

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

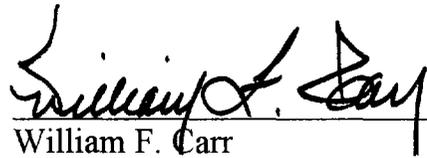
IN THE MATTER OF THE APPLICATION OF SAGA PETROLEUM, L.L.C.  
STATUTORY UNITIZATION, LEA COUNTY, NEW MEXICO.

CASE NO. 12417 (Reopened)

AFFIDAVIT

STATE OF NEW MEXICO     )  
  ) ss.  
COUNTY OF SANTA FE     )

William F. Carr, attorney in fact and authorized representative of Saga Petroleum, L.L.C., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of June, 2001.

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

My Commission Expires:  
Aug 21, 2001

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 12417 (Reopened) Exhibit A  
Submitted by:  
Saga Petroleum, L.L.C.  
Hearing Date: July 12, 2001

**EXHIBIT A**

**Statutory Unitization  
N/2 SE/4, Section 27 and the E/2 of Section 34  
Township 9 South, Range 36 East, NMPM  
Lea County, New Mexico**

Susie L. Wadley - First Trust  
Ellione M. Sinclair - Trustee  
Northern Trust Bank #23072050  
P.O. Box 226270  
Dallas, TX 75222-6270

Forcenergy, Inc.  
Forcenergy Center - Susan Cook  
3838 N. Causeway Blvd., #2300  
Metairie, LA 70002

Floos Inc.  
P.O. Box 5970  
Hobbs, NM 88241-5970

William Marsh Rice University  
447 Allen Center, MS-91  
6100 Main Street  
Houston, TX 77005-1892

Candace G. Jacobson  
Box 2981  
Ruidoso, NM 883458-2981

Thomas J. Good, III  
P.O. Box 130  
Nogal, NM 88341

Price and CIA, Inc.  
Dixie Term Building  
49 E. 4<sup>th</sup> Street, Suite 216  
Cincinnati, OH 45202-3854

Gerald D. Mills  
14 E. Hawthorne Drive  
Asheville, NC 28802

Yuma Exploration & Production  
1177 West Loop South, Suite 1825  
Houston, TX 77027

Myrl Sawyer Good  
2707 North Coronado Road  
Roswell, NM 88201-3464

Beja Embry Poky  
2005 Valley View Drive  
Woodland Park, CO 80863

Perry & Patricia Shaw Trust  
23683 Elmwood Drive  
Porter, TX 77365-5101

Marius Jensen Nygaard, Jr.  
155 W. 68<sup>th</sup> Street  
New York, NY 10023-5808

Sandra Good Ramey Trust  
Myrl Good Trustee  
2707 North Coronado Drive  
Roswell, NM 88201-3464

Allan Capital Corporation  
825 Lenton Avenue  
Baltimore, MD 21212-3238

H. Wayne Hoover  
2122 40<sup>th</sup> Avenue  
Greeley, CO 80634

Mystique Resources Company  
1975 E. Otero Lane  
Littleton, CO 80122-3248

Edward J. Names  
1738 W. Chokecherry Drive  
Louisville, CO 80027

C.L. Nordstrom  
1735 Clark Street  
Aurora, CO 80011

Bruce M. Patterson d/b/a  
Patterson Group  
P.O. Box 620457  
Littleton, CO 70162-0457

Yellow Queen Uranium Company  
1647 Court Place, Suite 326  
Denver, CO 80202

C. Thomas Houseman  
39 Crystal Lane  
Sandia Park, NM 87047

Prince Minerals, LTD  
#301 LB 35  
7001 Preston Road  
Dallas, TX 75205

Elloine M. Sinclair Trustee  
Susie L. Wadley First Trust  
C/o Texas Commerce Bk Na Agt  
Acct No 23-07205  
P. O. Box 226270  
Dallas, Texas 75222

Robert E. W. Sinclair Trustee of  
The Sinclair Rev. Trust  
7001 Preston Road, Suite 301  
Dallas, Texas 75205

Robert E. W. Sinclair Trustee of  
The Fernald Point Prod. Trust  
7001 Preston Road, Suite 301  
Dallas, Texas 75205

HOLLAND & HART <sup>LLP</sup>  
AND  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

SUITE 1  
110 NORTH GUADALUPE  
SANTA FE, NEW MEXICO 87501-6525  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043  
www.hollandhart.com

June 21, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL AFFECTED INTEREST OWNERS**

**Re: New Mexico Oil Conservation Division Case No. 12417(Reopened):  
Application of Saga Petroleum, L.L.C. for statutory unitization, Lea  
County, New Mexico.**

Ladies and Gentlemen:

Saga Petroleum, L.L.C. filed an application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing, for the purpose of establishing a secondary recovery project, all mineral interests in the Devonian formation, Crossroads Siluro-Devonian Pool underlying 800 acres, more or less, of fee lands located in the N/2, SE/4 of Section Sections 27 and the E/2 of Section 34, Township 9 South, Range 36 East, NMPM, Lea County, New Mexico. Said unit is to be designated the Crossroads Siluro-Devonian Unit.

This case was originally heard by a Division Examiner on September 7, 2000, and has been reopened for hearing before a Division Examiner on July 12, 2001. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the determination of the horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investments in wells and equipment; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including, but not limited to, unit voting procedures, selection, removal or

Notice to All Affected Interest Owners

June 21, 2001

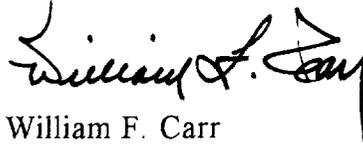
Page 2

substitution of unit operator, and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a provision for carrying and nonconsenting working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable.

The July 12, 2001 reopened hearing on this application will be held at the Oil Conservation Division hearing room, located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing but, as the owner of an interest that may be affected by this applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr

Attorney for Saga Petroleum, L.L.C.

WFC/keh

Enclosures

cc: Charles Farmer  
Saga Petroleum, L.L.C.

7000 0600 0024 3127 8860  
7000 0600 0024 3127 8860  
7000 0600 0024 3127 8860  
7000 0600 0024 3127 8877

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44451-0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>

Postmark Here: JUN 21 2001 USPS - 87

Recipient's Name: Allan Capital Corporation  
Street, Apt. No.: 825 Lenton Avenue  
City, State, ZIP: Baltimore, MD 21212-3

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Allan Capital Corporation  
825 Lenton Avenue  
Baltimore, MD 21212-3238

2. Article Number (Copy from service label)  
7000 0600 0024 3127 8860  
PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **F A ALLAN** B. Date of Delivery **6/25/01**

C. Signature **X F Aly Allen**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511-0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>

Postmark Here: JUN 21 2001 USPS - 87

Recipient's Name: Floos Inc.  
Street, Apt. No.: P.O. Box 5970  
City, State, ZIP: Hobbs, NM 88241-5970

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Floos Inc.  
Box 5970  
Hobbs, NM 88241-5970

2. Article Number (Copy from service label)  
7000 0600 0024 3127 8860

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Floos Inc.** B. Date of Delivery **6-25-01**

C. Signature **X Floos Inc.**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511-0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>

Postmark Here: JUN 21 2001 USPS - 87

Recipient's Name: Forcenergy, Inc.  
Street, Apt. No.: Forcenergy Center - Susan Cook  
City, State, ZIP: 3838 N. Causeway Blvd., Metairie, LA 70002

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Forcenergy, Inc.  
Forcenergy Center - Susan Cook  
3838 N. Causeway Blvd., #2300  
Metairie, LA 70002

2. Article Number (Copy from service label)  
7000 0600 0024 3127 8877  
PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Faith Schamberger** B. Date of Delivery **6-25-01**

C. Signature **X Faith Schamberger**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

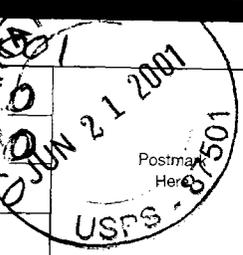
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 4451-0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name: Myrl Sawyer Good  
 Street, Apt. No.: 2707 North Coronado Road  
 City, State, ZIP+4: Roswell, NM 88201-3464

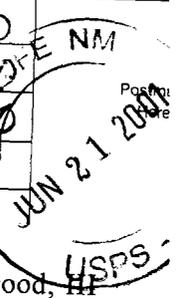
PS Form 3800, Feb

7000 0600 0024 3127 8792

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 4451-0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Thomas J. Good, III  
 P.O. Box 130  
 Nogal, NM 88341

2. Article Number (Copy from service label)  
 7000 0600 0024 3127 8839

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly): Thomas J. Good III  
 B. Date of Delivery: 6-26-01  
 C. Signature: Thomas J. Good III  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

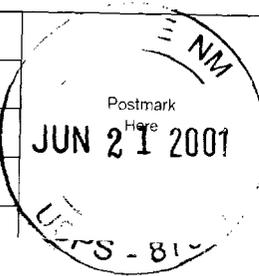
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 0024 3127 8839

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 4451-0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Wayne Hoover  
 240<sup>th</sup> Avenue  
 Greeley, CO 80634

2. Article Number (Copy from service label)  
 7000 0600 0024 3127 6897

PS Form 3811, July 1999

A. Received by (Please Print Clearly): H. Wayne Hoover  
 B. Date of Delivery: JUN 27 2001  
 C. Signature: H. Wayne Hoover  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 0024 3127 6897

Recipient's Name: H. Wayne Hoover  
 Street, Apt. No.: 2122 40<sup>th</sup> Avenue  
 City, State, ZIP+4: Greeley, CO 80634

PS Form 3800, Feb

Domestic Return Receipt

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511 0001

Postage	\$ 1.60
Certific Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.00</b>

Recipient's Name: C. Thomas Houseman  
Street, Apt. No.: 39 Crystal Lane  
City, State, ZIP: Sandia Park, NM 87047

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
C. Thomas Houseman  
39 Crystal Lane  
Sandia Park, NM 87047

2. Article Number (Copy from service label)  
7000 0600 0024 3127 0458

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly): C. Thomas Houseman  
B. Date of Delivery: 6/22/01  
C. Signature: [Signature]  
D. Is delivery address different from item 1?  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

102595-99-M-1789

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511 0001

Postage	\$ 1.60
Certific Fee	1.80
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.00</b>

Recipient's Name: Candace G. Jacobson  
Street, Apt. No.: Box 2981  
City, State, ZIP: Ruidoso, NM 883458-298

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Candace G. Jacobson  
Box 2981  
Ruidoso, NM 883458-2981

2. Article Number (Copy from service label)  
7000 0600 0024 3127 8822

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly): M. TOMISON  
B. Date of Delivery: 6/25/01  
C. Signature: [Signature]  
D. Is delivery address different from item 1?  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

102595-99-M-1789

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511 0001

Postage	\$ 1.60
Certific Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.00</b>

Recipient's Name: Gerald D. Mills  
Street, Apt. No.: 14 E. Hawthorne Drive  
City, State, ZIP: Asheville, NC 28802

PS Form 3800, February 1999

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Gerald D. Mills  
14 E. Hawthorne Drive  
Asheville, NC 28802

2. Article Number (Copy from service label)  
7000 0600 0024 3127 8815

PS Form 3811, July 1999

Domestic Return Receipt

C. Signature: [Signature]  
D. Is delivery address different from item 1?  Yes  No

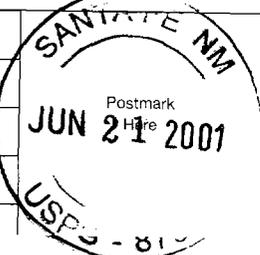
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

102595-99-M-1789

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

WFC #445110001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



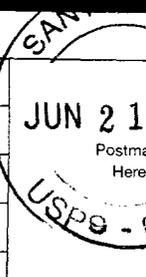
Recipient's Name: **Mystique Resources Company**  
 Street, Apt. No.: **1975 E. Otero Lane**  
 City, State, ZIP: **Littleton, CO 80122-3248**

PS Form 3800, February 1999

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

WFC #44511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name: **Edward J. Names**  
 Street, Apt. No.: **1738 W. Chokecherry Drive**  
 City, State, ZIP: **Louisville, CO 80027**

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
**Edward J. Names**  
**1738 W. Chokecherry Drive**  
**Louisville, CO 80027**

2. Article Number (Copy from service label)  
**7000 0600 0024 3127 6910**

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

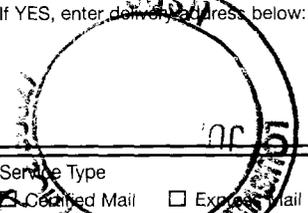
A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature  
 X *Edward Names*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

WFC #44511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name: **C.L. Nordstrom**  
 Street, Apt. No.: **1735 Clark Street**  
 City, State, ZIP: **Aurora, CO 80011**

PS Form 3800, February 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
**C.L. Nordstrom**  
**1735 Clark Street**  
**Aurora, CO 80011**

2. Article Number (Copy from service label)  
**7000 0600 0024 3127 6921**

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

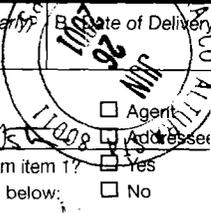
A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature  
 X *Matt Nordstrom*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7000 0600 0024 3127 6859

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Mei Ying 6/25/01

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

WFC 44511.0001 SANTA FE, N.M.

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Addressed to:  
Marius Jensen Nygaard, Jr.  
155 W. 68<sup>th</sup> Street  
New York, NY 10023-5808

Recipient's Name: Marius Jensen Nygaard, Jr.  
Street, Apt. No.: 155 W. 68<sup>th</sup> Street  
City, State, ZIP+4: New York, NY 10023-5808

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, Feb 99

Article Number (Copy from service label): 0600 0004 3127 6859

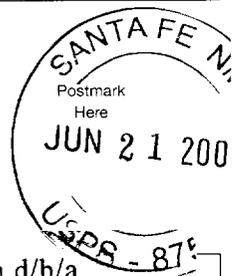
311, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3127 6934

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44451.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name: Bruce M. Patterson d/b/a  
Street, Apt. No.: Patterson Group  
City, State, ZIP: P.O. Box 620457  
Littleton, CO 70162-0457

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

BEJA C. FOKY

C. Signature  Agent  Addressee

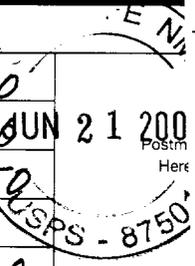
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

89 Broken Wheel  
Divide Co 80814

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

4451.0001 WFC

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name: Beja Embry Poky  
Street, Apt. No.: 2005 Valley View Drive  
City, State, ZIP+4: Woodland Park, CO 808

1. Article Addressed to:

Beja Embry Poky  
2005 Valley View Drive  
Woodland Park, CO 80863

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, Feb 99

2. Article Number (Copy from service label): 0600 0004 3127 6859

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3127 6835

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Pro

WFC 444511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name (Print)  
Perry & Patricia Shaw  
Street, Apt. No., or P.O. Box  
23683 Elmwood Drive  
City, State, ZIP+4  
Porter, TX 77365-5101

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Perry & Patricia Shaw Trust  
23683 Elmwood Drive  
Porter, TX 77365-5101

2. Article Number (Copy from service label)  
7000 0600 0024 3127 6842

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
Patricia Shaw  
B. Date of Delivery  
6-25

C. Signature  
[Signature]  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

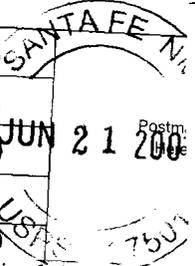
- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Pro

WFC 44511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>



Recipient's Name  
Elloine M. Sinclair Trustee  
Susie L. Wadley First Trust  
C/o Texas Commerce Bk Na  
Acct No 23-07205  
P. O. Box 226270  
Dallas, Texas 75222

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elloine M. Sinclair Trustee  
Susie L. Wadley First Trust  
C/o Texas Commerce Bk Na Agt  
Acct No 23-07205  
P. O. Box 226270  
Dallas, Texas 75222

2. Article Number (Copy from service label)  
7000 0600 0024 3127 7184

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
Ronald Bell  
B. Date of Delivery  
JUN 25 2001

C. Signature  
[Signature]  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Pro

44511.0001 WFC

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>\$ 5.00</b>



Recipient's Name  
Robert E. W. Sinclair Trustee  
The Fernald Point Prod. Trust  
7001 Preston Road, Suite 301  
Dallas, Texas 75205

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert E. W. Sinclair Trustee of  
The Fernald Point Prod. Trust  
7001 Preston Road, Suite 301  
Dallas, Texas 75205

2. Article Number (Copy from service label)  
7000 0600 0024 3127 7101

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
[Signature]  
B. Date of Delivery  
6/25/01

C. Signature  
[Signature]  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 0024 3127 7191

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.00</b>



Recipient's Name: Robert E. W. Sinclair Trust  
The Sinclair Rev. Trust  
7001 Preston Road, Suite 301  
Dallas, Texas 75205

PS Form 3800, Feb 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert E. W. Sinclair Trustee of  
The Sinclair Rev. Trust  
7001 Preston Road, Suite 301  
Dallas, Texas 75205

2. Article Number (Copy from service label)

7000 0600 0024 3127 7191

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Sharon H. [Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

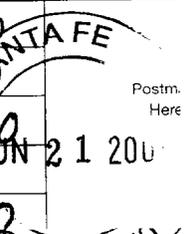
4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 0024 3127 6828

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.00</b>



Recipient's Name: Susie L. Wadley - First Trust  
Ellione M. Sinclair - Trustee  
Northern Trust Bank #2  
P.O. Box 226270  
Dallas, TX 75222-6270

PS Form 3800, Feb 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Susie L. Wadley - First Trust  
Ellione M. Sinclair - Trustee  
Northern Trust Bank #23072050  
P.O. Box 226270  
Dallas, TX 75222-6270

2. Article Number (Copy from service label)

7000 0600 0024 3127 6828

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

Ronald Bell June 25 2001

C. Signature

X *Ronald Bell*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 0024 3127 8853

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 444511.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.00</b>



Recipient's Name: William Marsh Rice Univ  
447 Allen Center, MS-91  
6100 Main Street  
Houston, TX 77005-1892

PS Form 3800, Feb 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Marsh Rice University  
447 Allen Center, MS-91  
6100 Main Street  
Houston, TX 77005-1892

2. Article Number (Copy from service label)

7000 0600 0024 3127 8853

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

D. Greene 6-25-01

C. Signature

X *D. Greene*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7000 0600 0024 3127 6941

### U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro

445110001 WFC

Postage	\$
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Recipient's Name  
 Street, Apt. No.: Yellow Queen Uranium C  
 1647 Court Place, Suite 3  
 City, State, ZIP+4: Denver, CO 80202

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Yellow Queen Uranium Company  
 1647 Court Place, Suite 326  
 Denver, CO 80202

2. Article Number (Copy from service label)  
 7000 0600 0024 3127 6941

### COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: 2001

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3127 6941

### U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro

WFC #44511-0001 SANTA FE

Postage	\$
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.00



Recipient's Name  
 Street, Apt. No.: Yuma Exploration & Pro  
 1177 West Loop South, S  
 1825  
 City, State, ZIP+4: Houston, TX 77027

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Yuma Exploration & Production  
 1177 West Loop South, Suite  
 1825  
 Houston, TX 77027

2. Article Number (Copy from service label)  
 7000 0600 0024 3127 6941

### COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 PAT Zolan JUN 26 2001  
 C. Signature *[Signature]*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 34451.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>

JUN 21 2007  
USPS

Recipient's Name: Price and CIA, Inc.  
Street, Apt. No.: Dixie Term Building  
City, State, ZIP+4: 49 E. 4<sup>th</sup> Street, Suite 21 Cincinnati, OH 45202-3

PS Form 3800, Feb

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Price and CIA, Inc.  
Dixie Term Building  
49 E. 4<sup>th</sup> Street, Suite 216  
Cincinnati, OH 45202-3854

2. Article Number (Copy from service label)

7 000 0000 0024 3124 8846

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17E

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

6-25-07

X

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

44451.0001 WFC

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>

JUN 21 2007  
USPS

Recipient's Name: Prince Minerals, Ltd.  
Street, Apt. No., or: #301 LB 25  
City, State, ZIP+4: 7001 Preston Road Dallas, TX 75205

PS Form 3800, Feb

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prince Minerals, Ltd.  
#301 LB 25  
7001 Preston Road  
Dallas, TX 75205

2. Article Number (Copy from service label)

7000 0000 0024 3124 0843

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17E

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

6/25/07

X *Donna H. Huls*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 44451.0001

Postage	\$ 1.60
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.00</b>

JUN 21 2007  
USPS

Recipient's Name: Sandra Good Ramey Trust  
Street, Apt. No.: Myrl Good Trustee  
City, State, ZIP+4: 2707 North Coronado Drive Roswell, NM 88201-3464

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sandra Good Ramey Trust  
Myrl Good Trustee  
2707 North Coronado Drive  
Roswell, NM 88201-3464

2. Article Number (Copy from service label)

7000 0000 0024 3124 0846

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-17E

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

6-25-07

X *Myrl Good*  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

HOLLAND & HART LLP  
AND  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

SUITE 1  
110 NORTH GUADALUPE  
SANTA FE, NEW MEXICO 87501-6525  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043  
www.hollandhart.com

June 21, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL AFFECTED INTEREST OWNERS**

**Re: New Mexico Oil Conservation Division Case No. 12418 (Reopened):  
Application of Saga Petroleum, L.L.C. for approval of a waterflood project  
for its Crossroads Siluro-Devonian Unit Area and qualification of said  
project for the recovered oil tax rate pursuant to the Enhanced Oil Recovery  
Act, Lea County, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Saga Petroleum, L.L.C. has filed an application with the New Mexico Oil Conservation Division seeking an order approving a waterflood project in its proposed Crossroads Siluro-Devonian Unit Area located in portions of Sections 27 and 34 of Township 9 South, Range 36 East, NMPM, Lea County, New Mexico. A copy of this application with attached Form C-108 is enclosed for your information.

This application was originally heard by a Division Examiner on September 7, 2000 and has been reopened for hearing before a Division Examiner on July 12, 2001, at the Oil Conservation Division hearing room, located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing but, as the owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging these matters at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the

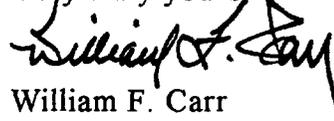
Notice to All Affected Interest Owners

June 21, 2001

Page 2

party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is written in a cursive style with a large, stylized initial "W".

William F. Carr

Attorney for Saga Petroleum L.L.C..

Enclosures

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE:  X  Secondary Recovery   Pressure Maintenance   Disposal   Storage  
Application qualifies for administrative approval?   Yes  X  No

II. OPERATOR:  Saga Petroleum LLC

ADDRESS:  415 W. Wall, #835, Midland, TX 79701

CONTACT PARTY:  Joe Clement  PHONE:  915-684-4293

III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.  
Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project?   Yes  X  No  
If yes, give the Division order number authorizing the project:

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

\*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

\*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

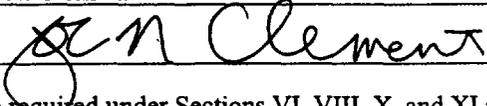
\*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME:  Joe N. Clement  TITLE:  New Mexico Engineer

SIGNATURE:    DATE:  5/1/00

\* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal:





**Offset wells to the  
U.D. Sawyer #4**

Well	Location	Surface Casing	Inter. Casing	Prod. Casing	TD	Completions	P&A
U.D. Sawyer #2 Spud 6/25/50	Sec. 27-T9S-R36E Unit I 1980' FSL & 990' FEL	13 3/8" @ 240' Cmt. w/ 300 sx TOC @ surf by circ.	9 5/8" @ 4614' Cmt w/ 3500 sx TOC @ surf by circ.	5 1/2" @ 12097' Cmt w/ 1178 sx TOC @ 6320' by TS	12100	12040-092' Open hole 12097'-102' 12010-016'	
U.D. Sawyer #3 Spud 2/25/49	Sec. 27-T9S-R36E Unit G 1980' FNL & 1980' FWL	13 3/8" @ 258' Cmt. w/ 300 sx TOC @ surf by circ.	9 5/8" @ 4651' Cmt w/ 2125 sx TOC @ 648' by calc.	5 1/2" @ 12147' Cmt w/ 1090 sx TOC @ 6550' by TS	12147	12000-050'	
U.D. Sawyer #4 Spud 12/19/51	Sec. 27-T9S-R36E Unit A 660' FNL & 660' FEL	13 3/8" @ 259' Cmt. w/ 300 sx TOC @ surf by circ.	9 5/8" @ 4668' Cmt w/ 2400 sx TOC @ surf by circ.	5 1/2" @ 4544-12147' Cmt w/ 1175 sx TOC @ 6020' by TS	12132	11400-450' 12085-100' sqz w/ 290sx 12118-32' sqz w/ 290sx	
U.D. Sawyer #8 Spud 7/11/72	Sec. 27-T9S-R36E Unit B 990' FNL & 2310' FEL	13 3/8" @ 266' Cmt. w/ 275 sx TOC @ surf by circ.	9 5/8" @ 4294' Cmt w/ 1440 sx TOC @ 1100' by TS	7" @ 12057' Cmt w/ 250 sx TOC @ 10140' by TS	12057	12029-051'	P/A'd Schematic Attached
U.D. Sawyer #9 Spud 9/10/72	Sec. 27-T9S-R36E Unit H 1980' FNL & 990' FEL	13 3/8" @ 273' Cmt. w/ 275 sx TOC @ surf by circ.	9 5/8" @ 4240' Cmt w/ 1440 sx TOC @ 1520' by TS	7" @ 12049' Cmt w/ 250 sx TOC @ 9400' by TS	12068	12020-48' sqz w/ 250sx Open hole 12049-068' 11358-368'	P/A'd Schematic Attached
U.D. Sawyer #11 Spud 10/4/84	Sec. 27-T9S-R36E Unit J 2561' FSL & 1610' FEL	13 3/8" @ 356' Cmt. w/ 350 sx TOC @ surf by circ.	9 5/8" @ 4500' Cmt w/ 2000 sx TOC @ surf by circ.	5 1/2" @ 12890' Cmt w/ 1650 sx TOC @ 1550' by TS	12890'	12120-54' sqz w/ 60 sx 12074-84' sqz w/ 100 sx 12007-017'	
Santa Fe Pacific #1 Spud 4/25/51	Sec. 26-T9S-R36E Unit E 1980' FNL & 660' FWL	13 3/8" @ 393' Cmt. w/ 400 sx TOC @ surf by circ.	9 5/8" @ 4273' Cmt w/ 2300 sx TOC @ surf by circ.	7" @ 12130' Cmt w/ 2310 sx TOC @ surf by circ.	12137	Open hole 12130-137'	P/A'd Schematic Attached
Santa Fe Pacific #2 Spud 1/16/63	Sec. 26-T9S-R36E Unit C 660' FNL & 1980' FWL	13 3/8" @ 472' Cmt. w/ 500 sx TOC @ surf by circ.	9 5/8" @ 4765' Cmt w/ 2615 sx TOC @ surf by calc.	5 1/2" @ 4557-12174' Cmt w/ 850 sx TOC @ 4557' by sqz.	12183'	Open hole 12174-183' 12140-160' 11999-12026', 109-129'	P/A'd Schematic Attached
Santa Fe Pacific "D" #1 (#4 on map) Spud 1/19/50	Sec. 22-T9S-R36E Unit O 660' FSL & 1980' FEL	13 3/8" @ 335' Cmt. w/ 350 sx TOC @ surf by circ.	8 5/8" @ 4555' Cmt w/ 2450 sx TOC @ surf by circ.	7" @ 9650' Cmt w/ 2167 sx TOC @ 3840' by TS	9670'	Open hole 9650-670'	P/A'd Schematic Attached
Santa Fe Pacific #5 Spud 3/26/53	Sec. 22-T9S-R36E Unit O 660' FSL & 1880' FEL	13 3/8" @ 441' Cmt. w/ 500 sx TOC @ surf by circ.	8 5/8" @ 4805' Cmt w/ 3497 sx TOC @ surf by calc.	5 1/2" @ 4595-12136' Cmt w/ 990 sx TOC @ 4595' by sqz.	12150'	Open hole 12136-150' 12096-110'	P/A'd Schematic Attached
Santa Fe Pacific #6 Spud 3/11/74	Sec. 22-T9S-R36E Unit I 1651.8' FSL & 990' FEL	13 3/8" @ 426' Cmt. w/ 425 sx TOC @ surf by circ.	8 5/8" @ 4950' Cmt w/ 3250 sx TOC @ surf by calc.	5 1/2" @ 4586'-12153' Cmt w/ 1400 sx TOC @ 5729' by calc.	12190'	Open hole 12153-190'	P/A'd Schematic Attached

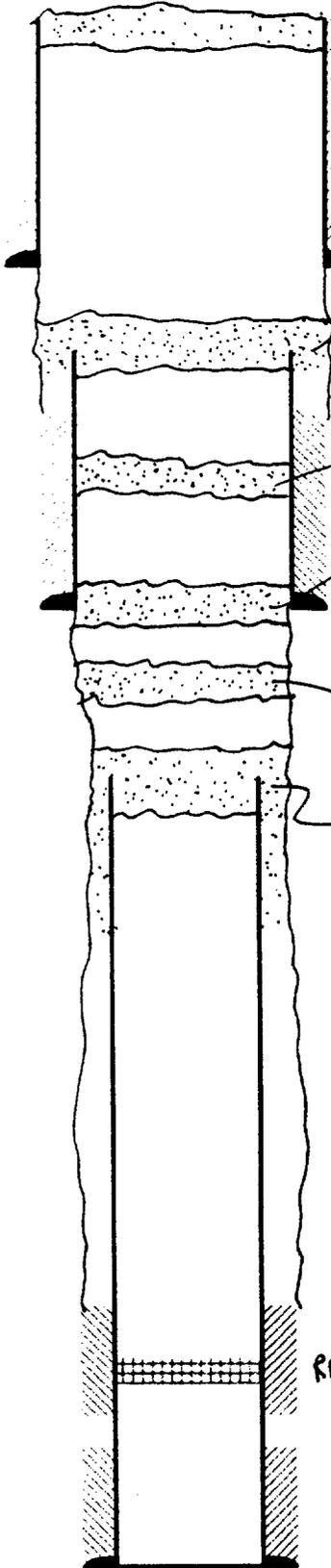
**Offset wells to the  
U.D. Sawyer #4**

Santa Fe Pacific #7 1/6/53	Sec. 23-T9S-R36E Unit M 660' FSL & 660' FWL	13 3/8" @ 380' Cmt. w/ 375 sx TOC @ surf by circ.	8 5/8" @ 4895' Cmt w/ 2500 sx TOC @ surf by calc.	5 1/2" @ 4645-12191' Cmt w/ 2075 sx TOC @ 2669' by calc.	12212'	12191-212' sqz w/ CIBP 11367-378'sqz w/ CIBP 9652-660' sqz w/ CIBP 4818-899'	P/A'd Schematic Attached
Santa Fe Pacific #10 Spud 9/24/72	Sec. 22-T9S-R36E Unit P 330' FSL & 990' FEL	13 3/8" @ 360' Cmt. w/ 400 sx TOC @ surf by circ.	9 5/8" @ 5000' Cmt w/ 2600 sx TOC @ surf by circ.	7" @ 4800 - 12108' Cmt w/ 1800 sx TOC @ 4800' by sqz	12126'	Open hole 12108-126'	P/A'd Schematic Attached
Santa Fe Pacific #11 Spud 7/31/72	Sec. 26-T9S-R36E Unit D 990' FNL & 380' FWL	13 3/8" @ 380' Cmt. w/ 400 sx TOC @ surf by circ.	9 5/8" @ 5000' Cmt w/ 2000 sx TOC @ 1535' by TS	7" @ 4785 - 12095' Cmt w/ 1800 sx TOC @ 4785' by sqz.	12117'	Open hole 12096-117'	P/A'd Schematic Attached
Santa Fe Pacific #12 Spud 11/27/72	Sec. 26-T9S-R36E Unit L 2310' FSL & 330' FWL	13 3/8" @ 360' Cmt. w/ 400 sx TOC @ surf by circ.	9 5/8" @ 5000' Cmt w/ 2600 sx TOC @ surf by circ.	7" @ 4810 - 12119' Cmt w/ 2050 sx TOC @ 4810' by calc.	12120'	12076-102'	P/A'd Schematic Attached
Santa Fe Pacific #27-3 Spud 6/7/72	Sec. 27-T9S-R36E Unit C 2310' FNL & 2310' FWL	13 3/8" @ 315' Cmt. w/ 300 sx TOC @ surf by circ.	8 5/8" @ 5000' Cmt w/ 400 sx TOC @ 4200' by calc.	5 1/2" @ 4873-11987' Cmt w/ 350 sx TOC @ 10026' by CBL	12018'	11277-88' sqz 11930-940' sqz 11972-85', 987-12018'	
SFPRR "27" #4 Spud 1/18/73	Sec. 22-T9S-R36E Unit N 330' FSL & 2310' FWL	13 3/8" @ 309' Cmt. w/ 300 sx TOC @ surf by circ.	9 5/8" @ 4200' Cmt w/ 625 sx TOC @ 2006 by calc	7" @ 12170' Cmt w/ 200 sx TOC @ 11112' by calc.	12170'	12128-160' sqz w/ 50 sx 12020-174' sqz w/ 50 sx 12128-144'	P/A'd Schematic Attached



OPERATOR: Saga Petroleum LLC  
LEASE: U.D. Sawyer #8

LOCATION: Sec. 27, T9S, R6E, Lea County, NM  
Unit B, 990' FNL & 2310' FEL



105x surface

505x 775'-875'

1 3/8 " casing set at 266 ' with 275 sx of cement.

Hole Size: 1 7/2 ". TOC @ Surface by circ.

9 5/8 " cut and pulled from 824 '.

505x 1900'-2100'

505x 4295'-4344'

9 5/8 " casing set at 4294 ' with 1440 sx of cement.

Hole Size: 12 1/4 ". TOC @ 1100 ' by calc.

7 " cut and pulled from 7063 '.

505x 5530'-5680'

505x 6835'-7198'

Squeezed 7170-92' w/ 200 SA

RBP @ 10795' w/ 45x

Perfs - 12029-12051 '.

7 " casing set at 12057 ' with 250 sx of cement.

Hole Size: 8 3/4 ". TOC @ 10140 by calc.

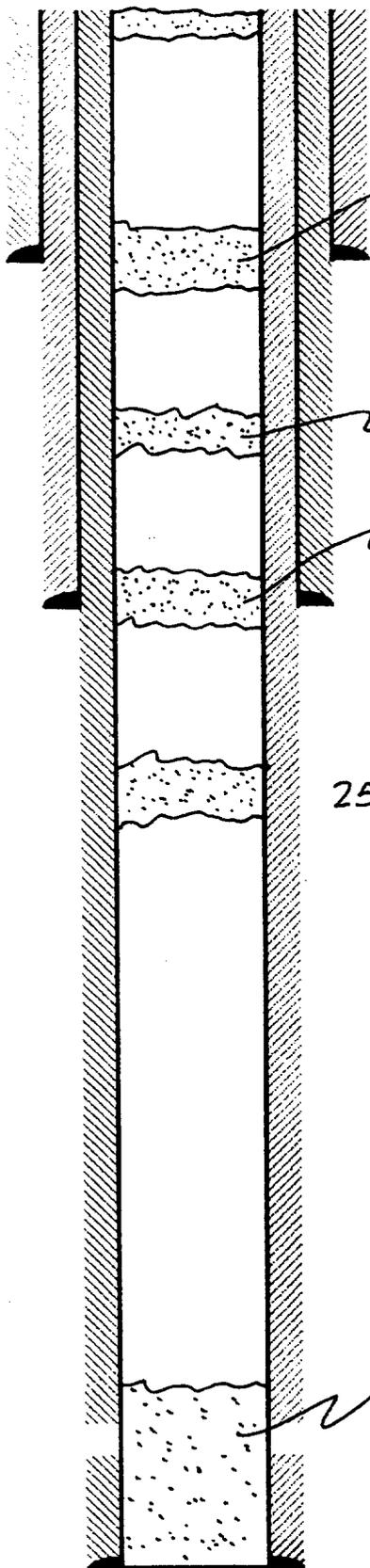


OPERATOR: Meteor Developments

LOCATION: Sec. 26, T9C 36E, Lea County, NM

LEASE: Santa Fe Pacific #1

Unit E, 1980' FNL & 660' FWL



10SK surface

30SK 343'-443'

1 3 7/8 " casing set at 393 ' with 400 sx of cement.

Hole Size: 17 1/2 ". TOC @ Surface by circ.

30SK 2180'-2280'

30SK 4223'-4323'

9 5/8 " casing set at 4273 ' with 2300 sx of cement.

Hole Size: 12 1/4 ". TOC @ Surface by circ.

25SK 5500-5600'

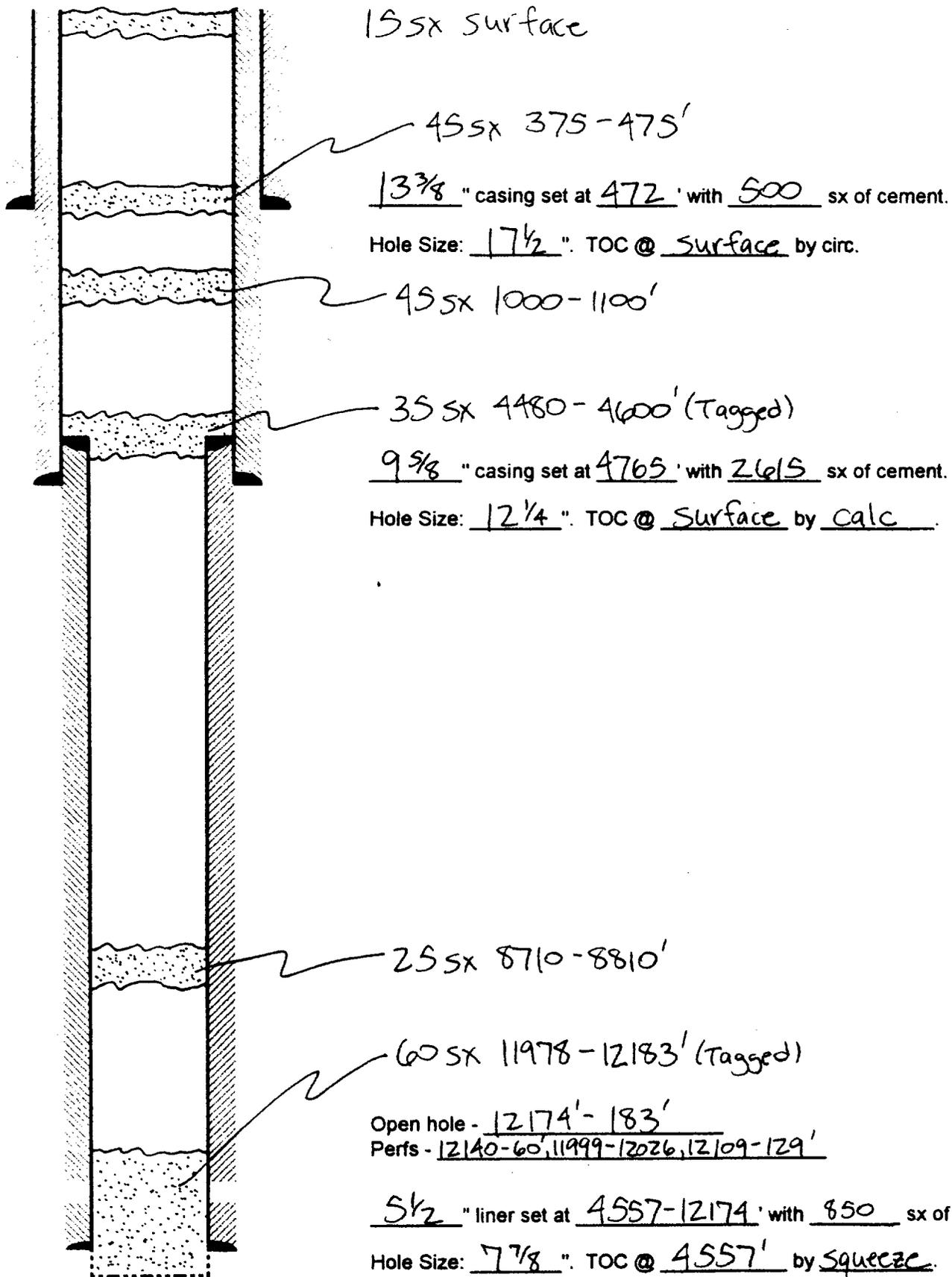
35SK 11765'-12130'

Perfs - 12130-137 (open hole)

7 " casing set at 12130 ' with 2310 sx of cement.

Hole Size: 8 3/4 ". TOC @ Surface by circ.

OPERATOR: Meteor Development.	LOCATION: Sec. 26, T9 R36E, Lea County, NM
LEASE: Santa Fe Pacific #2	Unit C, 660' FNL & 1980' FWL

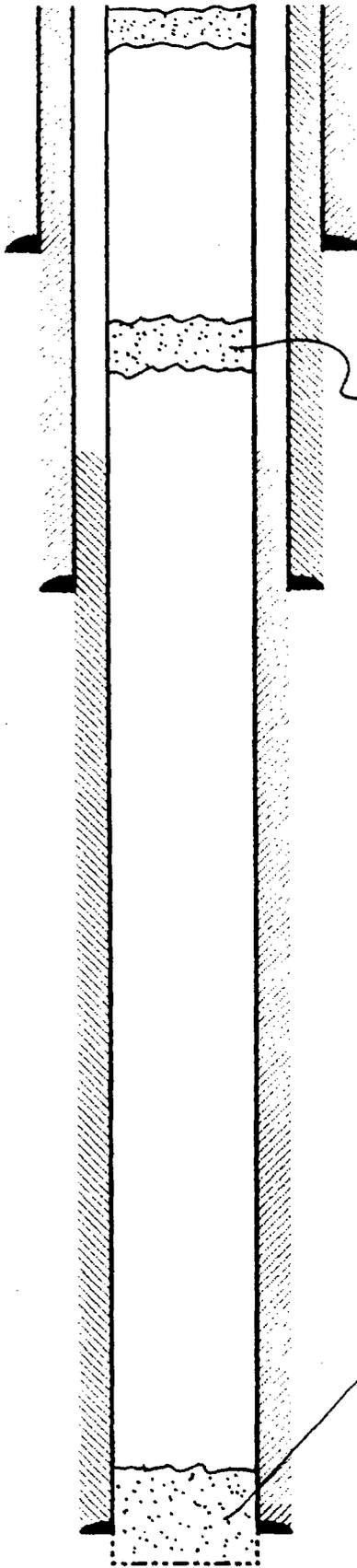


OPERATOR: Socony Mobil Oil Co.

LOCATION: Sec. 22, T9S 36E, Lea County, NM

LEASE: Santa Fe Pacific "D" #1

Unit O, 660' FSL & 1980' FEL



10 sx surface

13<sup>3</sup>/<sub>8</sub> " casing set at 335 ' with 350 sx of cement.

Hole Size: 17<sup>1</sup>/<sub>2</sub> ". TOC @ surface by circ.

Cut 7" @ 3500' & 2008', could not pull

25 sx 1900-2057'

8<sup>5</sup>/<sub>8</sub> " casing set at 4555 ' with 2450 sx of cement.

Hole Size: 12<sup>1</sup>/<sub>4</sub> ". TOC @ surface by circ.

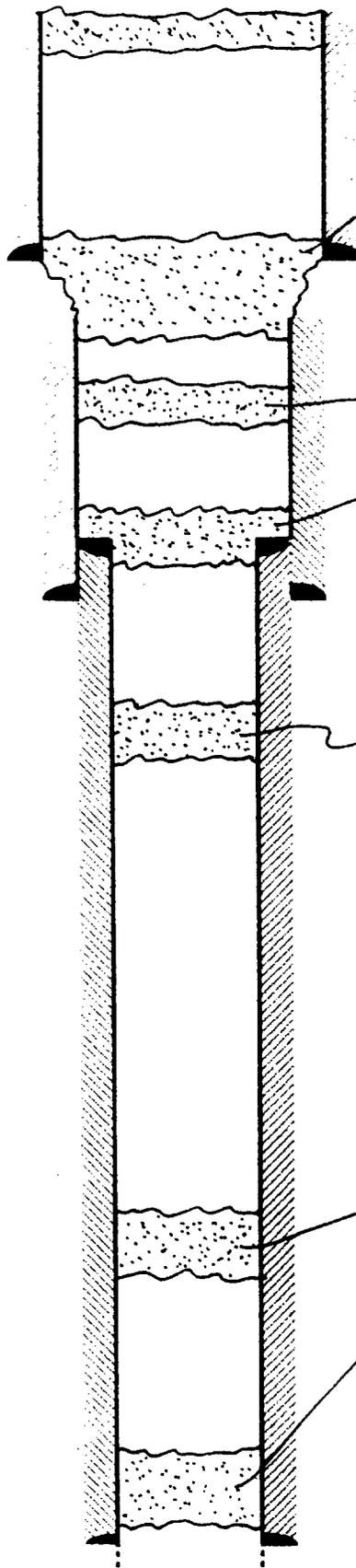
80 sx 9460'-9670'

Open hole - 9650-70'

7 " casing set at 9650 ' with 2167 sx of cement.

Hole Size: 8<sup>3</sup>/<sub>4</sub> ". TOC @ 3840' by TS.

OPERATOR: Meteor Development	LOCATION: Sec. 22, T9° 36E, Lea County, NM
LEASE: Santa Fe Pacific #5	Unit P, 660' FSL & 1880' FEL



30 sx surface

120sx 386'-555' (tagged)

13 7/8 " casing set at 441' with 500 sx of cement.

Hole Size: 17 1/2 ". TOC @ Surface by circ.

8 5/8 " cut and pulled from 505' :

35 sx 2147'-2247'

35 sx 4755'-4855'

8 5/8 " casing set at 4805' with 3497 sx of cement.

Hole Size: 11 ". TOC @ Surface by calc.

25 sx 5475'-5575'

25sx 8896'-8996'

50sx 11649'-12118' (tagged)

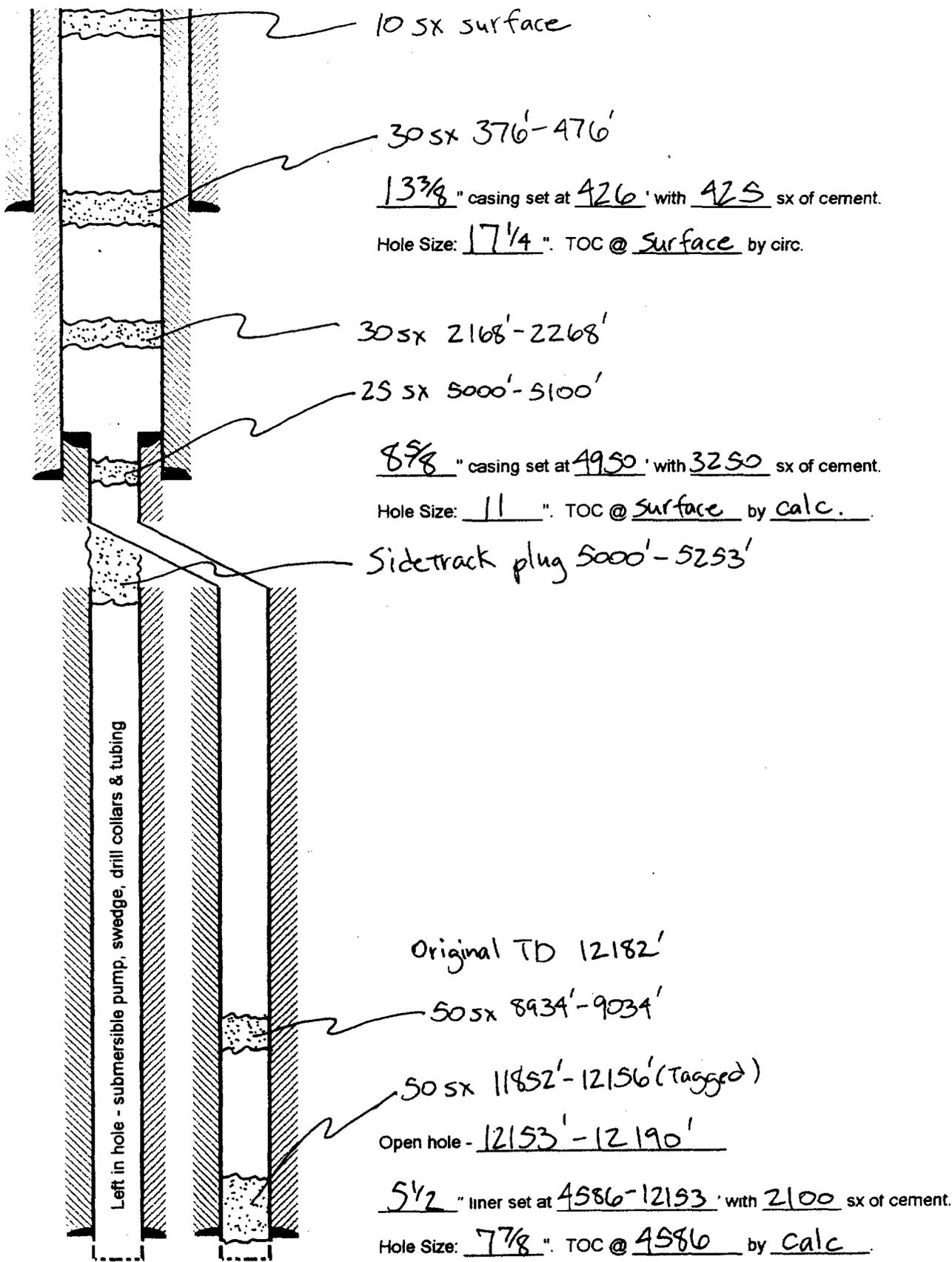
Open hole - 12136'-150'

Perfs - 12096'-110'

5 1/2 " liner set at 4595'-12136' with 990 sx of cement.

Hole Size: 7 7/8 ". TOC @ 1595' by squeeze.

OPERATOR: Meteor Developments	LOCATION: Sec. 22, T <sub>1</sub> R36E, Lea County, NM
LEASE: Santa Fe Pacific #6	Unit I, 1651.8' FSL & 990' FEL



Prepared by: JNC

Revised: 4/25/00

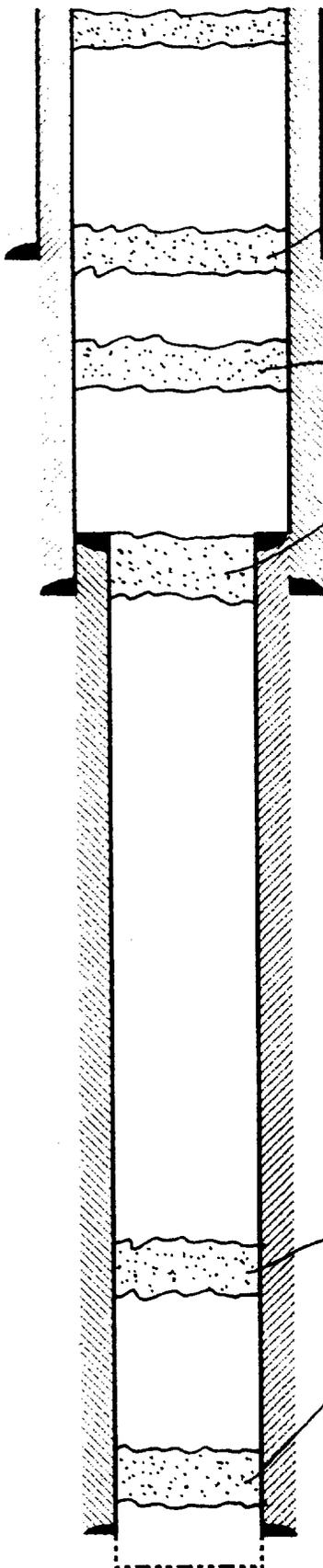


OPERATOR: Meteor Developments

LOCATION: Sec. 22, T9S, R36E, Lea County, NM

LEASE: Santa Fe Pacific #10

Unit P, 330' FSL & 290' FEL



15SX surface

45SX 310-410'

13 3/8 " casing set at 360 ' with 400 sx of cement.

Hole Size: 17 1/2 ". TOC @ Surface by circ.

45SX 1875-1975'

30SX 4800-5000'

9 5/8 " casing set at 5000 ' with 2600 sx of cement.

Hole Size: 12 1/4 ". TOC @ Surface by circ.

25SX 8890'-8990'

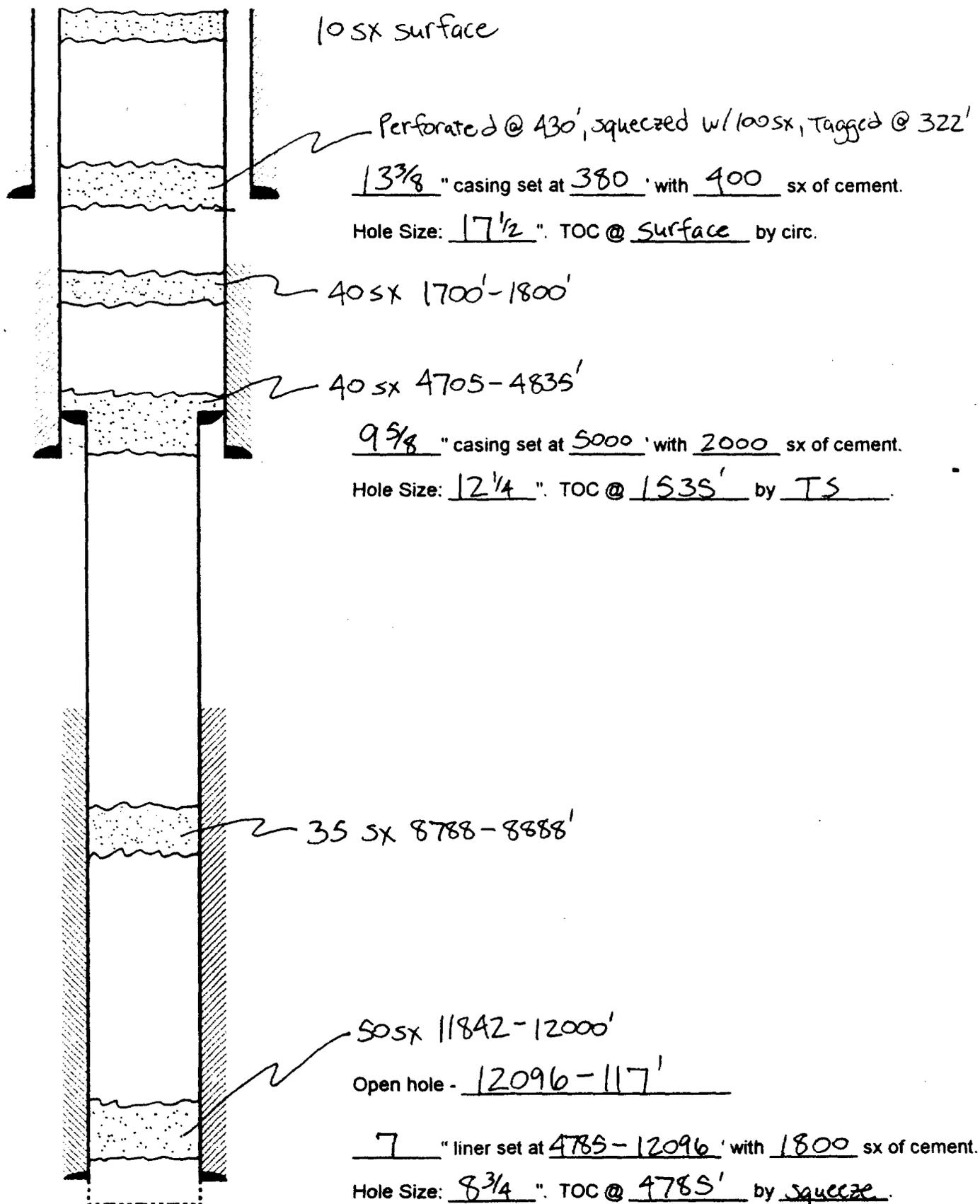
50SX 11882'-12000'

Open hole - 12108-1260'

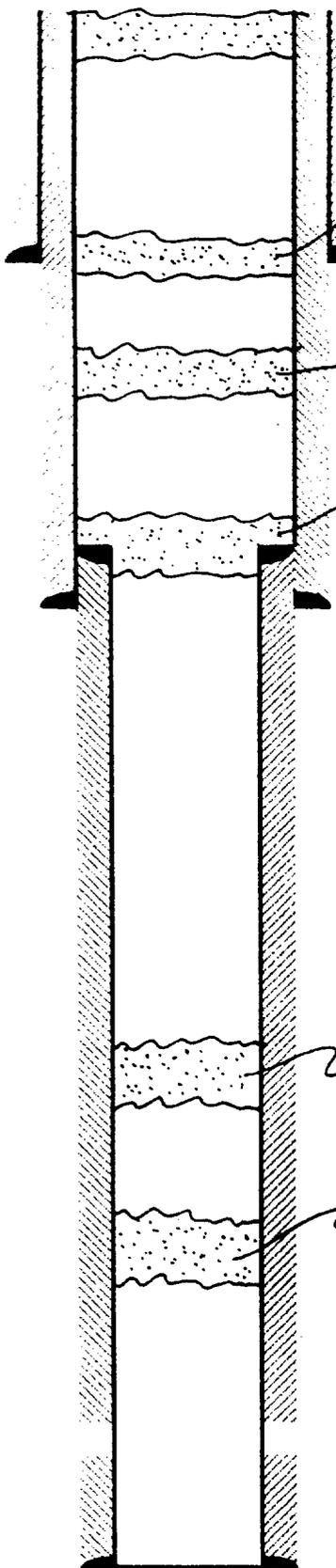
7 " liner set at 4800-12108 ' with 1800 sx of cement.

Hole Size: 8 3/4 ". TOC @ 4800' by Squeeze

OPERATOR: Meteor Developments	LOCATION: Sec. 26, T9E 36E, Lea County, NM
LEASE: Santa Fe Pacific #11	Unit D, 990' FNL & 380' FWL



OPERATOR: Meteor Developments	LOCATION: Sec. 26, T9S, R36E, Lea County, NM
LEASE: Santa Fe Pacific #12	Unit L, 2310' FSL & 330' FWL



10 SX Surface

40 SX 310'-410'

1 3/8 " casing set at 426 ' with 425 sx of cement.

Hole Size: 1 7/2 ". TOC @ Surface by circ.

40 SX 1700-1800'

75 SX 4725'-4860' (tagged)

9 5/8 " casing set at 5000 ' with 2600 sx of cement.

Hole Size: 12 1/4 ". TOC @ Surface by circ.

35 SX 6700'-6800'

50 SX 7765-8064'

Could not get tubing below 8064'

Perfs - 12076 - 102'

7 " liner set at 4810-12119 ' with 2050 sx of cement.

Hole Size: 8 3/4 ". TOC @ 4810 by Squeeze.



## Application for Authorization to Inject

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- VI. Attached is a tabulation of all wells of public record that fall within the ½ mile radius of the proposed injection well, the U.D. Sawyer #4. This investigation has further shown that all these wells have a good cement seal around their casing shoe and will therefore prevent the upward migration of the disposed water into any potable water zone. The U.D. Sawyer #4 was abandoned as a Devonian producer in 1978, and recompleted in the Penn (11400-450'). The Penn zone would be cement squeezed. Geologic data and producing volumes would indicate the Devonian in the #4 is currently below the oil-water contact, and on the flank of the structure.
- VII. The proposed average daily injection rate for the subject well is 1,000 BWPD; the maximum daily injection rate would be 1,500 BWPD. This will be a closed system with an average pressure of zero and a maximum pressure of 1000 psi. Only produced Devonian water will be injected in the proposed well, so incompatibility will not be a problem.
- VIII. The injection zone is a dolomite known as the Devonian. The top of the Devonian in this well is at 12,070', and is approximately 300' thick. The zone will be selectively perforated from 12,085' - 12,100', correlative to the Upper producing zone in the offset wells. The main source of drinking water in this area comes from the Cretaceous formation, the base of which is at 180'. The Ogallala overlies the Cretaceous, but pinches out in certain areas around the zone of interest. There are no known sources of drinking water underlying the injection interval.
- IX. After perforation, the well will be stimulated with 3000 gallons of 15% NEFE HCl and ball sealers.
- X. Log and test data is on file with the Division.
- XI. Attached is an analysis of the water from a water well approximately ½ mile northwest of the proposed disposal. This is the only well which could be located.
- XII. Saga Petroleum LLC has examined the available geologic and engineering data and can find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. The required "Proof of Notice" is attached.
-

U.D. Sawyer #4  
660' FNL & 660' FEL  
Unit A, Sec. 27-T9S-R36E  
Lea County, New Mexico

### Offset Operators

G.W. Ainsworth  
PO Box 7  
Milnesand, NM 88215

Yates Petroleum  
105 S. 4<sup>th</sup>  
Artesia, NM 88210

① Marbob Energy  
PO Box 227  
Artesia, NM 88211-0227

Southwest Royalty  
Drawer 11390  
Midland, TX 79702

C.L. House  
401 W. Texas  
Midland, TX 79701

Gates-O'Brian  
550 W. Texas #1140  
Midland, TX 79701

Meteor Development  
216 16<sup>th</sup> Street, Suite 730  
Denver, CO 80202

Special Energy Corp.  
PO Box 369  
Stillwater, OK 74076-0369

Kelly H. Baxter  
PO Box 11193  
Midland, TX 79702

### Surface Owner

Williams Ranch  
Crossroads, NM 88114

① Sold Interest to:  
KES Medallion Resources, Inc.  
7130 South Lewis Avenue, Suite 700  
Tulsa, OK 74136-5489

**HALLIBURTON ENERGY SERVICES  
WATER ANALYSIS REPORT  
HOBBS NEW MEXICO**

COMPANY Sega Petroleum  
Fax: 915-684-0829

REPORT DATE 97-152  
5/2/97  
DISTRICT Hobbs

SUBMITTED BY \_\_\_\_\_

WELL COUNTY Off set water well DEPTH FIELD \_\_\_\_\_ FORMATION SOURCE \_\_\_\_\_

SAMPLE	<u>See below</u>		
RESISTIVITY	<u>11.0988 @ 72 °F</u>	<u>        @        °F</u>	<u>        @        °F</u>
SPECIFIC GR.	<u>0.988</u>		
pH	<u>7.46</u>		
CALCIUM	<u>150</u> <u>mpl</u>	<u>        </u> <u>mpl</u>	<u>        </u> <u>mpl</u>
MAGNESIUM	<u>75</u> <u>mpl</u>	<u>        </u> <u>mpl</u>	<u>        </u> <u>mpl</u>
CHLORIDE	<u>270</u> <u>mpl</u>	<u>        </u> <u>mpl</u>	<u>        </u> <u>mpl</u>
SULFATES	<u>100</u> <u>mpl</u>	<u>        </u> <u>mpl</u>	<u>        </u> <u>mpl</u>
BICARBONATES	<u>195</u> <u>mpl</u>	<u>        </u> <u>mpl</u>	<u>        </u> <u>mpl</u>
SOLUBLE IRON	<u>0</u> <u>mpl</u>	<u>        </u> <u>mpl</u>	<u>        </u> <u>mpl</u>
OIL GRAVITY	<u>        @        °F</u>	<u>        @        °F</u>	<u>        @        °F</u>

REMARKS Water well located approximately 1 mile north west of disposal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANALYST: *J. LEWIS*

This report is the property of Halliburton Company and neither it nor any part thereof nor a copy thereof is to be published or disclosed without first securing the express written approval of laboratory management; it may however, be used in the course of regular business operations by any person or concern and employees thereof receiving such report from Halliburton Co.

Resistivity measured in: Ohm/m2/m

**EXHIBIT B**  
**Crossroads Siluro-Devonian Unit**  
 Unit Agreement  
 Lea County, New Mexico

Tract 1 - Texaco U.D. Sawyer

Legal Description:

320 Acres, more or less, comprising the E/2 Sec. 34, T-9S, R36E

Royalty Ownership - Fee

Owner	WORKING INTEREST	TRACT %	UNIT TRACT PART. %
Saga Petroleum LLC	0.02000000	37.702768	0.00754055
Forcenergy, Inc.	0.75000000	37.702768	0.28277076
Saga Petroleum Corp.	0.23000000	37.702768	0.08671637
<b>TOTAL</b>	<b>1.00000000</b>		<b>0.37702768</b>

Owner	REVENUE INTEREST	TRACT %	UNIT TRACT PART. %
Saga Petroleum LLC	0.01640630	37.702768	0.00618563
Forcenergy, Inc.	0.61523430	37.702768	0.23196036
Saga Petroleum Corp.	0.18867190	37.702768	0.07113453
Sandra Good RA Mey Trust	0.01074200	37.702768	0.00405003
Price Y-CIA	0.00244150	37.702768	0.00092051
Myrl Sawyer Good	0.02506500	37.702768	0.00945020
Susie L. Wadley First Trust	0.00203470	37.702768	0.00076714
Susie L. Wadley First Trust	0.00203460	37.702768	0.00076710
Sinclair Trust	0.00195310	37.702768	0.00073637
Fernald Point Prod. Trust	0.00195310	37.702768	0.00073637
Candace Good Jacobson	0.03938800	37.702768	0.01485037
Thomas Jefferson Good	0.03938800	37.702768	0.01485037
Sandra Good RA Mey Trust (OR)	0.00512700	37.702768	0.00193302
Myrl Sawyer Good (OR)	0.01196290	37.702768	0.00451034
Candace Good Jacobson (OR)	0.01879880	37.702768	0.00708767
Thomas Jefferson Good (OR)	0.01879880	37.702768	0.00708767
<b>TOTAL</b>	<b>1.00000000</b>		<b>0.37702768</b>

# EXHIBIT B

## Crossroads Siluro-Devonian Unit Unit Agreement Lea County, New Mexico

Tract 2 - Santa Fe Pacific

Legal Description:

160 Acres, more or less, comprising the NW/4 Sec. 27, T-9S, R36E

Royalty Ownership - Fee

Owner	WORKING INTEREST	TRACT %	UNIT TRACT PART. %
Saga Petroleum LLC	0.01820000	51.410973	0.00935680
Forcenergy, Inc.	0.68250000	51.410973	0.35087989
Saga Petroleum Corp.	0.20930000	51.410973	0.10760317
Yellow Queen Uranium Co.	0.03000000	51.410973	0.01542329
Alfa Resources, Inc.	0.06000000	51.410973	0.03084658
<b>TOTAL</b>	<b>1.00000000</b>		<b>0.51410973</b>

Owner	REVENUE INTEREST	TRACT %	UNIT TRACT PART. %
Saga Petroleum LLC	0.01448500	51.410973	0.00744688
Yellow Queen Uranium Co.	0.02625000	51.410973	0.01349538
Alfa Resources, Inc.	0.05250000	51.410973	0.02699076
Forcenergy, Inc.	0.54318750	51.410973	0.27925798
Saga Petroleum Corp.	0.16657750	51.410973	0.08563911
Allan Capital Corp.	0.00714280	51.410973	0.00367218
Floos, Inc.	0.12500000	51.410973	0.06426372
H. Wayne Hoover	0.00714280	51.410973	0.00367218
C. Thomas Houseman	0.00357140	51.410973	0.00183609
Mystique Resources Co.	0.00714280	51.410973	0.00367218
Edward J. Names	0.00714280	51.410973	0.00367218
C. L. Nordstrom	0.00714280	51.410973	0.00367218
Bruce M. Patterson	0.00714280	51.410973	0.00367218
Floos, Inc. (OR)	0.02557180	51.410973	0.01314671
<b>TOTAL</b>	<b>1.00000000</b>		<b>0.51410973</b>

# EXHIBIT B

## Crossroads Siluro-Devonian Unit Unit Agreement Lea County, New Mexico

Tract 3 - U.D. Sawyer

Legal Description:

320 Acres, more or less, comprising the E/2 Sec. 27, T-9S, R36E

Royalty Ownership - Fee

Owner	WORKING INTEREST	TRACT %	UNIT TRACT PART. %
Saga Petroleum LLC	0.01916880	10.886259	0.00208677
Forcenergy, Inc.	0.71882810	10.886259	0.07825349
Saga Petroleum Corp.	0.22044060	10.886259	0.02399773
Saga Petroleum LLC FAO-TMN	0.03187500	10.886259	0.00347000
Marius Jensen Nygaard, Jr.	0.00062500	10.886259	0.00006804
Gerald D. Mills	0.00593750	10.886259	0.00064637
Yuma E & P	0.00281250	10.886259	0.00030618
Perry & Patricia Shaw Trust	0.00031250	10.886259	0.00003402
<b>TOTAL</b>	<b>1.00000000</b>		<b>0.10886259</b>

Owner	REVENUE INTEREST	TRACT %	UNIT TRACT 4.00000000
Saga Petroleum LLC	0.01592884	10.886259	0.00173405
Gerald D. Mills	0.00519533	10.886259	0.00056558
Yuma E & P	0.00246096	10.886259	0.00026791
Perry & Patricia Shaw Trust	0.00027344	10.886259	0.00002977
Forcenergy, Inc.	0.59733405	10.886259	0.06502733
Saga Petroleum Corp.	0.18318248	10.886259	0.01994172
Saga Petroleum LLC FAO-TMN	0.02789060	10.886259	0.00303624
Marius Jensen Nygaard, Jr.	0.00054680	10.886259	0.00005953
Susie L. Wadley First Trust	0.00203453	10.886259	0.00022148
Fernald Point Prod. Trust	0.00195310	10.886259	0.00021262
Susie Wadley Trust #10-05527	0.00203457	10.886259	0.00022149
Sinclair Rev. Trust #0108952	0.00195310	10.886259	0.00021262
William Marsh Rice Univ.	0.05729170	10.886259	0.00623692
Candace G. Jacobson	0.02208116	10.886259	0.00240381
Thomas J. Good III	0.02208106	10.886259	0.00240380
Price & Cia, Inc.	0.00244140	10.886259	0.00026578
Myrl Sawyer Good	0.00537109	10.886259	0.00058471
Beja Embry	0.00537109	10.886259	0.00058471
Myrl Good Suc. Trustee	0.00238720	10.886259	0.00025988
Floos, Inc. (OR)	0.04218750	10.886259	0.00459264
<b>TOTAL</b>	<b>1.00000000</b>		<b>0.10886259</b>

**Exhibit C**  
**Schedule of Tract Particiaption**  
**Crossroads Siluro-Devonian Unit**  
**Unit Agreement**  
**Lea County, New Mexico**

Tract	Description of Lands	Current Operator	Allocated W.I.
1	E/2 Sec. 34, T 9 S, R 36 E	Saga Petroleum, LLC	37.702768%
2	NW/4 Sec. 27, T 9 S, R 36 E	Saga Petroleum, LLC	51.410973%
3	E/2 Sec. 27, T 9 S, R 36 E	Saga Petroleum, LLC	10.886259%
			100.000000%