

EXHIBIT A

NOTICE LIST

**McELVAIN OIL & GAS PROPERTIES, INC.
FOR A 505.20-ACRE NON-STANDARD SPACING AND PRORATION UNIT
LOTS 3 AND 4, S/2 NW/4, AND SW/4 OF SECTION 5
AND LOTS 1 THROUGH 4 OF SECTION 6,
TOWNSHIP 25 NORTH, RANGE 2 WEST, N.M.P.M.
RIO ARriba COUNTY, NEW MEXICO**

Apache Corporation
2000 Post Oak Blvd, Suite 100
Houston, TX 77056-4497

Mesa Grande Ltd.
6 East 5th Street, Suite 200
Tulsa, Oklahoma 74103

Apache Capital - 1, LP
2000 Post Oak Blvd, Suite 200
Houston, TX 77056-44976

Arriba Company Ltd.
Post Office Box 35304
Tulsa, Oklahoma 74153

Mountain States Natural Gas
Corp.
P. O. Box 12323
Las Vegas, NV 89112

R. G. Hardman
(a/k/a Ruth G. Hardman)
c/o William Kistler
955 5th Avenue
New York, NY 10021

NM&O Operating Company
Ramona Sweet Revocable Trust
6 East 5th Street, Suite 200
Tulsa, Oklahoma 74103

HOLLAND & HART LLP
AND
CAMPBELL & CARR
ATTORNEYS AT LAW

DENVER • ASPEN
BOULDER • COLORADO SPRINGS
DENVER TECH CENTER
BILLINGS • BOISE
CHEYENNE • JACKSON HOLE
SALT LAKE CITY • SANTA FE
WASHINGTON, D.C.

SUITE 1
110 NORTH GUADALUPE
SANTA FE, NEW MEXICO 87501-6525
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

TELEPHONE (505) 988-4421
FACSIMILE (505) 983-6043
www.hollandhart.com

September 12, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS

Re: Application of McElvain Oil & Gas, Inc. for a non-standard gas spacing and proration unit, Rio Arriba County, New Mexico

Ladies and Gentlemen:

This letter is to advise you that McElvain Oil & Gas Properties, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order approving a 505.20-acre non-standard gas spacing and proration unit in the Mesaverde formation, Blanco Mesaverde Gas Pool comprised of Lots 3 and 4, S/2 NW/4 and SW/4 of Section 5 and Lots 1 through 4 of Section 6, Township 25 North, Range 2 West, N.M.P.M., Rio Arriba County, New Mexico. McElvain proposes to dedicate the referenced pooled unit to a well to be drilled at a standard gas well location in the NW/4 of said Section 5

This application has been set for hearing before a Division Examiner on October 4, 2001. 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.

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,



Michael H. Feldewert
Attorney for McElvain Oil & Gas Properties, Inc.

Enclosures

cc: Mona Binion, Land Manager
McElvain Oil & Gas Properties, Inc.

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

44725.0016

Postage	\$.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94

Apache Capital - 1, LP
 2000 Post Oak Blvd, Suite 200
 Houston, TX 77056-44976

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:

Apache Capital - 1, LP
 2000 Post Oak Blvd, Suite 200
 Houston, TX 77056-44976

2. Article Number (Copy from service label)

7000 0600 0024 31280900

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

A. Received by (Please Print Clearly)	B. Date of Delivery
	9/17
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X <i>[Signature]</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Insured Mail	

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

44725.0016

Postage	\$ 0.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94

Recipient's Name: Apache Corporation
 Street, Apt. No.: 2000 Post Oak Blvd, S
 City, State, ZIP: Houston, TX 77056-4

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:

Apache Corporation
 2000 Post Oak Blvd, Suite 100
 Houston, TX 77056-4497

2. Article Number (Copy from service label)

7000 0600 0024 3128 0887

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
	9/17
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<i>[Signature]</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Insured Mail	

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

44725.0016

Postage	\$.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 3.94

Recipient's Name: Arriba Company Ltd.
 Street, Apt. No.: Post Office Box 35304
 City, State, ZIP: Tulsa, Oklahoma 74153

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:

Arriba Company Ltd.
 Post Office Box 35304
 Tulsa, Oklahoma 74153

2. Article Number (Copy from service label)

7000 0600 0024 31280917

PS Form 3811, July 1999

Domestic Return Receipt

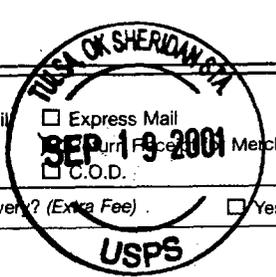
102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

A. Received by (Please Print Clearly)	B. Date of Delivery
C R Morris	
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X <i>[Signature]</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Insured Mail	

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

44725,0016

Postage	\$ 1.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.94

R. G. Hardman
 (a/k/a Ruth G. Hardman)
 c/o William Kistler
 955 5th Avenue
 New York, NY 10021

Recipient
 Street, Apt.
 City, State

PS Form 3811

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
 R. G. Hardman
 (a/k/a Ruth G. Hardman)
 c/o William Kistler
 955 5th Avenue
 New York, NY 10021

2. Article Number (Copy from service label)
 PS Form 3811

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 X *Bill Court* 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

102595-99-M-1789

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

44725,0016

Postage	\$ 0.34
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.94

Mesa Grande Ltd.
 6 East 5th Street, Suite 200
 Tulsa, Oklahoma 74103

SENDER: COMPLETE THIS SECTION

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- 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:
 Mesa Grande Ltd.
 6 East 5th Street, Suite 200
 Tulsa, Oklahoma 74103

2. Article Number (Copy from service label)

7000 0600 0024 3128 0884

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

A. Received by (Please Print Clearly) B. Date of Delivery
Nelen Thomas 18 SEP 2001
 C. Signature
 X *Nelen Thomas* 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)

44725,0016

Postage	\$.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.94

Mountain States Natural Gas Corp.
 P. O. Box 12323
 Las Vegas, NV 89112

SENDER: COMPLETE THIS SECTION

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- 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:
 Mountain States Natural Gas Corp.
 P. O. Box 12323
 Las Vegas, NV 89112

2. Article Number (Copy from service label)

7000 0600 0024 3128 0924

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

A. Received by (Please Print Clearly) B. Date of Delivery
M. David Blair 9-19-01
 C. Signature
 X *M. David Blair* 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)

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

- 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) | B. Date of Delivery
 Helen Thomas | 18 SEP 2001

C. Signature | Agent
 X Helen Thomas | Addressee

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

1. Article Addressed to:

NM&O Operating Company
 Ramona Sweet Revocable Trust
 6 East 5th Street, Suite 200
 Tulsa, Oklahoma 74103

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0024 3128 0948

44725.5016
 Postage \$
 Certified Fee 2.10
 Return Receipt Fee (Endorsement Required) 1.50
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 3.94
 OKLAHOMA
 TULSA
 SEP 12 2001
 PO BOX 1000

NM&O Operating Company
 Ramona Sweet Revocable Trust
 6 East 5th Street, Suite 200
 Tulsa, Oklahoma 74103

7000 0600 0024 3128 0948