BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF SOUTHWESTERN ENERGY PRODUCTION COMPANY FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 12,500**

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing them, by certified mail, a copy of the Application. Copies of the notice letters and certified return receipt are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 14th day of November, 2000, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 6
CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

September 14, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Southwestern Energy Production Company, regarding the N½ of Section 31, Township 17 South, Range 28 East, NMPM, Eddy County, New Mexico. This application will be heard at 8:15 a.m. on Thursday, October 5, 2000, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce
Attorney for Southwestern
Energy Production Company

EXHIBIT A

Atlantic Richfield Company
P.O. Box 1600
Midland, Texas 79702

Marbob Energy Corporation
P.O. Box 227
Artesia, New Mexico 88211

Pitch Energy Corporation
P.O. Box 304
Artesia, New Mexico 88211

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Bellwether Exploration Company
Suite 1600
1221 Lamar
Houston, Texas 77010

Pure Energy Group, Inc.
Suite 1925
700 North St. Mary's Street
San Antonio, Texas 78205

Clayton Williams Energy, Inc.
Suite 6500
6 Desta Drive
Midland, Texas 79705

Mark B. and Janet L. Heinen
Suite 6500
6 Desta Drive
Midland, Texas 79705

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

OXY USA Inc.
P.O. Box 50250
Midland, Texas 79710

Scott E. Wilson
Suite 1220
500 West Texas
Midland, Texas 79701

Richard K. Barr
Suite 1220
500 West Texas
Midland, Texas 79701

Sharon Aston Olsen, Trustee U/T/A dated 7/31/81
P.O. Box 7296
Laguna Niguel, California 92677

Charles A. Aston, III
Valerie Kobal
Ellen Paull
Audrey Bean
c/o Oil & Gas Trust Department
NationsBank of Texas, N.A.
P.O. Box 830308
Dallas, Texas 75283

Aston Family Limited Partnership
P.O. Box 1090
Roswell, New Mexico 88202

The First National Bank of Chicago,
Agent for the Aston Partnership
Suite 1211
8150 North Central Expressway
Dallas, Texas 75206

Sacramento Partners Limited Partnership
c/o Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

International Bank of Commerce,
Trustee for Vilas P. Sheldon
630 East Elizabeth Street
Brownsville, Texas 78521

Joan A. Hudson
8053 San Vista Circle
Naples, Florida 33942

Jonel Susan Grasso Howard
11 Ocean Ridge
Laguna Niguel, California 92677

Jane Ann Hudson Davis
P.O. Box 2660
Ruidoso, New Mexico 88345

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; Jonel Susan Grasso Howard
11 Ocean Ridge
Laguna Niguel, California 92677

City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9200

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:

Aston Family Limited Partnership
P.O. Box 1090
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Deborah L Golinski — B. Date of Delivery 9-16-00

C. Signature — X Deborah L Golinski — ☒ Agent ☐ Addressee

D. 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 9418 9156

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, . 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:

Jonel Susan Grasso Howard
11 Ocean Ridge
Laguna Niguel, California 92677

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Pr. learly)* — B. Date of Delivery

C. Signature — X Jonel Howard — ☐ Agent ☐ Addressee

D. 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 9418 9200

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Name (Pleas Aston Family Limited Partnership
P.O. Box 1090
Street, Apt. Roswell, New Mexico 88202

City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9156

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

7099 3220 0005 9418 9019

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Pitch Energy Corporation
Street, Apt. No P.O. Box 304
Artesia, New Mexico 88211
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

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:

Richard K. Barr
Suite 1220
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 9-18-00

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. 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 9418 9125

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Pitch Energy Corporation
P.O. Box 304
Artesia, New Mexico 88211

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* MISTI McLURG | B. Date of Delivery: 9-19-00

C. Signature
X Misti McLurg ☑ Agent ☐ Addressee

D. 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 9418 9019

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

7099 3220 0005 9418 9125

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Pri
Richard K. Barr
Suite 1220
Street, Apt. No.; 500 West Texas
Midland, Texas 79701
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

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

Article Sent To:

Postage	$ .33
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.08**

Postmark Here

Name (Please: Pure Energy Group, Inc.
Suite 1925
Street, Apt. N: 700 North St. Mary's Street
San Antonio, Texas 78205
City, State, ZIP+ 4

7099 3220 0005 9418 9064

PS Form 3800, July 1999 **See Reverse for Instructions**

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:

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

D. 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 9418 9095

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Pure Energy Group, Inc.
Suite 1925
700 North St. Mary's Street
San Antonio, Texas 78205

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9/18/2000

C. Signature
X ☐ Agent ☐ Addressee

D. 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 9418 9064

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .33
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.08**

Postmark Here

Name (Please P: Occidental Permian Ltd.
P.O. Box 4294
Street, Apt. No.,: Houston, Texas 77210
City, State, ZIP+ 4

7099 3220 0005 9418 9095

PS Form 3800, July 1999 **See Reverse for Instructions**

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

Article Sent To:

Postage	$ .33
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.25**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
International Bank of Commerce,
Trustee for Vilas P. Sheldon
Street, Apt. No., or PO Box No.
630 East Elizabeth Street
Brownsville, Texas 78521
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9194

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:

Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9-15

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. 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 9418 9033

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

International Bank of Commerce.
Trustee for Vilas P. Sheldon
630 East Elizabeth Street
Brownsville, Texas 78521

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☑ Agent ☐ Addressee

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

BROWNSVILLE, TX SEP 13 2000 78521

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 9418 9194

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .33
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.08**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Louis Dreyfus Natural Gas Corp.
Suite 600
Street, Apt. No., or PO Box No. 14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9033

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

Article Sent To:

Postage	$ .55
Certified Fee	1.60
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$** 3.40

Postmark Here — USPS SEP 14 2000 SANTA FE NM 87504

Name (Please: Mark B. and Janet L. Heinen
Street, Apt. N: Suite 6500
6 Desta Drive
City, State, ZIP+ 4: Midland, Texas 79705

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9088

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:

Clayton Williams Energy, Inc.
Suite 6500
6 Desta Drive
Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Jan Russell — B. Date of Delivery: 9-18-00

C. Signature: X Jan Russell ☐ Agent ☐ Addressee

D. 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 9418 9071

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Mark B. and Janet L. Heinen
Suite 6500
6 Desta Drive
Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Jan Russell — B. Date of Delivery: 9-18-00

C. Signature: X Jan Russell ☐ Agent ☐ Addressee

D. 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 9418 9088

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .55
Certified Fee	1.60
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$** 3.40

Postmark Here

Name (Pl: Clayton Williams Energy, Inc.
Street, A: Suite 6500
6 Desta Drive
City, State, ZIP+ 4: Midland, Texas 79705

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9071

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

7099 3220 0005 9418 9101

Article Sent To:

Postage	$ .55
Certified Fee	1.60
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.40

Postmark Here

Name (Plea *ır)*
OXY USA Inc.
Street, Apt. P.O. Box 50250
Midland, Texas 79710
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

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:

c/o Oil & Gas Trust Department
NationsBank of Texas, N.A.
P.O. Box 830308
Dallas, Texas 75283

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery SEP 18 2000

C. Signature
X ☐ Agent ☐ Addressee

D. 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 9418 9169

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

OXY USA Inc.
P.O. Box 50250
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* ARNIE HERRERA B. Date of Delivery

C. Signature
X SEP 18 2000 ☑ Agent ☐ Addressee

D. 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 9418 9101

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

7099 3220 0005 9418 9149

Article Sent To:

Postage	$ .55
Certified Fee	1.60
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.40

Postmark Here

Name (Please Print Clearly) (To be c/o Oil & Gas Trust Department
Street, Apt. NationsBank of Texas, N.A.
P.O. Box 830308
Dallas, Texas 75283
City, State,

PS Form 3800, July 1999 **See Reverse for Instructions**

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

Article Sent To:

Postage	$ .53
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Sacramento Partners Limited Partnership
c/o Yates Petroleum Corporation
Street, 105 South Fourth Street
Artesia, New Mexico 88210
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9170

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:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
9-18-00

C. Signature
X Jo Ann Driggers ☐ Agent ☑ Addressee

D. 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 9418 9040

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Sacramento Partners Limited Partnership
c/o Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
9-18-00

C. Signature
X Jo Ann Driggers ☐ Agent ☐ Addressee

D. 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 9418 9170

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .53
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Print Clearly) (To be
Yates Petroleum Corporation
Street, Apt. 105 South Fourth Street
Artesia, New Mexico 88210
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9040

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

Article Sent To:

Postage	$ .55
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.30**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Street, Apt. No.: Scott E. Wilson, Suite 1220, 500 West Texas
City, State, ZIP+ 4: Midland, Texas 79701

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9118

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:

Marbob Energy Corporation
P.O. Box 227
Artesia, New Mexico 88211

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Misti McClurg — B. Date of Delivery: 9-15-00

C. Signature: x Misti McClurg — ☒ Agent ☐ Addressee

D. 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 9418 9002

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Scott E. Wilson
Suite 1220
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 9-16-00

C. Signature: x [signature] — ☐ Agent ☐ Addressee

D. 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 9418 9118

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .55
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.30**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Street, Apt. No.: Marbob Energy Corporation, P.O. Box 227
City, State, ZIP+ 4: Artesia, New Mexico 88211

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9002

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Joan A. Hudson
Street, Apt. 8053 San Vista Circle
Naples, Florida 33942
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9187

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:

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
M. WILLIAMS SEP 19 2000

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. 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 9418 9026

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Joan A. Hudson
8053 San Vista Circle
Naples, Florida 33942

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Joan A. Hudson 9/18/00

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. 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 9418 9187

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Marathon Oil Company
Street, Apt. P.O. Box 552
Midland, Texas 79702
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9026

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Bellwether Exploration Company
Suite 1600
Street, Apt. N 1221 Lamar
Houston, Texas 77010
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 9057

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:

Bellwether Exploration Company
Suite 1600
1221 Lamar
Houston, Texas 77010

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

D. 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 9418 9057

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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:

Atlantic Richfield Company
P.O. Box ~~1600~~ 1610
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
SEP 18 2000

C. Signature
X ☐ Agent ☐ Addressee

D. 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 9418 8999

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-99-M-1789

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

Article Sent To:

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 3.20**

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
Atlantic Richfield Company
Street, Apt. N P.O. Box 1600
Midland, Texas 79702
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**

7099 3220 0005 9418 8999

7099 3220 0005 9418 9132

Postage	$ 1.59
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 6.04**

Postmark Here

Name (Please Print) (To be completed by mailer)
Sharon Aston Olsen, Trustee
P.O. Box 7296
Street, Apt. Laguna Niguel, California 92677
City, State, ZIP+4

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

CERTIFIED MAIL

7099 3220 0005 9418 9132

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

1ST NOTICE

Sharon Aston Olsen, Trustee
P.O. Box 7296
Laguna Niguel, California 92677

RETURN TO SENDER
UNDELIVERABLE

7000 0520 0019 0382 3329

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL

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

1ST NOTICE
2ND NOTICE
RETURN

UNCLAIMED

UNCLAIMED

Jane Ann Hudson Davis
P.O. Box 2660
Ruidoso, New Mexico 88345

NOTICE 9-18
NOTICE 9-23
RNED 10-3

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

Postage	$ 3.22
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Street, Apt.# Jane Ann Hudson Davis P.O. Box 2660
City, State, ZIP+ 4 Ruidoso, New Mexico 88345

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0019 0382 3329

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

October 7, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Aston Partnership
c/o Gale Cotton
Mineral Resources
P.O. Box 515792
Dallas, Texas 75251

Sharon Aston Olsen, Trustee
U/T/A dated 7/31/81
P.O. Box 357
Rimrock, Arizona 86335

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Southwestern Energy Production Company, regarding the N½ of Section 31, Township 17 South, Range 28 East, NMPM, Eddy County, New Mexico. This application will be heard at 8:15 a.m. on Thursday, October 19, 2000, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Southwestern
Energy Production Company

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

7000 0600 0025 0308 3873

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Sharon Aston Olsen, Trustee
U/T/A dated 7/31/81
Street, Apt. No.; or PO Box No. P.O. Box 7357
City, State, ZIP+4 Rimrock, Arizona 86335

PS Form 3800, February 2000 See Reverse for Instructions

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:

Aston Partnership
c/o Gale Cotton
Mineral Resources
P.O. Box 515792
Dallas, Texas 75251

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Gale Cotton ☐ Agent ☒ Addressee

D. 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) 7000 0600 0025 0308 3866

PS Form 3811, July 1999 Domestic Return Receipt SE 102595-00-M-0952

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:

Sharon Aston Olsen, Trustee
U/T/A dated 7/31/81
P.O. Box 7357
Rimrock, Arizona 86335

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Norman Olsen ☐ Agent ☐ Addressee

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

ROCK HILL SC 29735 OCT 11 2000 USPS

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) 7000 0600 0025 0308 3873

PS Form 3811, July 1999 Domestic Return Receipt SEP 102595-00-M-0952

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

7000 0600 0025 0308 3866

Postage	$ 0.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Aston Partnership
c/o Gale Cotton
Street, Apt. No.; or PO Box No. Mineral Resources
P.O. Box 515792
City, State, ZIP+4 Dallas, Texas 75251

PS Form 3800, February 2000 See Reverse for Instructions