

*associated
w/ Exhibit
1-10*

BEFORE SAMUEL A. STONER
OF THE STATE OF NEW MEXICO
Division
Case No. <u>40</u>
Case No. <u>ORyx</u>
<u>9694</u>

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

IN THE MATTER OF THE
 APPLICATION OF ORYX ENERGY
 COMPANY FOR COMPULSORY
 POOLING

CASE NO. 9694

CERTIFICATE OF MAILING

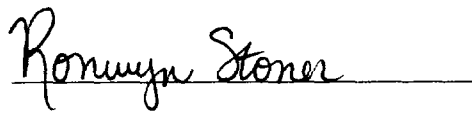
AND

COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on June 21, 1989, I caused to be mailed by certified mail, return-receipt requested, a notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for July 12, 1989 to the parties shown in the Application evidenced by the attached Exhibit A.


 W. Thomas Kellahin

SUBSCRIBED AND SWORN TO before me this 11th day of July, 1989 by W. Thomas Kellahin, attorney for the applicant.


 Ronwyn Stoner

My Commission Expires:
March 3, 1993

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 tag 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 rates and check boxes for additional services (a) requested.

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

3. Article Addressed to:
 Virginia L. Allyn
 22 Cottage Street
 Marion, Massachusetts 02738
 WTK/Oryx/Sec. 12

4. Article Number
 P 155 279 159

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
 Virginia L. Allyn

6. Signature - Agent

7. Date of Delivery
 6-27-89

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

Exhibit "A"

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: Arriba Company, Ltd.
5675 South Joplin P.O. Box 35304
Tulsa, OK 74135 74153
(WTK/Oryx/CP Sec 12)

4. Article Number: P 103 899 156

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: X
7. Date of Delivery: 6-26-89

8. Addressee's Address (ONLY if requested and fee paid):
305 Lee road
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. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: John R. Cartmill or
John Craig Cartmill
606 Mayo Building
Tulsa, Oklahoma 74103
WTK/Oryx/Sec. 12

4. Article Number: P 155 279 153

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: 6-23-89

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

Registered article Letter Print Other
Envol recommandé Imprimé Autre

Insured parcel Insured value
Colis avec valeur déclarée \$

Office of mailing bureau de dépôt: 6-21-89

Address (Name or firm) Nom ou raison sociale du destinataire: America Penn Energy, Inc.
Street and No. Rue et No.: 205 FIFTH AVENUE SW
Place and country Lieu et Pays: Calgary Alberta Canada T2V 2V7

This receipt must be signed by the addressee or by a person authorized to do so by virtue of the regulations of the country of destination, or, if those regulations so provide, by the employee of the office of destination, and returned by the first mail directly to the sender.

Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.

The article mentioned above was duly delivered. Date: June 21, 1989

Signature of the addressee or agent of destination: Signature of the employee of the office of destination: *Cartmill*

Postmark of the office of destination: *VI 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. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Robert L. Bayless
3535 East 30th Street
Farmington, NM 87499
(WTK/Oryx/CP Sec. 12)

4. Article Number: P 103 899 159

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: 6-22-89

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

Fee not 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 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:
 James Wallis
 Colton Exploration Company
 64108 North Santa Fe
 Oklahoma City, OK 73116
 (WTK/Oryx/CP Sec. 1-2)

4. Article Number
 P 103 899 150

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

Always obtain signature of addressee
 1-2 and DATE DELIVERED
 8. Addressee's Address (ONLY if requested and fee paid)
 6/23/89

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

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available: Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to:
 The Warren Clark Trust
 Carolyn Clark Oatman &
 Warren Clark Testamentary Trust
 c/o Wayland Oatman
 433 Perry Brooks Blvd
 Austin, TX 78701 (WTK/Oryx/CP Sec. 1-2)

4. Article Number
 P 103 899 127

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

Always obtain signature of addressee
 1-2 and DATE DELIVERED
 8. Addressee's Address (ONLY if requested and fee paid)
 6/23/89

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

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available: Consult postmaster for fees and check boxes for additional service(s) requested.

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

3. Article Addressed to:
 Copconda Resources, Ltd.
 600 Seventeenth St.
 Suite 2705-S
 Denver, CO 80202
 (WTK/Oryx/CP Sec. 1-2)

4. Article Number
 P 103 899 120

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

Always obtain signature of addressee
 1-2 and DATE DELIVERED
 8. Addressee's Address (ONLY if requested and fee paid)
 JUN 23 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 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:
 The Warren Clark Trust
 Carolyn Clark Oatman &
 Warren Clark Testamentary Trust
 c/o Wayland Oatman
 433 Perry Brooks Blvd
 Austin, TX 78701 (WTK/Oryx/CP Sec. 1-2)

4. Article Number
 P 103 899 127

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

Always obtain signature of addressee
 1-2 and DATE DELIVERED
 8. Addressee's Address (ONLY if requested and fee paid)
 6/23/89

Postage	\$1.50	Return Receipt showing to whom and Date Delivered	90	Return Receipt showing to whom, Date, and Address of Delivery	2.50	TOTAL Postage and Fees	4.00
Certified Fee	.85	Restricted Delivery Fee					
Special Delivery Fee							
Postmark or Date	JUN 23 1989						

PS Form 3861 June '0089

5861 and '0089

WTK/Oryx/Sec 12

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

SENT TO:
 Nancy L. Cook
 6248 South Niagara
 Englewood, CO 80111
 P.O. State and ZIP Code

RECEIPT FOR CERTIFIED MAIL

P 155 279 154

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 the 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 services requested.

Show to whom delivered, date, and address (address) (extra charge) Restricted Delivery (extra charge)

3. Article Addressed to:
Dugan Production Corp.
 709 East Murray Drive
 Farmington, NM 89401

4. Article Number
 P 103 899 140

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 Art John Roe
 (WTK/Olyx/CP Sec. 12)

6. Signature - Agent
John E. Bergan

7. Date of Delivery
 6-23-89

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

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

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the 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 services requested.

Show to whom delivered, date, and address (address) (extra charge) Restricted Delivery (extra charge)

3. Article Addressed to:
Cyprus Mines Corp.
 P.O. Box 3299
 Englewood, CO 80155

4. Article Number
 P 155 279 160

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 WTK/Olyx/Sec. 12

6. Signature - Agent
MTA

7. Date of Delivery
6/23

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 the 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 services requested.

Show to whom delivered, date, and address (address) (extra charge) Restricted Delivery (extra charge)

3. Article Addressed to:
Kevin Fitzgerald
 Street 66 North Ranch Road,
 Littleton, CO 80127

4. Article Number
 P 103 899 152

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 WTK/Olyx/CP Sec. 12

6. Signature - Agent
WTK/Olyx/CP Sec. 12

7. Date of Delivery
 JUN 21 1989

PS Form 3800, June 1985

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 the 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 services requested.

Show to whom delivered, date, and address (address) (extra charge) Restricted Delivery (extra charge)

3. Article Addressed to:
Elizabeth Edison
 Rt. 3, Box 29
 Welliston, OK 74881

4. Article Number
 P 155 279 156

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 WTK/Olyx/Sec 12

6. Signature - Agent
WTK/Olyx/Sec 12

7. Date of Delivery
 6-23-89

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

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

Sent to
 Kevin Fitzgerald
 Street 66 North Ranch Road,
 Littleton, CO 80127
 P.O. State and ZIP Code

Postage	\$ 1.65
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	JUN 21 1989
WTK/Olyx/CP Sec. 12	

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

Sent to
 Elizabeth Edison
 Rt. 3, Box 29
 Welliston, OK 74881
 P.O. State and ZIP Code

Postage	\$ 1.65
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	JUN 21 1989
WTK/Olyx/CP Sec. 12	

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

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:
James Fullerton
P.O. BOX 2368
Denver, CO 80201

4. Article Number
P 155 279 161

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
WTK/Oryx/Sec 12

6. Signature - Agent
Mark

7. Date of Delivery
6/26/89

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

3. Article Addressed to:
Glen Fitzgerald & Betty Fitzgerald
Route 5, Box 336
Shawnee, OK 74801

4. Article Number
P 103 899 157

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
(WTK/Oryx/CP Sec. 12)

6. Signature - Agent
Betty Fitzgerald

7. Date of Delivery
6-27-89

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

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.

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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:
Ralph (Alice) Gilliland
c/o Ann G. St. Clair
7420 Caruth
Dallas, Tx 75225
(WTK/Oryx/CP Sec. 12)

4. Article Number
P 103 899 125

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
WTK/Oryx/CP Sec. 12

6. Signature - Agent
Lain Connor

7. Date of Delivery
JUN 25 1989

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

3. Article Addressed to:
James H. Gardner, Jr.
6018 South 92nd Ave.
Tulsa, Oklahoma 74145
WTK/Oryx/Sec 12

4. Article Number
P 155 279 162

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
WTK/Oryx/Sec 12

6. Signature - Agent
James H. Gardner, Jr.

7. Date of Delivery
6-23-89

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

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

3. Article Addressed to:
 Elizabeth L. Gilmore
 5620 Charlott
 Fort Worth, TX 76112

4. Article Number
 P 155 279 163

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 *L. Gilmore*

6. Signature - Agent
 X *See*

7. Date of Delivery
 X *6-23-89*

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

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

3. Article Addressed to:
 Robert B. Gilmore
 400 One Energy Square
 Dallas, TX 75206

4. Article Number
 P 155 279 164

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 *WTK/Oryx/Sec 12*

6. Signature - Agent
 X *D. W. W. W. W. W.*

7. Date of Delivery
 X *6-23-89*

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

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

3. Article Addressed to:
 Estate Of L.L. Henry
 c/o Mary Henry
 328 South Center
 Lancaster, TX 75146

4. Article Number
 P 155 279 165

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 *WTK/Oryx/Sec 12*

6. Signature - Agent
 X *See*

7. Date of Delivery
 X *6/22/89 RFB*

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

3. Article Addressed to:
 David Heppe
 3333 Simms Street
 Wheatridge, CO 80033

4. Article Number
 P 103 899 162

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 *WTK/Oryx/CP Sec. 12*

6. Signature - Agent
 X *See*

7. Date of Delivery
 X *6-23-89*

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

Mary Henry RFB

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 services (if requested).
 1. Show to whom delivered (date and address) address 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Hopper, Kimball & Williams, Inc.
 320 South Boston
 Suite 1900
 Tulsa, OK 74103
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 123

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

Always obtain signature of addressee (or agent) and DATE DELIVERED.

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

6. Signature - Agent
[Signature]

7. Date of Delivery
 6-23-88

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-2-12-865 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 services (if requested).
 1. Show to whom delivered (date and address) address 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
A. G. Hill
 5000 Thanksgiving Tower
 Dallas, Texas 75202
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 119

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

Always obtain signature of addressee (or agent) and DATE DELIVERED.

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

6. Signature - Agent
[Signature]

7. Date of Delivery
 JUN 23 1989

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

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

Sent to Joe B. Houston
 800 and New Bldg.
 Tulsa, OK 74153
 P.O. State and ZIP Code

Postage	\$6.50
Certified Fee	\$1.85
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	\$8.40
Postmark or Date	JUN 21 1989

PS Form 3800, June 1985
 WTK/Oryx/Sec 12

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 services (if requested).
 1. Show to whom delivered (date and address) address 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Ibex Partnership PC, Ltd
 A Texas Limited Partnership
 300 North Breckenridge Ave
 Breckenridge, Texas 76024
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 128

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

Always obtain signature of addressee (or agent) and DATE DELIVERED.

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

6. Signature - Agent
[Signature]

7. Date of Delivery
 JUN 23 1989

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

P 155 279 167

RECEIPT FOR CERTIFIED MAIL

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

Sent to Catherine C. Johnson 7862 E. Valentia Way Englewood, CO 80112 P.O., State and ZIP Code	
Postage	\$ 1.65
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	JUN 21 1989
WTK/Oryx/Sec 12	

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) Restricted Delivery (Extra charge)

3. Article Addressed to: Estate of Gerald B. Klein

C/O Thomas Klein
4146 South Harvard
Tulsa, OK 74135

WTK/Oryx/Sec 12

5. Signature - Address
X *WTK/Oryx/Sec 12*

6. Signature - Agent
X *RE Mrs*

7. Date of Delivery
6-27-89

4. Article Number
P 155 279 168

Type of Service:
 Registered
 Certified
 Express Mail

Always obtain signature of addressee (agent and fee paid)

8. Addressee's Address (ONLY if requested and fee paid)
*7862 E Valentia Way
Englewood, CO 80112*

PS Form 3811, Mar. 1988 U.S.G.P.O. 1986-212-865 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. Show to whom delivered (date, and addressee's address) Restricted Delivery (Extra charge)

3. Article Addressed to: KM Production Company

3535 East 30th Street, Ste 108
Farmington, NM 87401

(WTK/Oryx/CP, Sec. 12)

5. Signature - Address
X *WTK/Oryx/CP, Sec. 12*

6. Signature - Agent
X *WTK/Oryx/CP, Sec. 12*

7. Date of Delivery
6-22-89

4. Article Number
P 103 899 161

Type of Service:
 Insured
 COD
 Registered
 Certified
 Express Mail

Always obtain signature of addressee (agent and fee paid)

8. Addressee's Address (ONLY if requested and fee paid)
Fee not 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. Show to whom delivered (date, and addressee's address) Restricted Delivery (Extra charge)

3. Article Addressed to: Kodhak Petroleum, Inc.

44 Inverness Drive East
Bldg. D, Suite B
Englewood, Colorado 80112

WTK/Oryx/Sec 12

5. Signature - Address
X *WTK/Oryx/Sec 12*

6. Signature - Agent
X *WTK/Oryx/Sec 12*

7. Date of Delivery
6-27-89

4. Article Number
P 155 279 157

Type of Service:
 Insured
 COD
 Registered
 Certified
 Express Mail

Always obtain signature of addressee (agent and fee paid)

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

3. Article Addressed to:
 Charles W. Lovejoy, Jr.
 32 ~~Super~~plus Street P.O. Box 1269
 Duxbury, Mass 02331

4. Article Number
 P 155 279 169

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
 WTK/Oryx/ Sec 12

6. Signature - Agent
Charles Lovejoy

7. Date of Delivery
 6-24-89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 George O. Mallon, Jr.
 9350 Paradise Lane
 Broomfield, CO 80020

4. Article Number
 P 103 899 163

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
 WTK/Oryx/CP Sec. 12

6. Signature - Agent
James P. Mallon

7. Date of Delivery
 6-26-89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 Mallon Oil Company
 Attn: Kevin Fitzgerald
 1099 18th Street, Suite 2750
 Denver, Colorado 80202

4. Article Number
 P 103 899 158

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
 WTK/Oryx/CP Sec. 12

6. Signature - Agent
C. Steen

7. Date of Delivery
 6/23/89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 James McGowen
 2005 Glenwood Drive
 Boulder, Colorado 80302

4. Article Number
 P 155 279 158

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
 WTK/Oryx/Sec. 12

6. Signature - Agent
J. P. ...

7. Date of Delivery
 6-27-89

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

P-103 899 164

RECEIPT FOR CERTIFIED MAIL

NOT FOR INTERNATIONAL MAIL
NO INSURANCE COVERAGE PROVIDED

(See Reverse)

Sent to	Karen E. McClintock
Street and No.	1405 Bacchus Drive,
Unit F	
P.O. State and Zip	Littleton, CO 80026
Postage	\$.65
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.40
Postmark or Date	JUN 21 1989
	WTK/Oryx/CP Sec. 12

PS Form 3800, June 1, 1988

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 services requested.

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

3. Article Addressed to:
David L. Mikesh
7993 South Wrennton Street
Englewood, CO 80112

4. Article Number
P 106 899 153

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

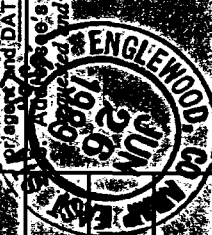
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address (ONLY if requested and fee paid)
 David L. Mikesh
 7993 South Wrennton Street
 Englewood, CO 80112

6. Signature - Agent
 [Signature]

7. Date of Delivery

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 services requested.

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

3. Article Addressed to:
Mesa Grande, Ltd.
1305 Philtower Bldg.
Tulsa, Ok 74103
Attn: Larry Sweet
(WTK/Oryx/CP Sec. 12)

4. Article Number
P 103 899 118

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 [Signature]

6. Signature - Agent
 [Signature]

7. Date of Delivery
 2/23/89

8. Addressee's Address (ONLY if requested and fee paid)
 Tulsa, Ok 74103

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 services requested.

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

3. Article Addressed to:
Estate of H.E. & Goldie Milliken
c/o Kenneth Milliken
575 Walnut Street
Waynesburg, Pennsylvania 15370
WTK/Oryx/Sec 12

4. Article Number
P 155 270 170

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address (ONLY if requested and fee paid)
 [Signature]

6. Signature - Agent
 [Signature]

7. Date of Delivery

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

3. Article Addressed to:
 Robert A. Mitchem
 c/o First Interstate Bank
 P.O. Box 80217
 Denver, CO 80217
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 160

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

6. Signature - Agent
 X

7. Date of Delivery
 6-23-89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 Roger Mitchell
 Burnsley Hotel
 1000 Grant Street
 Denver, Colorado 80202
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 117

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

6. Signature - Agent
 X
 Chetochi Kane

7. Date of Delivery
 6-27-89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 Robert J. Mohrbacher and
 Karhryn L. Mohrbacher
 6551 West Calhoun Place
 Littleton, CO 80213
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 155

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

6. Signature - Agent
 X

7. Date of Delivery
 6/26

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

3. Article Addressed to:
 Mountain States Natural Gas
 Corporation
 6723 East 99th Street
 Tulsa, OK 74133
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 124

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

6. Signature - Agent
 X

7. Date of Delivery
 6-29-89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 Robert J. Mohrbacher and
 Karhryn L. Mohrbacher
 6551 West Calhoun Place
 Littleton, CO 80213
 (WIK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 155

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

6. Signature - Agent
 X

7. Date of Delivery
 6/26

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

3. Article Addressed to:
 Dr. William Kenneth Newill
 804 S. Pittsburg Street
 Connellsville, PN 15425
 WTK/Oryx/Sec 12

4. Article Number
 P 155 279 171

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
W.K. Newill

6. Signature - Agent
W.K. Newill

7. Date of Delivery
 6-24-89

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

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 Northwest Pipeline Corp
 P.O. Box 8900
 Salt Lake City, Utah
 84108-8900
 WTK/Oryx/Sec 12

4. Article Number
 P 155 279 172

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X

6. Signature - Agent
 X *Charlotte Galbreath*

7. Date of Delivery



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

3. Article Addressed to:
 Caryle A. Peterson
 4752 Kellogg Circle
 Boulder, Colorado 80302
 (WTK/Oryx/CP Sec. 12)

4. Article Number
 P 103 899 151

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X *Caryle A. Peterson*

6. Signature - Agent
 X

7. Date of Delivery
 6/23/89

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

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 R. B. Operating Company
 Attn: Larry Rumpy
 2 Warren Place
 6120 S. Yale, Suite 1700
 Tulsa, OK 74136
 WTK/Oryx/CP Sec. 12

4. Article Number
 P 103 899 126

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X

6. Signature - Agent
 X *Larry Rumpy*

7. Date of Delivery
 6/22/89

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check 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:
 R. B. Oper Co
 3100 Mid Continent Twr
 Tulsa, OK 74103
 WTK/Oryx/CP Sec. 12

4. Article Number
 P 103 899 122

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
 X *Lee Johnston*
 6. Signature - Agent
 X *Lee Johnston*
 7. Date of Delivery
 6/23/89

8. Addressee's Address (ONLY if requested and fee paid)
 401 Q Boston
 Tulsa, Ok 74103

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

3. Article Addressed to:
 Reading & Bates Petro. Co.
 3200 Mid Continent Tower
 Tulsa, OK 74103
 (WTK/Oryx/CP Sec. 12)

4. Article Number
 P 155 279 174

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
 X *Lee Johnston*
 6. Signature - Agent
 X *Lee Johnston*
 7. Date of Delivery
 6/23/89

8. Addressee's Address (ONLY if requested and fee paid)
 401 Q Boston
 Tulsa, Ok 74103

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

3. Article Addressed to:
 San Juan Gas Corp
 1200 Philtower Building
 Tulsa, OK 74103
 WTK/Oryx/Sec 12

4. Article Number
 P 155 279 174

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
 X *Johnenburg*
 6. Signature - Agent
 X *Johnenburg*
 7. Date of Delivery
 6/23/89

8. Addressee's Address (ONLY if requested and fee paid)
 427 Q Boston
 Tulsa, Ok 74103

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

3. Article Addressed to:
 RAMCO-NYL 1987 Ltd.
 100 NW 63rd Street
 Suite 300
 Oklahoma City, OK 73116-8208
 WTK/Oryx/Sec 12

4. Article Number
 P 155 279 187

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
 X *Johnenburg*
 6. Signature - Agent
 X *Johnenburg*
 7. Date of Delivery
 6-26-89

8. Addressee's Address (ONLY if requested and fee paid)
 401 Q Boston
 Tulsa, Ok 74103

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 services requested.

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

3. Article Addressed to:
Erin White Schafer
5835 Stadium Street
San Diego, CA 92122
WTK/Oryx/Sec 12

4. Article Number
P 155 279 175

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
X *Erin Schafer*

6. Signature - Agent
X *Erin Schafer*

7. Date of Delivery
6-24-89

8. Addressee's Address (ONLY if requested and fee paid)
#3

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 services requested.

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

3. Article Addressed to:
Duer Wagner, Jr &
Duer Wagner, III
3400 City Center, Tower II
301 Commerce Street
Fort Worth, Texas 76102
(WTK/Oryx/CP Sec. 12)

4. Article Number
P 103 899 129

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
JUN 23 1989

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 boxes for additional services requested.

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

3. Article Addressed to:
Thomas, Ltd.
Post Office Box 809
Brewton, AL 36426
(WTK/Oryx/CP Sec. 12)

4. Article Number
P 103 899 121

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
9/12/89

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

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

3. Article Addressed to:
Judith Gardner Weaver
4773 Greencroft Road
Sarasota, FL 34235
WTK/Oryx/Sec 12

4. Article Number
P 155 279 176

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Agent
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
6-24-89

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 4 when additional services are desired, and complete items 3 and 4.

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

3. Article Addressed to:
 (Wtk/Oryx/Sec 12)
Ron Fellows, Area Manager
Washington Business Area Office
U. S. Department of the Interior
Bureau of Land Management
1235 La Plata Highway
Washington, D.C. 20250

4. Article Number
 P 155 279 181

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

6. Signature - Agent
 X

7. Date of Delivery
 6/22/89

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

Fee not paid

SENDER: Complete items 1 and 4 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:
 L.W. Wickes Agent Corp.
 10880 Wilshire Blvd.
 Suite 500
 Los Angeles, CA 90024

4. Article Number
 P 155 279 177

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if requested and fee paid)
 WTK/Oryx/Sec 12

6. Signature - Agent
 X

7. Date of Delivery
 JUN 26 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.

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

3. Article Addressed to:
 Larry L. Woodard, State Director
 New Mexico State Office
 U. S. Dept. of the Interior
 Bureau of Land Management
 Post Office Box 1449
 Santa Fe, NM 87504-1449

4. Article Number
 P 155 279 178

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if requested and fee paid)
 WTK/Oryx/Sec 12

6. Signature - Agent
 X

7. Date of Delivery
 JUN 22 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:
 Robert T. Dale, Dist Mgr
 Alb. Dist Office
 U.S. Dept of the Interior
 BLM
 435 Montano, NE
 Albuquerque, NM 87101

4. Article Number
 P 155 279 179

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if requested and fee paid)
 WTK/Oryx/Sec 12

6. Signature - Agent
 X

7. Date of Delivery
 6-22-89

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

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

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING:

CASE NO. 9694
ORDER NO. R-8262-A

APPLICATION OF ORYX ENERGY COMPANY
FOR AN ORDER POOLING ALL MINERAL
INTERESTS IN THE GAVILAN-MANCOS OIL
POOL UNDERLYING A CERTAIN 640-ACRE
TRACT OF LAND IN RIO ARRIBA COUNTY,
NEW MEXICO

ORDER OF THE DIVISION

BY THE DIVISION:

This cause came on for hearing at 8:15 a.m. on July 12, 1989, at Santa Fe, New Mexico, before Examiner Michael E. Stogner.

NOW, on this 31st day of July, 1989, the Division Director, having considered the testimony, the record and the recommendations of the Examiner, and being fully advised in the premises,

FINDS THAT:

(1) Due public notice having been given as required by law, the Division has jurisdiction of this cause and the subject matter thereof.

(2) The applicant, Oryx Energy Company, formerly Sun Exploration and Production Company, seeks an order pooling all mineral interests in the Gavilan-Mancos Oil Pool underlying all of Section 12, Township 25 North, Range 2 West, NMPM, Rio Arriba County, New Mexico, forming a standard 640-acre oil spacing and proration unit for said pool. Said unit is to be dedicated to the existing Mallon Oil Company Johnson Federal "12" Well No. 5 located 1650 feet from the North line and 960 feet from the West line (Unit E) of said Section 12 which is presently completed in and producing from the Gavilan-Mancos Oil Pool and dedicated to a previously approved 320-acre non-standard oil spacing and proration unit (as provided by Rule 2(a) of Division Order No. R-7407-E, as amended) consisting of the W/2 of said Section 12.

(3) Mallon Oil Company, the current operator of the Johnson Federal "12" Well No. 5 appeared at the hearing in support of the proposed development of said Section 12 on a standard 640-acre spacing and proration unit but opposed Oryx Energy Company's proposed costs of participation.

(4) On December 23, 1983, the Division adopted Order R-7407 which established temporary special rules and regulations for the Gavilan-Mancos Oil Pool, effective as of March 1, 1984, including a provision for 320-acre spacing units and provided:

"Rule 2: No more than one well shall be completed or recompleted on a standard unit containing 320 acres, more or less, consisting of the N/2, S/2, E/2 or W/2 of any governmental section."

and further required:

"(2) That any well presently producing from the Gavilan-Mancos Oil Pool which does not have a standard 320-acre proration unit, an approved non-standard proration unit or which does not have a pending application for a hearing for a standard or non-standard proration unit by March, 1984, shall be shut-in until a standard or non-standard unit is assigned to the well."

(5) The record indicates that said Johnson Federal "12" Well No. 5 was completed in the Gavilan-Mancos Oil Pool on October 24, 1985 on a 40-acre oil spacing and proration unit consisting of the SW/4 NW/4 of said Section 12 in accordance with the statewide spacing rules then in effect.

(6) On January 3, 1986, the Division issued its Order R-8063 in Case No. 8713, effective January 1, 1986, extending the horizontal boundary of the Gavilan-Mancos Oil Pool to include the W/2 of said Section 12 among other lands.

(7) By Division Order No. R-8262 entered August 7, 1986, the W/2 of Section 12 was pooled into a spacing unit for the well in accordance with said Order Nos. R-7407 and R-8063.

(8) By Order R-7407-E entered June 8, 1987, the Division amended the Special Rules and Regulations for the Gavilan-Mancos Oil Pool enlarging the standard spacing and proration units within said pool to 640-acres.

(9) By virtue of its being in existence prior to the issuance of said Division Order No. R-7407-E, a 320-acre non-standard oil spacing and proration unit consisting of the W/2 of said Section 12 and dedicated to said Johnson Federal "12" Well No. 5 was approved pursuant to Rule 2(a) of said order.

(10) On June 20, 1989, Oryx Energy Company, as an owner in the E/2 of said Section 12, filed an application with the Division for an order pooling the E/2 of said Section 12 with the W/2 which is already dedicated to the Johnson Federal "12" Well No. 5 and thereby forming a 640-acre proration unit.

(11) Both Mallon Oil Company and Oryx Energy Company have been able to agree upon the following terms and conditions that would apply in the event the Division grants the compulsory pooling application:

- (a) Mallon Oil Company shall continue as operator of the subject well and the 640-acre oil spacing and proration unit;
- (b) any working interest owner in the Section has the right under compulsory pooling statutes (Section 70-2-17[c]) to seek a compulsory pooling for the existing well;
- (c) The subject spacing and proration unit should be made effective July 12, 1989;
- (d) The monthly overhead operating charge should be \$380.00 per month;
- (e) The original actual costs of the well when completed in 1986 as set forth in Order R-8262 were \$565,840.00;
- (f) A 30-day notice period should be afforded by Mallon to any working interest owner in the E/2 of said Section after entry of the order within which to pay their proportionate share of the reasonable reimbursement to the original owners for participation; and
- (g) In the event any working interest owner in the E/2 fails to make timely payment within the period required, that interest shall be deemed to have elected not to participate and Mallon shall have the right to recover out of production that party's share of the reimbursement.

(12) Mallon and Oryx have not been able to agree upon the reasonable charges to any consenting working interest owner in the E/2 of Section 12 for participation in the Johnson Federal "12" Well No. 5.

(13) Oryx Energy Company seeks to have all E/2 owners participate in their proportionate share of the remaining recoverable production from the Johnson Federal "12" Well No. 5 prospectively from July 12, 1989, by paying 50% of the present value of the remaining producible reserves for the well and allowing for a 15% rate of return on investment, which should be half of \$73,200.00.

(14) Mallon Oil Company at the time of the hearing presented evidence showing that the actual costs of drilling and completing the Johnson Federal "12" Well No. 5, to date, is \$566,971.00. Mallon Oil Company, supported by Mesa Grande Resources (an interest owner in the existing unit), proposes that the owners in the E/2 of said Section 12 (being half of the 640-acre unit) be required to pay 50% of this cost or \$283,485.50.

(15) Testimony was presented at the hearing that all parties agreed that the well was seriously depleted and the original cost of the well will not be returned based on production after July 12, 1989; therefore, a risk penalty is not appropriate in this matter.

(16) Inasmuch as this case is similar in nature to and involves the same well as heard in Division Case No. 8900 in which said Order No. R-8262 was issued, those parties seeking to participate in the well and proposed proration unit should be required to tender the sum of \$283,485.00.

(17) Mallon Oil Company should remain the operator of the subject well and the enlarged unit.

(18) Oryx Energy Company and other working interest owners in the E/2 of Section 12 should be afforded the opportunity to elect either to pay to the operator their proportionate share of the total sum of \$283,485.00 for participation in the Johnson Federal "12" Well No. 5, or pay their proportionate share of such sum out of production; such election should be made by Oryx and any other working interest owner in the E/2 of Section 12 within thirty (30) days after receipt of notification by Mallon of the issuance of an Order in this case by the Division; and the operator should be entitled to withhold from production said working interest owners' proportionate share of such costs to operator within thirty (30) days after the issuance of the Order in this case.

(19) Should Oryx or any working interest owner in the E/2 of said Section 12 not so elect to pay their share of such well costs within said period, they should have withheld from production their share of \$283,485.00 as a reasonable charge for participation in the well.

(20) \$380.00 per month while producing should be fixed as a reasonable charge for supervision of the subject well (combined fixed rates); in the event that any E/2 working interest owner elects to pay their proportionate share of actual costs incurred in the drilling, completion and operation of the subject well out of production, then the operator shall be authorized to withhold from production the proportionate share of such supervision charges attributable to the interest of said owner and in addition thereto, the operator should be authorized to withhold from production the proportionate share of actual expenditures required for operating the subject well, not in excess of what are reasonable, attributable to the interest of said owner.

(21) Should all the parties to this compulsory pooling reach voluntary agreement subsequent to entry of this order, this order shall thereafter be of no further effect.

(22) The operator of the well and unit shall notify the Director of the Division in writing of the subsequent voluntary agreement of all parties subject to the compulsory pooling provisions of this order.

IT IS THEREFORE ORDERED THAT:

(1) A standard 640-acre oil spacing and proration unit is hereby established consisting of Section 12, Township 25 North, Range 2 West, NMPM, Gavilan-Mancos Oil Pool, Rio Arriba County, New Mexico, and all oil and gas mineral interests in this pool underlying said Section 12 are hereby pooled and dedicated to the Mallon Oil Company, Johnson Federal "12" Well No. 5 located 1650 feet from the North line and 960 feet from the West line (Unit E) of said Section 12 and Mallon Oil Company is designated as the operator of said well and unit effective July 12, 1989.

(2) The operator is to account to and pay each owner in said enlarged unit his prorata share of production from the enlarged unit from the effective date of this order; provided said owners of working interests in the E/2 of said Section 12 shall within 30 days after receipt of a copy of this Order together with an invoice in the amount due pay their prorata share of one half the cost of said well, or \$283,485.00; or in the event of failure to make such payment shall have taken out of production by the operator said amount until operator has been paid the monies required by this Order.

(3) A reasonable supervision charge is hereby determined to be \$380.00 per month for said well and the operator is hereby authorized to withhold from production the proportionate share of such supervision charge attributable to each non-paying working interest as well as the proportionate share of actual expenditures for operating the well.

(4) Any well costs or charges which are to be paid out of production shall be withheld only from the working interests' share of production, and no costs or charges shall be withheld from production attributable to royalty interests.

(5) All proceeds from production from the subject well which are not disbursed for any reason shall be immediately placed in escrow in an insured bank in Rio Arriba County, New Mexico, to be paid to the true owner thereof upon demand and proof of ownership; the operator shall notify the Division of the name and address of said escrow agent within thirty days from the date of first deposit with said escrow agent.

(6) Should all parties to this force-pooling reach voluntary agreement subsequent to the entry of this Order, this Order shall thereafter be of no further effect.

(7) The operator of the well shall notify the Director of the Division in writing of the subsequent voluntary agreement of all parties subject to the force-pooling provisions of this Order.

(8) The force-pooling provisions of Division Order No. R-8262 issued in Case No. 8900 shall not be affected by this order and as such shall remain in full force and effect as to division of costs and proceeds of production attributed to the W/2 of Section 12.

(9) Jurisdiction of this cause is retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

Victor Z. Lyon
for WILLIAM J. LEMAY
Director