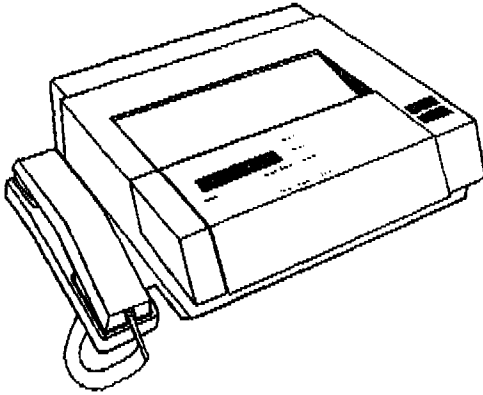


DHC-2511

~~Budington Resources Oil & Gas Company~~
San Juan Division IST/Telecom Department
3535 E. 30th Street
P. O. Box 4289
Farmington, NM 87499-4289

Black Tommy IM



TO: David Catanach
FROM: Peggy
RE: notifications
CC:

FAX: 505-599-4046

DATE: 11/16/99

PAGES:

827-1389

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

David - Sorry about that. I
thought she had
included them.

Bolack Tommy 1M

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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:

D R ZACHRY JR
510 DELLWOOD DR
MOUNT PLEASANT, TX 75455

4a. Article Number
2 564 463 971

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-25-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

the
an
Address
Delivery
or fee.
Certified
Insured
COD
requested
Thank you for using Return Receipt Service.
Receipt

Bolack Tommy 1M

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810
DENVER, CO 80215
Denali Ventures, Inc.

4a. Article Number
2 554 463 972

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
OCT 25 1999

5. Received By: (Print Name)
Agent for MMS

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

the
an
Address
Delivery
or fee.
Certified
Insured
COD
requested
Thank you for using Return Receipt Service.
Receipt

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
TX

Bolack Tommy 1M

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ 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 front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ 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:
**SPEEREX LIMITED PARTNERSHIP
 ATTN MR STEPHEN W SPEER
 PO BOX 266
 ROSWELL, NM 882020266**

4a. Article Number
2 554 663 968

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

7. Date of Delivery
NOV 16 1999

5. Received By: (Print Name)
Stephen W Speer

6. Signature: (Addressee or Agent)
X Stephen W Speer

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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
is box •

Bolack Tommy 1M

SENDER:
☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ 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 front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ 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:
**JEANNE SHARP
 7116 ABERDEEN
 DALLAS, TX 75230**

4a. Article Number
2 554 663 966

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

7. Date of Delivery
10/22/99

5. Received By: (Print Name)
Jeanne Sharp

6. Signature: (Addressee or Agent)
X Jeanne Sharp

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

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Brink Tommy IH

SE. ER:

Is your RETURN ADDRESS completed on the reverse side?

■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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 front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ 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:

HORACE F MCKAY JR &
 ELMYRA K MCKAY TRUST
 AGREEMENT DATED 12/19/88
 PO BOX 14738
 ALBUQUERQUE, NM 87191

4a. Article Number
 2 554 443 949

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
 OCT 20 1999

5. Received By: (Print Name)
 R.W.S. M. M. M.

6. Signature: (Addressee or Agent)
 R.W.S. M. M. M.

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Brink Tommy IH

SE. ER:

Is your RETURN ADDRESS completed on the reverse side?

■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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 front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ 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:

BOLACK MINERALS COMPANY
 TOM & TOMMY BOLACK
 GENERAL PARTNERS
 3901 BLOOMFIELD HWY
 FARMINGTON, NM 87401

4a. Article Number
 2 554 443 970

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
 10.19.99

5. Received By: (Print Name)
 Sharon H. Steffan

6. Signature: (Addressee or Agent)
 Sharon H. Steffan

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Greiner 4

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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:

HANSON MCBRIDE PETROLEUM CO
PO BOX 1515
ROSWELL, NM 882021515

4a. Article Number
7 554 443 945

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-21-99

5. Received By: (Print Name)
Tan Starnes

6. Signature: (Addressee or Agent)
Tan Starnes

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Return Receipt

Greiner 4

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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:

DORIS F FAMBRO
2 SURREY LN
BRECKENRIDGE, TX 764245006

4a. Article Number
7 554 443 941

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-26-99

5. Received By: (Print Name)
GARY FAMBRO D.V.M.

6. Signature: (Addressee or Agent)
X Gary Fambro DVM

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Return Receipt

ID:5055994046

NOV 16 '99

8:31 No.001 P.06

1-Class Mail
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S
mit No. G-10

Grenier 4

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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:

D R ZACHRY TEST TRUST
510 DELLWOOD DRIVE
MOUNT PLEASANT, TX 75455

4a. Article Number
2 554 663 964

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-25-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Mr. D. R. Zachry, Jr.*

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

PS Form 3811, December 1994 102595-00-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

1-Class Mail
age & Fees P
S
nit No. G-10

Grenier 4

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810
DENVER, CO 802175810

4a. Article Number
2 554 663 963

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name) *Agent for MNS*

6. Signature: (Addressee or Agent)
X *6551 2 5 150*

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

PS Form 3811, December 1994 102595-00-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

5055994046

P.06

GRIENER 4

Is your RETURN ADDRESS completed on the reverse side?

SEIR: <ul style="list-style-type: none">■ Complete items 1 and/or 2 for additional services.■ Complete items 3, 4a, and 4b.■ 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 front of the mailpiece, or on the back if space does not permit.■ Write "Return Receipt Requested" on the mailpiece below the article number.■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PAUL SLAYTON PO BOX 2035 ROSWELL, NM 882022035		4a. Article Number <u>7 554 603 907</u>	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>Paul Slayton</i>		7. Date of Delivery <u>NOV 16 1999</u>	
		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.



**NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT**

OIL CONSERVATION DIVISION
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

November 10, 1999

Burlington Resources Oil & Gas
P.O. Box 4289
Farmington, New Mexico 87499

Attention: Ms. Peggy Bradfield

Re: DHC Applications
Tommy Bolack No. 1M
Lawson No. 1A
Grenier No. 4
Decker No. 4A

Dear Ms. Bradfield:

Please submit a notification list of interest owners for each of the above-described applications. I will process the applications, however, this list needs to be in the files. Thanks for your help.

Sincerely,

David Catanach
Engineer