

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

IN THE MATTER OF THE APPLICATION
FOR PHILLIPS PETROLEUM COMPANY
FOR APPROVAL OF EIGHT NON-STANDARD
PRORATION AND SPACING UNITS AND SEVEN
UNORTHODOX LOCATIONS, BASIN FRUITLAND
COAL GAS POOL, SAN JUAN COUNTY,
NEW MEXICO

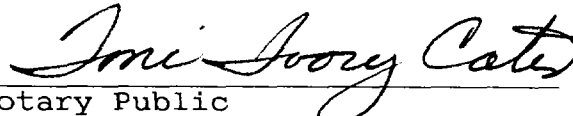
CASE NO. 10058

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054) I hereby certify that on July 31, 1990, 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 which was continued to September 5, 1990, to the parties shown in the Application as evidenced by the attached copies of return receipt cards.


W. Thomas Kellanin

SUBSCRIBED AND SWORN to before me this 31 day of August, 1990.


Notary Public

My Commission Expires:

7-6-91

EXF

● **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:
Ultramar Oil and Gas Ltd.
363 No. Belt Ste 1500
Houston, TX 77060
Phillips 8 NSPU (WTK) 7-31-90

4. Article Number
P 355 568 550

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

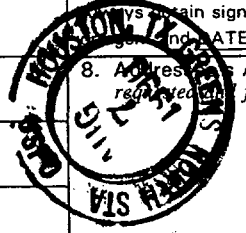
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
8-7-90

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:
L.O. and D.E. Van Ryan
1601 Kenwood Circle
Farmington, NM 87401
Phillips 8 NSPU (WTK) 7-31-90

4. Article Number
P 355 568 551

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 *[Signature]*

7. Date of Delivery
8-10-90

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

3. Article Addressed to:
Meridian Oil
P.O. Box 4289
Farmington, NM 87499-4289
Phillips 8 NSPU (WTK) 7-31-90

4. Article Number
P 355 568 552

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 *[Signature]*

7. Date of Delivery
8-6-90

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

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

3. Article Addressed to:
Amoco Production Company
1670 Broadway
P.O. Box 800
Denver, CO 80201
Phillips 8 NSPU WTK 7-31-90

4. Article Number
P 355 508 553

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

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

3. Article Addressed to:
T.H. Mc Elvain Oil and Gas properties
P.O. Box 2148
Santa Fe NM 87504-2148
Phillips 8 NSPU WTK 7-31-90

4. Article Number
P 355 568 555

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

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:
Hixon Development Co.
P.O. Box 2810
Farming ton, NM 87499
Phillips 8 NSPU WTK 7-31-90

4. Article Number
P 355 568 556

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

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)

<p>3. Article Addressed to:</p> <p>Kindermar Partners 650 S. Cherry St. 1225 Denver, CO 80222</p> <p>Phillips 8 NSPU 7-31-90 WTK</p>	<p>4. Article Number</p> <p>P 355 568 557</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p><i>[Signature]</i></p>	

P 355 568 554

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Gerome P. McHugh
Street and No.	1605 Cherry St. 1225
P.O. State and ZIP Code	Danver, CO 80222
Postage	\$.65
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.40
Postmark or Date	Phillips 8 NSPU WTK 7-31-90

* U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

P 355 568 549

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	Geovest Energy
Street and No.	8590 Ctrl Expdswy Ste324
P.O. State and ZIP Code	Dallas, TX 75231
Postage	\$.65
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.40
Postmark or Date	

* U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

P 355 568 548

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	CNG Development Co
Street and No.	P.O. Box 15746
P.O. State and ZIP Code	Pittsburg, PA 15244
Postage	\$.65
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.40
Postmark or Date	Phillips 8 NSPU WTK 7/31/90

* U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985