

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 10918

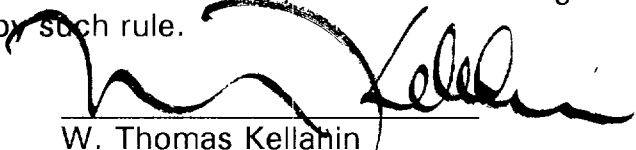
APPLICATION OF MERIDIAN OIL INC.
FOR DOWNHOLE COMMINGLING,
NEUDECKER # 2 WELL-35G-T29N, R10W
SAN JUAN COUNTY, NEW MEXICO.

CERTIFICATE OF MAILING

AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Meridian Oil Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 25th day of January 1994, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for February 17, 1994, to the parties shown in the application as evidenced by the attached copies of return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 16th day of FEBRUARY,
1994.


Notary Public

My Commission Expires:

June 9, 1997

P 470-824 725



Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Incline Reserves, Inc
1603 S.W. 37th St.
Topeka, KS 66611

100 June 1990

	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Merid - Neudecker
1/25/94

P

P 670 814 724



Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Jerry Hoover
Conoco, Inc.
10 Desta Drive West Suite 100
Midland, Texas 79705-4500

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$

Merid Neudecker # 2
1/26/94

PS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

* Complete items 1 and/or 2 for additional services

Merid Neudecker # 2
1/26/94

so that we can
back if space

does not permit.

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jerry Hoover
Conoco, Inc.
10 Desta Drive West Suite 100

Midland, Texas 79705-4500

4a. Article Number

670-814-724

4b. Service Type

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

7. Date of Delivery

2-19-94

5. Signature (Addressee)

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

6. Signature (Agent)

Anita Gonzalez

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
Merid - Neudecker
1/25/94

so that we can

Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Southland Royalty Company
C/O Meridian Oil Inc.
P.O. Box 4269
Farmington, New Mexico
87499

4a. Article Number
670 814 615

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
1-27-94

5. Signature (Addressee)
J. A. H.

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

670 814 615

 **Certified Mail Receipt**
No Insurance Coverage Provided
Do not use for International Mail
See Reverse

Southland Royalty Company
C/O Meridian Oil Inc.
P.O. Box 4269
Farmington, New Mexico 7499

Postage \$

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

300, June 1990

Merid - Neudecker
1/25/94

P 570 814 614



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

S. G. Interests
811 Dallas
Suite 1505
Houston, TX 77002

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date & Address of Delivery	
TOTAL Postage & Fees	\$

June 1990

Merid - Neudecker
1/25/94

PSK

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.

Merid - Neudecker

1/25/94

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

S. G. Interests
811 Dallas
Suite 1505
Houston, TX 77002

5. Signature (Addressee)

6. Signature (Agent)

[Handwritten Signature]

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

670 814 614

4b. Service Type

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

7. Date of Delivery

1/25/94

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

Thank you for using Return Receipt Service.

P 670 814 113

**Certified Mail Receipt**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Texaco Exploration &
Production Inc
P.O. Box 2100
Denver, CO 80201

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark at City	

Merid - Neudecker
1/25/94

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete item 3 if space is needed

Merid - Neudecker
1/25/94

Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Texaco Exploration &
Production Inc
P.O. Box 2100
Denver, CO 80201

4a. Article Number
670 814 113

4b. Service Type

☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
1-28

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:
 • Complete items 1 and/or 2 for additional service.
 Merid - Neudecker
 1/25/94

so that we can
back if space

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

• Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Amoco Production Company
 P.O. Box 800
 Denver, Co 80201

4a. Article Number
 321 001 202

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
 1/25/94

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)
 [Signature]

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

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service

P 321 001 202



**Receipt for
Certified Mail**

No Insurance Coverage Provided
 Do not use for international Mail
 (See Reverse)

Amoco Production Company
 P.O. Box 800
 Denver, Co 80201

PS Form 3800, June 1991

Article Number	
Service Type	
Restricted Delivery Fee	
Return Receipt (if any) to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Merid - Neudecker
 1/25/94

P 321 001 203



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Conoco Inc
P.O. Box 951063
Houston, Texas
75395-1063

PS Form 3811, June 1991

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Merid - Neudecker
1/25/94

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Merid - Neudecker
1/25/94

so that we can
back if space

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conoco Inc
P.O. Box 951063
Houston, Texas
75395-1063

4a. Article Number

321 001 203

4b. Service Type

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

7. Date of Delivery

JAN 29 1994

5. Signature (Addressee)

6. Signature (Agent)

Ben Ben

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

Thank you for using Return Receipt Service.