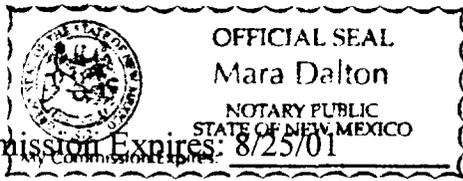




SUBSCRIBED AND SWORN to before this 20th day of October, 1999 by  
William F. Carr.



*Mara Dalton*  
Mara Dalton, Notary Public

## Exhibit A

Bureau of Land Management  
Roswell District  
2909 West Second St.  
Roswell, NM 88201  
ATTN: Armando Lopez

Kaiser-Francis  
11722 West Highway 80 East  
Odessa, TX 79765

Mitchell Energy Corporation  
Box 4000  
The Woodlands, TX 77387-4000

Rodney B. Webb dba  
Webb Oil Company  
P.O. Box 1124  
Artesia, NM 88211-1124

Manzano Oil Corporation  
P.O. Box 2107  
Roswell, NM 88202

Nadel and Gussman  
601 North Marienfeld, Ste.508  
Midland, TX 79701

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  
  
JACK M. CAMPBELL  
916-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-8043  
E-MAIL ccbspa@ix.netcom.com

September 27, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Interest owners—addresses provided by Stella Swanson

Re: *Application of Triumph Exploration, Inc. for amendment of Division Order No. R-9082 to authorize a tertiary recovery project by micro emulsion flooding in its Tonto Lease, and to qualify said project for the recovered oil tax rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico*

Gentlemen:

This letter is to advise you that Triumph Exploration, Inc. has filed the enclosed application and attached Form C-108 with the New Mexico Oil Conservation Division seeking the amendment of Division Order No. R-9082 to authorize a tertiary recovery project by micro emulsion flooding in its Tonto Lease, and to qualify said project for the recovered oil tax rate pursuant to the Enhanced Oil Recovery Act. This lease is located in portions of Section 30, Township 19 South, Range 33 East, NMPM, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner on October 7, 1999. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing

statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is written in a cursive style with a long, sweeping tail on the final letter.

WILLIAM F. CARR  
ATTORNEY FOR TRIUMPH EXPLORATION, INC.

Enc.

Z 559 541 931

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

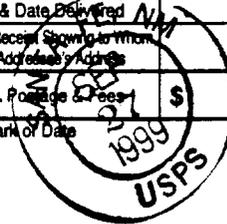
Mitchell Energy Corporation

Box 4000

The Woodlands, TX 77387-4000

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees \$	
Postmark of Date	



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):

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

Consult postmaster for fee.

3. Article Addressed to:  
 Mitchell Energy Corporation  
 Box 4000  
 The Woodlands, TX 77387-4000

4a. Article Number  
 Z 559 541 931

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

7. Date of Delivery  
 9/29/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102505-08-8-0228 Domestic Return Receipt

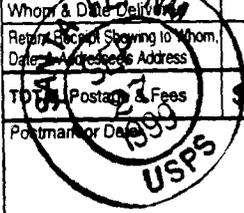
Thank you for using Return Receipt Service.

Z 559 541 929

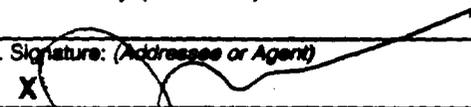
US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
*Do not use for International Mail (See reverse)*  
Bureau of Land Management  
Roswell District  
2909 West Second St.  
Roswell, NM 88201  
ATTN: Armando Lopez

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees \$	
Postmark or Date	

PS Form 3800, April 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, 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Bureau of Land Management Roswell District 2909 West Second St. Roswell, NM 88201 ATTN: Armando Lopez		4a. Article Number Z 559 541 929	
		4b. Select one or more: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 9-29	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) 			

Thank you for using Return Receipt Service.

Z 559 541 930

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Kaiser-Francis

11722 West Highway 80 East

Odessa, TX 79765

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

SEP 27 1999 USPS

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):

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

Consult postmaster for fee.

3. Article Addressed to:

Kaiser-Francis  
11722 West Highway 80 East  
Odessa, TX 79765

4a. Article Number

Z 559 541 930

4b. Service Type

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

7. Date of Delivery

9-30-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

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

Thank you for using Return Receipt Service.

Z 559 541 934

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse).  
Nadel and Gussman  
601 North Marienfeld, Ste.508  
Midland, TX 79701

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date & Addressee's Address	
Total Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

SEP 1999  
USPS

**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:  
Nadel and Gussman  
601 North Marienfeld, Ste.508  
Midland, TX 79701

4a. Article Number  
Z 559 541 934

4b. Service type

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

7. Date of Delivery  
9-30-99 SLP

5. Received By: (Print Name)

8. Signature: (Addressee or Agent)  
X Justin Deuman

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 559 541 933

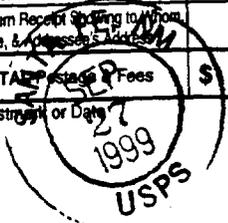
US Postal Service  
**Receipt for Certified Mail**

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

**Manzano Oil Corporation**  
P.O. Box 2107  
Roswell, NM 88202

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	APR 27 1999

PS Form 3800 April 1995



<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to:</p> <p><b>Manzano Oil Corporation</b> P.O. Box 2107 Roswell, NM 88202</p>
<p>5. Received By: (Print Name)</p>	<p>7. Date of Delivery</p>
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>[Signature]</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>

PS Form 3811, December 1994

102505-00-0-0220 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 932

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Rodney B. Webb dba  
Webb Oil Company  
P.O. Box 1124  
Artesia, NM 88211-1124

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

PS Form 3800, April 1995

SALES OFFICE  
APR 27 1999  
USPS

■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: Rodney B. Webb dba Webb Oil Company P.O. Box 1124 Artesia, NM 88211-1124
5. Received By: (Print Name) S. R. H. H. WEBB	7. Date of Delivery 4-30-99
6. Signature: (Addressee or Agent) X <i>Rodney B. Webb</i>	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.