

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. 10781

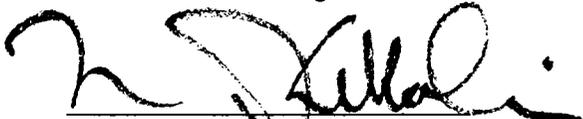
APPLICATION OF MARATHON OIL COMPANY
FOR APPROVAL OF AN UNORTHODOX
COAL GAS WELL LOCATION,
SAN JUAN COUNTY, NEW MEXICO.

CERTIFICATE OF MAILING

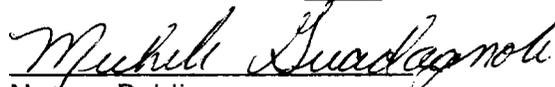
AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Hallwood Petroleum 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 June 08, 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 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 26 day of JUNE, 1993.


Notary Public

My Commission Expires:

June 9, 1997

Is your RETURN ADDRESS completed on the reverse side?	SENDER: <small>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 the form to you. Attach this form to the front of the mailpiece, or on the back, if space is available. Will a Return Receipt Requested be placed on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.</small>		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: Meridian Oil Inc. P.O. Box 4289 Farmington, NM 87499 Attn: Mr. Alan Alexander	4a. Article Number 670814 645	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
	5. Signature (Addressee)	7. Date of Delivery 7-8-93	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature (Agent) 		

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete name and address (Additional address)
- Complete return address
- Print name and address on the reverse side of this form so that we can return it to you if the mail is not delivered and the date of return is not on the form below the article number.

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:

El Paso Production Company
 801 Cherry Street
 Fort Worth, Texas 76102

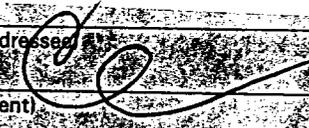
4a. Article Number
 670 814 644

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)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and 2.
Complete items 3 and 4.
Print your name and address.
Return this form to you.
Attach this form to the front of the envelope.
Does not postmark.
When return receipt is requested, the recipient must sign and return the receipt to you.
The Return Receipt will be returned to you and the item delivered.

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:

Southland Royalty Company
 c/o Meridian Oil Inc.
 P.O. Box 4289
 Farmington, NM 87499
 Attn: Mr. Alan Alexander

4. Article Number:
 670 819 643

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery:
 7-8-95

5. Signature (Addressee)

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

6. Signature (Agent)
John Alexander

PS Form 3811, December 1994

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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. 10781

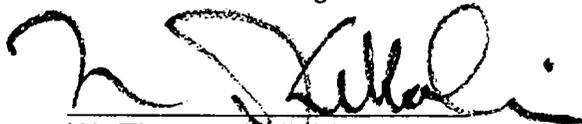
APPLICATION OF MARATHON OIL COMPANY
FOR APPROVAL OF AN UNORTHODOX
COAL GAS WELL LOCATION,
SAN JUAN COUNTY, NEW MEXICO.

CERTIFICATE OF MAILING

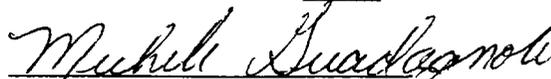
AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Hallwood Petroleum 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 June 08, 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 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 26 day of JUNE, 1993.


Notary Public

My Commission Expires:

June 9, 1997

SENDER

1. Complete items 1 and 2.
 2. Complete items 3-7.
 3. Express mail must be used for registered mail, insured mail, certified mail, and return receipts.
 4. All return receipts must be completed with the following information:
 a. Name of the addressee
 b. Address of the addressee
 c. City, state, and ZIP code
 d. Signature of the addressee or agent
 e. Date of delivery
 f. Signature of the agent (if applicable)
 g. Signature of the addressee (if requested and fee is paid)

5. Also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Registered Delivery
 (consult postmaster for fee)

3. Article Addressed to:
 Southland Royalty Company
 c/o Meridian Oil Inc.
 P.O. Box 4289
 Farmington, NM 87499
 Attn: Mr. Alan Alexander

4a. Article Number
 630 819 643

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

7. Date of Delivery
 7-8-93

6. Signature (Agent)
John Alexander

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

PS Form 3811, December 1992
 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed? NO OVERS AND
 Thank you for using Return Receipt Service

SENDER

El Paso Production Company
801 Cherry Street
Fort Worth, Texas 76102

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

1. Addressed Address

2. Restricted Delivery

Do not include for fee

3. Amount

6.70 SM 644

4. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

5. Date of Delivery

11 17 1993

6. Addressee Address (Only if requested and fee is paid)

POSTAGE WILL BE PAID BY ADDRESSEE

Thank you for using Return Receipt Service

SENDER <small>Form 3811, Domestic Return Receipt for Mail, PS Form 3811, December 1991</small>		also wish to receive the following services (for an extra fee) <input type="checkbox"/> Addressee's Address <input checked="" type="checkbox"/> Restricted Delivery <small>Consult postmaster for fees.</small>	
Article addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Meridian Oil Inc. P.O. Box 4289 Farmington, NM 87499 Attn: Mr. Alan Alexander </div>		4a. Article Number <i>670 819 695</i>	
Signature (Addressee) Signature (Agent) <i>John Henderson</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	
PS Form 3811, December 1991		7. Date of Delivery <i>1-8-93</i>	
U.S. G.P.O. 1992-322-202		8. Addressee's Address (Only if requested and fees paid)	
DOMESTIC RETURN RECEIPT		Thank you for using Return Receipt Service	