

# Hixon Development Company

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January 26, 1990

F. A. Cronican Trust  
Post Office Box 4201  
Albuquerque, New Mexico 87112

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

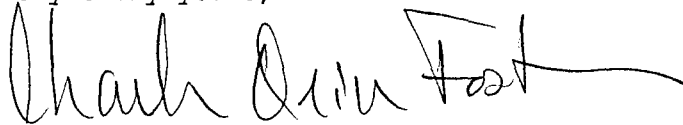
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

F. A. Cronican      st  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,




Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 290

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

F. A. Cronican Trust

 Trustee 2-2-90

by:  
title:

date

# Hixon Development Company

---

January 26, 1990

Fred C. Luthy, Jr.  
Post Office Box 1344  
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Mr. Luthy:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

---

Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Fred C. Luthy, Jr.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



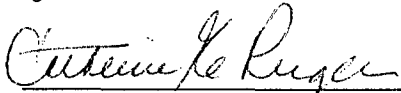
Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 283

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Sunwest Bank of Albuquerque  
Agent for C. Fred Luthy



2/9/90

by: Catherine Rugen  
title: Trust Officer

date

# Hixon Development Company

---

January 26, 1990

Coleman Oil & Gas, Inc.  
Post Office Drawer 3337  
Farmington, New Mexico 87499

Attention: Mr. George E. Coleman

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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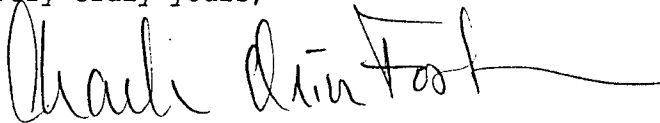
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Coleman Oil & Gas Inc.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,




Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 265

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Coleman Oil & Gas, Inc.

  
by: \_\_\_\_\_ date: 1/29/90  
title: President

# Hixon Development Company

---

January 26, 1990

Meridian Oil Inc.  
Post Office Box 4289  
Farmington, New Mexico 87499

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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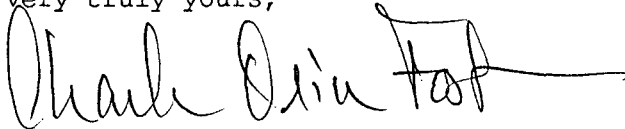
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Meridian Oil Inc.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



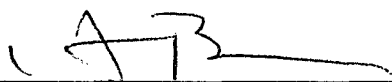

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 270

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Meridian Oil Inc.

  
by: \_\_\_\_\_ date   
title: **KENT BEERS, ATTORNEY-IN-FACT**



# Hixon Development Company

---

January 26, 1990

Seabrook Corp.  
Lancaster Corp.  
555 17th Street, Suite 1000  
Denver, Colorado 80202-3910

Attention: Mr. L. Stanley

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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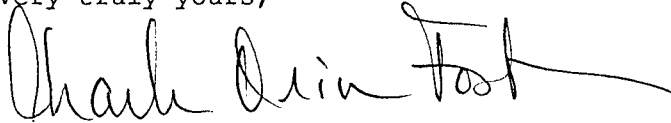
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Seabrook Corp.  
Lancaster Corp.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,




Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 267

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

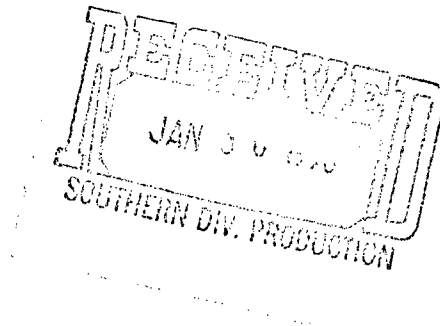
Seabrook Corp.  
Lancaster Corp.

 2-5-90  
by: \_\_\_\_\_ date  
title: V. P. Operations

# Hixon Development Company

January 26, 1990

T.O.C. Rocky Mountains, Inc.  
Amoco Production Company  
Post Office Box 800  
Denver, Colorado 80201



Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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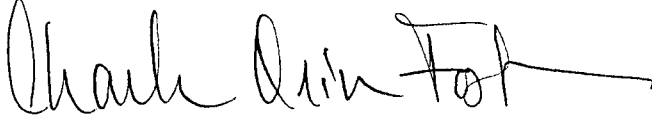
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T.O.C. Rocky Mountains, Inc.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 264

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

T.O.C. Rocky Mountains, Inc.  
Amoco Production Company

<u>T.D. Autry /ss</u>	<u>2/15/90</u> <i>mc</i>
by:	date
title: So. Div. Prod Mgr.	

# Hixon Development Company

---

January 26, 1990

Coleman Oil & Gas, Inc.  
Post Office Drawer 3337  
Farmington, New Mexico 87499

Attention: Mr. George E. Coleman

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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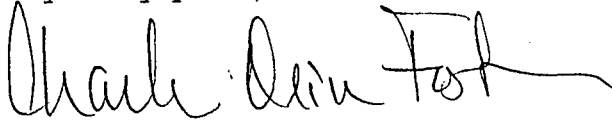
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Charles Orin Foster".

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 265

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Coleman Oil & Gas, Inc.

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

# Hixon Development Company

---

January 26, 1990

Yates Petroleum Corp.  
ABO Petroleum Corp.  
Myco Industries Inc.  
Yates Drilling Co.  
105 South 4th Street  
Artesia, New Mexico 88210

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Yates Petroleum rp., et al  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Charles Orin Foster", with a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 266

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Yates Petroleum Corp.  
ABO Petroleum Corp.  
Myco Industries Inc.  
Yates Drilling Co.

by:  
title:

---

date



# Hixon Development Company

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January 26, 1990

Exxon Company, U.S.A.  
Post Office Box 1600  
Midland, Texas 79702-1600

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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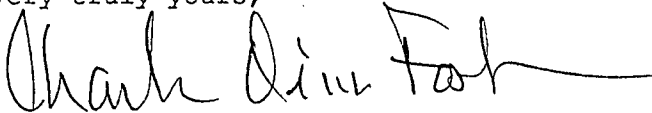
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Exxon Company, .A.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, reading "Charles Orin Foster". The signature is written in dark ink and is positioned below the typed name.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 268

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Exxon Company, U.S.A.

by:  
title:

date

# Hixon Development Company

---

January 26, 1990

Chevron, USA, Inc.  
Post Office Box 599  
Denver, Colorado 80201

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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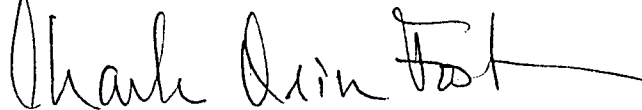
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Chevron, USA, I  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Charles Orin Foster". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 269

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Chevron, USA, Inc.

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_

# Hixon Development Company

---

January 26, 1990

Edith R. Briggs Trust  
Post Office Box 2063  
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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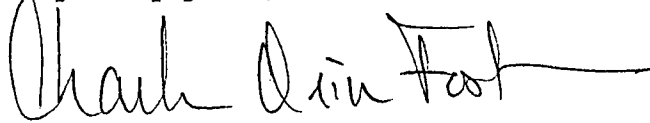
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Edith R. Briggs Trust  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script that reads "Charles Orin Foster". The signature is written in dark ink and has a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 279

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Edith R. Briggs Trust

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_

# Hixon Development Company

January 26, 1990

Energy Resources Group Inc.  
Post Office Box 1407  
Denver, Colorado 80201

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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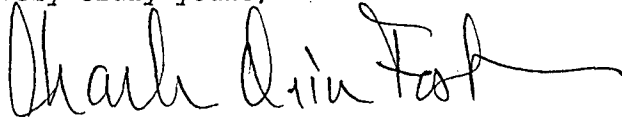
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Energy Resource Group Inc.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 280

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Energy Resources Group Inc.

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:



# Hixon Development Company

January 26, 1990

Minatome Corp.  
One Allen Center #400  
Houston, Texas 77002

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

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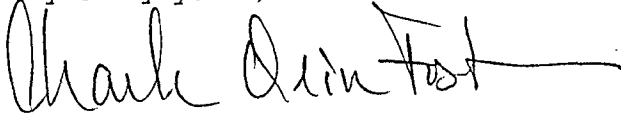
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Minatome Corp.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, reading "Charles Orin Foster", with a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 282

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Minatome Corp.

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

# Hixon Development Company

---

January 26, 1990

Potenziani Family Partnership  
Post Office Box 36600  
Albuquerque, New Mexico 87176

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCDC Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

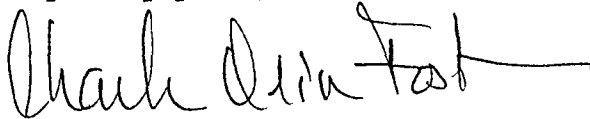
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Potenziani Fami Partnership  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Charles Orin Foster", with a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 287

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Potenziani Family Partnership

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_

# Hixon Development Company

---

January 26, 1990

Walter O. Berger  
1354 Rossmoor Towers  
Laguna, California 92453

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Mr. Berger:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCDC Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

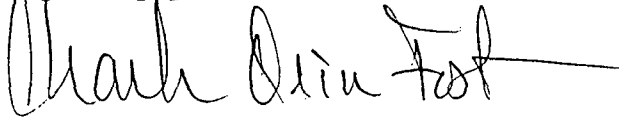
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Walter O. Berge  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, reading "Charles Orin Foster". The signature is written in dark ink and is positioned above the typed name.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 276

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Walter O. Berger

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_

# Hixon Development Company

---

January 26, 1990

William C. Briggs  
Post Office Box 2063  
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Mr. Briggs:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

William C. Brig  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script that reads "Charles Orin Foster". The signature is written in dark ink and has a long, horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 277

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

William C. Briggs

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_



# Hixon Development Company

---

January 26, 1990

Fred C. Luthy, Jr.  
Post Office Box 1344  
Albuquerque, New Mexico 87103

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Mr. Luthy:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Fred C. Luthy, Jr.  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 283

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Fred C. Luthy, Jr.

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

# Hixon Development Company

---

January 26, 1990

Roger B. Nielsen  
Post Office Box 12241  
El Paso, Texas 79912

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Mr. Nielsen:

Hixon Development Company (HDC) proposes to recomplate the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplate a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

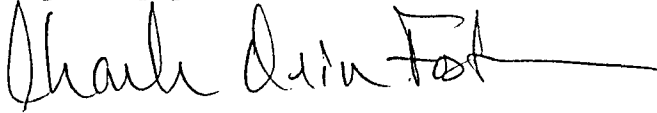
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Roger B. Nielsen  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Charles Orin Foster", with a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 285

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Roger B. Nielsen

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

# Hixon Development Company

January 26, 1990

Carolyn N. Sedberry  
901 Laurel Circle SE  
Albuquerque, New Mexico 87101

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Ms. Sedberry:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Carolyn N. Sedberry  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 288

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Carolyn N. Sedberry

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

# Hixon Development Company

---

January 26, 1990

Cheryl L. Potenziani  
4215 Ave. La Resolana  
Albuquerque, New Mexico 87110

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Ms. Potenziani:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

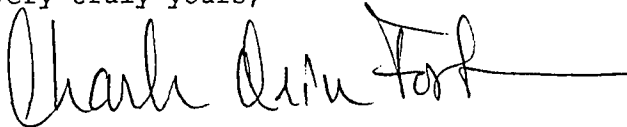
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Cheryl L. Poter ni  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, reading "Charles Orin Foster". The signature is written in dark ink and is positioned above the typed name.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 286

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Cheryl L. Potenziani

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by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_



# Hixon Development Company

---

January 26, 1990

F. A. Cronican Trust  
Post Office Box 4201  
Albuquerque, New Mexico 87112

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

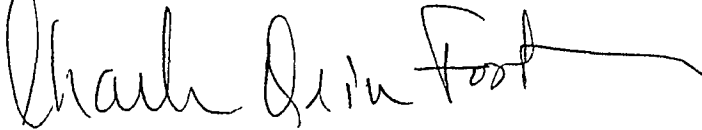
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

F. A. Cronican     st  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Charles Orin Foster", with a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 290

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

F. A. Cronican Trust

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

# Hixon Development Company

---

January 26, 1990

Cyrene L. Inman  
Post Office Box 1344  
Albuquerque, New Mexico 87107

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Ms. Inman:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

---

Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Cyrene L. Inman  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, reading "Charles Orin Foster", followed by a horizontal line extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 281

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Cyrene L. Inman

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title: \_\_\_\_\_

# Hixon Development Company

---

January 26, 1990

Cyrene F. Mapel  
Post Office Box 1344  
Albuquerque, New Mexico 87104

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Ms. Mapel:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

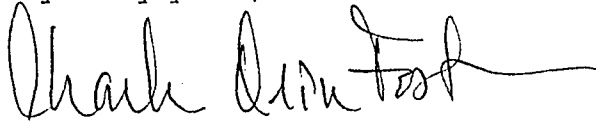
HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

Cyrene F. Mapel  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in cursive script, reading "Charles Orin Foster". The signature is fluid and extends to the right with a long horizontal stroke.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 284

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Cyrene F. Mapel

---

by:  
title:

date

# Hixon Development Company

---

January 26, 1990

Herbert R. Briggs  
1405 San Pablo NE  
Albuquerque, New Mexico 87102

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Dear Mr. Briggs:

Hixon Development Company (HDC) proposes to recomplate the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCDC Order No. R-8768, Rule 8 of our intention to recomplate a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

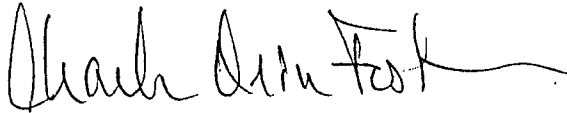
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Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

Herbert R. Briggs  
January 26, 1990  
Page 2

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,



Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 289

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Herbert R. Briggs

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:



# Hixon Development Company

---

January 26, 1990

Energy Resources Group Inc.  
Post Office Box 1407  
Denver, Colorado 80201

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31-T25N-R10W, N.M.P.M.  
San Juan County, New Mexico

Ladies and Gentlemen:

Hixon Development Company (HDC) proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

HDC is required to provide notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section.

Your company has been identified as an owner or operator of the Fruitland Coal formation, and as such we respectfully ask that you sign this written waiver in the space provided below and return it back to my attention at your earliest convenience in the enclosed postage paid envelope. If you do not enter an objection to our application within 20 days, the Director may approve the application as it has been presented.

---

Post Office Box 2810  
Farmington, New Mexico 87499  
505/326-3325

If you should have any questions regarding this matter, please do not hesitate to call me at 505-326-3325 or write to me at the letterhead address.

Very truly yours,

A handwritten signature in black ink, appearing to read "Charles Orin Foster", with a long horizontal flourish extending to the right.

Charles Orin Foster  
Vice President - Land

COF/plc

CERTIFIED - RETURN RECEIPT REQUESTED  
P 140 441 280

I am aware of Hixon Development Company's intention to recomplete the subject well in the Fruitland Coal formation in an unorthodox location for the Basin Fruitland Coal Gas Pool. Our company has no objection to Hixon Development Company's proposal as outlined above.

Energy Resources Group Inc.

---

by: \_\_\_\_\_ date \_\_\_\_\_  
title:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 58890
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL, 1750' FWL, Section 31, T25N, R10W		8. FARM OR LEASE NAME Famous Amos
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6705' GLE		10. FIELD AND POOL, OR WILDCAT Wildcat PC
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T25N, R10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Progress</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded surface at 11:15 a.m. on June 23, 1989. Drilled an 8-3/4" surface hole to 127'. Ran 3 jts. (126.6') of 7", 20#, 8rd, J-55, LT&C casing. Casing set at 126.6'. Cemented casing as follows: Mixed and pumped 50 sks. (59 cu. ft.) of Class "B" cement containing 2% CaCl<sub>2</sub> and 1/4#/sk. cellophane flakes. Cement circulated to surface.

RECEIVED  
BLM MAIL ROOM  
89 JUN 29 AM 10:45  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED

JUL 12 1989

OIL CONSERVATION DIV.  
SANTA FE

RECEIVED

JUL 03 1989

OIL CON. DIV.  
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer

DATE June 28, 1989

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

JUN 30 1989

FARMINGTON RESOURCE AREA

BY KH

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 58890	
2. NAME OF OPERATOR Hixon Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, New Mexico 874		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any field instructions. See also space 17 below.) At surface 990' FNL, 1750' FWL, Section 31, T25N, R10W		8. FARM OR LEASE NAME Famous Amos	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6705' GLE		10. FIELD AND POOL, OR WILDCAT Wildcat PC	
OIL CON. DIV DIST. 3		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T25N, R10W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Drilling Progress <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Drilled out from under casing with 6-1/4" bit on June 26, 1989. Drilled to T.D. of 1630'. Ran Induction Log with Gamma Ray and Compensated Density-Neutron Logs. Log tops as follows: Basal Fruitland Coal - 1474', Pictured Cliffs - 1492'. Ran 42 jts. (1625.08') of 4-1/2", 11.6#, K-55, 8rd, LT&C casing. Placed Bakerlocked cement nosed guide shoe on bottom and Baker Flapper Fill Collar on top of shoe jt. Ran centralizers on tops of 1st, 3rd, 5th, 7th and 9th jts. Casing set at 1624', with float collar at 1585'. Cemented casing as follows: Mixed and pumped 90 sks. (185 cu. ft.) Class "B" cement containing 2% Thriftymont and 1/4#/sk. cellophane. Tailed in with 110 sks. (129.8 cu. ft.) Class "B" cement containing 2% CaCl<sub>2</sub>. Cement circulated to surface. Waiting on completion operations.

RECEIVED  
BLM MAIL ROOM  
09 JUL 10 AM 11:37  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Bruce E. Delventhal TITLE Petroleum Engineer DATE July 7, 1989

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD  
JUL 11 1989  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

2. NAME OF OPERATOR

Hixon Development Company

3. ADDRESS OF OPERATOR

P.O. Box 2810, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface

990' FNL, 1750' FWL, Section 31, T25N, R10W

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

33 miles south-southeast of Farmington, NM

10. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

790'

16. NO. OF ACRES IN LEASE

199.28

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

160 159.28

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

100'

19. PROPOSED DEPTH

1750'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6705' GLE

SUBJECT TO COMPLIANCE WITH ATTACHED  
"GENERAL REQUIREMENTS".

22. APPROX. DATE WORK WILL START\*

June 1, 1989

23.

PROPOSED CASING AND CEMENTING PROGRAM

This action is subject to technical and  
procedural review pursuant to 43 CFR 3161  
and appropriate quantity of cement CFR 3163.4.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
8-3/4"	7"	20#	110'	50 sks. to surface
6-1/4"	4-1/2"	11.6#	1750'	150 sks. to surface

It is proposed to drill the above referenced gas well. This well will be evaluated on the basis of open hole logs. Please see attached Onshore Oil and Gas Order No. 1 data.

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JUN 19 1989

OIL CONSERVATION DIV.  
SANTA FE

RECEIVED

JUN 05 1989

OIL CON. DIV  
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

John C. Corbett

TITLE

Vice President-Exploration

DATE

4/22/89

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED  
AS AMENDED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 31 1989

NMOCC

\*See Instructions On Reverse Side

AREA MANAGER

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Hixon Development Company			Lease Famous Amos		Well No. 1
Unit Letter C	Section 31	Township 25 North	Range 10 West	County San Juan	
Actual Footage Location of Well: 990 feet from the North line and 1750 feet from the West line					
Ground level Elev. 6705	Producing Formation Pictured Cliffs		Pool Wildcat	Dedicated Acreage: 160.5928 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Printed Name

John C. Corbett

Position

Vice President-Exploration

Company

Hixon Development Company

Date

4/6/89

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

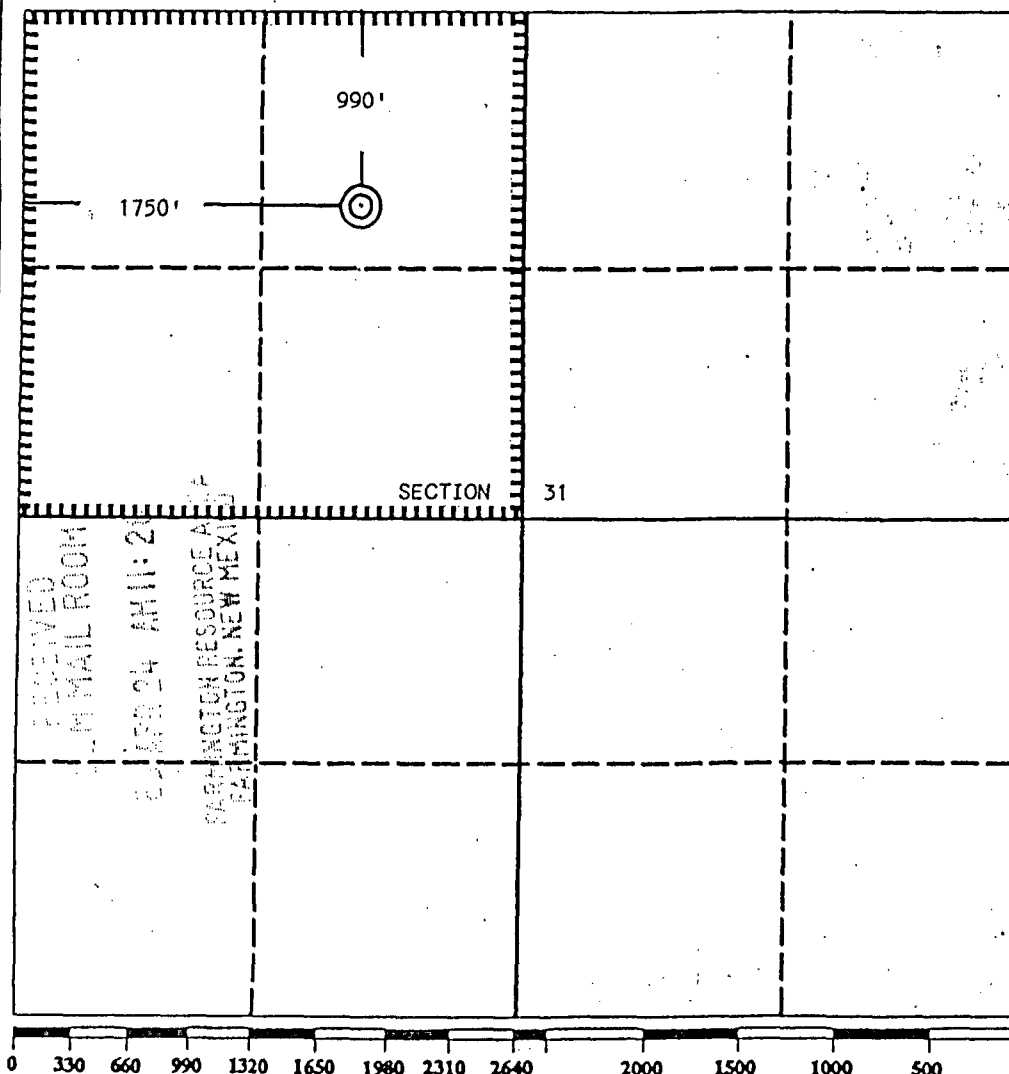
Date Surveyed

March 31, 1989

Signature & Seal of  
Professional Surveyor

Certificate No. 5979

Edgar L. Risenhoover



MAR 8 AM 9 03

March 6, 1990

Mr. Bill LeMay  
Director  
NM Oil Conservation Division  
P.O. Box 2088  
Santa Fe, New Mexico 87504

Subject: Application for Unorthodox Location  
Famous Amos Well No. 1  
990' FNL, 1750' FWL  
Section 31, T25N, R10W NMPM  
San Juan Co., NM

Dear Mr. LeMay:

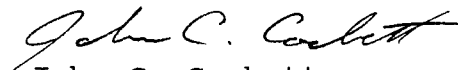
Hixon Development Company proposes to recomplete the referenced well from the Pictured Cliffs formation to the Fruitland Coal. The well will become a part of the Basin Fruitland Coal Gas Pool.

Hixon has provided notice to offset operators and owners under NMOCD Order No. R-8768, Rule 8 of our intention to recomplete a well that is not in either the NE/4 or the SW/4 of a governmental section. Operators were asked to return the notices to Hixon and copies of those responses that have been returned are enclosed with this request for your inspection. We have not yet heard from several interest owners as noted on the enclosed Attachment "A".

No completion report has been filed as the well has yet to sell gas. We are also waiting on the BLM to assign to us the NE/4 of Sec. 31, which we purchased in January's Federal lease sale.

If I can answer any questions concerning this matter please do not hesitate to call me at 1-326-3325 or write to me at the letterhead address.

Very truly yours,

  
John C. Corbett  
Vice President - Exploration

enclosures

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section.

Operator Hixon Development Company			Lease Famous Amos		Well No. 1
Unit Letter C	Section 31	Township 25 North	Range 10 West	County San Juan	
Actual Footage Location of Well: 990 feet from the North line and 1750 feet from the West line					
Ground level Elev. 6705	Producing Formation Fruitland		Pool Basin Fruitland Coal		Dedicated Acreage: 320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Printed Name

John C. Corbett

Position

Vice President-Exploration

Company

Hixon Development Company

Date

4/6/89

SURVEYOR CERTIFICATION

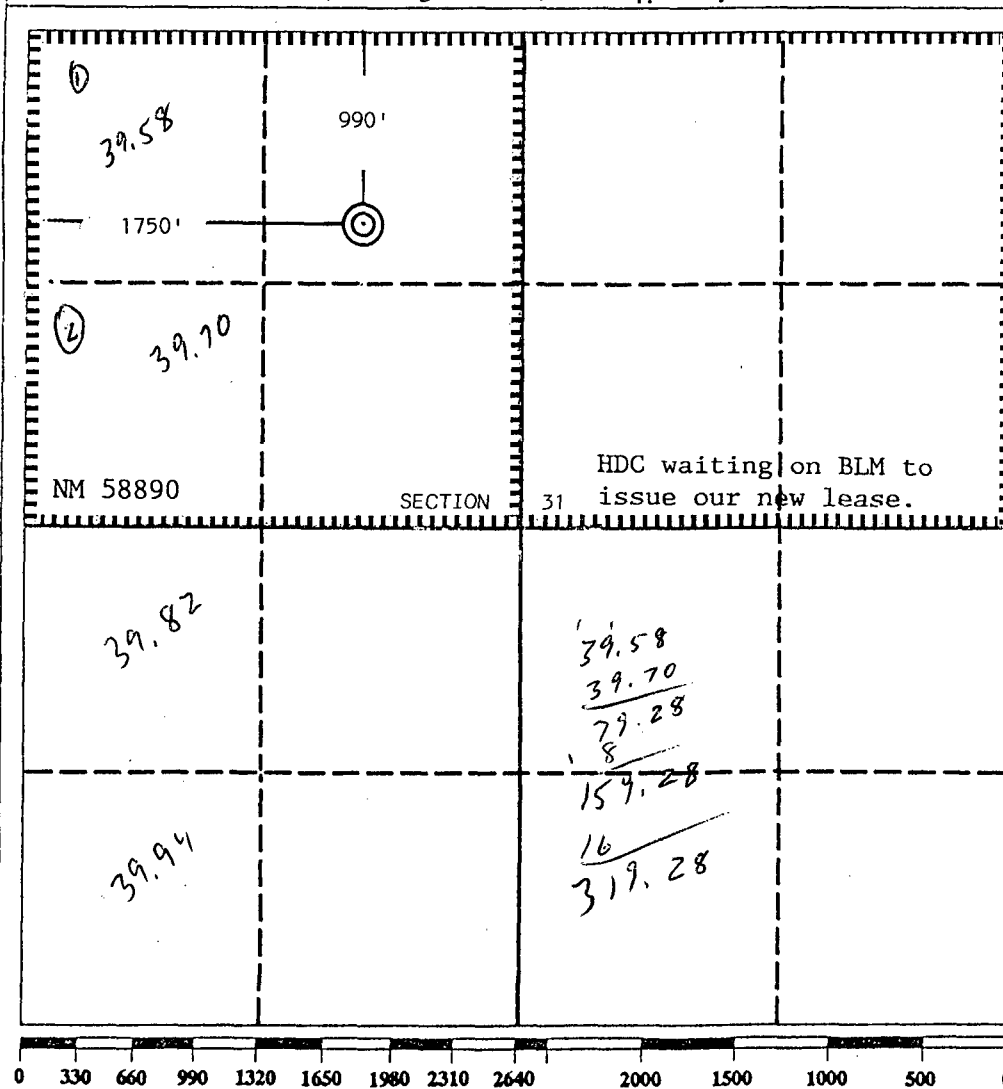
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

March 31, 1989

Signature & Seal of  
Professional Surveyor

EDGAR R. RISENHOVER  
NEW MEXICO  
5979  
Certified No. 5979  
Edgar R. Risenhover







## Attachment "A"

Page 1 of 2

to that certain letter dated March 6, 1990  
concerning the Famous Amos Well No. 1  
Application for Unorthodox Location

Name	Status
Yates Petroleum Corp. ABO Petroleum Corp. Myco Industries Inc. Yates Drilling Co. 105 South 4th Street Artesia, New Mexico 88210	No response
Exxon Company, U.S.A. Post Office Box 1600 Midland, Texas 79702-1600	No response
Chevron, USA, Inc. Post Office Box 599 Denver, Colorado 80201	No response
Edith R. Briggs Trust Post Office Box 2063 Albuquerque, New Mexico 87103	No response
Minatome Corp. One Allen Center #400 Houston, texas 77002	No response
Potenziani Family Partnership Post Office Box 36600 Albuquerque, New Mexico 87176	No response
Walter O. Berger 1354 Rossmoor Towers Laguna, California 92453	No response
William C. Briggs Post Office Box 2063 Albuquerque, New Mexico 87103	No response
Roger B. Nielsen Post Office Box 12241 El Paso, Texas 79912	No response
Carolyn Sedberry 901 Laurel Circle SE Albuquerque, New Mexico 87101	No response
Herbert R. Briggs 1405 San Pablo NE Albuquerque, New Mexico 87102	No response
Cheryl L. Potenziani 4215 Ave. La Resolana Albuquerque, New Mexico 87110	Fowarding order expired, returned to sender

Attachment "A"

Page 2 of 2

to that certain letter dated March 6, 1990  
concerning the Famous Amos Well No. 1  
Application for Unorthodox Location

Name	Status
Energy Resources Group Inc. Post Office Box 1407 Denver, Colorado 80201	Addressee Unknown, return to sender
Cyrene L. Inman Post Office Box 1344 Albuquerque, New Mexico 87104	Green card not returned, letter not returned
Cyrene F. Mapel Post Office Box 1344 Albuquerque, New Mexico 87104	Green card not returned, letter not returned

Coleman P 140 441 265

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
\* NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to <b>Coleman Oil &amp; Gas, Inc.</b>	
Street and No. <b>P. O. Drawer 3337</b>	
P.O., State and ZIP Code <b>Farmington, New Mexico 87499</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date  <b>1-26-90</b>	

P 140 441 265

Thank you for using  
Return Receipt Service.

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>		<p>4. Article Number <b>P. 140 441 265</b></p>	
<p>3. Article Addressed to: <b>Coleman Oil &amp; Gas, Inc. P. O. Drawer 3337 Farmington, New Mexico 87499</b></p>		<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature — Addressee <b>X</b></p>		<p>8. Addressee's Address (ONLY if requested and fee paid) <b>FARMINGTON, NM</b></p>	
<p>6. Signature — Agent <b>X</b></p>		<p>USPO <b>JAN 29 1990</b></p>	
<p>7. Date of Delivery <b>1-26-90</b></p>			

U.S.G.P.O. 1989-238-815

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS  
completed on the reverse side?

Thank you for using  
Return Receipt Service.

**SENDER:** Complete items 1 and 2. When additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)

2. ☐ Restricted Delivery. (Extra charge)

3. Article Addressed to:  
T.O.C. Rocky Mountains, Inc.  
Amoco Production Company  
P. O. Box 800  
Denver, Colorado 80201

4. Article Number  
P 140 441 264

Type of Service:  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee ☒

6. Signature - Agent ☒

7. Date of Delivery ☒

8. Addressee's Address (ONLY if requested and fee paid)  
T.O.C. Rocky Mountains, Inc.  
Amoco Production Company  
P. O. Box 800  
Denver, Colorado 80201

PS Form 3817, Apr. 1989

\* U.S.G.P.O. 1989-238-815

**DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS  
completed on the reverse side?

Amoco P 140 441 264

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to T.O.C. Rocky Mountains,  
Amoco Production Company  
P. O. Box 800  
Denver, Colorado 80201

Postage

Certified Fee .45

Special Delivery Fee .85

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$ .90

Postmark or Date 1-26-90

PS Form 3800, June 1985

P 140 441 264

Thank you for using  
Return Receipt Service.

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
BUT FOR INTEREST ONLY

(See Reverse)

Sent to <b>Yates Petroleum Corp.</b>	
Street and No. <b>105 S. 4th St.</b>	
P.O., State and ZIP Code <b>Artesia, New Mexico 88210</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

P 140 441 266

<b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address (Extra charge) 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: <b>Yates Petroleum Corp. ABO Petroleum Corp. Mycro Industries Inc. Yates Drilling Co. 105 S. 4th St. Artesia, New Mexico 88210</b>	4. Article Number <b>P 140 441 266</b>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>	
5. Signature — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b>	
7. Date of Delivery <b>1-28-90</b>	

DOMESTIC RETURN RECEIPT

★ U.S.G.P.O. 1989-238-815

PS Form 3811, Apr. 1989

Is your RETURN ADDRESS  
completed on the reverse side?

Seabrook Corp.  
Lancaster

P 140 441 267

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to: <b>Seabrook Corp.</b>	
<b>Lancaster Corp.</b>	
Street and No. <b>555 17th St., Ste. 1000</b>	
P.O. Box and ZIP Code <b>Denver, Colorado 80202-3910</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date  1-26-90	

PS Form 3800, June 1985

P 140 441 267

Thank you for using  
Return Receipt Service.

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.</p> <p>1 <input type="checkbox"/> Show to whom delivered, date, and addressee's address 2 <input type="checkbox"/> Restricted Delivery (Extra charge)</p>		<p>4 Article Number P 140 441 267</p>	
<p>3 Article Addressed to: <b>Seabrook Corp.</b> <b>Lancaster Corp.</b> <b>555 17th Street, Suite 1000</b> <b>Denver, Colorado 80202-3910</b></p>		<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5 Signature — Addressee <b>X</b></p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>6 Signature — Agent <b>X</b></p>		<p>8 Addressee's Address (ONLY if requested and fee paid)</p>	
<p>7 Date of Delivery <b>1/29/90</b></p>			

★ U.S.G.P.O. 1985-238-615

PS Form 3811, Apr 1989

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS  
completed on the reverse side?

Exxon P 140 441 268

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Exxon Company, U.S.A.</b>	
Street and No. <b>P. O. Box 1600</b>	
P.O., State and ZIP <b>Midland, Texas 79702-1600</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

P 140 441 268

Thank you for using  
Return Receipt Service.

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.</p> <p>1 <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2 <input type="checkbox"/> Restricted Delivery (Extra charge)</p>		4 Article Number <b>P-140 441 268</b>	
3 Article Addressed to: <b>Exxon Company, U.S.A. P. O. Box 1600 Midland, Texas 79702-1600</b>		Type of Service: <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
5 Signature — Addressee <b>X</b>		Always obtain signature of addressee or agent and DATE DELIVERED.	
6 Signature — Agent <b>X</b>		8 Addressee's Address (ONLY if requested and fee paid)	
7 Date of Delivery <b>JAN 30 1990</b>			

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

Is your RETURN ADDRESS  
completed on the reverse side?



Thank you for using  
Return Receipt Service.

Is your RETURN ADDRESS  
completed on the reverse side?

PS Form 3800, June 1985

P 140 441 269

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Chevron, USA, Inc.	
P. O. Box 599	
Denver, Colorado 80201	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Instructed Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	.90
	\$ 2.20
Postmark or Date 1-26-90	

SENDER: Complete items 1 and 2 when additional services are desired and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Chevron, USA, Inc. P. O. Box 599 Denver, Colorado 80201		4. Article Number P 140 441 269	
5. Signature — Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature — Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery JAN 29 1990		8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815

Thank you for using  
Return Receipt Service.

Meridian P 140 441 270

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE FOR LOSS  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to <b>Meridian Oil Inc.</b>	
Street	No.
<b>P. O. Box 4289</b>	
P.O., State, and ZIP Code <b>Farmington, New Mexico 87499</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

P 140 441 270

Is your RETURN ADDRESS  
completed on the reverse side?

<b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees. 1: <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2: <input type="checkbox"/> Restricted Delivery (Extra charge)		<b>4: Article Number</b> <b>P 140 441 270</b>	
<b>3: Article Addressed to:</b> <b>Meridian Oil Inc.</b> <b>P. O. Box 4289</b> <b>Farmington, New Mexico 87499</b>		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
<b>5: Signature — Addressee</b> <b>X</b>		Always obtain signature of addressee or agent and DATE DELIVERED.	
<b>6: Signature — Agent</b> <b>X</b> <i>Larry Crue</i>		<b>8: Addressee's Address (ONLY if requested and fee paid)</b> <i>Same</i>	
<b>7: Date of Delivery</b> <i>1/26/90</i>			

PS Form 3811, Apr. 1989

\* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

E. Briggs P 140 441 279

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Edith R. Briggs Trust</b>	
Street and No. <b>P. O. Box 2063</b>	
P.O., State and ZIP Code <b>Albuquerque, NM 87103</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

PS Form 3800, June 1985

P 140 441 279

Thank you for using  
Return Receipt Service.

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
**Edith R. Briggs Trust**  
**P. O. Box 2063**  
**Albuquerque, New Mexico 87103**

4. Article Number  
**P 140 441 279**

Type of Service:  
☐ Registered ☐ Insured ☐ COD ☐ Return Receipt for Merchandise  
☒ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
**X** *E. Briggs*

6. Signature - Agent  
**X**

7. Date of Delivery

8. Addressee's Address (ONLY if requested and for return receipt)  
**ALBUQUERQUE, NM 87103**

PS Form 3811, Mar 1988 • U.S.G.P.O. 1988-212-865

Is your RETURN ADDRESS  
completed on the reverse side?

Thank you for using  
Return Receipt Service.

Energy  
Res. P 140 441 280

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE FUNDING PROVIDED  
NOT FOR POSTAGE USE ONLY

(See Reverse)

Sent to <b>Energy Resources Group Inc.</b>	
Street and No. <b>P. O. Box 1407</b>	
City, State and ZIP Code <b>Denver, Colorado 80201</b>	
Postage	.45
Certified fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date  1-26-90	

PS Form 3800, June 1985

P 140 441 280

<b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to:  Energy Resources Group Inc. P. O. Box 1407 Denver, Colorado 80201	4. Article Number P 140 441 280
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

Is your RETURN ADDRESS  
completed on the reverse side?

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using  
Return Receipt Service.

Minatome P 140 441 282

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Minatome Corp.</b>	
Street and No. <b>One Allen Center #400</b>	
P.O., State and ZIP Code <b>Houston, Texas 77002</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

P 140 441 282

<p>● <b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered; date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>		<p>4. Article Number <b>P 140 441 282</b></p>	
<p>3. Article Addressed to: <b>Minatome Corp. One Allen Center #400 Houston, Texas 77002</b></p>		<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5. Signature — Address <b>X</b></p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED</p>	
<p>6. Signature Agent <b>X</b> <i>Rodriguez</i></p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>7. Date of Delivery <b>FEB 4 1990</b></p>			

Is your RETURN ADDRESS  
completed on the reverse side?

Potenziani Family

P 140 441 287

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to	
Potenziani Family Partnership	
Street and No.	
P. O. Box 36600	
P.O., State and ZIP Code	
Albuquerque, NM 87176	
Postage	.45
Certified Mail	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date	
1-26-90	

P 140 441 287

Thank you for using  
Return Receipt Service.

Is your RETURN ADDRESS  
completed on the reverse side?

<p><b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b></p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available: Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)</p>		<p>4. Article Number</p> <p>P 140 441 287</p>	
<p>3. Article Addressed to:</p> <p>Potenziani Family Partnership P. O. Box 36600 Albuquerque, NM 87176</p>		<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED</p>	
<p>5. Signature - Address</p> <p>X</p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>6. Signature - Agent</p> <p><i>[Signature]</i></p>		<p>7. Date of Delivery</p> <p>1/26/90</p>	
<p>PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865</p>			

DOMESTIC RETURN RECEIPT

Berger P 140 441 276

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Walter O. Berger</b>	
Street and No. <b>1354 Rossmoor Towers</b>	
P.O., State and ZIP Code <b>Laguna, California 92453</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

PS Form 3800, June 1985

P 140 441 276

Thank you for using  
Return Receipt Service.

PS Form 3811, Apr 1989

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 ☐ Show to whom delivered, date, and addressee's address. 2 ☐ Restricted Delivery (Extra charge)

3: Article Addressed to:  
**Walter O. Berger  
1354 Rossmoor Towers  
Laguna, California**

4: Article Number  
**P 140 441 276**

Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

5: Signature of Addressee  
**X** *Walter O. Berger*

6: Signature of Agent  
**X** *Walter O. Berger*

7: Date of Delivery  
**1-30-90**

8: Addressee's Address (ONLY if requested and fee paid)  
**Walter O. Berger  
1354 Rossmoor Towers  
Laguna, California**

Always obtain signature of addressee or agent and DATE DELIVERED

PS Form 3811, Apr 1989

DOMESTIC RETURN RECEIPT

\* U.S.G.P.O. 1989-238-815

Thank you for using  
Return Receipt Service.

Wm. Briggs P 140 441 277

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to <b>William C. Briggs</b>	
Street and No. <b>P. O. Box 2063</b>	
P.O., State and ZIP Code <b>Albuquerque, NM 87103</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	.90
<b>TOTAL Postage and Fees</b>	<b>2.20</b>
Postmark or Date <b>1-26-90</b>	

P 140 441 277

Is your RETURN ADDRESS  
completed on the reverse side?

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>		<p>4. Article Number <b>P 140 441 277</b></p>	
<p>3. Article Addressed to <b>William C. Briggs</b> <b>P. O. Box 2063</b> <b>Albuquerque, NM 87103</b></p>		<p>Type of Service:  <input type="checkbox"/> Registered    <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified    <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail    <input type="checkbox"/> Return Receipt for Merchandise          Always obtain signature of addressee or agent and DATE DELIVERED.       </p>	
<p>5. Signature — Addressee <i>W. Briggs</i></p>		<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>6. Signature — Agent <i>W. Briggs</i></p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>7. Date of Delivery</p>		<p>PS Form 3811, Apr. 1989</p>	



US G.P.O. 1989-238-815

PS Form 3811, Apr. 1989



Is your **RETURN ADDRESS**  
completed on the reverse side?

Luthy P 140 441 283

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sender's Name <b>Fred C. Luthy, Jr.</b>	
Sender's Address <b>P. O. Box 1344</b>	
Post Office, State, and ZIP Code <b>Albuquerque, NM 87103</b>	
Postage	\$ .45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

PS Form 3800, June 1985

P 140 441 283

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <b>Fred C. Luthy, Jr. P. O. Box 1344 Albuquerque, New Mexico 87103</b>	4. Article Number <b>P 140 441 283</b>
5. Signature - Address <b>X</b>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using  
Return Receipt Service.

Nielsen P 140 441 285

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERED BY PROGRAM  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Roger B. Nielsen</b>	
Street and No. <b>P. O. Box 12241</b>	
P.O., State and ZIP Code <b>El Paso, Texas 79912</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

PS Form 3800, June 1985

P 140 441 285

Is your **RETURN ADDRESS**  
completed on the reverse side?

<p><b>SENDER: Complete items 1 and 2 when additional services are desired and complete items 3 and 4.</b></p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)</p> <p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p><b>Roger B. Nielsen</b> <b>P. O. Box 12241</b> <b>El Paso, Texas 79912</b></p>	<p>4. Article Number</p> <p><b>P 140 441 285</b></p>
<p>5. Signature — Address</p> <p><b>X</b></p>	<p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>6. Signature — Agent</p> <p><b>X</b></p> <p><i>Roger B. Nielsen</i></p>	<p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p> <p>7. Address and Address (ONLY if Restricted Delivery fee paid)</p>
<p>7. Date of Delivery</p> <p><b>X</b></p>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using  
Return Receipt Service.

*Delivered* P 140 441 288

Thank you for using  
Return Receipt Service.

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Carolyn N. Sedberry</b>	
Street and No. <b>901 Laurel Circle SE</b>	
P.O., State and Zip Code <b>Albuquerque, NM 87101</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date  1-26-90	

PS Form 3800, June 1985

P 140 441 288

<b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b> Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to:  Carolyn N. Sedberry 901 Laurel Circle SE Albuquerque, NM 87101	4. Article Number P 140 441 288
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	
5. Signature - Address <i>Carolyn N. Sedberry</i>	
6. Signature - Agent <i>Carolyn N. Sedberry</i>	
7. Date of Delivery 1/27/90	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS  
completed on the reverse side?

C. Potenziani

P 140 441 286

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

(Postage Paid)

PS Form 3800, June 1985

Sent to <b>Cheryl L. Potenziani</b>	
Street and No. <b>4215 Ave. La Resolana</b>	
P.O. State and ZIP Code <b>Albuquerque, NM 87110</b>	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

P 140 441 286

Thank you for using  
Return Receipt Service.

<b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)		4. Article Number <b>P 140 441 286</b>	
3. Article Addressed to: <b>Cheryl L. Potenziani 4215 Ave. La Resolana Albuquerque, NM 87110</b>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
5. Signature — Address <b>X</b>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
6. Signature — Agent <b>X</b>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery			

Is your RETURN ADDRESS  
completed on the reverse side?

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 140 441 290


RECEIPT FOR CERTIFIED MAIL  
 NO RETURN RECEIPT SERVICE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

F. A. Cronican Trust	
P. O. Box 4201	
Albuquerque, NM 87112	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

PS Form 3800, June 1965

P 140 441 290

Thank you for using  
 Return Receipt Service.

<b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b> Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)		4. Article Number P. 140 441 290	
3. Article Addressed to: F. A. Cronican Trust P. O. Box 4201 Albuquerque, New Mexico 87112		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
5. Signature of Addressee 		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent <input checked="" type="checkbox"/>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <input checked="" type="checkbox"/>		PS Form 3811, Mar. 1988	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS  
 completed on the reverse side?

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery <i>(Extra charge)</i></p>	
<p>3. Article Addressed to:</p> <p>Cyrene L. Inman P. O. Box 1344 Albuquerque, NM 87107</p>	
<p>4. Article Number P 140 441 281</p>	
<p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature — Addressee X</p>	
<p>6. Signature — Agent X</p>	
<p>7. Date of Delivery</p>	
<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>	
<p>PS Form 3811, Mar. 1988      * U.S.G.P.O. 1988-212-865      DOMESTIC RETURN RECEIPT</p>	

Thank you for using.  
Return Receipt Service.

Cyrene  
Inman

P 140 441 281

## RECEIPT FOR CERTIFIED MAIL.

UNCLASSIFIED CONFIDENTIAL PROPRIETARY  
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

*See Review!*

Cyrene L. Inman

P. O. Box 1344

### Abstract

Albuquerque, NM 87107

$$\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{4}$$

.45

1. *Chrysomelidae* (100%)

.85

$$S(p, 10) = 2.016 \times 10^5 \text{ fms}$$

### Research & Delivery Time

Return Receipt showing  
to whom and Date DeliveredReturn Receipt showing to whom,  
Date, and Address of Delivery

.90

TOTAL Postage and Fees

§ 2.20

Postmark or Date

1-26-90

PS Form 3800, June 1985

P 140 441 281

Mapel P 140 441 284

RECEIPT FOR POSTAGE  
1988-1989  
1988-1989  
1988-1989

PS Form 3800, June 1985

Cyrene F. Mapel	
P. O. Box 1344	
Albuquerque, NM 87104	
Postage	.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date 1-26-90	

P 140 441 284

Thank you for using  
Return Receipt Service.

Is your RETURN ADDRESS  
completed on the reverse side?

<b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: Cyrene F. Mapel P. O. Box 1344 Albuquerque, NM 87104	4. Article Number P 140 441 284
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

H. Briggs P 140 441 289

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to: <b>Herbert R. Briggs</b>	
Street and No. <b>1405 San Pablo NE</b>	
P.O. State and ZIP Code <b>Albuquerque, NM 87102</b>	
Postage	\$ .45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.20
Postmark or Date <b>1-26-90</b>	

PS Form 3800, June 1985

P 140 441 289

Is your RETURN ADDRESS  
completed on the reverse side?

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees, the following services are available. Consult postmaster for fees and check boxes for additional fees requested.

1. ☒ Show to whom delivered, date, and addressee's address. (Extra charge)

2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
**Herbert R. Briggs**  
**1405 San Pablo NE**  
**Albuquerque, NM 87102**

4. Article Number:  
**P 140 441 289**

Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature: *H. Briggs* ☒ Address

6. Signature: *H. Briggs* ☒ Agent

7. Date of Delivery: **1-26-90**

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

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865

**DOMESTIC RETURN RECEIPT**

Thank you for using  
Return Receipt Service.



P 140 441 286

MAIL

## Hixon Development Company

Cheryl L. Potenziani  
4215 Ave. La Resolana  
Albuquerque, NM 87110



Order-Expired

Post Office Box 2810  
Farmington, New Mexico 87499



### REASON CHECKED

- ☒ Attempted not known
- ☐ No such number
- ☐ No mail receptacle
- ☐ Temporarily away
- ☐ Vacant
- ☐ Refused

1/24/90  
*[Signature]*

1st Notice FEB 11  
2nd Notice  
Return



Is your RETURN ADDRESS  
completed on the reverse side?

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Cheryl L. Potenziani  
4215 Ave. La Resolana  
Albuquerque, NM 87110

4. Article Number

P 140 441 286

Type of Service:

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

Always obtain signature of addressee  
or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

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

Thank you for using  
Return Receipt Service.

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT



P 140 441 280

MAIL

Claim Check  
No.

813009

☐ Hold

Date

129

1ST Notice

2ND Notice

Return

Notched from  
PS Form 3843-A  
Oct. 1985

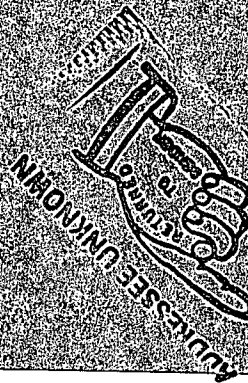
Hixon Development Company

Energy Resources Group Inc.  
P. O. Box 1407  
Denver, Colorado 80201

Forward to:

1560 Bolway  
Denver, Co 80202

Post Office Box 2810  
Farmington, New Mexico 87499



1st Notice



Is your RETURN ADDRESS  
clearly marked on the label  
completing

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865  
DOMESTIC RETURN RECEIPT

5. Signature — Agent  
6. Signature — Address  
7. Date of Delivery

3. Article Addressed to:  
P.O. Box 1407  
Denver, Colorado 80201  
LIVE BY RESOURCES GROUP INC.

8. Addressee's Address (ONLY if  
agent and fee paid)  
Always obtain signature of addressee  
or agent and DATE DELIVERED.  
☐ Express Mail  
☒ Certified  
☐ Registered  
Type of Service:  
☐ Insured  
☐ COD  
☐ Return Receipt  
for Merchandise  
Article Number  
P 140 441 280  
2. ☐ Restricted Delivery  
(Extra charge)  
Failure to do this will prevent this  
name of the person delivered  
to be available. Consult postmaster  
if additional services are desired.  
Space on the reverse side of this receipt  
will provide you the following services requested.  
The return fee (extra charge) for additional services (date, and address) is addressed.  
put your address in the "RETURN TO" space on the reverse side of this receipt fee (extra charge) for additional services (date, and address) is addressed.  
1. ☐ Show to whom delivered.  
for fees and check boxes) for additional services (date, and address) is addressed.  
put your address in the "RETURN TO" space on the reverse side of this receipt fee (extra charge) for additional services (date, and address) is addressed.

Thank you for using  
Return Receipt Service.





STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
ENERGY AND MINERALS DEPARTMENT  
AZTEC DISTRICT OFFICE

1100 THE BLAZES ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

Date: 3-13-90

ATTN: Mr. Stagner

Oil Conservation Division  
P.O. Box 2088  
Santa Fe, NM 87504-2088

Re: Proposed MC \_\_\_\_\_  
Proposed DHC \_\_\_\_\_  
Proposed NSL X \_\_\_\_\_  
Proposed SWD \_\_\_\_\_  
Proposed WFX \_\_\_\_\_  
Proposed PMX \_\_\_\_\_

Gentlemen:

I have examined the application dated 3-8-90  
for the HIXON DEVELOPMENT CO. FAMOUS AMOS #1  
Operator Lease & Well No.

C-31-25N-10W and my recommendations are as follows:  
Unit, S-T-R

Approved

Yours truly,

Ernie Bush