



RICHARDSON PRODUCTION COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203 (303) 830-8000
FAX (303) 830-8009

March 15, 2002

Forrest Elkins and Patricia Elkins
1303 Lacy Lane
San Marcus, TX 78666

**Certified Mail 7000 1670 0011 3736 5245
Return Receipt Requested**

**RE: Fruitland Coal and Pictured Cliffs Well Proposal
F-RPC 21-3
W/2 Section 21, Township 29 North, Range 13 West
San Juan County, New Mexico**

Dear Mr. and Mrs. Elkins:

Richardson Production Company ("Richardson") proposes to drill a downhole commingled Fruitland Coal and Pictured Cliffs well on the captioned lands. A recent check of the county records indicates that you own a net acre unleased mineral interest within the spacing unit. The well will be located in the SW/4 of Section 21, Township 29 North, Range 13 West. The spacing unit for the Fruitland Coal formation will be the W/2 of Section 21 and the spacing unit for the Pictured Cliffs formation will be the SW/4 of Section 21.

Enclosed for your review is an Authority for Expenditure ("AFE") itemizing the estimated costs for the well. In the event you wish to participate in this drilling and completion attempt, please return an executed copy of the AFE to the undersigned by April 2, 2002. Upon receipt of you executed AFE, or by prior written request, we will forward an AAPL Form 610 Joint Operating Agreement for your review and execution, providing for, among other things, a 300%/100% non consent penalty and \$5000 drilling/\$500 producing overhead rates. Should you elect to participate Richardson wants you to be aware not only are you participating in the drilling and completing of the well, but also the operating costs of the well, including all plugging liabilities when the well is abandoned.

In the event you do not wish to participate, Richardson respectfully requests you elect one of the following options as to your interest:

March 15, 2002

1. Enter into an oil and gas lease that provides for a five year primary term with bonus consideration based on \$50.00 per net acre and a 12.5% royalty in the event of production. An Oil and Gas Lease is enclosed for your execution should you choose this option.
2. Sell all of your mineral interest for \$100.00 per net mineral acre.

Your response is respectfully requested by .

Should you have any questions, please contact me at either the letterhead address, by telephone at (303) 830-8000 or by e-mail at rvanblaricom@richardsonoil.com.

Very truly yours.



Rebecca E. Van Blaricom
Land Manager

On this _____ day of _____, 2002, we/I elect the following:

- _____ Participate in the proposed drilling and completion attempt, executed AFE is returned herewith.
 - _____ Enter into Oil and Gas Lease for \$50.00 per net mineral acre, with lease to provide for a five year primary term and a 12.5% royalty in the event of production.
 - _____ Sell mineral rights for \$100.00 per net mineral acre.
-
-

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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.

Article Addressed to:

Ronald Elkins
1539 East Elmwood Circle
Mesa, AZ 85203

COMPLETE THIS SECTION ON DELIVERY

| | |
|-----------------------------------------------|------------------------------------|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| RON ELKINS | 3/25 |
| C. Signature | <input type="checkbox"/> Agent |
| X [Signature] | <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? | <input type="checkbox"/> Yes |
| If YES, enter delivery address below: | <input type="checkbox"/> No |

| | |
|----------------------------------------------------|--------------------------------------------------------------------|
| 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. |
| 4. Restricted Delivery? (Extra Fee) | <input type="checkbox"/> Yes |

Article Number (Copy from service label)

7000 11670 0111 3736 5276

On this _____ day of _____, 2002, we/I elect the following:

_____ Participate in the proposed drilling and completion attempt, executed AFE is returned herewith.

_____ Enter into Oil and Gas Lease for \$50.00 per net mineral acre, with lease to provide for a five year primary term and a 12.5% royalty in the event of production.

_____ Sell mineral rights for \$100.00 per net mineral acre.

SENDER: COMPLETE THIS SECTION

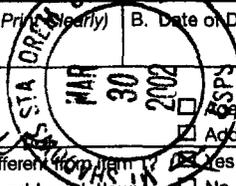
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Frederick Elkins and Laurie Elkins
1050 East 760 North
Orem, UT 84097

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature *[Signature]* Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



649 So. 850 East
Orem UT 84097

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

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

| | | |
|-----------------------------------------------|----|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (if Payment Required) | | |
| Restricted Delivery Fee (if Payment Required) | | |

Frederick Elkins and Laurie Elkins
1050 East 760 North
Orem, UT 84097

Article Number (Copy from service label)

7000 1620 0011 3736 5528

On this _____ day of _____, 2002, we/I elect the following:

_____ Participate in the proposed drilling and completion attempt, executed AFE is returned herewith.

_____ Enter into Oil and Gas Lease for \$50.00 per net mineral acre, with lease to provide for a five year primary term and a 12.5% royalty in the event of production.

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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.

Article Addressed to:

Richard Elkins and Cassandra Elkins
23115 Summers Drive
San Antonio, TX 78258

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *3/23/02*
C. Signature
 Casy Elkins 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

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

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|-------------------------------------------|----|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Amount Required) | | |
| Registered Delivery Fee (Amount Required) | | |

Richard Elkins and Cassandra Elkins
23115 Summers Drive
San Antonio, TX 78258

Article Number (Copy from service label)
7000 1670 0011 3736 5264

On this _____ day of _____, 2002, we/I elect the following:

_____ Participate in the proposed drilling and completion attempt, executed AFE is returned herewith.

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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.

Article Addressed to:

Forrest Elkins and Patricia Elkins
1303 Lacy Lane
San Marcus, TX 78666

RECEIVED MAR 2 5 30 PM '02

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Pat Elkins B. Date of Delivery 3-20-02
C. Signature Pat Elkins 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

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

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|----------------------------------------------------|----|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Postage Payment Required) | | |
| Restricted Delivery Fee (Postage Payment Required) | | |

al P
To
St
Forrest Elkins and Patricia Elkins
1303 Lacy Lane
San Marcus, TX 78666

Article Number (Copy from service label)
7000 1670 0011 3736 5245

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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.

Article Addressed to:

First National Bank Iowa City, Iowa, Trustee
204 West Washington
Iowa City, IA 52244

Article Number (Copy from service label)

7000 1670 0011 3736 5144

COMPLETE THIS SECTION ON DELIVERY

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

Don Williams MAR 25 2002

C. Signature

X *Don Williams* A A

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 No

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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|------------------------------------------------|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |

Postmark Here

Sent To
Street, Apt. No.
City, State, Zip

First National Bank Iowa City, Iowa, Trustee
204 West Washington
Iowa City, IA 52244

PHTS REELE T100 0291 0001

Your response is respectfully requested by .

Should you have any questions, please contact me at either the letterhead address, by telephone at (303) 830-8000 or by e-mail at rvanblaricom@richardsonoil.com.

Very truly yours,

Rebecca E. Van Blaricom

Rebecca E. Van Blaricom
Land Manager

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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 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) <i>KENDRICK KEITH</i> | B. Date of Delivery <i>3-20-02</i> |
| Article Addressed to: City of Farmington 800 Municipal Drive Farmington, NM 87401 | C. Signature <i>Kendrick Keith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

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

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|-----------------------------------------------|----|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (if Payment Required) | | |
| Restricted Delivery Fee (if Payment Required) | | |

City of Farmington
800 Municipal Drive
Farmington, NM 87401

Article Number (Copy from service label)
7000 1610 0011 3736 5160

On this _____ day of _____, 2002, we hereby agree to:

_____ Participate in the proposed drilling and completion attempt, executed AFE is returned herewith.

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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.

Article Addressed to:

Wells Fargo Bank, N.A.
4601 East Main, Suite #1
Farmington, NM 87402

COMPLETE THIS SECTION ON DELIVERY

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| <i>Gerardine Davis</i> | <i>3-20</i> |
| C. Signature | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee |
| <i>Gerardine Davis</i> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

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|-----------------------------------------|--|---------------|
| Postage \$ | | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (ment Required) | | |
| Registered Delivery Fee (ment Required) | | |

Wells Fargo Bank, N.A.
4601 East Main, Suite #1
Farmington, NM 87402

Article Number (Copy from service label)
7000 1670 0011 3531 5115

March 15, 2002

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Very truly yours,

Rebecca E Van Blaricom

Rebecca E. Van Blaricom
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Addressed to:

Mr. William R. Amos, Trustee
 610 West Animas
 Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *William R. Amos* B. Date of Delivery _____

C. Signature *William R. Amos* 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

Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only; No Insurance Coverage Provided)

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| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Assessment Required) | | |
| Restricted Delivery Fee (Assessment Required) | | |

At Post Office _____
 To _____
 City, State, Zip _____
 State _____

Mr. William R. Amos, Trustee
 610 West Animas
 Farmington, NM 87401

Form 3800, May 2000

March 15, 2002

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 Rebecca E. Van Blaricom
 Land Manager

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Article Addressed to:

Dr. William A. Hall
 416 North Behrend
 Farmington, NM 87401

Article Number (Copy from service label)
 7000 1670 0011 3736 5153

Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *William E. Swerlock* B. Date *03*

C. Signature *[Signature]*

D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)

7000 1670 0011 3736 5153

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

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|------------------------------------------------|----|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Tot | | |

Sent _____
 Street _____
 City _____

Dr. William A. Hall
 416 North Behrend
 Farmington, NM 87401

102598

RICHARDSON PRODUCTION COMPANY

1700 Lincoln, Suite 1700
 Denver, Colorado 80203 (303) 830-8000

... proposed drilling and completion attempt, executed AFE is returned herewith.

Enter into Oil and Gas Lease for \$50.00 per net mineral acre, with lease to provide for a five year primary term and a 12.5% royalty in the event of production.

Sell mineral rights for \$100.00 per net mineral acre.

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <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. | A. Received by (Please Print Clearly) | B. Date of Delivery | Postage \$ | Postmark Here |
| | C. Signature <i>[Signature]</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | Certified Fee | |
| 1. Article Addressed to: | D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | Return Receipt Fee (Payment Required) | State of New Mexico Highway Department P O Box 1149 Santa Fe, NM 87503 |
| State of New Mexico Highway Department P O Box 1149 Santa Fe, NM 87503 | 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. | | Registered Delivery Fee (Payment Required) | |
| 2. Article Number (Copy from service label) <u>7000 11620 0011 3736 5139</u> | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | Postage | |

MAR 20 2002
 USPS - 87503

Fax

To: Mike Sullivan **From:** Rebecca Van Blaricom

Fax: 505-599-1299 **Pages:** 10

Phone: **Date:** 3/19/02

Re: W/2 Section 21-T29N-R13W [Click here and type name]

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Mike,

Kitty Wood, Permits West, requested I facsimile the package I sent via Certified Mail on Monday, March 18, 2002 regarding the drilling by Richardson Production Company of the F-RPC 21-2 located in the NW/4 Section 21-T29N-R13W as a Pictured Cliffs formation completion and the F-RPC 21-3 located in the SW/4 Section 21-T29N-R13W as a commingled Pictured Cliffs – Fruitland Coal formation completion.

If you have any questions I can be contacted at (303) 830-8000 or by e-mail at rvanblaricom@richardsonoil.com.

RICHARDSON PRODUCTION COMPANY

Rebecca E. Van Blaricom

Land Manager

| | | |
|------------------------------------------|---------------------|-----------------|
| Post-It™ brand fax transmittal memo 7671 | | # of pages > 10 |
| To <i>Kitty</i> | From <i>Rebecca</i> | |
| Co. | Co. | |
| Dept. | Phone # | |
| Fax # <i>505/466-9682</i> | Fax # | |