



dugan production corp.

Certified-Return Receipt

October 3, 1997

October 23, 1997
NMOCD Case No. 11863
Dugan Production Corp.
Exhibit No. 6

To: Royalty and Overriding Royalty Interest owners of
Dugan Production Corp.'s
Camp David Com #1, Federal I wells #4, #5R, #6,
O'Henry #1, and Winifred #2
San Juan County, New Mexico

Re: Application of Dugan Production Corp.
for Surface Commingling and Off-Lease Measurement
6 wells connected to Dugan's proposed
Federal I Central Gathering System
San Juan County, New Mexico

Dear Interest Owner:

We are writing to advise that the New Mexico Oil Conservation Division (NMOCD) is requiring Dugan Production's subject application dated 8-19-97 to be considered at an examiner hearing scheduled for October 23, 1997 (NMOCD Case No. 11863). The hearing will be held at the Commission Hearing room, located at 2040 South Pacheco, Santa Fe, New Mexico. Notice of our 8-19-97 application has been previously sent to each interest owner and the subject application has been approved by the New Mexico State Land Office, Bureau of Land Management and is supported by the NMOCD, however NMOCD rules will not allow the NMOCD to approve our application administratively. Dugan Production holds all working interest in all 6 wells plus the gathering system.

As a royalty or overriding royalty interest owner in one or more of the 6 wells connected to Dugan's Federal I Central Gathering System, you have the right to participate in this hearing and register any concerns or objections you may have.

Should you desire to participate in this hearing, you should file a pre-hearing statement with the Division by 4:00 pm on Friday, October 17, 1997, with a copy to Dugan Production. Please direct any questions to me at the letterhead address, or you may contact the NMOCD directly by phone at (505)827-7131, or mail at 2040 South Pacheco, Santa Fe, New Mexico 87505.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

cc: NMOCD-Aztec & Santa Fe

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
 Bureau of Land Management
 Attn: Duane Spencer
 1235 La Plata Hwy
 Farmington, NM 87401

4a. Article Number
 P 358 626 698

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

7. Date of Delivery
 10-6-97

5. Received By: (Print Name)
 DEBRA YEAGER

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

6. Signature: (Addressee or Agent)
 X Debra Yeager

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Fed ICPD

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
 Ray Powell, Commissioner
 NM State Land Office
 P.O. Box 1148
 Santa Fe, NM 87504-1148

4a. Article Number
 P 358 626 699

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

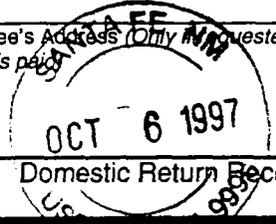
7. Date of Delivery

5. Received By: (Print Name)
 [Signature]

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

6. Signature: (Addressee or Agent)
 X

PS Form 3811, December 1994 Domestic Return Receipt



Thank you for using Return Receipt Service.

Fed ICPD

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
 Joseph O. + Cecily M. Muench
 P.O. Box 779
 Placitas, NM 87043-0779

4a. Article Number
 P 358-626-700

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

7. Date of Delivery
 10-7-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Fed I CPD
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Patricia Harkin
 40 Marilyn Adragna
 1708 Luthy Place, NE
 Albuquerque, NM 87112

4a. Article Number
 P 358 626 701
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 10/6/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Marilyn D Adragna*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Fed I CPD
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Conoco, Inc.
 Gas Revenue
 P.O. Box 951063
 Dallas, Texas 75395-1063

4a. Article Number
 P 358 626 702
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 OCT 06 1997

5. Received By: (Print Name)
 C. Miller

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

6. Signature: (Addressee or Agent)
 X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Fed I CPD
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Anne D. Little
 P.O. Box 82277
 Albuquerque, NM 87198-2277

4a. Article Number
 P 358 626 703
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 OCT 11 1997

5. Received By: (Print Name)
 Anne D Little

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

6. Signature: (Addressee or Agent)
 X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

Fed I CPD

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:

Sylvia J. Little
TTEE UTAD 5-25-90
P.O. Box 1258
Farmington, NM 87499-1258

4a. Article Number

Q 358 626 704

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

Cher. Whitner

6. Signature: (Addressee or Agent)

X Cher Whitner

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

Fed I CPD

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:

Texas Exploration + Prod. Inc.
P.O. Box 20078
Houston, TX 77216-0078

4a. Article Number

Q 358 626 705

4b. Service Type

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

7. Date of Delivery

OCT 06 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X L DUPREE

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

Fed I CPD

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:

Martin A. Mae, Jr.
660 Palm Blvd.
Weston, TX 33326

4a. Article Number

Q 358 626 708

4b. Service Type

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

7. Date of Delivery

10/6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Barbara Mae

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

2nd I CPD

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Clara Sault
 Palmer W. Larson, Pres. Rep.
 5901 SE Hector
 Milwaukee, OR 97222

4a. Article Number
 P 358-626-712

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

7. Date of Delivery
 10-8-97

5. Received By: (Print Name)
 PALMER LARSON

6. Signature: (Addressee or Agent)
 X *Palmer Larson*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

2nd I CPD

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Valerie M. Sill
 30269 Cove View St.
 Sun City, CA 92587

4a. Article Number
 P 358 626 713

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

7. Date of Delivery
 10-6-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Valerie M Sill*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

2nd I CPD

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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:
 Winifred + Forrest Jacobs
 1000 SW Santa Fe Road
 Lawrence, KS 67144-9213

4a. Article Number
 P 358-626-714

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

7. Date of Delivery
 10-6-97

5. Received By: (Print Name)
 FORREST JACOBS

6. Signature: (Addressee or Agent)
 X *Forrest Jacobs*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

dp dugan production corp.
P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

P 358 626 706

MAIL

EDWARD A & JUANITA LOPEZ
782 NORTH BROAD STREET
SAN LUIS OBISPO CA 93401

ADDRESSSEE UNKNOWN



CERTIFIED

dp dugan production corp.
P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

P 358 626 707

MAIL

Stamp: OCT 11 1977 277E

1st Notice
2nd Notice
Return

RETURNED TO SENDER
REASON CHECKED
Unclaimed Refused
Addressee unknown
Insufficient Address
No such street number
No such office in state
Do not remain in this envelope

MAIL

RUBY MACULSAY
873 ERIE STREET
OAKLAND CA 94610

RETURNED TO SENDER
REASON CHECKED
Unclaimed Refused
Addressee unknown
Insufficient Address
No such street number
No such office in state
Do not remain in this envelope

94610/2297



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

CERTIFIED

dp dugan production corp.
P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

P 358 626 711

MAIL

Stamp: OCT 11 1977 277E

1st Notice
2nd Notice
Return

RETURNED TO SENDER
REMOVABLE
 MOVED, LEFT NO ADDRESS
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 ATTEMPTED - NOT KNOWN
 UNCLAIMED REFUSED
 NO SUCH STREET
 NO SUCH NUMBER
 INSUFFICIENT ADDRESS

GISLE W ROMO
5012 VENICE BLVD
LOS ANGELES CA 90019