## STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

Na 5.

IN THE MATTER OF THE APPLICATION OF MERIDIAN OIL, INC. FOR COMPULSORY POOLING, SAN JUAN COUNTY, NEW MEXICO



CERTIFICATE OF MAILING

AND

COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on January 4, 1989, I caused to be mailed by certified mail, return receipt, a 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 February 1, 1989 to the parties shown in the Application as evidenced by the attached copy of the return receipt cards.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this February 1, 1989 by W. Thomas Kellahim, attorney for applicant.

Notary Public

My Commission Expires:

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	Signature Againt  Date of Delivery	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY If	Office Box 8 r, CO 80201	4. Article Nun P-484 0	when additional services are desired, and ace on the reverse side. Failure to do this vecept fee will provide you the name of the precept fee will provide you the name of the precept fee will provide a re available. Constructed requested.  2. Restricted addresses addresses.	Ton-hunding - D. Mr. Con-# 300	S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	Signature — Agent X  Date of Delivery	Signature — Address (ONLY if requested and fee paid)	Always obtain signature or agent and DATE DELI	a, OK 94145	4. Article Null P0484 C	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  "It your address in the "RETURANTO" Specia on the revarse side Failuress to this will prevent this ard from being returned to you he return desired to you he name of the amen deliment of and the date of delivery. For additional fees the following services are available. Consult positional tees and check boxies) for additional service(s) requested.  "It is shown to whom delivered, detay and addressee's address. It is in the strict of	The second of th
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PS Form 3811, Mar. 1988 * U.S	6. Signature Agent X 7. Date of Delivery	5. Signature — Address	$=$ $\square$ $\square$	3. Article Addressed to: West Timbers Ltd.	SENDER: Complete items 1 and 3 and 4.  Put your address in the "RETURN TO card from being returned to you. The reto and the date of delivery. For addition to and the date of delivery. For addition to fige and check box(es) for the sand check box(es) for the sand check box (Extra chatter).  2. Show to whom delivered that		PS Form 3811, Mar. 1988 * * U.S	Date of Deliv	Signalus — Agent	5. Signature — Address	Fort Worth, TX 76	orth Timbe	SENDER: Complete items 1 and 3 and 4.  Put your address in the "RETURN TO card from being returned to you. The reto and the date of delivery. For addition for fees and check box(es) for addition fees and check box (Euro check box	・ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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East Timbers Etd. P.	
c/o Cross Timbers P	rod Co Type of Service:
810 Houston St., Su	1+0 2000   Registered   Insured
Fort Worth, TX 761	O2
	Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
X 6. Signature —/Modent	
6. Signature —/Agent	
7. Date of Delivery	<del>JAN 198<b>9</b>  </del>
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Conoco, Inc.	P.484 059 652 Type of Service:
Post Office Box 460	Registered Insured
Hobbs, NM 88240	☑ Certified ☐ COD
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3. Signature — Agent  7. Date of Delivery  8 Form 3811, Mar. 1988 * U.S.G  Coppetion Crm. #370,	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  1.P.O. 1988-212-865  DOMESTIC RETURN RECEIL DELIVER BOD PRINTS 250, EPNG Con A # 3000
3. Signature — Agent  7. Date of Delivery  6 Form 3811, Mar. 1988 * U.S.G  Coppetion Com. #370;  SENDER: Complete items 1 and 3 and 4.	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  1.P.O. 1988-212-86\$  DIM-W-300 Pinite 250 EPNG Con 4 300  1.D.M - Muddar Floren Contact and 2 when additional services are desired, and complete in
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