

February 25, 1991

CERTIFIED MAIL

<p>TO: All Working Interest Owners Unleased Mineral Owners Royalty Owners not Subject to Pooling Clauses (See attached Exhibit "A")</p>	<p>RE: Compulsory Pooling T30N-R12W, Sec. 24: E1/2 T30N-R11W, Sec. 19: N1/2 San Juan Co., New Mexico</p>
---	---

To Whom It May Concern:

You are hereby notified that on February 25, 1991, Maralex Resources, Inc. filed an Application with the State of New Mexico Energy, Minerals and Natural Resources Department, Oil Conservation Division for an order authorizing the compulsory pooling under Section 70-2-17 NMSA 1978, as amended, of uncommitted owners of interests in the captioned spacing units. Our records indicate that you own an uncommitted interest in one of the captioned spacing units.

Maralex proposes to locate a possible re-entry or new well in the NE1/4 of Section 24, Township 30 North, Range 12 West and a new well in the NE1/4 of Section 19, Township 30 North, Range 11 West. Both wells will be drilled to a depth sufficient to test the Basin Fruitland Coal Formation and the pooling shall cover from the surface to the base of the Basin Fruitland Coal Formation.

You are further notified that the matter will be heard by the State of New Mexico Energy, Minerals and Natural Resources Department, Oil Conservation Division, 310 Old Santa Fe Trail, Santa Fe, New Mexico 87503 on Thursday, the 21st of March, 1991 at 8:15 A. M. Failure to appear at that time will preclude you from contesting at a later date.

<p>BEFORE EXAMINER STOGNER OIL CONSERVATION DIVISION</p>
<p>EXHIBIT NO. _____</p>
<p>CASE NO. <u>10274</u></p>
<p style="text-align: center;"><u>275</u></p>

Sincerely,

Jennifer Ritcher
 Landman

EXHIBIT "A"

Attached to and made a part of that certain Letter dated February 25, 1991, from Maralex Resources, Inc.

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

N1/2 Section 19, T30N-R11W

El Paso Production Company
c/o Meridian Oil Inc.
3535 East 30th St.
P. O. Box 4289
Farmington, New Mexico 87499-4289

Caprock Energy Company
P. O. Drawer 208
Aztec, New Mexico 87410
Norman L. Gilbreath

Koch Exploration Company
P. O. Box 2256
4111 E. 37th Street N.
Wichita, Kansas 67220

Snyder Operating Partnership, L. P.
1801 California Street, Suite 3500
Denver, Colorado 80202

Thomas M. & Donita Fisher
P. O. Box 188
Shiprock, New Mexico 87420

Cecil C. Cast & Gladys Cast
P. O. Box 1717
Bloomfield, New Mexico 87413

Clement Koogler, Elise Koogler, Josephine Koogler
307 Animas
Aztec, New Mexico 87410

Henry J. Young, Jr. and Walta Grace Young
P. O. Box 92
Aztec, New Mexico 87410

Bradley H. Keyes & Margaret N. Keyes Trust c/o Lonnie R.
Cunningham, Trustee
29 County Road 3008
Aztec, New Mexico 87410

E1/2 Section 24, T30N-R12W

Norman L. Gilbreath & Loretta E. Gilbreath
P. O. Drawer 208
Aztec, New Mexico 87410

Mesa Limited Partnership P. O. Box 2009
One Mesa Square
Amarillo, Texas 79189-2009
Attn: Hank Wood

Texaco Exploration and Production, Inc.
P. O. Box 2100
4601 DTC Blvd.
Denver, Colorado 80237
Attn: Chuck Snure

Southland Royalty
El Paso Production Company
c/o Meridian Oil Inc.
3535 East 30th St.
P. O. Box 4289
Farmington, New Mexico 87499-4289
Attn: Kent Beers

Glen Dial, Jr.
P. O. Box 15074
Lakewood, Colorado 80215

Enid M. Neibaur Price
Address Unknown

Denver and Rio Grande Western Railroad
c/o The Anschutz Corporation
555 17th Street
Denver, Colorado 80202
Attn: Pam Kalstrom

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Thomas M. & Donita Fisher
P. O. Box 188 Shiprock, New Mexico
87420

4. Article Number
P 685 520 509

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Tom Fisher*

6. Signature - Agent
X

7. Date of Delivery
3/1/91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Snyder Operating Partnership, L.P.
1801 California Street, Suite 3500
Denver, CO 80202

4. Article Number
P 685 520 511

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Shelley Headland*

7. Date of Delivery
FEB 27 1991

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Koch Exploration Company
P.O. Box 2256
4111 E. 37th Street N.
Wichita, KS 67220
Attn: Janet Kruse

4. Article Number
P 685 520 508

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Janet Kruse*

6. Signature - Agent
X

7. Date of Delivery
2-28-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Caprock Energy Company
P. O. Drawer 208
Aztec, New Mexico 87410

4. Article Number
P 685 520 507

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Donita Gekrenth*

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
El Paso Production Company
c/o Meridian Oil Inc.
3535 E. 30th Street
P. O. Box 4289
Farmington, New Mexico 87499-4289

4. Article Number
P685 520 506

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

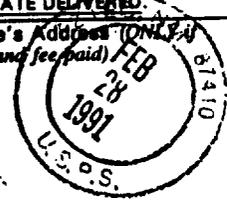
6. Signature - Agent
X

7. Date of Delivery
3-1-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

EXHIBIT "9"



Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to as the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Bradley H. Keyes & Margaret N. Keyes Trust 90 Lonnie Cunningham Trust 29 County Road 3008 Aztec, New Mexico 87410		4. Article Number P 685 520 542	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X J.R. Cunningham		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-6-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN REC

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to as the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Henry James Young, Jr. & Walter Young P. O. Box 92 Aztec, New Mexico 87410		4. Article Number P 685 520 549	
5. Signature - Addressee X Henry J. Young		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-4-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

DOMESTIC RETURN REC

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to as the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Clement Koogler, Elise Koogler & Josephine Koogler 307 Animas Aztec, New Mexico 87410		4. Article Number P 685 520 521	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X [Signature]		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-6-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

DOMESTIC RETURN REC

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to as the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Cecil C. & Gladys Cast P. O. Box 1717 Bloomfield, New Mexico 87413		4. Article Number P 449 724 055	
5. Signature - Addressee X Gladys Cast		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid) Box 1717 Bloomfield NM 87413	

PS Form 3811, Apr. 1989

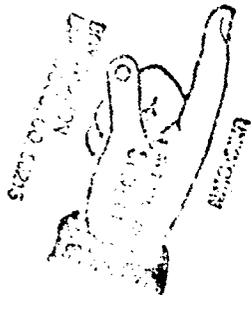
DOMESTIC RETURN REC

MARALEX
Resources, Inc.

18 17th St., Suite 1030
Denver, Colorado 80202

RETURN RECEIPT
REQUESTED

Glen Dial, Jr.
P.O. Box 15074
Lakewood, CO 80215



Fold at line over top of envelope to the right of the return address.

CERTIFIED MAIL

P 685 520 513

EXHIBIT

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Denver + Rio Grande Western Railroad 90 Anschutz Corp., Suite 2400 555 17th St. Denver CO 80202		4. Article Number P 685 520 512	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2/27/91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Southland Royalty El Paso Production Co Meridian Oil, Inc. 3535 E. 30th St. Box 4289 Farmington, NM 87499-4289		4. Article Number P 685 520 514	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 3-5-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Texaco Expl. & Prod. P.O. Box 2100 4601 DTC Blvd. Denver, CO 80237 Chuck Snure		4. Article Number P 685 520 515	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery 2-26-91		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Mesa Ltd. Ptnshp. P.O. Box 2009 One Mesa Square Amarillo, TX 79189-2009 Thank you!		4. Article Number P 685 520 517	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery FEB 28 1991		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

3. Article Addressed to: Norman L. + Loretha E. Gilbreath P.O. Drawer 208 Aztec, NM 87410		4. Article Number P 685 520 516	
5. Signature - Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)	

