

KELLAHIN AND KELLAHIN
ATTORNEYS AT LAW
EL PATIO BUILDING
117 NORTH GUADALUPE
POST OFFICE BOX 2265
SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED (1991))

April 7, 2000

TO: NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:

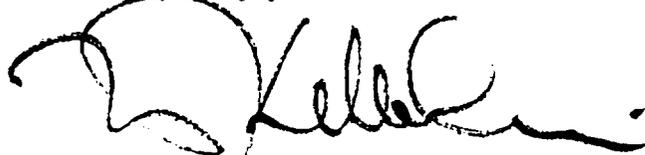
*Re: Application of Santa Fe Snyder Corporation
for compulsory pooling
Lea County, New Mexico*

On behalf of Santa Fe Snyder Corporation, please find enclosed the referenced application for compulsory pooling which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for 8:15 AM on May 4, 2000. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, April 28, 2000, with a copy delivered to the undersigned.

Very truly yours,



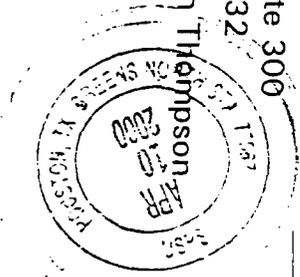
W. Thomas Kellahin

**cc: BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED
to all parties listed in application**

Santa Fe Snyder
April 28, 2000
4/6/00

Southwestern Energy
Production Company
2350 N Sam Houston
Parkway East Suite 300
Houston, TX 77032

Attn: Samuel Glenn Thompson



COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Stacy Adams</i>	B. Date of Delivery <i>4/10/00</i>
C. Signature <i>Stacy Adams</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
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 type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
2 2131506 100

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999