

1 STATE OF NEW MEXICO  
2 ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
3 OIL CONSERVATION DIVISION  
4 STATE LAND OFFICE BUILDING  
5 SANTA FE, NEW MEXICO

6 15 March 1989

7 EXAMINER HEARING

8 IN THE MATTER OF:

9 Application of Amoco Production Company CASE  
10 for six non-standard gas proration units, 9621  
11 San Juan County, New Mexico.

12 BEFORE: Michael E. Stogner, Examiner  
13

14  
15 TRANSCRIPT OF HEARING  
16

17 A P P E A R A N C E S  
18

19 For the Division:

20 Robert G. Stovall  
21 Attorney at Law  
22 Legal Counsel to the Division  
23 State Land Office Bldg.  
24 Santa Fe, New Mexico

25 For Amoco Production  
Company:

William F. Carr  
Attorney at Law  
CAMPBELL and BLACK, P. A.  
P. O. Box 2208  
Santa Fe, New Mexico 87501

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I N D E X

C, ALAN WOOD

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E X H I B I T S

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1 MR. STOGNER: Call next Case  
2 Number 9621.

3 MR. STOVALL: Application of  
4 Amoco Production Company for six nonstandard gas prora-  
5 tion units, San Juan County, New Mexico.

6 MR. STOGNER: Call for appear-  
7 ances.

8 MR. CARR: May it please the  
9 Examiner, my name is William F. Carr, with the law firm  
10 Campbell & Black, P. A. of Santa Fe. We represent Amoco  
11 Production Company and I have one witness.

12 MR. STOGNER: Are there any  
13 other appearances?

14 Mr. Carr?

15  
16 (Witness sworn.)

17  
18 C. ALAN WOOD,  
19 being called as a witness and being duly sworn upon his  
20 oath, testified as follows, to-wit:

21  
22 DIRECT EXAMINATION

23 BY MR. CARR:

24 Q Will you state your full name for the  
25 record, please?

1           A           C. Alan Wood.

2           Q           Mr. Wood, where do you reside?

3           A           Denver, Colorado.

4           Q           By whom are you employed and in what  
5 capacity?

6           A           I'm employed by Amoco Production Com-  
7 pany as the Denver Region Proration Unitization Manager.

8           Q           Have you previously testified before  
9 this Division and had your credentials accepted and made a  
10 matter of record?

11          A           Yes, I have.

12          Q           How were you qualified at that time, as  
13 an engineer?

14          A           As a petroleum engineer.

15          Q           Are you familiar with the application  
16 filed in this case on behalf of Amoco Production Company?

17          A           Yes, I am.

18          Q           And are you familiar with the nonstand-  
19 ard proration units which are the subject of this applica-  
20 tion?

21          A           Yes, I am.

22                           MR. CARR: Are the witness'  
23 qualifications acceptable?

24                           MR. STOGNER: They are.

25          Q           Mr. Wood, would you briefly state what

1 Amoco is seeking in this case?

2 A Amoco is requesting that the Division  
3 approve six nonstandard gas proration units in San Juan  
4 County, New Mexico, as exceptions to Division Order R-8768,  
5 which established the Basin Fruitland Gas Pool.

6 Q Mr. Wood, did Amoco originally seek ad-  
7 ministrative approval of these nonstandard units?

8 A By letter dated December 30th, 1988, we  
9 contacted the Aztec Office of the Division and indicated we  
10 were going to file an application with the Division seeking  
11 approval of the nonstandard units.

12 Q And was an application filed in this  
13 matter dated February 17, 1989?

14 A Yes, it was.

15 Q And what the reason, to your understand-  
16 ing, that this matter was required to come before the Div-  
17 ision for hearing?

18 A The Basin Fruitland Coal Gas Pool order  
19 created 320-acre spacing or, excuse me, proration units.  
20 It granted an acreage tolerance of 75 to 125 percent of  
21 that 320-acre figure.

22 Within that particular order exceptions  
23 were provided for variations in legal subdivisions of the  
24 public survey when a number of criteria was met. In parti-  
25 cular that the unit consist of contiguous 40-acre tracts

1 and that the unit was completely within the governmental  
2 section.

3 Our request was precipitated  
4 because of the nonstandard proration units as we are re-  
5 commending them actually crossed section lines and there-  
6 for would be an exception to the terms of the Basin Fruit-  
7 land Coal Gas Pool order.

8 Q Have you prepared certain exhibits for  
9 introduction in this case?

10 A Yes, I have.

11 Q Would you refer to what has been marked  
12 as Amoco Exhibit Number One, identify that, and review it  
13 for Mr. Stogner?

14 A Exhibit Number One is a plat showing the  
15 six recommended nonstandard gas proration units, as well as  
16 the other governmental sections in the immediate area. On  
17 the plat itself we have indicated with a dashed line the  
18 area that we are recommending be looked at for the creation  
19 of six nonstandard units and within that by the slashed  
20 line and also by virtue of the letter designation, are the  
21 six nonstandard proration units that we are recommending.

22 In conjunction with that we've also in-  
23 dicated on this particular exhibit the ownership of the  
24 acreage within the six nonstandard proration units as well  
25 as the offsetting governmental sections.

1           Q           How many wells currently exist on these  
2 nonstandard units?

3           A           There's only one coal well existing at  
4 this point in time within the six recommended nonstandard  
5 proration units and that would be found in Tract C and  
6 I've indicated the location of that well with a gas well  
7 symbol.

8           Q           Is that well at a standard location?

9           A           Yes, it is. That well is the Salmon Gas  
10 Com J No. 1. It was completed on January 22 of 1988. It's  
11 currently producing approximately 150 MCFD. The footage  
12 distance from the south line of Unit C is approximately  
13 1185 feet, which is in excess of 790-foot setback required  
14 under the terms of the spacing order.

15          Q           Now, Mr. Wood, are there nonstandard  
16 units -- are these nonstandard units approved for other  
17 formations in the -- in this area?

18          A           Yes, they are. There's been a number of  
19 Division orders that have been entered that have created  
20 very similar, if not exactly the same, nonstandard prora-  
21 tion units for both the Dakota formation and also the Mesa-  
22 verde.

23                       More specifically, Commission Order  
24 R-564 issued December 20th, 1954, created nonstandard pro-  
25 ration units for the Mesaverde formation which would equate

1 to what we are recommending on Exhibit One as Tracts A and  
2 B.

3 Also, in March -- on March 12th, 1956,  
4 under Division Order R-771, a similar nonstandard prora-  
5 tion unit was created for what we refer to as Tract C in  
6 our Exhibit Number One.

7 Tract D was created for the Mesaverde  
8 under Division Order R-1096, entered December 18th, 1957;  
9 Tract E was created for the Mesaverde under Division Or-  
10 der R-1097, entered December 18th, 1957; and Tract F was  
11 also created for the Mesaverde under Division Order 1098,  
12 also entered December 18th, 1957.

13 In conjunction, under Order R-2046, en-  
14 tered August 14th, 1961, similar nonstandard proration  
15 units were created for the Dakota formation.

16 Q Would you now refer to Amoco Exhibit  
17 Number Two, identify that and review that, please?

18 A Exhibit Number Two is a tabulation of  
19 the tracts by letter designation that we are recommending  
20 for the nonstandard proration units. We've indicated the  
21 actual acreage content within each one of those, the sec-  
22 tion in which the acreage would be found, and then a de-  
23 scription of the acreage that would comprise the nonstand-  
24 ard gas proration unit.

25 Q All right, would you now identify Amoco

1 Exhibit Number Three?

2 A Okay. Amoco's Exhibit Number Three is a  
3 copy of the government land office survey dated July 2nd,  
4 1952. This is for the township that contains the six non-  
5 standard gas proration units. They are found in Sections  
6 6, 7, 18, 19 and 30, which are the far western tier of  
7 sections indicated on this plat.

8 This plat would also indicate the acre-  
9 age content of each one of those sections and it does show  
10 the fact that these are nonstandard governmental sections.

11 Q Attached to the February 17, 1989, ap-  
12 plication was a list of all offsetting owners to whom  
13 notice is required to be given under Rule 1207, is that  
14 correct?

15 A Yes, it is.

16 Q Is Exhibit Number Four a copy of the  
17 either return letters or return receipts from each of the  
18 interest owners set forth on that list that was attached to  
19 the original application?

20 A We have furnished this Exhibit Number  
21 Four, copies or in fact the originals of the return re-  
22 ceipts for all of the ones that we have received. There  
23 were also two individuals that we did not or we have, I  
24 guess, the entire mailing returned. We were unable to lo-  
25 cate a different address for those individuals.

1                   There is one individual indicated on the  
2 attachment to the original application that we have not yet  
3 received a return receipt from.

4                   Q           And who is that?

5                   A           That was the Mary Frances Turner, Jr.  
6 Trust.

7                   Q           In your opinion has Amoco made a good  
8 faith effort to locate all of the affected interest owners  
9 and provide the notice that is required by the Division  
10 rules?

11                  A           Yes, it has.

12                  Q           In your opinion will granting this ap-  
13 plication be in the best interest of conservation, the  
14 prevention of waste and the protection of correlative  
15 rights?

16                  A           Yes, it will.

17                  Q           Were Exhibits One through Four either  
18 prepared by you or compiled under your direction and super-  
19 vision?

20                  A           Yes, they were.

21                  Q           Do you have anything further to present  
22 in this case?

23                  A           No, I don't.

24                               MR. CARR:   Mr. Stogner, we  
25 move the admission of Amoco Exhibits One through Four.

1 MR. STOGNER: Exhibits One  
2 through Four will be admitted into evidence at this time.

3 MR. CARR: That concludes my  
4 direct examination of Mr. Wood.

5  
6 CROSS EXAMINATION

7 BY MR. STOGNER:

8 Q Mr. Wood, do you have the footage loca-  
9 tion again for that Salmon Well No. 1?

10 A With regard from the southern line of  
11 Unit C, Mr. Stogner, I've calculated that to be 1,185 foot  
12 -- feet.

13 Q Do you have that location as respect to  
14 the north and east lines of Section would that be 18?

15 A Yes, just a minute. The footage loca-  
16 tion for the Salmon Gas Com J No. 1 was 790 feet from the  
17 north line of Section 18 and 1,070 feet from the east line  
18 of Section 18.

19 Q Mr. Wood, about four of these proration  
20 units are split up, I don't know how we can say this, but  
21 the -- a half of a half of a section. Now that's somewhat  
22 abnormal. Do you know the reasoning back in the fifties  
23 why this was done? Was there any lease line boundaries or  
24 any such thing as that?

25 A Mr. Stogner, we really don't know.

1 Because of the date of the hearings we could speculate as  
2 to why the Division saw fit to grant that request and why  
3 the applicant made that. Certainly, in my opinion, when  
4 you can get as close to 320 acres as you can, there is a  
5 benefit in doing that and it eliminates the drilling of  
6 unnecessary wells and it provides for the protection of  
7 correlative rights. I would speculate that at the point in  
8 time that the original application back in the mid-fifties,  
9 early sixties was made, another consideration was the ac-  
10 reage component within the proration formula.

11 Q Now all these tracts have been -- have  
12 -- have had production since the early sixties and late  
13 fifties from other formations, either the Mesaverde or the  
14 Blanco.

15 A That's my understanding, yes.

16 Q Or, I'm sorry, Blanco Mesaverde or Basin  
17 --

18 A The Dakota.

19 Q -- Dakota. And this would essentially  
20 just overlap those existing proration units --

21 A That is correct.

22 Q -- in the Fruitland Coal. Are there im-  
23 mediate plans to place wells in the undrilled tracts or the  
24 unproducing tracts in the Fruitland Coal at this time,  
25 those being A, B, D, E and F?

1           A           We've certainly got the one well that is  
2 located on Tract C. I believe we'd like to see some ex-  
3 tended performance on that before we commit some additional  
4 funds for developing acreage, although this area is cur-  
5 rently active

6           Q           In your Exhibit Number One I see two  
7 rivers coming together. What, what are those rivers?  
8 I also see a potential of a lot of unorthodox locations, if  
9 I can get myself geographically oriented here.

10          A           It appears that the river that is run-  
11 ning north/south through Tracts E, D, C, B and portions of  
12 A would be the San Juan River.

13                    The channel indicating an east/west  
14 direction -- I'm looking for the Examiner's information at  
15 a government land office survey dated 1881 -- appears to be  
16 the Canyon Largo Rio?

17          Q           Okay.

18                    MR. STOGNER: I have no other  
19 questions of this witness at this time.

20                    Are there any other questions?

21                    MR. CARR: Nothing further.

22                    MR. STOGNER: He may be ex-  
23 cused.

24                    Mr. Carr?

25                    MR. CARR: Nothing further in

1 this case, Mr. Stogner.

2 MR. STOGNER: Does anybody  
3 else have anything further in Case Number 9621?

4 The case will be taken under  
5 advisement.

6  
7 (Hearing concluded.)

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C E R T I F I C A T E

I, SALLY W. BOYD, C. S. R. DO HEREBY  
CERTIFY that the foregoing Transcript of Hearing before the  
Oil Conservation Division (Commission) was reported by me;  
that the said transcript is a full, true and correct record  
of the hearing, prepared by me to the best of my ability.

Sally W. Boyd CSR

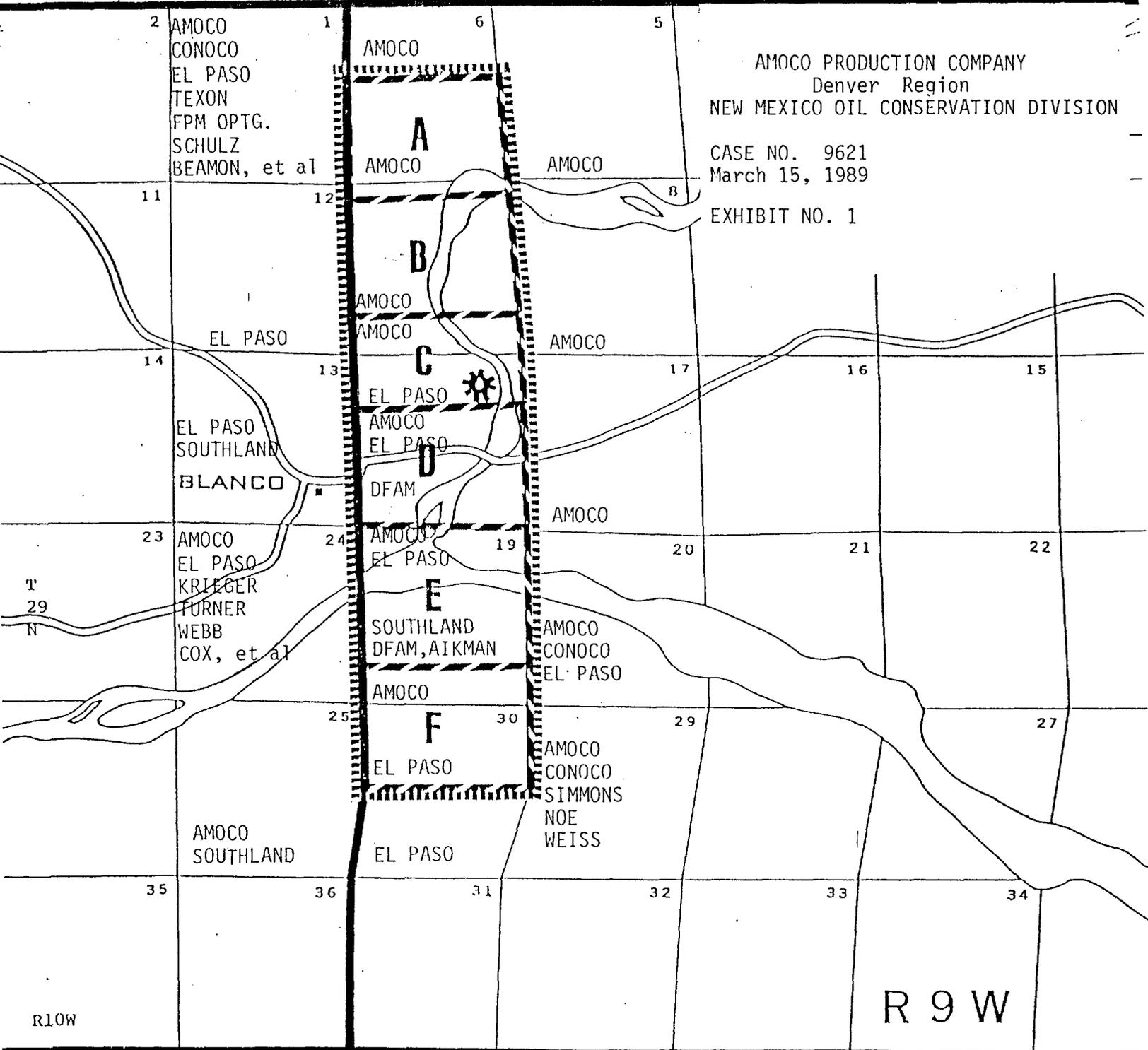
I do hereby certify that the foregoing is  
a complete record of the proceedings in  
the Examiner hearing of Case No. 9621,  
heard by me on 15 March 1989.

Michael P. Stoyars, Examiner  
Oil Conservation Division

AMOCO PRODUCTION COMPANY  
Denver Region  
NEW MEXICO OIL CONSERVATION DIVISION

CASE NO. 9621  
March 15, 1989

EXHIBIT NO. 1



BASIN FRUITLAND COAL GAS POOL  
Non-standard Proration Units  
T29N, R9W, NMPM  
San Juan County, New Mexico



Area of Proposed Non-standard Units



Sammons Gas Com J #1 Well  
(Existing Fruitland Coal Well)

*Incomplete Set*

BASIN FRUITLAND COAL GAS POOL  
 Non-Standard Proration Units  
 San Juan County, New Mexico

TOWNSHIP 29 NORTH, RANGE 9 WEST

<u>Tract</u>	<u>Acreage</u>	<u>Section</u>	
A	334.14	6	S/2
		7	N/2 N/2 N/2
B	336.66	7	S/2 N/2 N/2, S/2 N/2, N/2 S/2
C	331.68	7	S/2 S/2
		18	N/2 N/2, N/2 S/2 N/2
D	330.98	18	S/2 S/2 N/2, S/2
E	409.24	19	N/2, N/2 S/2
F	407.56	19	S/2 S/2
		30	N/2

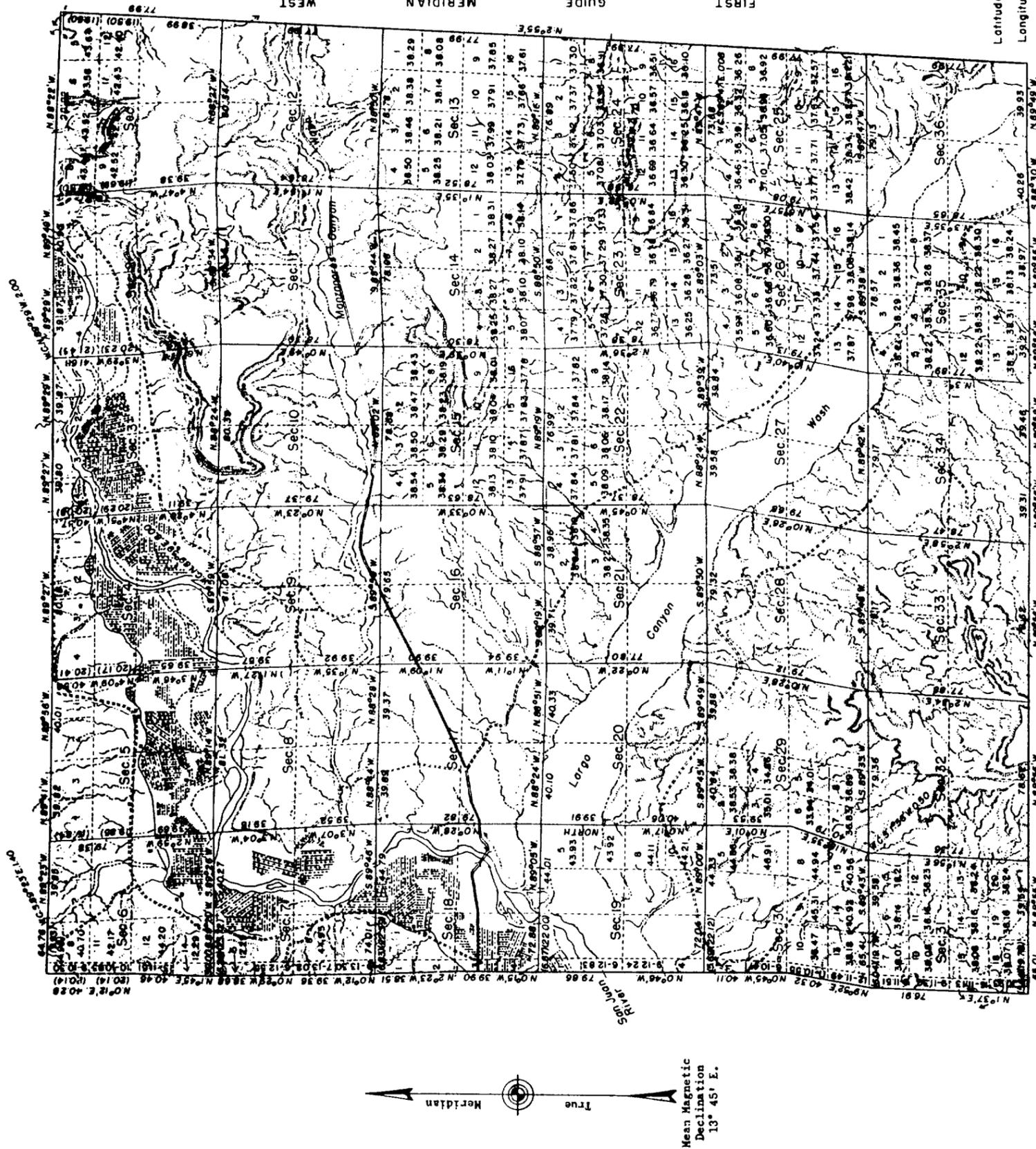
AMOCO PRODUCTION COMPANY  
 Denver Region  
 NEW MEXICO OIL CONSERVATION DIVISION

CASE NO. 9621  
 March 15, 1989

EXHIBIT NO. 2

# TOWNSHIP No.29 NORTH, RANGE No.9 WEST OF THE NEW MEXICO PRINCIPAL MERIDIAN, NEW MEXICO

## Dependent Resurvey



This plat represents the re-tracement and reestablishment of the township boundary, and sub-divisional lines in their original locations according to the best available evidence. Reference will be made to the original plat approved April 19, 1881 for lottings and areas not shown hereon.

BEFORE RECORDED AT THE OFFICE OF THE REGISTER OF DEEDS  
 COUNTY OF DOLOMITO, N.M.  
 FILE NO. 942-1  
 DATE 7/2/52

UNITED STATES DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT  
 Washington, D. C., July 2, 1952

South boundary resurveyed by Lee S. Miller

This plat is strictly conformable to the approved field notes, and the

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

El Paso Production Company  
 c/o Meridian Oil Prod., Inc.  
 P. O. Box 4289  
 Farmington, NM 87499-4289

1.  Registered Delivery  
 2.  Restricted Delivery (Extra charge)

4. Article Number  
*P-495869714*

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  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
*2.23.89*

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Noe Enterprises, Inc.  
 c/o KNOE TV Station  
 Monroe, LA 71201

1.  Registered Delivery  
 2.  Restricted Delivery (Extra charge)

4. Article Number  
*P-492869718*

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  
 X

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
*FEB 24 1989*

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Lucille O. Quigley Trust  
 P. O. Box 1107  
 Salem, OR 97308

1.  Registered Delivery  
 2.  Restricted Delivery (Extra charge)

4. Article Number  
*P-492869723*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

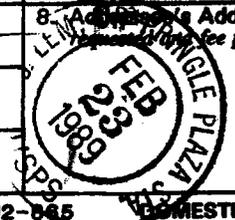
Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Address  
 X *[Signature]*

6. Signature - Agent  
 X

7. Date of Delivery  
*2/23/89*



**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

FMP Operating Company ATX Ltd.  
P. O. Box 60004  
New Orleans, LA 70160

4. Article Number  
*P-492869725*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address  
**X**

6. Signature - Agent  
**X** *R. Counter-222*

7. Date of Delivery  
**FEB 23 1989**

8. Addressee's Address (ONLY if requested and fee paid)

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Robert E. Beamon, III  
Suite 473, Three Riverway  
Houston, TX 77056

4. Article Number  
*P-492869728*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address  
**X** *R. Beamon*

6. Signature - Agent  
**X**

7. Date of Delivery  
*2/23/89*

8. Addressee's Address (ONLY if requested and fee paid)

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Cecil L. Johnson  
R.R. 2  
Surgionsville, TN 37873

4. Article Number  
*P-492869731*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address  
**X** *Cecil L. Johnson*

6. Signature - Agent  
**X**

7. Date of Delivery  
*2-24-89*

8. Addressee's Address (ONLY if requested and fee paid)

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Claud E. Aikman  
 1190 One First City Center  
 500 W. Texas Ave.  
 Midland, TX 79701

1.  Registered Delivery (Extra charge)  
 2.  Restricted Delivery (Extra charge)

4. Article Number  
*P-492869716*

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)

b. Signature - Address  
 X *W. H. Aikman*

6. Signature - Agent  
 X

7. Date of Delivery  
*2-24*

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Candace L. Kelton Cox  
 324 Sudbury Road  
 Concord, MA 01742

1.  Registered Delivery (Extra charge)  
 2.  Restricted Delivery (Extra charge)

4. Article Number  
*P-492869719*

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  
 X *Bill Mendryk*

6. Signature - Agent  
 X

7. Date of Delivery  
*2-24-89*

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Anthony F. Zarlengo  
 303 E. 17th Ave, Suite 700  
 Denver, CO 80203

1.  Registered Delivery (Extra charge)  
 2.  Restricted Delivery (Extra charge)

4. Article Number  
*P-492869722*

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  
 X *Anthony F. Zarlengo*

6. Signature - Agent  
 X *Anthony F. Zarlengo*

7. Date of Delivery  
*2-22-89*

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

John L. Turner  
8585 North Stemmons  
Suite 925N  
Dallas, TX 75247

4. Article Number  
*P-492869741*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature -- Address  
X

6. Signature -- Agent  
X *Stacy Milke*

7. Date of Delivery  
*2-27-89 75*

8. Addressee's Address (ONLY if requested and fee paid)

address. 2.  Restricted Delivery (Extra charge)

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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Conoco Inc.  
P. O. Box 460  
Hobbs, NM 88240

4. Article Number  
*P-492869715*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature -- Address  
X *Julene Ray*

6. Signature -- Agent  
X

7. Date of Delivery  
*2-23-89*

8. Addressee's Address (ONLY if requested and fee paid)

address. 2.  Restricted Delivery (Extra charge)

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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Seymour Weiss  
c/o KNOE TV Station  
Monroe, LA 71201

4. Article Number  
*P-492869718*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature -- Address  
X

6. Signature -- Agent  
X *Frank Wade*

7. Date of Delivery  
*2-27-89*

8. Addressee's Address (ONLY if requested and fee paid)

address. 2.  Restricted Delivery (Extra charge)

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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Southland Royalty Company  
 c/o Meridian Oil Prod., Inc.  
 P. O. Box 4289  
 Farmington, NM 87499-4289 ✓

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

2.23.89

4. Article Number

P-492869721

Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

8. Addressee's Address (ONLY if requested and fee paid)

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Texon Energy Corporation  
 333 North Belt, Suite 390  
 Houston, TX 77060 ✓

5. Signature - Address

X

6. Signature - Agent

✓ *Chuck L. Hendry*

7. Date of Delivery

2/24/89

4. Article Number

P-492869724

Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

8. Addressee's Address (ONLY if requested and fee paid)

FEB 24 1989

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Pattie Ann Beamon Lundell  
 1616 South Voss Rd. #870  
 Houston, TX 77057 ✓

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

2-24-89

4. Article Number

P-492869726

Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

8. Addressee's Address (ONLY if requested and fee paid)

**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 box(es) for additional service(s) requested.

**CERTIFIED MAIL-RETURN RECEIPT**

Cecil L. Johnson  
P. O. Box 587  
Clarksville, AK 72830

1.  Registered  Insured  
 2.  Restricted Delivery (Extra charge)  
 3. Article Addressed to:  
 4. Article Number: P-492869729  
 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: X [Signature]  
 6. Signature - Agent: X [Signature]  
 7. Date of Delivery: 2/24/89

**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 box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)  
 3. Article Addressed to:  
 DFAM CORPORATION  
 c/o BART DARROW  
 REALTY  
 P.O. BOX 4145  
 ALBUQUERQUE, N.M. 87186  
 4. Article Number: P-492869776  
 Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  
 Always obtain signature of addressee or agent and **DATE DELIVERED.**  
 8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Addressee: X [Signature]  
 6. Signature - Agent: X [Signature]  
 7. Date of Delivery: 2/7/89

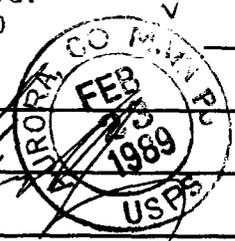
**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered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

**CERTIFIED MAIL-RETURN RECEIPT**

L.G. Krieger Testamentary Trs  
Margery M. Krieger & Peoples  
Bank Trust Co., Trustees  
9635 Montview Blvd.  
Aurora, CO 80010

1.  Registered  Insured  
 2.  Restricted Delivery (Extra charge)  
 3. Article Addressed to:  
 4. Article Number: P-492869734  
 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: X [Signature]  
 6. Signature - Agent: X [Signature]  
 7. Date of Delivery: [Signature]



**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 box(es) for additional service(s) requested.

1.  Registered Delivery  
address. 2.  Restricted Delivery  
(Extra charge)

**CERTIFIED MAIL-RETURN RECEIPT**

Georgia Kelton Fergen  
R.R. 4, Box 826  
Lubbock, TX 79424

4. Article Number  
*P-492869735*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X

7. Date of Delivery  
*2-22-89*

8. Addressee's Address (ONLY if requested and fee paid)

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 box(es) for additional service(s) requested.

1.  Registered Delivery  
address. 2.  Restricted Delivery  
(Extra charge)

**CERTIFIED MAIL-RETURN RECEIPT**

J. Glenn Turner, Jr.  
500 LTV Center  
2001 Ross Ave.  
Dallas, TX 75201

4. Article Number  
*P-492869736*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X

7. Date of Delivery  
*2-24-89*

8. Addressee's Address (ONLY if requested and fee paid)

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 box(es) for additional service(s) requested.

1.  Registered Delivery  
address. 2.  Restricted Delivery  
(Extra charge)

**CERTIFIED MAIL-RETURN RECEIPT**

Fred E. Turner  
4925 Greenville Ave.  
One Energy Square, Suite 852  
Dallas, TX 75206

4. Article Number  
*P-492869737*

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *Davis m Coy*

7. Date of Delivery  
*2-23-89*

8. Addressee's Address (ONLY if requested and fee paid)

TX UNDELIVERED FEB 23 1989

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 box(es) for additional service(s) requested.

1.  Registered Delivery (Extra charge) address. 2.  Restricted Delivery (Extra charge)

CERTIFIED MAIL-RETURN RECEIPT

H. J. Bleakley  
4251 Gulf Shore Blvd. N.  
Apt. 4C  
Naples, FL 33940

4. Article Number  
P-492869730

Type of Service:

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

*R. Callaway*

7. Date of Delivery

2-24-89

8. Addressee's Address (ONLY if requested and fee paid)

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 box(es) for additional service(s) requested.

1.  Registered Delivery (Extra charge) address. 2.  Restricted Delivery (Extra charge)

CERTIFIED MAIL-RETURN RECEIPT

William G. Webb  
2200 Ross Avenue, Suite 2200  
Dallas, TX 75201-6776

4. Article Number  
P-492869733

Type of Service:

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

*[Signature]*

7. Date of Delivery

FEB 24 1989

8. Addressee's Address (ONLY if requested and fee paid)

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 box(es) for additional service(s) requested.

1.  Registered Delivery (Extra charge) address. 2.  Restricted Delivery (Extra charge)

CERTIFIED MAIL-RETURN RECEIPT

Frank A. Schultz  
Lincoln Plaza  
Suite 2160 LB-1  
500 N. Akard St.  
Dallas, TX 75201

4. Article Number  
P-492869738

Type of Service:

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

*[Signature]*

7. Date of Delivery

2-24-89

8. Addressee's Address (ONLY if requested and fee paid)

● **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 box(es) for additional service(s) requested.

address. 2.  Restricted Delivery  
(Extra charge)

CERTIFIED MAIL-RETURN RECEIPT

Betty Turner Calloway  
4801 St. Johns Drive  
Dallas, TX 75205

4. Article Number

9-992869740

Type of Service:

- |   |  |
|---|--|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                           |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                               |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt<br>for Merchandise |

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature - Address

X *Betty Calloway*

6. Signature - Agent

X

7. Date of Delivery

2-23 85

