

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 10486

APPLICATION OF MERIDIAN OIL INC.  
FOR A HIGH ANGLE/HORIZONTAL  
DIRECTIONAL DRILLING PILOT PROJECT,  
SPECIAL OPERATING RULES THEREFOR, A  
NON-STANDARD OIL PRORATION UNIT, A  
SPECIAL PROJECT OIL ALLOWABLE, AND  
SPECIAL GOR ASSIGNMENT, SAN JUAN  
COUNTY, NEW MEXICO

SUPPLEMENTAL CERTIFICATE OF MAILING

AND

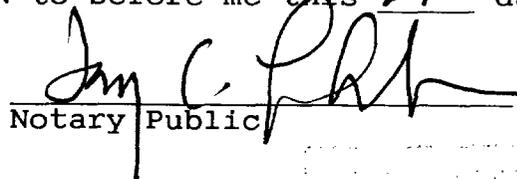
COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of MERIDIAN OIL INC., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on JULY 1, 1992, I caused a Supplemental Notice to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for JULY 23, 1992, to the parties shown in the application as evidenced by the attached copies of return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 21<sup>ST</sup> day of  
JULY, 1992.

  
Notary Public

My Commission Expires:

10/7/95

cert720.330

SEARCHED INDEXED
FILED
MERIDIAN EXHIBIT NO. <u>8</u>
CASE NO. <u>10486</u>

P 570 509 444



**Certified Mail Receipt**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	MARVA JOPLIN
Street & No.	P.O. BOX 25934
P.O., State & ZIP Code	Phoenix Valley AZ 85312
Postage	\$
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	7/28/92 - RR Dir 20-1 Mesa - New Address!

PS Form 3800, June 1990

P 670 514 303



**Certified Mail Receipt**  
No Insurance Coverage Provided  
Do not use for International Mail

Sent to	Marva Joplin 2034 West Dartmouth Mesa, AZ 85201
Postage	\$
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	RR Dir 20-1 - Mesa - WTK - 7/1/92 MAKE-UP

PS Form 3800, June 1990

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ralph L. Brimhall 514 North Orchard 514 North Orchard Farmington, NM 87401		4a. Article Number PG70-814-301	
		4b. Service Type <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	
		7. Date of Delivery 7/2/92	
5. Signature (Addressee) <i>Paula Brimhall</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**  
 WTK-Mend - Blk Dia 20-1

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Rosalie Jackson 2060 North Center Space 117 Mesa, AZ 85201		4a. Article Number PG70-814-302	
		4b. Service Type <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	
		7. Date of Delivery July 3	
5. Signature (Addressee) <i>Rosalie Jackson</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**  
 WTK-Mend Blk Dia 20-1