

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION

Amoco

EXHIBIT NO.

4

CASE NO. 10070 - 10074

Non-Standard Fruitland Coal Proration Units

Mailing List

Conoco Inc.
3817 Northwest Expressway
Oklahoma City, OK 73112-1400

Fina Oil & Chemical Company
P. O. Box 2990
Midland, TX 70702-2990

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

Atlantic Richfield Company
P. O. Box 1610
Midland, TX 79702-1610

Marathon Oil Company
P. O. Box 3128
Houston, TX 77253-3128

David A. Pierce & Dirk Reemtsma
1st Interstate Bank Agent, Trust Dept.
P. O. Box 4140
Farmington, NM 87499

Susan Pierce Nelson
5300 Hill N Dale
Farmington, NM 87401

Lance Reemtsma
574 Edgecroft Road
Kensington, CA 94707

R. E. Beamon, III
Three Riverway, STE 470
Houston, TX 77056

Unit Petroleum Company
Dept. 247
Tulsa, OK 74182

Donald Turietta
P. O. Box 665
Albuquerque, NM 87103

Union Texas Petroleum
P. O. Box 2120
Houston, TX 77252-2120

Mesa Limited Partnership
P. O. Box 2009
Amarillo, TX 79189-2009

D. J. Simmons Company
P. O. Box 1469
Farmington, NM 87499-1469

Koch Exploration Company
and Koch Industries
P. O. Box 2256
Wichita Falls, KS 67201-2256

Lucille Quigley Trust
P. O. Box 1107
Salem, Oregon 97308-1107

Texaco Inc.
P. O. Box 3109
Midland, TX 79702-3109

John B. Pierce
P.O. Box 401
Aztec, NM 87410

Union Oil of California
P.O. Box 671
Midland, TX 79702

Pattie Beamon Lundell
1616 S. Voss Road, #870
Houston, TX 77057

Mary Cecile Forehand and
Evelyn Christian
Lorine Driskell,
Attorneys-in-Fact
c/o Harold M. Walker
516 E. Houston
Crockett, TX 75835

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.

CONOCO INC
3817 NORTHWEST EXPY
OKLAHOMA CITY OK 73112-1400

address 2. ☐ Restricted Delivery
(Extra charge)

4. Article Number

P 533 509 801

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 - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

08-10-90

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-228-815

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.

FINA OIL & CHEMICAL COMPANY
PO BOX 2990
MIDLAND TX 70702-2990

address 2. ☐ Restricted Delivery
(Extra charge)

4. Article Number

P 533 509 805

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 - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

AUG 23 1990

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-228-815

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.

EL PASO PRODUCTION COMPANY
SOUTHLAND ROYALTY COMPANY
MERIDIAN OIL PRODUCTION INC
C/O MERIDIAN OIL INC
PO BOX 4289
FARMINGTON NM 87499-4289

address 2. ☐ Restricted Delivery
(Extra charge)

4. Article Number

P 533 509 814

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 - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8-17-90

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-228-815

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.

ATLANTIC RICHFIELD COMPANY
PO BOX 1610
MIDLAND TX 79702-1610

address. 2. ☐ Restricted Delivery
(Extra charge)

4. Article Number
P 533 509 811

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 - Addressee

X *[Signature]*

6. Signature - Agent

X

7. Date of Delivery

AUG 20 1990

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-515

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.

MARATHON OIL COMPANY
PO BOX 3128
HOUSTON TX 77253-3128

address. 2. ☐ Restricted Delivery
(Extra charge)

4. Article Number
P 533 509 797

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 - Addressee

X

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

AUG 20 1990

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-515

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.

DAVID A PIERCE AND
DIRK REEMTSMA
1ST INTERSTATE BANK AGENT
TRUST DEPT
PO BOX 4140
FARMINGTON NM 87499

address. 2. ☐ Restricted Delivery
(Extra charge)

4. Article Number
P 533 509 800

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 - Addressee

X

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

8 17 90

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-515

DOMESTIC RETURN RECEIPT

ILLEGIBLE

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. Article Number
P 533 509 808

2. Restricted Delivery
(Extra Charge)

3. Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

4. Signature of Addressee
Always obtain signature of addressee. **5. DATED DELIVERED**

5. Signature - Addressee
☒ *Susan Pierce Nelson*

6. Signature - Agent
☒

7. Date of Delivery
8-21-90

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

PS Form 3811, Apr. 1989 **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. Article Number
P 533 509 806

2. Restricted Delivery
(Extra Charge)

3. Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

4. Signature of Addressee
Always obtain signature of addressee. **5. DATED DELIVERED**

5. Signature - Addressee
☒

6. Signature - Agent
☒ *Mr. W. J. W.*

7. Date of Delivery
8-20-90

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

PS Form 3811, Apr. 1989 **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. Article Number
P 533 509 809

2. Restricted Delivery
(Extra Charge)

3. Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

4. Signature of Addressee
Always obtain signature of addressee. **5. DATED DELIVERED**

5. Signature - Addressee
☒

6. Signature - Agent
☒

7. Date of Delivery
AUG 17 1990

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

PS Form 3811, Apr. 1989 **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. Addressee's Address:
 DONALD TURIETTA
 PO BOX 665
 ALBUQUERQUE NM 87103

2. Restricted Delivery: ☐ (Extra charge)

4. Article Number:
 P533 509 795

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 - Addressee:
☒ *[Signature]*

6. Signature - Agent:
☒

7. Date of Delivery:
 AUG 17 1990

PS Form 3811, Apr 1989 U.S.G.P.O. 1989-224-315 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. Addressee's Address:
 UNION TEXAS PETROLEUM
 PO BOX 2120
 HOUSTON TX 77252-2120

2. Restricted Delivery: ☐ (Extra charge)

4. Article Number:
 P533 509 798

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 - Addressee:
☒

6. Signature - Agent:
☒ *[Signature]*

7. Date of Delivery:
 AUG 20 1990

PS Form 3811, Apr 1989 U.S.G.P.O. 1989-224-315 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. Addressee's Address:
 MESA LIMITED PARTNERSHIP
 PO BOX 2009
 AMARILLO TX 79189-2009

2. Restricted Delivery: ☐ (Extra charge)

4. Article Number:
 P533 509 812

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 - Addressee:
☒

6. Signature - Agent:
☒ *[Signature]*

7. Date of Delivery:
 AUG 17

PS Form 3811, Apr 1989 U.S.G.P.O. 1989-224-315 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.

D J SIMMONS COMPANY
PO BOX 1469
FARMINGTON NM 87499-1469

address: 2 ☐ Restricted Delivery
(Extra charge)

4 Article Number
P533 509 802

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 — Addressee

X

6 Signature — Agent

X

7 Date of Delivery

8/17-90

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

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.

KOCH EXPLORATION COMPANY
AND KOCH INDUSTRIES
PO BOX 2256
WICHITA KS 67201-2256

address: 2 ☐ Restricted Delivery
(Extra charge)

4 Article Number
P533 509 813

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 — Addressee

X

6 Signature — Agent

X

7 Date of Delivery

AUG 17 1990

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

PS Form 3811 AUG 17 1990

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.

LUCILLE QUIGLEY TRUST
PO BOX 1107
SALEM OREGON 97308-1107

address: 2 ☐ Restricted Delivery
(Extra charge)

4 Article Number
P533 509 804

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 — Addressee

X

6 Signature — Agent

X

7 Date of Delivery

AUG 20 1990

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

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. **TEXACO INC**
PO BOX 3109
MIDLAND TX 79702-3109

2. ☐ Restricted Delivery
 (Extra charge)

3. **Article Number**
P533 509 807

4. **Type of Service:**
☐ Registered ☐ Insured
☒ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

5. **Signature - Addressee**
 X

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

7. **Date of Delivery**
AUG 20 1990

8. **Address - Addressee's Address (ONLY if requested and fee paid)**
[Signature]

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-515 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. **UNION OIL OF CALIFORNIA**
PO BOX 671
MIDLAND TX 79702

2. ☐ Restricted Delivery
 (Extra charge)

3. **Article Number**
P533 509 796

4. **Type of Service:**
☐ Registered ☐ Insured
☒ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

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

6. **Signature - Agent**
 X

7. **Date of Delivery**
AUG 21 1990

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

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-515 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. **PATTIE BEAMON LUNDELL**
1616 S VOSS ROAD #870
HOUSTON TX 77057

2. ☐ Restricted Delivery
 (Extra charge)

3. **Article Number**
P533 509 799

4. **Type of Service:**
☐ Registered ☐ Insured
☒ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

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

6. **Signature - Agent**
 X

7. **Date of Delivery**
8-20-90

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

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-515 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. **NAME OF ADDRESSEE**
 MARY CECILE FOREHAND AND
 EVELYN CHRISTIAN
 LORINE DRISKELL
 ATTORNEYS-IN-FACT
 C/O HAROLD M WALKER
 516 E HOUSTON
 CROCKETT TX 75835

2. ☐ Restricted Delivery
 (Extra Charge)

3. **ARTICLE NUMBER**

4. **TYPE OF SERVICE:**
☐ Registered ☐ Insured
☒ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

5. **SIGNATURE - ADDRESSEE**
 X

6. **SIGNATURE - AGENT**
 X *Sharon Freeman*

7. **DATE OF DELIVERY**
 8/20/90

8. **ADDRESSEE'S ADDRESS (ONLY if requested and fee paid)**

PS Form 3811, Apr. 1989 U.S. G.P.O. 1989-238-915 DOMESTIC RETURN RECEIPT