



# dugan production corp.

August 24, 2001

FAX No. 505-476-3462

Mr. David Catanach  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

01 AUG 27 11:55  
1701

Re: Dugan's Application dated 8-14-01  
Add nine wells to Dugan's Tabor Gathering System

Dear Mr. Catanach:

In response to your letter of 8-22-01, attached is a completed Administrative Application Checklist for the subject application.

As indicated on the checklist, our 8-14-01 application included copies of Dugan's letters transmitting notice to the working interest owners (Attachment No. 7), royalty interest owners (Attachment No. 8 for fee royalty owners and the 8-14-01 application for federal and state royalty) and the overriding royalty interest owners (Attachment No 9) all of which were sent by "certified return-receipt" mail. We have now received the return receipt cards for all working and royalty interest plus 17 of the 21 overriding royalty interest owners. Attached are copies of these receipts as "proof of notice".

In addition, attached are copies of three envelopes sent to overriding royalty interest owners Edward & Juanita Lopez, Martin Moe, Jr. plus Harper & Nellie Proctor, each owning 0.375% interest in Dugan's Stella Needs A Com No. 2. All three were mailed using the best address information available and were returned undelivered. At this time we have no contact with these three overriding royalty interest owners.

Also, overriding royalty interest owner Dorothy Ann Kenny (1.0% ORRI in Dugan's Mayre No. 4R) died on 7-28-01. She was a sister-in-law to Mr. Dugan and in light of here recent death, Mr. Dugan has assumed the responsibility of representing her interest. Thus it is our belief that we have provided the necessary notice to all interest owners involved with this application.

Should you have questions or need additional information regarding our application, please let me know. For expediency, I'm faxing this letter and will also send by regular mail so that your file will contain the original.

Sincerely,

John D. Roe  
Engineering Manager

JDR/tmf

attachments

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
---------	----------	----------	-----------	------	---------

ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505



**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Application Acronyms:**

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication  
 NSL  NSP  SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement  
 DHC  CTB  PLC  PC  OLS  OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX  PMX  SWD  IPI  EOR  PPR

[D] Other: Specify \_\_\_\_\_

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or  Does Not Apply

- [A]  Working, Royalty or Overriding Royalty Interest Owners

- [B]  Offset Operators, Leaseholders or Surface Owner

- [C]  Application is One Which Requires Published Legal Notice

- [D]  Notification and/or Concurrent Approval by BLM or SLO  
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

- [E]  For all of the above. Proof of Notification or Publication is Attached, and/or. \*

- [F]  Waivers are Attached

*\* - Copies of letters providing Notice are included in the application as Attachments No. 7, 8 & 9. Upon receiving the "Certified Return Receipts", copies will be provided as "proof of Notice".*

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

John D. Roe \_\_\_\_\_ Engineering Manager \_\_\_\_\_ 8/24/01  
 Print or Type Name Signature Title Date

dugan@cptnet.com

01 AUG 27 PM 1:55  
 OIL CONSERVATION DIV

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

bf

Att: Joint Interest Manager  
200 Energy Court  
Jarrowington, NM 87401

Article Number (Copy from service label)  
7099-3400-0020-0904-2310  
S Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Jessica Pitta* B. Date of Delivery *8-15*  
C. Signature *Jessica Pitta*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Jim + Mary Sue Grecker  
Sunny Sweet W/TA 116197  
3505 Crescent Ave.  
Jarrowington, NM 87401

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature *Jim + Mary Sue Grecker*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
7099-3400-0020-0904-2180  
PS Form 3811, July 1999 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Patricia Starbin  
c/o Nancy Adams  
6401 Bendra Drive NE  
Albuquerque, NM 87109-3620

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery *8/15*  
C. Signature *Patricia Starbin*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
7099-3400-0020-0904-2197  
PS Form 3811, July 1999 Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Daryl D. + Cindy M. Murrell  
Sunny Sweet  
P.O. Box 779  
Flores, NM 87043-0779

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Daryl D. Murrell* B. Date of Delivery *AUG 15 2001*  
C. Signature *Daryl D. Murrell*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
7099-3400-0020-0904-2135  
PS Form 3811, July 1999 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 Bureau of Food Management  
 1235 Sta Rata Highway  
 Farmington, NM 87401  
 Attn: Steve Huerke

Article Number (Copy from service label)  
 7099-3400-0030-0904-2111  
 S Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *WILLIAM WILSON 8-15-99* B. Date of Delivery *8-15-99*
- C. Signature *WILLIAM WILSON* Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 State of New Mexico  
 State Board of Education  
 Attn: File Monitoring  
 P.O. Box 1148  
 Santa Fe, NM 87504-1148

Article Number (Copy from service label)  
 7099-3400-0030-0904-2128  
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature *W.H.* Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 341 + Prairie Carpenter  
 P.O. Box 608  
 Souda Lake, WY 77659-0608

Article Number (Copy from service label)  
 7099-3400-0030-0904-2111  
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature *Barber* Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 Conoco Inc.  
 Attn: See you last visit Mr.  
 P.O. Box 2197  
 Houston, TX 77252-2197

Article Number (Copy from service label)  
 7099-3400-0030-0904-3026  
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature *Quintana* Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 J. K. + Mary D. Case Living Trust  
 J. K. + Mary D. Case, Trustees  
 5203 Ridge  
 Farmington, MN 57401

2. Article Number (Copy from service label)  
 7099-3400-0020-0904-2043  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0852

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *F.L. ORRIVE* B. Date of Delivery

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**FARMINGTON MN AUG 15 2001 USPS**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Manda Henderson Davis  
 2905 N. Montana Ave. #3024  
 Helena MT 59601

2. Article Number (Copy from service label)  
 7099-3400-0020-0904-3019  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0852

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Manda M. Davis  
 40 Cleida M. Hope  
 5029 River Road  
 Bethesda, MD 20816

2. Article Number (Copy from service label)  
 7099-3400-10020-0904-3002  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0852

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Robert T. Henderson* B. Date of Delivery *8/15/01*

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Virginia Davis  
 855 St. Edith Ave  
 Glenmont, MO 63031

2. Article Number (Copy from service label)  
 7099-3400-0020-0904-3003  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0852

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *8/15/01*

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Louise Odain McLaughal-Holley  
 236 Huff Road  
 Cedar Point, NC 28584

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
	8-17-91
C. Signature	<input type="checkbox"/> Agent
<i>[Signature]</i>	<input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Anne S. Henderson  
 7611 Maple Ave, Apt. #811  
 Silver Spring, MD 20912

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
	8/13/91
C. Signature	<input type="checkbox"/> Agent
<i>[Signature]</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Copy from service label)  
 7D99-3400-0020-0904-2272

PS Form 3811, July 1989

Domestic Return Receipt

102595-00-M-0952

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Robert J. Henderson  
 5028 River Road  
 Bethesda, MD 20816

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
Robert J. Henderson	8/13/91
C. Signature	<input type="checkbox"/> Agent
<i>[Signature]</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Robin Sherman Henderson  
 5028 River Road  
 Bethesda, MD 20816

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
Robert J. Henderson	8/13/91
C. Signature	<input type="checkbox"/> Agent
<i>[Signature]</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Copy from service label)  
 7D99-3400-0020-0904-2258

PS Form 3811, July 1989

Domestic Return Receipt

102595-00-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Ernest + Dinked Quaker  
 1000 SW Santa Fe Lake Road  
 Decatur, KS 67144-9213

2. Article Number (Copy from service label)  
~~7099-3400-0920-0904-0835~~  
 PS Form 3811, July 1999 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Charles Allen McDevitt  
 7928 Kookaley Court  
 Raleigh, NC 27615

REGION 100  
 NOV 91

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Ernest Quaker** B. Date of Delivery **8-16-01**

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **[Signature]** B. Date of Delivery **8/13/01**

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0852

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Robert Bruce McDevitt  
 6608 Finny Lane  
 Bartlesville, OK 74006

2. Article Number (Copy from service label)  
 PS Form 3811, July 1999 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Charles M. Pope  
 5028 River Road  
 Bartlesville, MD 20816

2. Article Number (Copy from service label)  
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Robert Bruce McDevitt** B. Date of Delivery **8/14/01**

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Robert T. Henderson** B. Date of Delivery **8/13/01**

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0852

dp dugan production corp.  
P. O. BOX 420  
FARMINGTON, NEW MEXICO 87499-0420



U.S. POSTAGE  
03.940 AUG 10 2001  
MAILED FROM ZIP CODE 87401

0.3757a  
ORRI in  
Dugan's Skello  
Needs A Com #2

8-18

VACANT  
TRIS  
LINK

**VACANT**  
EDWARD A & J...  
782 NORTH...  
SAN LUIS...  
BISPO CA 93401

**CERTIFIED MAIL**

dp dugan production corp.  
P. O. BOX 420  
FARMINGTON, NEW MEXICO 87499-0420



PITNEY BOWES  
U.S. POSTAGE  
1250 PB5523035  
1680 \$03.940 AUG 10 2001  
0460 MAILED FROM ZIP CODE 37401

0.3758  
ORRI in  
Skello Needs  
A Com #2

1st Notice  
2nd Notice  
Return



MARTIN A MOE, JR.  
660 PALM BLVD  
WESTON FL 33326

For 2011  
8-14

33326+3302 11

**CERTIFIED MAIL**

dp dugan production corp.  
P. O. BOX 420  
FARMINGTON, NEW MEXICO 87499-0420



PITNEY BOWES  
U.S. POSTAGE  
1570 PB5523035  
1680 \$03.940 AUG 10 2001  
0453 MAILED FROM ZIP CODE 37401

0.375Z  
ORRI in  
Skello Needs  
A Com #2

1st Notice  
2nd Notice  
Return

220 Ocean St

HARPER L & NELLIE A. ROCTOR  
402 MASONIC TEMPLE BUILDING  
JACKSONVILLE FL

**NOT DELIVERABLE  
UNADDRESSED,  
UNPOSTED &  
UNPAID TO FORWARD**

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

ELT2 4060 0200 00HE 6902

Jabor CDP App. 8/10/01

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 3.94</b>

Postmark  
Here  
8/10/01

Recipient's Name (Please Print Clearly; to be completed by mailer)  
 Dorothy Ann Kenny  
 Street, Apt. No. or PO Box No.  
 2518 Wembley Drive  
 City, State, ZIP+4  
 St. Louis, MO 63125-3617

Dorothy Ann Kenny  
 Holds A 1.0% DEBI  
 in Dusan's Mayra #4R  
 Mrs Kenny died 7-28-01  
 Mr Tom Dusan is her  
 Brother-in-law & has  
 Assumed Responsibility for  
 Her interest.  
 John B. Be

**New Mexico Oil Conservation Division---Engineering Bureau**  
**Administrative Application Process Documentation**

**Date Application Received:**

8-15-01

**Date of Preliminary Review:**

**(Note: Must be within 10-days of received date)**

8-22-01

**Results:**

           **Application Complete**

X

**Application Incomplete**

**Date Incomplete Letter Sent:**

8-22-01

**Deadline to Submit Requested Information:**

8-29-01 - Recd 8/24/01

**Phone Call Date:**

**(Note: Only applies if requested data is not submitted within the 7-day deadline)**

N/A

**Phone Log Completed?**

           **Yes**

           **No**

**Date Application Processed:**

**Date Application Returned:**

**(Note: Only as a last resort & only after repeated attempts by the Division to obtain the necessary information to process the application)**