

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

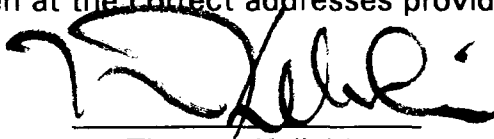
In the matter of the hearing called
by the Oil Conservation Division
for the purpose of considering:

CASE NO. 11406


Application of Meridian Oil Inc.
for Compulsory Pooling,
Arco Hill Well No 1,
E/2 Section 22, T25N, R3W,
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 25th day of September 1995 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 October 19, 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 18th day of October, 1995.


Notary Public

My Commission Expires: June 15, 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 your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the reverse of the envelope.
 • Write in block letters.
 • The FIM (Facing Identification Mark) is a series of vertical bars on the right side of the envelope. Do not write over the FIM.

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:
 Warren Clark
 c/o Mavel Reed & WW Oatman
 Co-Trustees
 POB 1846
 Austin, TX 78767

4a. Article Number
 424 287 446

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

7. Date of Delivery
 SEP 27 RECD

5. Signature (Addressee)
Warren Clark

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.

Z 424 287 446



Receipt for Certified Mail

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

Sent to
Warren Clark
c/o Mavel Reed & WW Oatman
Co-Trustees
POB 1846
Austin, TX 78767

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

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.
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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:
 PC Ltd.
 POB 911
 Breckenridge, TX 76424

4a. Article Number
 424 287 447

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

7. Date of Delivery
 9-27-95

5. Signature (Addressee)

6. Signature (Agent)
James W. Reed

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.

Z 424 287 447



Receipt for Certified Mail

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

Sent to
PC Ltd.
POB 911
Breckenridge, TX 76424

Special Delivery Fee	
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Is your RETURN ADDRESS completed on the reverse side?

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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:
 IBEX Partnership, Ltd.
 POB 911
 Breckenridge, TX 76424-0911

4a. Article Number
 424 287 448

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

7. Date of Delivery
 9-27-95

5. Signature (Addressee)

6. Signature (Agent)
James W. Reed

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.

Z 424 287 448



Receipt for Certified Mail

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

Sent to
IBEX Partnership, Ltd.
POB 911
Breckenridge, TX 76424-0911

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	

Meridian/Arco 10/19/95
September 25, 1995

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 this card to you.
 • Attach this form to the reverse of the envelope.
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 • Attach this form to the reverse of the envelope.

at we can if space
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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

Article number and the date delivered.

3. Article Addressed to:
 Ramco-NYL 1987
 Limited Partnership
 5100 Skelly Dr
 Ste. 650
 Tulsa, OK 74135-6549

4a. Article Number
 424 287 442

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

7. Date of Delivery
 9-28-95

5. Signature (Addressee)

6. Signature (Agent) *C. Lat*

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.

Z 424 287 442



Receipt for Certified Mail

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

Sent to
 Ramco-NYL 1987
 Limited Partnership
 5100 Skelly Dr
 Ste. 650
 Tulsa, OK 74135-6549

PS Form

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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 • Complete items 3, and 4a & b.
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 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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

Article number and the date delivered.

3. Article Addressed to:
 Warren Clark
 c/o Mabel Reed, Trustee
 POB 1846
 Austin, TX 78767

4a. Article Number
 424 287 443

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

7. Date of Delivery
 SEP 27 REC'D

5. Signature (Addressee) *Mabel Reed*

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.

Z 424 287 443



Receipt for Certified Mail

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

Sent to
 Warren Clark
 c/o Mabel Reed, Trustee
 POB 1846
 Austin, TX 78767

PS Form

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	\$

Is your RETURN ADDRESS completed on the reverse side?

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 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
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at we can if space
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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

Article number and the date delivered.

3. Article Addressed to:
 Carolyn Clark Oatman
 POB 1846
 Austin, TX 78767

4a. Article Number
 424 286 724

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

7. Date of Delivery
 SEP 27 REC'D

5. Signature (Addressee) *Carolyn Clark Oatman*

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.

Z 424 286 724



Receipt for Certified Mail

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

Sent to
 Carolyn Clark Oatman
 POB 1846
 Austin, TX 78767

PS Form

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	\$

Meridian/Arco 10/19/95
 September 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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 • Complete items 3, and 4a & b.
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 • Attach to this form
 • Write in the space provided
 • The date delivered.

Meridian/Arco 10/19/95
 September 25, 1995

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:
 Hooper, Kimball & Williams, Inc.
 POB 620970
 Tulsa, OK 74152

4a. Article Number
 424 287 449

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

7. Date of Delivery
 10-2-95


5. Signature (Addressee)
 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.

Z 424 287 449



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

Sent to
 Hooper, Kimball & Williams, Inc.
 POB 620970
 Tulsa, OK 74152

PS Form 3811

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

Is your RETURN ADDRESS completed on the reverse side?

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 • Complete items 3, and 4a & b.
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 • Attach to this form
 • Write in the space provided
 • The date delivered.

Meridian/Arco 10/19/95
 September 25, 1995

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:
 RB Operating Company
 Two Warren Place
 Ste. 1700
 6120 South Yale
 Tulsa, OK 74136

4a. Article Number
 424 287 450

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

7. Date of Delivery


5. Signature (Addressee)
 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.

Z 424 287 450



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

RB Operating Company
 Two Warren Place
 Ste. 1700
 6120 South Yale
 Tulsa, OK 74136

PS Form 3811

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	

Meridian/Arco 10/19/95
 September 25, 1995

