

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

IN THE MATTER OF THE APPLICATION
FOR PHILLIPS PETROLEUM COMPANY
FOR APPROVAL OF EIGHT NON-STANDARD
PRORATION AND SPACING UNITS AND SEVEN
UNORTHODOX LOCATIONS, BASIN FRUITLAND
COAL GAS POOL, SAN JUAN COUNTY,
NEW MEXICO

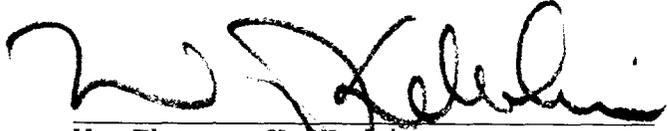
CASE NO. 10058

CERTIFICATE OF MAILING

AND

COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054) I hereby certify that on July 31, 1990, 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 which was continued to September 5, 1990, to the parties shown in the Application as evidenced by the attached copies of return receipt cards.


W. Thomas Kellanin

SUBSCRIBED AND SWORN to before me this 31 day of August, 1990.


Notary Public

My Commission Expires:

7-6-91

EXF

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

3. Article Addressed to: Ultramar Oil and Gas Ltd. 363 No. Belt Ste 1500 Houston, TX 77060 Phillips 8 NSPU (WTK) 7-31-90	4. Article Number P 355 568 550 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 for Merchandise
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 8-7-90	

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

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. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: L.O. and D.E. Van Ryan 1601 Kenwood Circle Farmington, NM 87401 Phillips 8 NSPU (WTK) 7-31-90	4. Article Number P 355 568 551 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 for Merchandise
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 8-10-90	

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Meridian Oil P.O. Box 4289 Farmington, NM 87499-4289 Phillips 8 NSPU (WTK) 7-31-90	4. Article Number P 355 568 552 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 for Merchandise
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>[Signature]</i>	
7. Date of Delivery 8-6-90	

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Apr. 1989

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Amoco Production Company 1670 Broadway P.O. Box 800 Denver, CO 80201 Phillips 8 NSPU WTK 7-31-90	4. Article Number P 355 508 553 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 for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

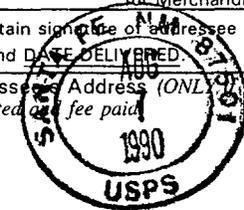
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: T.H. Mc Elvain Oil and Gas properties P.O. Box 2148 Santa Fe NM 87504-2148 Phillips 8 NSPU WTK 7-31-90	4. Article Number P 355 568 555 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 for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Apr. 1989

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Hixon Development Co. P.O. Box 2810 Farmingtn, NM 87499 Phillips 8 NSPU WTK 7-31-90	4. Article Number P 355 568 556 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 for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 8-6-90	

PS Form 3811, Apr. 1989

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Kindermar Partners 650 S. Cherry St. 1225 Denver, CO 80222 Phillips 8 NSPU 7-31-90 WTK	4. Article Number P 355 568 557 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 for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery	

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	CNG Development Co
Street and No.	15746
P.O. Box	15244
P.O. State and ZIP Code	Pittsburg, PA 15244
Postage	\$.65
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	\$ 2.40
Postmark or Date	Phillips 8 NSPU WTK 7/31/90

* U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Geovest Energy
Street and No.	8590 Ctrl Expwy Ste324
P.O. State and ZIP Code	Dallas, TX 75231
Postage	\$.65
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	\$ 2.40
Postmark or Date	

* U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985

P 355 568 554

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Gerome P. McHugh
Street and No.	1605 Cherry St. 1225
P.O. State and ZIP Code	Dallas, TX 75222
Postage	\$.65
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	\$ 2.40
Postmark or Date	Phillips 8 NSPU WTK 7-31-90

* U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985