

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

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

CASE: 9750

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054), I hereby certify that on September 13, 1989, I caused to be mailed by certified mail, return receipt, a notice of this hearing and a copy of the first ammended application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for October 4, 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 met This October 2, 1989 by  
W. Thomas Kellahin, attorney for applicant.

My Commission Expires:

July 25, 1993

Dublin R. Montoya  
Notary Public

BEFORE EXAMINER STOONER
Oil Conservation Division
Meridian Exhibit No. <u>9</u>
Case No. <u>9750 Amended</u>
<u>OCT 4TH</u>

KELLAHIN, KELLAHIN and AUBREY

Attorneys at Law

El Patio - 117 North Guadalupe  
Post Office Box 2265

Santa Fé, New Mexico 87504-2265

Telephone 982-4285

Area Code 505

Fax: 505/982-2047

W. Thomas Kellahin  
Karen Aubrey

Jason Kellahin  
Of Counsel

September 12, 1989

HAND-DELIVERED

Mr. William LeMay  
Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87504

RECEIVED

SEP 12 1989

OIL CONSERVATION DIVISION

Re: First Amended Application of Meridian Oil, Inc.  
for Compulsory Pooling,  
Well Name: Allison Unit Well No. 135  
San Juan County, New Mexico

Dear Mr. LeMay:

On behalf of Meridian Oil, Inc. please find enclosed our First Amended Application for Compulsory Pooling which we would request be set for hearing on the next available Examiner's docket now scheduled for October 4, 1989. This amends our application heard at the Examiner's hearing held on September 6, 1989.

By copy of this letter to all parties to be pooled, we are notifying them by certified mail, return-receipt requested, that they have the right to appear at the hearing, to make a statement to the Division, to present evidence and cross-examine witnesses either in support of or in opposition to the application. In addition, they are advised that the entry of a Compulsory Pooling Order will affect their rights to share in the production from the subject well.

Very truly yours,



W. Thomas Kellahin

WTK/lw  
Encl.

cc: ✓ Mr. Alan Alexander - Federal Express  
✓ Mr. Owen Lopez, Esq. - Federal Express  
P.O. Drawer 2068  
Santa Fe, New Mexico 87501

✓ Certified Mail Return-Receipt all parties listed on Exhibit "A" of the Application, w/encl.

EXHIBIT "A"

Attached to and made a part of that certain Operating Agreement dated August 11, 1989, between EL PASO NATURAL GAS COMPANY, as Operator, and Non-Operators.

I. LANDS SUBJECT TO OPERATING AGREEMENT:

Township 32 North, Range 6 West

Section 9: SW/4, S/2 NW/4, Lots 3, 4  
Containing 278.20 acres, more or less

II. RESTRICTIONS, IF ANY, AS TO DEPTHS OR FORMATIONS:

This Agreement shall cover only the Fruitland Coal formation.

III. ADDRESSEES AND PERCENTAGES OR FRACTIONAL INTERESTS OF PARTIES TO THIS AGREEMENT:

El Paso Natural Gas Company Operator  
c/o Land Department  
Meridian Oil Inc.  
P.O. Box 4289  
Farmington, New Mexico 87499-4289

Allison Unit Working Interest Owners 25.161754%  
c/o Land Department  
Meridian Oil Inc.  
P.O. Box 4289  
Farmington, New Mexico 87499-4289

Southland Royalty Company 3.594536%  
c/o Land Department  
Meridian Oil Inc.  
P.O. Box 4289  
Farmington, New Mexico 87499-4289

\*T. H. McElvain Oil and Gas Properties 55.934941%  
220 Shelby Street  
P.O. Box 2148  
Santa Fe, New Mexico 87504-2148

\*Richmond-Hogue Oil and Gas Company  
2651 North Harwood, Suite 360  
Dallas, Texas 75201

Judy G. Zweiback 1.797268%  
9008 Pacific  
Omaha, NE 68114

Myrna G. Raffkind 1.797268%  
3800 Danbury  
Amarillo, TX 79109

Barbara Ann Witten 3.594536%  
535 East 86th Street  
New York, NY 10028

Robert C. Witten 3.594536%  
535 East 86th Street  
New York, NY 10028

Vicki Mizel 0.898634%  
101 West Broadway, #1300  
San Diego, CA 92101

\*Subject to Farmout Agreement with Richmond-Hogue Oil and Gas Company

EXHIBIT "A" (CONTINUED)

III. ADDRESSES AND PERCENTAGES OR FRACTIONAL INTERESTS OF PARTIES TO THIS AGREEMENT (CONTINUED):

Gary Dean Mizel c/o Pamela Staeck 3801 East Florida Ave., #605 Denver, CO 80210	0.898634%
Steven Mayer Mizel c/o Kaufmann Alsberg & Co. 20 Broad Street 27th Floor New York, NY 10005	0.898634%
Larry Mizel 3600 Yosemite Street Suite 1040 Denver, CO 80281	0.898634%
Lance Brewster Reemstma 57 Edgcroft Road #A Kensington, California 94707	0.336988%
Malcolm E. Smith 803 S. Edgefield Ave. Dallas, Texas 75208	0.449317%
Jessie Mae Wakeland 603 W. Peter Smith Fort Worth, Texas 76104	0.112329%
Edgar John Layland 102 Hutchunson Drive Smyrna, Tennessee 37167	0.031991%

**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. Robert C. Witten  
535 East 86th Street  
New York, NY 10028

4. Article Number  
0484051648

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)

5. Signature Address  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
5-18-89

535 E 86 St

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. Steven Mayer Mizel  
c/o Kaufmann Alsborg & Co.  
20 Broad Street - 27th Floor  
New York, NY 10005

4. Article Number  
0484051645

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)

5. Signature - Address  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
SEP 18 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 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:  
Barbara Ann Witten  
535 East 86th Street  
New York, NY 10028

4. Article Number  
0484051649

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)

5. Signature Address  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
5-18-89

535 E 86 St

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:  
Edgar John Layland  
102 Hutchinson Drive  
Smyrna, TN 37167

4. Article Number  
0484051640

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)

5. Signature - Address  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
9-16-89

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

Meridian Allison #135

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 and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested. Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

Article Addressed to:  
Ms. Vicki Mizel  
101 West Broadway #1300  
San Diego, CA 92101

4. Article Number  
0484081649

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)

Posttown Station  
335 E. St. 92101  
San Diego, CA 92101  
Sat 8:30-11:00 AM

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

Signature - Address  
Signature - Agent  
Date of Delivery

3 and 4. 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 and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested. Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

Article Addressed to:  
El Paso Natural Gas Co.  
c/o Land Department  
P.O. Box 4289  
Farmington, NM 87499-4289

4. Article Number  
0484081649

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)

3535 E. 30th

Signature - Agent  
Date of Delivery

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

Meridian Allison #135

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 and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested. Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

Article Addressed to:  
Mr. Gary Dean Mizel  
c/o Pamela Staack  
3801 East Florida Ave. #605  
Denver, CO 80210

4. Article Number  
0484081640

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)



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

Signature - Address  
Signature - Agent  
Date of Delivery

3 and 4. 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 and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested. Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

Article Addressed to:  
Myrna G. Raefkind  
3800 Danbury  
Amarillo, TX 79109

4. Article Number  
0484081650

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)

3800 Danbury  
79109

Signature - Agent  
Date of Delivery

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

*WTC Meridia Allison #135*

**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: Ms. Judy G. Zweiback  
9008 Pacific  
Omaha, NE 68114

4. Article Number: *PH84081610*

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  
6. Signature - Agent  
7. Date of Delivery: *9-16-89*

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

*WTC Meridia Allison #135*

**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: T. H. McElvain Oil and Gas  
220 Shelby Street  
P.O. Box 2148  
Santa Fe, NM 87504-2148

4. Article Number: *PH84081610*

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  
6. Signature - Agent  
7. Date of Delivery

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

*WTC Meridia Allison #135*

**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. Malcolm E. Smith  
803 S. Edgefield Ave.  
Dallas, TX 75208

4. Article Number: *PH84081612*

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  
6. Signature - Agent  
7. Date of Delivery

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

*WTC Meridia Allison #135*

**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: Richmond-Hogue Oil and Gas  
2651 North Harwood, #360  
Dallas, TX 75201

4. Article Number: *PH84081614*

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  
6. Signature - Agent  
7. Date of Delivery: *SEP 15 1989*

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

WESTERN UNION

● **SENDER:** Complete items 1 and 2 when additional service is desired and complete item 3 send a postpaid address in the "RETURN TO" space, the reverse side. Failure to do this will prevent this copy from being returned to you. The return receipt fee will invoice you the name of the person delivered to and the date of delivery. For additional fees, the following charges are available. Contact postmaster for rates and check boxes for additional fees. Call the nearest post office for questions.

1.  **Postpaid Delivery** (Extra charge)  **Registered Delivery** (Extra charge)  **Insured** (Extra charge)

3. **Article Addressed to:**  
Mr. JERRY M. ZAJ  
3600 Yosemite Street #1046  
Denver, CO 80221

4. **Zip Number:** 80221

5. **Signature - Addressee:** [Signature]

6. **Signature - Agent:** [Signature]

7. **Date of Delivery:** [Date]

8. **At Post Office Address ONLY**  
Always obtain a copy of address label and return receipt for Merchandise.  
RECEIVED

P 155 279 089

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	
Richmond-Hague Bldg	
Street and No.	
2651 N. Harwood # 360	
P.O. State and ZIP Code	
Dallas, TX 75201	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

PS Form 3800, June 1985

P 155 279 090

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	
V. H. McElvain II	
Street and No.	
PO Box 2148	
P.O. State and ZIP Code	
Santa Fe, NM 87504-2148	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

PS Form 3800, June 1985

P-484 051 650

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	
Myrna Raffkind	
Street and No.	
3800 Danbury	
P.O. State and ZIP Code	
Ames, IA, IA 50010	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

PS Form 3800, June 1985

U.S.G.P.O. 153-506

P-484 051 610

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	
Judy Zweiback	
Street and No.	
9008 Pacific	
P.O. State and ZIP Code	
Ames, IA, IA 50014	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison #135	

PS Form 3800, June 1985

U.S.G.P.O. 153-506

P-484 051 648

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Robert Witten	
Street and No. 535 E. 86th Street	
P.O. State and ZIP Code New York NY 10028	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 649

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Barbara Witten	
Street and No. 535 E. 86th Street	
P.O. State and ZIP Code New York NY 10028	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 646

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Gary Mizel	
Street and No. 3801 E. Florida Ave #605	
P.O. State and ZIP Code Denver, CO 80210	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 647

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to Vicki Mizel	
Street and No. 101 W. Broadway #1300	
P.O. State and ZIP Code San Diego, CA 92101	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date Wtk Meridian Allison #135	

P-484 051 644

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	Harry Mizel	
Street and No.	3600 Yosemite #1040	
P.O. State and ZIP Code	Denver, CO 80281	
Postage	\$	.25
Certified Fee		.85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		.90
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.00
Postmark or Date	WTK Meridian Allison # 135	

P-484 051 645

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	Steven M. Mizel	
Street and No.	20 Broad Street 27th floor	
P.O. State and ZIP Code	New York, NY 10005	
Postage	\$	.25
Certified Fee		.85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		.90
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.00
Postmark or Date	WTK Meridian Allison # 135	

P-484 051 642

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	Malcolm Smith	
Street and No.	803 S. Edgewood Ave	
P.O. State and ZIP Code	Dallas, TX 75208	
Postage	\$	.25
Certified Fee		.85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		.90
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.00
Postmark or Date	WTK Meridian Allison # 135	

P-484 051 643

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	Ronald B. Reemstra	
Street and No.	57 Edgewood Rd #A	
P.O. State and ZIP Code	Kensington, CA 94707	
Postage	\$	.25
Certified Fee		.85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		.90
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.00
Postmark or Date	WTK Meridian Allison # 135	

P-484 051 641

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
Jessie Mae Weteland	
Street and No.	
603 W. Peter Smith	
P.O. State and ZIP Code	
Fort Worth, TX 76104	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ .200
Postmark or Date	
WTK Meridian Allison # 135	

P-484 051 640

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
Edgar John Kayland	
Street and No.	
102 Hutchinson Dr.	
P.O. State and ZIP Code	
Smyrna, TN 37167	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	
WTK Meridian Allison # 135	

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

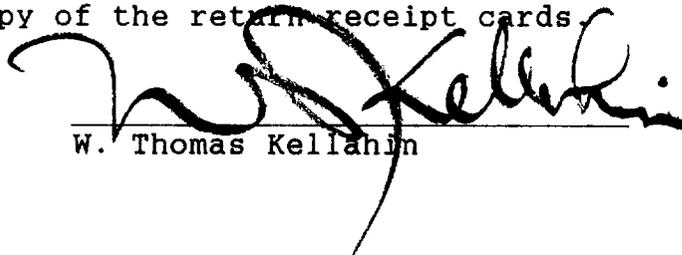
CASE NO. 9750

CERTIFICATE OF MAILING

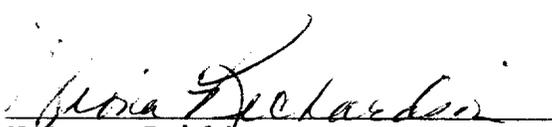
AND

COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on August 16, 1989, I caused to be mailed by certified mail, return-receipt requested, 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 September 6, 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 5th day of September, 1989.

  
Notary Public

My Commission Expires:

Oct 28, 1989

BEFORE EXAMINER STOCHNER OIL CONSERVATION DIVISION Meridian EXHIBIT NO. <u>9</u> CASE NO. <u>9750</u>
--

SUPPLEMENTAL LIST OF PARTIES TO BE POOLED

The Estate of John A. Pierce, Deceased:

Martin A. Pierce  
Post Office Box AA  
Aztec, NM 87410

David A. Pierce  
Box 2802  
Farmington, NM 87401

John B. Pierce  
Post Office Box AA  
Aztec, NM 87410

Susan Leigh Pierce Nelson  
107 West 30th  
Farmington, NM 87401

Lance Brewster Reemstma  
937 Bathurst Street  
Toronto, Ontario, Canada

Dick Vanhorn Reemstma  
706 E. 3rd Street, #12  
Salt Lake City, UT 84102

Belinda Lopez  
97 Beach Drive  
Pittsburg, CA 94565

Judy C. Zweiback  
9008 Pacific  
Omaha, NE 68114

Myrna G. Raffkind  
3800 Danbury  
Amarillo, TX 79109

Barbara Ann Witten  
535 East 86th Street  
New York, NY 10028

Robert C. Witten  
535 East 86th Street  
New York, NY 10028

Vicky Mizel  
101 West Broadway, #1300  
San Diego, CA 92101

Gary Dean Mizel  
c/o Pamela Staeck  
3801 East Florida Ave, #605  
Denver, CO 80210

Steven Mayer Mizel  
c/o Kaufmann Alsberg & Co.  
20 Broad Street  
27th Floor  
New York, NY 10005

Larry Mizel  
3600 Yosemite Street  
Suite 1040  
Denver, CO 80281

Exhibit "A"

T.H. McElvain Oil and Gas Properties                      40.9435928  
220 Shelby Street  
Post Office Box 2148  
Santa Fe, New Mexico 87504-2148

\*Richmond-Hogue Oil and Gas Partnership  
2651 North Harwood, Suite 360  
Dallas, Texas 75201

\*Subject to Farmout Agreement with Richmond-Hogue Oil  
and Gas Company.

P 155 278 637

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Steven Myer Mizel	
Street and No. 670 Kaufman, Alsberg & C	
P.O. State and ZIP Code 20 Borad, 27th Floor NY, NY 10005	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

P 155 278 636

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Gary Dean Mizel	
Street and No. 3801 E. Pamela Staeck	
P.O. State and ZIP Code 3801 E. Florida #605 Denver, CO 80210	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	.90
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 635

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Vicky Mizel	
Street and No. 401 W. Broadway, #1300	
P.O. State and ZIP Code San Diego, CA 92101	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	.90
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

REGISTERED NO.

R 486 223 203

POSTMARK OF



Post Office Completion	Reg. Fee \$ 4.50	Special Delivery \$	
	Handling Charge \$	Return Receipt \$ 90	
	Postage \$ 52	Restricted Delivery \$	
Received by: [Signature]		to <input type="checkbox"/> Intl	
Customer Completion (Please Print)	Customer must declare Full value \$		
	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance		
	\$25,000 Domestic Ins. Limit		
	FROM: Kellahint Aubrey		
	P.O. Box 2265		
	Santa Fe NM 87504		
	Lance Brewster Reemstma		
TO:	937 Bathurst St		
	Toronto, Ontario, Canada		

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)  
June 1986 (See Information on Reverse)

All Entries MUST be in Ball Point or Typed

P 155 278 638

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Larry Mizel	
Street and No. 3600 Yosemite Street	
P.O. State and ZIP Code Suite 1040 Denver, CO 80281	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	.90
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 632

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Myrna G. Raffkind	
Street and No. 1800 Danbury	
City, State and ZIP Code Amarillo, TX 79109	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 629

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Belina Lopez	
Street and No. 7 Beach Dr.	
City, State and ZIP Code Pittsburg, CA 94565	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 628

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Dick Vanhorn Reemstma	
Street and No. 706 E. 3rd St, #12	
City, State and ZIP Code Salt Lake City, UT 84110	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 634

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Robert C. Witten	
Street and No. 86th St	
City, State and ZIP Code NY, NY 10028	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/ Allison	

PS Form 3800, June 1985

P 155 278 633

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Barbara Ann Witten	
Street and No. 55 East 86th St	
City, State and ZIP Code New York, NY 10028	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 631

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Judy C. Zweiback	
Street and No. 9008 Pacific	
City, State and ZIP Code Omaha, NE 68114	
Postage	\$
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 624

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Martin A. Pierce	
Street and No. Box AA Aztec, NM 87410	
P.O., State and ZIP Code	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 623

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Richmond-Hogue O&G Ptnr	
Street and No. Box AA 6251 N. Harwood Ste 360	
P.O., State and ZIP Code Dallas, TX 75201	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 622

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to T.H. McElvain O&G Prop	
Street and No. Box AA P.O. Box 2148	
P.O., State and ZIP Code Santa Fe, NM 87504-2148	
Postage	S .45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S 2.20
Postmark or Date WTK/Meridian/CP-Allison	

PS Form 3800, June 1985

P 155 278 627

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Susan Leigh Pierce Nelson	
Street and No. Box AA 107 W. 30th	
P.O., State and ZIP Code Farmington, NM 87401	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

P 155 278 626

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to John B. Pierce	
Street and No. Box AA Aztec, NM 87410	
P.O., State and ZIP Code	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Maridian/Allison	

PS Form 3800, June 1985

P 155 278 625

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to David A. Pierce	
Street and No. Box AA Box 2802	
P.O., State and ZIP Code Farmington, NM 87401	
Postage	S
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date WTK/Meridian/Allison	

PS Form 3800, June 1985

1. DER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

2. 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.

3. Show to whom delivered, date, and addressee's address.

4.  Restricted Delivery (Extra charge)

5. Addressed to:

6. Article Number  
P 155 278 629

7. Type of Service:  
 Registered  
 Certified  
 Express Mail

8. Insured  
 COD  
 Return Receipt for Merchandise

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

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

11. Signature - Agent  
*Edwida Lopez*

12. Date of Delivery  
*8-21-89*

13. Article Number  
P 155 278 633

14. Type of Service:  
 Registered  
 Certified  
 Express Mail

15. Insured  
 COD  
 Return Receipt for Merchandise

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

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

18. Signature - Agent  
*[Signature]*

19. Date of Delivery  
*8-21-89*

20. Article Number  
P 155 278 633

21. Type of Service:  
 Registered  
 Certified  
 Express Mail

22. Insured  
 COD  
 Return Receipt for Merchandise

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

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

25. Signature - Agent  
*[Signature]*

26. Date of Delivery  
*8-21-89*

27. Article Number  
P 155 278 633

28. Type of Service:  
 Registered  
 Certified  
 Express Mail

29. Insured  
 COD  
 Return Receipt for Merchandise

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

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

32. Signature - Agent  
*[Signature]*

33. Date of Delivery  
*8-21-89*

34. Article Number  
P 155 278 633

35. Type of Service:  
 Registered  
 Certified  
 Express Mail

36. Insured  
 COD  
 Return Receipt for Merchandise

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

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

39. Signature - Agent  
*[Signature]*

40. Date of Delivery  
*8-21-89*

41. Article Number  
P 155 278 633

42. Type of Service:  
 Registered  
 Certified  
 Express Mail

43. Insured  
 COD  
 Return Receipt for Merchandise

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

45. SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

46. 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.

47. Show to whom delivered, date, and addressee's address.

48.  Restricted Delivery (Extra charge)

49. Addressed to:

50. Article Number  
P 155 278 634

51. Type of Service:  
 Registered  
 Certified  
 Express Mail

52. Insured  
 COD  
 Return Receipt for Merchandise

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

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

55. Signature - Agent  
*[Signature]*

56. Date of Delivery  
*8-21-89*

57. Article Number  
P 155 278 633

58. Type of Service:  
 Registered  
 Certified  
 Express Mail

59. Insured  
 COD  
 Return Receipt for Merchandise

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

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

62. Signature - Agent  
*[Signature]*

63. Date of Delivery  
*8-21-89*

64. Article Number  
P 155 278 633

65. Type of Service:  
 Registered  
 Certified  
 Express Mail

66. Insured  
 COD  
 Return Receipt for Merchandise

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

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

69. Signature - Agent  
*[Signature]*

70. Date of Delivery  
*8-21-89*

71. Article Number  
P 155 278 633

72. Type of Service:  
 Registered  
 Certified  
 Express Mail

73. Insured  
 COD  
 Return Receipt for Merchandise

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

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

76. Signature - Agent  
*[Signature]*

77. Date of Delivery  
*8-21-89*

78. Article Number  
P 155 278 633

79. Type of Service:  
 Registered  
 Certified  
 Express Mail

80. Insured  
 COD  
 Return Receipt for Merchandise

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

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

Article Addressed to:  
 Judge C. Zweiback  
 9008 Pacific  
 Omaha, NE 68114  
 WTK/Meridian/Allison  
**RECEIVED AUG 25 1989**

Signature - Address  
 Signature - Agent  
 Date of Delivery  
 Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number  
 P 155 278 631

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.  
 Your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional services requested.  
 1.  Show to whom delivered, date, and addressee's address.  
 2.  Restricted Delivery  
 (Extra charge)

Article Addressed to:  
 Ricky Mizel  
 11 W. Broadway, #1300  
 San Diego, CA 92101  
**RECEIVED AUG 25 1989**  
 WTK/Meridian/Allison

Signature - Address  
 Signature - Agent  
 Date of Delivery  
 Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number  
 P 155 278 635

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)

815 'E' St. 92101  
 Mon-Fri 8:30-5:00, Sat 8:30-Noon  
 232-5096

**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 and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional services requested.  
 1.  Show to whom delivered, date, and addressee's address.  
 2.  Restricted Delivery  
 (Extra charge)

3. Article Addressed to:  
 Gary Dean Mizel  
 c/o Pamela Stack  
 3801 E. Florida Ave, #605  
 Denver, CO 80210  
 WTK/Meridian/Allison  
**RECEIVED AUG 25 1989**

Signature - Address  
 Signature - Agent  
 Date of Delivery  
 Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number  
 P 155 278 636

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 and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional services requested.  
 1.  Show to whom delivered, date, and addressee's address.  
 2.  Restricted Delivery  
 (Extra charge)

3. Article Addressed to:  
 Steven Mayer Mizel  
 c/o Kaufman, Alsbex & Co  
 20 Broad St, 11005  
 New York, NY 10005  
 WTK/Meridian/Allison  
**RECEIVED AUG 25 1989**

Signature - Address  
 Signature - Agent  
 Date of Delivery  
 Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

4. Article Number  
 P 155 278 637

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)



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 and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

Show to whom delivered, date, and addressee's address.  Restricted Delivery (Extra charge)

Article Addressed to:  
David A. Pierce  
Box 2802  
Armington, NM 87401

TK/Meridian/Allison

5. Signature - Agent  
6. Signature - Agent  
7. Date of Delivery

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

4. Article Number  
P 155 278 625

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

8. Addressee's Address (ONLY if requested and fee paid)  
**Fee not 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 and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

Show to whom delivered, date, and addressee's address.  Restricted Delivery (Extra charge)

Article Addressed to:  
Myrna G. RalfeKing  
3800 Danbury  
Amarillo, TX 79109

WTK/Meridian/Allison  
RECEIVED AUG 23 1989

5. Signature - Agent  
6. Signature - Agent  
7. Date of Delivery

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

4. Article Number  
P 155 278 632

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

8. Addressee's Address (ONLY if requested and fee paid)  
3900 Danbury  
79109

**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 and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

Show to whom delivered, date, and addressee's address.  Restricted Delivery (Extra charge)

Article Addressed to:  
T.H. McElvain OEG Prop  
P.O. Box 2148  
Santa Fe, NM 87504-2148

WTK/Meridian/CP-Allison

5. Signature - Agent  
6. Signature - Agent  
7. Date of Delivery

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

4. Article Number  
P 155 278 622

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

8. Addressee's Address (ONLY if requested and fee paid)  
U.S.P.O. 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 and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

Show to whom delivered, date, and addressee's address.  Restricted Delivery (Extra charge)

Article Addressed to:  
Richmond-Hogue OEG Prop  
2651 N. Harwood, Ste 350  
Dallas, TX 75201

WTK/Meridian/CP-Allison  
RECEIVED AUG 23 1989

5. Signature - Agent  
6. Signature - Agent  
7. Date of Delivery

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

4. Article Number  
P 155 278 623

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

8. Addressee's Address (ONLY if requested and fee paid)  
2651 N. Harwood  
Dallas TX 75201