



SUBSCRIBED AND SWORN to before this 5<sup>th</sup> day of July 2002 by William F. Carr.

  
Notary Public

My Commission Expires: Aug 23, 2005

**EXHIBIT A**

**APPLICATION OF MALLON OIL COMPANY  
FOR APPROVAL OF A PILOT PROJECT  
INCLUDING UNORTHODOX WELL LOCATIONS  
AND EXCEPTIONS TO DIVISION RULE 104.C(3)  
FOR THE PURPOSE OF ESTABLISHING A PILOT  
PROGRAM IN THE PICTURED CLIFFS AND  
TERTIARY FORMATIONS TO DETERMINE  
PROPER WELL DENSITY REQUIREMENTS  
FOR PICTURED CLIFFS WELLS, RIO ARRIBA  
COUNTY, NEW MEXICO.**

**NOTIFICATION LIST**

El Paso Natural Gas Company  
Post Office Box 1492  
El Paso, Texas 79978

Bayless Grandchildren's Trust  
C/o Tommy Roberts, Trustee  
Post Office Box 129  
Farmington, NM 87499

Mr. Rich Corcoran  
Energen Resources Corporation  
2198 Bloomfield Highway  
Farmington, NM 87401

J. M. Huber Corp.  
11451 Katy Freeway, Suite 400  
Houston, Texas 77079-2001

Robert L. Bayless  
P. O. Box 168  
Farmington, NM 87401

J. M. Huber Corp.  
1900 W LP S  
Houston, Texas 77027

Schalk Development Co.  
P. O. Box 25825  
Albuquerque, NM 87125

Burlington Resources Oil & Gas Co.  
801 Cherry Street  
Fort Worth, Texas 76102

Patrick Hegarty  
Synergy Operating, LLC  
P. O. Box 5513  
Farmington, NM 87499

Richard W. Stout  
Post Office Box 563  
Bristol, Indiana 46507

Robert, Peter and John Simmet  
Simcote, Inc.  
1645 Red Rock Road  
St. Paul, MN 55119-6014

Phillip G. Lux  
54369 Susquehanna Court  
Elkhart, IN 46516

Eugene A. Lehman  
68668 Blanchard Street  
Sturgis, MI 49091

William G. Dedert  
Dedert Corporation  
2000 Governors Drive  
Olympia Fields, IL 60461

Mr. Thurman Velarde  
Jicarilla Apache Nation  
Oil & Gas Administration  
Post Office Box 507  
Dulce, New Mexico 87528

Ken Kamon  
Post Office Box 10589  
Midland, Texas 79702

James R. Conway, Trustee  
912 Cheney  
Marion, OH 43302

Roger R. Mitchell  
113 Cypress Dove Lane  
 Mooresville, NC 28117

Kevin M. Fitzgerald  
66 North Ranch Road  
Littleton, Colorado 80127

Jaco Production Company  
Post Office Box 1807  
Bakersfield, CA 93303

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

**OFFICIAL USE**

wfe/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

Sent To  
 Bayless Grandchildren's Trust  
 c/o Tommy Roberts, Trustee  
 Post Office Box 129  
 Farmington, NM 87499

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+ 4

PS Form 3800, July 1999

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

**OFFICIAL USE**

wfe/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**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:

Robert L. Bayless  
 P. O. Box 168  
 Farmington, NM 87401

2. Article Number (Copy #) 7001 1140 0002 5600 8302

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature Norene Gunle  Agent  Address

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)

**OFFICIAL USE**

wfe/mallon Postage	\$ .80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

- 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:

Burlington Resources Oil & Gas Co.  
 801 Cherry Street  
 Fort Worth, Texas 76102

2. Article Number (Copy #) 7001 1140 0002 5600 8333

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

C. Signature [Signature]  Agent  Address

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)

7001 1140 0002 5600 8345  
 OFFICIAL USE

wfe/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.40
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

**Sent To**  
 James R. Conway, Trustee  
 Street, Apt. No.; or PO Box No. 912 Cheney  
 City, State, ZIP+4 Marion, OH 43302  
 PS Form 3800, July 1999

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

7001 1140 0002 5600 8289  
 OFFICIAL USE

wfe/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.40
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**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:  
 Mr. Rich Corcoran  
 Energen Resources Corporation  
 2198 Bloomfield Highway  
 Farmington, NM 87401

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Audrey Close B. Date of Delivery 6/21/02  
 C. Signature X Audrey D. Close  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 JUN 21 2002  
 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 sender) 7001 1140 0002 5600 8289

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

7001 1140 0002 5600 8401  
 OFFICIAL USE

wfe/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	4.40
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

**Sent To**  
 William G. Dedert  
 Dedert Corporation  
 Street, Apt. No.; or PO Box No. 2000 Governors Drive  
 City, State, ZIP+4 Olympia Fields, IL 60461  
 PS Form 3800, 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 William G. Dedert  
 Dedert Corporation  
 2000 Governors Drive  
 Olympia Fields, IL 60461

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) D. D. D. B. Date of Delivery 6-21-02  
 C. Signature X D. D. D.  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 sender) 7001 1140 0002 5600 8401

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

7001 1140 0002 5600 8265

**OFFICIAL USE**

WFC/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

**Sent To**  
 El Paso Natural Gas Company  
 Post Office Box 1492  
 El Paso, Texas 79978

PS Form 3800

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

7001 1140 0002 5600 8432

**OFFICIAL USE**

WFC/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

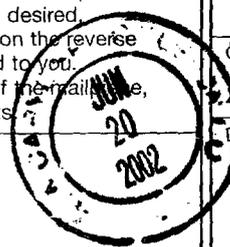
Postmark  
Here

**Sent To**  
 Kevin M. Fitzgerald  
 66 North Ranch Road  
 Littleton, CO 80127

PS Form 3800

**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:  
 Kevin M. Fitzgerald  
 66 North Ranch Road  
 Littleton, CO 80127

2. Article Number (Copy from) **7001 1140 0002 5600 8432**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-1

- 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:  
 Patrick Hegarty  
 Synergy Operating, LLC  
 P. O. Box 5513  
 Farmington, NM 87499

2. Article Number (Copy from) **7001 1140 0002 5600 8340**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Kathy Fitzgerald B. Date of Delivery 6-20-02

C. Signature [Signature]  Agent Address  Yes  No  
 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  No

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

7001 1140 0002 5600 8340

**OFFICIAL USE**

WFC/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

**Sent To**  
 Patrick Hegarty  
 Synergy Operating, LLC  
 P. O. Box 5513  
 Farmington, NM 87499

PS Form 3800

A. Received by (Please Print Clearly) Patrick Hegarty B. Date of Delivery 6-20-02

C. Signature [Signature]  Agent Address  Yes  No  
 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  No

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

OFFICIAL USE

wfc/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

**Sent To** J. M. Huber Corp.  
 11451 Katy Freeway, Suite 400  
 Houston, Texas 77079-2001

Street, Apt. No.;  
or PO Box No.  
City, State, ZIP+ 4

PS Form 3800, 11-98

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

OFFICIAL USE

Postage	\$ .80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Postmark  
Here

**Sent To** J. M. Huber Corp.  
 1900 W LP S  
 Houston, Texas 77027

Street, Apt. No.;  
or PO Box No.  
City, State, ZIP+

PS Form 3800, 11-98

**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:

Jaco Production Company  
 Post Office Box 1807  
 Bakersfield, CA 93303

2. Article Number (Copy fr

7001 1140 0002 5600 8456

**COMPLETE THIS SECTION ON DELIVERY**

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

MARISEL SIGNED 6/24/0

C. Signature  Agent  
 Address

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 Merchand  
 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)

OFFICIAL USE

wfc/mallon Postage	\$ .86
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Post  
H

**Sent To** Jaco Production Company  
 Post Office Box 1807  
 Bakersfield, CA 93303

Street, Apt. No.;  
or PO Box No.  
City, State, ZIP+

PS Form 3800, 11-98

7001 1140 0002 5600 8449  
7001 1140 0002 5600 8388  
7001 1140 0002 5600 8371

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

OFFICIAL USE

wfc/Mailbox Postage	\$ .80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Sent To  
 Ken Kamon  
 Post Office Box 10589  
 Midland, Texas 79702  
 Street, Apt. No.; or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800

**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:  
  
 Ken Kamon  
 Post Office Box 10589  
 Midland, Texas 79702

2. Article Number (Copy from s) **7001 1140 0002 5600 8449**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Ken Kamon** B. Date of Delivery **JUN 25 2002**

C. Signature  
 Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
**P.O. Box 10589**

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)

OFFICIAL USE

wfc/Mailbox Postage	\$ .80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Sent To  
 Eugene A. Lehman  
 68668 Blanchard Street  
 Sturgis, MI 49091  
 Street, Apt. No.; or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800, July 1999

- 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:  
  
 Eugene A. Lehman  
 68668 Blanchard Street  
 Sturgis, MI 49091

2. Article Number (Copy from service) **7001 1140 0002 5600 8388**

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

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

C. Signature  
 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

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

OFFICIAL USE

wfc/Mailbox Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Sent To  
 Phillip G. Lux  
 54369 Susquehanna Court  
 Elkhart, IN 46516  
 Street, Apt. No. or PO Box No.  
 City, State, ZIP  
 PS Form 3800, July 1999

Postmark Here

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

wfc/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**Sent To**  
 Roger R. Mitchell  
 113 Cypress Dove Lane  
 Mooresville, NC 28111

PS Form 3800, 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Roger R. Mitchell  
 113 Cypress Dove Lane  
 Mooresville, NC 28117

2. Article Number (Copy from envelope)  
 7001 1140 0002 5600 8418

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *g/2/02* B. Date of Delivery

C. Signature  
 X *Carol Mitchell*  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)**

wfc/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**Sent To**  
 Schalk Development Co.  
 P. O. Box 25825  
 Albuquerque, NM 87125

PS Form 3800, July 1999

- 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:  
  
 Schalk Development Co.  
 P. O. Box 25825  
 Albuquerque, NM 87125

2. Article Number (Copy from envelope)  
 7001 1140 0002 5600 8326

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

A. Received by (Please Print Clearly) *Steve Schalk* B. Date of Delivery *6/21/02*

C. Signature  
 X *Steve Schalk*  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)**

wfc/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**Sent To**  
 Robert, Peter and John Simmet  
 Simcote, Inc.  
 1645 Red Rock Road  
 St. Paul, MN 55119

PS Form 3800, July 1999

- 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:  
  
 Robert, Peter and John Simmet  
 Simcote, Inc.  
 1645 Red Rock Road  
 St. Paul, MN 55119-6014

2. Article Number (Copy from envelope)  
 7001 1140 0002 5600 8364

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

A. Received by (Please Print Clearly) *Doug Metz* B. Date of Delivery *6/24/02*

C. Signature  
 X *Doug Metz*  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

7001 1140 0002 5600 8357  
7001 1140 0002 5600 8425

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

**OFFICIAL MAIL**

wfc/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**Sent To**  
Richard W. Stout  
Post Office Box 563  
Bristol, Indiana 46507

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard W. Stout  
Post Office Box 563  
Bristol, Indiana 46507

2. Article Number (Copy from sender) 7001 1140 0002 5600 8357

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-09

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Jody Halter B. Date of Delivery 6-21-01

C. Signature Jody Halter  Agent  Address

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)

**OFFICIAL MAIL**

wfc/mallon Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

**Sent To**  
Mr. Thurman Velarde  
Jicarilla Apache Nation  
Oil & Gas Administration  
Post Office Box 507  
Dulce, NM 87528

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Thurman Velarde  
Jicarilla Apache Nation  
Oil & Gas Administration  
Post Office Box 507  
Dulce, NM 87528

2. Article Number (Copy from sender) 7001 1140 0002 5600 8425

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-09

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Christina Vigil B. Date of Delivery 6/21/01

C. Signature Christina Vigil  Agent  Address

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



7001 1140 0002 5600 8319

**HOLLAND & HART LLP**  
ATTORNEYS AT LAW

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH BOADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

J.M. Huber Corp.  
1900 W LP 8  
Houston, Texas 77027

**RETURNED TO SENDER**  
**UNDENYABLE AS ADDRESSED.**  
**FORWARDING CHARGES EXPIRED.**

**RETURNED TO SENDER**  
**UNDENYABLE AS ADDRESSED.**  
**FORWARDING CHARGES EXPIRED.**

**RETURN RECEIPT**  
**REQUESTED**