



June 25, 2002

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

Re: Dugan Production's 06-03-02 Application  
 to Consolidate Two Gathering Systems  
 State Com No. 1 and State Com No. 2 CDPs  
 San Juan County, New Mexico

JUN 27 11:24  
 2002

Dear Ms. Wrotenbery:

Attached for your consideration of the subject application is a copy of the return receipt cards for 20 of the 22 interest owners having interest in one or more of the five wells connected to the subject gas gathering systems. In addition, I have attempted to contact by phone the two interest owners for which return receipts have not been received.

On 06-21-02 I was able to confirm by phone (615-665-2863) that Mr. John W. Baringer has received the copy of our 06-03-02 application mailed to him and that he had no objection.

On three separate days, 06-20-02, 06-21-02 and 06-25-02, I placed calls to Dr. JoAnne Callan at her home (858-481-1094) and her office (858-457-3713). Messages were left on her office answering machine. I have had no response from Dr. Callan and am of the belief that she is out of town. I know her address to be good and have visited with her by phone on prior applications. Her overriding royalty interest represents 0.044% in two wells (State Com No. 2 and State Com No. 90R).

Thus, with the attached return receipt cards, plus my phone calls, we have evidence that interest owners representing 99.96% of the State Com No. 2 and 90R wells, plus 100% of the State Com No. 1, 1A and 91 wells have received our 06-03-02 letter of notice regarding Dugan's application to consolidate the subject gas gathering systems.

When Dr. Callan responds to my phone calls or returns the "return receipt", I will forward to you.

Should you have questions, please let me know.

Sincerely,

*John D. Roe*

John D. Roe  
 Engineering Manager

JDR:sh

Attachments

**INTEREST OWNERS  
DUGAN PRODUCTION'S STATE COM WELLS  
NO. 1, 1A & 91**

Well Name	Pool	Location	Spacing Unit
State Com #1	Blanco Mesaverde	SESW 16, T-32N, R12W	S/2 - 320A
State Com #1A	Blanco Mesaverde	SESE 16, T-32N, R12W	S/2 - 320A
State Com #91	Basin FR Coal	SWSW 16, T-32N, R12W	S/2 - 320A

INTEREST OWNER	STATE COM #1, #1A & #91 INTEREST%	
	Gross	Net
<u>Working Interest</u> <i>Not Needed</i> Dugan Production Corp.	87.500000	72.812500
✓ St. John's Operating #1, LP	12.500000	10.937500
<u>Royalty</u>		
✓ State of New Mexico	0.000000	12.500000
<u>Overriding Royalty Interest</u>		
✓ Ronald I. Albin	0.000000	0.083325
✓ Energen Resources Corp.	0.000000	1.375000
✓ EOG Resources	0.000000	1.375000
✓ Francine Sue Gold	0.000000	0.083325
✓ Rene Lippman	0.000000	0.083325
✓ Rene Parmet	0.000000	0.166680
✓ Jay Silverman	0.000000	0.083325
✓ Benjamin Stern	0.000000	0.083330
✓ Harold Stern	0.000000	0.166680
✓ Steven Stern	0.000000	0.083330
✓ Roxanne Tuerk	0.000000	0.166680
<b>TOTAL WELL</b>	<b>100.000000</b>	<b>100.000000</b>

✓ = Return Receipt card Received by Dugan Production + is Attached  
Received 13 of 13

Addresses:

- |  |  |
|--|--|
| ✓ Ronald I. Albin<br>627 Sea Pine Way (D-2)<br>West Palm Beach, FL 33415                         | ✓ Rene Parmet<br>2409 Appaloosa Circle 811<br>Sarasota, FL 34240   |
| ✓ Dugan Production Corp. <i>Not Needed</i><br>P. O. Box 420<br>Farmington, NM 87499-0420         | ✓ Jay Silverman<br>899 Jeffery St. 111-1<br>Boca Raton, FL 33487   |
| ✓ Energen Resources Corp.<br>605 Richard Arrington, Jr. Blvd. North<br>Birmingham, AL 35203-2707 | ✓ St. John's Operating #1, LP<br>General Partner of Merchant Resources<br>16800 Greenspoint Park Drive, Suite 380-S<br>Houston, TX 77060 |
| ✓ EOG Resources, Inc.<br>P. O. Box 4362<br>Houston, TX 77210-4362                                | ✓ Benjamin Stern<br>27 Congress, Apt. 7<br>Nashua, NH 03062  |
| ✓ Francine Sue Gold<br>64 Westminster Road<br>Yorktown Heights, NY 10598                         | ✓ Harold Stern<br>800 Bell Trace Circle, Apt. 160<br>Bloomington, IN 47408-4412  |
| ✓ Rene Lippman<br>899 Jeffery Street 111-1<br>Boca Raton, FL 33487                               | ✓ Steven Stern<br>226 Arrowhead Ct.<br>Johnstown, PA 15905-2960  |
| ✓ New Mexico State Land Office<br>P. O. Box 1148<br>Santa Fe, NM 87504-1148                      | ✓ Roxanne Tuerk <i>(last known address)</i><br>14700 N. Beckley Square<br>Davie, FL 33325  |

Address is Good

**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:  
*Ronald J. Albin (D-2)  
 627 Sea Pine Way  
 West Palm Beach, FL 33415*

2. Article Number (Transfer from service label) 7001 1940 0003 1548 3745  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/10/02*  
 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:  
*Emergen Services Corp.  
 605 Richard Arington, Jr. Blvd. North  
 Birmingham, AL 35203-2107*

2. Article Number (Transfer from service label) 7001 1940 0003 1548 3752  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/10/02*  
 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:  
*Francine Sue Bold  
 64 Westmunster Road  
 Spoktown-Heights, NY 10598*

2. Article Number (Transfer from service label) 7001 1940 0003 1548 3776  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/10/02*  
 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:  
*Francine Sue Bold  
 64 Westmunster Road  
 Spoktown-Heights, NY 10598*

2. Article Number (Transfer from service label) 7001 1940 0003 1548 3776  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/10/02*  
 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

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

**A. Signature**  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_ **C. Date of Delivery** \_\_\_\_\_

**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

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:**  
 State of New Mexico  
 State Land Office  
 P.O. Box 1148  
 Santa Fe, NM 87504-1148

**2. Article Number (Transfer from service label)** 7001 1940 0003 1546 3707  
 Domestic Return Receipt PS Form 3811, August 2001

**A. Signature**  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_ **C. Date of Delivery** 6-5-02

**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

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:**  
 Rene Lippman  
 899 Jeffrey St. 111-1  
 Boca Raton, FL 33487

**2. Article Number (Transfer from service label)** 7001 1940 0003 1546 3806  
 Domestic Return Receipt PS Form 3811, August 2001

**A. Signature**  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_ **C. Date of Delivery** \_\_\_\_\_

**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

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:**  
 Jay Silverman  
 899 Jeffrey St. 111-1  
 Boca Raton, FL 33487

**2. Article Number (Transfer from service label)** 7001 1940 0003 1546 3707  
 Domestic Return Receipt PS Form 3811, August 2001

**A. Signature**  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_ **C. Date of Delivery** 6/7/02

**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

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:**  
 Rene Lippman  
 2409 Appaloosa Circle 811  
 Sarasota, FL 34240

**2. Article Number (Transfer from service label)** 7001 1940 0003 1546 3783  
 Domestic Return Receipt PS Form 3811, August 2001

**A. Signature**  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_ **C. Date of Delivery** \_\_\_\_\_

**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

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:**  
 Jay Silverman  
 899 Jeffrey St. 111-1  
 Boca Raton, FL 33487

**2. Article Number (Transfer from service label)** 7001 1940 0003 1546 3790  
 Domestic Return Receipt PS Form 3811, August 2001

**A. Signature**  Agent  Addressee

**B. Received by (Printed Name)** \_\_\_\_\_ **C. Date of Delivery** 6/7/02

**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

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:**  
 Rene Lippman  
 2409 Appaloosa Circle 811  
 Sarasota, FL 34240

**2. Article Number (Transfer from service label)** 7001 1940 0003 1546 3783  
 Domestic Return Receipt PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

102595-01-M-2509

**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:  
 Benjamin Stern  
 27 Congress, Apt. 7  
 Nashua, NH 03062

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3813  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Benjamin Stern  Date of Delivery: 6-10

C. 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:  
 Kathleen Montz  
 16800 Burrensport Park Dr, Suite 3500  
 Houston, TX 77060

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3691  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Kathleen Montz  Date of Delivery: 6-7-02

C. 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:  
 St. John's Operation #1 LP  
 General Partner of Merchants Properties  
 16800 Burrensport Park Dr, Suite 3500  
 Houston, TX 77060

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3691  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): St. John's Operation #1 LP  Date of Delivery: 6-8-02

C. 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:  
 Harold Stern  
 800 Bell Lane Circle, Apt. 204  
 Bloomington, IN 47408-4401

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3820  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Harold Stern  Date of Delivery: 6-8-02

C. 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:  
 Steven Stern  
 226 Greenhead Ct.  
 Johnstown, PA 15905-2960

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3837  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Steven Stern  Date of Delivery: 6-10

C. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 Note - This card was received by Steven Stern on 6/7 or 8/02 - was not signed but was considered to represent

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:  
 Steven Stern  
 226 Greenhead Ct.  
 Johnstown, PA 15905-2960

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3837  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Steven Stern  Date of Delivery: 6-8-02

C. 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.  
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 Benjamin Stern  
 27 Congress, Apt. 7  
 Nashua, NH 03062

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3813  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Benjamin Stern  Date of Delivery: 6-10

C. 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**

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 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:  
 Kathleen Montz  
 16800 Burrensport Park Dr, Suite 3500  
 Houston, TX 77060

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3691  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Kathleen Montz  Date of Delivery: 6-7-02

C. 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.

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 St. John's Operation #1 LP  
 General Partner of Merchants Properties  
 16800 Burrensport Park Dr, Suite 3500  
 Houston, TX 77060

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3691  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): St. John's Operation #1 LP  Date of Delivery: 6-8-02

C. 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:  
 Harold Stern  
 800 Bell Lane Circle, Apt. 204  
 Bloomington, IN 47408-4401

2. Article Number (Transfer from service label): 700J 1940 0003 1548 3820  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Harold Stern  Date of Delivery: 6-8-02

C. 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

- 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:

Roxanne Turk  
 14700 N. Beckley Square  
 Davis, IA 33325

A. Signature  Agent  
*Roxanne Turk*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 ROXANNE TURK 6/21/02

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 (Transfer from service label) 7001 1540 0003 1546 3604

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

**INTEREST OWNERS  
DUGAN PRODUCTION'S STATE COM WELLS  
WELLS NO. 2, 90 & 90R**

Well Name	Pool	Location	Spacing Unit
State Com #2	Blanco Mesaverde	SWNE 16, T-32N, R-12W	N/2 - 320A
State Com #90	Basin Fruitland Coal	SENE 16, T-32N, R12W	N/2 - 320A
State Com #90R	Basin Fruitland Coal	NWNE 16, T-32N, R12W	N/2 - 320A

INTEREST OWNER	STATE COM #2 INTEREST%		STATE COM #90 & #90R INTEREST%	
	Gross	Net	Gross	Net
<u>Working Interest</u> <i>Not Needed</i> Dugan Production Corp.	50.000000	43.375000	87.500000	74.937500
✓ Paul T. Griffin Trust	12.500000	10.937500	12.500000*	10.937500*
✓ Williams Production Co.	37.500000	32.812500	0.000000	0.000000
<u>Royalty</u> State of New Mexico	0.000000	12.500000	0.000000	12.500000
<u>Overriding Royalty Interest</u>				
✓ W.H. Atkins	0.000000	0.026367	0.000000	0.026381
✓ Lewis T. Barringer, Jr.	0.000000	0.140625	0.000000	0.765600
* John W. Barringer	0.000000	0.140625	0.000000	0.765600
** JoAnne Callan	0.000000	0.043945	0.000000	0.043969
✓ Megan Callan	0.000000	0.011719	0.000000	0.011725
✓ Lynn Shaw	0.000000	0.011719	0.000000	0.011725
<b>TOTAL WELL</b>	<b>100.000000</b>	<b>100.000000</b>	<b>100.000000</b>	<b>100.000000</b>

\*Interest owner elected to go non-consent and is being carried by Dugan Production during payout

Addresses

- |   |   |
|---|---|
| ✓ W. H. Atkins<br>2209 N. Parkwood<br>Harlingen, TX 78550   | ✓ Lynn Shaw<br>1490 Memory Lane<br>Kalispell, MT 59901-5103                   |
| * John W. Barringer<br>1054 Lynnwood Blvd.<br>Nashville, TN 37215                                   | ✓ State of New Mexico<br>P. O. Box 1148<br>Santa Fe, NM 87504-1148            |
| ✓ Lewis T. Barringer, Jr.<br>192 Sayre Drive<br>Princeton, NJ 08540                                 | ✓ Williams Production Co.<br>P. O. Box 58900<br>Salt Lake City, UT 84158-0900 |
| ** JoAnne Callan<br>1028 Santa Florencia<br>Soiano Beach, CA 92075                                  |   |
| ✓ Megan Callan<br>3578 Seahorn Circle<br>San Diego, CA 92130  |   |
| ✓ Dugan Production Corp. <i>Not Needed</i><br>P. O. Box 420<br>Farmington, NM 87499-0420            |   |
| ✓ Paul T. Griffin Trust<br>Charles E. Griffin, Trustee<br>732 Bison Ave.<br>Newport Beach, CA 92660 |   |

✓ = Return Receipt  
Paid Received  
by Dugan Prodo.  
+ is Attached.  
Received 7 of 9 mailed

\* - Phone conversation 6/21/02  
615-665-2863 -  
Confirmed Mr. Barringer had  
Received 6-3-02 Notice

\*\* Phone calls 6/20, 6/21 + 6/25/02  
home - 858-481-1094  
office - 858-457-3713  
Left message on office  
Answer Machine.  
No Response AS  
of 6/25/02

**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:  
 W.H. Utters  
 209 N. Parkwood  
 Hurlinger, TX 78550

Article Number  
 (Transfer from service label)  
 7001 1940 0003 1548 3882

S Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *W.H. Utters*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes  No

7001 1940 0003 1548 3882

102595-01-M-2509

**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:  
 Lewis J. Bannings, Jr.  
 192 Sage Drive  
 Pineator, TN 38540

Article Number  
 (Transfer from service label)  
 7001 1940 0003 1548 3912

S Form 3811, August 2001 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Lewis J. Bannings, Jr.*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes  No

7001 1940 0003 1548 3912

102595-01-M-2509

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

OF FSLCMA ICPP USE

Postage	\$ 1.10
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Sent To *John W. Bannings*  
 Street, Apt. No. *1054 Lyndon Blvd.*  
 or PO Box No. *1054 Lyndon Blvd.*  
 City, State, ZIP+4 *Nashville, TN 37215*

PS Form 3800, January 2001 See Reverse for Instructions

2001 1940 0003 1548 3829

6/14/02 confirmed by  
 6/12/02 phone 612/102 not  
 6/13/02 that receive  
 6/13/02 John Roe

2001 1940 0003 1548 3829

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2001 1940 0003 1548 3829

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

OF Sub Com A ICPP USE

Postage	\$ 1.20
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.40</b>

Sent To *Johnnie Collins*  
 Street, Apt. No. *1059 Santa Barbara*  
 or PO Box No. *Solano Beach, CA 92075*  
 City, State, ZIP+4 *Solano Beach, CA 92075*

PS Form 3800, January 2001 See Reverse for Instructions

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

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2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

called 6/11/02 have confirm home  
 to one office  
 No office 6/12/02 +  
 or 6/25/02  
 John Roe

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

2001 1940 0003 1548 3825

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2001 1940 0003 1548 3825

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:  
Megan Callan  
3579 Seaborn Circle  
San Diego, CA 92130

1. Article Addressed to:  
2. Article Number (Transfer from service label) 7001 1940 0003 1548 3899  
3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) 7001 1940 0003 1548 3899  
Domestic Return Receipt  
S Form 3811, August 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.

Article Addressed to:  
Paul J. Buffin Trust  
Charles E. Buffin, Trustee  
732 Bison Ave.  
Newport Beach, CA 92660

1. Article Addressed to:  
2. Article Number (Transfer from service label) 7001 1940 0003 1548 3868  
3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) 7001 1940 0003 1548 3868  
Domestic Return Receipt  
PS Form 3811, August 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.

Article Addressed to:  
Lyn M Shaw  
1490 Memory Lane  
Kalispell, MT 59901-5108

1. Article Addressed to:  
2. Article Number (Transfer from service label) 7001 1940 0003 1548 3905  
3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) 7001 1940 0003 1548 3905  
Domestic Return Receipt  
Form 3811, August 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.

Article Addressed to:  
State of New Mexico  
State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

1. Article Addressed to:  
2. Article Number (Transfer from service label) 7001 1940 0003 1548 3707  
3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) 7001 1940 0003 1548 3707  
Domestic Return Receipt  
PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

Signature: [Signature]  
Received by (Printed Name): [Name]  
Date of Delivery: 6-6-02

Is delivery address different from item 1? Yes/No

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

Article Number (Transfer from service label) 7001 1940 0003 1548 3899  
Domestic Return Receipt  
S Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

Signature: [Signature]  
Received by (Printed Name): [Name]  
Date of Delivery: 6/11/02

Is delivery address different from item 1? Yes/No

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

Article Number (Transfer from service label) 7001 1940 0003 1548 3868  
Domestic Return Receipt  
PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

Signature: [Signature]  
Received by (Printed Name): [Name]  
Date of Delivery: 6-12-02

Is delivery address different from item 1? Yes/No

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

Article Number (Transfer from service label) 7001 1940 0003 1548 3905  
Domestic Return Receipt  
Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

Signature: [Signature]  
Received by (Printed Name): [Name]  
Date of Delivery: JUN 06 2002

Is delivery address different from item 1? Yes/No

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

Article Number (Transfer from service label) 7001 1940 0003 1548 3707  
Domestic Return Receipt  
PS Form 3811, August 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:

*Williams Production Co.*

*P.O. Box 58900*

*Salt Lake City, UT 84158-0900*

2. Article Number

*(Transfer from service label)*

*7001 1940 0003 1548 3851*

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X [Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*Nash [Signature]* *6/14/02*

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