

APPENDIX E

**Figures 1 - 2
&
Tables I - II**

Appendix E

Figures 1 - 2

1. **Figure One** - Lists the Drilling, Completion, and Pumping capital required for completion of a water supply well. The Jillson Federal SWD #1 tested at a flow of approximately 50 bbls per hour.
2. **Figure Two** - Diagram of a water treatment facility including Capital costs, Operating costs, Power requirements, Chemical requirements, and Maintenance costs.

Tables I - II

1. **Table I** - Lists estimated capital investment required to drill, complete and facilitate a water source well in the Entrada aquifer at this location.

Table I, Appendix E
Capital Investment Cost Analysis

Investment	Estimated Cost
Drilling/Completion/Pump	\$ 739,332
*Treatment Facility	\$3,500,000

* Facility and Treatment capital based on 50 bbls per hour production rate and domestic water supply standards

2. **Table II** - Lists estimated annual operational expenses for a water source well in the Entrada aquifer at this location.

Table II, Appendix E
Annual Operational Cost Analysis

Investment	Estimated Cost
Annual operation costs	
Treatment Facility	\$ 250,000
Pumping expense	\$ 45,000

MERIDIAN OIL - DRILLING / COMPLETION WELL COST ESTIMATE

Well Name: Jillson Federal Domestic Water Well
 Location: SENW Sec 8-T24N-R06W
 Cty, State: Rio Arriba
 Field: Water Zone
 Formation: Entrada
 Proposed TD: 8800' Area Team: 9
 Comments: Domestic Water Source

Prepared By: D.T. Voecks
 Date: 12/19/94
 Approved By: _____
 AFE Type: 01
 Total Days: 23

DRLG-248		INTANGIBLE DRILLING COST				TOT. COST
02	Location/Roads - Pre-Construction.....					\$2,500
03	Location/Roads - Construction & Maintenance.....					\$20,000
04	Location/Roads - Surface & Restoration.....					\$1,000
05	Move in/Move out.....					\$35,000
06	Contractor Fees - Footage.....	ft @	\$	per ft.		\$0
07	Contractor Fees - Daywork.....	23	days @ \$	5200	per day	\$119,600
08	Fire & Safety Equip.....					\$0
09	Drilling Fluid Systems - Liquids.....					\$20,000
10	Gas & Air Drilling.....					\$0
11	Drilling Fluid Systems - Processing Equip.....					\$5,500
12	Speciality Fluids & Chemicals.....					\$11,000
14	Salt/Brine Water.....					\$0
15	Onsite Fluid Disposal Services.....					\$0
16	Fresh Water.....					\$20,000
17	Bits.....					\$39,000
18	Primary Cementing.....					\$60,000
19	Remedial Cementing.....					\$0
20	Mud Logging.....					\$1,500
21	Wireline Logging - Open Hole.....					\$16,000
22	Coring & Analysis.....					\$0
23	Fuel/Electricity.....					\$0
24	BOP & Wellhead Rentals (Surface).....					\$1,500
25	Drill/Work String Rentals.....					\$36,500
26	Fishing Tool Rentals.....					\$0
27	Tank Rentals & Transportation.....					\$5,000
28	Other Rentals.....					\$1,000
29	Transportation.....					\$11,700
30	Offsite Disposal Services.....					\$5,500
31	Drill Stem Test.....					\$0
32	Directional Services.....					\$0
33	Tubular Inspection & Repair.....					\$8,000
34	Cased Hole Services.....					\$8,000
37	Swabbing, Coiled Tubing, & Snubbing.....					\$0
38	Stimulation (Acidf Breakdown).....					\$12,000
43	Consultants.....			@450/day		\$10,350
44	Engineering/Lab/Technical Contract Services.....					\$0
45	Roustabout Labor.....					\$700
46	Miscellaneous.....					\$1,100
48	Communication Systems.....					\$0
49	Packer Rental.....					\$0
50	Pumping Charges - Other.....					\$0
62	Environmental Compliance (Assessment).....			T & E		\$500
63	Environmental Compliance (Remediation).....					\$6,000
72	Company Supervision & Overhead.....					\$0
TOTAL INTANGIBLE DRILLING COST						\$458,950
		TANGIBLE DRILLING COST				
80	Casing (COPAS Price)				TOTAL	\$83,448
	400 FT	9 5/8 "	36.0 #	K55	\$ 15.68 /ft	\$6,272
	8800 FT	7 "	23 #	L80	\$ 8.77 /ft	\$77,176
81	Tubing (COPAS Price)				TOTAL	\$69,804
	8400 FT	3 1/2 "	9.5 #	J55	\$ 8.31 /ft	\$69,804
82	Packers, Screens, & Bridge Plugs.....					\$10,000
84	Pumping Unit.....					\$65,000
85	Tubing Equipment.(rods & pump).....					\$36,130
86	Wellhead Equip & Xmas Tree.....					\$16,000
TOTAL TANGIBLE DRILLING COST						\$280,382
TOTAL DRILLING / COMPLETION COST ESTIMATE						\$739,332



12-21-94

TO: Meridian Oil Co.
ATTN: Bruce Voiles

Dear Sir,

The following equipment is quoted as requested.

TUBING	3 1/2 EUE 8rd	\$33,264
RODS	1 1/2 fiberglass including 500'	
sinker bars		\$31,630
PUMP	3 1/2 X 2 3/4 X 30 RHBC	\$ 4,500

Sincerely,

Jack F. Stoltz



Pump Jack REPAIR SERVICE

P. O. Box 2410 • Farmington, NM 87499 • (505) 632-5966

(1) LUFKIN C-912 Pumping Unit

Estimated cost of a new unit is around \$65,000.00.
Price will vary with structure, size, and stroke length of
the unit, and the amount of counterbalance needed.

(1) 34' Concrete Base-\$3,000.00

(1) Arrow 2165 Motor-\$66,200.00

ESTIMATED TOTAL: \$134,200.00



BURLINGTON ENVIRONMENTAL

The following preliminary budget-level cost estimate for the installation of a water treatment plant was prepared by Mr. Bob Januska. Mr. Januska is an Environmental Engineer at Burlington Environmental Inc.'s Columbia, Illinois office. Mr. Januska has 14 years experience designing municipal and industrial water treatment systems.

Given:

Treat 50 bbl /Hr Entrada Formation water to New Mexico Water Quality Control Commission Standards

Contaminants	Concentrations	Technology
Fe	43 ppm	Oxidation precipitation
Cd	.05 ppm	Hydroxide precipitation
Cl/SO ₄	1,800 ppm	Reverse Osmosis (RO)
TDS	6,400 ppm	RO

1.0 Capital Costs

Iron Removal	\$ 200,000
TDS (Cl etc.) R.O. quote	1,800,000
Evaporation	* 350,000
Chemical feed	20,000
Filtration	25,000
Solids processing	50,000
<i>Equipment Subtotal</i>	<u>\$ 2,400,000</u>
Electrical and Instrumentation @25%	600,000
Installation @ 25%	600,000
Building 30'x40'x\$35/2	42,000
Engineering	150,000
System Installation	<u>\$ 3,800,000</u>

* costs deleted from the summary total for system without evaporator



2.0 Operating Costs

2.1 Power

$$\text{RO Feed} = \frac{35\text{gpm} \times 1000\text{psi} \times 2.31\text{psi/ft}}{3,960 \times .6N} = 35 \text{ Hp}$$

Transfer pump	35 gpm @ 20psi	1/2 Hp
Controls	equivalent	1 Hp
Mixers	3 @ 1 Hp	<u>3 Hp</u>

Total 40 Hp

$$40 \text{ hp} \times 1 \text{ kW/HP Hr} \times 24 \times 365 \text{ days} = 175,000 \text{ kWh}$$

Eqpt @ \$0.94/kWh 32,000

Evaporation could be fired elec. costs

$$(8.75 \text{ gpm})(8.33 \text{ \#/gal})(60 \text{ min/hr})(1,000 \text{ Btu/\#})(24 \text{ hr})(365 \text{ d}) / 3,412 \text{ Btu/kWh} = 11,000,000 \text{ kWh equivalent @ } \$.94/\text{kWh} \gg 1\text{MM therefore unreasonable}$$

2.2 Chemicals

$$\text{H}_2\text{O}_2 \quad (43)(.05)(8.34) = 6,600\# \text{ Fe/yr } (1.4\#/\#) = 9,000 \#/\text{yr @ } \$.92/\# \quad 10,000$$

Acid 10,000

NaOH 10,000

2.3 Sludge Disposal

$$\text{Iron sludge } 7,000\# \text{ } 15,000\# \text{ sludge/yr D.S. @ } 20\% \text{ cake} \\ 75,000\#/\text{yr @ } \$350/\text{ton} \quad 15,000$$

$$\text{TDS } (17,000)(.05)(8.34)(365) = 500,000\#/\text{yr @ } \$50/\text{t} \quad 12,500$$

2.4 Operators

$$1 \text{ man @ } \$45,000/\text{yr} \quad 45,000$$

2.5 Maintenance

$$5\% \text{ (Membranes } 1/3 \text{ yr)} \quad \underline{120,000}$$

Operation Subtotal \$ 250,000

Summary

System without evaporator fired RO reject	\$3,500,000
Cost	250,000
O&M	
System with evaporator fired RO reject	\$3,800,000
Cost	1,200,000
O&M	

1/4

Burlington Environmental Inc.
 210 West Sand Bank Road
 Post Office Box 330
 Columbia, Illinois 62236-0330
 (618) 281-7173 FAX (618) 281-5120

Tree Meadow Estimate
 Project Name _____
 Project No. _____ Phase _____
 File Name _____ File No. _____
 Calculation by RSS Date 12/2/97
 Detail Check by CTH Date 12/21/97
 Technical Review by _____ Date _____

CALCULATIONS/SKETCHES

Given: Treat 50 bbls/Hr production to Domestic water supply standards

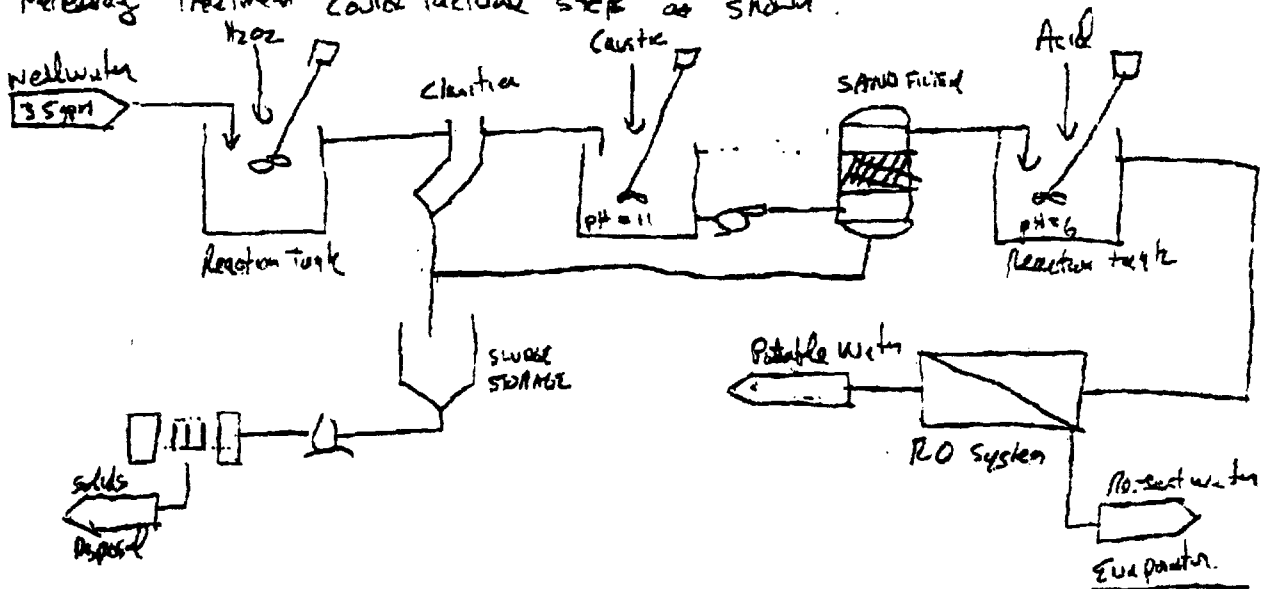
Contaminants over standards

Fe	<u>43 ppm</u>
CR	<u>0.5</u>
Cl/col	<u>1800 ppm</u>
TDS	<u>8400</u>

Technology

- Oxidation - ppt
- Hydroxide - ppt
- RO -
- RO -

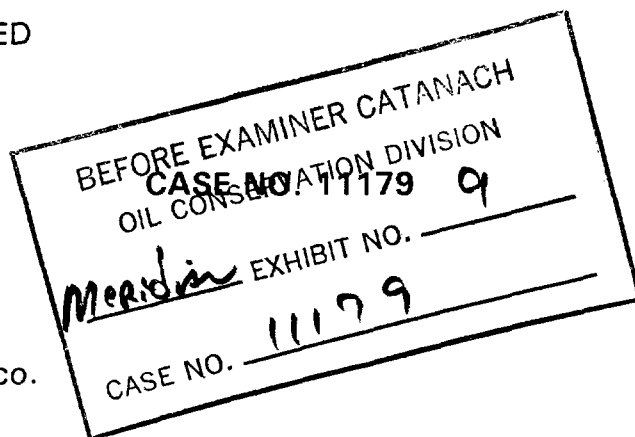
Meadow Treatment could include steps as shown:



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

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

Application of Meridian Oil Inc.
to designate a portion of the Entrada
Formation and to Amend Division Order
No. R-10168 per Jillson Federal SWD,
Well No. 1, Rio Arriba County, New Mexico.



CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of MERIDIAN OIL Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 14th day of December 1994 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for January 5, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 4th day of January, 1995.

Notary Public

My Commission Expires: June 15th, 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print return address on the reverse of this form so that we can return it to you.
 • Attach this form to the article.
 • Write "Return Receipt requested" on the reverse of this form.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 Bureau of Land Management
 435 Montano NE
 Albuquerque, NM 87107

4a. Article Number
 321 037 002

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 037 002

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

Sent to:
 Bureau of Land Management
 435 Montano NE
 Albuquerque, NM 87107

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print return address on the reverse of this form so that we can return it to you.
 • Attach this form to the article.
 • Write "Return Receipt requested" on the reverse of this form.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 Paul Candelaria
 3603 N. Buena Vista
 Farmington, NM 87401

4a. Article Number
 321 037 004

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

7. Date of Delivery
 12-15-94

5. Signature (Addressee)
Paul Candelaria


6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 037 004

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

Sent to:
 Paul Candelaria
 3603 N. Buena Vista
 Farmington, NM 87401

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print return address on the reverse of this form so that we can return it to you.
 • Attach this form to the article.
 • Write "Return Receipt requested" on the reverse of this form.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 Dugan Production Corp.
 POB 420
 Farmington, NM 87499

4a. Article Number
 321 037 006

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

7. Date of Delivery
 12-15-94

5. Signature (Addressee)

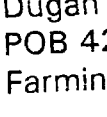
6. Signature (Agent)
M. Dugan

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 037 006

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

Sent to:
 Dugan Production Corp.
 POB 420
 Farmington, NM 87499

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

3800, June 1991

Meridian/Jillson
 December 14, 1994

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse side of this form so that we can return it to you if space permits.
 • Write the article number, and the date delivered.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson
 December 14, 1994

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

3. Article Addressed to:
 Bureau of Indian Affairs
 Jicarilla Apache Tribe
 POB 167
 Dulce, NM 87528
 Attn: Raymond Frost

4a. Article Number
 321 037 009

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

7. Date of Delivery
 12/16

5. Signature (Addressee)

6. Signature (Agent)
Raymond Frost

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 037 009

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

Sent to

Bureau of Indian Affairs
 Jicarilla Apache Tribe
 POB 167
 Dulce, NM 87528
 Attn: Raymond Frost

Bureau of Indian Affairs
 Jicarilla Apache Tribe
 POB 167
 Dulce, NM 87528
 Attn: Raymond Frost

P 321 037 010

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

Sent to

Jicarilla Apache Tribe
 c/o Oil & Gas Administration
 POB 507
 Dulce, NM 87528
 Attn: Mr. Thurman Velarde

Jicarilla Apache Tribe
 c/o Oil & Gas Administration
 POB 507
 Dulce, NM 87528
 Attn: Mr. Thurman Velarde

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt showing to Whom, Date, and Addressee's Address	

June 1991

P 321 036 691

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

Sent to

Carolyn Clark Wiggan
 Oil Properties
 POB 420
 Farmington, NM 87499

Carolyn Clark Wiggan
 Oil Properties
 POB 420
 Farmington, NM 87499

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt showing to Whom, Date, and Addressee's Address	
FOIA, Postage & Fees	\$
Postmark or Date	

800, June 1991

Meridian/Jillson
 December 14, 1994

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse side of this form so that we can return it to you if space permits.
 • Write the article number, and the date delivered.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson
 December 14, 1994

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

3. Article Addressed to:
 Jicarilla Apache Tribe
 c/o Oil & Gas Administration
 POB 507
 Dulce, NM 87528
 Attn: Mr. Thurman Velarde

4a. Article Number
 321 037 010

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

7. Date of Delivery
 12/16

5. Signature (Addressee)

6. Signature (Agent)
Thurman Velarde

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse side of this form so that we can return it to you if space permits.
 • Write the article number, and the date delivered.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson
 December 14, 1994

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

3. Article Addressed to:
 Carolyn Clark Wiggan
 Oil Properties
 POB 420
 Farmington, NM 87499

4a. Article Number
 321 036 691

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

7. Date of Delivery
 12-15-94

5. Signature (Addressee)

6. Signature (Agent)
Carolyn Clark Wiggan

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print Meridian/Jillson
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 Jerry Hoover
 CONOCO, Inc.
 10 Desta Dr. Ste 100W
 Midland, Texas 79705

4a. Article Number
 321 036 692

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

7. Date of Delivery
 12-19 94

5. Signature (Addressee)
 Anita Gonzales

6. Signature (Agent)
 12-1

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 692



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

Sent to
 Jerry Hoover
 CONOCO, Inc.
 10 Desta Dr. Ste 100W
 Midland, Texas 79705

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

P 321 036 693



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

Sent to
 John Shipley
 General Delivery
 Lindrith, NM 87029

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print Meridian/Jillson
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 John Shipley
 General Delivery
 Lindrith, NM 87029

4a. Article Number
 321 036 693

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

7. Date of Delivery

5. Signature (Addressee)
 John Shipley

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 694



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

Sent to
 Ray Leeson
 POB 8
 Lindrith, NM 87029

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print Meridian/Jillson
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 Ray Leeson
 POB 8
 Lindrith, NM 87029

4a. Article Number
 321 036 694

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
 Ray Leeson

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

3800, June 1991
 Meridian/Jillson
 December 14, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse side of this form.
 • Attach this form to the article.
 • Write the return address on the reverse side of this form.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson
 December 14, 1994

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

3. Article Addressed to:
 Donald Candelaria
 517 E. Zia
 Aztec, New Mexico 87410

4a. Article Number
 321 036 695

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

7. Date of Delivery
 12/16/94

5. Signature (Addressee)
 Donald R Candelaria


6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 321 036 695

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

Donald Candelaria
 517 E. Zia
 Aztec, New Mexico 87410

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse side of this form.
 • Attach this form to the article.
 • Write the return address on the reverse side of this form.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson
 December 14, 1994

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

3. Article Addressed to:
 TEXACO INC.
 POB 2100
 Denver, CO. 80201

4a. Article Number
 321 032 007

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

7. Date of Delivery
 12/17/94

5. Signature (Addressee)


6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.


P 321 037 008

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

TEXACO INC.
 POB 2100
 Denver, CO. 80201

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

P 321 037 007

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse side of this form.
 • Attach this form to the article.
 • Write the return address on the reverse side of this form.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson
 December 14, 1994

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

3. Article Addressed to:
 Joseph B. Gould
 430 S. 3rd St.
 Las Vegas, NV 89101

4a. Article Number
 321 037 007

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

7. Date of Delivery
 12/19/94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Joseph B. Gould
 430 S. 3rd St.
 Las Vegas, NV 89101

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

3800, June 1991

Meridian/Jillson
 December 14, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse of this form so that we can return it to you.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
Meridian/Jillson
December 14, 1994
 Apache Corporation
 1700 Lincoln Center St.
 Ste 4900
 Denver, CO 80203-4549

4a. Article Number
321 037 011

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

7. Date of Delivery
12/19

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 037 011

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

Sent to:
Apache Corporation
1700 Lincoln Center St.
Ste 4900
Denver, CO 80203-4549

Registered Delivery Fee	
Return Receipt (Drawing of Article) Delivered	
Return Receipt (Drawing of Article) and Addressee's Address	
Postage & Fees	\$

June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse of this form so that we can return it to you.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
Meridian/Jillson
December 14, 1994
 MOBIL PRODUCING
 Texas & New Mexico
 POB 633
 Midland, Texas 79702

4a. Article Number
321 037 003

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
MARK A. HARALSON
 Mobil Prod. Texas & New Mexico Inc.

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 037 003

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

Sent to:
MOBIL PRODUCING
Texas & New Mexico
POB 633
Midland, Texas 79702

Registered Delivery Fee	
Return Receipt (Drawing of Article) Delivered	
Return Receipt (Drawing of Article) and Addressee's Address	
Postage & Fees	\$

June 1991

PS 3800, June 1991
Meridian/Jillson
December 14, 1994