

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF SANTA FE SNYDER CORPORATION FOR POOL CREATION, SPECIAL POOL RULES, AND AN UNORTHODOX OIL WELL LOCATION, EDDY COUNTY, NEW MEXICO.

Case No. 12,367

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing them, by certified mail, copies of the Application. Copies of the notice letters and certified return receipts are attached hereto as Exhibits A and B.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 3rd day of May, 2000, by James Bruce.

James Bruce

Notary Public

My Commission Expires:

3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 3

CASE NO. _____

JAMES BRUCE

ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

March 15, 2000


**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for creation of the North Cass Draw-Wolfcamp Pool, promulgation of special rules for the pool, and approval of an unorthodox location, filed with the New Mexico Oil Conservation Division by Santa Fe Snyder Corporation, regarding the NW¼ of Section 27, Township 22 South, Range 27 East, NMPM, Eddy County, New Mexico. The application will be heard at 8:15 a.m. on Thursday, April 6, 2000, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the proposed pool, 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.

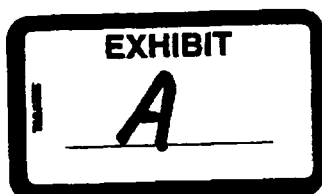
Very truly yours,


James Bruce
Attorney for Santa Fe
Snyder Corporation



WEEMS #1 WELL OWNERS LIST

1. Harold J. Grandi et ux Elizabeth Ann Grandi
Revocable Trust Agreement
1309 West Thomas Street
Carlsbad, New Mexico 88220
2. Enea Maurice Grandi, Jr.
P.O. Box 5086
Carlsbad, New Mexico 88221-5086
3. Iris Jeannie Grandi
P.O. Box 5086
Carlsbad, New Mexico 88221-5086
4. Thomas Earl Forni
1013 South Country Club Circle
Carlsbad, New Mexico 88220
5. State Highway Commission for
The State of New Mexico
P.O. Box 1149
Santa Fe, New Mexico 87503
6. Weems Farm - A Partnership
c/o Carolyn Weems Hulme
327 Stone Creek Circle
McGregor, Texas 76657
7. John H. Williams & Ellen B. Williams Joint Tenants
P.O. Box 110
Bellevue, Missouri 63623
8. Ed Phillips et ux Kathleen A. Phillips
P.O. Box 11313
Midland, Texas 79702
9. W. Wayne Gill
P.O. Box 3729
Midland, Texas 79702



Charlotte Louise Bingham
2708 Tuttle Road
Walnut Cove, North Carolina 27052

Raymond Henri Grandi
4111 Grandi Road
Carlsbad, New Mexico 88220

Mary Jo Cash
4104 Tidwell
Carlsbad, New Mexico 88220

Norma Jean Kelly
313 South Mesquite
Carlsbad, New Mexico 88220

Anita S. Hillger
4900 Pepperidge Place
Odessa, Texas 79761

Thank you for using Return Receipt Service

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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.

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

3. Article Addressed to:
Enea Maurice Grandi, Jr.
P.O. Box 5086
Carlsbad, New Mexico 88221-5086

4a. Article Number: **2211 159 716**
 4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
Enea Maurice Grandi, Jr.

6. Signature: (Addressee or Agent)
Enea Maurice Grandi, Jr.

7. Date of Delivery: **3-17-00**

8. Addressee's Address (Only if requested and fee is paid)
Carlsbad, NM 88221

PS Form 3800, April 1995
 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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.

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

3. Article Addressed to:
John H. Williams & Ellen B. Williams
P.O. Box 110
Bellevue, Missouri 63623

4a. Article Number: **2211 159 721**
 4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
John H. Williams & Ellen B. Williams

6. Signature: (Addressee or Agent)
John H. Williams & Ellen B. Williams

7. Date of Delivery: **3-18-00**

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

PS Form 3800, April 1995
 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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.

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

3. Article Addressed to:
Enea Maurice Grandi, Jr.
P.O. Box 5086
Carlsbad, New Mexico 88221-5086

4a. Article Number: **2211 159 716**
 4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
Enea Maurice Grandi, Jr.

6. Signature: (Addressee or Agent)
Enea Maurice Grandi, Jr.

7. Date of Delivery: **3-17-00**

8. Addressee's Address (Only if requested and fee is paid)
Carlsbad, NM 88221

PS Form 3800, April 1995
 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

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.

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

3. Article Addressed to:
John H. Williams & Ellen B. Williams
P.O. Box 110
Bellevue, Missouri 63623

4a. Article Number: **2211 159 721**
 4b. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
John H. Williams & Ellen B. Williams

6. Signature: (Addressee or Agent)
John H. Williams & Ellen B. Williams

7. Date of Delivery: **3-18-00**

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

PS Form 3800, April 1995
 102595-98-B-0229 Domestic Return Receipt

PS Form 3800, April 1995
 102595-98-B-0229 Domestic Return Receipt

Z 211 159 722

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Do not
Send to **W. Wayne Gill**
Street **P.O. Box 3729**
Midland, Texas 79702
Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-4-90
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

PS Form 3800, April 1995

3. Article Addressed to:
Ed Phillips et ux Kathleen A. Phillips
P.O. Box 11313
Midland, Texas 79702

4a. Article Number: 211 159 722

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

5. Received By: (Print Name)
SIM PHILLIPS

6. Signature: (Addressee Agent)
[Signature]

7. Date of Delivery:

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

PS Form 3811, December 1994

102565-06-9-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 211 159 722

US Postal Service
Receipt for Certified Mail
Ed Phillips et ux Kathleen A. Phillips
P.O. Box 11313
Midland, Texas 79702

PS Form 3800, April 1995

3. Article Addressed to:
Ed Phillips et ux Kathleen A. Phillips
P.O. Box 11313
Midland, Texas 79702

4a. Article Number: 211 159 722

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

5. Received By: (Print Name)
Ed Phillips

6. Signature: (Addressee Agent)
[Signature]

7. Date of Delivery:

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

PS Form 3811, December 1994

102565-06-9-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 211 159 722

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Do not
Send to **W. Wayne Gill**
Street **P.O. Box 3729**
Midland, Texas 79702
Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-4-90
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

PS Form 3800, April 1995

3. Article Addressed to:
W. Wayne Gill
P.O. Box 3729
Midland, Texas 79702

4a. Article Number: 211 159 722

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

5. Received By: (Print Name)
W. Wayne Gill

6. Signature: (Addressee Agent)
[Signature]

7. Date of Delivery:

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

PS Form 3811, December 1994

102565-06-9-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 211 159 722

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Do not
Send to **W. Wayne Gill**
Street **P.O. Box 3729**
Midland, Texas 79702
Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-4-90
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

PS Form 3800, April 1995

3. Article Addressed to:
W. Wayne Gill
P.O. Box 3729
Midland, Texas 79702

4a. Article Number: 211 159 722

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

5. Received By: (Print Name)
W. Wayne Gill

6. Signature: (Addressee Agent)
[Signature]

7. Date of Delivery:

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

PS Form 3811, December 1994

102565-06-9-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

SFS

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Charlotte Louise Bingman
2708 Tuttle Road
Walnut Cove, North Carolina 27052

Postmark or Date	
TOTAL Postage & Fees	\$ 3.20
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	7.40
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	1.25
Postage	\$ 0.55

7 211 159 724

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

3. Article Addressed to:

Raymond Henry Grandi
4111 Grandi Road
Carlsbad, New Mexico 88220

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Raymond Grandi

PS Form 3800, December 1994

SFS

102595-00-9-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

4a. Article Number

3 211 159 725

4b. Service Type

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

7. Date of Delivery

3-16-00

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

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

3. Article Addressed to:

Charlotte Louise Bingman
2708 Tuttle Road
Walnut Cove, North Carolina 27052

5. Received By: (Print Name)

Charlotte Louise Bingman

6. Signature: (Addressee or Agent)

Charlotte Louise Bingman

PS Form 3800, December 1994

102595-00-9-0229

Domestic Return Receipt

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

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

4a. Article Number

3 211 159 724

4b. Service Type

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

7. Date of Delivery

3/20/00

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

2708 Tuttle Rd.

PS Form 3800, December 1994

102595-00-9-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

SFS

Postmark or Date	
TOTAL Postage & Fees	\$ 3.20
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	1.40
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	1.25
Postage	\$ 0.55

7 211 159 725

US Postal Service
Receipt for Certified Mail

Raymond Henry Grandi
4111 Grandi Road
Carlsbad, New Mexico 88220

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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.

PS Form 3800, April 1995

3. Article Addressed to:
**State Highway Commission for
 The State of New Mexico
 P.O. Box 1149
 Santa Fe, New Mexico 87503**

4a. Article Number: **2211 159 719**

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

5. Received By: (Print Name)
X [Signature]

6. Signature: (Address or Agent)
X [Signature]

7. Date of Delivery
MAR 15 2000

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

Is your RETURN ADDRESS completed on the reverse side?

US Postal Service
Receipt for Certified Mail

No. **Norma Jean Kelley**
 St. **313 South Mesquite**
 City **Carlsbad, New Mexico 88220**

Post Office, State, & ZIP Code

Postage \$ **0.55**

Certified Fee \$ **1.25**

Special Delivery Fee

Restricted Delivery Fee \$ **1.40**

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ **3.20**

Postmark or Date

SFS

PS Form 3800, April 1995

7 211 159 727

US Postal Service
Receipt for Certified Mail

State Highway Commission for
 The State of New Mexico
 P.O. Box 1149
 Santa Fe, New Mexico 87503

Postage \$ **0.55**

Certified Fee \$ **1.25**

Special Delivery Fee

Restricted Delivery Fee \$ **1.40**

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ **3.20**

Postmark or Date

SFS

PS Form 3800, April 1995

7 211 159 719

US Postal Service
Receipt for Certified Mail

No. **Norma Jean Kelley**
 St. **313 South Mesquite**
 City **Carlsbad, New Mexico 88220**

Post Office, State, & ZIP Code

Postage \$ **0.55**

Certified Fee \$ **1.25**

Special Delivery Fee

Restricted Delivery Fee \$ **1.40**

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ **3.20**

Postmark or Date

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
**Norma Jean Kelley
 313 South Mesquite
 Carlsbad, New Mexico 88220**

4a. Article Number: **2211 159 707**

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

5. Received By: (Print Name)
X [Signature]

6. Signature: (Address or Agent)
X [Signature]

7. Date of Delivery
3/16

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Z 211 159 717

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Iris Jeannie Grandi
P.O. Box 5086
Carlsbad, New Mexico 88221-5086

PS Form 3800, April 1995

Post Office, State, & ZIP Code	
Postage	\$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	6.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

SFS

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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.

is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

Thomas Earl Forni
1013 South Country Club Circle
Carlsbad, New Mexico 88220

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Thomas Forni*

PS Form 3811, December 1994

102595-99-B-0229

Domestic Return Receipt

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

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

4a. Article Number

2211 159 718

4b. Service Type

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

7. Date of Delivery

3/22/00

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

Thank you for using Return Receipt Service.

Z 211 159 718

US Postal Service
Receipt for Certified Mail

Thomas Earl Forni
1013 South Country Club Circle
Carlsbad, New Mexico 88220

PS Form 3800, April 1995

Post Office, State, & ZIP Code	
Postage	\$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	6.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	

SFS

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

Iris Jeannie Grandi
P.O. Box 5086
Carlsbad, New Mexico 88221-5086

5. Received By: (Print Name)

ENEA GRANDI JR.

6. Signature: (Addressee or Agent)

X *Enea Grandi Jr.*

PS Form 3811, December 1994

102595-99-B-0229

Domestic Return Receipt

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

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

4a. Article Number

2211 159 717

4b. Service Type

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

7. Date of Delivery

3-17-00 8.71.

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

CARLSBAD POST OFFICE
MAR 17 1900

Thank you for using Return Receipt Service.

JAMES BRUCE

ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

March 15, 2000

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251


Westbrook Oil Corporation
1320 North West County Road
Hobbs, New Mexico 88240

Read & Stevens, Inc.
P.O. Box 1518
Roswell, New Mexico 88202

Ladies and Gentlemen:

Enclosed is a copy of an application for creation of the North Cass Draw-Wolfcamp Pool, promulgation of special rules for the pool, and approval of an unorthodox location, filed with the New Mexico Oil Conservation Division by Santa Fe Snyder Corporation, regarding the NW¼ of Section 27, Township 22 South, Range 27 East, NMPM, Eddy County, New Mexico. The application will be heard at 8:15 a.m. on Thursday, April 6, 2000, at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505.

Very truly yours,


James Bruce
Attorney for Santa Fe
Snyder Corporation



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SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 Read & Stevens, Inc.
 P.O. Box 1518
 Roswell, New Mexico 88202

4a. Article Number: 2461509306

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

7. Date of Delivery: 3-17-00

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

5. Received By: (Print Name)
 Robert Talbert

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994

7 461 509 304

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: Merit Energy Company
 Suite 1500
 12222 Merit Drive
 Street & Dallas, Texas 75251

Post Office, State, & ZIP Code

Postage: \$ 0.55

Certified Fee: 1.25

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered: 1.40

Return Receipt Showing to Whom, Date, & Addressee's Address: 1.40

TOTAL Postage & Fees: \$ 3.20

Postmark or Date: 2000 USPS

PS Form 3800, April 1995

SFS

7 461 509 306

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: Read & Stevens, Inc.
 P.O. Box 1518
 Street Roswell, New Mexico 88202

Post Office, State, & ZIP Code

Postage: \$ 0.55

Certified Fee: 1.25

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered: 1.40

Return Receipt Showing to Whom, Date, & Addressee's Address: 1.40

TOTAL Postage & Fees: \$ 3.20

Postmark or Date: 2000 USPS

PS Form 3800, April 1995

SFS

Thank you for using Return Receipt Service.

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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.

3. Article Addressed to:
 Merit Energy Company
 Suite 1500
 12222 Merit Drive
 Dallas, Texas 75251

4a. Article Number: 2461509304

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

7. Date of Delivery: 3-20-00

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

5. Received By: (Print Name)
 JONES

6. Signature: (Addressee or Agent)
 X [Signature]

PS Form 3811, December 1994

PS Form 3811, December 1994

SFS

102595-98-8-0229 Domestic Return Re. pt

is your RETURN ADDRESS completed on the reverse side?

Z 461 509 305

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Do not use for International Mail (see)

Sent to Westbrook Oil Corporation
1320 North West County Road
Street Hobbs, New Mexico 88240

Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 4.20
Postmark or Date	2000

PS Form 3800, April 1995

USPS



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

CERTIFIED

Z 461 509 305

MAIL

Westbrook Oil Corporation
1320 North West County Road
Hobbs, New Mexico 88240

DATE: 3/18/00

- NO SUFFICIENT NUMBER
- RETURNED TO SENDER
- NO RECEIPT AVAILABLE
- OTHER
- INSURE ADDRESS
- ROUTE # 62 INITIALS RS

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504



1ST NOTICE _____
2ND NOTICE _____
RETURN _____

LARGE FORMAT
EXHIBIT HAS
BEEN REMOVED
AND IS LOCATED
IN THE NEXT FILE