
 OFFICIAL SEAL  
 Lynda Kellahin  
 NOTARY PUBLIC  
 STATE OF NEW MEXICO  
 My Commission Expires: 6/16/09

**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)

January 23, 2002

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

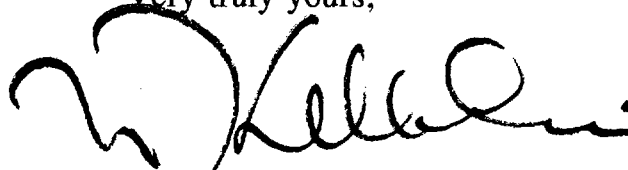
**Re:   *Application of Richardson Production Company  
for Compulsory Pooling  
San Juan County, New Mexico***

On behalf of Richardson Production Company, please find enclosed our application for compulsory pooling for its ROPCO Well No. 9-2 (Unit P) SE/4 Section 9, T29N, R14W, NMPM. This case will be heard at the February 21, 2002 hearing to be held by the New Mexico Oil Conservation Division at the Division hearing room located at the Pinon Building, 1220 South Saint Francis Drive, 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, February 15, 2002, with a copy delivered to the undersigned.

Very truly yours,

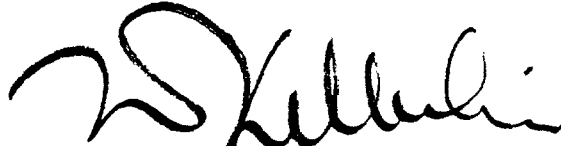
A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over a horizontal line.

W. Thomas Kellahin

NMOCD Application  
Richardson Production Company  
Page 3

(5) For such other and further relief as may be proper.

RESPECTFULLY SUBMITTED:

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over the printed name and address.

W. THOMAS KELLAHIN  
KELLAHIN & KELLAHIN  
P. O. Box 2265  
Santa Fe, New Mexico 87501  
(505) 982-4285

**EXHIBIT "A"**

William A. Hall  
416 North Behrend Avenue  
Farmington, New Mexico 87401

Sherman and Helen Singleton  
2001 East Main  
Farmington, New Mexico 87401

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- P Sherman & Helen Singleton
- A 2001 East Main
- Farmington, Nm 87401

1. P

**COMPLETE THIS SECTION ON DELIVERY**

|   |                                    |
|---|------------------------------------|
| A. Received by (Please Print Clearly)         | B. Date of Delivery                |
| SUGAR SINGLETON 1-25-02                       |                                    |
| C. Signature                                  | <input type="checkbox"/> Agent     |
| (Signature)                                   | <input 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        |

Richardson  
ROPOC Well #9  
February 21, 2002  
1/30/02

2. Article Number (Copy from service label)

7890 1670 0012 8233 1669

102595-00-M-0952

Domestic Return Receipt

PS Form 3811, July 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.
- Att William A Hall
- or 416 North Behrend Ave.
- 1. Arti Farmington, NM 87401

**COMPLETE THIS SECTION ON DELIVERY**

|   |                                    |
|---|------------------------------------|
| A. Received by (Please Print Clearly)         | B. Date of Delivery                |
| William A Hall                                |                                    |
| C. Signature                                  | <input type="checkbox"/> Agent     |
| (Signature)                                   | <input 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        |

Richardson  
ROPOC Well #9  
February 21, 2002  
1/30/02

2. Article Number (Copy from service label)

7000 1670 0012 8233 1676

Domestic Return Receipt

PS Form 3811, July 1999

102595-00-M-0952