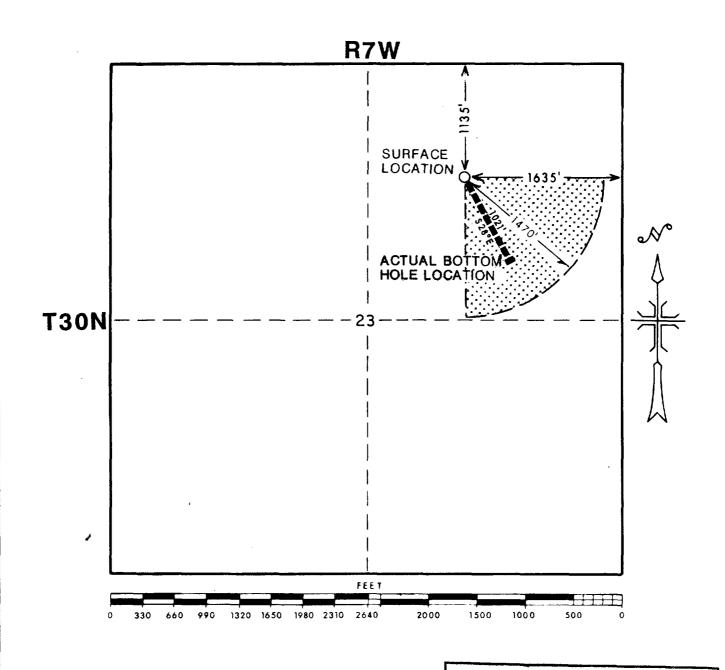
# SAN JUAN 30-6 UNIT #404 NE/4 SEC. 23, T 30 N - R 7 W HIGH ANGLE FRUITLAND COAL WELL

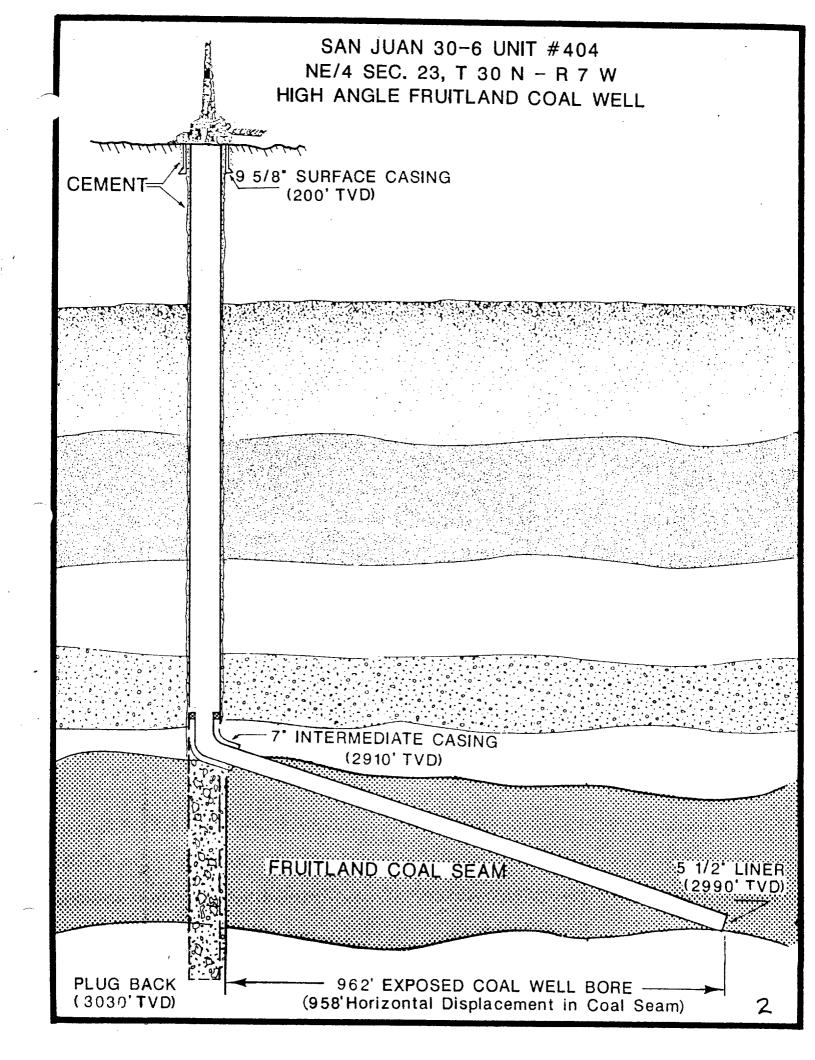


BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

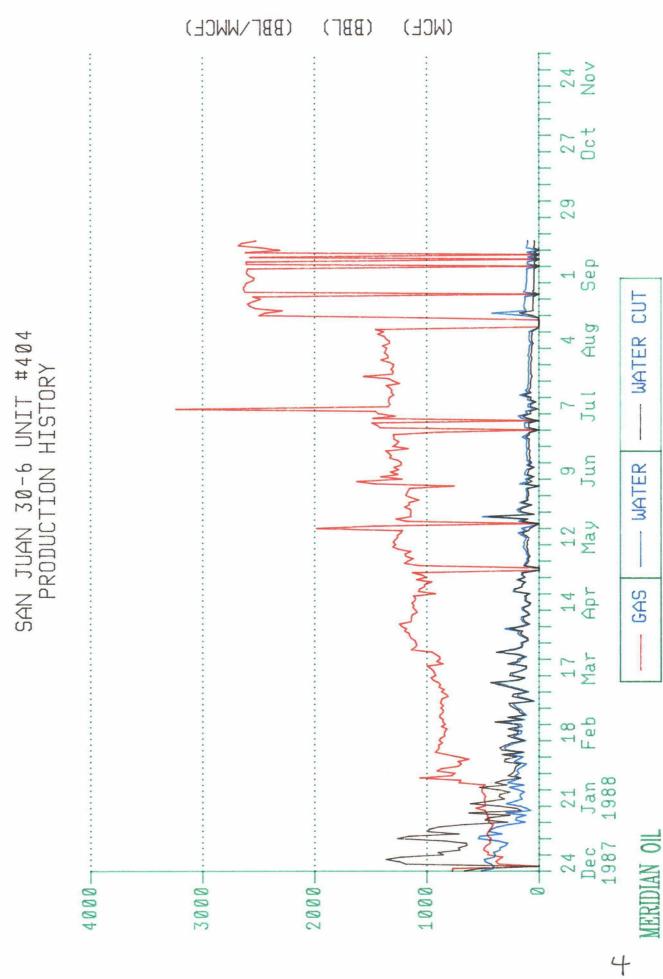
Meridian EXHIBIT NO. 13

Proposed Bottom Hole Wellbore Location

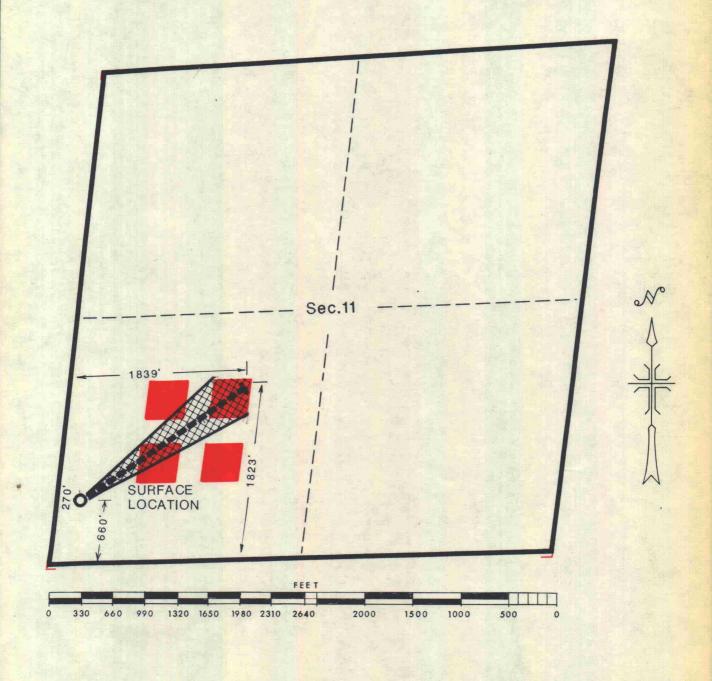
CASE NO. 9498/9499



5' LINER SET @ 3734' MD, 3036' TVD PROJECTED INCLINATION 78', DIRECTION S 32°24' E HIGH ANGLE UNDESIGNATED FRUITLAND COAL WELL LATERAL EXTENSION SAN JUAN 30-6 UNIT #404 CROSS SECTIONAL DIAGRAM 7' CASING SET AT 3167 MD, 2928 TVD CASING CEMENTED AT 83°INCLINATION, DIRECTION S 26° 30'E TOTAL 1022" HORIZONTAL DISPLACEMENT 308' TOTAL WELLBORE COAL EXPOSURE LINER HANGER SET @ 2383' BUILD SECTION EXPOSED COAL INTERVALS 9 5/8' SURFACE CASING KICK OFF POINT 2424" 3646' - 3652' 6' 3656' - 3661' 5' 3676' 3706' 30' (Measured Depths) 3525' - 3616' 91' 3465' - 3513' 48' VERTICAL COAL SECTION EXPOSED COAL INTERVALS TVD 59' TOTAL 2934 ~ 2936 2 2938 ~ 2941 3 2948 ~ 2960 11 2965' - 2971' 6' 2961' - 2991' 10' 2993' - 3012' 19' 3018' - 3018' 1' 3020' - 3021' 1' 3024' - 3030' 6'



# SUNRAY "H" #201 SW/4 SEC.11, T 30 N, R 10 W HORIZONTAL FRUITLAND COAL WELL



STATE ORTHODOX LOCATION BOUNDARY



PROPOSED BOTTOM HOLE WELLBORE LOCATION

5 OCTOBER, 1988

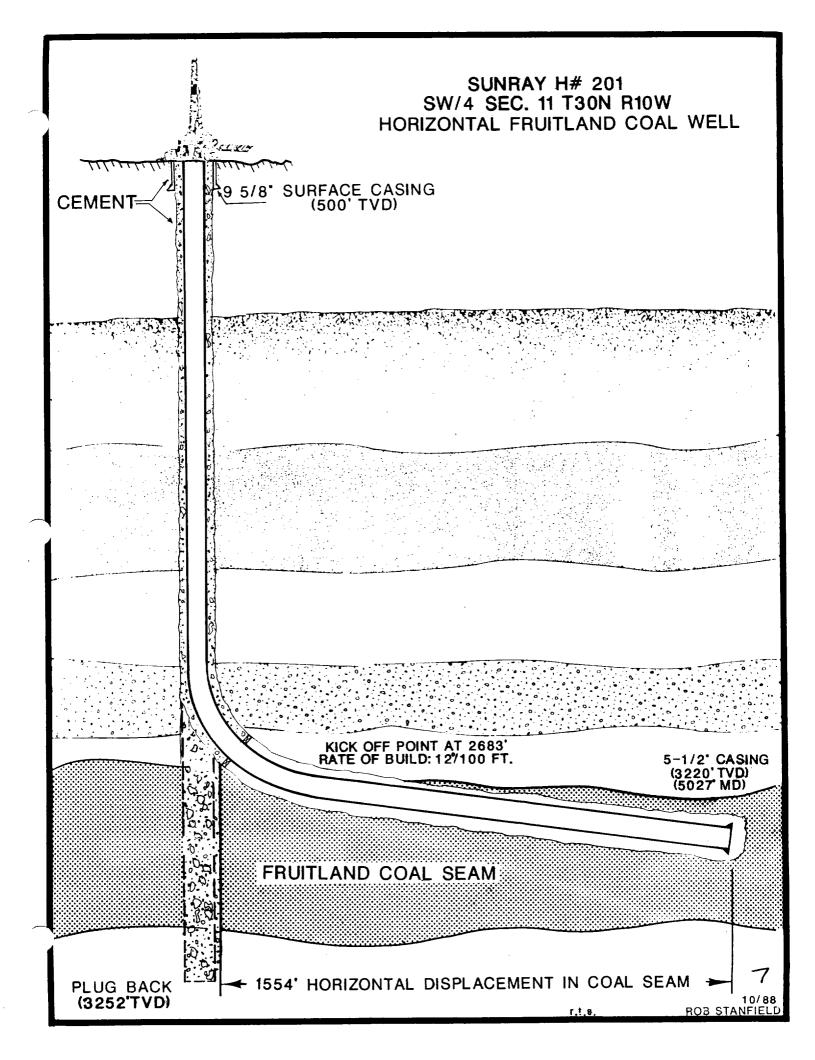
### Sunray H #201 SW/4 Section 11, T30N, R10W Horizontal Drilling Application

Meridian Oil Inc., as applicant, proposes to drill a horizontal directional drilling pilot project in the SW/4 of Section 11, Township 30 North, Range 10 West, NMPM, San Juan County, New Mexico.

Meridian Oil Inc. proposes to drill a well vertically from an unorthodox surface location 660 feet from the South line and 270 feet from the West line of said Section 11, from the surface through the Fruitland formation to a depth of approximately 3252 feet, prior to kick off and completion of the referenced well in an unconventional manner.

Meridian Oil Inc. proposes to drill and complete the Basal Fruitland Coal Seam through an unconventional lateral wellbore. The proposed direction and extent of the lateral portion of the wellbore shall be confined to an area bounded by the following coordinates within the SW/4 of said Section 11:

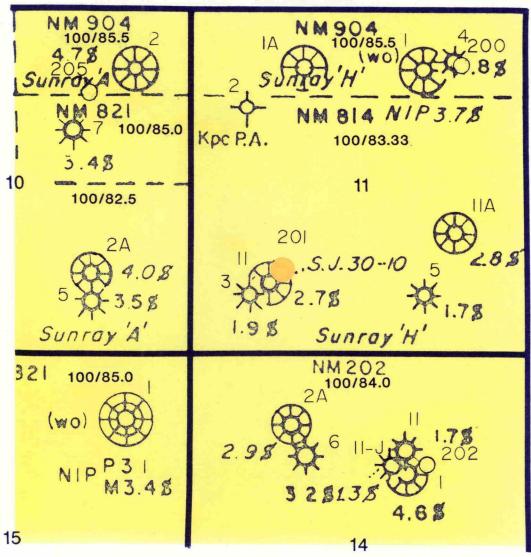
1177 feet from the South line and 790 feet from the West line to 1823 feet from the South line and 1439 feet from the West line to 1823 feet from the South line and 1839 feet from the West line to 1423 feet from the South line and 1839 feet from the West line to 912 feet from the South line and 790 feet from the West line to 1177 feet from the South line and 790 feet from the West line.



### Sunray H #201 SW/4 Section 11, T-30-N, R-10-W San Juan County, New Mexico

Meridian Oil Inc. proposes to drill a well vertically through the base of the Fruitland Coal to a depth of approximately 3,252 feet. The well will be logged and plugged back to an approximate kick off point at 2,683 feet. The well will be kicked off and a medium radius curve drilled in a northeasterly direction to an angle of approximately 89 degrees to a depth sufficient to encounter the top of the Fruitland Coal. The wellbore will then be drilled laterally approximately 1,554 feet within said formation.





MERIDIAN OIL INC. OPERATED

GWI/NRI GAS FRUITLAND COAL ONLY

Proposed Sunray H #201 surface location.

T

30

N

# MERIDIAN OIL

September 20, 1988

#### TO OVERRIDING ROYALTY OWNERS

Re: Application of Meridian Oil Inc.

for a Horizontal Drain Hole

Pilot Project Sunray H #201 Well

SW/4 Section 11, T30N, R10W San Juan County, New Mexico

#### Gentlemen

Meridian Oil Inc. is making application with the New Mexico Oil Conservation Division for a Horizontal Drain Hole Pilot Project on the Sunray H #201 Well.

Enclosed for your information is a copy of Meridian Oil Inc.'s Application.

Should you have any questions, please contact the undersigned at 505-326-9763.

Yours very truly,

Tom F. Hawkins Senior Landman

TFH:tlm Enclosure NM-814 Doc. 174+

# KELLAHIN, KELLAHIN and AUBREY

Attorneys at Law

W. Thomas Kellabin Karan Aubrey

Jasek Kellehia Of Counsel El Paris - 117 North Guadalupe Part Office Box 2261 Santa Fc, New Mexico 87504-2265 Telephone 982-4285 Atta Code 501

September 20, 1988

Mr. William J. LeMay

Oil Conservation Division P.O. Box 2088

Santa Fe, NM 87504

HAND DELIVERED

RECEIVED

Re: Application of Meridian Oil Inc. for a Horizontal Drain Hole Pilot Project, Sunray H-201 well San Juan, New Mexico

SEP 2 0 1988

DIL CONSERVATION DIVISION

Dear Mr. LeMay:

On behalf of Meridian Oil Inc. we would appreciate you having the enclosed application set for hearing on the next available Examiner's docket now scheduled for October 12, 1988.

We suggest the following for an advertisement for the docket and newspaper:

Application of Meridian Oil Inc. for a Horizontal Directional Drilling, Unorthodox location, San Juan County, New Mexico. Applicant in the above styled cause seeks authority to initiate a horizontal directional drilling pilot project in the SW/4 of Section 11, T30N, R10W, NMPM San Juan County, New Mexico forming a standard 160 acre gas spacing and proration unit in the Fruitland formation, by Commencing its Sunray H-201 well at an unorthodox surface location 270 feet FWL and 660 feet FSL of said section 11, drilling to a true vertical depth of 3265 feet then plugging back to 2725 feet and commencing a medium radius curve of 650 feet in a northeasterly direction to an angle of approximately 90 degrees to a depth to encounter the top of the Fruitland Coal Seam at about 2,785 feet at which point the wellbore will be drilled horizontally an approximate lateral distance of 1328 feet within said formation. The terminus of the bottom hole location will be unorthodox 790 feet from the north line and 790 feet from the east line of said Section 11.

Said location is approximately 10 miles southesst of Aztec, New Mexico.

. 7

KELLAHIN, KELLAHIN and AUBREY
Mr. William J. LeMay
September 20, 1988
Page 2

By copy of this letter to all parties shown on Exhibit A to the application, we are forwarding a copy of the application and notifying them by certified mail return-receipt that they have the right to appear at the hearing to make a statement to the Division, to present evidence and cross examine witnesses either in support of or in opposition to the application. Those parties are directed to contact the Division or the applicant's attorney to determine what additional rights they may have.

Very truly yours,

w. Thomas Kellahin

WTK/dm Encl.

cc: Mr. John Caldwell
Meridian Oil Inc.
3535 East 30th Street
Farmington, NM 87499-4289

89

188 89/28 14:48

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF MERIDIAN OIL INC. FOR A HORIZONTAL DIRECTIONAL DRILLING PILOT PROJECT AND UNORTHODOX BOTTOM HOLE LOCATION, SAN JUAN COUNTY, NEW MEXICO

CASE NO.:

#### APPLICATION

Comes now MERIDIAN CIL INC., by and through its attorneys, Kellahin, Kellahin & Aubrey, and applies to the New Mexico Oil Conservation Division to initiate a horizontal directional drilling pilot project in the SW/4 of Section 11, T30N, R10W, NMPM San Juan County, New Mexico forming a standard 160 acro gas spacing and provation unit in the Fruitland formation, by commencing its Sunray H-201 Well at an unorthodox surface location 270 feet FWL and 660 feet FSL of said Section 11 and drilling to a true vertical depth of 3265 feet then plugging back to 2725 feet commencing a 650 foot medium radius curve in a northeasterly direction to an angle of approximately 90 degrees to a depth to encounter the top of the Fruitland Coal Seam at about 3208 feet at which point the wellbors will be drilled horizontally an approximate lateral distance of 1328 feet within said forma-The terminus of the bottom hole location will be 790 feet from the east line and 790 feet from the north line of said Section 11. Said location is approximately 10 miles

south of Aztec, New Mexico. In support thereof applicant would show:

- 1. Applicant proposes to drill its Sunray N-201 well at a surface location 270 feet FWL and 660 feet FSL of Section 11, T30N, R10W, NMPM, to a total depth of 3265 feet.
- 2. Applicant proposes to plugback the well to approximately 2725 feet and there commence a medium radius curve of 650 feet and directionally drill horizontally in a north-easterly direction not more than a maximum of 1328 feet.
- 3. The spacing unit for the Sunray unit well is the SW/4 of said Section 11.
- 4. Applicant is the operator of the Unit of which the SW/4 of Section 11 is part.
- 5. The applicant is the working interest owner and operator of all 150 acre units surrounding the subject 160 acre unit. Because there is a difference in royalty and overriding royalty owners between the offset spacing units and the subject spacing unit, notification of this application is being sent to all those royalty and overriding royalty owners shown on Exhibit A, attached hereto.
- 6. The proposed horizontal section of the wellbore will be located in the Fruitland limestone formation.
- 7. Applicant seeks approval of this application in order to determine if this type of application in order to determine if this type of wellbore and completion in the Fruitland formation will result in the recovery of substantially greater amounts of hydrocarbons from the Fruitland

then would normally be recovered by a conventional well completion thereby improving ultimate recovery and preventing wasts.

WHEREFORE, after notice and hearing, the applicant requests that this application be granted.

Respectfully Submitted:

W. Thomas Kelladin Kellahin, Kellahin & Aubrey P.O. Box 2265 Santa Fe, NM 87504

American National Bank c/o Bank of Commerce P.O. Box 29 McLean, TX 79057

Barbara Jane Baer Estate First Interstate Bank of Oklahoma P.O. Box 25189 Oklahoma City, OK 73125

William Barrett 7342 Cantaloupe Avenue Van Nuys, CA 91405

Thomas J. Birmingham Donna E. Birmingham 1000 N. Figueroa, Sp. 17 Wilmington, CA 90744

Lura Boeck 1512 Club View Dr. Los Angeles, CA 90024

Clinton C. Carney, Jr. P.O. Box 2176
Balboa Rep, DE DE PA

Ruth Demerce Terrace Hill Rd. Bainbridge, NY 13733

Depco, Inc. Attn: W.W. Williams 1000 Petroleum Building Denver, CO 80202

Jacqueline White Doyle Indian Springs 73 49 305 Highway 74 Palm Desert, CA 92260

R.H. Feuille 10th Floor El Paso National Bank Building El Paso, TX 79901

Patricia Gorden 1740 N. Lima Street Burbank, CA 91505 Gordon Gottstein 9433 North East 14th Bellevue, WA 98004

Jay Gottstein 209 Oakridge Ct. Bellevue, NE 68005

Emily D. Grambling 916 Cherry Hill Lane El Paso, TX 79912

John Grambling P.O. Box 1828 El Paso, TX 79949

Mabelle Hardie Trust Texas Commerce Bank, Trustee P.O. Drawer 140 El Paso, TX 79980

William B. Hardie 1065 Los Jardines El Paso, TX 79912

Patricia G. Harvey P.O. Drawer 140 El Paso, TX 79980

Ben R. Howell Est. Texas Commerce Bank P.O. Drawer 140 El Paso, TX 79980

Gregory Louis Kelly 3526 Bayberry Lane Malibu, CA 90265

Laurence B. Kelly, Individually & as Trust U/W of L.C. Kelly 839 Summit Road Santa Barbara, CA 93108

Robert Lorenzo Kelly 7221 Desert Fairways Drive Paradise Valley, AZ 85253

Robert L. Langley, Jr. 5502 W. Altadena Glendale, AZ 85304

Palmer L. Long 6352 Reubens Drive Huntington Beach, CA 92647

Martha Lynch 1845 Woodall Rodgers Frwy. Ste. 1600 LB-16 Dallas, TX 75201

Benjamin J. Mansfield, Individually & as Executor 2615 Everett Dr. Reno, NV 89503

Marathon Oil Co. Attn: James W. Nichols P.O. Box 552 Midland, TX 79702

Nancy W. McLaughlin 2251 S. Bentley Avenue Los Angeles, CA 90064

Aline Miller 1915 Holiday Rd. Newport Beach, CA 92660

Robert D. Miller 40551 Vista Murrietta Blvd. Murrietta, CA 92362

Everts Moulton c/o Katz & Co., CPA 11980 San Vincente Blvd., Suite 505 Los Angeles, CA 90049

David Newbro 2016 Vista Cajon Newport Beach, CA 92660

Franklin Newbro
Building F
Veterans Home Station
Yountville, CA 94599

Suzanne Newbro P.O. Box 1355 Post Falls, ID 83854 William H. Newbro 534 East Cornell Drive Burbank, CA 91504

Kenneth J. Palmer, Helen Hanson Palmer, Tr., K.J. Palmer H.H. Palmer Family Living Trust 1134 Mestres Drive Pebble Beach, CA 93953

Patricia Parker Life Estate 3202 Bridge Path Ct. Garland, TX 75042

Martin A. Pierce c/o First Interstate Bank P.O. Box 4140 Farmington, NM 87499

Pima Savings & Loan Assoc. A/C Olive C. Gerlach Continental Plaza Green Valley, AZ 85614

Lucile O. Quigley P.O. Box 1107 Salem, OR 97308

Frank M. Ryburn, Jr. Letter returned—forwarding order expired 1511 Fidelity Union Life Building Dallas, TX 75201

San Juan Basin Pool c/o Eugene M. Phillips P.O. Box 1237 Panhandle, TX 79068

Rita Sheehan P.O. Box 159 Mattawan, MI 49071

South Coast Medical Center 31872 Coast Highway South Laguna, CA 92677

Beth R. Stuart P.O. Box 27480 Houston, TX 77027 Daniel E. Warren Editha B. Warren, Joint Tenants 41-505 Carlatta Drive, #102 Palm Desert, CA 92260

Billie Dale Newbro Williams P.O. Box 2704 28 Huntington Beach, CA 92647

Gaynor N. Willson 14548% Moorpark St. Sherman Oaks, CA 91403

Carol A.B. Zahara 1159 1634d Street Surrey, B.C. V4A 8B7

	SENDER: Complete items 1 and 2 when additional s and 4.  Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees t postmaster for fees and check box(es) for additional serviced 1. D Show to whom delivered, date, and addresse's address (Extra charge)	irse side. Fallure to do this will prevent this will provide you the name of the person the following services are available. Consult (s) requested.
	3. Article Addressed to:	4. Article Number 72.6
	Connece OOBWINE MS Search TX 79057	Type of Service:  Registered Insured Certified COD Express Mall
		Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature – Addressee  X  6. Signature – Agent	8. Addressee's Address (ONLY if
	X Roger McCasher VI/cash.	
	PS Form 3811, Mar. 1987 ** U.S.G.P.O. 1987-178-268	DOMESTIC RETURN RECEIPT
		DOMESTIC RETURN RECEIPT
	SENDER: Complete Items 1 and 2 when additional and .  Put your address in the "RETURN TO" Space on the reverse delivered to and the date of delivery. For additional fees to postmaster for fees and check box(es) for additional services.	will provide you the name of the person
	1. D. Show to whom delivered, date, and addresse's Addressed to:	16 Article Number
	Barbara Jan Ball Estatu First Liverstate Bart D	Type of Service:  Registered Insured Certified Cop
	Klakoma O.O. Bot 25/89 Ola Ama Culiok 73/25	Express Mall  [Always obtain ignature of addressee occupant and DAT DELIVERED.
	5. Signature Addressee  X  6. Signature Agent  X	B Addressee's Addres (ONLY if refrequested and fee paid)
	PS Form 3811, Mar 1987 200 1 U.S.G.P.O. 1987-178-268	DOMESTIC RETURN RECEIPT
et die de la company		
	SENDER: Complete tems 1 and 2 when additional as and 4.  Put you'r address in the TETURN TO Space on the reversarial from being returned to you. The regular receipt fee delivered to and the date of delivery. For additional seas the postmaster for fees and cheek box (ed. for additional seas) and the contract of the seas the contract of the seas the contract of the seas and cheek box (ed. for additional seas) and the contract of the seas and cheek box (ed. for additional seas) and the contract of the seas and cheek box (ed. for additional seas) and the contract of the seas and cheek box (ed. for additional seas) and the contract of	reside. Failure to do this will prevent this will provide you the name of the person person lost following services are available. Consult:
	3. Article Addressed to:	4. Article Number 7.65
	7342 Controloge We You hely CA 91405	Type of Service:  Registered Insured  Certified COD  Express Mail
	5. Signature - Addressee	Always obtain signature of addressee or egent and DATE DELIVERED.  8. Addressee Address (ONLY II and the requested and fee mad)
	6. Signature — Joent.  X	
	7. Date of Delivery	BOMBSTLY 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 cald from being returned to you. The return eceipt fee will provide you the name of the person
postmaster for fees and check box (es.) for additional service(s) requested.
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery  1. (Extra charge)  3. Article Addressed to: 4. Article Number
Jona 9 Burnighant P 838 256 719
Sona & Burningan   Type of Service:    Registered   Insured   Insured   Cop
Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature—Addressee  X. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent
7. Date & Delivery 88 8 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PS Form 3811, Mar. 1987 A U.S.G.PO. 1987-178-268 COMESTIC 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. Fallure to do this will prevent this.
delivered to and the date of delivery. For additional fees the following services are available. Consult
1. D. Show to whom delivered, date, and addressee's address. 2. D. Restricted Delivery.  1. Extra charge 1. C. Article Addressed to:  4. Article Number
Jura Bocke 1725
Registered Insured Insured Contified Contified Continued
Allways obtain signature of addressee
or agent and DATE DELIVERED.  5 Squature — Addressee  8. Addressee's Address (ONLY if
X fold OUT UNITS requested and fee paid 6. 6 foneture Agent
7. Date of Delivery
1
COMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 6.
Put your address in the RETURN TO'. Space on the reverse side. Failure to do this will prevent this card from being (att) ried to you. The return receipt fee will provide you the name of the person delivery. For additional fees the following services are available. Consult the person of the pers
Additional services are available. Consult (Fig. 1) Discourse of the following services are available. Consult (Fig. 1) Discourse of the first of th
3. Article Addressed to:  4. Article Number
Type of Service in Ser
Bairbidg 7/4/3733
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee 8. Addressee's Address (ONLY if Addressee's Addressee's Address (ONLY if Addressee's Addressee's Address (ONLY if Addressee's Addressee'
8. Signature + Agent Home Hall
7. Date of Delivery
PS Form 3811, Mar. 1987 4. U.S.Q.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

The Control of the State of the Control of the Cont

	Carrier Calling Section where I see	
	SENDER: Complete Items 1 and 2 when additional a	राज्यकार के विकास के प्राप्त के किए हैं कि विकास के किए हैं कि एक किए किए किए किए किए किए किए किए क
The state of the s	Put your address in the "RETURN TO" Space on the feve card from being returned to you. The return receipt fee delivery. For additional feas to	will provide you the name of the person
	postmaster for fees and check box(es) for additional service( 1. D Show to whom delivered, date, and addressee's addressee's	s) requested.  S. 2. D Restricted Delivery
	3. Article Addressed to	4 Article Number
	sepco esc	P 138 256 158
	2Hr. W.W. Williams	Type of Service:  Registered Insured
	1000 Petroleun Dldg	Certified COD
	Jen: W.W. Williams) 1000 Petroleun Bldg. Service Co 80202	Always obtain signature of addressee
to real flat of the second of	5. Signature – Addressee	or agent and <u>DATE DELIVERED</u> .  8. Addressee's Address (ONLY if
	x ····································	requested and fee paid)
	6 Signature Agent	
	7. Date of Delivery	
	S Form 3811, Mar. 1987 4.U.S.Q.P.O. 1987-178-268	DOMESTIC RETURN RECEIPT
	SENDER: Complete Items 1 and 2 when additional servers and 4 and 4 when additional servers and 4	/ices are desired, and complete items 3
	elivered to and the date of delivery. For additional feet the	following convices are the person
	ostmaster for fees and check box(es) for additional service(s)  Show to whom delivered, date, and addressee's address.  (Extra charge)	
37		Article Number
	6 0 72 72	P 8 38 25 6 /25
	10 miles - Silver Miles - The Barrier L	Registered Insured
	三人名英格兰美国西南部 经分别的 医神经动物 经经济 医电影 医多数性动物 医二角 计通过设置 经保护证据 医二种毒素 经营税 医二十二	Certified COD
	是1975年1976年1976年1975年1976年1976年1976年1976年1976年1976年1976年1976	lways obtain signature of addressee
5.		Addressee PAddress (ONLY if Frequested and fee paid)
(X) 6.	Signature Apent	Frequestectand fee paid)
X	TW Hoys	
7	Date of Delivery	
PS	Form 3811, Mar 1987 4 4 US GPO 1987-178-268	DOMESTIC RETURN RECEIPT
	SENDER: Complete Items 1 and 2 when additional and 4	ervices are dealred and complete and the
	Put your address in the "RETURN TO" Space on the rave	rse side. Fallure to do this will prevent this
	delivered to and the date of delivery. For additional fees to postmaster for fees and check box (ex) for additional fees to	he following services are available. Consult
	Show to whom delivered, date, and addresses address of (Extra charge) 1	2. D. Restricted Delivery
	R.H. Lucie To A. C.	Article Number
A STATE OF THE STA	12 Loop The Loop A	Type of Service:
	El Paso Matteral Back Bldg	☐ Registered  ☐ Insured  ☐ Contified ☐ ☐ COD
· 1000000000000000000000000000000000000	El Rose 7 77990/	Express Mail
		Always obtain signature of addressee or agent and DATE DELIVERED.
	Signature — Addressee     X	8. Addresse's Address (ONLY if
	Signature - Agent	
	Date of Delivery	
	Z 2 1988	
Part of the second	S Form 3811, Mar, 1987	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 tee will provide you the name of the day 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.  2. Restricted Delivery  1 (Extra charge) 1	
	3 Article Addressed to:  4. Article Number  P 838 276 746	
	1740. D. Serva St. Registered Insured	<b>₹</b>
	Bus Bank CA 9/505 Express Mail	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
	5. Signature – Addressee  8. Addressee's Address (ONLY if requested and fee paid)	
	6. Signature – Agent	
	X 7. Date of Delivery	
	9-21-88	
	PS Form 3811, Mar. 1987 → U.S.G.P.O. 1987-178-268 7 DOMESTIC RETURN RECEIPT.	
	SE DER: Complete Items 1 and 2 when additional services are desired, and complete Items 3	
	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 reselect from being returned to you.	
	Dostmaster for fees and check boxes for additional fees the following services ere evaliable. Consult	
	1. □ Show to whom delivered, date, and addresses's address. 2. □ Heshicad Delivery  3. Article Addressed to:  4. Article Number	を報告 490年 (1984年) - 7月 - 7月 - 7日
	Mordon of Mottation   18388 A 745 Type of Service: 1780 Se	新 (権) (職)
	9/33 Horth East 14 - Date Registerer / Dinsured 100 Cop	
	Bellevie WA 98004 DEMANTING	
	or agent and <u>DATE DELIVERED</u> .	
	x2 2000 requested and fee paid) single special single special single special s	
	6. Signature — Agent X	
	7. Date of Delivery (200)	
	PS Form 3811, Mar. 1987 P. J. U.S.O.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT	
The state of the state of		
	SPNDER: Complete Items 1 and 2 when additional articles 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 the second	
	delivered to and the date of delivery. For additional fees-the following services are evallable. Consult it	
	1 (Extra charge)	
	3. Article Addressed to:  A. Article Number  1.838 256 740	
	Belling NE 18005	
	RODING NEW	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
	5. Signature – Addressee 8. Addressee's Address (ONLY if requested and fee paid)	
	6. Signature – Agent	**************************************
	7. Date of Delivery O 2 2 10 1	24
and the second of second and a	S Form 3811, Mar. 1987	
		The state of the second of the

	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 leverse 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.  2. □ Restricted Delivery  1. □ Extra charge   1	
	3. Article Addressed to:  4. Article Number  C C 20 27 252	
	19/16 Charles Type of Service!	
	SO O CONTROL COD	
	Li Express Mail Always obtain signature of addressee	
	or agent and DATE DELIVERED.  5. Signature – Addressee 8. Addressee's Address (ONLY if	
	x Energy Learning requested and fee paid)	
	6. Signature/— Agent	
	7. Date of Delivery	
	PS Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT	
	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3	
	card from being returned to you. The return receipt fee will provide you the name of the person delivers to and the date of delivery. For additional fees the following springers are related to the person delivery.	
	postmatter for fees and check box(es) for additional service(s) requested. The structure of	
	3 Article Addressed to:  4. Article Number  P 836-2753	
	O.O.B. x 1828 Type of Service:	
	EL POSO TX 79949	
	Always obtain signature of addressee	, 113.12.
	5. Signature – Addressee 8. Addressee's Address (ONLY if	
	x requested and fee paid)  6. Signature A Agent (2)	
	× Cohn Danters VIA	
	SEP 23 1988	
	PS Form 3811, Mar. 1987 (1987), U.S.G.P.O. 1987-178-268 (1987) DOMESTIC RETURN RECEIPT	- 100
		20 pm
	SENDER: Complete Items 1 and 2 when additional services are desired and complete Items 3 Put your address in the "RETURN TO" Space on the reverse side. Fallure 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.	
	A flow to whom delivered; date, and addressed address: 2.2 Restricted Delivery (Extra charge)	is.
	3. Article Addressed to:  Mobelle Haile Just P8855779	
	Was Connucle Buck Jude Type of Service:    Registered   Insured	
	9.0 Dianel 70  Certified To Cop   Express Mail	
	Always obtain signature of addressee	
	5. Signature – Addressee  8. Addressee's Address (ONLY II)	
	X requested and fee paid)  6. Signature Agent	
	7. Date of Delivery	
	SEP 2 2 1988	<b>*</b>
nikala kala Mizere, are pereka	PS Form 3811, Mar. 1987 US.C.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT	Adreador .

William State Stat		eta eta artean.	of the the deposition of the second
Put your address in carl from being redel wered to and the postmaster for fees 1.   Show to who	the "RETURN TO" Space turned to you. The return e date of delivery. For addit and check box(es) for addition delivered, date, and addres 1 (Extra charge)	on the reverse side. Fairecelpt fee will provid ional fees the followin onal service(s) requested see's address. 2. D	Restricted Delivery  Extra charge)  1
3 Article Addressed	H. Harvey	4. Article	Number 7/1/
POR	w 140	Type of Se	
	77X 77980	☐ Registe	
il el l'asl	)	Expres	
		1986 (1986) 1886 (1986) 1886 (1986) 1886 (1986) 1886 (1986) 1886 (1986) 1886 (1986) 1886 (1986) 1886 (1986) 1	tain signature of addressee
5. Signature – Addr	PCCPP - State With the state of	178 T. 187 E	ee's Address (ONLY if
X			ed and fee paid)
6. Signature - Agen			
X Glas			
7. Date of Delivery	SFP 2 2	1988	
PS Form 3811, Mar.	1987 : 1987 ± µ.S.G.P.O. 19	87-178-268	DOMESTIC RETURN RECEIPT
		dditional	PARAMETER PROPERTY.
Put your address in	the "RETURN TO" Space	on the reverse side Sall	lesired, and complete items 3 ure to do this will prevent this
delivered to and the	date of delivery. For addition	ecelpt fee will provide	You the name of the person
1 1. D Show to whom	TO DUNCK DOX(65) TOP addition	Dal service(s) requested	The available, Consult
3. Article Addressed	to: 450 Butter English State of the Control of the	12 seconds 1	And cualse)
Den K. H	owell Estat	E PA	32 20 0 7 / 1
Devas Co	owell Estad	Type of Ser	vice:
PO Dia	ile 140-111		d Insured
50 P	10000000000000000000000000000000000000	Express	Mall Alexander
Colored	<b>从公司</b> (公司)	Always obta	in signature of addressee  DATE DELIVERED.
5. Signature – Address	ee with the second	8. Addressee	's Address (ONLY if
6. Signature Agent		requested	and fee paid)
× 4 leg			
7. Date of Delivery	OFD 2.0 10	00	
PS Form 3811, Mar. 19	SEP C C IB	00	
	87. al	178-268 DC	MESTIC RETURN RECEIPT
SENDER: Comple	te Items 1 and 2 when addi		
card from heing	Space on	the reverse side Entition	"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的
delivered to and the da	ite of delivery. For additions	bt fee will provide you	u the name of the person
引。口 Show to whom d Manual (本本)	te of delivery. For additions check box(es) for additional elivered, date, and addressee Extra charge)	service(s) requested.	ricted Delivery
3. Article Addressed to	AND LANGUAGE	4 Article Nur	a charge) t
30 gold do	we Kelly	1838	256 754
ss 26 . Day	pull Lare	Type of Servic	
molibie	2A 190365	Certified	☐ Insured
		Express Ma	ignature of addressee
P. NO. S. C. A. J. CONT. GARACTER TO SECULAR.			Hanature of addrosses 1895
MMD	1444	or agent and D	ATE DELIVERED
Signature Addressee	1429 S	or agent and D	ATE DELIVERED.
Signature - Addressee		page or agent and D/	ATE DELIVERED.
Signature — Agent		or agent and D	ATE DELIVERED.
Signature Addressee Signature Agent  Date of Delivery		or agent and D	ATE DELIVERED.

1	A STATE OF THE STA
	SELDER: 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 evaliable. Consult postmaster for fees and check box(es) for additional service(s) requested.
	3. Article Addressed to:  Article Number
	Facilities Filly Charles Type of Service:    A Justic War & C. Kelly   Type of Service:   Registered   Insured   COD     Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature – Addressee  X  6. Signature – Agent
	X 7. Date of Delivery 3
	PS Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4 and 4 and 5 and 5 and 5 and 5 and 6 and 6 and 7
	3. Article Addressed to Delivery 4. Article Number P 8 38 250 721
	7221 Secrification of the service   Type of Service   Insured   Insured   Cortified   CoD   CoD
	Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature – Addressee  X  6. Signature – Agent  X  Agent  Agen
	7. Date of Delivery 9 2 2 8 PS Form 3811 - Mar 1987 - 1 - 4 U.S.G.P.O. 1987-178-268 - 1 DOMESTIC RETURN RECEIPT - PS Form 3811 - Mar 1987 - 1 - 4 U.S.G.P.O. 1987-178-268 - 1 - 4 U.S.G.P.O. 1987-178-2 - 1
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3.
	and Put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this card frem 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 tha 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. 2. □ Restricted Delivery.  1. □. Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery.
	3. Article Addressed to:  Robert Warding 9  Type of Service:  Registered Insured
	Here A 2 85304 Certified COD Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature - Addressee  **Addressee   **Ad
	6. Signature – Agent X 7. Date of Pelivery 01/
AND THE STATE OF T	PS Form 3811. Mar. 1987 44 US.G.PO. 1987-178-268 300 DOLLEGO BETLIEN RECEIPT 3

		*** ***
	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. Fallure to do this will prevent this	<u> </u>
	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 postmerter for fees and check box(es) for additional service(s) requested.	-}
	1. ☐ Show to whom delivered, date, and addresse's address. 2. ☐ Restricted Delivery	
	3. Article Addressed to: 4. Article Number  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	Galmer A. Hong  G352 Reubert	
	Author Black CA   Certified   COD   Express Mail	{
	Always obtain signature of addressee	-
	of agent and DATE DELIVERED.  8. Addressee's Address (ONLY if	
	x requested and fee paid)  6. Signature – Agent	
	7. Date of Delivery	
	19-2258	
	PS Form 3811, Mar. 1987 US.G.PO. 1987-178-268 DOMESTIC RETURN RECEIPT	
		1
	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. Fallure to do this will prevent this	
and a second state of	delivered to and the date of delivery. For additional fees the following services are available. Consuit  Dostmaster for fees and check box (es) for additional services) requested	To the second
	1 Show to whom delivered, date, and addressee's address. 2. Bestricted Delivery	
	Lhow 1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ļ
	1845 Woodall Radgue-fury Type of Service: Registered Insured Certified $\square$ CoD	{
		{
	Always obtain signature of addressee or agent and DATE DELIVERED.	}
	5. Signature - Addressee 8. Addressee's Address (ONLY if requested and fee paid)	}
	6. Signature – Agent	<b>}</b> .
	7. Date of Delivery	}
	SEP 2 3 1988 PS Form 3811, Mar. 1987 u.s.g.p.o. 1987-178-268	ŧ
	SEMDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3	
	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	
	delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for less and check box(ss) for additional fees the following services are available. Consult postmaster for less and check box(ss) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional fees the following services are available. Consult postmaster for less and check box (see a different feet) for additional feet feet feet feet feet feet feet fee	
	3. Article Addressed to:  4. Article Number	
	Type of Service:	{
	Property of the Registered Insured Control Cop	
	Revo NU 89503 Always obtain signature of addressee	† †
	or agent and DATE DELIVERED.  5. Signature - Addressee	! J
	x requested and ree puld) to	! !
(	x) Signature - Agent Nonskill	
	7. Date of Delivery 1997 1997 1997 1997 1997 1997 1997 199	Σ .
The mass supported P	S Form 3811, Mar. 1987 U.S.Q.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT	·

delivered to and the de	ate of delivery. For additions	eipt fee will provide you the name of the person hal fees the following services are available. Consult his service(s) requested.  2's address. 2.   1'Extra charge)1
3. Article Addressed to	- Oil Co	Article Number 256 757
P.O. Box	eω. 7μcho 552	Certified COD
Midlan	d, TX 7970	or agent and DATE DELIVERED.
5. Signature – Addresse X		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	n-Aldare	
Date of Delivery	201 8 US GPO. 1987	-178-268 DOMESTIC RETURN RECEIPT
Jen and		
Put your address in the card from being return delivered to and the da postmaster for fees and	"RETURN TO" Space on led to you. The return rect the of delivery. For addition check box(es) for additional	tional services are desired, and complete items 3 the reverse side. Fallure to do this will prevent this sipt fee will provide you the name of the person al fees the following services are available. Consult service(s) requested. 's address. 2. Bestricted Delivery
3. Article Addressed to:	Extra charge)	4. Article Number
225/15. Be Los dige	: M-Laughli Ley Queri es CA 90064	Type of Serfice:  Registered COD  Express Mail
		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addresse		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X		
7. Date of Delivery	87 * * v.s.g.Po. 1987	178 268 DOMESTIC BETURN RECEIPT
PS Form 3811, Mar. 198		
SENDER: Complete	Items 1 and 2 when add	tional services are desired, and complete items 3.
Put your address in the caid from being returned to and the dat postmaster for fees and day	ed to you. The return rece te of delivery. For additional check box(es) for additional	if the will provide you the name of the person of the pers
Article Addressed to:	5xtra charge) 1	4. Article Number
Robert Di 4051 Yiet	a muit	Type of Service:
Muriett	2,0A 92362	□ Cortified     □ COD     □ Express    □    □
( ) A constant		Always obtain signature of addressee or agent and DATE DELIVERED ASSESSED AND B. Addressess Address ONLY
Signature - Addresses	n Mille	requested and re23
X	THE VALUE OF THE PARTY OF THE P	A STATE OF THE STA

	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3
	Put your address in the "RETURN'TO" Space on the reverse side. Fallure to do this will prevent this
	card from being returned to you. The return receipt fee will provide you the name of the person delivery. For additional fees the following services are available. Consult
	postmister for fees and check box(es) for additional service(s) requested.  1. D show to whom delivered, date, and addressee's address. 2. D Restricted Delivery
	) 中間を中央の場合が特殊に対す(Extra charge) 1
	Everts Moriton 838 2576 731
	70 20 Language Insured Insured
· · · · · · · · · · · · · · · · · · ·	11980 San Vincente Blud Certified COD COD LEXPRESS Mail
1	- 1977 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 - 1978 -
	Always obtain signature of addressee or agent and DATE DELIVERED.
	5. Signature - Addressee 4 Addressee 8. Addressee's Address (ONLY If
	x requested and fee paid)
	6. Signature — Agent
	X
	7. Date of Delivery
	Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT
	Form 3811, Mar. 1987 Sear & U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT
	THE PROPERTY OF THE PROPERTY O
4-1	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3
	Put your address in the "RETURN TO" Space on the reverse side. Fallure 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
	postmuster for fees and check box(es) for additional service(s) requested.
	34 Article Addressed to:
	David H. Newbold  1838:256 731  2016 Vista Cajo  Type of Service:  Registered =   Insured     Certified     Coo
	2016 Vista Cajor Type of Service:
	Propert Beach CA Certified Con
	C 2)/ O Express Mall
Like State Land Harry	92600 Always obtain signature of addressee
	or agent and DATE DELIVERED.
The second section of the section of the section of the second section of the section of t	5. Signature — Addressee  8. Addressee's Address (ONLY I)  7. Tequested and fee paid)
	6. Signatura Agent
	X X
	7. Date of Delivery
	2/23/28
	PS Form 381/1, Mar. 1987 + U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT
	Part 18 Comment of the Comment of th
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3
	1 Put your address in the "RETURN TO" Space on the reverse side Fallure 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
	Dostmaster for fees and check box(es) for additional service(s) requested.  1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery
	3. Article Addressed to:
	4 a year public P838 256 733 1
	Type of Service:
	Veterals Home Station   Registered   Insured   Veterals Home Station   Certified   Good
	Veteral Home Station & Certified it C COD  Express Mall
in the second of	Always obtain signature of addressee
and the second s	or agent and <u>DATE DELIVERED</u> .
	5. Signature - Addressee B. Addressee's Address (ONLY if requested and fee paid)
	6. Signature – Agent
	X Table 1
	7. Date of Delivery
	9/83/88
and the second s	PS Form 3811, Mar. 1987 US.G.P.O. 1987-178-268

t to			
	SENDER: Complete items 1 and 2 when additional stryices are desired, and complete items 3 and 4.  Putlyour address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this putlyour address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this putly provide your the name of the person		
	card from being returned to you. The return receipt is will ploy be revices are available. Consult		
	positingster for fees and check box(es) for additional sarvice(s) requested.  positingster for fees and check box(es) for additional sarvice(s) requested.  1. ☐ Show to whom delivered, date, and addressee's address.  2. ☐ Restricted Delivery  1. ☐ Extra charge)1		
	3. Article Addressed to: 4. Article Number		
	Type of Service:    Registered   Insured		
	Juzanie Jubro  G.O. Boy 1355  Post fall, TS 83854  Express Mall		
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .		
The Company of the Company	5. Signature - Addressee Requested and fee paid)		
	6. Signature - Agent		,
	X One of Delivery	:	
	7. Date of Delivery 23-88 POMESTIC RETURN RECEIPT		
	PS Form 3811, Mar. 1987 ** U.S.G.P.O. 1987-178-268 *** DOMESTIC RETURN RECEIPT		
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Item		
	Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent card from being returned to you. The return receipt fee will provide you the name of the per		
	postmaster for fees and check box(es) for additional fees the following services are available. Const postmaster for fees and check box(es) for additional service(s) requested.		
	3. Article Addressed to: 4. Article Number		
	William & Nubis of 1838 256 797 1 Type of Service:    534 East Correll St.   Registered 11   Insured		
	Certified COD		
	BULGAL (A) 9/504 Express Mail (Control of addressee (Control of ad		:
	or agent and <u>DATE DELIVERED</u> .  5. Signature – Addressee  8. Addressee's Address (ONLY if		
	Arceivers # Arequested and fee paid		
	6. Signature = Agent		
	7. Dete of Delivery \$\\ \\$EP.2.2.1988		د.
	PS Form 3811, Mar. 1987		
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Pit your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this		
	delivered to and the date of delivery. For additional fees the following services are available. Consult		
	1. D Show to whom delivered, date, and addressee's address. 2. D Restricted Delivery 1. A fextra charge 1. D Restricted Delivery 1. A fextra charge 1. D Restricted Delivery 1. D A fextra charge 1. D		ј. Де.
	P 8 38 256769		
	Type of Service:  Type of Service:  Registered  Certified  Cond		. •
	tagnety String Mall		
	Puble Beet CA 93953 Always obtain signature of addressee or agent and DATE DELIVERED.		
	5. Signature—Addressee (ONLY if requested and fee paid)		-'
	5. Signature - Agent	31	
	7. Date of Delivery	•	
P. C. Carrier and C. C. Carrier and C. C. Carrier and C. Carrier a	S Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT		

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 1 and 2 when additional services side. Failure to do this will prevent this had 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this provide you the name of the person the person of the	
a wour address in the remaind to you. The Fer additional fees the requested.	
postmaster for fees an elivered, date, postmaster for sees an elivered, date, postmaster for see	
3. Article Addressed to Type of Service: Type of Service: Insured	
Sotate Of Certified	
Always obtain signature of adults.	
Hauland or agent and or agent and fee paid)  8. Addressee's Address (ONLY if a sequested and fee paid)  1. Requested and fee paid)	
5. Signature Addressee	
6. Signature – Agent	
7. Date of Delivery 7. Date of Delivery 7. 2 88	
7. Date of 2 3 + u.s.g.Po. 1987-178-268 PS Form 3811, Mar. 1987	
additional services are desired, and complete items	
SENDER: Complete Items 1 and 2 when additional services are desired, and  SENDER: Complete Items 1 and 2 when additional services are averaged by the prevent his and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this of the person that the put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent th	•
SENDER: Complete Items 1 and 2 when  SENDER: Complete Items 1 and 2 when  and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this  Put your address in the "RETURN TO" Space on the reverse side. Failure to do the name of the person  Put your address in the "RETURN TO" Space on the reverse side. Failure to do the name of the person  card from being returned to you. The return receipt fee will provide you the name of the person  card from being returned to you. For additional service(s) requested.  card from being returned to you. For additional service(s) requested.  2	
Show to White Alextra charges	
3. Article Addressed to:  Type of Service:  Type of Service:  Registered   Grand Good	
C/D Fust Curtified Express Mall Express Mall	-÷ - t
O.O. Parx 4/40  Always obtain signatura of addressee  Always obtain signatura of addressee  or agent and DATE DELIVERED.  or agent and DATE ONLY II.	
or agent and ONLY II  8. Addressee's Address (ONLY II  requested and fee paid)  requested and fee paid)	
5. Signature Addressee	
6. Signature Agent	
7. Date of Delivery  Out of Delivery  Ou	
ps Form 3811, Mar. 190 Land State of Complete Items 3	
os Form 381  SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3  SENDER: Complete Items 1 and 2 when additional services side. Fallure to do this will prevent this services side. Fallure to do this will prevent this services side. Fallure to do this will prevent this services side. Fallure to do this will prevent this services side. Fallure to do this will prevent this services side. Fallure to do this will prevent this services side.	
and the HELD I would be serviced by the servic	
Put votir address card from being returned to you The Islandian fees the Tollows card from being returned to you The Islandian fees the Tollows card from being returned to you The Islandian fees the Tollows delivered to and the date of delivery for additional service(s) requiested delivered to and the date of delivery for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box(es) for additional service(s) requiested postmester for fees and check box (es) for additional service(s) requiested postmester for fees and check box (es) fees and check bo	
Type of Service: Type of Service:	
A/C Olivi C Olaro Contilled COD Contilled Express Mall	<u>-</u>
Always obtain signature of addressee  SLIU Always obtain signature of addressee  or agent and DATE DELIVERED.	
or agent and property of the p	
5. Signature - Addressee	32
6. Signature - Agent MARQUALL	
7. Date of Deliver 2 2 DOMESTIC RETURN RECEIPT.	
2911 Mar. 1987	

		+
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4. G. Put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this Put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this put your address in the date of delivery. For additional fees the following services are available. Consult delivered to end the date of delivery.	
	delivered to end the date of delivery  postmester for fees and check box(es) for additional service(s) requested.  postmester for fees and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery  1. (Extra charge)  4. Article Number  3. Article Addressed to:	
	Sucille O. Quigliy Type of Service:  Registered Insured	
	Dual O Gugay Miss   Certified   COD   Express Mail   Always obtaining the of addressee   Or agent and DATE DELIVERED.	
tur orden kangarija. Historia	5. Signature - Addressee 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	6. Signature – Agent X 7. Date of Delivery	
	PS Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-268 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. Fallure to do this will prevent this crid from being returned to you. The return receipt fee will provide you the name of the person crid from being returned to you.	
	dBivered to and the date of delivery. For additional fees the following savings as a subject of the sand check box(es) for additional service(s) requested.  □ Show to whom delivered, date, and addressee's address. □ 2. □ Restricted Delivery □ Show to whom delivered the same addressee's address. □ 2. □ Restricted Delivery □ Show to whom delivered the same addressee's address. □ 2. □ Restricted Delivery □ Show to whom delivered the same addressee's address. □ 2. □ Restricted Delivery	
	3. Article Addressed to:  An Gran Basin Gool  O 838 256 747  Type of Services    Registered   Insured	
	9.0 Box 1237 tegy   Always obtain signature of addressee	
	or agent and DATE DELIVERED  5. Signature Addressee:  Addressee:	
	6. Signature — Agent X 7. Date of Delivery	
	S Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 * DOMESTIC RETURN RECEIPT	
	SENITER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  Put you 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.	
The state of the s	Destroster for fees and check box(es) for additional fees the following saysings are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  1. D Show to whom delivered, date, and addresses's address. 2.2 D Restricted Delivery (Extra charge)	
	3. Article Addressed to:  Ptasset 10: 4. Article Number Pro-83 8 256 735  Type of Service:  Type of Service:	
	MOHAWA MI Always obtain signature of addressee	
	or agent and DATE DELIVERED.  Signature – Addressee (ONLY)   Frequested and fee paid)	10 m ≥ 1
7	Signature — Agent  Days of Delivery	. 33
a september 100 miles	5 Form 3811, Mar. 1987	

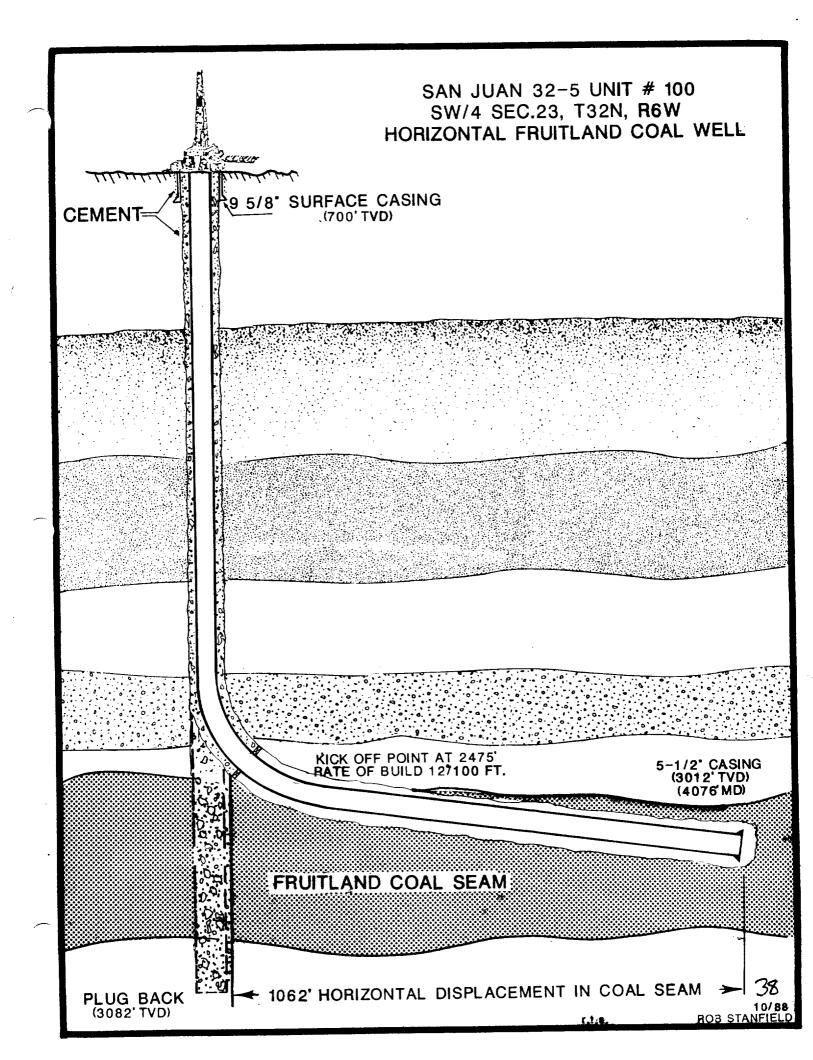
	SENIFER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4
	Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered 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.  2.   Restricted Delivery  (Extra charge)
	2. Article Addressed to and appropriate the second of 4. Article Number
	Jouth Coast Midual Center 0838256721  31872 Grast Highway Type of Service:  Registered 1-1 Insured
	Registered A- Insured Cortified CoD Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
	5. Signature Addressee 8. Addressee's Address (ONLY if signature) Addressee and fee paid
	6. Signature – Agent
	X Date of Definition (1)
	7. Date of Defiver/ V
	PS Form 3811, Mar. 1987
	SINDER: 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, Fallure 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 evaliable. Consult
	postmaster for fees and check box(es) for additional service(s) requested.  1. □ Show to whom delivered, date, and addressee's address.  2. □ Restricted Delivery  1 (Extra charge)
	3. Article Addressed to: 4. Article Number
	Beth R. Strat   $\frac{9838256168}{\text{Type of Service:}}$
	Consistence   Registered   Insured   Registered   Consistence   Registered   Regist
	Always obtain signature of addressee
	or agent and DATE DELIVERED.
	5 Signature - Addressee   8 Addressee   8 Address (ONLY II   1997)   8 Signature - Addressee   8 Addressee   8 Address   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997   1997
	6. Signature - Agent
	7. Date of Delivery
	PS Form 3811 Mar 1987 WHILL US G.P.O. 1987-178-268 ADD DOMESTIC RETURN RECEIPT
3.52	PS Form 3811, Mar. 1987 4 U.S.G.P.O. 1987-178-268 3 DOMESTIC RETURN RECEIPT
	SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3
	Put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person
	postmester for fees and check box(es) for additional service(s) requested.
ALL OF CALL	1. D Show to whom delivered, date and addressed's address 2. D Restricted Delivery  1. Article Addressed to:  3. Article Addressed to:
	) 1 1 5 Warier Eartha B. 0 838 256 748
	Warren Jour Harts   Type of Service: 7   Insured   Insur
	Certified Y COD Express Mall
A distribution	Falm Secret CA 70260 Always obtain signature of addressee
	or agent and <u>DATE DELIVERED</u> .  5. Signature – Addressee  8. Addressee's Address (ONLY if
	7 requested and fee paid)  6. Signature — Agent
	x filly c. Bilding to the
	7. Date of Delivery
A STATE OF THE STA	PS Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

end 4. Put your card from	ER: Complete address in the being returne to and the dat	"RETURN TO	O'' Space on e return rece	the rever	se side. Failu viii provide	re to do thi	is will preve	ont this person
postmaste	or for fees and cow to whom de	heck box(es) livered, date, a	for additional and addressee	service(s s address	) requested.	. ಗಳ್ಳಗಳಲ್ಲಿ estricted De	livery	
	Addressed to:	Deut	isale	LIAN	4. Article N	lumber 254	73 7	持續
	30x 270	But Tolk I beautiful and			Typelor Ser	eg - ₹ # 🗖	Insured	
fur	Ligton	Beac	CCA		Certified Express	MAOI	外域的	
			11.926	的特件	Always of the or agent age	DAYETE	LIVERED.	
. Signatu	re — Addressee				8. Addr	d's Aboles 1988		
. Signato	re-Agent	TMS				VSP	9/	
. Date of	Delivery		TAKE!					

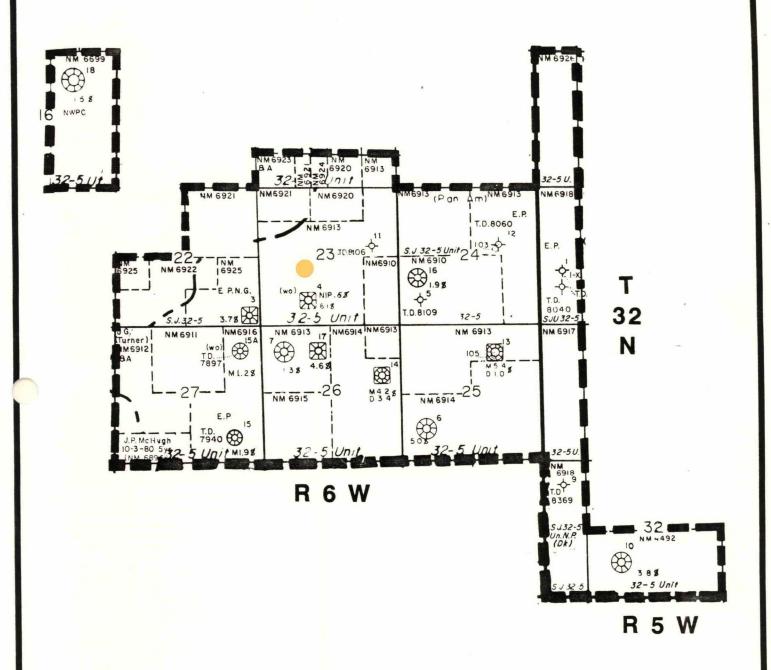
SENDER: Compl	ete items 1 and 2	when additional	ervices are desire	d, and complete	Items 3
card from being retu	"" HETURN TO"	Space on the reve	rse side. Fallure to	And this will be a	200178 A
Postmetter for face and	date of delivery. Fo	r additional fees t	he following servi	the name of the	<u>person</u>
1.   Show to whom  Article Addressed to	delivered date, and	addissagat addis	5) requested. 编辑 5. 2. 日 Restric	and Dellaran	
Article Addressed to	(Extra charge)	reserved to that a	計劃行行(Extra	charge) to the	
Jail tot	カルバル		4. Article Numb	or and the	54307%
		14 TO THE PARTY OF	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0/5637	3434
14548/20	Mooyo	UK MI	Type of Service:	ANTONE FE	2000
人人的人的	Oaks ()		Certified	☐ Insured	
		1.7/903	Express Mail		
		44	Alivays obtain sig		D. A. a.
SUPPLIES THE SECOND	THE STATE OF THE S	VEW KA	or agent and DA	E DELIVERED	66
Signature - Addresse	711.10	40.60 Ly - 12.60	8. Addressee's A		THE PARTY.
Joseph n	William	1900	requested and	lee pald)S	
Signature - Agent	Property of the second	Pet tressession			A A
- Perpet			沙漠(四/亡	1 (2) (2) (3)	200
Date of Delivery	4175	TRI	\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NEISI	
ASSESSED FOR THE PARTY OF THE P		18X	**************************************	ジンノン	
orm 3811, Mar. 198	7 :	P.O. 1987-178-268	Table Same	TIC RETURN R	590 F 1275

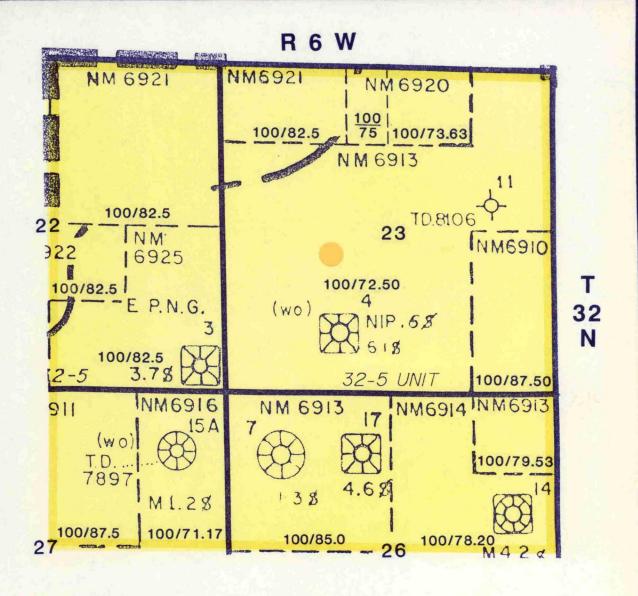
## San Juan 32-5 Unit #100 SW/4 Section 23, T-32-N, R-6-W Rio Arriba County, New Mexico

Meridian Oil Inc. proposes to drill a well vertically through the base of the Fruitland Coal to a depth of approximately 3,082 feet. The well will be cored, logged and plugged back to an approximate kick off point at 2,475 feet. The well will be kicked off and a medium radius curve drilled in a southerly direction to an angle of approximately 89 degrees to a depth sufficient to encounter the top of the Fruitland Coal. The wellbore will then be drilled laterally approximately 1,062 feet within said formation.



# SAN JUAN 32-5 UNIT





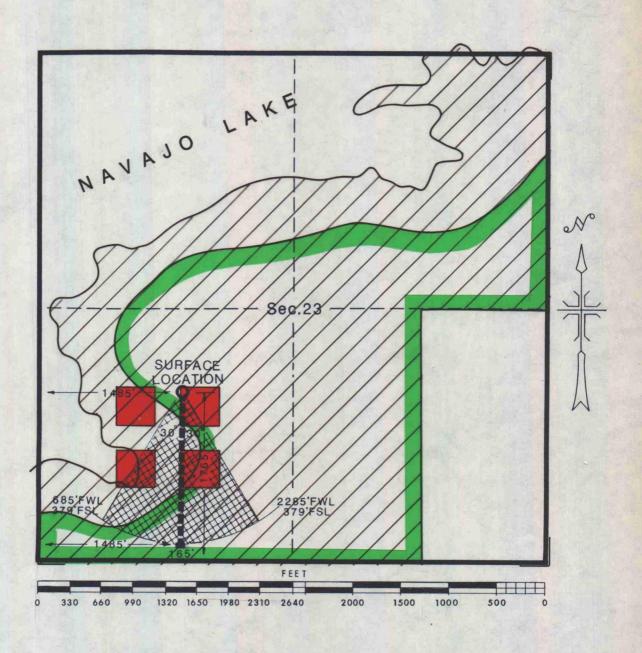
OPERATOR S. J. 32-5 UNIT

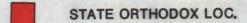
GWI/NRI GAS FRUITLAND COAL ONLY

Proposed S.J. 32-5 Unit #100 surface location.

0

## SAN JUAN 32-5 UNIT #100 SW/4 SEC.23, T 32 N, R 6 W HORIZONTAL FRUITLAND COAL WELL





SENSITIVE WILDLIFE HABITAT

BIG GAME USE AREA (DEC. 1-MAR. 31)

PROPOSED BOTTOM HOLE WELLBORE LOCATION

36

OCTOBER, 1988

## San Juan 32-5 Unit #100 SW/4 Section 23, T32N, R6W Horizontal Drilling Application

Meridian Oil Inc., as applicant, proposes to drill a horizontal directional drilling pilot project in the SW/4 of Section 23, Township 32 North, Range 6 West, NMPM, Rio Arriba County, New Mexico.

Meridian Oil Inc. proposes to drill a well vertically from an orthodox surface location 1765 feet from the South line and 1485 feet from the West line of said Section 23, from the surface through the Fruitland formation to a depth of approximately 3080 feet, prior to kick off and completion of the referenced well in an unconventional manner.

Meridian Oil Inc. proposes to drill and complete the Fruitland Coal Seam through an unconventional lateral wellbore. The proposed direction and extent of the lateral portion of the wellbore shall be confined to a  $60^{\circ}$  arc with a radius of 1600 feet from 379 feet from the South line and 2285 feet from the West line to 379 feet from the South line and 685 feet from the West line.

## MERIDIAN OIL

June 2, 1988

TO ALL WORKING INTEREST OWNERS SAN JUAN 32-5 UNIT

Re: San Juan 32-5 Unit 1988 Drilling Program First Amendment Rio Arriba County, New Mexico

Dear Interest Owner:

Enclosed you will find a copy of the First Amendment to the 1988 Drilling Program for the San Juan 32-5 Unit.

The San Juan 32-5 Unit #100, 101, 102, 103, 104, 105, 106, 107 and 108 Fruitland Coal wells will be drilled on drill blocks and the cost will be borne 100% by Meridian Oil as Drill Block Owner.

At this time, there are no other wells to be proposed for the 1988 Drilling Program; therefore, since the necessary working interest owner approval has been received for the above wells, the First Amendment will be submitted to the regulatory agencies immediately.

Yours very truly,

David M. Poage

Senior Staff Landman

DMP/tlm Enclosures S.J. 32-5 Unit, 3.0~ Doc. 85+

## SAN JUAN 32-5 UNIT WORKING INTEREST OWNERS

Amoco Production Company

Benson-Montin-Greer Drilling Corporation

Elizabeth Jeanne Turner Calloway

Frank O. Elliott, d/b/a Elliott Oil Company

The First National Bank in Shreveport
Trustee for the Ed E. & Gladys Hurley Foundation

Mrs. Gladys Hurley

La Plata Gathering System, Inc.

Northwest Pipeline Corporation

Phillips Petroleum Company

Mr. Frank A. Schultz

Mr. Frederick Eugene Turner

Mr. J. Glenn Turner, Jr.

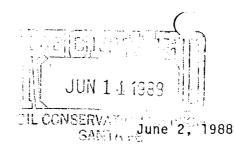
J. Glenn Turner, Jr. & MBank at Dallas, Texas
Trustees of the Mary Frances Turner, Jr. Trust (6743)

Mr. John Lee Turner

W. M. Vaughey & Genevieve C. Vaughey

Mr. William G. Webb

El Paso Natural Gas Company



5. T. 33-5, 3.0

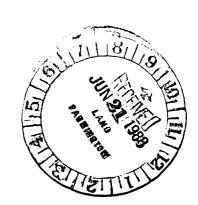
P O BOX 4990 FARMINGTON, NEW MEXICO 87499 PHONE 505-325-2841

Bureau of Land Management South Central Region 435 Montano N. E.

Albuquerque, New Mexico 87107

Commissioner of Public Lands State of New Mexico Post Office Box 1148 Santa Fe. New Mexico 87501

Oil Conservation Division State of New Mexico Post Office Box 2088 Santa Fe, New Mexico 87501



Re: San Juan 32-5 Unit, #14-08-001-534

Rio Arriba County, New Mexico

First Amendment to 1988 Drilling Program

#### Gentlemen:

By letter dated February 18, 1988, El Paso Natural Gas Company, as Unit Operator, for the San Juan 32-5 Unit #14-08-001-534, filed a Drilling Program for the calendar year 1988. This program provided for the drilling of no wells.

It is now desired to supplement this program by drilling the following wells during 1988:

Well Name	Drill Block	<u>Formation</u>
San Juan 32-5 Unit #100 San Juan 32-5 Unit #101 San Juan 32-5 Unit #102 San Juan 32-5 Unit #103 San Juan 32-5 Unit #104 San Juan 32-5 Unit #105 San Juan 32-5 Unit #106	W/2 23-32N-6W E/2 23-32N-6W W/2 24-32N-6W E/2 24-32N-6W W/2 25-32N-6W E/2 25-32N-6W W/2 26-32N-6W	Fruitland Coal Fruitland Coal Fruitland Coal Fruitland Coal Fruitland Coal Fruitland Coal Fruitland Coal
San Juan 32-5 Unit #107 San Juan 32-5 Unit #108	E/2 26-32N-6W E/2 27-32N-6W	Fruitland Coal Fruitland Coal

All working interest owners have been contacted regarding this Drilling Program. El Paso Natual Gas Company, as Unit Operator, and the working interest owners believe that all current obligations have been satisfied.

El Paso Natural Gas Company, as Unit Operator, plans to drill any offset wells required to prevent drainage of unitized substances and any other wells deemed necessary or desirable by the Unit Operator and the working interest owners.

If this Drilling Program is acceptable, please signify your approval as required under Section 10 of the Unit Agreement in the space provided on the attached sheet and return an approved copy to the undersigned.

Copies of this letter are being sent to the working interest owners shown on the attached sheet.

Very truly yours,

James R. Permenter

JRP:tlm Enclosure San Juan 32-5 Unit, 3.0 Doc. 81+

## SAN JUAN 32-5 UNIT WORKING INTEREST OWNERS

Amoco Production Company

Benson-Montin-Greer Drilling Corporation

Elizabeth Jeanne Turner Calloway

Frank O. Elliott, d/b/a Elliott Oil Company

The First National Bank in Shreveport
Trustee for the Ed E. & Gladys Hurley Foundation

Mrs. Gladys Hurley

La Plata Gathering System, Inc.

Northwest Pipeline Corporation

Phillips Petroleum Company

Mr. Frank A. Schultz

Mr. Frederick Eugene Turner

Mr. J. Glenn Turner, Jr.

J. Glenn Turner, Jr. & MBank at Dallas, Texas Trustees of the Mary Frances Turner, Jr. Trust (6743)

Mr. John Lee Turner

W. M. Vaughey & Genevieve C. Vaughey

Mr. William G. Webb

APPROVED:  Bureau of Land Management  (Subject to like approval by the Commissioner of Public Lands and the Oil Conservation Division)	DATED: 7-13-88
APPROVED:  Commissioner of Public Lands (Subject to like approval by the Bureau of Land Management and the Oil Conservation Division)	DATED:
APPROVED:  Oil Conservation Division (Subject to like approval by the Bureau of Land Management and the Commissioner of Public Lands)	DATED:

The foregoing approvals are for the First Amendment to 1988 Drilling Program for the San Juan 32-5 Unit, #14-08-001-534, Rio Arriba County, New Mexico.

APPROVED:	DATED:
Bureau of Land Management (Subject to like approval by the Commissioner of Public Lands and the Oil Conservation Division)	
APPROVED: U. D. Jumphus  Commissioner of Public Lands (Subject to like approval by the Bureau of Land Management and the Oil Conservation Division)	DATED:
APPROVED:  Oil Conservation Division  (Subject to like approval by the Bureau of Land Management and the	DATED:

The foregoing approvals are for the First Amendment to 1988 Drilling Program for the San Juan 32-5 Unit, #14-08-001-534, Rio Arriba County, New Mexico.

Commissioner of Public Lands)

APPROVED:	DATED:
Bureau of Land Management (Subject to like approval by the Commissioner of Public Lands and the Oil Conservation Division)	
APPROVED:  Commissioner of Public Lands	DATED:
(Subject to like approval by the Bureau of Land Management and the	
Oil conservation Division)	
APPROVED: Scy Splin	DATED: 6-14-88
Of 1 Conservation Division	
(Subject to Yike approval by the Bureau of Land Management and the	
Commissioner of Public Lands)	

The foregoing approvals are for the First Amendment to 1988 Drilling Program for the San Juan 32-5 Unit, #14-08-001-534, Rio Arriba County, New Mexico.