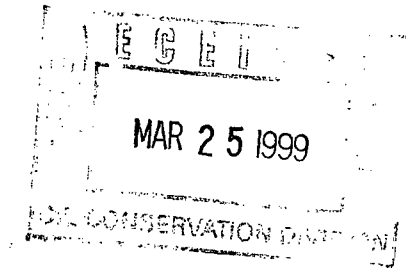


NSL 4/14/99



## Cross Timbers Oil Company

March 23, 1999



Lori Wrotenbery, Director  
New Mexico Oil Conservation Division  
2040 South Pacheco  
Santa Fe, New Mexico 87505

Re: Request for Administrative Approval of an Unorthodox Location  
Basin Fruitland Coal Pool  
Federal Gas Com H #2  
N/2 Section 31-30N-12W  
San Juan County, New Mexico

Gentlemen:

Cross Timbers Operating Company hereby requests administrative approval of the following unorthodox location:

|                     |   |
|---------------------|---|
| Well Name:          | Federal Gas Com H #2  |
| Pool:               | Basin Fruitland Coal  |
| Location:           | 2045' FNL & 1685' FEL   |
| Acreage Dedication: | N/2 Section 31-30N-12W, containing 318.74 acres, more or less |
| County/State:       | San Juan County, New Mexico                                   |
| Pool Rules:         | Well location in NE/4 or SW/4, 790' from lease lines          |

Attached is the following support and documentation for said application:

1. C-102 Plat
2. Geologic discussion
3. Copy of certified letter sent to offset operators/owners
  - A. Plat of offset operators
  - B. List of offset operators

We look forward to your approval and please call me at (817) 877-2336 with any questions.

Yours very truly,

Edwin S. Ryan, Jr.

Page 2

March 19, 1999

Request for Administrative Approval of an Unorthodox Location  
Federal Gas Com H #2

cc: Bobby Smith - CTOC Midland

Gary Burch

Robin Tracy

NMCOD - Aztec District Office  
1000 Rio Brazos Road  
Aztec, New Mexico 87410

Offset Operators

District I  
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-102  
Revised February 21, 1994

District II  
PO Drawer 00, Artesia, NM 88211-0719

Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                      |   |                     |                                    |
|----------------------|---|---------------------|------------------------------------|
| *API Number          |   | *Pool Code<br>71629 | *Pool Name<br>BASIN FRUITLAND COAL |
| *Property Code       | *Property Name<br>FEDERAL GAS COM H               |                     | *Well Number<br>2                  |
| *OGRID No.<br>167067 | *Operator Name<br>CROSS TIMBERS OPERATING COMPANY |                     | *Elevation<br>5464'                |

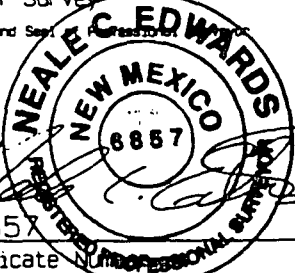
<sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County   |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|----------|
| G             | 31      | 30N      | 12W   |         | 2045          | NORTH            | 1685          | EAST           | SAN JUAN |

<sup>11</sup> Bottom Hole Location If Different From Surface

| UL or lot no.                           | Section | Township                      | Range | Lot Idn                          | Feet from the | North/South line        | Feet from the | East/West line | County |
|---|---------|-------------------------------|-------|----------------------------------|---------------|-------------------------|---------------|----------------|--------|
|   |         |                               |       |                                  |               |                         |               |                |        |
| <sup>12</sup> Dedicated Acres<br>318.74 |         | <sup>13</sup> Joint or Infill |       | <sup>14</sup> Consolidation Code |               | <sup>15</sup> Order No. |               |                |        |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

|  |  |
|--|--|
| <div data-bbox="240 1255 571 1501"><p>RECEIVED<br/>OCT 26 1988<br/>OIL CON. DIV.<br/>DIST. 2</p></div> <div data-bbox="565 1480 641 1543"><p>31</p></div> <div data-bbox="755 1564 950 1795"><p>5131<br/>2045<br/>2045<br/>595</p></div> | <div data-bbox="1096 997 1567 1081"><p><sup>17</sup> OPERATOR CERTIFICATION<br/>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p></div> <div data-bbox="1096 1207 1567 1501"><p><i>Gary L. Markestad</i><br/>Signature<br/>Gary L. Markestad<br/>Printed Name<br/>Vice-President / Production<br/>Title<br/>10/23/88<br/>Date</p></div> <div data-bbox="1096 1501 1567 1606"><p><sup>18</sup> SURVEYOR CERTIFICATION<br/>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p></div> <div data-bbox="1096 1669 1567 2016"><p>SEPTEMBER 14, 1988<br/>Date of Survey<br/>Signature and Seal<br/><br/>Certificate Number</p></div> |
|--|--|

## FEDERAL GAS COM "H" #2 GEOLOGIC SUMMARY

The Federal Gas Com "H" #2 is a proposed 1630 ft. Fruitland Coal test to be located 2045' FNL and 1685' FEL of Section 31-T30N-R12W, San Juan County, New Mexico. There is currently no Fruitland Coal production in Section 31. The nearest Fruitland Coal production is approximately 1 mile southeast at the Shiotani #8 in the SW¼, Section 32-T30N-R12W.

Existing deep well control confirms the presence of Fruitland Coal throughout all of Section 31. Based on a shallow resistivity cutoff of 50 ohms, pay thickness in the section ranges from around 10 ft. in the SW¼ of the section to 20 ft. in the NE¼. Existing well control and production data confirm that economic Fruitland coal wells can be drilled with as little as 10 ft. of pay. 16 ft. of coal pay is expected at the proposed location at a depth of 1460 ft.

An unorthodox location is requested because of surface restrictions in the area. The proposed location is within the city limits of Farmington and is in an area of residential homes. Therefore, the only feasible location in the NE¼ of Section 31 is one which would share a surface well pad with an existing deep well, the Federal Gas Com "H" #1E. In addition, by sharing the surface pad with an existing well, approximately \$5,000 will be saved by eliminating the need for running open hole logs and instead using the logs from the pre-existing well to correlate to the cased hole log of the new well.

*Dary K. Burch*  
*March 23, 1999*



## Cross Timbers Oil Company

March 23, 1999

CERTIFIED MAIL

TO: Offset Operators - See Attached

Re: Unorthodox Location  
Federal Gas Com H # 2  
N/2 Section 31-30N-12W  
San Juan County, New Mexico

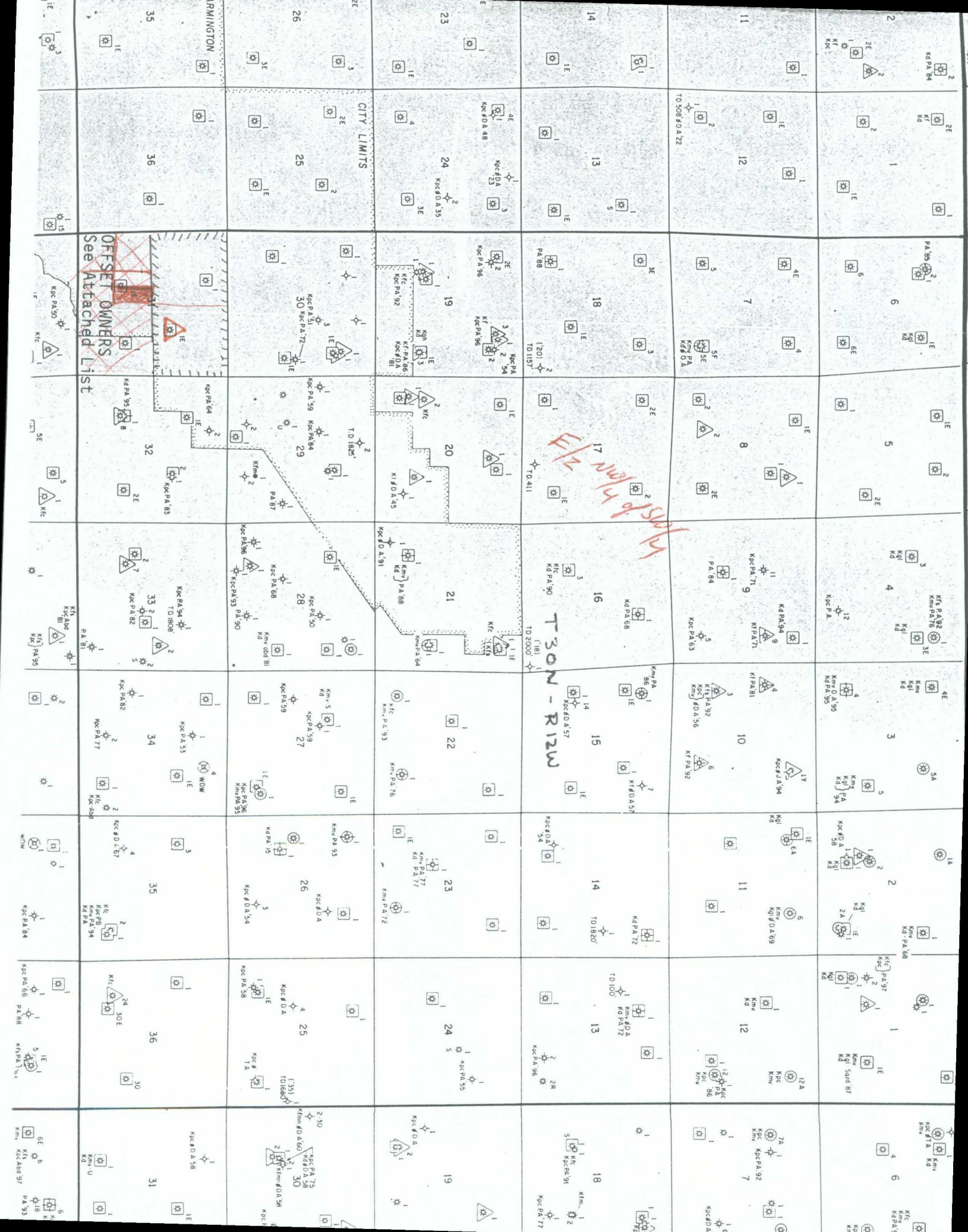
Gentlemen:

Cross Timbers Operating Company filed the attached application for administrative approval of the above Unorthodox Location with the New Mexico Oil Conservation Division on March 22, 1999. If you object to the application, you must file a written objection with the Oil Conservation Division within twenty (20) days of the date the application was filed.

Should you have any questions please feel free to call me at (817)877-2336.

Yours very truly,

Edwin S. Ryan, Jr.



OFFSET OWNERS  
UNORTHODOX LOCATION  
FEDERAL GAS COM H #2  
N/2 SECTION 31-30N-12W  
SAN JUAN COUNTY, NEW MEXICO

Thomas Lee Hood  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Barbara Jean Hill  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Gloria Fay Keenan  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Joann Marie Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Clifford A. and Sheila K. Cheeseman  
Trustees U/T dtd 3-29-83  
and/or Daryle L. Garber  
P.O. Box 230  
Farmington, New Mexico 87401

Clifford A. Cheeseman  
P.O. Box 230  
Farmington, New Mexico 87401

Daryle L. Garber  
7810 North 183 Ave.  
Waddell, Arizona 85355

Jensen Brothers Partnership  
5901 SW Frontage Road  
Fort Collins, Colorado 80525

City of Farmington  
800 Municipal Drive  
Farmington, New Mexico 87401

Hawkins, Smith & Christensen LLC  
8645 W. Franklin Road  
Boise, Idaho 83709

John K. and Shirley A. Richardson  
323 County Rd 3500  
Aztec, New Mexico 87410

E. Lucille Carrington  
1169 5th Street  
Evansville, Wyoming 82636  
Unknown heirs of D. J. Carrington  
(deceased husband of E. Lucille Carrington)

William Charles Howard, III  
5404 Valley View  
Farmington, New Mexico 87402

James W. Hatch  
4501 Rowe Avenue  
Farmington, New Mexico

Doug Bradford  
1921 E. Wagoner Street  
Phoenix, Arizona 85022



## Cross Timbers Oil Company

March 23, 1999

CERTIFIED MAIL

APR 28 1999

TO: Offset Operators - See Attached

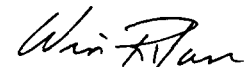
Re: Unorthodox Location  
Federal Gas Com H # 2  
N/2 Section 31-30N-12W  
San Juan County, New Mexico

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Should you have any questions please feel free to call me at (817)877-2336.

Yours very truly,

  
Edwin S. Ryan, Jr.

*I object To The Application*



OFFSET OWNERS  
UNORTHODOX LOCATION  
FEDERAL GAS COM H #2  
N/2 SECTION 31-30N-12W  
SAN JUAN COUNTY, NEW MEXICO

Thomas Lee Hood  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Barbara Jean Hill  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Gloria Fay Keenan  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Joann Marie Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

Clifford A. and Sheila K. Cheeseman  
Trustees U/T dtd 3-29-83  
and/or Daryle L. Garber  
P.O. Box 230  
Farmington, New Mexico 87401

Clifford A. Cheeseman  
P.O. Box 230  
Farmington, New Mexico 87401

Daryle L. Garber  
7810 North 183 Ave.  
Waddell, Arizona 85355

Jensen Brothers Partnership  
5901 SW Frontage Road  
Fort Collins, Colorado 80525

City of Farmington  
800 Municipal Drive  
Farmington, New Mexico 87401

Hawkins, Smith & Christensen LLC  
8645 W. Franklin Road  
Boise, Idaho 83709

John K. and Shirley A. Richardson  
323 County Rd 3500  
Aztec, New Mexico 87410

E. Lucille Carrington  
1169 5th Street  
Evansville, Wyoming 82636  
Unknown heirs of D. J. Carrington  
(deceased husband of E. Lucille Carrington)

William Charles Howard, III  
5404 Valley View  
Farmington, New Mexico 87402

James W. Hatch  
4501 Rowe Avenue  
Farmington, New Mexico

Doug Bradford  
1921 E. Wagoner Street  
Phoenix, Arizona 85022

MAIL

Z 293 177 662

CERTIFIED

Fold at line over top of envelope to  
the right of the return address

Fed Gas Com H 2 Offset Owners  
3/23/99 ESR  
Farmington, New Mexico 87402  
5211 Hubbard Road  
c/o Eugene Farley and Joann Farley  
Thomas Lee Hood

|   |   |
|---|---|
| Return Receipt Showing to Whom & Date Delivered | Return Receipt Showing to Whom & Date Delivered |
| Restricted Delivery Fee                         | Restricted Delivery Fee                         |
| Special Delivery Fee                            | Special Delivery Fee                            |
| Certified Fee                                   | Certified Fee                                   |

Z 293 177 663

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| Street & Number                                 |    |
| Post Office, State, & ZIP Code                  |    |
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

April 1995

Barbara Jean Hill  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402  
3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to  
the right of the return address

CERTIFIED

Z 293 177 663

MAIL

**SENDER:**

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

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

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

Barbara Jean Hill  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

## 4a. Article Number

2293 177 663

## 4b. Service Type

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

## 7. Date of Delivery

## 5. Received By: (Print Name)

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

## 6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

Thomas Lee Hood  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402

## 4a. Article Number

2293 177 662

## 4b. Service Type

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

## 7. Date of Delivery

## 5. Received By: (Print Name)

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

## 6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

MAIL

Z 293 177 665

CERTIFIED

Fold at line over top of envelope to the right of the return address

3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Farmington, New Mexico 87402  
5211 Hubbard Road  
Joann Marie Farley

|   |   |
|---|---|
| Return Receipt Showing to Whom & Date Delivered | Return Receipt Showing to Whom & Date Delivered |
| Restricted Delivery Fee                         | Restricted Delivery Fee                         |

Z 293 177 664

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| Street & Number                                 |    |
| Post Office, State, & ZIP Code                  |    |
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

April 1995

Gloria Fay Keenan  
c/o Eugene Farley and Joann Farley  
5211 Hubbard Road  
Farmington, New Mexico 87402  
3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 293 177 664

MAIL

Is your RETURN ADDRESS completed on the reverse side?

|   |  |   |  |
|---|--|---|--|
| <b>SENDER:</b><br>■ Complete items 1 and/or 2 for additional services.<br>■ Complete items 3, 4a, and 4b.<br>■ Print your name and address on the reverse of this form so that we can return this card to you.<br>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.<br>■ Write "Return Receipt Requested" on the mailpiece below the article number.<br>■ The Return Receipt will show to whom the article was delivered and the date delivered. |  | I also wish to receive the following services (for an extra fee):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.  |  |
| 3. Article Addressed to:<br><br>Joann Marie Farley<br>5211 Hubbard Road<br>Farmington, New Mexico 87402   |  | 4a. Article Number<br>2 293 177 665   |  |
|   |  | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
|   |  | 7. Date of Delivery   |  |
| 5. Received By: (Print Name)  |  | 8. Addressee's Address (Only if requested and fee is paid)  |  |
| 6. Signature: (Addressee or Agent)<br>X   |  |   |  |

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

|   |  |   |  |
|---|--|---|--|
| <b>SENDER:</b><br>■ Complete items 1 and/or 2 for additional services.<br>■ Complete items 3, 4a, and 4b.<br>■ Print your name and address on the reverse of this form so that we can return this card to you.<br>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.<br>■ Write "Return Receipt Requested" on the mailpiece below the article number.<br>■ The Return Receipt will show to whom the article was delivered and the date delivered. |  | I also wish to receive the following services (for an extra fee):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.  |  |
| 3. Article Addressed to:<br><br>Gloria Fay Keenan<br>c/o Eugene Farley and Joann Farley<br>5211 Hubbard Road<br>Farmington, New Mexico 87402  |  | 4a. Article Number<br>2 293 177 664   |  |
|   |  | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
|   |  | 7. Date of Delivery   |  |
| 5. Received By: (Print Name)  |  | 8. Addressee's Address (Only if requested and fee is paid)  |  |
| 6. Signature: (Addressee or Agent)<br>X   |  |   |  |

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Clifford A. and Sheila K. Cheeseman  
Trustees U/T dtd 3-29-83  
and/or Daryle L. Garber  
P.O. Box 230  
Farmington, New Mexico 87401

4a. Article Number

2293 177 667

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Clifford A. Cheeseman  
P.O. Box 230  
Farmington, New Mexico 87401

4a. Article Number

2293 177 667

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 293 177 667

CERTIFIED

Fold at line over top of envelope to the right of the return address

3/23/99 ESR Fed Gas Com H 2 Offset  
Farmington, New Mexico 87401  
P.O. Box 230  
and/or Daryle L. Garber  
Trustees U/T dtd 3-29-83  
Clifford A. and Sheila K. Cheeseman

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

Z 293 177 667

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| Street & Number                                 |    |
| Post Office, State, & ZIP Code                  |    |
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

PS Form 3811, December 1994

Clifford A. Cheeseman  
P.O. Box 230  
Farmington, New Mexico 87401

3/23/99 ESR

Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 293 177 667

MAIL

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Daryle L. Garber  
7810 North 183 Ave.  
Waddell, Arizona 85355

4a. Article Number

2 293 177 649

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

MAIL

Z 293 177 649

CERTIFIED

Fold at line over top of envelope to the right of the return address

3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Waddell, Arizona 85355  
7810 North 183 Ave.  
Daryle L. Garber

|                                |   |
|--------------------------------|---|
| Return Receipt Showing to Whom | Return Receipt Showing to Whom & Date Delivered |
| Restricted Delivery Fee        |   |

April 1995

Z 293 177 649

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| Street & Number                                 |    |
| Post Office, State, & ZIP Code                  |    |
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

April 1995

Jensen Brothers Partnership  
5901 SW Frontage Road  
Fort Collins, Colorado 80525

3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to the right of the return address

CERTIFIED

Z 293 177 649

MAIL

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jensen Brothers Partnership  
5901 SW Frontage Road  
Fort Collins, Colorado 80525

4a. Article Number

2 293 177 649

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

City of Farmington  
800 Municipal Drive  
Farmington, New Mexico 87401

4a. Article Number

2293 177 670

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 293 177 670

**CERTIFIED**

Fold at line over top of envelope to the right of the return address

Fed Gas Com H 2 Offset Owners

3/23/99 ESR

Farmington, New Mexico 87401

800 Municipal Drive

City of Farmington

Return Receipt Showing to Whom:

Return Receipt Showing to Whom & Date Delivered

Restricted Delivery Fee

Special Delivery Fee

Certified Fee

Z 293 177 671

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Street & Number

Post Office, State, & ZIP Code

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom:

Hawkins, Smith & Christensen LLC

8645 W. Franklin Road

Boise, Idaho 83709

3/23/99 ESR

Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

Z 293 177 671

**MAIL**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Hawkins, Smith & Christensen LLC  
8645 W. Franklin Road  
Boise, Idaho 83709

4a. Article Number

2293 177 671

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

MAIL

Z 293 177 672

CERTIFIED

Fold at line over top of envelope to  
the right of the return address3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Aztec, New Mexico 87410

323 County Rd 3500

John K. and Shirley A. Richardson

April 1995

|                                |  |
|--------------------------------|--|
| Return Receipt Showing to Whom |  |
| Whom & Date Delivered          |  |
| Restricted Delivery Fee        |  |
| Special Delivery Fee           |  |

Z 293 177 673

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| Street & Number                                 |    |
| Post Office, State, & ZIP Code                  |    |
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

April 1995

E. Lucille Carrington

1169 5th Street

Evansville, Wyoming 82636

3/23/99 ESR

Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to  
the right of the return address

CERTIFIED

Z 293 177 673

MAIL

**SENDER:**

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John K. and Shirley A. Richardson  
323 County Rd 3500  
Aztec, New Mexico 87410

4a. Article Number

2293 177 672

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

E. Lucille Carrington  
1169 5th Street  
Evansville, Wyoming 82636

4a. Article Number

2293 177 673

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
William Charles Howard, III  
5404 Valley View  
Farmington, New Mexico 87402

4a. Article Number  
**2 293 177 674**

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X**

Thank you for using Return Receipt Service.

MAIL  
Z 293 177 674  
CERTIFIED  
Fold at line over top of envelope to the right of the return address

|                                |                       |                         |                      |               |         |                                |                 |         |
|--------------------------------|-----------------------|-------------------------|----------------------|---------------|---------|--------------------------------|-----------------|---------|
| Return Receipt Showing to Whom | Whom & Date Delivered | Restricted Delivery Fee | Special Delivery Fee | Certified Fee | Postage | Post Office, State, & ZIP Code | Street & Number | Sent to |
|                                |                       |                         |                      |               | \$      |                                |                 |         |

US Postal Service  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

5  
Z 293 177 674

MAIL

Z 293 177 675

CERTIFIED

Fold at line over top of envelope to the right of the return address

3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

4501 Rowe Avenue  
Farmington, New Mexico

James W. Hatch

|                                |                       |                         |                      |               |         |                                |                 |         |
|--------------------------------|-----------------------|-------------------------|----------------------|---------------|---------|--------------------------------|-----------------|---------|
| Return Receipt Showing to Whom | Whom & Date Delivered | Restricted Delivery Fee | Special Delivery Fee | Certified Fee | Postage | Post Office, State, & ZIP Code | Street & Number | Sent to |
|                                |                       |                         |                      |               | \$      |                                |                 |         |

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
James W. Hatch  
4501 Rowe Avenue  
Farmington, New Mexico

4a. Article Number  
**2 293 177 675**

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X**

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Doug Bradford  
1921 E. Wagoner Street  
Phoenix, Arizona 85022

4a. Article Number

2293 177 676

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Z 293 177 676

MAIL

April 1995

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |    |
|---|----|
| Sent to   |    |
| Street & Number                                 |    |
| Post Office, State, & ZIP Code                  |    |
| Postage   | \$ |
| Certified Fee                                   |    |
| Special Delivery Fee                            |    |
| Restricted Delivery Fee                         |    |
| Return Receipt Showing to Whom & Date Delivered |    |
| Return Receipt Showing to Whom                  |    |

Doug Bradford  
1921 E. Wagoner Street  
Phoenix, Arizona 85022

3/23/99 ESR  
Fed Gas Com H 2 Offset Owners

Fold at line over top of envelope to the right of the return address

CERTIFIED

CMD :  
OG5SECT

ONGARD  
INQUIRE LAND BY SECTION

03/25/99 15:40:16  
OGOMES -TPJM  
PAGE NO: 1

Sec : 31 Twp : 30N Rng : 12W Section Type : NORMAL

|                                 |                                      |  |                             |
|---------------------------------|--------------------------------------|--|-----------------------------|
| 1<br>39.92<br><br>Federal owned | C<br>40.00<br><br>Fee owned<br><br>A | B<br>40.00<br><br>Fee owned            | A<br>40.00<br><br>Fee owned |
| 2<br>38.82<br><br>Federal owned | F<br>40.00<br><br>Fee owned          | G<br>40.00<br><br>Fee owned<br><br>A A | H<br>40.00<br><br>Fee owned |

|           |          |            |           |      |      |
|-----------|----------|------------|-----------|------|------|
| PF01 HELP | PF02     | PF03 EXIT  | PF04 GoTo | PF05 | PF06 |
| PF07 BKWD | PF08 FWD | PF09 PRINT | PF10 SDIV | PF11 | PF12 |

78.74  
8  
-----  
158.74  
16  
-----  
318.74

CMD :  
OG5SECTONGARD  
INQUIRE LAND BY SECTION03/25/99 15:40:22  
OGOMES -TPJM  
PAGE NO: 2

Sec : 31 Twp : 30N Rng : 12W Section Type : NORMAL

|            |            |            |            |
|------------|------------|------------|------------|
| 3<br>38.74 | K<br>40.00 | J<br>40.00 | I<br>40.00 |
| Fee owned  | Fee owned  | Fee owned  | Fee owned  |
|            | A A        |            | A          |
| 4<br>38.64 | N<br>40.00 | O<br>40.00 | P<br>40.00 |
| Fee owned  | Fee owned  | Fee owned  | Fee owned  |

PF01 HELP  
PF07 BKWDPF02  
PF08 FWDPF03 EXIT  
PF09 PRINTPF04 GoTo  
PF10 SDIVPF05  
PF11PF06  
PF12

CMD : ONGARD 03/25/99 15:41:36  
OG6C101 C101-APPLICATION FOR PERMIT TO DRILL OGOMES -TPJM

OGRID Idn : 167067 API Well No: 30 45 29705 APD Status(A/C/P): A  
Opr Name, Addr: CROSS TIMBERS OPERATING COMPANY Aprvl/Cncl Date : 10-28-1998  
2700 FARMINGTON AVENUE  
BUILDING K, SUITE 1  
FARMINGTON,NM 87401

Prop Idn: 22708 FEDERAL GAS COM H Well No: 2

|              | U/L | Sec | Township   | Range | Lot | Idn | North/South  | East/West    |
|--------------|-----|-----|------------|-------|-----|-----|--------------|--------------|
| Surface Locn | : G | 31  | 30N        | 12W   |     |     | FTG 2045 F N | FTG 1685 F E |
| OCD U/L      | : G |     | API County | : 45  |     |     |              |              |

Work typ(N/E/D/P/A) : N Well typ(O/G/M/I/S/W/C): G Cable/Rotary (C/R) : F  
Lease typ(F/S/P/N/J/U/I): P Ground Level Elevation : 5464

State Lease No: Multiple Comp (Y/N) : N  
Prpsd Depth : 1630 Prpsd Frmtn : BASIN FRUITLAND COAL

E0009: Enter data to modify record

|           |      |            |           |              |              |
|-----------|------|------------|-----------|--------------|--------------|
| PF01 HELP | PF02 | PF03 EXIT  | PF04 GoTo | PF05         | PF06 CONFIRM |
| PF07      | PF08 | PF09 PRINT | PF10 C102 | PF11 HISTORY | PF12         |

CMD : ONGARD 04/09/99 15:19:52  
OG6C101 C101-APPLICATION FOR PERMIT TO DRILL OGOMES -TPV2

OGRID Idn : 167067 API Well No: 30 45 29705 APD Status(A/C/P): A  
Opr Name, Addr: CROSS TIMBERS OPERATING COMPANY Aprvl/Cncl Date : 10-28-1998  
2700 FARMINGTON AVENUE  
BUILDING K, SUITE 1  
FARMINGTON,NM 87401

Prop Idn: 22708 FEDERAL GAS COM H Well No: 2

|                | U/L | Sec | Township     | Range | Lot   | Idn   | North/South  | East/West    |
|----------------|-----|-----|--------------|-------|-------|-------|--------------|--------------|
|                | --- | --- | -----        | ----- | ----- | ----- | -----        | -----        |
| Surface Locn : | G   | 31  | 30N          | 12W   |       |       | FTG 2045 F N | FTG 1685 F E |
| OCD U/L :      | G   |     | API County : | 45    |       |       |              |              |

Work typ(N/E/D/P/A) : N Well typ(O/G/M/I/S/W/C): G Cable/Rotary (C/R) : F  
Lease typ(F/S/P/N/J/U/I): P Ground Level Elevation : 5464

State Lease No: Multiple Comp (Y/N) : N  
Prpsd Depth : 1630 Prpsd Frmtn : BASIN FRUITLAND COAL

E0009: Enter data to modify record

|           |      |            |           |              |              |
|-----------|------|------------|-----------|--------------|--------------|
| PF01 HELP | PF02 | PF03 EXIT  | PF04 GoTo | PF05         | PF06 CONFIRM |
| PF07      | PF08 | PF09 PRINT | PF10 C102 | PF11 HISTORY | PF12         |