

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:

APPLICATION OF DRUM ENERGY CORPORATION  
FOR COMPULSORY POOLING  
LEA COUNTY, NEW MEXICO

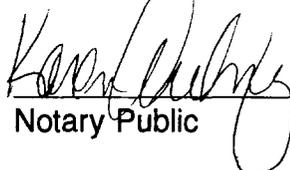
CASE NO: 10776

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH RULE 1207

HEATHER GOLDIE, attorney in fact and authorized representative of Drum Energy Corporation, states that the notice provisions of Division Rule 1207 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 6, 1993, I caused 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 29, 1993, to the parties shown in the application as evidenced by the attached copies of the return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

  
Heather Goldie

SUBSCRIBED AND SWORN to before me this 28 day of July, 1993

  
Notary Public

My Commission Expires:

8-10-96

Drum Energy Corporation  
Case No. 10776  
Before Examiner Stogner  
Exhibit No. 4

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

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
 W. Ray Williams  
 P.O. Box 129  
 Tulsa, OK 74101

4a. Article Number  
 P 670 814 367

4b. Service Type  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

John V. Hanney  
 Liberty Bank & Trust Co of Tulsa  
 Attn: Trust Oil and Gas Dept.  
 P.O. Box 1  
 Tulsa, OK 74193

**4a. Article Number**

7610814379

**4b. Service Type**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

**7. Date of Delivery**

7/12/93

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

AC

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sun Operating Ltd. Esbp  
c/o Oryx Energy Company  
P.O. Box 2880  
Dallas, TX 75221

4a. Article Number

P67084 370

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

JUL 12 1993

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT****SENDER:**

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- Complete items 3, and 4a & b.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Patricia H. Waschka  
Liberty Bank & Trust Co of Tulsa  
Attn: Trust Oil and Gas Dept.  
P.O. Box 1  
Tulsa, OK 74190

4a. Article Number

P670814 375

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT****SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles H. Coil  
P.O. Box 1818  
Roswell NM 88201

4a. Article Number

P67084 371

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

7-8-93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

**SENDER:**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary Ann Heinze Romano  
 Liberty Bank & Trust Co of Tulsa  
 Attn: Trust Oil and Gas Dept.  
 P.O. Box 1  
 Tulsa, OK 74110

4a. Article Number  
 P 670 814 376

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 JUL 12 1993

5. Signature (Addressee)

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

6. Signature (Agent)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John Victor Hamney  
 Liberty Bank & Trust Co of Tulsa  
 Attn: Trust Oil and Gas Dept.  
 P.O. Box 1  
 Tulsa, OK 74110

4a. Article Number  
 P 670 814 378

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

**SENDER:**

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- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Eileen H. Globensky, Trustee  
 Liberty Bank & Trust Co of Tulsa  
 Attn: Trust Oil and Gas Dept.  
 P.O. Box 1  
 Tulsa, OK 74110

4a. Article Number  
 P 670 814 377

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 JUL 12 1993

5. Signature (Addressee)

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

6. Signature (Agent)

<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:  Jim F. Coll and Mary R. Coll P.O. Box 1818 Roswell, NM 88201		4a. Article Number <i>P670 814 372</i>	
		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 <i>7-8-73</i>	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>J. F. Coll</i>			

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

<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:  Max W. Coll, II and Martha M. Coll P.O. Box 1818 Roswell, NM 88201		4a. Article Number <i>670 814 373</i>	
		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 <i>7-8-73</i>	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>J. F. Coll</i>			

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

<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:  James N. Coll and Florence M. Coll P.O. Box 1818 Roswell, NM 88201		4a. Article Number <i>P-670 814 831</i>	
		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 <i>7-8-73</i>	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>J. F. Coll</i>			

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Thelma P. Johnson, Guardian of the  
Estate of Maudie B. Gray  
1514 NE 9th St.  
Oklahoma City, OK 73117

**4a. Article Number**

670814367

**4b. Service Type**

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

**7. Date of Delivery**

7-10

**5. Signature (Addressee)**

Thelma P. Johnson

**6. Signature (Agent)****8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

John P. Cox  
P.O. Box 10885  
Midland, TX 79702

**4a. Article Number**

670814368

**4b. Service Type**

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

**7. Date of Delivery****5. Signature (Addressee)**

John P. Cox

**6. Signature (Agent)****8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Eileen H. Romano and  
Liberty Bank & Trust Co of Tulsa  
Attn: Trust Oil and Gas Dept.  
P.O. Box 1  
Tulsa, OK 74190

**4a. Article Number**

670814374

**4b. Service Type**

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

**7. Date of Delivery**

JUL 12 1991

**5. Signature (Addressee)**

Eileen H. Romano

**6. Signature (Agent)****8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**