

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:

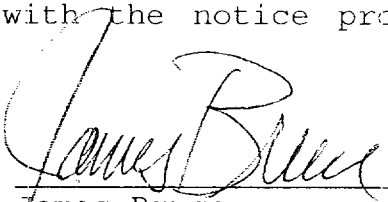
1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

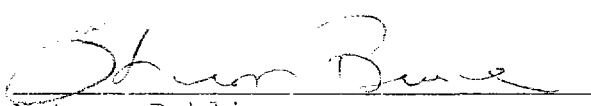
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

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

3104 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

September 14, 2000

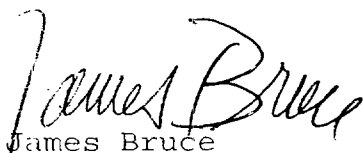
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

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 \$ 3.35
Certified Fee 1.40
Return Receipt Fee 6.85
(Endorsement Required)
Restricted Delivery Fee 3.20
(Endorsement Required)
Total Postage & Fees \$ 20.80

Postmark
Here

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

Jonel Susan Grasso Howard
11 Ocean Ridge
Laguna Niguel, California 92677
City, State, ZIP+4

PS Form 3800, July 1989

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:

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Copy from service label)

1099 3220 0005 9418 9200

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:

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9136

PS Form 3811, July 1999

Domestic Return Receipt SEP

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Deborah L. Goluska

B. Date of Delivery

9-16-00

C. Signature

X *Deborah L. Goluska*

☒ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

Article Sent To:

Postage

\$ 3.35

Certified Fee

1.40

Return Receipt Fee
(Endorsement Required)

6.85

Restricted Delivery Fee
(Endorsement Required)

3.20

Total Postage & Fees

\$ 20.80

Postmark
Here

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

Aston Family Limited Partnership

P.O. Box 1090

Roswell, New Mexico 88202

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	\$ 5.55
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
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:

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
MISTY McLURG 9-14-00
- C. Signature
x MISTY McLURG
- 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)

1099322000594189019

PS Form 3811, July 1999

Domestic Return Receipt

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:

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

2. Article Number (Copy from service label)

1099322000594189125

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Article Sent To:

Postage	\$ 5.55
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)
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	\$ 3.33
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.23
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Postmark
Here

Name (Please Print)
Pure Energy Group, Inc.
Suite 1925
700 North St. Mary's Street
San Antonio, Texas 78205
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:

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9064

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SEP

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9095

PS Form 3811, July 1999

102595-99-M-1789

Domestic Return Receipt

SEP

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

Article Sent To:

Postage	\$
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.23
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Postmark
Here

Name (Please Print)
Occidental Permian Ltd.

P.O. Box 4294

Houston, Texas 77210

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

5606 8746 5000 0222 6602

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

Article Sent To:

Postage	5.00
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	2.25
Restricted Delivery Fee (Endorsement Required)	3.25
Total Postage & Fees	\$ 12.00

Name (Please Print Clearly)
International Bank of Commerce,
Trustee for Vilas P. Sheldon
Street, A/ 630 East Elizabeth Street
Brownsville, Texas 78521
City, State, ZIP+ 4

PS Form 3800, July 1999

See Reverse for Instructions

Postmark
Here

4616 8146 5000 022E 6602

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9033
PS Form 3811, July 1999

Domestic Return Receipt SEP

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Signature
x [Signature] [Signature]
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 ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9194

PS Form 3811, July 1999

Domestic Return Receipt SEP

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature
x [Signature]
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 ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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	\$ 5.00
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	2.25
Restricted Delivery Fee (Endorsement Required)	3.25
Total Postage & Fees	\$ 12.00

Postmark
Here

Name (Please Print Clearly)
Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134
City, State, ZIP+ 4

PS Form 3800, July 1999

See Reverse for Instructions

4616 8146 5000 022E 6602

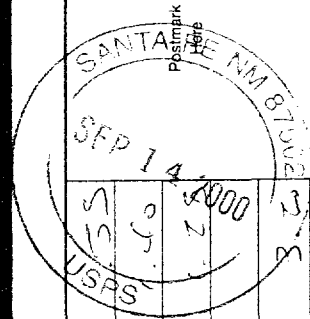
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

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

Name (Please Print) Mark B. and Janet L. Heinen
Suite 6500
6 Desta Drive
Midland, Texas 79705
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:

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

2. Article Number (Copy from service label)

10993220005 9418 9088

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:

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

2. Article Number (Copy from service label)

10993220005 9418 9071

PS Form 3811, July 1999

Domestic Return Receipt SEP

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Jan Russell 9/14/99	9/14/99
C. Signature	☐ Agent
X Jan Russell	☐ 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
-------------------------------------	------------------------------

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

Article Sent To:

Postage	\$	3.33
Certified Fee		1.46
Return Receipt Fee (Endorsement Required)		1.35
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.20

Name (Please Print) Clayton Williams Energy, Inc.
Suite 6500
6 Desta Drive
Midland, Texas 79705

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

7206 8746 5000 022E 6602

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

Article Sent To:

Postage	\$ 3.25
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Total Postage & Fees	\$ 3.25

Postmark
Here

Name (Please Print Clearly) OXY USA Inc.
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:

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9101

PS Form 3811, July 1999

Domestic Return Receipt

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:

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9109

PS Form 3811, July 1999

102595-99-M-1789

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- Received by (Please Print Clearly) B. Date of Delivery
- C. Signature
- D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

Article Sent To:

Postage	\$ 3.25
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.25

Postmark
Here

Name (Please Print Clearly) c/o Oil & Gas Trust Department
NationsBank of Texas, N.A.
Street, Apt. P.O. Box 830308
Dallas, Texas 75283
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	\$ 53
Certified Fee	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.28

Postmark
Here

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

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

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) Date of Delivery
C. Signature
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 9418 9170

PS Form 3811, July 1999

Domestic Return Receipt

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:

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

2. Article Number (Copy from service label)

7099 3220 0005 9418 9040

PS Form 3811, July 1999

Domestic Return Receipt

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	1.50
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.28

Postmark
Here

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

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
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	\$ 5.50
Certified Fee	1.50
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)

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

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

2. Article Number (Copy from service label)

10993220005918918

PS Form 3811, July 1999

Domestic Return Receipt

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:

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

2. Article Number (Copy from service label)

1099322000594189002

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

9-18-00

C. Signature

X [Signature]

Agent

Addressee

Yes

No

If YES, enter delivery address below:

3. Service Type

Certified Mail

Express Mail

Registered

Insured Mail

C.O.D.

Return Receipt for Merchandise

Restricted Delivery? (Extra Fee)

Yes

No

2. Article Number (Copy from service label)

109932200059418918

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

9-18-00

C. Signature

X [Signature]

Agent

Addressee

Yes

No

If YES, enter delivery address below:

3. Service Type

Certified Mail

Express Mail

Registered

Insured Mail

C.O.D.

Return Receipt for Merchandise

Restricted Delivery? (Extra Fee)

Yes

No

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

Article Sent To:

Postage

\$ 5.50

Certified Fee

1.50

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 3.20

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

Marbob Energy Corporation

P.O. Box 227

Artesia, New Mexico 88211

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	\$ 1.55
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 addressee)
Joan A. Hudson
8053 San Vista Circle
Street Apt. Naples, Florida 33942
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:

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 7/11/99
- C. Signature X H. Hudson
- 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)

1099 3220 0005 9418 9181

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:

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

2. Article Number (Copy from service label)

1099 3220 0005 9418 9026

PS Form 3811, July 1999

102595-99-M-1789

Domestic Return Receipt SEP

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
Marathon Oil Company SEP 19 2000
- C. Signature B. Michael
- 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

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

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

Postmark
Here

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

Marathon Oil Company
P.O. Box 552
Street, Apt. Midland, Texas 79702
City, State, ZIP+ 4

See Reverse for Instructions

PS Form 3800, July 1999

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) Bellwether Exploration Company
Suite 1600
1221 Lamar
Street, Apt. N Houston, Texas 77010
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:

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)

1099 3220 0005 94189057

PS Form 3811, July 1999

Domestic Return Receipt

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
Midland, Texas 79702

2. Article Number (Copy from service label)

1099 3220 0005 94188999

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

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
P.O. Box 1600
Street, Apt. N Midland, Texas 79702
City, State, ZIP+ 4

PS Form 3800, July 1999 See Reverse for Instructions

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

1ST NOTICE
 9/27

7099 3220 0005 9418

Name (Please Print)
 Sharon Aston Olsen, Trustee
 P.O. Box 7296
 Laguna Niguel, California 92677

City, State, ZIP-4

Postage	\$ 3.20
Certified Fee	\$ 1.40
Return Receipt Fee (Endorsement Required)	\$ 1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.35

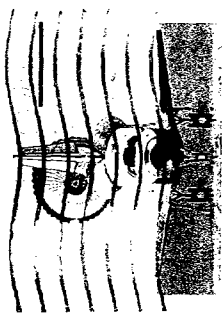
Postmark
 Here

7099 3220 0005 9418 9132



CERTIFIED MAIL

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



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

RETURN TO SENDER
 UNDELIVERABLE

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

7000 0520 0019 0382 3329

Postage	\$ 5.50
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Jane Ann Hudson Davis

Street, Apt. # P.O. Box 2660

Ruidoso, New Mexico 88345

City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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

9-18
9-23
10-3

UNCLAIMED

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

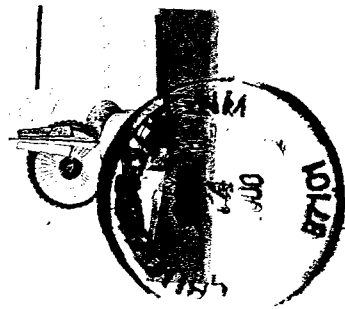
CERTIFIED MAIL

UNCLAIMED

JES BRUCE
JRNAY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

RETURN
2ND NOTICE
1ST NOTICE



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

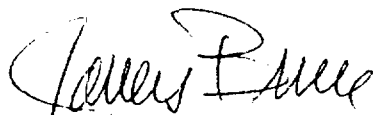
Aston Partnership
c/o Gale Cotton
Mineral Resources
P.O. Box 515792
Dallas, Texas 75251

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 N $\frac{1}{4}$ 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)

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 Name) / by mailer)
Sharon Aston Olsen, Trustee
U/T/A dated 7/31/81
P.O. Box 7357
Rimrock, Arizona 86335
City, State, Zip+4

PS Form 3800, February 2000
See Reverse for Instructions

7000 0090 0000 5200 8000 3873

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:

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

2. Article Number (Copy from service label)
7000 0600 0025 0308 3866

PS Form 3811, July 1999
Domestic Return Receipt 5E
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) /y/ B. Date of Delivery

C. Signature
X *Hair Cotton* Agent

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

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:

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 Name) /y/ B. Date of Delivery

C. Signature
X *Norman Olsen* Agent

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)
7000 0600 0025 0308 3873

PS Form 3811, July 1999
Domestic Return Receipt 5E
102595-00-M-0952

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

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 Name) /y/ by mailer)
Aston Partnership
c/o Gale Cotton
Mineral Resources
P.O. Box 515792
Dallas, Texas 75251
City, State, Zip+4

PS Form 3800, February 2000
See Reverse for Instructions

7000 0090 0000 5200 8000 3866