  
\_\_\_\_\_  
Craig Ambler

Subscribed and sworn to before me this 18<sup>th</sup> day of  
December, 1991, by Craig Ambler.

  
\_\_\_\_\_  
Notary Public

My commission expires:

12/30/91

# HINKLE, COX, EATON, COFFIELD & HENSLEY

ATTORNEYS AT LAW

800 MARQUETTE N.W., SUITE 800  
ALBUQUERQUE, NEW MEXICO 87102-2121

(505) 768-1500

FAX (505) 768-1529

OF COUNSEL  
O. M. CALHOUN\*  
MACK EASLEY  
JOE W. WOOD  
RICHARD S. MORRIS

CLARENCE E. HINKLE (904-8861)  
W. E. BONDURANT, JR. (913-9731)  
ROY C. SHODGRASS, JR. (904-8867)

October 28, 1991

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

700 UNITED BANK PLAZA  
POST OFFICE BOX 10  
ROSWELL, NEW MEXICO 88202  
(505) 622-6510  
FAX (505) 623-9332

2800 CLAYDESTA NATIONAL BANK BUILDING  
POST OFFICE BOX 3580  
MIDLAND, TEXAS 79702  
(817) 683-4691  
FAX (915) 683-6518

1700 TEAM BANK BUILDING  
POST OFFICE BOX 9238  
AMARILLO, TEXAS 79105  
(806) 372-5569  
FAX (806) 372-9761

218 MONTEZUMA  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504  
(505) 982-4554  
FAX (505) 982-8623

LEWIS C. COX  
PAUL W. EATON  
CONRAD E. COFFIELD  
HAROLD L. HENSLEY, JR.  
STUART D. SHANOR  
ERIC G. LANIER  
C. D. MARTIN  
PAUL J. KELLY, JR.  
MARSHALL G. MARTIN  
OWEN M. LOPEZ  
DOUGLAS L. LUNSFORD  
JOHN J. KELLY  
T. CALDER EZZELL, JR.  
WILLIAM B. BURFORD\*  
RICHARD E. OLSON  
RICHARD R. WILFONG\*  
THOMAS J. NEBRIDE  
STEVEN D. ARNOLD  
JAMES J. WECHSLER  
NANCY S. CUSACK  
JEFFREY L. FORNACIARI  
JEFFREY D. HEWETT  
JAMES BRUCE  
JERRY F. SHACKELFORD\*  
JEFFREY W. HELLBERG\*  
ALBERT L. MYTS  
THOMAS M. HRASKO  
JOHN C. CHAMBERS\*  
GARY D. COMPTON\*  
MICHAEL A. GROSS

THOMAS D. HAINES, JR.  
FRANKLIN H. WECALLUM\*  
GREGORY J. HEBERT  
DAVID T. MARKETTE\*  
MARK C. DOW  
KAREN M. RICHARDSON\*  
FRED W. SCHWENDMANN  
JAMES M. HUDSON  
JEFFREY S. BAIRD\*  
PATRICIA A. MORRIS  
MACDONNELL GORDON  
REBECCA NICHOLS JOHNSON  
WILLIAM P. JOHNSON  
STANLEY K. KOTOVSKY, JR.  
BETTY H. LITTLE\*  
RUTH S. MUSGRAVE  
HOWARD R. THOMAS  
ELLEN S. CASEY  
S. BARRY PAISNER  
MARGARET CARTER LUDEWIG  
MARTIN MEYERS  
GREGORY S. WHEELER  
ANDREW J. CLOUTIER  
JAMES A. GALLESPIE  
GARY W. LARSON  
STEPHANIE LANDRY  
JOHN R. KULSETH, JR.  
LISA K. SMITH\*  
JAMES K. SCHUSTER\*

\*NOT LICENSED IN NEW MEXICO

TO: Persons Listed on Exhibit A

Enclosed is a copy of an Application for a Horizontal Directional Drilling Pilot Project, etc., filed with the New Mexico Oil Conservation Division on behalf of Samuel Gary Jr. & Associates, Inc. Records indicate you are an offset operator or lessee. This matter will be heard by the Division on Thursday, November 21, 1991, at 8:15 a.m. at the Division's offices at 310 Old Santa Fe Trail, Santa Fe, New Mexico 87501. Failure to appear at that time will preclude you from contesting this Application at a later date.

Very truly yours,

HINKLE, COX, EATON, COFFIELD &  
HENSLEY

By:  James Bruce  
Attorneys for Applicant

EXHIBIT

A

EXHIBIT A

Samuel Gary Jr. & Associates, Inc.  
1775 Sherman Street  
Suite 1925  
Denver, CO 80203

Mr. Raymond Chorney  
555 17th Street  
Suite 1000  
Denver, CO 80202

The Gary-Williams Company  
370 17th Street  
Suite 5300  
Denver, CO 80202

Ms. Joan Chorney  
555 17th Street  
Suite 1000  
Denver, CO 80202

Energy Development Corporation  
1000 Louisiana  
Suite 2900  
Houston, TX 77002

Mr. Charles Gates  
Box 22787  
Jackson, MS 39205

Talus Properties Limited Partnership  
P. O. Box 2485  
Greenville, SC 29602

Ms. Eileen G. Hunt  
Box 2628  
Jackson, MS 39207

PITCO Production Company  
P. O. Box 35368  
Tulsa, OK 74153

Mr. James D. Medema  
P. O. Box 3267  
Homer, AK 99603

Adobe Resources Corporation  
300 W. Texas  
Suite 1100  
Midland, TX 79701

Dr. Lamar B. Roemer  
370 17th Street  
Suite 5013  
Denver, CO 80202

Union Pacific Resources Co.  
P. O. Box 7  
Ft. Worth, TX 76101-0007

Mr. F. L. Shogrin  
P. O. Box 229  
Hygiene, CO 80533

Texaco Producing Inc.  
P. O. Box 2100  
Denver, CO 80201

Sport Resources, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

Berenergy Corporation  
1801 California Street  
Suite 3900  
Denver, CO 80202

Zalman Resources, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

Daven Corporation  
1801 California Street  
Suite 3900  
Denver, CO 80202

Seabrook Corporation  
555 17th Street  
Suite 1000  
Denver, CO 80202-3910

Zab, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

Celsius Energy Company  
1125 17th Street  
Suite 2240  
Denver, CO 80202

Bureau of Land Management  
1235 LaPlata Highway  
Farmington, NM 87401

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF SAMUEL GARY JR.  
& ASSOCIATES, INC. FOR A HORIZONTAL  
DIRECTIONAL DRILLING PILOT PROJECT,  
SPECIAL OPERATING RULES THEREFOR INCLUD-  
ING A SPECIAL GAS:OIL RATIO, AN UN-  
ORTHODOX OIL WELL LOCATION, A NON-STANDARD  
PRORATION UNIT, AND SIMULTANEOUS DEDICA-  
TION, SANDOVAL COUNTY, NEW MEXICO.

No. \_\_\_\_\_

APPLICATION

Samuel Gary Jr. & Associates, Inc. hereby applies for approval of a horizontal directional drilling pilot project, and additional relief, for a well to be drilled in the Rio Puerco-Mancos Oil Pool, and in support thereof, states:

1. Applicant is a working interest owner in, and has the right to drill a well in, the  $W\frac{1}{2}$  of Section 4, Township 20 North, Range 2 West, N.M.P.M., Sandoval County, New Mexico. The  $W\frac{1}{2}$  of Section 4 is comprised of Lots 3, 4,  $S\frac{1}{2}NW\frac{1}{4}$  and  $SW\frac{1}{4}$ , totalling 298.82 acres.

2. Applicant proposes to drill its 4-1H Orquidea Well at a surface location 330 feet from the South line and 1,650 feet from the West line of the Section, in the following unconventional manner:

Drill vertically to a depth of approximately 3,250 feet, kick off from vertical and commence a medium radius curve in a North 12.5° West direction building angle to approximately 83 degrees, drilling horizontally a distance of approximately 3,850 feet, and bottoming said wellbore at a location approximately 700 feet from the North line and 710 feet from the West line of the Section. The true vertical

depth of the end of the wellbore will be approximately 4,015 feet.

3. The  $W\frac{1}{2}$  of the Section shall be dedicated to the well, and Applicant requests approval of a non-standard proration unit.

4. Applicant further requests that special operating provisions be established for the project area, including the designation of a prescribed area limiting the horizontal extent of the wellbore such that it can be no closer than 660 feet from the outer boundary of the proration unit, and a special gas:oil ratio for the well of 1000:1.

5. Applicant requests approval of the unorthodox surface location. The well will enter the Mancos formation at a standard location per the special operating rules.

6. Applicant is the operator of a conventional well, completed in the Rio Puerco-Mancos Oil Pool, located in the  $SW\frac{1}{4}$  of Section 4. The  $S\frac{1}{2}$  of Section 4 is dedicated to said conventional well. Applicant requests authority to simultaneously dedicate the  $SW\frac{1}{4}$  of Section 4 to both the conventional and horizontal wells.

7. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

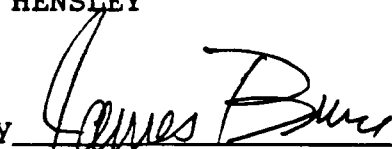
WHEREFORE, Applicant requests that the Division grant the relief requested above.

DATED: 10/25/91

Respectfully Submitted,

HINKLE, COX, EATON, COFFIELD &  
HENSLEY

By

  
James Bruce

500 Marquette, N.W.  
Suite 800

Albuquerque, N.M. 87102  
(505) 768-1500

Attorneys for Applicant

P 544 758 196

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Union Pacific Resources</i>	
Street and No. <i>P.O. Box 7</i>	
P.O. State and ZIP Code <i>FT. Worth, TX</i>	
Postage	<i>76101-0007</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 198

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>PTCO Production</i>	
Street and No. <i>P.O. Box 35368</i>	
P.O. State and ZIP Code <i>Tulsa, OK 74153</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 199

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Malus Properties Limited Partnership</i>	
Street and No. <i>P.O. Box 2435</i>	
P.O. State and ZIP Code <i>Greenville, SC 29601</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 197

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Adobe Resources Corp.</i>	
Street and No. <i>500 W. Texas</i>	
P.O. State and ZIP Code <i>Suite 100</i>	
Postage	<i>Midland, TX 79701</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 195

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Texaco Production</i>	
Street and No. <i>P.O. Box 2100</i>	
P.O. State and ZIP Code <i>Denver, CO 80201</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 183

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Spart Resources, Inc</i>	
Street and No. <i>1501 California</i>	
P.O. State and ZIP Code <i>Suite 3900</i>	
Postage	<i>Denver, CO 80202</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 186

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>James D. Medema</i>	
Street and No. <i>P.O. Box 3267</i>	
P.O. State and ZIP Code <i>Homer, AK 99603</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 188

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Charles Coates</i>	
Street and No. <i>Box 22787</i>	
P.O. State and ZIP Code <i>Jackson, MS</i>	
Postage	<i>39205</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 185

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Dr. Lamar B. Roan</i>	
Street and No. <i>370 17th Street</i>	
P.O. State and ZIP Code <i>Suite 5013</i>	
Postage	<i>Denver, CO 80202</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



P 544 215 908

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>John Coary-Williams Company</i>	
Street and No. <i>370 17th Street</i>	
P.O. State and ZIP Code <i>Suite 5300 Denver, CO 80202</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 215 909

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Samuel Coary Assoc.</i>	
Street and No. <i>1775 Sherman Street</i>	
P.O. State and ZIP Code <i>Suite 1945 Denver, CO 80203</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 182

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Calman Resource</i>	
Street and No. <i>1801 California</i>	
P.O. State and ZIP Code <i>Suite 3900 Denver, CO 80202</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 181

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Seabrook Corporation</i>	
Street and No. <i>555 17th Street</i>	
P.O. State and ZIP Code <i>Denver, CO 80202-8710</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 180

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Celsius Energy Corp.</i>	
Street and No. <i>1125 17th Street</i>	
P.O. State and ZIP Code <i>Suite 2240 Denver, CO 80202</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 184

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
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(See Reverse)

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>F. L. Shogrin</i>	
Street and No. <i>P.O. Box 329</i>	
P.O. State and ZIP Code <i>Huerfano, CO 80533</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 192

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Zap, Inc.</i>	
Street and No. <i>1801 California</i>	
P.O. State and ZIP Code <i>Suite 3900 Denver, CO 80202</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 200

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Energy Development</i>	
Street and No. <i>1000 Louisiana</i>	
P.O. State and ZIP Code <i>Suite 2900 Houston, TX 77002</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 187

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Sent to <i>Eileen C. Hunt</i>	
Street and No. <i>Box 2628</i>	
P.O. State and ZIP Code <i>Jackson, MS 39207</i>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 194

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Boerenergy Corporation
Street and No.	1801 California Street
P.O. State and ZIP Code	Denver, CO 80202
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Jean Chorney
Street and No.	555 17th Street
P.O. State and ZIP Code	Denver, CO 80202
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 191

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	BLM
Street and No.	1235 Lafayette Hwy.
P.O. State and ZIP Code	Lawrence, MO 64501
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Raymond Chorney
Street and No.	555 17th Street
P.O. State and ZIP Code	Denver, CO 80202
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 544 758 193

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Davey Corporation
Street and No.	1801 California
P.O. State and ZIP Code	Denver, CO 80202
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Berenery Corporation  
1801 California Street  
Suite 3900  
Denver, CO 80202

4a. Article Number P 544 758 1

4b. Service Type  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery OCT 31 1991

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

9. Signature (Agent) Pat Adaminicola

U.S. Form 3811, November 1990 \*U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Palman Resources Inc  
1801 California  
Suite 3900  
Denver, CO 80202

4a. Article Number P 544 758 182

4b. Service Type  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery OCT 31 1991

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

9. Signature (Agent) Pat Adaminicola

U.S. Form 3811, November 1990 \*U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: ZAP, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

4a. Article Number P 544 758 19

4b. Service Type  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery OCT 31 1991

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

9. Signature (Agent) Pat Adaminicola

U.S. Form 3811, November 1990 \*U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Berenery Corporation  
1801 California Street  
Suite 3900  
Denver, CO 80202

4a. Article Number P 544 758 173

4b. Service Type  
 Registered  
 Certified  
 Insured  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery OCT 31 1991

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

9. Signature (Agent) Pat Adaminicola

U.S. Form 3811, November 1990 \*U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, and 10.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Texaco Producing Inc.  
 P.O. Box 2100  
 Denver, CO 80201

4a. Article Number: P 544 758 19

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD

5. Express Mail  Return Receipt for Merchandise

6. Date of Delivery: 11/2/91

7. Addressee's Address (Only if requested and fee is paid)

8. Signature (Addressee)

9. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, and 10.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 PITCO Production  
 P.O. Box 35363  
 Tulsa, OK 74153

4a. Article Number: P 544 758 19

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD

5. Express Mail  Return Receipt for Merchandise

6. Date of Delivery: 11-4-91

7. Addressee's Address (Only if requested and fee is paid)

8. Signature (Addressee)

9. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, and 10.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 James D. Melena  
 P.O. Box 3267  
 Homer, AK 99603

4a. Article Number: P 544 758 1818

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD

5. Express Mail  Return Receipt for Merchandise

6. Date of Delivery: 11/1/91

7. Addressee's Address (Only if requested and fee is paid)

8. Signature (Addressee)

9. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, and 10.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Talus Properties Limited  
 P.O. Box 2485  
 Greenville, SC 29602

4a. Article Number: P 544 758 199

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD

5. Express Mail  Return Receipt for Merchandise

6. Date of Delivery: NOV 4 1991

7. Addressee's Address (Only if requested and fee is paid)

8. Signature (Addressee)

9. Signature (Agent)

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Eileen C. Hunt  
Box 2628  
Jackson, MS 39207

4a. Article Number: P 544 758 187

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

5. Signature (Addressee):  
*E. Hunt*

6. Signature (Agent):  
*E. Hunt*

7. Date of Delivery: NOV - 1 1991

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

9. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Charles Ceates  
Box 22787  
Jackson, MS 39205

4a. Article Number: P 544 758 188

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

5. Signature (Addressee):

6. Signature (Agent):  
*C. Ceates*

7. Date of Delivery: NOV - 1 1991

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

9. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Energy Development  
Corporation  
1000 Louisiana  
Suite 2900  
Houston, TX 77002

4a. Article Number: P 544 758 200

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

5. Signature (Addressee):

6. Signature (Agent):  
*[Signature]*

7. Date of Delivery: NOV 1 1991

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

9. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 5, and 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
F. L. Shorin  
P.O. Box 289  
Harrisburg, PA 17103

4a. Article Number: P 544 758 184

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

5. Signature (Addressee):

6. Signature (Agent):  
*[Signature]*

7. Date of Delivery: NOV 1 1991

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

9. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Union Pacific Resources  
 P.O. Box 7  
 Ft. Worth, TX  
 76101-0007

4a. Article Number: P 544 758 194

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery: 10/31/91

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Peabrock Corporation  
 555 17th Street  
 Suite 1000  
 Denver, CO  
 80202-3910

4a. Article Number: P 544 758 181

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Bureau of Land Management  
 1235 Fairlata Highway  
 Farmington, N.M.  
 87401

4a. Article Number: P 544 758 191

4b. Service Type:  
 Registered  
 Certified  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery: 10/30/91

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Goam Chorney  
555 17th Street  
Suite 1000  
Denver, CO

4a. Article Number  
P 544 758 18c

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
80302

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

9. Signature (Addressee)  
J. Long

10. Signature (Agent)  
11-31-91

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Velsius Energy Co.  
1125 17th Street  
Suite 2240  
Denver, CO 80202

4a. Article Number  
P 544 758 180

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
OCT 31 1991

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

9. Signature (Addressee)

10. Signature (Agent)  
C. D. Dole

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
The Geary-Williams  
Company  
370 17th Street  
Suite 5300  
Denver, CO 80202

4a. Article Number  
P 544 215 908

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
OCT 31 1991

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

9. Signature (Addressee)

10. Signature (Agent)  
J. Long

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Spart Resources Inc  
1891 Central  
Suite 3700  
Denver CO 80202

4a. Article Number  
P 544 758 183

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
OCT 31 1991

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

9. Signature (Addressee)

10. Signature (Agent)  
J. Long

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-008

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1a, 1b, 2 for additional services.
- Complete items 3, a, 1 & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

**3. Article Addressed to:**

Adobe Resources  
 300 W. Texas  
 Suite 1100  
 Midland, TX  
 79701

**4a. Article Number**

D 544 738 197

**4b. Service Type**

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

**7. Date of Delivery**

NOV • 1 1991

**5. Signature (Addressee)**

**6. Addressee's Address (Only if requested and fee is paid)**

**6. Signaturp (Agent)**

R. Kralje

PS Form 3811, November 1990 \*U.S. GPO 1991-217-000

**DOMESTIC RETURN RECEIPT**



LAW OFFICES  
HINKLE, COX, EATON, COFFIELD & HENSLEY  
500 MARQUETTE N.W., SUITE 800  
ALBUQUERQUE, NEW MEXICO 87102-2121

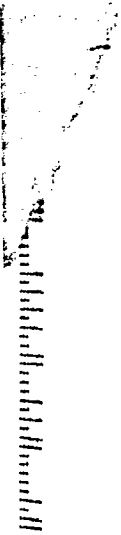
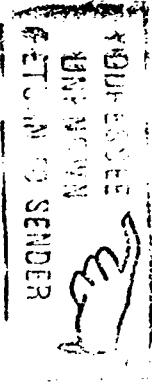
**CERTIFIED**  
P 544 758 285  
**MAIL**



**CERTIFIED MAIL RETURN RECEIPT**  
Dr. Lamar B. Roemer  
370 17th Street  
Suite 5013  
Denver, CO 80202

MAY 29 1991

**COFFIELD & HENSLEY**



W

# HINKLE, COX, EATON, COFFIELD & HENSLEY

ATTORNEYS AT LAW

500 MARQUETTE N.W., SUITE 800  
ALBUQUERQUE, NEW MEXICO 87102-2121

(505) 768-1500

FAX (505) 768-1529

OF COUNSEL  
O. M. CALMOUR\*  
MACK EASLEY  
JOE W. WOOD  
RICHARD S. MORRIS

CLARENCE E. HINKLE (904-1985)  
W. E. BONDURANT, JR. (803-4873)  
ROY C. SNODGRASS, JR. (804-1887)

November 6, 1991

700 UNITED BANK PLAZA  
POST OFFICE BOX 10  
ROSWELL, NEW MEXICO 88202  
(505) 622-6510  
FAX (505) 623-9332

2800 CLAYDESTA NATIONAL BANK BUILDING  
POST OFFICE BOX 3580  
MIDLAND, TEXAS 79702  
(815) 683-4691  
FAX (815) 683-6518

1700 TEAM BANK BUILDING  
POST OFFICE BOX 9238  
AMARILLO, TEXAS 79105  
(806) 372-5569  
FAX (806) 372-9761

218 MONTEZUMA  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504  
(505) 982-4554  
FAX (505) 982-8523

LEWIS C. COX  
PAUL W. EATON  
CONRAD E. COFFIELD  
HAROLD L. HENSLEY, JR.  
STUART D. SHANOR  
ERIC D. LAMMERE  
C. D. MARTIN  
PAUL J. KELLY, JR.  
MARSHALL B. MARTIN  
OWEN M. LOPEZ  
DOUGLAS L. LUNSFORD  
JOHN J. KELLY  
T. CALDER EZZELL, JR.  
WILLIAM B. BURFORD\*  
RICHARD E. OLSON  
RICHARD R. WILFONG\*  
THOMAS J. MCBRIDE  
STEVEN D. ARNOLD  
JAMES J. WECHSLER  
NANCY S. CUSACK  
JEFFREY L. FORNACIAR\*  
JEFFREY D. HEWETT  
JAMES BRUCE  
JERRY F. SHACKELFORD\*  
JEFFREY W. HELLBERG\*  
ALBERT L. FITTS  
THOMAS M. HNASKO  
JOHN C. CHAMBERS\*  
GARY D. COMPTON\*  
MICHAEL A. GROSS

THOMAS D. HAINES, JR.  
FRANKLIN H. MCCALLUM\*  
GREGORY J. NIBERT  
DAVID T. MARKETTE\*  
MARK C. DOW  
NAREN M. RICHARDSON\*  
FRED W. SCHWENDMANN  
JAMES M. HUDSON  
JEFFREY S. BAIRD\*  
PATRICIA A. MORRIS  
MACDONNELL GORDON  
REBECCA NICHOLS JOHNSON  
WILLIAM P. JOHNSON  
STANLEY K. KOTOVSKY, JR.  
BETTY H. LITTLE\*  
RUTH S. MUSGRAVE  
HOWARD R. THOMAS  
ELLEN S. CASEY  
S. BARRY PAISNER  
MARGARET CARTER LUDEWIG  
MARTIN MEYERS  
GREGORY S. WHEELER  
ANDREW J. CLOUTIER  
JAMES A. GILLESPIE  
GARY W. LARSON  
STEPHANIE LANDRY  
JOHN R. KULSETH, JR.  
LISA K. SMITH\*  
JAMES K. SCHUSTER\*

\*NOT LICENSED IN NEW MEXICO

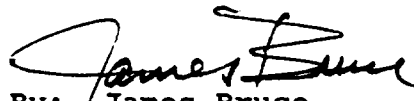
TO: Persons Listed on Exhibit A

Re: Application of Samuel Gary Jr. & Associates, Inc. for a  
Horizontal Directional Drilling Pilot Project, §4-20 North-2  
West, Sandoval County

A copy of the above Application was previously sent to you  
by certified mail. The Oil Conservation Division has informed  
Applicant that this matter will be heard on Thursday, December 5,  
1991, at 8:15 a.m. rather than on November 21, 1991.

Very truly yours,

HINKLE, COX, EATON, COFFIELD &  
HENSLEY

  
By: James Bruce  
Attorneys for Applicant

EXHIBIT

B

EXHIBIT A

Samuel Gary Jr. & Associates, Inc.  
1775 Sherman Street  
Suite 1925  
Denver, CO 80203

The Gary-Williams Company  
370 17th Street  
Suite 5300  
Denver, CO 80202

Energy Development Corporation  
1000 Louisiana  
Suite 2900  
Houston, TX 77002

Talus Properties Limited Partnership  
P. O. Box 2485  
Greenville, SC 29602

PITCO Production Company  
P. O. Box 35368  
Tulsa, OK 74153

Adobe Resources Corporation  
300 W. Texas  
Suite 1100  
Midland, TX 79701

Union Pacific Resources Co.  
P. O. Box 7  
Ft. Worth, TX 76101-0007

Texaco Producing Inc.  
P. O. Box 2100  
Denver, CO 80201

Berenergy Corporation  
1801 California Street  
Suite 3900  
Denver, CO 80202

Daven Corporation  
1801 California Street  
Suite 3900  
Denver, CO 80202

Zab, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

Bureau of Land Management  
1235 LaPlata Highway  
Farmington, NM 87401

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370 17th Street  
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Denver, CO 80202

Mr. F. L. Shogrin  
P. O. Box 229  
Hygiene, CO 80533

Sport Resources, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

Zalman Resources, Inc.  
1801 California  
Suite 3900  
Denver, CO 80202

Seabrook Corporation  
555 17th Street  
Suite 1000  
Denver, CO 80202-3910

Celsius Energy Company  
1125 17th Street  
Suite 2240  
Denver, CO 80202

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800 MARQUETTE N.W., SUITE 800  
ALBUQUERQUE, NEW MEXICO 87102-2121

Dr. Lamar B. Roemer  
370 17th Street  
Suite 5013  
Denver, CO 80202

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7 NOV 1991  
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