

Name and Address list for the David H. Arrington Oil & Gas, Inc. Royal Stimulator #1 Well, W/2 Section 31, T15S, R36E, Lea County, NM

Bradford A. Christmas
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

Candy Christmas
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

Helen Jane Christmas Barby, Trustee of the
Helen Jane Christmas Trust dated 2-14-92
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

Joyce Ann Brown
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

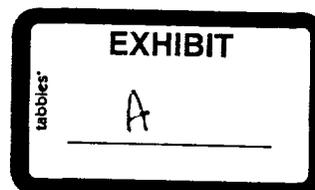
Mary T. Christmas Holladay
C/O James R. Leeton
P. O. Box 10561
Midland, Texas 79702

C. Bert Hendricks
1632 Cartwright Circle
Springdale, Arkansas 72762

Herman C. Gore
1012 N. Chenango
Angleton, Texas 77515

Latrice Teague Wilson
2109 West Moor Place
Arlington, Texas 76015

M. Dion Lowe
2306 Cypress Point West
Austin, Texas 78746



Mattie Pou
3313 Homer Street
Dallas, Texas 76206

Thelma Champion
4932 Lyndon Drive
Ft. Worth, Texas 76116

Anson Energy Corporation.
PO Box 24060
Oklahoma City, Oklahoma 73124

CAMPBELL, CARR, BERGE

& SHERIDAN, P.A.

LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
TANYA M. TRUJILLO
ROBERT J. SUTPHIN, JR.

JACK M. CAMPBELL
1916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: law@westofpecos.com

November 30, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS:

Re: Application of David H. Arrington Oil & Gas, Inc. for compulsory pooling,
Directional drilling and an Unorthodox Well Location, Lea County, New
Mexico

Ladies and Gentlemen:

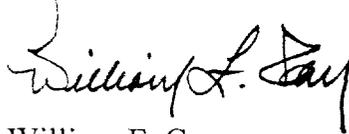
This letter is to advise you that David H. Arrington Oil & Gas, Inc. filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the surface to the base of the Morrow formation in certain spacing and proration units, in the W/2 equivalent of Irregular Section 31, Township 15 South, Range 36 East, NMPM., Lea County, New Mexico. Arrington proposes to dedicate the referenced pooled unit to its proposed Royal Stimulator Well No. 1 to be directionally drilled from an unorthodox surface location to an unorthodox bottomhole location in Section 31 as fully described in the enclosed application.

This application has been set for hearing before a Division Examiner on December 21, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Notification Letter
November 30, 2000
Page 2

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is written in a cursive style with a large initial "W".

William F. Carr
ATTORNEY FOR DAVID H. ARRINGTON
OIL & GAS, INC.

Enclosure

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC #640

Postage	\$	1.40
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	2.65

Postmark: SANTA FE NM NOV 30 2000 USPS - 87501

1. Article Addressed to:
M. DION LOWE
2306 CYPRESS POINT WEST
AUSTIN, TEXAS 78746

2. Article Number (Copy from service label):
7000.0600.0024.3124.7665

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **M. Dion Lowe** B. Date of Delivery **12-4-00**

C. Signature **X [Signature]** Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

WFC #640

Postage	\$	1.40
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	2.65

Postmark: SANTA FE NM NOV 30 2000 USPS - 87501

1. Article Addressed to:
MATTIE PAU
3313 HOMER STREET
DALLAS, TEXAS 76206

2. Article Number (Copy from service label):
7000.0600.0024.3124.7672

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **Mattie Pau** B. Date of Delivery **12-5-00**

C. Signature **X [Signature]** Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

WFC #640

Postage	\$	1.40
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	2.65

Postmark: SANTA FE NM NOV 30 2000 USPS - 87501

1. Article Addressed to:
THELMA CHAMPION
4032 LYNDEN DRIVE
FT. WORTH, TEXAS 76116

2. Article Number (Copy from service label):
7000.0600.0024.3124.7689

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **Thelma Champion** B. Date of Delivery **12-4-00**

C. Signature **X [Signature]** Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

WFC #640

Postage	\$	1.40
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	2.65

Postmark: SANTA FE NM NOV 30 2000 USPS - 87501

1. Article Addressed to:
SON ENERGY CORPORATION
Box 24060
ATLANTA CITY OKLAHOMA 73124

2. Article Number (Copy from service label):
7000.0600.0024.3124.7689

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) **Son Energy Corporation** B. Date of Delivery **12-4-00**

C. Signature **X [Signature]** Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC #640

Postage	\$.55
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.20

Postmark Here: SANTA FE NM NOV 30 2000 USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 MARY T. CHRISTMAS HOLLADAY
 Street, Apt. No., or PO Box No.
 c/o JAMES R. VEETON, P.O. Box
 MIDLAND TEXAS 79702
 PS Form 3800, February 2000 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARY T. CHRISTMAS HOLLADAY
 c/o JAMES R. VEETON
 P.O. Box 10561
 MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
 7000.0600.0024.3127.7627

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ Date of Delivery _____

C. Signature
 x [Signature] Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC #640

Postage	\$.55
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.20

Postmark Here: SANTA FE NM NOV 30 2000 USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 C. Bert Hendricks
 Street, Apt. No., or PO Box No.
 1632 CARTWRIGHT CIRCLE
 SPRINGDALE ARKANSAS 72727
 PS Form 3800, February 2000 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 C. Bert Hendricks
 1632 CARTWRIGHT CIRCLE
 SPRINGDALE, ARKANSAS 72727

2. Article Number (Copy from service label)
 7000.0600.0024.3129.7634

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature
 x C. Bert Hendricks Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC #640

Postage	\$.55
Certified Fee		1.25
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.20

Postmark Here: SANTA FE NM NOV 30 2000 USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 HERMAN C. GORE
 Street, Apt. No., or PO Box No.
 1012 NORTH CHENANGO
 ANGLETON, TEXAS 77515
 PS Form 3800, February 2000 See Reverse

SENDER: COMPLETE THIS SECTION

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HERMAN C. GORE
 1012 NORTH CHENANGO
 ANGLETON, TEXAS 77515

2. Article Number (Copy from service label)
 7000.0600.0024.3127.7641

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

C. Signature
 x [Signature] Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC #640

Postage	\$.55
Certified Fee		1.40
Return Receipt Fee (Endorsement Required)		1.25
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.20

Postmark Here: SANTA FE NM NOV 30 2000 USPS - 87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 LATRICE TERRELL WILSON
 Street, Apt. No., or PO Box No.
 2109 WEST MOOR PLACE
 ARLINGTON, TEXAS 76015
 PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 640

Postage	\$ 2.40
Certified Fee	\$ 0.40
Return Receipt Fee (Endorsement Required)	\$ 0.25
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 3.05

SANTA FE NM
NOV 30 2000
87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 BLAIRWOOD A. CHRISTMAS
 Street, Apt. No., or PO Box No.
 c/o JAMES R. LEETON, P.O. BOX
 City, State, ZIP+4
 MIDLAND TEXAS 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BLAIRWOOD A. CHRISTMAS
 c/o JAMES R. LEETON
 P.O. BOX 10561
 MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
 7000. 0600. 0024. 3127. 7580

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **DEC 5 2000** B. Date of Delivery

C. Signature
 X *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 640

Postage	\$ 2.40
Certified Fee	\$ 0.40
Return Receipt Fee (Endorsement Required)	\$ 0.25
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 3.05

SANTA FE NM
NOV 25 2000
87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 CANDY CHRISTMAS
 Street, Apt. No., or PO Box No.
 c/o JAMES R. LEETON, P.O. BOX
 City, State, ZIP+4
 MIDLAND TEXAS 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CANDY CHRISTMAS
 c/o JAMES R. LEETON
 P.O. BOX 10561
 MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
 7000. 0600. 0024. 3127. 7597

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **DEC 5 2000** B. Date of Delivery

C. Signature
 X *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 640

Postage	\$ 2.40
Certified Fee	\$ 0.40
Return Receipt Fee (Endorsement Required)	\$ 0.25
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 3.05

SANTA FE NM
NOV 25 2000
87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 HELEN JANE CHRISTMAS BARBY,
 Street, Apt. No., or PO Box No.
 c/o JAMES R. LEETON, P.O. BOX
 City, State, ZIP+4
 MIDLAND TEXAS 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HELEN JANE CHRISTMAS BARBY,
 TRUSTEE OF THE HELEN JANE
 CHRISTMAS TRUST DATED 2/14/92
 c/o JAMES R. LEETON
 P.O. BOX 10561
 MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
 7000. 0600. 0024. 3127. 7603

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **DEC 5 2000** B. Date of Delivery

C. Signature
 X *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 640

Postage	\$ 2.55
Certified Fee	\$ 0.25
Return Receipt Fee (Endorsement Required)	\$ 0.25
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 3.05

SANTA FE NM
NOV 30 2000
87501

Recipient's Name (Please Print Clearly) (to be completed by mailer)
 JOYCE ANN BROWN
 Street, Apt. No., or PO Box No.
 c/o JAMES R. LEETON, P.O. BOX 1
 City, State, ZIP+4
 MIDLAND TEXAS 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOYCE ANN BROWN
 c/o JAMES R. LEETON
 P.O. BOX 10561
 MIDLAND, TEXAS 79702

2. Article Number (Copy from service label)
 7000. 0600. 0024. 3127. 7610

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

C. Signature
 X *[Signature]* Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes