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May 26, 2005

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Bureau of Land Management  
2909 West Second Street  
Roswell, New Mexico 88201

Mobil Producing Texas & New Mexico Inc.  
12450 Greenspoint Drive  
Houston, Texas 77060

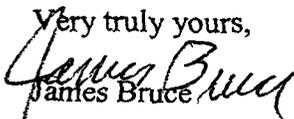
Wilbur L. Shackelford  
512 West New Mexico Drive  
Roswell, New Mexico 88201

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard gas spacing and proration unit, filed with the New Mexico Oil Conservation Division by Edge Petroleum Exploration Company, regarding the S½ of Section 28, Township 19 South, Range 32 East, N.M.P.M., Lea County, New Mexico. You are mineral owners or lessees in the W½NE¼ and NW¼ of Section 28. (Applicant had previously applied for administrative approval of the unit, but it has been set for hearing by the Division.) This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 16, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, June 10, 2005 if you intend to participate at the hearing.

Very truly yours,

  
James Bruce

Attorney for Edge Petroleum Exploration Company



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 Bureau of Land Management  
 2909 West Second Street  
 Roswell, New Mexico 88201

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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PS Form 3811, February 2004 Domestic Return Receipt *Edge - USB* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*LARRY BRYNE* *6/1/06*

D. Is delivery address different from item 1?  Yes  
 If YES, enter address below:  No

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4. Restricted Delivery? (Extra Fee)  Yes

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 Bureau of Land Management  
 2909 West Second Street  
 Roswell, New Mexico 88201

2. Article Number (Transfer from service label)  
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**COMPLETE THIS SECTION ON DELIVERY**

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 X *[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* *5/2/05*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
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 Return Receipt for Merchandise  
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4. Restricted Delivery? (Extra Fee)  Yes

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Postage	\$
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

SANTA FE NEW MEXICO 87501-8888  
MAY 26 2005  
Here  
USPS

Sent To

Street, Apt. No., or PO Box No. Wilbur L. Shackelford  
City, State, ZIP+4 512 West New Mexico Drive  
Roswell, New Mexico, 88201

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