

203 West Wall Street
Suite 1201 (Zip 79701)
P.O. Box 10187
Midland, Texas 79702

DALE DOUGLAS
Oil & Gas Properties

Area Code: 915
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February 26, 2001

CERTIFIED MAIL: 7099 3400 0016 0200 0191

Bellwether Exploration Company
1221 Lamar, Suite 1600
Houston, Texas 77010

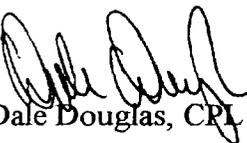
Re: Well Proposal
John's Hopper #1 Well
Lots 3, 4, E/2SW/4, SE/4 (S/2) Sec. 30, T15S, R35E
Lea County, New Mexico
Our Salty Dog Prospect

Gentlemen:

Reference is herein made to our letter dated February 9, 2001 wherein David H. Arrington Oil & Gas, Inc. proposed the drilling of the captioned well. In the body of the letter, reference was made to Section 31. This was an error, and the correct section throughout the letter should be Section 30.

We apologize for any inconvenience this error may have caused.

Yours truly,


Dale Douglas, CPI

DD/trd

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12682 Exhibit No. 4
Submitted by:
David H. Arrington Oil and Gas, Inc.
Hearing Date: June 28, 2001

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> 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. | <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature <input checked="" type="checkbox"/> Agent Addressee <i>x Robert White</i></p> |
| <p>1. Article Addressed to:</p> <p>Bellwether Exploration Company 1221 Lamar, Suite 1600 Houston, Texas 77010</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Copy from service label) 7099 3400 0016 0200 0191</p> | |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p> | |

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

Bellwether Exploration Co.

| | | |
|--|----|--|
| Postage | \$ | Correction. Postmark Here JOHN'S HOPE |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

7099 3400 0016 0200 0191

Recipient's Name (Please Print Clearly) (to be completed by mailer)

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PS Form 3800, February 2000 See Reverse for Instructions