



dugan production corp.

RECEIVED

MAY 20 2003

OIL CONSERVATION
DIVISION

May 28, 2003

Ms. Lori Wrotenbery, Director
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Re: Dugan's Application dated 5/14/03
Surface Commingling – add one well to
Dugan Production Corp.'s Davis Gas Gathering System & CDP
San Juan County, New Mexico

Dear Ms. Wrotenbery,

Attached for your consideration of the subject application is a copy of the return receipt cards for all interest owners as evidence of their receiving copies of Dugan's application. Since the application was addressed to the BLM as well as the NMOCD, we did not send either by certified return-receipt. I have confirmed by phone that the BLM has received Dugan's application.

Should you have questions or need additional information, please let me know.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

attachment

David Fed CDP

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Bob Williams</i> <i>5-13-03</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>1. Article Addressed to:</p> <p><i>Burlington Resources OGC, LP</i> <i>Attn: Land Department</i> <i>P.O. Box 4289</i> <i>Farmington, NM 87499-4289</i></p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8549</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

David Fed CDP

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<p>1. Article Addressed to:</p> <p><i>ConocoPhillips Company</i> <i>Attn: Chief Landman</i> <i>San Juan/Rockies</i> <i>P.O. Box 2197</i> <i>Houston, TX 77252</i></p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8556</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

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<p>1. Article Addressed to:</p> <p><i>Charter Loyalty 96, LTD</i> <i>P.O. Box 3253</i> <i>Midland, TX 79702-3253</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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>
<p>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8563</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

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- 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:

Collins Partners, LTD
5000 Burnett Road
Austin, TX 78756

A. Signature
X *Walter Collins* Agent Addressee

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 0133 8570

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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- 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:

J. Ferrell Davis
P.O. Box 3061
Midland, TX 79702-3061

A. Signature
X *Vicki Rymal* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Vicki Rymal 5-21-03

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 0133 8587

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

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1. Article Addressed to:

Paul H. Davis, Jr.
P.O. Box 1811
Midland, TX 79702-1811

A. Signature
X *Paul H. Davis, Jr.* Agent Addressee

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 0133 8594

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

over CDP

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<p>1. Article Addressed to:</p> <p><i>Dominion Resources, Inc.</i> <i>14000 Quail Springs Parkway</i> <i>Suite 600</i> <i>Oklahoma City, OK 73134-2600</i></p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7002 2410 0001 0133 8600</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

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<p>1. Article Addressed to:</p> <p><i>Four Star Oil + Gas Company</i> <i>P.O. Box 36366</i> <i>Houston, TX 77236</i></p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7002 2410 0001 0133 8617</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

over CDP

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<p>1. Article Addressed to:</p> <p><i>Geat Iyoon</i> <i>40 Judi Coston</i> <i>P.O. Box 3786</i> <i>Midland, TX 79702-3786</i></p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7002 2410 0001 0133 8624</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

David CDP

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<p>1. Article Addressed to: Wilson Oil Co., LTD P.O. Box 1297 Santa Fe, NM 87504-1297</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>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8631</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

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<p>1. Article Addressed to: XTO Energy Inc. 810 Houston Street, Suite 2000 Fort Worth, TX 76102</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>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8648</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	