

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

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDENWERT
TANYA M. TROJILLO
JACK M. CAMPBELL
916-999

JEFFERSON PLACE
SUITE 1110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofdecos.com

August 16, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Bass Enterprises Production Co.
201 Main Street, Suite 3100
Fort Worth, TX 76102

Attention: Wayne Bailey

***Re: Application of Texaco Exploration and Production Inc. for an
unorthodox gas well location, Eddy County, New Mexico***

Gentlemen:

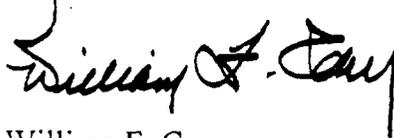
This letter is to advise you that Texaco Exploration and Production Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking authority to drill its proposed Cotton Draw Unit Well No. 89 at an unorthodox gas well location 250 feet from the South line and 1980 feet from the East line of Section 3, Township 25 South, Range 31 East, NMPM, Eddy County, New Mexico to test the Wolfcamp formation, Undesignated Big Sinks-Wolfcamp Gas Pool. A standard 319.38-acre gas spacing and proration unit comprised of Lots 1 and 2, S/2 NE/4, and SE/4 (E/2 Equivalent) of said Section 3 will be dedicated to the well.

This application has been set for hearing before a Division Examiner on September 7, 2000. 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.

Texaco Exploration and Production, Inc.
 August 16, 2000
 Page 2

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr
 Attorney for Texaco Exploration
 and Production Inc.

WFC/md

Enclosure

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:

tion Inc.

Postage	\$ 1.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

WFC
 ENARG
 BANTU
 11355

Mr. Wayne Bailey
 Bass Enterprises Production Co.
 201 Main Street, Suite 3100
 Fort Worth, TX 76102

SENDER:
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Mr. Wayne Bailey
 Bass Enterprises Production Co.
 201 Main Street, Suite 3100
 Fort Worth, TX 76102

TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE

RECEIVED BY SIGNATURE AND DATE

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *David Shaw*
 Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **7099 3220 0005 9420 1162**

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

MICHAEL B. CAMPBELL
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FACSIMILE (505) 983-6043
E-MAIL: law@westofpecos.com

August 16, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Concho Resources, Inc.
110 W. Louisiana, Suite 410
Midland, TX 79701

Attention: Mike Gray

***Re: Application of Texaco Exploration and Production Inc. for an
unorthodox gas well location, Eddy County, New Mexico***

Gentlemen:

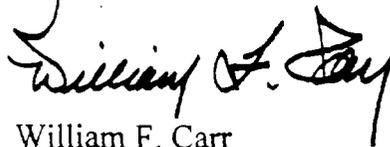
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Texaco Exploration and Production, Inc.
 August 16, 2000
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Very truly yours,



William F. Carr
 Attorney for Texaco Exploration
 and Production Inc.

WFC/md

Enclosure

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

tion Inc.

Article Sent To:		SENDER	ACTION ON DELIVERY	
Postage	\$ 1.55	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Mr. Mike Gray Concho Resources, Inc. 110 W. Louisiana, Suite 410 Midland, TX 79701	A. Received by (Please Print Clearly)	B. Date of Delivery
Certified Fee	1.40		C. Signature	<input type="checkbox"/> Agent
Return Receipt Fee (Assessment Required)	1.25		x <i>W. Carr</i>	<input type="checkbox"/> Addressee
Restricted Delivery Fee (Assessment Required)			D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Postage & Fees	\$ 3.20		If YES, enter delivery address below:	
Mr. Mike Gray Concho Resources, Inc. 110 W. Louisiana, Suite 410 Midland, TX 79701		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? Extra Fee <input type="checkbox"/> Yes		

2. Article Number (Copy from service label)

7099 3220 0005 9420 1155

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7090 0220 0005 9420 0349

Article Sent To: **WJ**

Postage \$ 1.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

POST OFFICE: SANTA FE, NM
JUL 10 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Betty Jo Bryan Bradshaw
P.O. Box 761
Placitas, NM 87043

SECTION ON DELIVERY

A. Received by (Please Print Clearly): Julie Ann York B. Date of Delivery: 7-10-99

C. Signature: [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0349

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7090 0246 0005 9420 0354

Article Sent To:

Postage \$ 1.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

POST OFFICE: SANTA FE, NM
JUL 10 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Thomas E. Bryan
5535 Columbia Pike, Apt # 310
Arlington, VA 22201

SECTION ON DELIVERY

A. Received by (Please Print Clearly): [Signature] B. Date of Delivery: 7-10-99

C. Signature: [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0354

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7090 0246 0005 9420 0363

Article Sent To:

Postage \$ 1.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

POST OFFICE: SANTA FE, NM
JUL 10 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Ballard E. Spencer, Trust
First National Bank of Artesia
P.O. Drawer AA
Artesia, NM 88211

SECTION ON DELIVERY

A. Received by (Please Print Clearly): Mike Loman B. Date of Delivery: 8-21-99

C. Signature: [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0363

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7099 3220 0005 9420 0370

Article Sent To: WFC

Postage	\$ 1.55
Carried Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Post Office: OFFICE EXPRESS SAN ALBUQUERQUE

Address:
J. A. Fairey Irrevocable Trust
First National Bank of Artesia
P.O. Drawer AA
Artesia, NM 88211

SENDER
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. A. Fairey Irrevocable Trust
First National Bank of Artesia
P.O. Drawer AA
Artesia, NM 88211

SECTION ON DELIVERY
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

A. Received by (Please Print Clearly) Phyllis Law B. Date of Delivery 9-22-99

C. Signature X Phyllis Law Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0370

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7099 3220 0005 9420 0387

Article Sent To: WFC

Postage	\$ 1.55
Carried Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Post Office: OFFICE EXPRESS SANTA FE

Address:
Wallace Merchant Trust
Route 4 Box 217
Huntsville, AR 72740

SENDER
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wallace Merchant Trust
Route 4 Box 217
Huntsville, AR 72740

SECTION ON DELIVERY
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

A. Received by (Please Print Clearly) LOUISE MERCHANT B. Date of Delivery 8/10/00

C. Signature X Louise Merchant Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0387

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7099 3220 0005 9420 0394

Article Sent To: WFC

Postage	\$ 1.55
Carried Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Post Office: OFFICE EXPRESS SANTA FE

Address:
Harriet Justice Cochran
P.O. Box 128
Artesia, NM 88210

SENDER
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Harriet Justice Cochran
P.O. Box 128
Artesia, NM 88210

SECTION ON DELIVERY
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

A. Received by (Please Print Clearly) SPURLENE RUPRECHT B. Date of Delivery 9/22/99

C. Signature X Spurlene Ruprecht Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0394

PS Form 3811, July 1999 Domestic Return Receipt 02595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WFC 58.411

7099 3220 0005 9420 0400

Postage \$ 1.55
 Certified Fee 1.40
 Return Receipt Fee (Postage Required) 1.25
 Restricted Delivery Fee (Postage Required)
 Total Postage & Fees \$ 3.20

Don R. Merchant
 6922 Airoso Avenue
 San Diego, CA 92120

SENDER: C
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

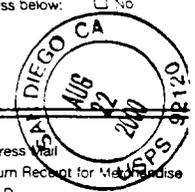
1. Article Addressed to:
 Don R. Merchant
 6922 Airoso Avenue
 San Diego, CA 92120

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

ON ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

Signature: Don R. Merchant
 Agent
 Addressee
 Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7099 3220 0005 9420 0400