



dugan production corp.

RECEIVED

SEP 15 2004

OIL CONSERVATION
DIVISION

September 13, 2004

Mr. Mark Fesmire, Director
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan's Application dated 8-24-04
Proposed Surface Commingling and Off-Lease Measurement
15 Additional Wells
Dugan Production's Piñon Mesa Gathering System
San Juan County, New Mexico

Dear Mr. Fesmire,

Attached for your consideration in the captioned application are copies of the return receipt cards which reflect that all working and royalty interest owners have received a copy of our application. In addition, attached are receipts for 18 of the 20 overriding royalty interest owners indicating they have received notice of our application along with a detailed description of the application. The two ORRI owners for which we do not have a receipt includes Dugan Production which isn't necessary plus Ms. Jennifer Jones Black. Ms. Black holds a 1.5% ORRI in 10 wells (Dugan's Big Field wells No. 1, 5, 6, 7, 8, 90, 90S, 91Y, 92 & 92S) and the address listed is her last known address. We have been unable to locate Ms. Black and revenues accruing to her interest have been accumulating since 6/92. To date, we have had no response from any of the interest owners. Also attached for your review and file is a copy of the "Affidavit of Publication" for the 8/25/04 publication of the Farmington Daily Times.

Should you have any questions, please let me know.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

enclosure

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:
San Juan Basin Properties, LLC
1449 Blake Street #7K
Denver, CO 80202

2. Article Number
(Transfer from service label) **7002 2410 0001 0134 2751**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *8/25/04*

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

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:
USA-Bureau of Land Management
1235 La Plata Highway, Suite A
Farmington, NM 87401

2. Article Number
(Transfer from service label) **7002 2410 0001 0134 2775**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *8/25/04*

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

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:
Questar Exploration & Production
Independence Plaza
1050 17th Street, Suite 500
Denver, CO 80265

2. Article Number
(Transfer from service label) **7002 2410 0001 0134 2560**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *M Kayman* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *8/30/04*

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

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:
BP America Production Co.
200 Ameco Court
Farmington, NM 87401

2. Article Number
(Transfer from service label) **7002 2410 0001 0134 2560**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Rae Lynn Collins* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Rae Lynn Collins* C. Date of Delivery *8/25/04*

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

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:
Weypro Co.
Independence Plaza
1050 17th Street, Suite 500
Denver, CO 80265

2. Article Number
(Transfer from service label) **7002 2410 0001 0134 2577**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *M Kayman* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *AUG 30 2004*

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

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:
Burlington Resource
P.O. Box 4289
Farmington, NM 87499-4289

2. Article Number
(Transfer from service label) **7002 2410 0001 0134 2577**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Judith Dee* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Judith Dee* C. Date of Delivery *8/26/04*

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Cookie Douglas</i></p> <p>B. Received by (Printed Name) <i>Cookie Douglas</i></p> <p>C. Date of Delivery <i>8-31-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>		<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Marie A. Feil</i></p> <p>B. Received by (Printed Name) <i>Marie A. Feil</i></p> <p>C. Date of Delivery <i>8-31-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>3. H. + Laurie A. Carpenter</i> <i>P.O. Box 609</i> <i>Soulake, TX 77659</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		1. Article Addressed to: <i>Feil Living Trust</i> <i>Marie A. Feil</i> <i>6096 Upland Terrace S.</i> <i>Seattle, WA 99119</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) PS Fo		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service label) 7002 2410 0001 0134 2614		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		102595-02-M-1035		PS Form 3811, August 2001		Domestic Return Receipt 102595	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Ronald Cook</i></p> <p>B. Received by (Printed Name) <i>Ronald Cook</i></p> <p>C. Date of Delivery <i>8-28-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>		<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Thomas E. Venger</i></p> <p>B. Received by (Printed Name) <i>Thomas E. Venger</i></p> <p>C. Date of Delivery <i>8-28-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Wiana H. Cook</i> <i>1740 S. Schomer Creek Rd.</i> <i>Lincoln City, OK 97367</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		1. Article Addressed to: <i>Celeste C. Brynberg</i> <i>40 Brynberg Petroleum Co.</i> <i>5299 DTC Blvd. Suite 500</i> <i>Greenwood Village, CO 80111</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 2410 0001 0134 2591		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service label) 7002 2410 0001 0134 2621		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035		PS Form 3811, August 2001		Domestic Return Receipt 102595	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>GEE</i></p> <p>B. Received by (Printed Name) <i>GEE</i></p> <p>C. Date of Delivery <i>AUG 29 2004</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>		<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Patrick S. Hagood</i></p> <p>B. Received by (Printed Name) <i>Patrick S. Hagood</i></p> <p>C. Date of Delivery <i>9/1</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: <i>Egon Mobil Production Co.</i> <i>P.O. Box 4697</i> <i>Houston, TX 77210-4697</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		1. Article Addressed to: <i>Mary C. Hagood Property Trust</i> <i>Patrick S. Hagood, Trustee</i> <i>P.O. Box 8078</i> <i>La Verne, CA 91750-8078</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 2410 0001 0134 2607		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service label) 7002 2410 0001 0134 2638		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035		PS Form 3811, August 2001		Domestic Return Receipt 102595	

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:
Lisa K. Hood
c/o Wells Fargo OGM
P.O. Box 5383
Denver, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*
B. Received by (Printed Name)
C. Date of Delivery
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

2. Article Number
(Transfer from service label) 7002 2410 0001 0134 2645

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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:
W. E. Jeffers Revocable Trust
P.O. Box 65
Artesia, NM 89211-0065

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*
B. Received by (Printed Name)
C. Date of Delivery
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

2. Article Number
(Transfer from service label) 7002 2410 0001 0134 2676

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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:
Robin J. Hood
c/o Wells Fargo OGM
P.O. Box 5383
Denver, CO 90217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*
B. Received by (Printed Name)
C. Date of Delivery
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

2. Article Number
(Transfer from service label) 7002 2410 0001 0134 2652

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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:
MAX-J Partners, Ltd.
155 University Drive West, Ste 100
Englewood, CO 80122

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*
B. Received by (Printed Name)
C. Date of Delivery
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

2. Article Number
(Transfer from service label) 7002 2410 0001 0134 2683

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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:
Ruth P Jeffers Trust #00611360
Nations Peak TX, NA, Trustee
P.O. Box 870738
Dallas, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A. Vasquez
B. Received by (Printed Name)
C. Date of Delivery
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

2. Article Number
(Transfer from service label) 7002 2410 0001 0134 2669

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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:
Chester L Pringle 1991 Trust
Chester L Pringle Trustee
P.O. Box 848
Marble Falls, TX 78654

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*
B. Received by (Printed Name)
C. Date of Delivery
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

2. Article Number
(Transfer from service label) 7002 2410 0001 0134 2690

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature X <i>Billie Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Billie Robinson</i> C. Date of Delivery <i>8-3-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Billie Robinson</i> <i>P.O. Box 1231</i> <i>Santa Fe, NM 87504</i>			
2. Article Number (Transfer from service label) <i>7002 2410 0001 0134 2706</i>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature X <i>Baudelio Ramirez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Baudelio Ramirez</i> C. Date of Delivery <i>8-30-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Southern Sky Investment Inc.</i> <i>P.O. Box 2167</i> <i>Reswell, NM 88201</i>			
2. Article Number (Transfer from service label) <i>7002 2410 0001 0134 2713</i>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature X <i>Virginia L. Yancey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Virginia L. Yancey</i> C. Date of Delivery <i>8/30/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Virginia L. Yancey</i> <i>26936 Rea Avenue</i> <i>Conifer CO 80433-8537</i>			
2. Article Number (Transfer from service label) <i>7002 2410 0001 0134 2720</i>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature X <i>Nila White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Nila White</i> C. Date of Delivery <i>8-3-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>XTO Energy Inc.</i> <i>Building K, Suite 1</i> <i>2700 Farmington Ave.</i> <i>Farmington, NM 87401</i>			
2. Article Number (Transfer from service label) <i>7002 2410 0001 0134 2737</i>			
PS Form 3811, August 2001		Domestic Return Receipt 10259	

AFFIDAVIT OF PUBLICATION

Ad No. 50375

STATE OF NEW MEXICO County of San Juan:

CONNIE PRUITT, being duly sworn says:
That she is the CLASSIFIED MANAGER of
THE DAILY TIMES, a daily newspaper of
general circulation published in English at
Farmington, said county and state, and that
the hereto attached Legal Notice was
published in a regular and entire issue of the
said DAILY TIMES, a daily newspaper duly
qualified for the purpose within the meaning of
Chapter 167 of the 1937 Session Laws of the
State of New Mexico for publication and
appeared in the Internet at The Daily Times
web site on the following day(s):

Wednesday, August 25, 2004.

And the cost of the publication is \$82.97.

Connie Pruitt

ON 8-27-04 CONNIE PRUITT
appeared before me, whom I know personally
to be the person who signed the above
document.

Jimmy Beck
My Commission Expires April 2, 2008.

COPY OF PUBLICATION

918 Legals
NOTICE

DUGAN PRODUCTION Corp. is applying to the New Mexico Oil Conservation Division (NMOCD) and the Bureau of Land Management (BLM), for regulatory approvals to add 9 existing plus 6 proposed natural gas wells to Dugan Production Corp.'s Piñon Mesa Gas Gathering System. In addition, it is proposed to move the central delivery sales meter from the SENE of Section 14, T-30N, R-14W to the NENE of Section 24, T-30N, R-14W of San Juan County. This will require the surface commingling of natural gas and produced water plus the off-lease measurement and sale of natural gas. There will not be any commingling of oil or condensate. Dugan Production is also requesting that the NMOCD amend the existing surface commingling order to allow future additions to the gathering system following notice only to the interest owners being added, provided it is reasonably certain that the proposed additions will not affect the wells previously authorized for the gathering system. The wells to be added and the existing gathering system are located within Sections 10, 11, 13, 14, 15 & 24 of T-30N, R-14W, all located in San Juan County, New Mexico. The central delivery gas sales meter (CDP) currently authorized is located in the SE/4 NE/4 of Section 14, T-30N, R-14W and delivers gas to Gulfterra Field Services (previously El Paso Field Services) at their meter No. 90018. The gathering system currently has 23 wells which are completed in the following 3 pools; Basin Dakota gas (8 wells), Basin Fruitland Coal gas (7 wells) and Harper Hill Fruitland Sand Pictured Cliffs gas (8 wells). Of the 15 wells proposed to be added, 8 will be completed in the Basin Fruitland Coal gas pool and 7 in the Harper Hill Fruitland Sand Pictured Cliffs gas pool. All wells are located upon one of the following federal leases held by Dugan Production Corp.: NM-628, NM-2555, NM-6899, NM-10561, NM-15272, NM-26052, NM-71716, SF-079070 and SF-081231-B. Any person holding an interest in any of these lands or leases may contact Dugan Production Corp. for additional information. Inquiries should be directed to John Roe at 505-325-1821 or by mail at P. O. Box 420, Farmington, NM 87499. Any objection or request for a formal hearing should be filed in writing with the NMOCD's Santa Fe Office within 20 days from the initial date of this publication. In the absence of objection, Dugan Production Corp. has requested that the NMOCD approve its application administratively. The NMOCD's address is 1220 South St. Francis Drive, Santa Fe, NM 87505.

Legal No. 50375 published in The Daily Times, Farmington, New Mexico on Wednesday, August 25, 2004.