

EXHIBIT A

Davoil, Inc.
Post Office Box 122269
Fort Worth, Texas 76121
Attn: Mr. Ken Smith

Great Western Drilling Company
Post Office Box 1659
Midland, Texas 79701
Attn: Mr. Mike Heathington

HOLLAND & HART^{LLP}
ATTORNEYS AT LAW

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

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

TELEPHONE (505) 988-4421
FACSIMILE (505) 983-6043

Michael H. Feldewert

mfeldewert@hollandhart.com

September 19, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

**Re: *Application of David H. Arrington Oil & Gas, Inc. for Compulsory Pooling,
Lea County, New Mexico – Triple Teaser Federal Com Well No. 1.***

Ladies and Gentlemen:

This letter is to advise you that David H. Arrington Oil & Gas, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner on October 10, 2002. 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 Pre-Hearing Statement three days in advance of a scheduled hearing. This statement must include: the name of the party and its attorney; 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 DAVID H. ARRINGTON
OIL & GAS, INC.

MHF/js
Enclosure

7000 0600 0024 3128 0467

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.65

SEP 19 2
USPS - 87

Recip: Davoil, Inc.
 Street: Post Office Box 122269
 Fort Worth, Texas 76121
 City, St: Attn: Mr. Ken Smith
 PS Form

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:
 Davoil, Inc.
 Post Office Box 122269
 Fort Worth, Texas 76121
 Attn: Mr. Ken Smith

2. Article Number (Copy from service label)
 7000 0600 0024 3128 0467

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **MAURICE MILLER** B. Date of Delivery **9-23-02**
 C. Signature **Maurice Miller** Agent Address
 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

7000 0600 0024 3128 0474

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.65

SEP 19 9
USPS - 87

Rec: Great Western Drilling Company
 Street: Post Office Box 1659
 Midland, Texas 79701
 City: Attn: Mr. Mike Heathington
 PS Form

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:
 Great Western Drilling Company
 Post Office Box 1659
 Midland, Texas 79701
 Attn: Mr. Mike Heathington

2. Article Number (Copy from service label)
 7000 0600 0024 3128 0474

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Bob Bell** B. Date of Delivery **9-24-02**
 C. Signature **Bob Bell** Agent Address
 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