

EXHIBIT 1 CASE No. 11,173

STATEMENT and EXHIBIT INDEX

Operator: **W. M. Galloway**

Well: **Trix #2**, 790' FSL, 990' FWL, M-5-26N-2W
Gavilan-Mancos Pool and Blanco-Mesaverde (Gas) Pool

Plats: a. **EXHIBIT 2**: Mineral Ownerships
b. **EXHIBIT 3**: Offset Operators with tabulation
c. **EXHIBIT 4**: Offset Wells with tabulation
d. **EXHIBIT 5**: Acreage Dedication Plat for Blanco-Mesaverde
(Gas) Pool

Production: **EXHIBIT 6**: Production Data.

The Trix #2 well was completed for production in the Gavilan-Mancos Pool on 1/1/94. It has not been completed in the Blanco-Mesaverde Pool.

Completion: **EXHIBIT 7**: Schematic of proposed completion
EXHIBIT 8: Copy of well log.

Tests: **EXHIBIT 9**: Allocation proposal

Tests will be conducted immediately prior to and after the recompletion operation.

Compatibility: The petroleum production from the Gavilan-Mancos and the Blanco-Mesaverde formations are compatible. The production from one zone does not adversely affect the value of the production of another.

Notification: All known offset operators and the United States Bureau of Land Management have been notified in writing of the subject matter of this case. *not*

*Notice to be sent 1/5/95
Readvertised to 2/7/95*

BEFORE EXAMINER CATALAN
OIL CONSERVATION DIVISION
<i>Galloway</i> EXHIBIT NO. <u>1-9</u>
CASE NO. <u>11173</u>

EXHIBIT 2 CASE No. 11,173

MINERALS OWNERS

Section 5 , Township 26 North, Range 2 West

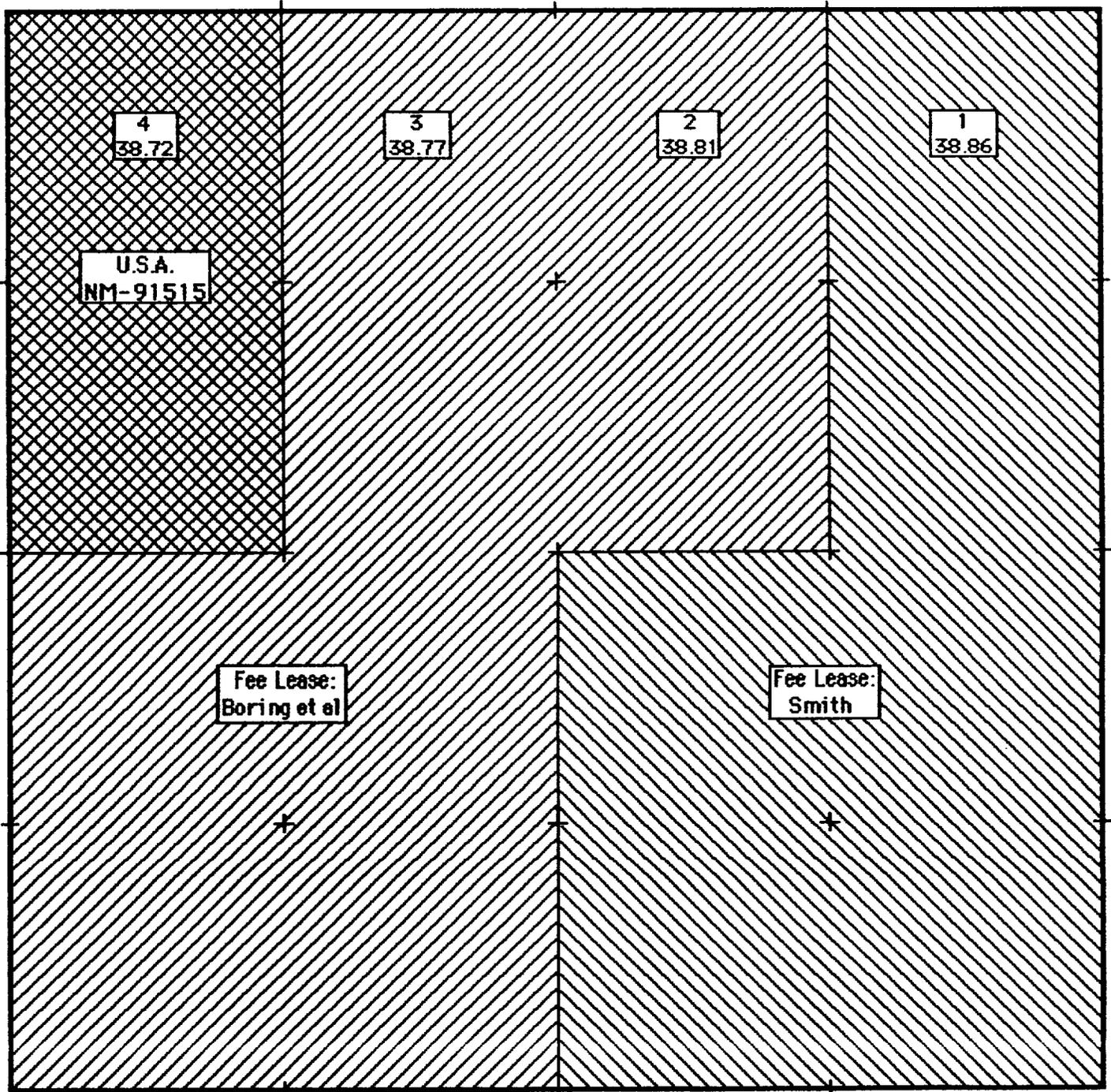


EXHIBIT 3-A CASE No. 11,173

OFFSET OPERATORS

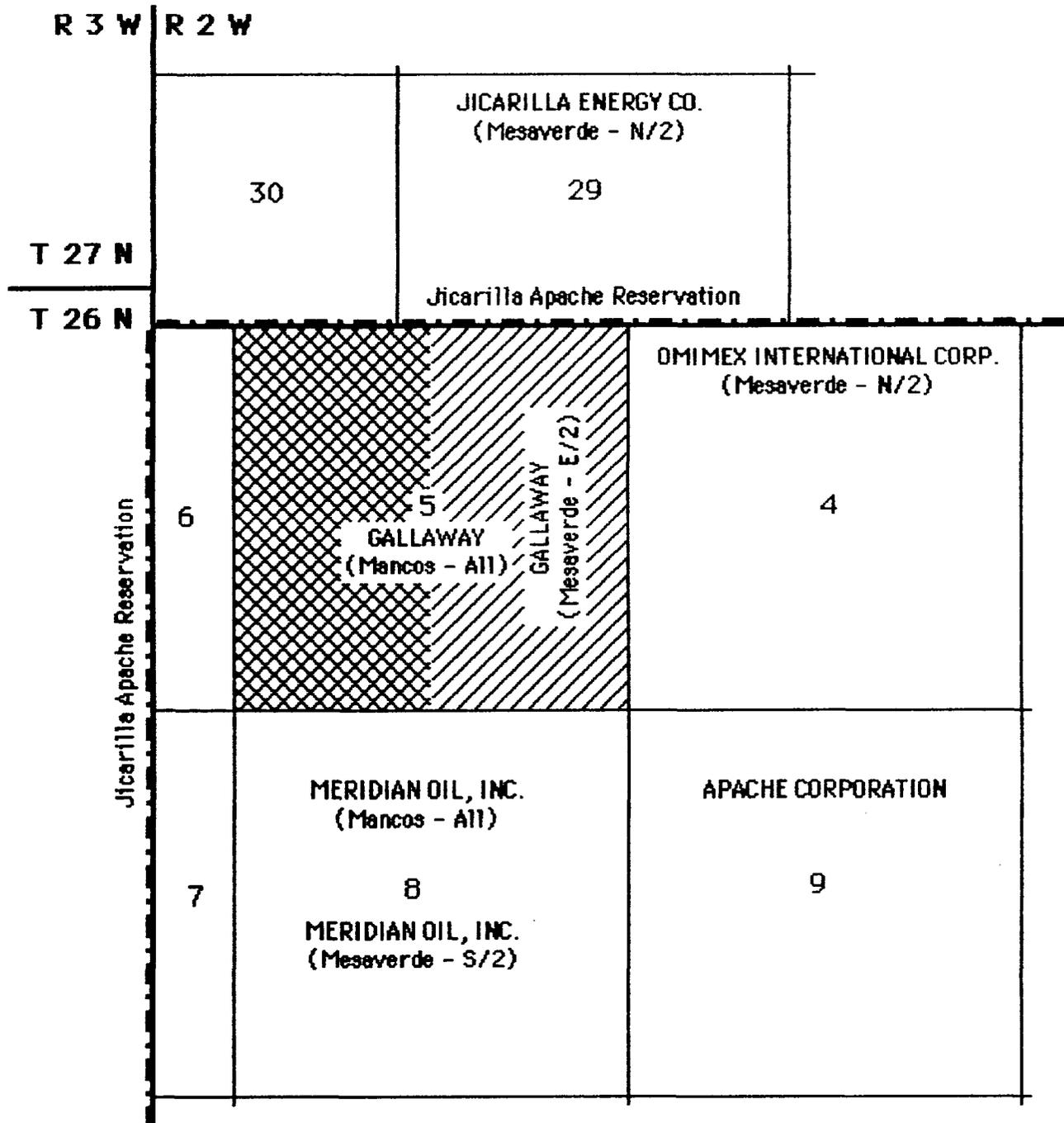


EXHIBIT 3-B CASE No. 11,173

KNOWN OFFSET OPERATORS OR LEASE OWNERS

Apache Corporation
1700 Lincoln Street, Suite 3600
Denver, Colorado 80203-4536

Jicarilla Energy Company
Attention: Mr. Thurman Velarde
P. O. Box 507
Dulce, New Mexico 87528

McHugh Companies
650 South Cherry Street, Suite 1225
Denver, Colorado 80222-1894

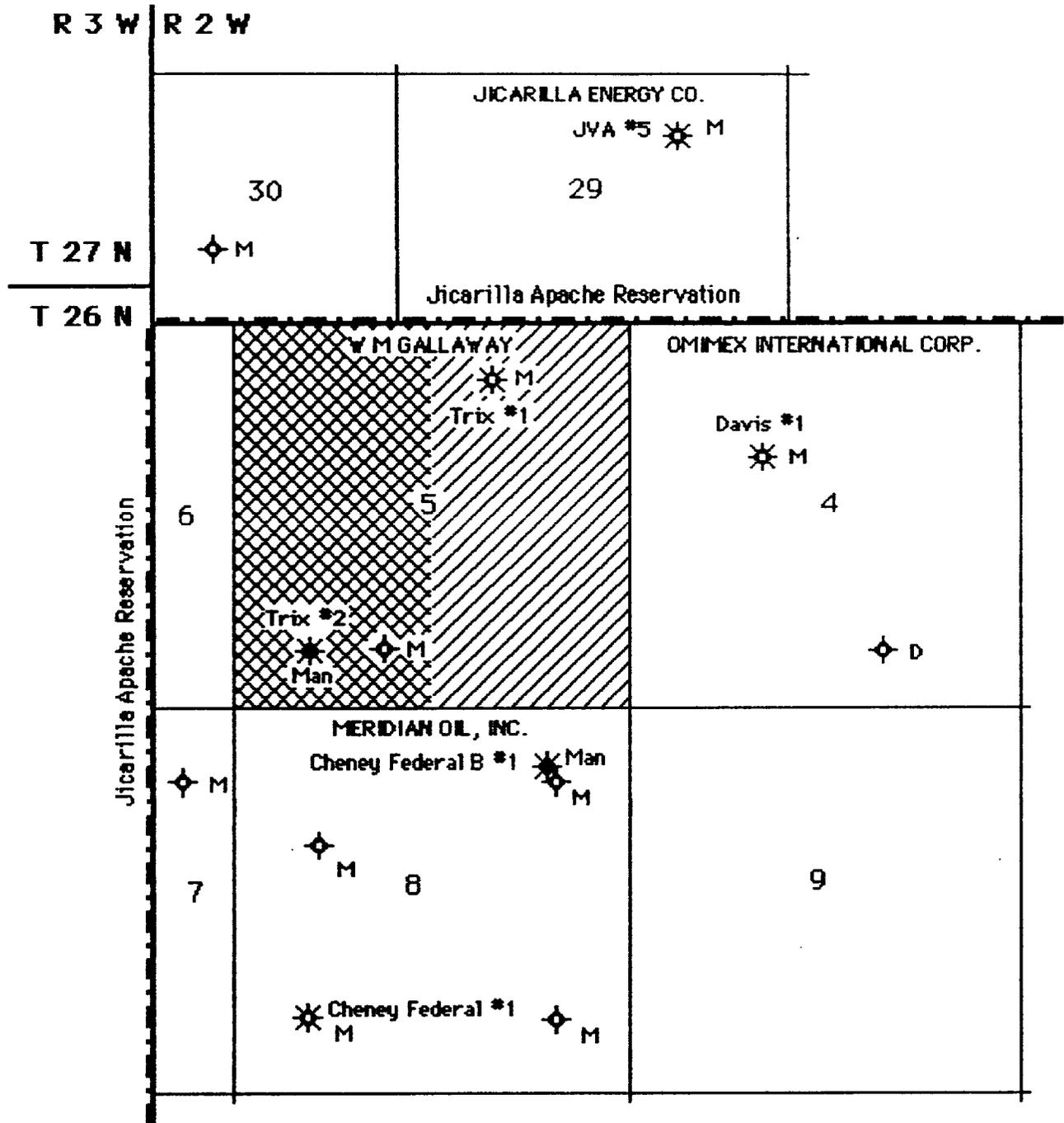
Meridian Oil, Inc.
P. O. Box 4289
Farmington, New Mexico 87499-4289

Omimex International Corporation
dba Omimex Petroleum, Inc.
8055 E. Tufts Avenue Parkway, Suite 1060
Denver, Colorado 80237

Quinoco Petroleum, Inc.
P. O. Box 10800
Denver, Colorado 80210-0800

EXHIBIT 4-A CASE No. 11,173

OFFSET WELLS



- ☀ Gas Well
- ★ Oil Well
- ◊ Dry Hole

- D = Dakota
- M = Mesaverde
- Man = Mancos

EXHIBIT 4-B CASE No. 11,173

Offset Wells

ACTIVE WELLS

Omimex International Corporation F-4-26N-2W, 1750' FNL 1800' FWL	Davis #1 Blanco Mesaverde	N-315.92
W. M. Gallaway B-5-26N-2W, 790' FNL 1850' FEL	Trix #1 Blanco Mesaverde	E-317.67
●W. M. Gallaway M-5-26N-2W, 790' FSL 990' FWL	●Trix #2 Gavilan Mancos	A-635.16
Meridian Oil, Inc. A-8-26N-2W, 790, FNL 990' FEL	Cheney Federal B #1 Gavilan Mancos	A-640
Meridian oil, Inc. M-8-26N-2W, 990' FSL 990' FWL	Cheney Federal #1 Blanco Mesaverde	S-320
Jicarilla Energy Company B-29-27N-2W, 850' FNL 1490' FEL	JVA #5 Blanco Mesaverde	

ABANDONED WELLS:

Oryx Energy Company O-4-26N-2W, 790' FSL 1850' FEL	Tapacito Canyon #1 Dakota	P&A, 1989
Palmer Oil & Gas Company N-5-26N-2W, 800' FSL 1700' FWL	Stevenson #3 Mesaverde	P&A, 1978
John J. Eisner A-7-26N-2W, 990' FNL 700' FEL	Reuckhaus et al #1 Mesaverde	P&A, 1958
Mobil Oil Corporation A-8-26N-2W, 990' FNL 990' FEL	Boring Cheney Federal #1 Mesaverde	P&A, 1958
Palmer Oil & Gas Company E-8-26N-2W, 1850' FNL 1150' FWL	Stevenson #2 Mesaverde	P&A, 1979
Mobil Oil Corporation P-8-26N-2W, 990' FSL 990' FEL	Cheney Federal #1A Mesaverde	P&A, 1977
Palmer Oil & Gas Company F-30-27N-2W, 985' FSL 800' FWL	Apache JVA #1 Mesaverde	P&A, 1978

EXHIBIT 5 CASE No. 11,173

State of New Mexico
 Energy, Minerals & Mining Resources Department
 OIL CONSERVATION DIVISION
 P. O. Box 2088
 Santa Fe, New Mexico 87504-2088

Form C-102

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-039-25302	Pool Code 72319	Pool Name Blanco-Mesaverde
Property Code 004453	Property (Well) Name Trix	
		Well Number 2
OGRID No. 24393	Operator Name W. M. GALLAWAY	
		Elevation 7105' GR

Surface Location

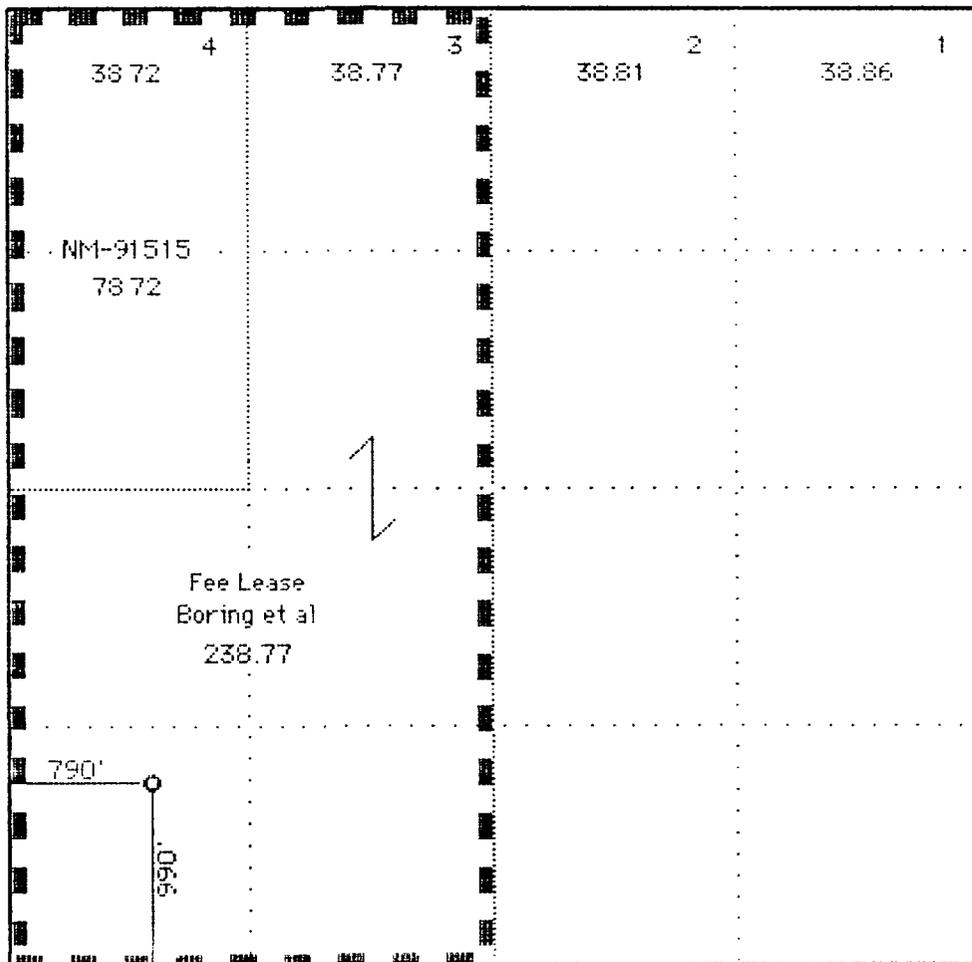
UL or Lot	Sec.	Twp.	Rge.	Lot Idn.	Feet from >	North/South	Feet from >	East/West	County
M	5	26N	2W		790	SOUTH	990	WEST	RIO ARRIBA

Bottom Hole Location If Different From Surface

UL or Lot	Sec.	Twp.	Rge.	Lot Idn.	Feet from >	North/South	Feet from >	East/West	County

Dedication	Joint?	Consolidation	Order No.
317.49	N	C	

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
 OR A NON-STANDARD UNIT 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	<i>W. M. Gallaway</i>
Printed Name	W. M. Gallaway
Title	Operator
Date	11-29-94
SURVEYOR CERTIFICATION	
I hereby certify that the well location 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 belief.	
Date of Survey	
Signature and Seal of Professional Surveyor	
Certificate Number	

EXHIBIT 6 CASE No. 11,173

PRODUCTION HISTORY

MONTH	OIL	GAS SOLD
Jan-94	762	900
Feb-94	989	1073
Mar-94	1247	1112
Apr-94	1191	183
May-94	1095	813
Jun-94	1088	1236
Jul-94	1127	1512
Aug-94	712	1034
Sep-94	1114	1424
Oct-94	1200	1803

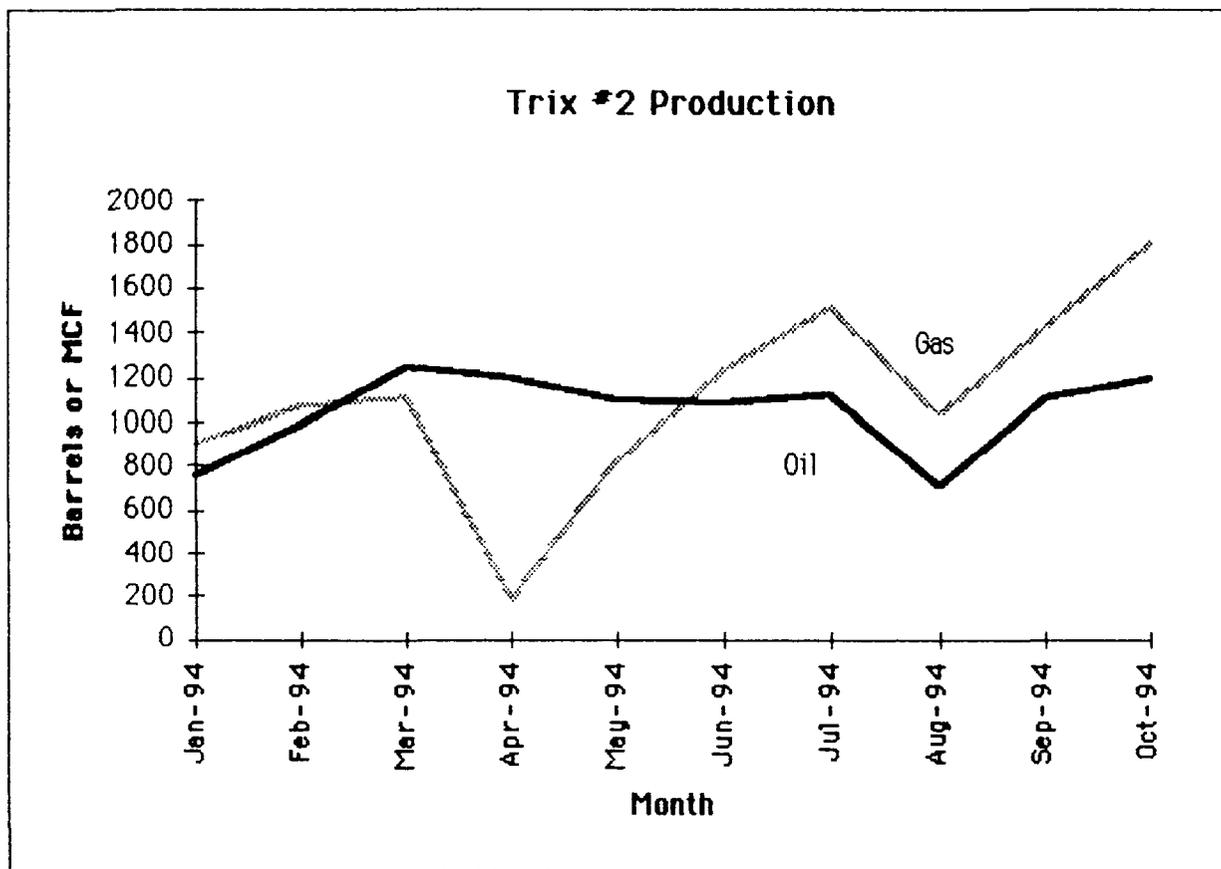


EXHIBIT 7 CASE No. 11,173

SCHEMATIC DIAGRAM

W. M. Gallaway
Trix #2

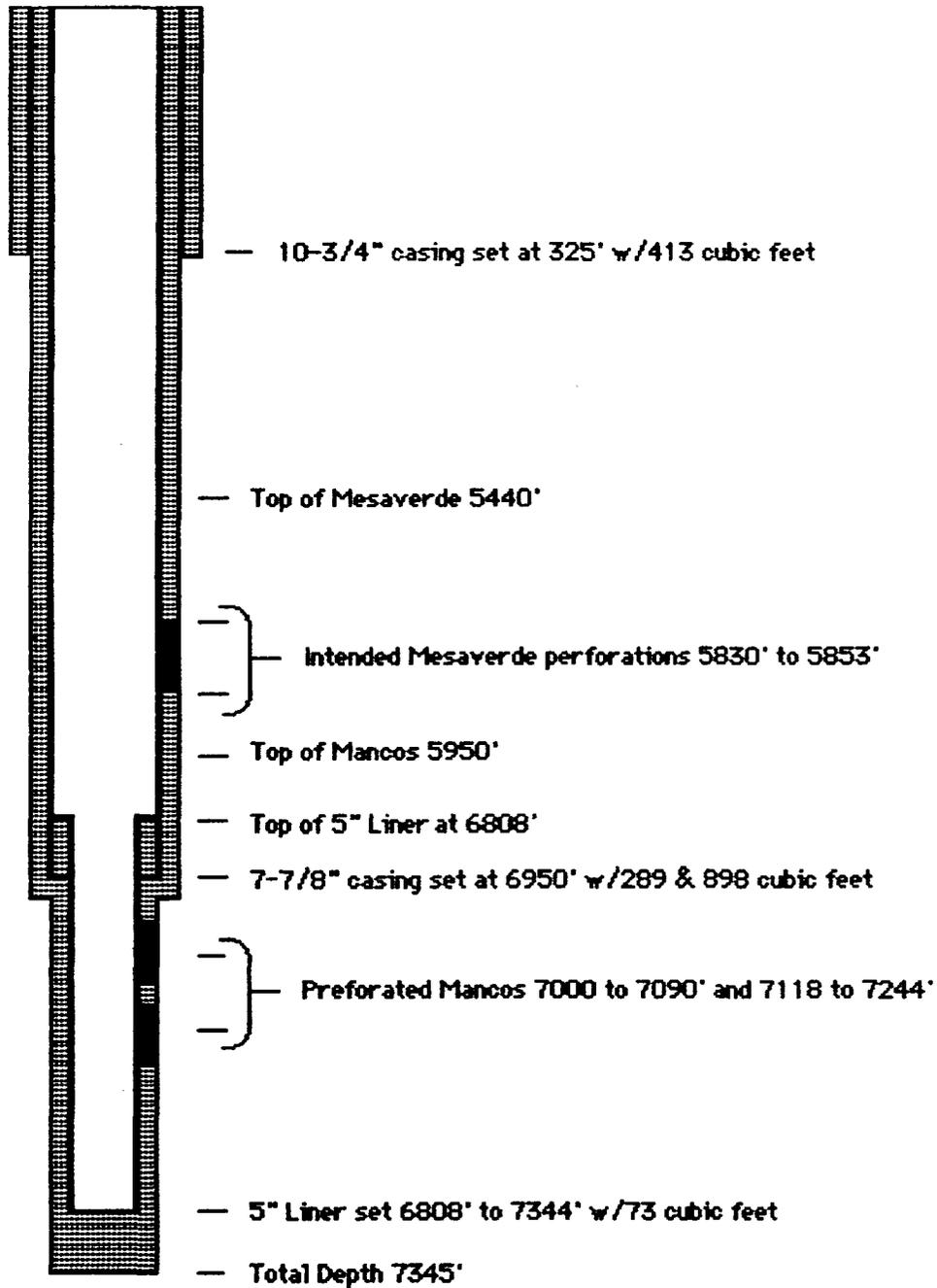


EXHIBIT 8-A CASE No. 11,173

Schlumberger

COMPENSATED NEUTRON-FORMATION DENSITY

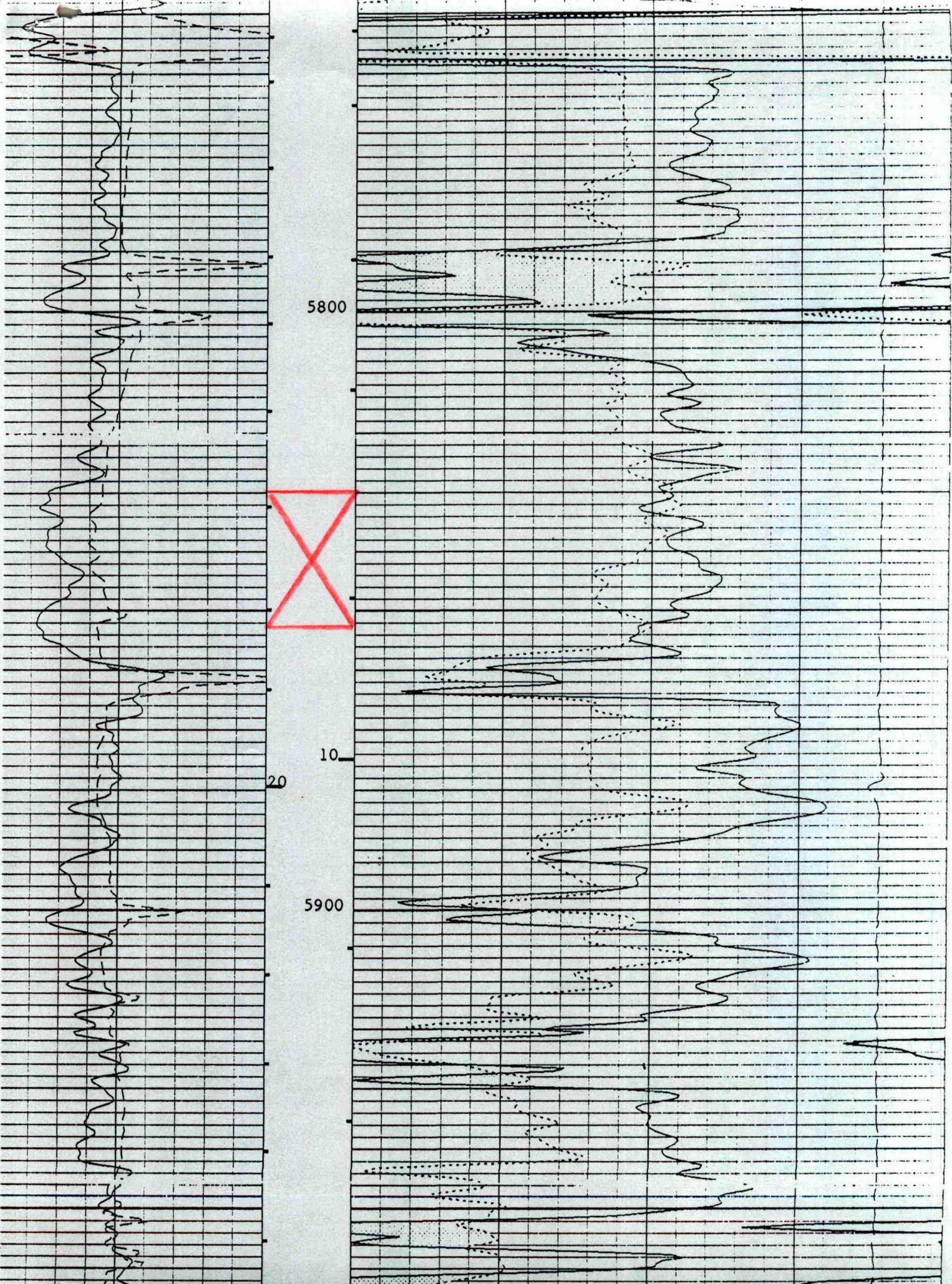
SIMULTANEOUS

COUNTY		Rio Arriba		COMPANY		W.M. Galloway	
FIELD		Gavilan Mancos		WELL		Trix #2	
LOCATION		790' FSL & 990' FWL		COUNTY		Rio Arriba	
WELL		Trix #2		STATE		New Mexico	
COMPANY		W.M. Galloway		FIELD		Gavilan Mancos	
DATE		27-SEP-1993		COUNTY		Rio Arriba	
PERMANENT DATUM		Ground Level		Elev.		7105.0 F	
LOG MEASURED FROM		Kelly Bushing		T/O F		above Perm. Datum	
DRILLING MEASURED FROM		Kelly Bushing		Elev.:		K.B. 7122.0 F D.F. G.L. 7105.0 F	
DEPTH DRILLER		6954.0 F		APN SERIAL NO.		N/A	
DEPTH LOGGER (SCHL.)		6200.0 F		SECT.		5	
BITM. LOG INTERVAL		6200.0 F		TWP.		26N	
TOP LOG INTERVAL		5200.0 F		RANGE		2W	
CASING-DRILLER		10 3/4 @ 342.0 F		OTHER SERVICES:		FDC/CAL/PBR CML/GR	
CASING-LOGGER		9 7/8		TYPE FLUID IN HOLE		GEL CHEM	
BIT SIZE		9 7/8		PH		7.0	
DENS.		9.00 LB/G		VISC.		44.0 S	
PH		7.0		FLD. LOSS		8.5 CC	
SOURCE OF SAMPLE		TANK		SOURCE OF MEAS. TEMP.		3.350 OHMM @ 77.0 DEGF	
RM @ MEAS. TEMP.		2.230 OHMM @ 77.0 DEGF		RM @ MEAS. TEMP.		1.670 OHMM @ 77.0 DEGF	
RM @ MEAS. TEMP.		3.350 OHMM @ 77.0 DEGF		SOURCE: RMF		CALC	
RM @ MEAS. TEMP.		1.319 OHMM @ 135 DEGF		RM @ BHT		18:00	
CIRCULATION ENDED		18:00		LOGGED ON BOTTOM		SEE LOG	
MAX. REC. TEMP.		135 DEGF		EQUIP.		8206	
RECORDED BY		K. BARTENHAGEN		LOCATION		FARMINGTON	
WITNESSED BY		W. GALLOWAY					

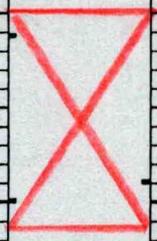
The well name, location and borehole reference data were furnished by the customer.

All interpretations are opinions based on inferences from electrical or other measurements and we cannot, and do not guarantee the accuracy or correctness of any interpretations, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages or expenses incurred or sustained by anyone resulting from any interpretations made by any of our officers, agents or employees. These interpretations are also subject to Clause 4 of our General Terms and Conditions as set out in our current Price Schedule.

Run No.	ONE
Service Order No.	636008
Drilling Fluid Level	0.0 F
Salinity	300.0 PPM
Rmf @ BHT	.988 OHMM @ 135 DEGF
Rmo @ BHT	1.982 OHMM @ 135 DEGF
Logging Speed	1800.0 F/HR
EQUIPMENT DATA	
Tool Number 1	DRS B 3718
Tool Number 2	NSC E 2727
Tool Number 3	PDH L 2782
Tool Number 4	PGD G 2781
Tool Number 5	GSR J 1836
Tool Number 6	CNC H 378
Tool Number 7	NSR F 2352
Tool Number 8	CNB AB 4259
Tool Number 9	



5800



10

5900



CORRELATION GAMMA RAY-CEMENT BOND U/VDL

FILING NO.

COMPANY U.M. GALLAWAY
 WELL TRIX #2
 FIELD GAVILAN MANCOS
 COUNTY RIO ARRIBA STATE NM

LOCATION:

790' FSL
 990' FWL

OTHER SERV:

SEC 5 TWP 26N RGE 2W

PERMANENT DATUM: G.L.

ELEV: 7105'

ELEVATION

LOG MEASURED FROM 17' FT ABOVE PERM DATUM
 DRILLING MEASURED FROM K.B.

K.B. 7122'
 D.P. 7121'
 C.L. 7105'

DATE 10-22-93

RUN NO. ONE

DEPTH - DRILLER

DEPTH - LOGGER 7315'

BOTTOM LOGGED INT 7310'

TOP LOGGED INT 5190'

TYPE FLUID IN HOLE WATER

SALINITY PPM CL.

DENSITY

LEVEL

MAX TEMP DEG F

OPERATING RIG TIME 2 HRS.

OPERATOR THOMASON

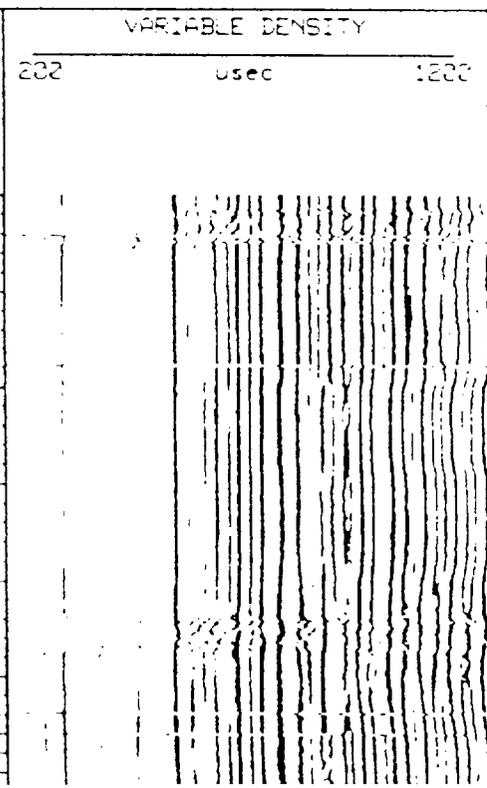
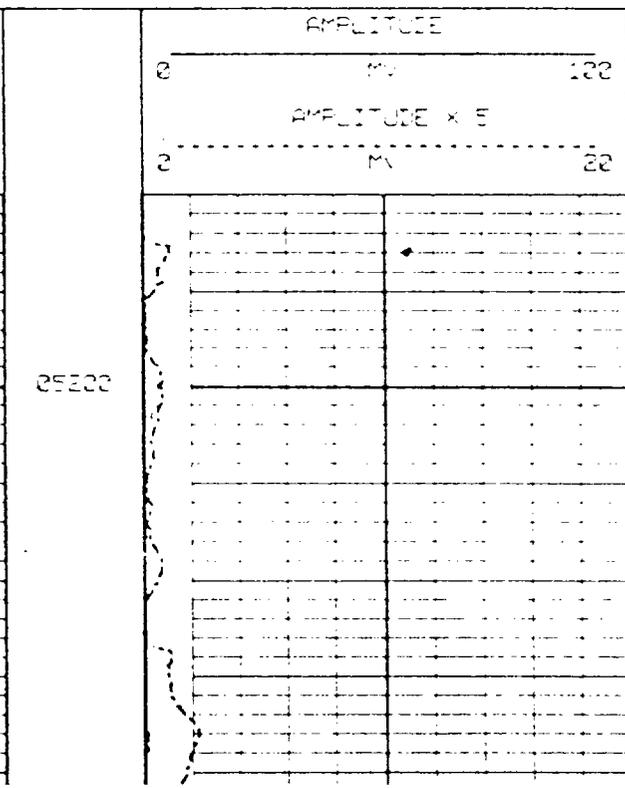
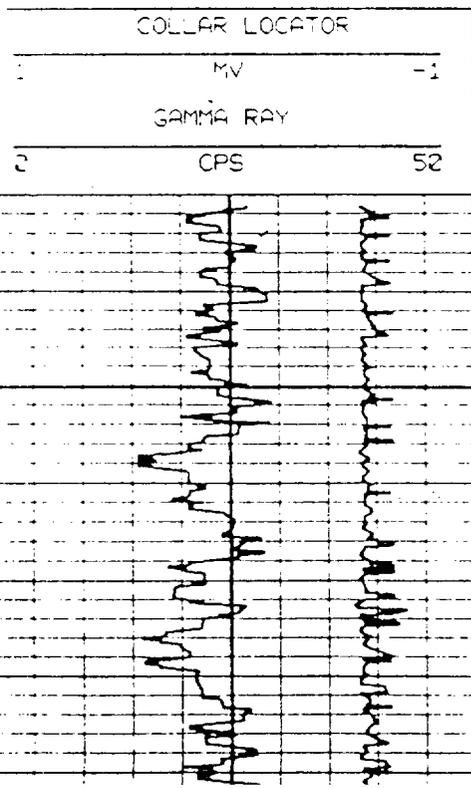
WITNESSED BY SALZMAN

RUN NO. BORE HOLE RECORD CASING RECORD

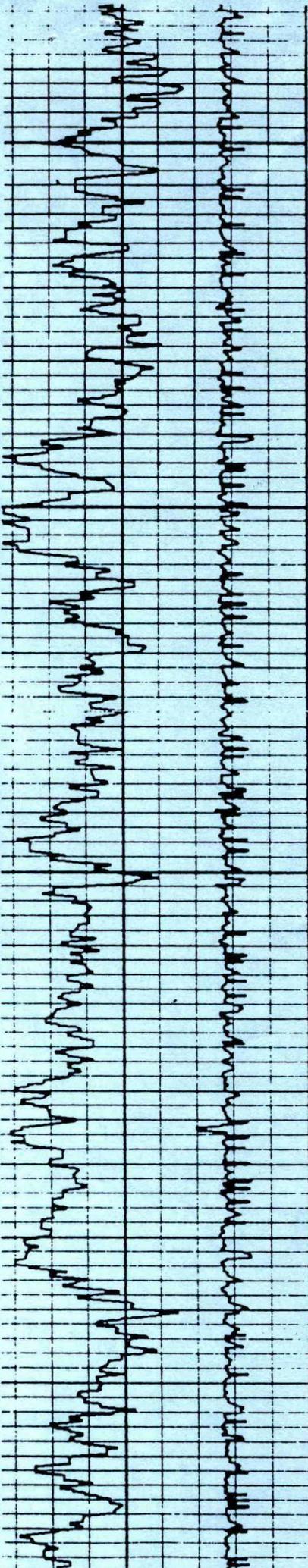
BIT FROM	TO	SIZE	WGT.	FROM	TO
		7-5/8"		0	6954'
		5"		6954'	

START DEPTH 5180FT DATE: 10-22-93 TIME: 1:37 FILE: GALL

PLAYBACK PROGRAM



25530



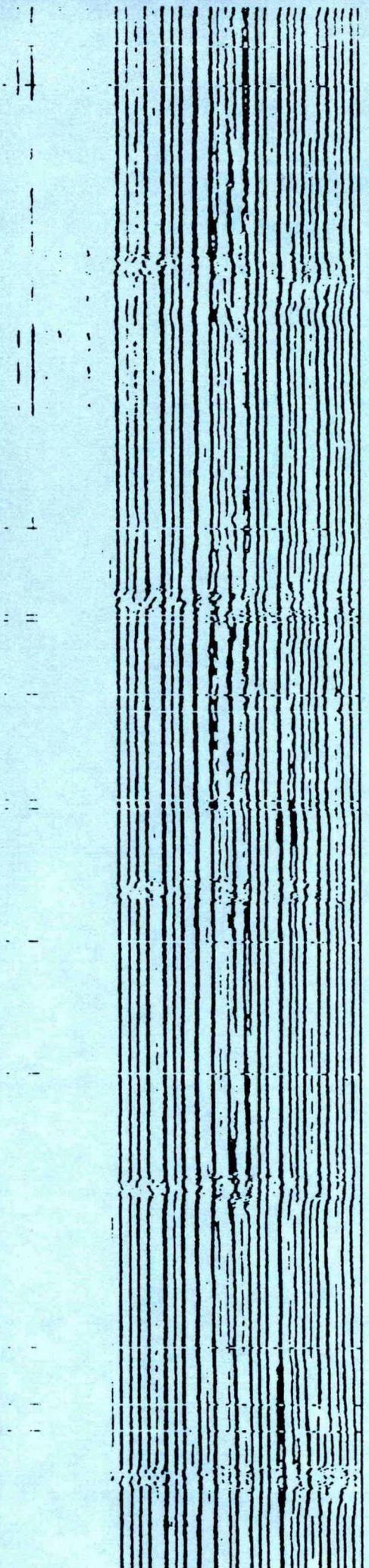
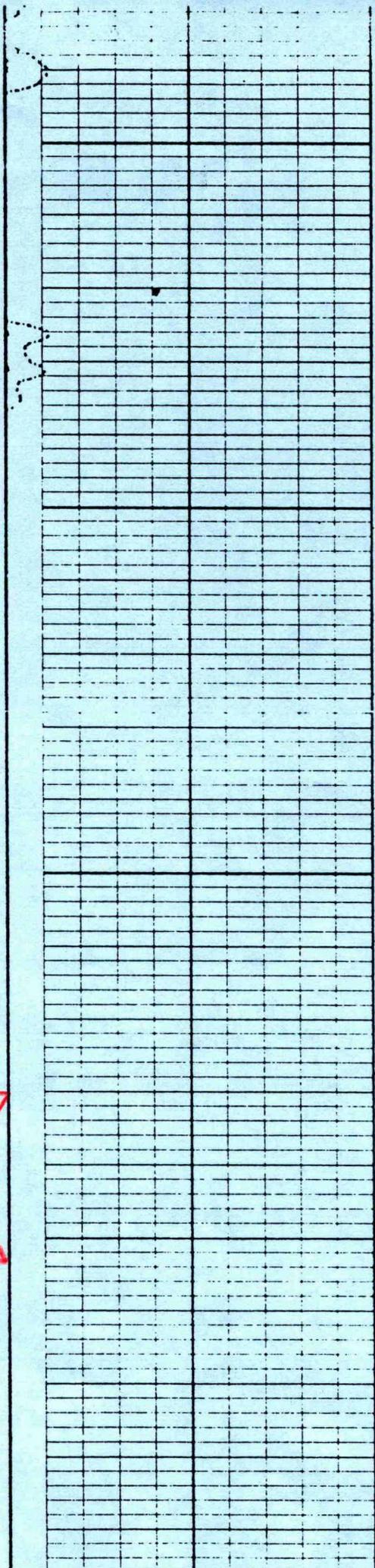
05700

05750

05800



05850



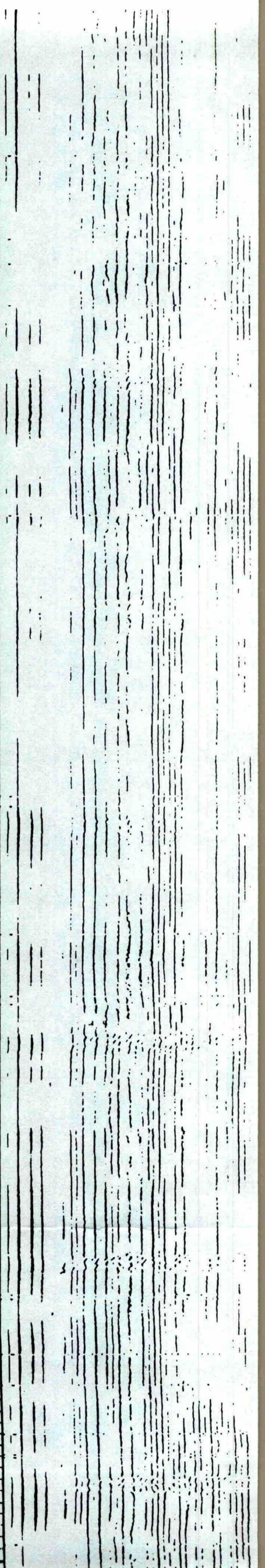
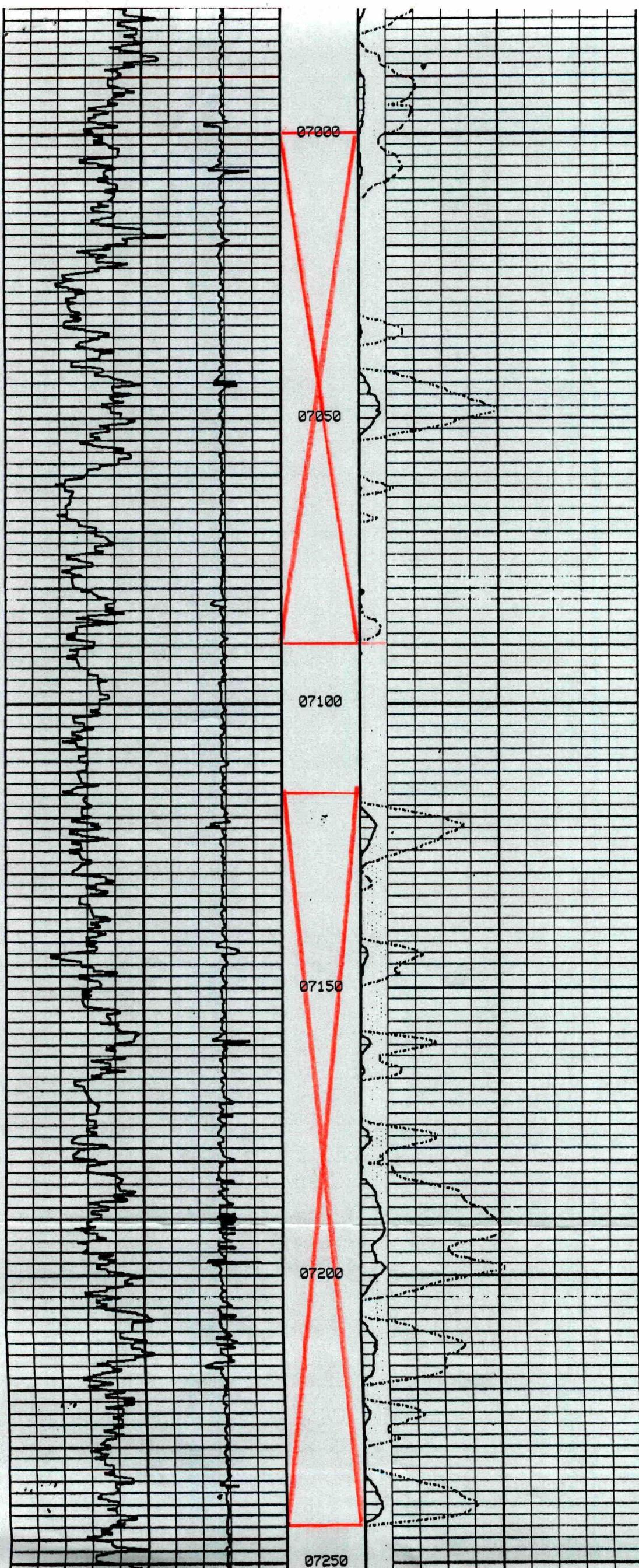


EXHIBIT 9 CASE No. 11,173

PROPOSED ALLOCATION FORMULA

Bottom hole pressure and productivity tests will be taken of the Gavilan-Mancos zone within 30 days prior to the date of commingling.

The well will be commingled by completing the Mesaverde formation for production. This will involve isolating the Mancos zone during the completion of the Mesaverde zone.

A new productivity test will be taken with both zones, Mancos and Mesaverde, contributing to the production when the well is recompleted and cleanout is accomplished.

The allocation formula will be determined by subtracting the production of the Mancos-only test from the commingled test with the difference being allocated to the Mesaverde formation.

We propose the allocation to each zone be based on percentages of the production of the individual products.

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

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING: The Application of
W. M. Gallaway for Downhole
Commingling, Rio Arriba County,
New Mexico.

CASE NO. 11173

AFFIDAVIT

AFFIANT, ERNEST L. PADILLA, being duly sworn, upon oath
states:

1. He is the attorney for Applicant herein;
2. He has made a reasonable inquiry as to the
whereabouts of the interest owners affected by the
Application herein;
3. To the best of his knowledge and belief, he has
made, or caused to be made, service as required by the Rules
of the Oil Conservation Division by certified mail upon all
such interest owners.

FURTHER AFFIANT SAYETH NAUGHT.



ERNEST L. PADILLA
Attorney for Applicant

SUBSCRIBED AND SWORN TO before me this 1st day of
February, 1995, by Ernest L. Padilla.



Notary Public

My Commission expires:

12-20-97

BEFORE EXAMINER CATANAGI
OIL CONSERVATION DIVISION
<u>Galloway</u> EXHIBIT NO. <u>10</u>
CASE NO. <u>11173</u>

PADILLA LAW FIRM, P.A.

TELEPHONE
505-988-7577

STREET ADDRESS
1512 ST. FRANCIS DRIVE
SANTA FE, NM 87501
MAILING ADDRESS
P.O. BOX 2523
SANTA FE, NM 87504-2523

FACSIMILE
505-988-7592

January 9, 1995

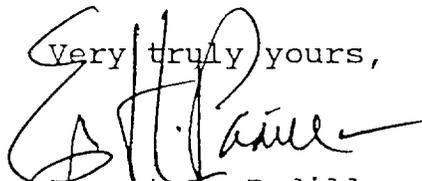
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL OFFSETTING OPERATORS AND INTEREST
OWNERS (See attached list)

RE: Notice of Application of W. M. Gallaway For Downhole
Commingling, Rio Arriba County, New Mexico

PURSUANT to the Rules and Regulations of the General
Rules of the Oil Conservation Division of New Mexico, notice
is hereby given of the above-referenced application. You
may protest the enclosed application which will be heard on
February 2, 1995, beginning at the hour of 8:15 a.m., at the
offices of the Oil Conservation Division, 2040 S. Pacheco,
Santa Fe, New Mexico.

Very truly yours,



Ernest L. Padilla

ELP:clm

Enclosure: Copy of Application
List of Offsetting Operators
List of Royalty Interest Owners

Myra Loudene Jones
3915 South Alden
Tucson, AZ 85706

Marquisa La Velle
91 Estelle Drive
West Kingston, RI 02892

Shelley La Velle
11447 Alborada Drive
San Diego, CA 92127

Mary Jane Lich
747 Inspiration Drive
San Antonio, TX 78228

McHugh Companies
650 South Cherry Street, Suite 1225
Denver, CO 80222-1894

Janice E. Robertson
P. O. Box 497
Peralta, NM 87042

Melvin D. and Anne C. Rueckhaus
319 Seventh Street, N.W., Suite B
Albuquerque, NM 87102

Janice M. Smith
9230 Sheshone
Cascade, CO 80809

Jesse T. Smith, Jr.
7350 Alaska Street
Tacoma, WA 98408

Bureau of Land Management
of the Department of Interior
1235 La Plata Highway
Farmington, NM 87401

Donald C. Foulk
240 Gillmore Street
San Antonio, TX 78226

Linda Muriel Akins
2916 South Morain Place
Kennewick, WA 99337-2505

William J. and Jessie Joy Bassett
P. O. Box 103
Lindrieth, NM 87029

Edgar A. and Evelyn Boring, Trustees
P. O. Box 829
Bayfield, CO 81122

Betty Smith Damiani
9110 Bianca
San Antonio, TX 78260

Imperial Oil Company
P. O. Box 789
Houston, TX 77001

Patricia Smith Jarrell
610 Ox Bow
Grand Junction, CO 81504

Ruby E. Huffman
910 N. Dustin
Farmington, NM 87401

Robert Thomas Smith
c/o John L. Ray, Esq.
8301 Broadway, Suite 420
San Antonio, TX 78209

KNOWN OFFSET OPERATORS OR LEASE OWNERS

Apache Corporation
1700 Lincoln Street, Suite 3600
Denver, Colorado 80203-4536

Jicarilla Energy Company
Attention: Mr. Thurman Velarde
P. O. Box 507
Dulce, New Mexico 87528

McHugh Companies
650 South Cherry Street, Suite 1225
Denver, Colorado 80222-1894

Meridian Oil, Inc.
P. O. Box 4289
Farmington, New Mexico 87499-4289

Omimex International Corporation
dba Omimex Petroleum, Inc.
8055 E. Tufts Avenue Parkway, Suite 1060
Denver, Colorado 80237

Quinoco Petroleum, Inc.
P. O. Box 10800
Denver, Colorado 80210-0800

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Marquisa La Velle
 91 Estelle Drive
 West Kingston, RI
 02892
 Marquisa LaVelle

4a. Article Number
 2111 157 670

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

7. Date of Delivery
 1/12/96

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Shelley La Velle
 11447 Alborada Drive
 San Diego, CA 92127
 Scott
 Scott Steahl

4a. Article Number
 2111 158 708

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

7. Date of Delivery
 1/14/95

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Mary Jane Lich
 747 Inspiration Dr.
 San Antonio, TX 78228
 Robert F. Lich

4a. Article Number
 2111 158 709

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

7. Date of Delivery
 1-11-95

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 McHugh Companies
 650 South Cherry
 Suite 1225
 Denver, Co. 80222-1894
[Signature]

4a. Article Number
 211 158 710

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

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- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Janice E. Robertson
 P.O. Box 497
 Peabody, WM 87042

4a. Article Number
 211 158 711

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

7. Date of Delivery
 1/10/95

5. Signature (Addressee)
[Signature]

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Melvin D. and
 Anne C. Rueckhaus
 319 Seventh St, NW
 Suite B
 Albuquerque, NM 87102

4a. Article Number
 211 158 712

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

7. Date of Delivery
 1-18-95

5. Signature (Addressee)
[Signature]

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Janice M. Smith
9230 Sheshone
Cascade, CO 80809

4a. Article Number
2 111 158 713

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
1-14-94

5. Signature (Addressee)
Janice M. Smith

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jesse T. Smith, Jr.
7350 Alaska St.
Tacoma, WA 98408

4a. Article Number
2 111 158 714

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
1/13/95

5. Signature (Addressee)
Jesse T. Smith

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Donald C. Foulk
240 Hillmore St.
San Antonio, TX 78226

4a. Article Number
2 111 158 715

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
1-31-95

5. Signature (Addressee)
Donald C. Foulk

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

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Linda Muriel Atkins
 2916 South Merain Place
 Kennewick, WA
 99337-2505
 [Signature]

4a. Article Number
 2111 158 716

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

7. Date of Delivery
 1-13-95

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

5. Signature (Addressee)

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 William J. and
 Jesse Jay Bassett
 P.O. Box 103
 Lindieth, NM 87029

4a. Article Number
 2111 158 717

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

7. Date of Delivery
 1-25-95

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

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Edgar A. and
 Evelyn Boring, Trustees
 P.O. Box 829
 Bayfield, CO 81122
 [Signature]

4a. Article Number
 2111 158 718

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

7. Date of Delivery
 [Blank]

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

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)
 [Signature]

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Betty Smith Damiani
9110 Bianca
San Antonio TX
78260

Betty Smith Damiani
5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

2 111 158 719

4b. Service Type

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

7. Date of Delivery

JAN 14 1995

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Imperial Oil Company
P.O. Box 789
Houston, TX 77001

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

2 111 158 720

4b. Service Type

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

7. Date of Delivery

JAN 19 1995

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Patricia Smith Farrell
610 Ox Bow
Sand Junction, Co.

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

2 111 158 721

4b. Service Type

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

7. Date of Delivery

JAN 12 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Bureau of Land Management
 of the Dept of Interior
 1235 La Plata Highway
 Farmington, NM
 87401

4a. Article Number
 2 111 158 724

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

7. Date of Delivery
 1-10-94

5. Signature (Addressee)

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

6. Signature (Agent)
[Signature]

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Apache Corporation
 1700 Lincoln St.
 Suite 3600
 Denver, CO. 80203-4536

4a. Article Number
 P 176 016 596

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

7. Date of Delivery
 1/11/94

5. Signature (Addressee)

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

6. Signature (Agent)
[Signature]

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Garcia Energy Company
 Attn: Thurman Velarde
 P.O. Box 507
 Dulce, NM 87528

4a. Article Number
 P 176 016 597

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

7. Date of Delivery
 1/19/95

5. Signature (Addressee)

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

6. Signature (Agent)
[Signature]

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 McHugh Companies
 100 South Cherry St.
 Denver, CO 80222-1899

4a. Article Number
 P 176 016 598

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

5. Signature (Addressee)
[Handwritten Signature]

7. Date of Delivery

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Onimey International Corp.
 c/o Onimey Petroleum, Inc.
 8055 E. Tufts Ave Parkway
 Suite 1060
 Denver, CO 80237

4a. Article Number
 P 176 016 600

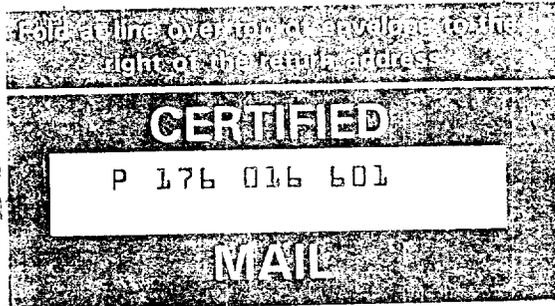
4b. Service Type
 Registered Insured
 Express Mail COD
 Return Receipt for Merchandise

5. Signature (Addressee)

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

6. Signature (Agent)
[Handwritten Signature]

A LAW FIRM, P.A.
 2523
 E, NEW MEXICO 87504-2523

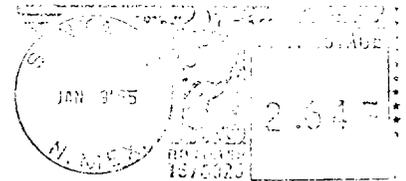


NAME

1st class 16 19

2nd class

Return



QUINOCO PETROLEUM, INC.
 P. O. BOX 10800
 DENVER, CO 80210-0800



REASON CHECKED

Undelivered Refused

Attempted - Not known

Insufficient Address

No such street number

No such office in state

Do not re-mail in this envelope

CERTIFIED MAIL

P 176 016 601



Receipt for Certified Mail

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

Sent to	Quinoco Petroleum, Inc.
Street and No.	P.O. Box 10800
P. State and ZIP Code	Denver, CO 80210-0800
Postage	\$.64
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
TOTAL Postage & Fees	\$ 2.64

PS Form 3800, June 1991

Postmark or Date

Jan 9, 1995

LAW FIRM, P.A.
2523
NEW MEXICO 87504-2523
JAN 25 1995

fold at line over top of envelope to the right of the return address
CERTIFIED

Z 111 158 723

MAIL

ROBERT THOMAS SMITH
c/o JOHN L. RAY, ESQUIRE
8301 BROADWAY, SUITE 420
SAN ANTONIO, TX 78209

RETURN TO
JAN 9 '95
2.64
RETURNED TO SENDER
FORWARDING ORDER EXPIRES 78209

Return to sender

CERTIFIED MAIL

Z 111 158 723



Receipt for Certified Mail

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

Sent to	<i>Robert Thomas Smith</i>	
Street and No.	<i>c/o John L. Ray, Esq.</i>	
R.O., State and ZIP Code	<i>8301 Broadway, Suite 420</i>	
	<i>San Antonio, TX 78209</i>	
Postage	\$	<i>.64</i>
Certified Fee		<i>1.00</i>
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		<i>1.00</i>
TOTAL Postage & Fees	\$	<i>2.64</i>
Postmark or Date	<i>Jan 9, 1995</i>	

Form 3800, March 1993

A LAW FIRM, P.A.
2523
NEW MEXICO 87504-2523

JAN 20 1995

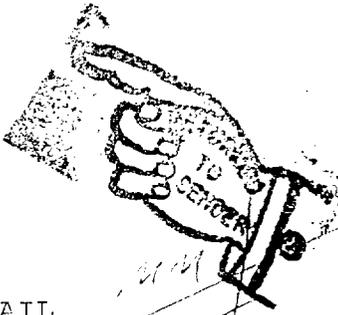
Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 111 158 722

MAIL

RUBY E. HUFFMAN
910 N. DUSTIN
FARMINGTON, NM 87401



CERTIFIED MAIL

1-10-95

- ATTEMPTED NOT KNOWN
 - NO SUCH NUMBER
 - NO MAIL RECEIVED
 - REFUSED
 - INSUFFICIENT ADDRESS
 - MOVED-LEFT NO RETURN ADDRESS
 - FORWARDING OFFICE
- EMPLOYEE: *WA*

Z 111 158 722



Receipt for Certified Mail

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

Sent to	Ruby E. Huffman
Street and No.	910 N. Dustin
P.O., State and ZIP Code	Farmington, NM 87401
Postage	\$.64
Certified Fee	
Special Delivery Fee	1.00
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
TOTAL Postage & Fees	\$ 2.64
Postmark or Date	Jan 9, 1995

PS Form 3800, March 1993

Z 111 157 662



**Receipt for
Certified Mail**

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

Send to <i>Myra Laudene Jones</i>	
Street No <i>3915 South Allen</i>	
P.O. State and ZIP Code <i>Tucson, AZ 85706</i>	
Postage	<i>\$.85</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	<i>1.00</i>
TOTAL Postage & Fees	<i>\$2.85</i>
Postmark or Date <i>1-9-95</i>	

PS Form 3800, March 1993

MERIDIAN OIL

January 19, 1995

JAN 26 1995

Padilla Law Firm, P.A.
Attention: Ernest L. Padilla
P.O. Box 2523
Santa Fe, NM 87504-2523

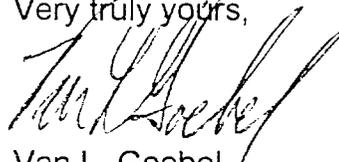
RE: APPLICATION OF W.M. GALLAWAY
FOR DOWNHOLE COMMINGLING
TRIX #2
SW/4 SW/4 SECTION 5, T26N, R2W
RIO ARRIBA COUNTY, NEW MEXICO

Dear Mr. Padilla:

Meridian Oil Inc., is in receipt of your Application concerning commingling production from the referenced well.

Please be advised that Meridian has no obligation.

Very truly yours,



Van L. Goebel
Senior Landman

VLG:dmg
NM-10019