

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

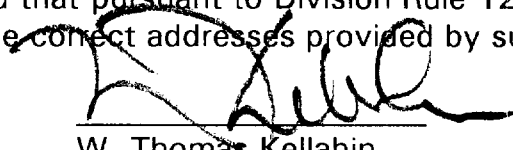
BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
Meridian EXHIBIT NO. 10
CASE NO. 11302
CASE NO. 11302

In the matter of the hearing called
by the Oil Conservation Division
for the purpose of considering:

Application of Meridian Oil Inc.
for Downhole Commingling,
Carson Well No.2, K-7-30N-4W
Rio Arriba County, New Mexico.

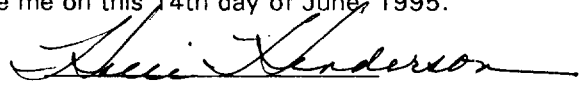
CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Meridian Oil Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 15th day of May, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for June 15, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 14th day of June, 1995.



Notary Public

My Commission Expires: June 15, 1998

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 card to the front of the mailpiece, or on the back if space does not permit.
 • Write legibly in dark ink.
 • The recipient's name and address must be legible.

Meridian/Carson(060195)
 May 15, 1995

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:
 Mar Oil Gas Corporation
 POB 5155
 Santa Fe, New Mexico 87502

4a. Article Number
 091 492 772

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

7. Date of Delivery

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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**

Thank you for using Return Receipt Service.

2 091 492 772

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

Sent to
 Mar Oil Gas Corporation
 POB 5155
 Santa Fe, New Mexico 87502

Special Delivery Fee	
Restricted Delivery Fee	

2 091 492 772

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 card to the front of the mailpiece, or on the back if space does not permit.
 • Write legibly in dark ink.
 • The recipient's name and address must be legible.

Meridian/Carson(060195)
 May 15, 1995

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:
 Harold O. Pool Irrevocable Res.
 Thelma Pool Marital Trust
 c/o First Interstate/Denver
 POB 5825
 Denver, CO 80217

4a. Article Number
 091 492 773

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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**

Thank you for using Return Receipt Service.

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

Sent to
 Harold O. Pool Irrevocable Res.
 Thelma Pool Marital Trust
 c/o First Interstate/Denver
 POB 5825
 Denver, CO 80217

Special Delivery Fee	
Restricted Delivery Fee	

2 091 492 774

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 card to the front of the mailpiece, or on the back if space does not permit.
 • Write legibly in dark ink.
 • The recipient's name and address must be legible.

Meridian/Carson(060195)
 May 15, 1995

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:
 Kathleen Quinn
 c/o Sunwest Bank/Albuquerque,NA
 POB 26900
 Albuquerque, New Mexico 87125

4a. Article Number
 091 492 774

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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**

Thank you for using Return Receipt Service.

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

Sent to
 Kathleen Quinn
 c/o Sunwest Bank/Albuquerque,NA
 POB 26900
 Albuquerque, New Mexico 87125

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

Meridian/Carson(060195)
 May 15, 1995

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.

Meridian/Carson(060195)
 May 15, 1995

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:
 Robert Tinnin
 POB 1885
 Albuquerque, NM 87103

4a. Article Number
 091 492 775

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

7. Date of Delivery
 MAY 18 1995

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)
 [Signature]

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**

Thank you for using Return Receipt Service.

2 091 492 775



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

Robert Tinnin
 POB 1885
 Albuquerque, NM 87103

2 091 492 776



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

Maydell M. Mast
 c/o James M. Raymond, Trustee
 POB 1445
 Kerrville, TX 78028

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.

Meridian/Carson(060195)
 May 15, 1995

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:
 Maydell M. Mast
 c/o James M. Raymond, Trustee
 POB 1445
 Kerrville, TX 78028

4a. Article Number
 091 492 776

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

7. Date of Delivery
 MAY 18 1995

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)
 [Signature]

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**

Thank you for using Return Receipt Service.

1993

2 091 492 777



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

Corrinne M. Gay Trust
 c/o James W. Raymond, Trustee
 POB 1445
 Kerrville, TX 78028

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.

Meridian/Carson(060195)
 May 15, 1995

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:
 Corrinne M. Gay Trust
 c/o James W. Raymond, Trustee
 POB 1445
 Kerrville, TX 78028

4a. Article Number
 091 492 777

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

7. Date of Delivery
 MAY 18 1995

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)
 [Signature]

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**

Thank you for using Return Receipt Service.

90, March 1993

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Carson(060195)
 May 15, 1995

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 to the front of the mailpiece, or on the back if space does not permit.
 • Write clearly and legibly.
 • The date delivered.

Meridian/Carson(060195)
 May 15, 1995

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:
 Thelma Pool Revocable Marital Trust
 c/o First Interstate/Denver
 N/A Trust Minerals/023
 POB 5825
 Denver, CO 80217

4a. Article Number
 091 492 778

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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**

Thank you for using Return Receipt Service.

2 091 492 778



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

Sent to
 Thelma Pool Revocable Marital Trust
 c/o First Interstate/Denver
 N/A Trust Minerals/023
 POB 5825
 Denver, CO 80217

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	

March 1993

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 to the front of the mailpiece, or on the back if space does not permit.
 • Write clearly and legibly.
 • The date delivered.

Meridian/Carson(060195)
 May 15, 1995

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Minerals Management Service
 Royalty Management Program
 POB 5810
 Denver, CO 80217-5810

4a. Article Number
 091 492 780

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

7. Date of Delivery
 MAY 17 1995

5. Signature (Addressee)
 CHAMPION MESSENGER
 PO BOX 5954
 DENVER CO 80208

6. Signature (Agent)
 AGENT FOR MINERALS MGT. SERVICE

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**

Thank you for using Return Receipt Service.

2 091 492 780



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

Sent to
 Minerals Management Service
 Royalty Management Program
 POB 5810
 Denver, CO 80217-5810

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	

March 1993

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 to the front of the mailpiece, or on the back if space does not permit.
 • Write clearly and legibly.
 • The date delivered.

Meridian/Carson(060195)
 May 15, 1995

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:
 James M Raymond Individually &
 c/oTrustee:Corinne Miller Gay
 Maydell Miller Mast
 POB 1445
 Kerrville, TX 78208

4a. Article Number
 091 492 781

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

7. Date of Delivery
 MAY 19 1995

5. Signature (Addressee)

6. Signature (Agent)

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**

Thank you for using Return Receipt Service.

Sent to
 James M Raymond Individually &
 c/oTrustee:Corinne Miller Gay
 Maydell Miller Mast
 POB 1445
 Kerrville, TX 78208

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
Postage Inside	\$
Postmark or Date	

00, March 1993

Meridian/Carson(060195)
 May 15, 1995

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 your name and address on the reverse of this form so that we can return this card to you.
 • The Return Receipt will be delivered.

Meridian/Carson(060195)
 May 15, 1995

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:
 McElvain Oil & Gas LP
 POB 2148
 409 St. Michael's Dr.
 Santa Fe, NM 87501

4a. Article Number
 091 494 754

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

7. Date of Delivery
 MAY 15 1995

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

PS Form 3811, December 1991 ☆U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 091 494 754



Receipt for Certified Mail

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

Sent to
 McElvain Oil & Gas LP
 POB 2148
 409 St. Michael's Dr.
 Santa Fe, NM 87501

Special Delivery Fee

Z 091 494 755

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 your name and address on the reverse of this form so that we can return this card to you.
 • The Return Receipt will be delivered.

Meridian/Carson(060195)
 May 15, 1995

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:
 Mr. Robert L. Bayless
 POB 168
 Farmington, NM 87499

4a. Article Number
 091 494 755

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

7. Date of Delivery
 MAY 16 1995

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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**

Thank you for using Return Receipt Service.

Z 091 494 756



Receipt for Certified Mail

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

Sent to
 Mr. Robert L. Bayless
 POB 168
 Farmington, NM 87499

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom (Date, and Addressee's Address)

Postage & Fees \$

Postmark or Date

Z 091 494 756

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 your name and address on the reverse of this form so that we can return this card to you.
 • The Return Receipt will be delivered.

Meridian/Carson(060195)
 May 15, 1995

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:
 Ruth Zimmerman (Trust)
 c/o Hazel Hart, Trustee
 842 Muirlands Vista Way
 La Jolla, CA 92037

4a. Article Number
 091 494 756

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

7. Date of Delivery
 MAY 15 1995

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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**

Thank you for using Return Receipt Service.

Sent to
 Ruth Zimmerman (Trust)
 c/o Hazel Hart, Trustee
 842 Muirlands Vista Way
 La Jolla, CA 92037

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom (Date, and Addressee's Address)

Postage & Fees \$

Postmark or Date

Z 091 494 756

3800, March 1993

Meridian/Carson(060195)
 May 15, 1995

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.

Address on the reverse of this form so that we can return this card to you.

space

Meridian/Carson(060195)

May 15, 1995

le number. d the date

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Z 091 492 766



Receipt for Certified Mail

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

3. Article Addressed to:

Phillips Petroleum Company
5525 Hwy 64
NBU 3004
Farmington, New Mexico 87401
Attn: Kirk Czirr

4a. Article Number
091 492 766

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)

Kirk Czirr

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Sent to

Phillips Petroleum Company
5525 Hwy 64
NBU 3004
Farmington, New Mexico 87401
Attn: Kirk Czirr

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Charge	

Z 091 492 770

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.

Address on the reverse of this form so that we can return this card to you.

space

Meridian/Carson(060195)

May 15, 1995

le number. d the date

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:

Mr. Langdon D. Harrison
11401 Penfield Lane, NE
Albuquerque, NM 87111

4a. Article Number
091 492 770

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
5/16

5. Signature (Addressee)

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

6. Signature (Agent)

Condelaria

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

Thank you for using Return Receipt Service.

Receipt for Certified Mail

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

Mr. Langdon D. Harrison
11401 Penfield Lane, NE
Albuquerque, NM 87111

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Charge	

Z 091 492 771

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.

Address on the reverse of this form so that we can return this card to you.

space

Meridian/Carson(060195)

May 15, 1995

le number. d the date

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:

Kerr-McGee Corporation
POB 25861
Oklahoma City, OK 73125-0861
Attn: Land Department

4a. Article Number
091 492 771

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)

[Signature]

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

Thank you for using Return Receipt Service.

Receipt for Certified Mail

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

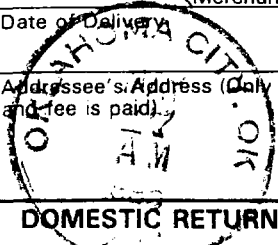
Sent to

Kerr-McGee Corporation
POB 25861
Oklahoma City, OK 73125-0861
Attn: Land Department

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TCTA Postage & Fees	\$

Postmark or Date

Meridian/Carson(060195)
May 15, 1995



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.

Meridian/Carson(060195)
 May 15, 1995

3. Article Addressed to:
 Thomas A. Dugan
 Mary Dugan
 POB 420
 Farmington, NM 87499

4a. Article Number
 091 492 768

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

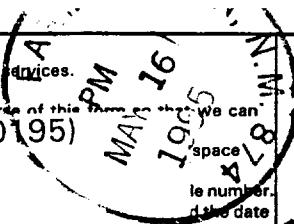
7. Date of Delivery
 5-30-95

5. Signature (Addressee)

6. Signature (Agent)

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**



I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

Z 091 492 768



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

Sent to
 Thomas A. Dugan
 Mary Dugan
 POB 420
 Farmington, NM 87499

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS 3800, March 1993

Meridian/Carson(060195)
 May 15, 1995

Z 091 492 767



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

Sent to
 Coastline Petroleum Co.
 8204 Elmbrook Dr.
 Ste 142
 Dallas, TX 75247

Z 091 492 779

Z 091 492 769



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

Sent to
 El Paso Production Company
 3535 E. 30th Street
 Farmington, NM 87402



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

Sent to
 EJE Brown Company
 c/o Nationsbank of Texas
 POB 2546
 Fort Worth, TX 76113-2546

PS 3800, March 1993

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Carson(060195)
 May 15, 1995

PS 3800, March 1993

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Carson(060195)
 May 15, 1995

PS 3800, March 1993

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Carson(060195)
 May 15, 1995