

dugan production corp.

JUN 27 2001

June 25, 2001

Ms. Lori Wrotenbery
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan Production's 6-1-01 Application
to add 28 wells and 15 locations to Dugan's
Turk's Toast Gas Gathering System

Dear Ms. Wrotenbery,

Attached for your consideration of the subject application is a copy of the BLM's approval dated 6-20-01. Please note that of the 23 wells and locations to be added to they system (BLM had previously approved 20 wells) only 19 were on federal leases. Three were on state and one on fee leases.

Should you have questions, please let me know.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

attachments

c:\TF\Johnroe\Turks Toast\ocdf\wupl\trreptcds2.wpd



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Farmington Field Office
1235 La Plata Highway, Suite A
Farmington, New Mexico 87401

IN REPLY REFER TO:

Turk's Toast Gas Gathering System (CDP)

3162.7-3 (07100)

JUN 20 2001

Mr. John Roe
Dugan Production Corporation
P.O. Box 420
Farmington, NM 87499-0420

Dear Mr. Roe:

Reference is made to your letter dated June 1, 2001, requesting approval to add nineteen Federal wells (see enclosure 1) to the previously approved Turk's Toast Gas Gathering System. Your request is approved subject to the following conditions.

This approval is subject to like approval from the New Mexico Oil Conservation Division and the New Mexico State Land Office, and terms and conditions established under the original approval. This agency reserves the right to rescind this approval if any of the procedures as stated in the request are not complied with as approved.

The operator must inform this office, via Sundry Notice (Form 3160-5) as soon as each well is connected to the CDP.

If you have any question regarding the above, contact Jim Lovato at (505) 599-6367.

Sincerely,

Vince R. Balderaz
Acting, Assistant Field Manager (Minerals)

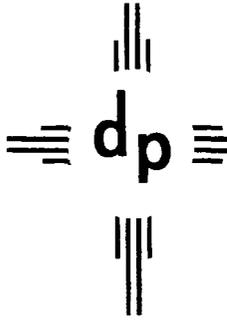
1 Enclosure:

1 - List of Approved Wells (1 p)



Additional Federal wells approved to off lease measure at the Turk's Toast Gas Gathering System.

MAYRE 90	3004528291	SE $\frac{1}{4}$ SW $\frac{1}{4}$	Sec. 31, T. 30 N., R. 14 W., NM 4465
MAYRE 90R	3004530246	SE $\frac{1}{4}$ SW $\frac{1}{4}$	Sec. 31, T. 30 N., R. 14 W., NM 4465
<i>Pitham</i> -PITAM POND 5	3004529599	SW $\frac{1}{4}$ NE $\frac{1}{4}$	Sec. 35, T. 30 N., R. 15 W., NM 10758
<i>Pitham</i> -PITAM POND 90	3004529995	SW$\frac{1}{4}$NE$\frac{1}{4}$ NE $\frac{1}{4}$	Sec. 35, T. 30 N., R. 15 W., NM 10758
TURK TOAST 6	Pending	SW $\frac{1}{4}$ SW $\frac{1}{4}$	Sec. 18, T. 30 N., R. 14 W., NM 19163
Location A	Pending	SW	Sec. 17, T. 30 N., R. 14 W., NM 19163
Location B	Pending	SE	Sec. 17, T. 30 N., R. 14 W., NM 19163
Location C	Pending	NW	Sec. 17, T. 30 N., R. 14 W., NM 19163
Location D	Pending	NE	Sec. 17, T. 30 N., R. 14 W., NM 19163
Location E	Pending	SW	Sec. 18, T. 30 N., R. 14 W., NM 19163
Location F	Pending	SE	Sec. 18, T. 30 N., R. 14 W., NM 19163
Location G	Pending	NW	Sec. 18, T. 30 N., R. 14 W., NM 19403
Location H	Pending	NE	Sec. 18, T. 30 N., R. 14 W., NM 19403
Location I	Pending	NW	Sec. 19, T. 30 N., R. 14 W., NM 19163
Location J	Pending	NE	Sec. 19, T. 30 N., R. 14 W., NM 19163
Location K	Pending	SW	Sec. 24, T. 30 N., R. 14 ¹⁵ W., NM 21465
Location L	Pending	SE	Sec. 24, T. 30 N., R. 14 ¹⁵ W., NM 21465
Location M	Pending	NW	Sec. 24, T. 30 N., R. 14 ¹⁵ W., NM 21465
Location N	Pending	NE	Sec. 24, T. 30 N., R. 14 ¹⁵ W., NM 21465



dugan production corp.

JUN 25 2001

June 22, 2001

Ms. Lori Wrotenbery
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan Production's 6-1-01 Application
to add 28 wells and 15 locations to Dugan's
Turk's Toast Gas Gathering System

Dear Ms. Wrotenbery,

Attached for your consideration of the subject application is a copy of the return receipt card for one additional interest owner which combined with the copies sent to you on 6/15/01 brings the total return receipts to 55 of 58 interest owners. The remaining three interest owners are all overriding royalty owners. I have contacted each of these three by phone and have verified that each did receive our 5/29/01 letter notifying them of the subject application. None had objection.

On 6/18/01 I confirmed with Mr. Craig Malmgren (415-543-6900, ext 232) that the 1.25% ORRI (in Turk's Toast #1) of Creta M. Green had received notice and had no objection. In addition, Mr. Bob H. Anglin (972-267-1244, a 7.5% ORRI in Pole's Paradise #2) also verified he had received the notice and had no objection.

On 6/21/01, Mr. Rocky Holly (303-793-4784) with Texaco (a 3.75% ORRI in the Bi Knobs #1, #2, #2R & #91) was faxed a follow-up copy of our 5/29/01 letter and indicated he did not anticipate any objection from Texaco (a copy of our fax transmittal is attached).

Thus with this receipt and my phone calls, all interest owners have verified they have received notice of the subject application and to date we have received no objection or concern.

Should you have questions, please let me know.

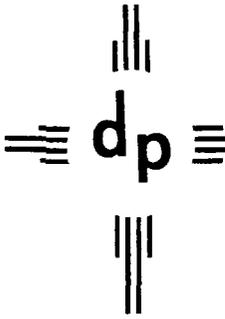
Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

attachments

c:\TF\Johnroe\TurksToast\ocdfiwupltrcptcds2.wpd



dugan production corp.

FAX TRANSMITTAL

DATE: 06/21/2001 TIME: _____

TO: Mr. Rocky Holly

COMPANY: Texaco - Denver

FAX NO. 303-793-4642 TELEPHONE NO. _____

You should receive 5 page(s) including this cover sheet. If you did not receive all pages or are unable to read any pages, please contact:

FROM: John D. Roe TELEPHONE NO. (505)325-1821

Dear Mr. Holly,

As we discussed on the phone, I'm faxing a copy of our 5/29/01 letter sent to all overriding royalty interest owners in wells connected or to be connected to Dugan's Turk's Toast Gas Gathering System. This letter was initially sent by certified return receipt mail and to date we have not received the receipt card from Texaco. The New Mexico Oil Conservation Division requires that all interest owners receive notice of our application.

Our records indicate that Texaco's interest is a 3.75% ORRI in Dugan's Bi Knobs No. 1, 2, 2R and 91 wells. The No. 1 and 2 wells have previously been authorized for the system (the #2 was P&A'd on 3/30/01) and the #2R and 91 are proposed additions. This gathering system has been in service since 1983 and is the only option available for a gas pipeline connection on these wells.

Should you have questions, need additional information or want to review the complete application, please let me know. I can be reached at the letterhead address and phone.

Sincerely,

John D. Roe
Engineering Manager

jdr/tmf

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:

Diana Landreth
6625 Hartman St.
Las Vegas, NV 89108

COMPLETE THIS SECTION ON DELIVERY

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

X *Wray Landreth*

C. Signature

X *Wray Landreth* Agent AddresseeD. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

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

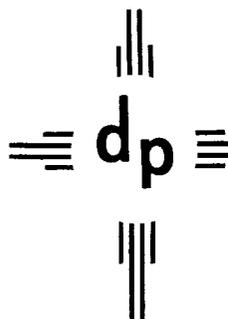
4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7099-3400-0018-9759-4177

LARGE FORMAT
EXHIBIT HAS
BEEN REMOVED
AND IS LOCATED
IN THE NEXT FILE



dugan production corp.

June 15, 2001

JUN 18 2001

Ms. Lori Wrotenbery
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan Production's 6-1-01 Application
to add 28 wells and 15 locations to Dugan's
Turk's Toast Gas Gathering System

Dear Ms. Wrotenbery,

Attached for your consideration of the subject application is a copy of the return receipt cards for 54 of the 58 interest owners notified of our application to add wells to Dugan's Turk's Toast Gas Gathering System. We are attempting to contact the remaining four (1 fee royalty owner and three overriding royalty) interest owners by phone and will forward that information to you as soon as contact has been made.

In addition, I've attached a copy of approval from the State Land Office dated 6-11-01.

Should you have questions, please let me know.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

attachments

c:\TF\Johnroe\TurksToast\oodflwuplrrcpteds.wpd

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Handwritten signature

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Handwritten signature

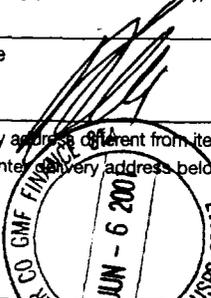
SENDER: COMPLETE THIS SECTION

- 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:
 Florence B. Furrow Trust 11-01560
 c/o Farmers Bank NM, NA, Trust
 P.O. Box 5383
 Denver, CO 80217

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X  Agent
 Addressee

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

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)
 7000-0520-0024-1364-3773

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

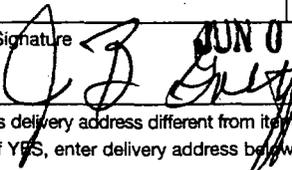
SENDER: COMPLETE THIS SECTION

- 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:
 Conoco, Inc.
 c/o Chase Bank of Texas
 P.O. Box 201940
 Houston, TX 77216-1940

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X  JUN 01 2001 Agent
 Addressee

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

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)
 7000-0520-0024-1364-3780

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

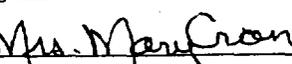
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 J. L. Crane
 5203 Largo St.
 Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

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

MRS. MARY CRANE 5/30

C. Signature
 X  Agent
 Addressee

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

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)
 7000-0520-0024-1364-3797

PS Form 3811, July 1999 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:

Cross Timbers Oil Co.
 P.O. Box 940287
 Dallas, TX 75284-0287

2. Article Number (Copy from service label)

7000-0520-0024-1364-3803

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

MAY 31 2001

C. Signature

X *[Signature]* Agent
 Addressee

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

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:

Mildred Dewey
 1304 Fairview Ave.
 Farmington, NM 87401

2. Article Number (Copy from service label)

7099-3400-0020-0904-3163

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

Mildred T. Dewey

C. Signature

**[Signature]* Agent
 Addressee

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



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:

Madge D. Smouse + Mildred Dewey
 1304 Fairview Ave.
 Farmington, NM 87401

2. Article Number (Copy from service label)

7099-3400-0018-9759-4078

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

Mildred T. Dewey

C. Signature

**[Signature]* Agent
 Addressee

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



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:

Emergen Resources Corp
 805 Richard Arrington Jr. Blvd. N.
 Birmingham, AL 35203 2707

2. Article Number (Copy from service label)

7000-0520-0024-1364-3810

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

6-4-01

C. Signature

X *[Signature]*
 Agent
 Addressee

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

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:

John L. Gardner
 713 N. Adams St.
 Blendale, CA 91206

2. Article Number (Copy from service label)

7099-3400-0018-9759-4238

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

6/1/01

C. Signature

X *[Signature]*
 Agent
 Addressee

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

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:

Margaret A. Gardner
 26934 Eastwood
 Clusted Jwp., OH 44138

2. Article Number (Copy from service label)

7099-3400-0018-9759-4221

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

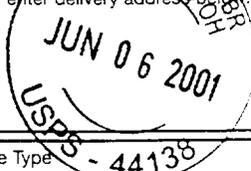
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *[Signature]*
 Agent
 Addressee

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

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 Bass
 805 St. Edith Lane
 Florissant, MO 63031

2. Article Number (Copy from service label)
 7000-0520-0024-1364-3827

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Virginia M. Bass* 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

June Post CDP Rec 5/2001

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:
 John W. + Jean M. Bates
 706 W. Grand
 Artesia, NM 88210

2. Article Number (Copy from service label)
 7000-0520-0024-1364-3834

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 JUN 01 2000
 C. Signature *Margaret Bates* 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

June Post CDP Rec 5/2001

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:
 Joel B. Gibson Estate
 40 Suntrust Bank
 Attn: Jimmy Hill
 P.O. Box 8668
 Savannah, GA 31412-8668

2. Article Number (Copy from service label)
 7000-0520-0024-1364-3841

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 D. Doyle 6/5/01
 C. Signature *D. Doyle* 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 THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Received by (Please Print Clearly) _____
 2. Signature _____
 X Registered Mail
 Registered Mail with Signature
 Registered Mail with Signature and Insurance



3. Return address (if different from address on front of envelope)
 Street _____
 City _____
 State _____
 Zip _____

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Received by (Please Print Clearly) _____
 Kathleen Lewis
 Signature _____
 X Registered Mail
 Registered Mail with Signature
 Registered Mail with Signature and Insurance

2. Return address (if different from address on front of envelope)
 Street _____
 City _____
 State _____
 Zip _____

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Received by (Please Print Clearly) _____
 Signature _____
 X Registered Mail
 Registered Mail with Signature
 Registered Mail with Signature and Insurance

2. Return address (if different from address on front of envelope)
 Street _____
 City _____
 State _____
 Zip _____

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Annetta Lehigh
8 Poplar Drive
Montrose, CO 81401

A. Received by (Please Print Clearly) <i>ANNETTA LEHIGH</i>	B. Date of Delivery <i>6-1-2001</i>
C. Signature <i>Annetta Lehigh</i>	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7099-3400-0018-9759-4160

S Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Leland Price, Inc.
2107 Clayton Ave.
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>BETTY PRICE</i>	B. Date of Delivery <i>6-1-01</i>
C. Signature <i>Betty Price</i>	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number (Copy from service label)
7000-0520-0024-1364-3933

S Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

July 1st CDP 09 512001

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
Frances D. Lessee
2220 Wyoming Ave., NW
Washington, DC 20008

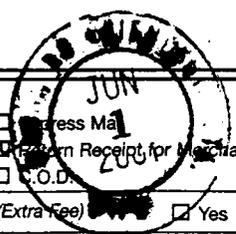
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery <i>6-1-01</i>
C. Signature <i>F. Lessee</i>	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



Article Number (Copy from service label)
7099-3400-0018-9759-4153

S Form 3811, July 1999 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:

M. C. Maitlen
P.O. Box 365
Waterflow, NM 87421

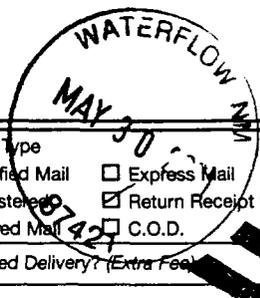
A. Received by (Please Print Clearly) *M.C. Maitlen* B. Date of Delivery

C. Signature *M.C. Maitlen* 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)
7000-0520-0024-1364-3728

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Jurk's Joint CDP Ave. 5/2001

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:

Mildred C. + Jim Maitlen
P.O. Box 365
Waterflow, NM 87421-0365

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Mildred Maitlen* 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)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Jurk's Joint CDP Ave 5/2001

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:

Marshall + Winston, Inc.
P.O. Box 50880
Midland, TX 79710-0880

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Susan Humphreys* B. Date of Delivery *5/31/01*

C. Signature *Susan Humphreys* 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)
7000-0520-0024-1364-3889

PS Form 3811, July 1999 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:

Wiana C. McKinney
1649 N. Tacana Way
Green Valley, AZ 85614

2. Article Number (Copy from service label)

7099-3400-0018-9759-4139

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Diana McKinney** B. Date of Delivery **5-31-01**

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:

James R. McKinney
2700 N. Freeway
Pueblo, CO 81003-2494

2. Article Number (Copy from service label)

7099-3400-0018-9759-4122

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **5/31**

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:

Wena L. McKinney
2700 N. Freeway
Pueblo, CO 81003-2494

2. Article Number (Copy from service label)

7000-0520-0024-1364-3735

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **5/31**

C. Signature *[Signature]* Agent Addressee

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

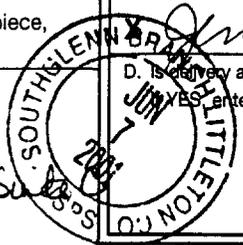
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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:
 E. W. Mitchell
 2190 E. Suddes Ave., Suite 200
 Littleton, CO 80122



COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Janet White* 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)
 7000-0520-0024-1364-3996

PS Form 3811, July 1999 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:
 Moon Royalty, LLC
 3000 Oklahoma Tower
 210 Park Avenue
 Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery *5-31-01*

C. Signature ** Howard* 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)
 7000-0520-0024-1364-3902

PS Form 3811, July 1999 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:
 Irving L. + Wana L. Norton
 P.O. Box 344
 Pleasant View, CO 81331

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery *5-31-01*

C. Signature *X Wana L. Norton* 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)
 7099-3400-0018-9759-4115

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

ORDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

ORDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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:
 Sarah M. Pierce
 P.O. Box 337
 Durango, CO 81302

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Joseph E. Pierce* B. Date of Delivery

C. Signature *Joseph E. Pierce* Agent Addressee

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

DURANGO CO. JUN 7 2001

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)
 7099-3400-0018-9759-4092

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Justin J. Jant (CP# 0182 512001)

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:
 R. S. Puckett
 5460 S. Quebec St., Suite 250
 Greenwood Village, CO
 80111-1917

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *J. Frailey* B. Date of Delivery *5/31/01*

C. Signature *J. Frailey* 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)
 7099-3400-0020-0904-2992

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Justin J. Jant (CP# 0182 512001)

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:
 Questar Exploration + Production Co.
 P.O. Box 45601
 Salt Lake City, UT 84145-0601

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery *MAY 31 2001*

C. Signature *Dennis Macken* 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)
 7099-3400-0020-0904-2975

PS Form 3811, July 1999 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:
 Redwolf Production Inc.
 902 San Juan Blvd BOX 5382
 Farmington, NM 87401
 87499

A. Received by (Please Print Clearly) **BRUCE E. DELVENTHAL** B. Date of Delivery
 C. Signature *Bruce E. Delventhal* 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)
 7099-3400-0020-0904-3194
 PS Form 3811, July 1999 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:
 Richardson Operating Co.
 1700 Lincoln, Suite 1700
 Denver, CO 80203

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **K. BACHHELTER** B. Date of Delivery **6-4-01**
 C. Signature *K. Bachelter* 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)
 7099-3400-0020-0904-3200
 PS Form 3811, July 1999 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:
 James C. + Larney J. Sheek
 11019 County Road 44
 Mancos, CO 81328

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JAMES C. SHEEK** B. Date of Delivery **5/31/01**
 C. Signature *James C. Sheek* 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)
 7099-3400-0019-9759-4085
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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:
 Samuel J. + Frances Smouse
 P.O. Box 93
 Gruntland, NM 87416-0093

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Samuel Smouse* 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)
 7000-0520-0024-1364-3742
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Just a Post Card 5/2001

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:
 Howell + Mary Ann Sp...
 16A Paradise Dr + Box
 P.O. Box 30169
 Pensacola, FL 32503-0169

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Harold Spear* 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)
 7099-3400-0020-0904-2937
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Just a Post Card 5/2001

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:
 St. Paul's English Lutheran
 130 South Walnut
 Sycamore, OH 44820

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Paula B...* 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)
 7099-3400-0020-0904-2968
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

10/10/10

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

10/10/10

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

10/10/10

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

7099 3400 0020 0960 315E

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Jurk's Toast CDP App. 5/01

Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74

Postmark Here
5/11/01
2-3ail

Recipient's Name (Please Print Clearly) (to be completed by mailer) Sub
 Crata M. Green c/o Craig Malmgren
 Street, Apt. No., or PO Box No.
 24470 - Nadder Court
 City, State, ZIP+4
 Hayward, CA 94541

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0024 1364 376B

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Jurk's Toast CDP App. 5/2001

Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74

Postmark Here
5/29/01
2-3ail

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Bobby H. Anglin
 Street, Apt. No., or PO Box No.
 P.O. Box 794548
 City, State, ZIP+4
 Dallas TX 75379-4548

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0020 0960 315E

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

Jurk's Toast CDP App. 5/2001

Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74

Postmark Here
5/29/01
2-3ail

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Steven
 Street, Apt. No., or PO Box No.
 P.O. Box 2100
 City, State, ZIP+4
 Denver CO 80231

PS Form 3800, February 2000 See Reverse for Instructions

7099 3400 0018 9759 4177

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

Jurk's Toast CDP App. 5/2001

Postage	\$.55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.95

Postmark Here
5/29/01
2-3ail

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Dana Landroth
 Street, Apt. No., or PO Box No.
 6625 - Hartman St.
 City, State, ZIP+4
 Fort Worth TX 76108

PS Form 3800, February 2000 See Reverse for Instructions

Interested owners to be contacted by phone:

- ① Crata M. Green - 1.25% ORRI in Jurk's Toast #1
 Mailed initial notice on 5/29/01 to Oakland, CA Address
 mailing returned + was remailed 6-11-01 to above
 Address. Phone 510-538-0656
- ② Bobby H. Anglin - 7.50% ORRI in Poles Paradise #2
 Notice mailed 5/29/01 -
 Phone 972-267-1244
- ③ TEVACO - 3.75% ORRI in B.Knobs # 1, 2, 2R + 91
 Notice mailed 5/29/01
 Phone - 303-793-4000
- ④ Dana Landroth - 0.223% Royalty - Nice #1
 Notice mailed 5/29/01
 Phone 702-658-5832

COMMISSIONER'S OFFICE
Phone (505) 827-5760
Fax (505) 827-5766

ADMINISTRATION
Phone (505) 827-5700
Fax (505) 827-5853

GENERAL COUNSEL
Phone (505) 827-5713
Fax (505) 827-4262

PUBLIC AFFAIRS
Phone (505) 827-1245
Fax (505) 827-5766



COMMERCIAL RESOURCES
Phone (505) 827-5724
Fax (505) 827-6157

MINERAL RESOURCES
Phone (505) 827-5744
Fax (505) 827-4739

ROYALTY MANAGEMENT
Phone (505) 827-5772
Fax (505) 827-4739

SURFACE RESOURCES
Phone (505) 827-5793
Fax (505) 827-5711

**New Mexico State Land Office
Commissioner of Public Lands
Ray Powell, M.S., D.V.M.**

June
July 11, 2001

Dugan Production Corporation
P.O. Box 420
Farmington, New Mexico 87499-0420

Attention: Mr. John D. Roe

Re: Application to add 23 wells to
Dugan Production Corp.'s
Turk's Toast Gas Gathering System
CDP Meter – SENE/4 Sec. 6-29N-14W
San Juan County, New Mexico

Dear Mr. Roe:

We are in receipt of your letter of June 1, 2001 requesting approval to add eight recently drilled plus 15 proposed wells to the Turk's Toast Gas Gathering System. Five of the wells are located on the following state leases: E-3555-16, E-6714-8, LG-3045-2 and VA-1696-0. The remaining wells are located on federal and fee leases. The Turk's Toast Gas Gathering System will now contain a total of 43 wells.

All wells on the system will be equipped with standard, continuously recording gas meters and the charts will be integrated using a commercial integrator with the volumes then being used to allocate gas volumes and revenues from the CDP to individual wells. Only produced gas will be surface commingled. All produced liquids will be separated, stored and sold/disposed of at each individual well.

Since it appears that all the New Mexico Oil Conservation Division's rules and regulations have been complied with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request is hereby approved. Our approval is subject to like approval by the New Mexico Oil Conservation Division and the Bureau of Land Management.

Your \$30.00 dollar filing has been received.

If you have any questions or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

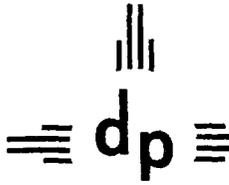
RAY POWELL, M.S., D.V.M.
COMMISSIONER OF PUBLIC LANDS

Jami Bailey

BY:
JAMI BAILEY, Director
Oil, Gas and Minerals Division
(505) 827-5744
RP/JB/pm

pc: Reader File, OCD-Attention: David Catanach,
BLM-Farmington Attn: Mr. Lee Otteni





dugan production corp.



June 1, 2001

Mr. Lee Otteni
Bureau of Land Management
Farmington Field Office
1235 La Plata Highway
Farmington, NM 87401

Mr. Ray Powell
Commissioner of Public Lands
New Mexico State Land Office
P. O. Box 1148
Santa Fe, NM 87504-1148

Re: Application to add 23 wells to
Dugan Production Corp.'s
Turk's Toast Gas Gathering System
CDP Meter - SENE Section 6, T-29N, R-14W
San Juan County, New Mexico

Dear Mr. Otteni and Commissioner Powell,

Attached for your review and approval is a copy of our application to the New Mexico Oil Conservation Division (NMOCD) to add eight recently drilled plus 15 proposed wells to the subject gas gathering system which currently has 20 wells approved for operation. The BLM last approved this system for 20 wells on 6-22-95 and the State Land Office on 7-17-95. Our application to the NMOCD requests approval not only for the 23 wells to be added, but also for the 20 wells previously approved since it appears that we inadvertently have not received NMOCD approval of our application for 20 wells dated 5-17-95. There is no obvious explanation for not receiving NMOCD approval, it just apparently slipped through the cracks not only at NMOCD but also at Dugan Production. Attachment No. 2 presents individual well data for the 23 wells and locations to be added along with the 20 wells already approved. Attachment No. 3 presents interest ownership for all wells and locations. A majority of the royalty interest is federal. Nineteen of the 28 wells and all of the proposed locations contain portions of the following 18 federal leases; NM-4465, NM-10561, NM-10758, NM-10875, NM-16057, NM-16765, NM-19163, NM-19403, NM-21463, NM-21465, NM-55114, NM-56318, NM-58896, NM-63321, NM-70298, NM-70299, NM-70300, NM-71716 and NM-76870. Five of the wells contain state leases (E-3555, E-6714-8, LG-3045-1, VA-1696).

The operation of the Turk's Toast Gas Gathering System is the only option available to produce these new wells and has the advantage of allowing a central system compressor to serve all wells as opposed to compressors at each individual well - less compressor fuel will be needed plus exhaust and noise emissions will be reduced.

All wells on the system will be equipped with standard, continuously recording gas meters and the charts will be integrated using a commercial integrator with the volumes then being used to allocate gas volumes and revenues from the CDP to individual wells. Only produced gas will be surface commingled. All produced liquids (condensate, oil and water) will be separated, stored and sold/disposed of at each individual well.

Should you have questions or need additional information please let me know.

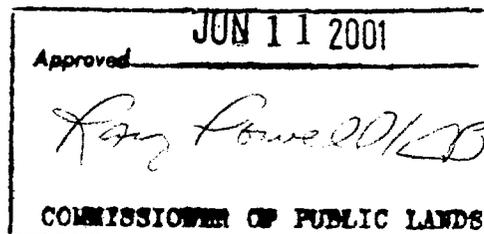
Sincerely,

John D. Roe

John D. Roe
Engineering Manager

JDR/tmf

attachments



County

Pool

TOWNSHIP	Range	NMPM
6	4	2
5	3	1
8	10	-11
7	9	-12
18	-16	14
-17	15	-13
19	-21	23
-20	22	-24
30	-28	26
-29	27	-25
31	-33	35
-32	34	-36

15W

County

Pool

TOWNSHIP	Range	NMPM
6	4	2
5	3	1
7	9	-11
18	-16	14
-17	15	-13
19	-21	23
-20	22	-24
30	-28	26
-29	27	-25
31	-33	35
-32	34	-36

14W

300