



# MILLER STRATVERT

PROFESSIONAL ASSOCIATION

Ranne B. Miller  
Alice T. Lorenz  
Gregory W. Chase  
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Stephan M. Vidmar  
Seth V. Bingham  
Timothy R. Briggs  
Rudolph Lucero  
Deborah A. Solove  
Gary L. Gordon  
Lawrence R. White  
Sharon P. Gross  
Virginia Anderman

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Jeffrey E. Jones  
Ross B. Perkal  
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Bradley D. Tepper\*\*  
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Kelsey D. Green  
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William K. Stratvert  
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## Reply to Santa Fe

150 Washington Ave., Suite 300  
Santa Fe, NM 87501

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Santa Fe, NM 87504-1986

Telephone: (505) 989-9614  
Facsimile: (505) 989-9857

\* New Mexico Board of Specialization Recognized Specialist in Natural Resources - Oil & Gas Law  
\*\* New Mexico Board of Specialization Recognized Specialist in Real Estate Law

September 9, 2003

## CERTIFIED MAIL/RETURN RECEIPT REQUESTED

ConocoPhillips, Inc.  
10 Desta Drive, Suite 100W  
Midland, Texas 79705-4500

Re: New Mexico Oil Conservation Division Case No. \_\_\_\_\_; Application of  
Energen Resources Corporation to Expand Waterflood Project in the Langlie  
Mattix Seven Rivers Queen Grayburg Pool, Lea County, New Mexico

Dear Sir or Madam:

Please be advised that Energen Resources Corporation has filed an Application with the New Mexico Oil Conservation Division (NMOCD) seeking the issuance of an order authorizing the expansion of its Waterflood Project in the Langlie Mattix Seven Rivers Queen Grayburg Pool in Lea County, New Mexico. A copy of the Application is enclosed.

Energen Resources' Application is set for hearing before a Division Examiner at 8:15 a.m. on Thursday, October 23, 2003 at the NMOCD's offices located at 1220 South St. Francis Drive in Santa Fe, New Mexico. You have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

MILLER STRATVERT P.A.



J. Scott Hall

JSH/glb  
Enclosure

LAW OFFICES

ALBUQUERQUE  
(505) 842-1950

FARMINGTON  
(505) 326-4521

LAS CRUCES  
(505) 523-2481

SANTA FE  
(505) 989-9614

7161 8863 9710 0000 1310

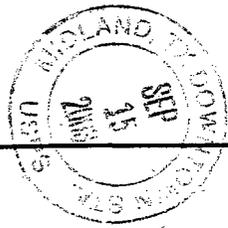
<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.60	<b>POSTMARK OR DATE</b> 
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 Code: 3:54 PM File:		<b>Grace Petroleum Post Office Drawer 2358 Midland, Texas 79702</b>	

PS FORM 3800



**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1, 2 and 3.</li> <li>• Indicate if restricted delivery is desired.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		<p>I also wish to receive the following service (for an extra fee):</p> <p><input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.</p>	
<p>1. Article Addressed to:</p> <p><b>Grace Petroleum Post Office Drawer 2358 Midland, Texas 79702</b></p> <p>9/9/2003 3:54 PM</p>		<p>2. Article Number</p> <p>7161 8863 9710 0000 1310</p>	
<p>Received By: (Print Name)</p> <p><i>Ch Sloan</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b></p> <p>Date of Delivery</p>	
<p>Signature - (Addressee or Agent)</p> <p><i>Ch Sloan</i></p>		<p>Enter delivery address if different than item 1.</p>	



PS Form 3811

**DOMESTIC RETURN RECEIPT**

Code: File:

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7161 8863 9710 0000 1334

RETURN RECEIPT SERVICE	POSTAGE	\$0.60	POSTMARK OR DATE SANTA FE, NM 87301-3908 SEP - 9 2003 USPS
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 Code: 4:01 PM File:		Doyle Hartman Post Office Drawer 10426 Midland, Texas 79701	

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

**INSTRUCTIONS:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • Print your name and address on the reverse of this form so that we can return the card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

1. Article Addressed to:  Doyle Hartman Post Office Drawer 10426 Midland, Texas 79701  9/9/2003 4:01 PM	2. Article Number  7161 8863 9710 0000 1334
Received By: (Print Name)  EVA ALLISON	3. Service Type <input checked="" type="checkbox"/> CERTIFIED
Signature - (Addressee or Agent)  <i>Eva Allison</i>	Date of Delivery
	Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

Code: File:

7161 8863 9710 0000 1341

RETURN RECEIPT SERVICE	POSTAGE	\$0.60	POSTMARK OR DATE SANTA FE, NM 87501-9998 SEP -9 2003 USPS
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 4:01 PM		Code: File:	
Clayton Williams Energy Six Desta Drive, Suite 3000 Midland, Texas 79705			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to:		2. Article Number	
Clayton Williams Energy Six Desta Drive, Suite 3000 Midland, Texas 79705		7161 8863 9710 0000 1341	
9/9/2003 4:01 PM		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
Received By: (Print Name)		Date of Delivery	
 Linda Jacobus		9-11-03	
Signature - (Addressee or Agent)		Enter delivery address if different than item 1.	
L. JACOBUS			

PS Form 3811

DOMESTIC RETURN RECEIPT

Code: File:

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7161 8863 9710 0000 1358

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	<b>\$0.60</b>	<b>POSTMARK OR DATE</b> 
	RESTRICTED DELIVERY FEE	<b>\$0.00</b>	
	CERTIFIED FEE	<b>\$2.30</b>	
	RETURN RECEIPT FEE	<b>\$1.75</b>	
	<b>TOTAL POSTAGE AND FEE</b>	<b>\$4.65</b>	
<b>SENT TO:</b>		Code:	
9/9/2003 4:08 PM		File:	
<b>Gruy Petroleum Management Post Office Box 14097 Irving, Texas 75014</b>			

PS FORM 3800



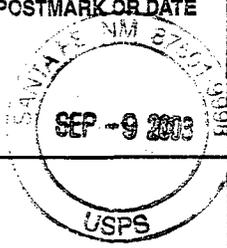
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1, 2 and 3.</li> <li>• Indicate if restricted delivery is desired.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		<p>I also wish to receive the following service (for an extra fee):</p> <p><input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Gruy Petroleum Management Post Office Box 14097 Irving, Texas 75014</b></p> <p>9/9/2003 4:08 PM</p>		<p>2. Article Number</p> <p>7161 8863 9710 0000 1358</p>	
<p>Received By: (Print Name)</p> <p><b>RUDY MADRID</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b></p> <p>Date of Delivery</p> <p>9-15-03</p>	
<p>Signature - (Addressee or Agent)</p> <p><i>Rudy Madrid</i></p>		<p>Enter delivery address if different than item 1.</p>	

PS Form 3811  
Code: File:

**DOMESTIC RETURN RECEIPT**

59ET 0000 07LB E999 1912

RETURN RECEIPT SERVICE	POSTAGE	\$0.60	POSTMARK OR DATE 
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 Code: 4:09 PM File:		Arco Permian Post Office Box 1710 Hobbs, New Mexico 88240	

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RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
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MILLER STRATVERT

7161 8863 9710 0000 1365

RETURN RECEIPT REQUESTED

CERTIFIED MAIL

1ST NOTICE  
2ND NOTICE  
RETURN

NOT DELIVERABLE AS  
ADDRESSED-UNABLE  
TO FORWARD

Arco Permian  
Post Office Box 1710  
Hobbs

9-6

SEP  
MILLER

7161 8863 9710 0000 1402

RETURN RECEIPT SERVICE	POSTAGE	\$0.60	POSTMARK ON DATE SEP - 9 2003 USPS
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 4:11 PM		Code: File:	
Rhombus Operating 200 North Loraine, Suite 1270 Midland, Texas 79701			

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



MILLER STRATVERT

PROFESSIONAL ASSOCIATION

797 09/25/03 21:35

7161 8863 9710 0000 1402

RETURN RECEIPT REQUESTED

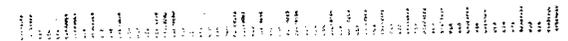


Rhombus Operating  
200 North Loraine, Suite 1270  
Midland, Texas 79701

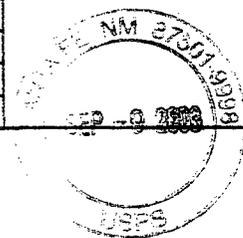
NOTICE  
NOTICE  
FORM

NOT DELIVERABLE  
AS ADDRESSEE  
RETURN TO FORWARDER

FOR  
9-11-03



7161 8863 9710 0000 1303

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	\$0.60	POSTMARK OR DATE 
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
<b>SENT TO:</b>		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 3:51 PM		Code: File:	
<b>ConocoPhillips, Inc.</b> <b>10 Desta Drive, Suite 100W</b> <b>Midland, Texas 79705-4500</b>			

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RECEIPT FOR CERTIFIED MAIL  
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1. Article Addressed to:  <b>ConocoPhillips, Inc.</b> <b>10 Desta Drive, Suite 100W</b> <b>Midland, Texas 79705-4500</b>  9/9/2003 3:51 PM		2. Article Number 7161 8863 9710 0000 1303	
Received By: (Print Name) <i>Gay Thomas</i>		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> Date of Delivery <i>9/15/03</i>	
Signature - (Addressee or Agent) <i>Gay Thomas</i>		Enter delivery address if different than item 1.	

PS Form 3811  
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**DOMESTIC RETURN RECEIPT**

• • • • •

POSTAGE	\$0.60	POSTMARK OR DATE	SEP 9 2003
POSTAGE AND DELIVERY FEE	\$0.00		
CERTIFIED FEE	\$2.30		
RETURN RECEIPT FEE	\$1.75		
TOTAL POSTAGE AND FEE	\$4.65		

Code: 9/9/2003  
 File: 4:11 PM  
**HCW Exploration**  
**Post Office Box 10585**  
**Midland, Texas 79702**

7161 8863 9710 0000 1396

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (SEE OTHER SIDE)



HCW Exploration  
 Post Office Box 10585  
 Midland, Texas 79702

**CERTIFIED MAIL**

RETURN RECEIPT REQUESTED

7161 8863 9710 0000 1396

SEP 26 09 26 03 23 08

**MILLER STRATVERT**

PROFESSIONAL ASSOCIATION

150 WASHINGTON AVE., SUITE 300  
 P.O. BOX 1986 (87504-1986)  
 SANTA FE, NM 87501



8-18

**NOT ATTEMPTED**  
**NOT KNOWN**

7161 8863 9710 0000 1419

<b>RETURN RECEIPT SERVICE</b>	POSTAGE	<b>\$0.60</b>	POSTMARK-OR DATE 
	RESTRICTED DELIVERY FEE	<b>\$0.00</b>	
	CERTIFIED FEE	<b>\$2.30</b>	
	RETURN RECEIPT FEE	<b>\$1.75</b>	
	TOTAL POSTAGE AND FEE	<b>\$4.65</b>	
<b>SENT TO:</b>			
9/9/2003 4:12 PM	Code: File:	<b>Roca Petroleum Post Office Box 10139 Midland, Texas 79702</b>	

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RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1, 2 and 3.</li> <li>• Indicate if restricted delivery is desired.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		<p>I also wish to receive the following service (for an extra fee):</p> <p><input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>	
<p>1. Article Addressed to:</p> <p><b>Roca Petroleum Post Office Box 10139 Midland, Texas 79702</b></p> <p>9/9/2003 4:12 PM</p> <p>Received By: (Print Name) <i>F. Bartol</i></p> <p>Signature - (Addressee or Agent) <i>F. Bartol</i></p>		<p>2. Article Number</p> <p>7161 8863 9710 0000 1419</p> <p>3. Service Type <input checked="" type="checkbox"/> CERTIFIED</p> <p>Date of Delivery <i>9-12-03</i></p> <p>Enter delivery address if different than item 1. <i>10139</i></p>	

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**DOMESTIC RETURN RECEIPT**

date: File:

7161 8863 9710 0000 1327

RETURN RECEIPT SERVICE	POSTAGE	\$0.60	POSTMARK OR DATE  SANTA FE, NM 87401-9900 SEP - 9 2003 USPS
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.65
9/9/2003 3:55 PM		Code:	
		File:	
Raptor Resources, Inc. Post Office Drawer 2358 Midland, Texas 79702			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(SEE OTHER SIDE)



SEP 09 2003 03:55 PM

7161 8863 9710 0000 1327

RETURN RECEIPT REQUESTED



Raptor Resources, Inc.  
Post Office Drawer 2358  
Midland, Texas 79702

*not for box 2358*

*9/2*

75708-22