

30-045-35322

PLC - 379

PAXK1319836711

encana

RECEIVED OGD

August 15, 2013

2013 AUG 16 P 3: 11

Transmitted Via UPS

Ms. Jami Bailey
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

Mr. Dave Evans, District Manager
Bureau of Land Management
6251 College Blvd., Suite A
Farmington, NM 87402

**Re: Application for Escrito I24-2409 Gathering System
Certified Mail Return Receipts for Notice to Interest Owners
San Juan County, New Mexico**

Dear Ms. Bailey and Mr. Evans:

Encana Oil & Gas (USA) Inc. (Encana) submitted a request for Administrative Approval for a new gathering system, known as the Escrito I24-2409 Gathering System (EGS), on July 11, 2013.

Encana provided notice via certified mail to the interest owners for the wells included in the application. A copy of the notice sent to the interest owners was included with the application. As promised in the application cover letter, please find attached copies of the return receipts received by Encana for notices sent to the interest owners.

Please feel free to contact me directly at 720-876-3533 with any questions or concerns.

Encana Oil & Gas (USA) Inc.



Katie Wegner
Regulatory Analyst

Enc.

Encana Oil & Gas (USA) Inc.

370 17th Street, Suite 1700, Denver Colorado 80202 720.876.3533 (O) 303.482.6819 (C) katie.wegner@encana.com

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:

Dugan Production Corp
Attn: Kurt Fagrelus
709 E. Murray Drive
Farmington, New Mexico 87499-0420

2. Article Number

(Transfer from service label)

7013 0600 0001 7378 1673

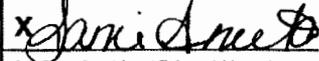
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Sami Aramath

C. Date of Delivery

7/15/13

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:

Ms. Jami Bailey
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505

2. Article Number

(Transfer from service label)

7013 0600 0001 7378 1727

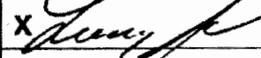
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



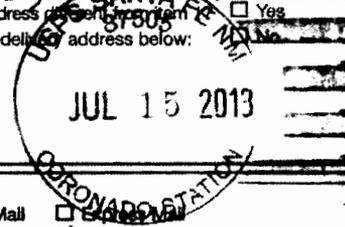
-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Jami Bailey

C. Date of Delivery

7/15/13

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

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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:

DHB Partnership
8144 Walnut Hill Ln
Dallas, TX 75231

2. Article Number

(Transfer from service label)

7013 0600 0001 7378 1666

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

JUDITH M MARTIN

C. Date of Delivery

7/15

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:

Ben Patterson R.I., Ltd.
613 NW Loop 410 Ste 680
San Antonio, TX 78216

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
B. J. [Signature]

B. Received by (Printed Name) *B. J. [Signature]* C. Date of Delivery *7-15-13*

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) **7013 0600 0001 7378 1642**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 LaChappelle
305 Anns Way
Blanco, TX 78606

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Robert LaChappelle

B. Received by (Printed Name) *Robert LaChappelle* C. Date of Delivery *7-16-2013*

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) **7013 0600 0001 7378 1697**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Ross W. Christian
8302 Paddock Ln
Boerne, TX 78015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Ross W. Christian

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) **7013 0600 0001 7378 1703**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

| 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. | | A. Signature <input checked="" type="checkbox"/> <i>M. Call</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: | | B. Received by (Printed Name) | C. Date of Delivery |
| Preston Hollow United Methodist Church 6315 Walnut Hill LN Dallas, TX 75231 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) | | 7013 0600 0001 7378 1680 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt 102595-02-M-1540 | |
| 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. | |
| 4. Restricted Delivery? (Extra Fee) | | <input type="checkbox"/> Yes | |

| 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. | | A. Signature <input checked="" type="checkbox"/> <i>Dora Britter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: | | B. Received by (Printed Name) | C. Date of Delivery |
| Del-Phoenix Corporation 800 Navarro St Ste 210 San Antonio, TX 78205 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>JUL 15 2013</i> | |
| 2. Article Number (Transfer from service label) | | 7013 0600 0001 7378 1659 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt 102595-02-M-1540 | |
| 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. | |
| 4. Restricted Delivery? (Extra Fee) | | <input type="checkbox"/> Yes | |

| 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. | | A. Signature <input checked="" type="checkbox"/> <i>Kim Collins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: | | B. Received by (Printed Name) | C. Date of Delivery |
| Mr. Dave Evans, District Manager Bureau of Land Management 6251 College Blvd., Suite A Farmington, NM 87402 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>JUL 16 2013</i> | |
| 2. Article Number (Transfer from service label) | | 7013 0600 0001 7378 1734 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt 102595-02-M-1540 | |
| 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. | |
| 4. Restricted Delivery? (Extra Fee) | | <input type="checkbox"/> Yes | |