

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE  
APPLICATION OF MERIDIAN OIL, INC.  
FOR COMPULSORY POOLING,  
SAN JUAN COUNTY, NEW MEXICO

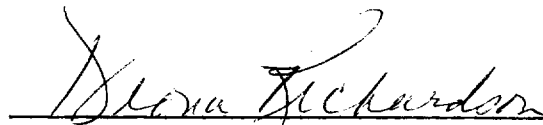
CASE: 9595

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on January 4, 1989, I caused to be mailed by certified mail, return receipt, a notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for February 1, 1989 to the parties shown in the Application as evidenced by the attached copy of the return receipt cards.

  
W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this February 1, 1989  
by W. Thomas Kellahin, attorney for applicant.

  
Notary Public

My Commission Expires:

Oct 28, 1989

*Tom - Mendenhall Caperton Com #310*

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

1. Article Addressed to: Texaco Producing, Inc.  
Post Office Box 3109  
Midland, TX 79702

4. Article Number: P-484 059 658  
Type of Service:  Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)  
3. Signature - Agent: *[Signature]*  
7. Date of Delivery: *Jan 8 1988*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Donald Turrietta  
P.O. Box 665  
Albuquerque, NM 871103

4. Article Number: P-484 059 659  
Type of Service:  Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)  
5. Signature - Address: *[Signature]*  
6. Signature - Agent: *[Signature]*  
7. Date of Delivery: *[Blank]*



PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

*Caperton Com #310, Delta Com #300, P.O. Box #250, ENPG Com #330, DM - Mendenhall Florence Com #260*

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Tenneco Oil Company  
P.O. Box 3249  
Englewood, Colorado 80155

4. Article Number: P-484 059 651  
Type of Service:  Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)  
5. Signature - Address: *[Signature]*  
6. Signature - Agent: *[Signature]*  
7. Date of Delivery: *1-6-89*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Conoco, Inc.  
Post Office Box 460  
Hobbs, NM 88240

4. Article Number: P-484 059 652  
Type of Service:  Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)  
5. Signature - Address: *[Signature]*  
6. Signature - Agent: *[Signature]*  
7. Date of Delivery: *1-10-89*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT