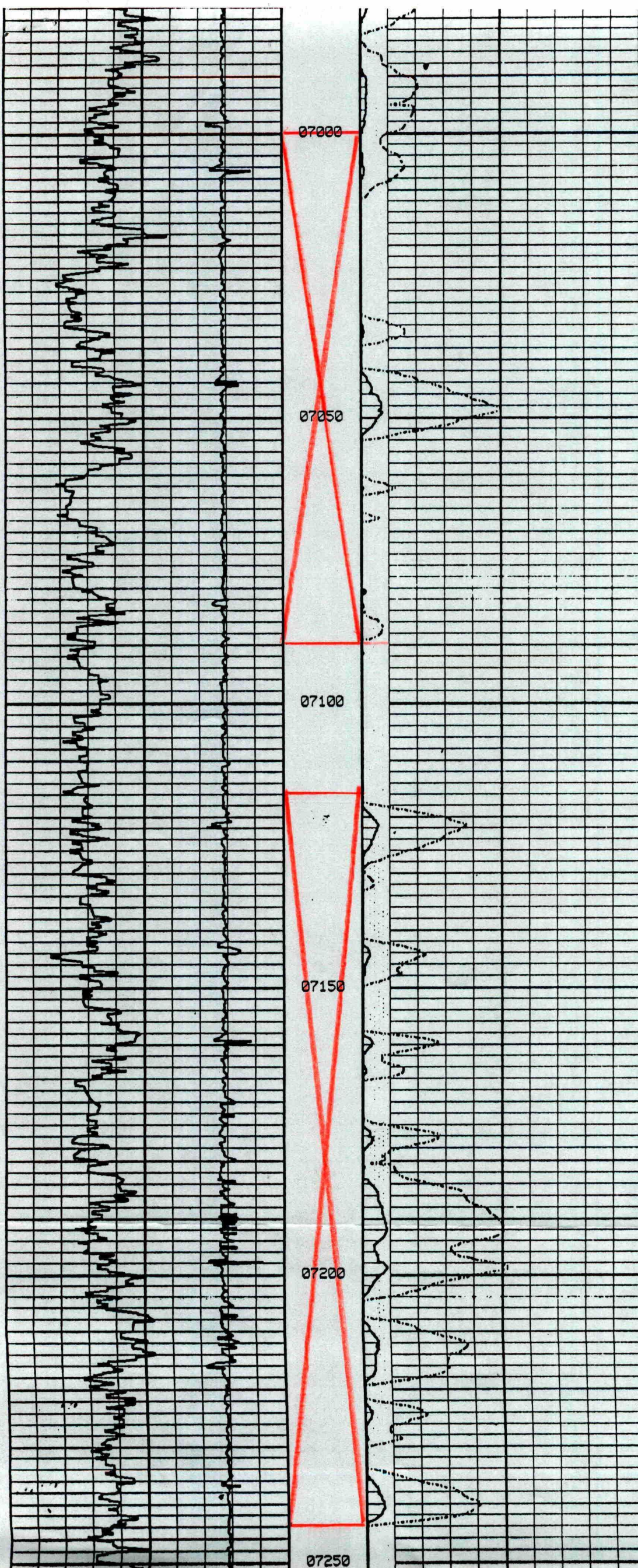
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## **EXHIBIT 9 CASE No. 11,173**

### **PROPOSED ALLOCATION FORMULA**

Bottom hole pressure and productivity tests will be taken of the Gavilan-Mancos zone within 30 days prior to the date of commingling.

The well will be commingled by completing the Mesaverde formation for production. This will involve isolating the Mancos zone during the completion of the Mesaverde zone.

A new productivity test will be taken with both zones, Mancos and Mesaverde, contributing to the production when the well is recompleted and cleanout is accomplished.

The allocation formula will be determined by subtracting the production of the Mancos-only test from the commingled test with the difference being allocated to the Mesaverde formation.

We propose the allocation to each zone be based on percentages of the production of the individual products.

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: The Application of  
W. M. Gallaway for Downhole  
Commingling, Rio Arriba County,  
New Mexico.


CASE NO. 11173

**AFFIDAVIT**

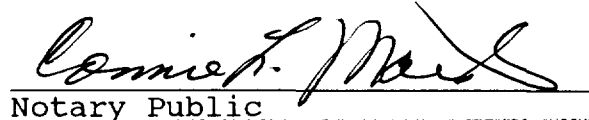
AFFIANT, ERNEST L. PADILLA, being duly sworn, upon oath  
states:

1. He is the attorney for Applicant herein;
2. He has made a reasonable inquiry as to the  
whereabouts of the interest owners affected by the  
Application herein;
3. To the best of his knowledge and belief, he has  
made, or caused to be made, service as required by the Rules  
of the Oil Conservation Division by certified mail upon all  
such interest owners.

FURTHER AFFIANT SAYETH NAUGHT.

  
ERNEST L. PADILLA  
Attorney for Applicant

SUBSCRIBED AND SWORN TO before me this 1<sup>st</sup> day of  
February, 1995, by Ernest L. Padilla.

  
Notary Public

My Commission expires:

12-20-97

BEFORE EXAMINER CATANACHO	
OIL CONSERVATION DIVISION	
<u>Gallaway</u>	EXHIBIT NO. <u>10</u>
CASE NO. <u>11173</u>	



PADILLA LAW FIRM, P.A.

TELEPHONE  
505-988-7577

STREET ADDRESS  
1512 ST. FRANCIS DRIVE  
SANTA FE, NM 87501  
MAILING ADDRESS  
P.O. BOX 2523  
SANTA FE, NM 87504-2523

FACSIMILE  
505-988-7592

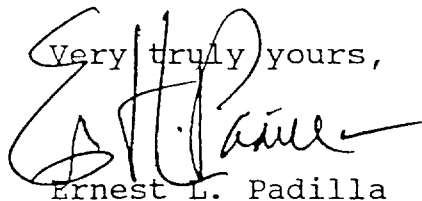
January 9, 1995

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

TO: ALL OFFSETTING OPERATORS AND INTEREST  
OWNERS (See attached list)

RE: Notice of Application of W. M. Gallaway For Downhole  
Commingling, Rio Arriba County, New Mexico

PURSUANT to the Rules and Regulations of the General  
Rules of the Oil Conservation Division of New Mexico, notice  
is hereby given of the above-referenced application. You  
may protest the enclosed application which will be heard on  
February 2, 1995, beginning at the hour of 8:15 a.m., at the  
offices of the Oil Conservation Division, 2040 S. Pacheco,  
Santa Fe, New Mexico.

Very truly yours,  
  
Ernest L. Padilla

ELP:clm

Enclosure: Copy of Application  
List of Offsetting Operators  
List of Royalty Interest Owners

Myra Loudene Jones  
3915 South Alden  
Tucson, AZ 85706

Marquisa La Velle  
91 Estelle Drive  
West Kingston, RI 02892

Shelley La Velle  
11447 Alborada Drive  
San Diego, CA 92127

Mary Jane Lich  
747 Inspiration Drive  
San Antonio, TX 78228

McHugh Companies  
650 South Cherry Street, Suite 1225  
Denver, CO 80222-1894

Janice E. Robertson  
P. O. Box 497  
Peralta, NM 87042

Melvin D. and Anne C. Rueckhaus  
319 Seventh Street, N.W., Suite B  
Albuquerque, NM 87102

Janice M. Smith  
9230 Sheshone  
Cascade, CO 80809

Jesse T. Smith, Jr.  
7350 Alaska Street  
Tacoma, WA 98408

Bureau of Land Management  
of the Department of Interior  
1235 La Plata Highway  
Farmington, NM 87401

Donald C. Foulk  
240 Gillmore Street  
San Antonio, TX 78226

Linda Muriel Akins  
2916 South Morain Place  
Kenniwick, WA 99337-2505

William J. and Jessie Joy Bassett  
P. O. Box 103  
Lindrieth, NM 87029

Edgar A. and Evelyn Boring, Trustees  
P. O. Box 829  
Bayfield, CO 81122

Betty Smith Damiani  
9110 Bianca  
San Antonio, TX 78260

Imperial Oil Company  
P. O. Box 789  
Houston, TX 77001

Patricia Smith Jarrell  
610 Ox Bow  
Grand Junction, CO 81504

Ruby E. Huffman  
910 N. Dustin  
Farmington, NM 87401

Robert Thomas Smith  
c/o John L. Ray, Esq.  
8301 Broadway, Suite 420  
San Antonio, TX 78209

## KNOWN OFFSET OPERATORS OR LEASE OWNERS

Apache Corporation  
1700 Lincoln Street, Suite 3600  
Denver, Colorado 80203-4536

Jicarilla Energy Company  
Attention: Mr. Thurman Velarde  
P. O. Box 507  
Dulce, New Mexico 87528

McHugh Companies  
650 South Cherry Street, Suite 1225  
Denver, Colorado 80222-1894

Meridian Oil, Inc.  
P. O. Box 4289  
Farmington, New Mexico 87499-4289

Omimex International Corporation  
dba Omimex Petroleum, Inc.  
8055 E. Tufts Avenue Parkway, Suite 1060  
Denver, Colorado 80237

Quinoco Petroleum, Inc.  
P. O. Box 10800  
Denver, Colorado 80210-0800

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):

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

3. Article Addressed to:

Marquisa La Velle  
91 Estelle Drive  
West Kingston, RI

4a. Article Number

211157670

4b. Service Type

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

7. Date of Delivery

1/12/96

5. Signature (Addressee)

Marquisa La Velle

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**

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.
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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:

Shelley La Velle  
11447 Alborada Drive  
San Diego, CA 92127

4a. Article Number

211158708

4b. Service Type

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

7. Date of Delivery

1/14/95

5. Signature (Addressee)

Scott Stearns

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**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- 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):

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

3. Article Addressed to:

Mary Jane Lich  
747 Inspiration Dr.  
San Antonio, TX 78228

4a. Article Number

211158709

4b. Service Type

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

7. Date of Delivery

1-11-95

5. Signature (Addressee)

Robert F. Lich

6. Signature (Agent)

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

PS Form 3811, December 1991

Is your RETURN ADDRESS completed on the reverse side?

- 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.
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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 McHugh Companies  
 650 South Cherry  
 Suite 1225  
 Denver, Co. 80222-1894  
*[Signature]*

4a. Article Number  
 211 158 710

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

7. Date of Delivery

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

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.
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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:  
 Janice E. Robertson  
 P.O. Box 497  
 Peabody, NM 87042

4a. Article Number  
 211 158 711

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

7. Date of Delivery  
 1/10/95

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

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Melvin D. and  
 Anne C. Rueckhaus  
 319 Seventh St, NW  
 Suite B  
 Albuquerque, NM 87102

4a. Article Number  
 211 158 712

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

7. Date of Delivery  
 1-18-95

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

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • 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: Janice M. Smith 9230 Sheshone Cascade, CO 80809		4a. Article Number Z 111 158 713	
		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 1-14-94	
5. Signature (Addressee) Janice M. Smith		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 <b>DOMESTIC RETURN RECEIPT</b>			

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • 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: Jesse T. Smith, Jr. 7350 Alaska St. Tacoma, WA 98408		4a. Article Number Z 111 158 714	
		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 1/13/95	
5. Signature (Addressee) Jesse T. Smith		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 <b>DOMESTIC RETURN RECEIPT</b>			

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • 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: Donald C. Foulk 240 Hillmore St. San Antonio, TX 78226		4a. Article Number Z 111 158 715	
		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 1-31-95	
5. Signature (Addressee) Donald C. Foulk		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 <b>DOMESTIC RETURN RECEIPT</b>			

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):

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

3. Article Addressed to:

Linda Muiel Atkins  
2916 South Main Place  
Kennewick, WA

903-37-2505  
*[Signature]*

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

211 158 716

4b. Service Type

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

7. Date of Delivery

1-13-95

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**

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):

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

3. Article Addressed to:

William J. and  
Jesse Jay Bassett  
P.O. Box 103  
Gandhi, NM 87029

5. Signature (Addressee)

*[Signature]*

6. Signature (Agent)

4a. Article Number

211 158 717

4b. Service Type

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

7. Date of Delivery

1-25-95

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**

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):

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

3. Article Addressed to:

Edgar A. and  
Shelby Boring, Trustees  
P.O. Box 829  
Bayfield, CO 81122

5. Signature (Addressee)

*[Signature]*  
JAN 16 1995

6. Signature (Agent)

4a. Article Number

211 158 718

4b. Service Type

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

7. Date of Delivery

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**

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, and 4a & b.
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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Betty Smith Damiani  
9110 Bianca  
San Antonio TX  
78260

4a. Article Number

2 111 158 719

4b. Service Type

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

7. Date of Delivery

JAN 14 1995

5. Signature (Addressee)

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**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Imperial Oil Company  
P.O. Box 789  
Houston, TX 77001

4a. Article Number

2 111 158 720

4b. Service Type

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

7. Date of Delivery

JAN 18 1995

5. Signature (Addressee)

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**

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, and 4a & b.
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- 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Patricia Smith Farrell  
610 Ox Bow  
Sand Junction, Co.

4a. Article Number

2 111 158 721

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

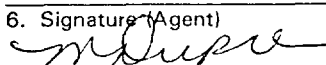
6. Signature (Agent)

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

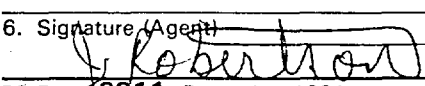
JAN 12 1995



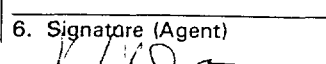
Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • 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: Bureau of Land Management of the Dept of Interior 1235 La Plata Highway Farmington, NM 87401		4a. Article Number 2 111 158 724	
5. Signature (Addressee)  6. Signature (Agent) 		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 checked="" type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery 1-10-94	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • 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: Apache Corporation 1700 Lincoln St. Suite 3600 Denver, CO. 80203-4536		4a. Article Number P 176 016 596	
5. Signature (Addressee)  6. Signature (Agent) 		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 checked="" type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery 1/11/94	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to: Gicarilla Energy Company Attn: Thurman Velarde P.O. Box 507 Dulce, NM 87528		4a. Article Number P 176 016 597	
5. Signature (Addressee)  6. Signature (Agent) 		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 checked="" type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery 1/19/95	
		8. Addressee's Address (Only if requested and fee is paid)	

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:

McHugh Companies  
50 South Cherry St.  
Denver, CO 80222-1899

4a. Article Number

P 126 016 598

4b. Service Type

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☒ Express Mail ☒ 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**

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.
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- 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:

Omimex International Corp.  
c/o Omimex Petroleum, Inc.  
8055 E. Tufts Ave Parkway  
Suite 1060  
Denver, CO 80237

4a. Article Number

P 176 016 600

4b. Service Type

- ☐ Registered ☐ Insured  
☐ COD  
☒ Express Mail ☒ 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)

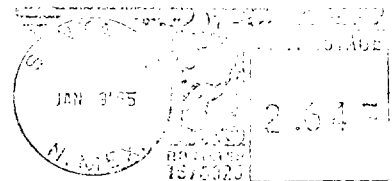
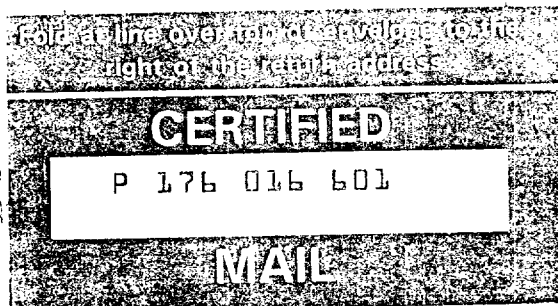
PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

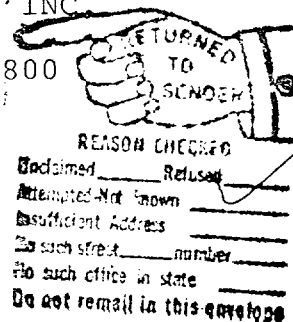
**DOMESTIC RETURN RECEIPT**

A LAW FIRM, P.A.  
2523  
E, NEW MEXICO 87504-2523

NAME  
1st Name 16 18  
Last Name  
Return



QUINOCO PETROLEUM, INC.  
P. O. BOX 10800  
DENVER, CO 80210-0800



CERTIFIED MAIL

P 176 016 601



**Receipt for  
Certified Mail**

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

Sent to	
Quinoco Petroleum, Inc.	
Street and No.	
P.O. Box 10800	
P. State and ZIP Code	
Denver, CO 80210-0800	
Postage	\$ .64
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
TOTAL Postage & Fees	\$ 2.64

Postmark or Date

Jan 9, 1995

PS Form 3800, June 1991

A LAW FIRM, P.A.  
2523  
NEW MEXICO 87504-2523  
JAN 25 1995

Fold at line over top of envelope to the  
right of the return address  
**CERTIFIED**

Z 111 158 723

**MAIL**

ROBERT THOMAS SMITH  
c/o JOHN L. RAY, ESQUIRE  
8301 BROADWAY, SUITE 420  
SAN ANTONIO, TX 78209

RETURNED TO SENDER  
FORWARDING ORDER EXPIRED  
78209

CERTIFIED MAIL

*Return to sender*

Z 111 158 723



**Receipt for  
Certified Mail**

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

Sent to <i>Robert Thomas Smith</i>	
Street and No. <i>c/o John L. Ray, Esq.</i>	
City, State, and ZIP Code <i>8301 Broadway, Suite 420</i>	
<i>San Antonio, TX 78209</i>	
Postage	\$ <i>.64</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	<i>1.00</i>
TOTAL Postage & Fees	\$ <i>2.64</i>
Postmark or Date	

*Jan 9, 1995*

Form 3800, March 1993

A LAW FIRM, P.A.  
2523  
NEW MEXICO 87504-2523

JAN 20 1995

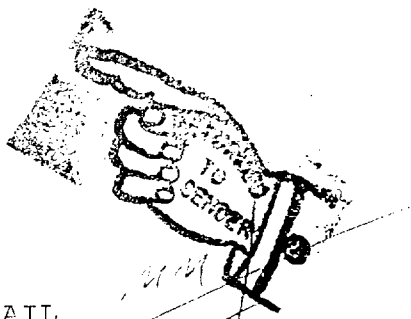
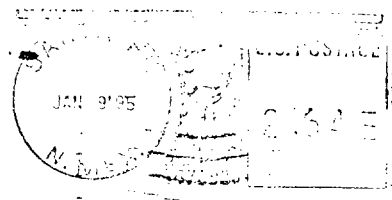
Fold at line over top of envelope to the  
right of the return address

**CERTIFIED**

Z 111 158 722

**MAIL**

RUBY E. HUFFMAN  
910 N. DUSTIN  
FARMINGTON, NM 87401



CERTIFIED MAIL

- ☒ ATTEMPTED NOT KNOWN
- ☐ NO SUCH NUMBER
- ☐ NO MAIL RECEIPT
- ☐ REFUSED
- ☐ INSUFFICIENT ADDRESS
- ☐ MOVED-LEFT NO FORWARDING
- ☐ FORWARDING OFFICE
- EMPLOYEE: W. H. H.

Z 111 158 722



**Receipt for  
Certified Mail**

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

Sent to	
Ruby E. Huffman	
Street and No.	
910 N. Dustin	
P.O., State and ZIP Code	
Farmington, NM 87401	
Postage	\$ .64
Certified Fee	
Special Delivery Fee	1.00
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
TOTAL Postage & Fees	\$ 2.64

PS Form 3800, March 1993

Postmark or Date

Jan 9, 1995

Z 111 157 662



**Receipt for  
Certified Mail**

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

Sent to <i>Myra Loudene Jones</i>	
Street, Apt. No. <i>3915 South Allen</i>	
City, State and ZIP Code <i>Tucson, AZ 85706</i>	
Postage	<i>\$ .85</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	<i>1.00</i>
TOTAL Postage & Fees	<i>\$2.85</i>
Postmark or Date  <i>1-9-95</i>	

PS Form 3800, March 1993

MERIDIAN OIL

January 19, 1995

JAN 26 1995

Padilla Law Firm, P.A.  
Attention: Ernest L. Padilla  
P.O. Box 2523  
Santa Fe, NM 87504-2523

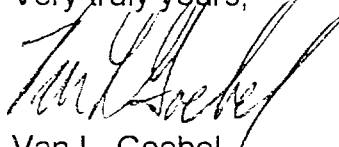
RE: APPLICATION OF W.M. GALLAWAY  
FOR DOWNHOLE COMMINGLING  
TRIX #2  
SW/4 SW/4 SECTION 5, T26N, R2W  
RIO ARRIBA COUNTY, NEW MEXICO

Dear Mr. Padilla:

Meridian Oil Inc., is in receipt of your Application concerning commingling production from the referenced well.

Please be advised that Meridian has no obligation.

Very truly yours,



Van L. Goebel  
Senior Landman

VLG:dmg  
NM-10019