

P 307 895 617  
**RECEIPT FOR CERTIFIED MAIL**

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

U.S.G.P.O. 1985 479 794

June 1985

To: Amoco Production Co. Post Office Box 800 Denver, Colorado 80201	
From:	
Postage Paid:	
Service:	
Registered	
Insured	
Express Mail	
Signature of Addressee or Agent	
Date Delivered	
TOTAL POSTAGE AND FEES	

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

**3. Article Addressed to:**

Amoco Production Co.  
 Post Office Box 800  
 Denver, Colorado 80201

**4. Type of Service:**

- ☒ Registered  
☒ Certified  
☐ Express Mail

**Article Number**

P307895 617

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

**5. Signature - Addressee**

X

**6. Signature - Agent**

X

**7. Date of Delivery**

7-8-86

**8. Addressee's Address (ONLY if requested and fee paid)**

DOMESTIC RETURN RECEIPT

BEFORE THE  
**OIL CONSERVATION COMMISSION**  
 Santa Fe, New Mexico

Case No. 8950 Exhibit No. 5

Submitted by BENJAMIN MONTAN-GARCIA

Hearing Date 8/7/86

P 307 895 618

RECEIPT FOR CERTIFIED MAIL

U.S.G.P.O. 1985-204-794

Dugan Production Co. Post Office Box 208 Farmington, NM 87499	
Postage Fee	
Restricted Delivery Fee	
Registered Mail Fee	
Insurance Fee (if any)	
Signature Required Fee (if any)	
Total Postage and Fees	

June 1985

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Completes items 1, 2, 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 service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.
- Article Addressed to:  
Dugan Production Co.  
Post Office Box 208  
Farmington, NM 87499
- Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail  
Article Number  
**P307895618**
- Always obtain signature of addressee or agent and **DATE DELIVERED.**
- Signature - Addressee  
X *[Signature]*
- Signature - Agent  
X
- Date of Delivery **7-1-86**
- Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

P 307 895 619  
 RECEIPT FOR CERTIFIED MAIL

Kenai Oil & Gas, Inc.  
 1675 Larimer, Suite 500  
 Denver, Colorado 80202

Postage	
Insurance Fee	
Registration Fee	
Restricted Delivery Fee	
Signature Required Fee	
Third-Class Bulk Rate	
Postage and Fees	

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

**3. Article Addressed to:**

Kenai Oil & Gas, Inc.  
 1675 Larimer, Suite 500  
 Denver, Colorado 80202

**4. Type of Service:**

- ☐ Registered  
☒ Certified  
☐ Express Mail

**Article Number**

P307895619

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

**5. Signature — Addressee**

X

**6. Signature — Agent**

X Malina Pierce

**7. Date of Delivery**

7-17-86

**8. Addressee's Address (ONLY if requested and fee paid)**

DOMESTIC RETURN RECEIPT

P 307 895 620

RECEIPT FOR CERTIFIED MAIL

Cotton Petroleum Co.  
750 Ptarmigan Place  
3773 Cherry Creek North  
Denver, Colorado 80209

U.S.G.P.O. 1985 400 794

Postage	
Service Fee	
Insurance Fee	
Signature Fee	
Other Fees	

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Cotton Petroleum Co.  
750 Ptarmigan Place  
3773 Cherry Creek North  
Denver, Colorado 80209

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895620

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X <i>[Signature]</i>
6. Signature - Agent
X <i>[Signature]</i>
7. Date of Delivery
7/1/86
8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

P 307 895 621  
 RECEIPT FOR CERTIFIED MAIL

A. G. Hill  
 5000 Thanksgiving Tower  
 Dallas, Texas 75201

Postage & Delivery Fee

Insurance Fee

Signature Fee

Return Receipt Fee

Other Fees

7-1-86 CV

PS Form 3811, July 1983 447-846

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

**3. Article Addressed to:**

A. G. Hill  
 5000 Thanksgiving Tower  
 Dallas, Texas 75201

**4. Type of Service:**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

**Article Number**

P307895621

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)**

DOMESTIC RETURN RECEIPT

P 307 895 622  
 RECEIPT FOR CERTIFIED MAIL

TO:	
Mobil Producing Texas Post Office Box 633 Midland, Texas 79702	
Postage Fee	
Registration Fee	
Insurance Fee	
Signature Fee	
Other Fees	
Total	

7-1-86 CV

PS Form 3811, July 1983 447-846

<p><b>SENDER: Complete items 1, 2, 3 and 4.</b>          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 service(s) requested.</p>	
<p>1. <input type="checkbox"/> Show to whom, date and address of delivery.          2. <input type="checkbox"/> Restricted Delivery.</p>	
<p>3. Article Addressed to:</p> <p>Mobil Producing Texas Post Office Box 633 Midland, Texas 79702</p>	
<p>4. Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p>	<p>Article Number</p> <p>P307895622</p>
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Addressee</p> <p>X</p>	
<p>6. Signature - Agent</p> <p><i>[Signature]</i></p>	
<p>7. Date of Delivery</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

DOMESTIC RETURN RECEIPT

P 307 895 623

RECEIPT FOR CERTIFIED MAIL

Monsanto Oil Company  
5051 Westheimer, Suite 1300  
Houston, Texas 77056

7-1-86 CV

U.S.G.P.O. 1985 480 / 94

June 1985

PS Form 3811, July 1983 447-045

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Monsanto Oil Company  
5051 Westheimer, Suite 1300  
Houston, Texas 77056

4. Type of Service:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Registered              | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified    | <input type="checkbox"/> COD     |
| <input checked="" type="checkbox"/> Express Mail |                                  |

Article Number

P 307 895 623

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)

DOMESTIC RETURN RECEIPT

P 307 895 624  
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
BY THE U.S. POSTAL SERVICE

★ U.S.G.P.O. 1985 490794  
JUL 14 1986  
Oscar Abraham  
525 Central, N.E.  
Albuquerque, New Mexico 87102

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom and Address of Delivery	
Total Postage and Fees	

7-1-86 CV

CAMPBELL & BLACK, P.A.

LAWYERS

PO BOX 10000

SAN ANTONIO, NEW MEXICO 87504-2208

CLAIM CHECK  
782514

AER 25 210702N1 07

ORHOLD

JUL 14 1986

RETURN TO  
NO FORWARDING ORD  
UNABLE TO

Oscar Abraham

525 Central, N.E.

Albuquerque, New Mexico 87102

1ST NOTICE

2ND NOTICE

RETURN

Detached from  
PS Form 3849-A  
Oct. 1980

P 307 895 624

RETURN RECEIPT REQUESTED



P 307 895 625  
 RECEIPT FOR CERTIFIED MAIL

U.S.C.P.O. 1981 409-701

Reading & Bates Pet. Co.  
 3200 Mid-Continent Tower  
 Tulsa, Oklahoma 74103

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Reading & Bates Pet. Co.  
 3200 Mid-Continent Tower  
 Tulsa, Oklahoma 74103

4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Article Number

P 307 895 625

Always obtain signature of addressee or agent and  
DATE DELIVERED.

5. Signature - Addressee

X *[Signature]*

6. Signature - Agent

X

7. Date of Delivery

*7-1-86*

8. Addressee's Address (On 2nd of requested items, see post)

DOMESTIC RETURN RECEIPT

P 307 895 626  
 RECEIPT FOR CERTIFIED MAIL

Southern Union Exploration  
 Suite 1800, Renaissance Twr.  
 1201 Elm Street  
 Dallas, Texas 75270

7-1-86 CV

PS Form 3811, July 1983 447/845

<b>SENDER: Complete items 1, 2, 3 and 4.</b> 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery. 2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Southern Union Exploration Suite 1800, Renaissance Twr. 1201 Elm Street Dallas, Texas 75270	
4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 307 895 626
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X	
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery JUL 7 1986	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

NOV 1985

P 307 895 627  
RECEIPT FOR CERTIFIED MAIL  
See Reverse

Lynco Oil Corp. 5290 DTC Parkway Englewood, Colorado 80111	
Postage and Fees	
Postage and Fees	
Postage and Fees	
Postage and Fees	
Postage and Fees	
Postage and Fees	

7-1-86 CV

CAMPBELL & BLACK, P.A.  
ATTORNEYS  
POST OFFICE BOX 2008  
SAN JUAN, NEW MEXICO 87504-2208



NOT DELIVERABLE AS ADDRESSEE  
UNABLE TO FORWARD

NOV 90 0607LNN1 07/1

DATE

RETURN TO S  
NO FORWARDING ORDER  
UNABLE TO F

CHOLD

1ST NOTICE

2ND NOTICE

RETURN

Lynco Oil Corp.  
5290 DTC Parkway  
Englewood, Colorado 80111

P 307 895 627

RETURN RECEIPT REQUESTED

CLAIM CHECK  
700115

Detached from  
PS Form 384-A  
Oct. 1980

P 307 895 628

RECEIPT FOR CERTIFIED MAIL

197 Out Side of PSN \*

Shar-Alan Oil Corp.  
4101 E. Louisiana Ave.  
Denver, Colorado 80222

5041 0001

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:

Shar-Alan Oil Corp.  
4101 E. Louisiana Ave.  
Denver, Colorado 80222

4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Article Number

P307 895 628

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)

DOMESTIC RETURN RECEIPT

P 307 895 629  
 RECEIPT FOR CERTIFIED MAIL

U.S. G.P.O. 1985 489 794

Billie S. Werntz 606 Loma Linda Pl., S.E. Albuquerque, NM 87108	
Postage	
Postage Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	
Return Receipt showing actual date of delivery	
Total	

4-1-86 CU

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:

Billie S. Werntz  
606 Loma Linda Pl., S.E.  
Albuquerque, NM 87108

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307 895 629

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

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X

7. Date of Delivery  
 4-1-86

8. Addressee's Address (Other than Registered Mail)  
 [Blank]

DOMESTIC RETURN RECEIPT

P 307 895 630

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED  
IN THE UNITED STATES

Jicarilla Apache Tribe  
Post Office Box 507  
Dulce, New Mexico 87528

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Jicarilla Apache Tribe  
Post Office Box 507  
Dulce, New Mexico 87528

4. Type of Service:

- |  |                                  |
|--|----------------------------------|
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified  | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail          |                                  |

Article Number

P307895630

Always obtain signature of addressee or agent and  
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

*[Signature]*

7. Date of Delivery

7/7/86

8. Addressee's Address (On reverse side of card)

DOMESTIC RETURN RECEIPT

P 307 895 631  
RECEIPT FOR CERTIFIED MAIL

Hon. Jim Baca  
Commissioner/Public Lands  
P. O. Box 1148  
Santa Fe, NM 87504

7-1-86 CV

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

**3. Article Addressed to:**

Hon. Jim Baca  
Commissioner/Public Lands  
P. O. Box 1148  
Santa Fe, NM 87504

**4. Type of Service:**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Registered              | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified    | <input type="checkbox"/> COD     |
| <input checked="" type="checkbox"/> Express Mail |                                  |

**Article Number**

P307 895 631

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 Restricted Delivery)**

DOMESTIC RETURN RECEIPT

P 307 895 632  
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 UNLESS INDICATED OTHERWISE

1974 PS Form 3811, July 1983 447-045

Bureau of Land Management  
 Post Office Box 6770  
 Albuquerque, NM 87107


7-1-86 CW

PS Form 3811, July 1983 447-045

**SENDER: Complete items 1, 2, 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 service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

**3. Article Addressed to:**

Bureau of Land Management  
 Post Office Box 6770  
 Albuquerque, NM 87107

**4. Type of Service:**

- ☐ Registered    ☐ Insured  
☒ Certified    ☐ COD  
☐ Express Mail

**Article Number**

P307 895 632

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

**5. Signature - Addressee**

X

**6. Signature - Agent**

X

*R. J. Latham*

**7. Date of Delivery**

**8. Addressee's Address (COPY REQUIRED BY ADDRESSEE)**

DOMESTIC RETURN RECEIPT



P 307 895 633

RECEIPT FOR CERTIFIED MAIL

U.S. POST OFFICE

Northwest Pipeline Corp.	
295 Chipeta Way	
Salt Lake City, Utah 84108	
	.22
	.75
	.60
	1.57

7/3/86

PS Form 3811, July 1983 447-945



**SENDER: Complete items 1, 2, 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 service(s) requested.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

**3. Article Addressed to:**

Northwest Pipeline Corp.  
295 Chipeta Way  
Salt Lake City, Utah 84108

**4. Type of Service:**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail         |                                  |

**Article Number**

P 307 895 633

Always obtain signature of addressee 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)**

DOMESTIC RETURN RECEIPT

CAMPBELL & BLACK, P.A.

LAWYERS

JACK M. CAMPBELL  
BRUCE D. BLACK  
MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
J. SCOTT HALL  
PETER N. IVES  
JOHN H. BEMIS

GUADALUPE PLACE  
SUITE 1110 NORTH GUADALUPE  
POST OFFICE BOX 2206  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
TELECOPIER: (505) 983-6043

July 1, 1986

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Amoco Production Company  
Post Office Box 800  
Denver, Colorado 80201

Re: Application of Benson-Montin-Greer Drilling Corp. for  
Amendment of Division Order No. R-3401, Rio Arriba  
County, New Mexico.

Dear Sirs:

This letter is to advise you of the application of Benson-Montin-Greer Drilling Corp. for amendment of New Mexico Oil Conservation Division Order No. R-3401. In this case, Benson-Montin-Greer is seeking the amendment of the Special Rules and Regulations promulgated for the West Puerto Chiquito-Mancos Oil Pool which include provisions for a gas-oil ratio of 2000 to 1. In this case, Benson-Montin-Greer seeks amendment of that Order to provide for a special gas-oil ratio of 1000 to 1 and the establishment of a production limitation factor of 400 barrels of oil per day for each 640-acre spacing unit in the pool.

This application has been set for hearing before the Oil Conservation Division on July 23, 1986. You are not required to attend this hearing, but as an interest owner in this area you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Very truly yours,

*William F. Carr* / @  
William F. Carr

WFC/cv