

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

**IN THE MATTER OF THE APPLICATION OF LANCE
OIL & GAS COMPANY, INC. FOR COMPULSORY
POOLING INCLUDING OPTIONAL INFILL WELL
PROVISIONS, SAN JUAN COUNTY, NEW MEXICO.**

CASE NO. 13574

AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of Lance Oil & Gas Company, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the addresses shown on Exhibit "A" attached hereto, and that true and correct copies of the notice letter and proof of receipt are attached hereto.

Ocean Munds-Dry
Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 20th day of Sept. 2005 by Ocean



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 1/14/07

[Signature]

Notary Public

My Commission Expires: January 14, 2007

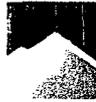
BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 13574 Exhibit No. 5
Submitted by:
LANCE OIL & GAS CO., INC.
Hearing Date: October 6, 2005

EXHIBIT A

**APPLICATION OF LANCE OIL & GAS COMPANY, INC.
FOR COMPULSORY POOLING, SAN JUAN COUNTY, NEW MEXICO**

FRPC 17 Well No.1

NAME	ADDRESS	CITY	STATE	ZIP
Scott Tubb	3700 East Main Street	Farmington	NM	87402
Garden Spot Produce	P.O. Box 109	Farmington	NM	87499-0109
W.R. Grace	2210 West Main Street	Farmington	NM	87401
James J. Gifford	3308 Vista Del Sur NW	Albuquerque	NM	87120
Jerry A. & Patsy Ann Symmonds	2112 West Main Street	Farmington	NM	87401-3221
D. Vince & Helen L. Ferrari	455 West Main Street	Farmington	NM	87401-8425
Stewart & Stevenson Power	5840 Dahlia Street	Commerce City	CO	80022-3707
Four Corners Trading Company	P.O. Box 201	Flora Vista	NM	87415
Johnny D. & Erlinda Maestas	310 North Schwartz Avenue	Farmington	NM	87401
Frankie L. Smith	2333 East 10th Street	Farmington	NM	87401
Donald J. Anderson	1301 West Main Street	Farmington	NM	87401-3810
Manju Nagin	1510 West Main Street	Farmington	NM	87401-3838
Rita F. Kilkenny	P.O. Box 2207	Santa Fe	NM	87501-2040
Glen & Leslie Murray	24 CR 57, 3011-D	Farmington	NM	87401-9560
Four Corners Body & Paint	1615 West Apache	Farmington	NM	87401
Abe & Irene Ashihi	115 Phillips Road	Farmington	NM	87401-3853
Andrew & Helen M. Lucero	309 Phillips Road	Farmington	NM	87401-4705
Francis B. & Mary E. Marler	1709 West Main Street	Farmington	NM	87401-3841
Sherman K. Coates	911 North Butler	Farmington	NM	87401-6859
Bobby J. & Betty L. Merrit	750 North 17th Street	Las Cruces	NM	88005
Ted & Sherry Sprinkle	601 Kerney	Farmington	NM	87401
Gerald Nolan	2 CR 5150	Bloomfield	NM	87413
Jim W. & Gloria R. Mihelich	603 West LaPlata	Farmington	NM	87401
State of NM Department of Transportation	P.O. Box 1149	Santa Fe	NM	87504-1149
Mark & Becky Duncan	418 West Broadway, Suite A	Farmington	NM	87401
F.R. & E.M. Dickens	P.O. Box 223	Aztec	NM	87410-0223
Phyllis Turner	106 Lakeside Lane	Pierre	SD	57501
Kenneth N. & Greta L. Griner	219 Airport Drive	Farmington	NM	87401
Victor R. & Delores L. Eicker	9 RD 5571	Farmington	NM	87401
High Desert Woodworks	219 Airport Drive	Farmington	NM	87401
Wal Mart	2001 SE 10th Street	Bentonville	AR	72716-0550
Rick D. & LaDonna Mace	1301 West Main Street	Farmington	NM	87401-3833



September 13, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Re: Application of Lance Oil & Gas Company, Inc. for compulsory pooling, San Juan County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Lance Oil & Gas Company, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests from the surface to the base of the Pictured Cliffs formation and the Basin Fruitland Coal Gas Pool in certain spacing and proration units in the N/2 of Section 17, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico. Said pooled units are to be dedicated to Lance's FRCP 17 Well No. 1 to be drilled at a standard location 1914 feet from the North line and 1449 feet from the East line.

This application has been set for hearing before a Division Examiner on October 6, 2005. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

Ocean Munds-Dry
ATTORNEY FOR LANCE OIL & GAS
COMPANY, INC.

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

**IN THE MATTER OF THE APPLICATION
OF LANCE OIL & GAS COMPANY, INC.
FOR COMPULSORY POOLING INCLUDING
OPTIONAL INFILL WELL PROVISIONS,
SAN JUAN COUNTY, NEW MEXICO.**

CASE NO. _____

APPLICATION

LANCE OIL & GAS COMPANY, INC. ("Lance"), through its undersigned attorneys, hereby makes application pursuant to the provisions of NMSA 1978, Section 70-2-17, for an order pooling all uncommitted mineral interests in all formations from the surface to the base of the Pictured Cliffs formation and the Basin Fruitland Coal Gas Pool in Section 17, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico, in the N/2 to form a standard 320-acre spacing and proration unit for any production from the Basin Fruitland Coal Gas Pool; and in the NE/4 to form a standard 160-acre spacing and proration unit for any production from the Pictured Cliffs formation, including but not limited to the West Kutz-Pictured Cliffs Pool. Lance also seeks to include provisions for subsequent operation and procedures for an optional "infill" coalbed-gas well.

In support of this application Lance states:

1. Lance is a working interest owner in the N/2 of Section 17 and has a right to drill thereon.
2. Lance proposes to dedicate the above-referenced spacing or proration unit to its FRCP "17" Well No. 1 (API No. 30-045-31768), to be drilled at a standard location 1914 feet from the North line and 1449 from the East line in the SW/4 NE/4 (Unit G) of Section 17 for downhole commingled production from the Basin Fruitland Coal Gas Pool and the West Kutz Pictured Cliffs Pool.
3. Lance has sought and been unable to obtain a voluntary agreement for the development of these lands from the interest owners identified on Exhibit A to this application.
4. Said pooling of interests will avoid the drilling of unnecessary wells, will prevent waste and will protect correlative rights.

5. In order to permit Lance the opportunity to obtain its just and fair share of the oil and gas underlying the subject lands, all mineral interests should be pooled, and Lance should be designated the operator of the well.

6. Lance also seeks to include provisions for subsequent operations and procedures for an optional "infill" coalbed gas well. See Exhibit B.

WHEREFORE, Lance requests that this application be set for hearing before an Examiner of the Oil Conservation Division on October 6, 2005, and, after notice and hearing as required by law, the Division enter its order:

- A. pooling all mineral interests in the subject spacing and proration unit;
- B. designating Lance operator of the unit and the well to be drilled thereon;
- C. authorizing Lance to recover its costs of deepening, equipping and re-completing the well;
- D. authorizing subsequent operations and procedures for an optional "infill" coalbed gas well;
- E. approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision to adjust the rates pursuant to the COPAS accounting procedures; and
- F. imposing the 200% risk penalty provided by Division Rule 19.15.1.35 against any working interest owner who does not voluntarily participate in the drilling of this well.

Respectfully submitted,

HOLLAND & HART, LLP

By: Ocean Munds-Dry
William F. Carr
Ocean Munds-Dry
P.O. Box 2208
Santa Fe, NM 87504
Telephone: (505) 988-4421

ATTORNEYS FOR LANCE OIL &
GAS COMPANY, INC.

() Pursuant to Division Rule 104, an optional infill well may be drilled and produced within this 320-acre spacing unit or subsequent operations conducted for either the original well or the infill well in accordance with the following provisions:

- (a) Lance Oil & Gas Company, Inc., or its successor, shall continue to be the operator of the parent well and the infill well;
- (b) The operator or any working interest owner who consents to and has paid its share of costs of the original well, pursuant to either a voluntary agreement or a compulsory pooling order, may propose drilling of an infill well or subsequent operations of either the original well or the infill well by giving written notice of the proposed well to all working interest owners and all unleased mineral owners with the 320-acre pooled unit. Any such proposal shall specify the work to be performed, the location, proposed depth, objective formations and the estimated costs of the operation.
- (c) The parties receiving such a notice shall have thirty (30) day election period after receipt of this notice within which to notify the proposing party whether they elect to participate in the costs of the subsequent operations or the infill well. Failure of a party receiving such notice to deliver to the proposing party an written election, plus payment for this share of the total costs, within a thirty (30) day election period shall constitute an election by that party not to participate in the costs of the well or the proposal operation and shall be "a non-consenting party."
- (d) Any non-consenting party shall be subject to a 200% risk penalty charge for that well or the operations.
- (e) Production from the original well cannot be used to pay for the costs of the infill well or can production from the infill well be used to pay for the costs of the original well. The recovery of costs for subsequent operations shall be paid by the production from the well on which those operations were conducted.
- (f) If all parties elect to participate in the infill well or in subsequent operations ("a consenting party"), the operator shall, within ninety (90) days after the expiration of the thirty (30) day election period, actually commence and conduct operations with due diligence at the risk of expense of all parties.
- (g) If less than all parties elect to participate in the infill well or the subsequent operations, then all parties who elected not to participate shall be considered non-consenting working interest owners and all the provisions of this order shall apply to the drilling of the infill well or the subsequent operations with the FOLLOWING EXCEPTIONS:
 - a. The proposing party shall be solely responsible for carrying the non-consenting working interest owner's interest subject to the risk penalty charge provided for in the order. The proposing party may enter into an agreement, or

recognize an existing agreement, that provides for the sharing of the non-consenting interest by the consenting parties. The proposing party, at its election, may withdraw such proposal if there is insufficient participation and shall notify the Division and all other parties of such decision.

- b. If the operator is a non-consenting working interest owner in the infill well, the consenting parties shall either: (a) request the operator to perform the work required for the account of the consenting parties, or (b) designate one of the consenting parties as operator of the infill well. If the infill well results in a producer of oil and/or gas in paying quantities, one of the consenting parties shall be designated as operator and shall completed and equip the well to produce at the sole costs and risk of the consenting parties and thereafter the operator designated by this compulsory pooling order shall operator this well at the expense and for the account of the consenting working interest owners.
- c. To be entitled to the benefits of this order, the operator, or the designated consenting party, shall within ninety (90) days after the expiration of the thirty (30) day election period, actually commence and conduct the operations with due diligence at the sole risk and expense of the consenting parties.
- d. If operations for the drilling of an infill well results in a dry hole, the consenting parties shall plug and abandon the well and restore the surface location at their sole costs, risk and expense.

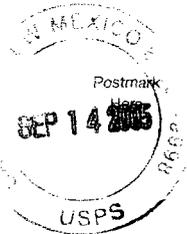
() If operations for the drilling of a proposed infill well or any subsequent operation for either the original well or the infill well have not been commenced within the time provided, and if any party still desires to drill the infill well, written notice proposing same must be resubmitted in accordance with the provision hereof as if no prior proposal had been made

CASE _____ :

Application of Lance Oil & Gas Company, Inc. for compulsory pooling including optional infill well provisions, San Juan County, New Mexico. Applicant in the above-styled cause seeks an order pooling all uncommitted mineral interests from the surface to the base of the Pictured Cliffs formation and the Basin Fruitland Coal-Gas Pool underlying the NE/4 and the N/2 of Section 17, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico, to form a standard 320-acre spacing and proration unit for any production from the Basin Fruitland Coal Gas Pool; and the NE/4 to form a standard 160-acre spacing and proration unit for any production from the Pictured Cliffs formation, including but not limited to the West Kutz-Pictured Cliffs Pool. This unit is to be dedicated to the FRCP 17 Well No. 1, to be drilled and dually completed at a standard location 1914 feet from the North line and 1449 feet from the East line in the SW/4 NE/4 (Unit G) of said Section 17 for downhole commingled production from the Basin Fruitland Coal Gas Pool and the West Kutz-Pictured Cliffs Pool. The applicant also seeks to include provisions for subsequent operations and procedures for an optional "infill" coalbed-gas well. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well and, pursuant to NMRA 19.15.1.35, the imposition of a 200% risk charge against the working interest of any party that elects not to participate in this project. Said area is located approximately .10 mile south of Farmington, New Mexico.

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

WFC Lance	Postage	\$ 1.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



MAIL RETURNED

Sent To
 Donald J. Anderson
 Street, Apt. No.;
 or PO Box No. 1301 West Main Street
 City, State, ZIP+ Farmington, NM 87401-3810

PS Form 3800

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

SENDER: COMPLETE THIS SECTION

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

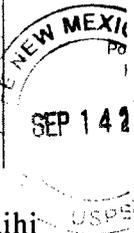
COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent Addressee

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

WFC Lance	Postage	\$ 1.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
 Abe & Irene Ashihi
 Street, Apt. No. 115 Phillips Road
 or PO Box No. Farmington, NM 87401-3810
 City, State, ZIP+

1. Article Addressed to:
 Abe & Irene Ashihi
 115 Phillips Road
 Farmington, NM 87401-3853

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 (Copy fr 7001 1140 0002 9558 3792

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

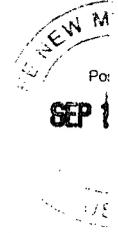
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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

C. Signature Agent Addressee

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

WFC Lance	Postage	\$ 1.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
 Sherman K. Coates
 Street, Apt. No.;
 or PO Box No. 911 North Butler
 City, State, ZIP+ 4 Farmington, NM 87401-

1. Article Addressed to:
 Sherman K. Coates
 911 North Butler
 Farmington, NM 87401-6859

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 (Copy from serv 7001 1140 0002 9558 3822

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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. Received by (Please Print Clearly) **F.R. Dickens** B. Date of Delivery **9/14/05**
 C. Signature **X F.R. Dickens** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:

F. R. & E. M. Dickens
 P. O. Box 223
 Aztec, NM 87410-0223

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 (Copy from)

7001 1140 0002 9558 3891

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

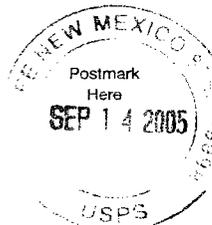


Sent To **Mark & Becky Duncan**
 Street, Apt. No., or PO Box No. **418 West Broadway, Suite A**
 City, State, ZIP+4 **Farmington, NM 87401**

PS Form 3800, July 2002

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

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To **Victor R. & Delores L. Eicker**
 Street, Apt. No., or PO Box No. **9 RD 5571**
 City, State, ZIP+4 **Farmington, NM 87401**

PS Form 3800, July 2002

7001 1140 0002 9558 3891

7001 1140 0002 9558 3884

7001 1140 0002 9558 3421

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

Stephanie Kvaner 9/21

C. Signature Agent Addressee

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

1. Article Addressed to:

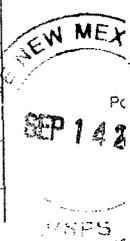
D. Vince & Helen L. Ferrari
 455 West Main Street
 Farmington, NM 87401-8425

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 (7001 1140 0002 9558 3693

Postage	\$ 1.83
17-1 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To D. Vince & Helen L. Ferrari
 Street, Apt. No., or PO Box No. 455 West Main Street
 City, State, ZIP+ Farmington, NM 87401-8425

PS Form 3800

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Postage	\$ 1.83
17-1 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To Four Corners Body & Paint
 Street, Apt. No., or PO Box No. 1615 West Apache
 City, State, ZIP+ 4 Farmington, NM 87401

PS Form 3800

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

Postage	\$ 1.83
17-1 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To Four Corners Trading Company
 Street, Apt. No., or PO Box No. P. O. Box 201
 City, State, ZIP Flora Vista, NM 87415

PS Form 3800

MAIL RETURNED

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

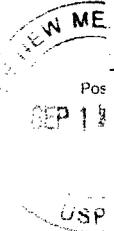
SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



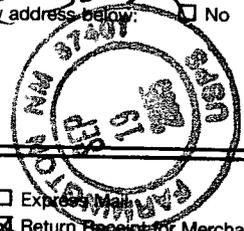
1. Article Addressed to:

Garden Spot Produce
P. O. Box 109
Farmington, NM 87499-0109

C. Signature

X *[Signature]* Agent Addressee

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



Sent To
Garden Spot Produce
P. O. Box 109
Farmington, NM 87499-0

PS Form 3800

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 (Copy from service label)

7001 1140 0002 9558 3655

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage	\$ 1.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



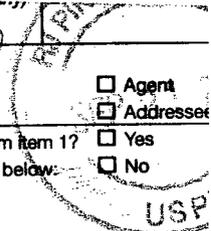
1. Article Addressed to:

James J. Gifford
3308 Vista Del Sur NW
Albuquerque, NM 87120

C. Signature

X *[Signature]* Agent Addressee

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



Sent To
James J. Gifford
3308 Vista Del Sur NW
Albuquerque, NM 87120

PS Form 3800

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 (Copy from :

7001 1140 0002 9558 3679

PS Form 3811, July 1999

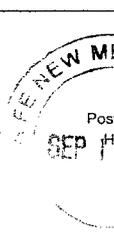
Domestic Return Receipt

102595-00-M-0952

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Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



1. Article Addressed to:

W. R. Grace
2210 West Main Street
Farmington, NM 87401

C. Signature

X *[Signature]* Agent Addressee

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

Sent To
W. R. Grace
2210 West Main Street
Farmington, NM 87401

PS Form 3800, Ja

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 (Cop

7001 1140 0002 9558 3662

PS Form 3811, July 1999

Domestic Return Receipt

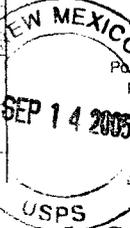
102595-00-M-0952

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC Lance	Postage	\$.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



- 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:

Kenneth N. & Greta L. Griner
 219 Airport Drive
 Farmington, NM 87401

Sent To
 Kenneth N. & Greta L. Griner
 219 Airport Drive
 Farmington, NM 87401

A. Received by (Please Print Clearly) B. Date of Delivery
 9/16/05

C. Signature
 X Steven Mark Medema Agent Addressed

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 (Copy)

7001 1140 0002 9558 3914

PS Form 3811, July 1999

Domestic Return Receipt

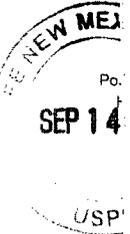
102595-00-M-0952

- 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:

High Desert Woodworks
 219 Airport Drive
 Farmington, NM 87401

WFC Louise	Postage	\$.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



Sent To
 High Desert Woodworks
 219 Airport Drive
 Farmington, NM 87401

A. Received by (Please Print Clearly) B. Date of Delivery
 9/16/05

C. Signature
 X Steven Mark Medema Agent Addressed

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 (Copy)

7001 1140 0002 9558 3938

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

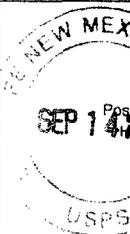
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rita F. Kilkenny
 P. O. Box 2207
 Santa Fe, NM 87501-2040

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

WFC Lance	Postage	\$.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



Sent To
 Rita F. Kilkenny
 P. O. Box 2207
 Santa Fe, NM 87501-2040

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

C. Signature
 X James D. George Agent Addressed

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 (Copy)

7001 1140 0002 9558 3761

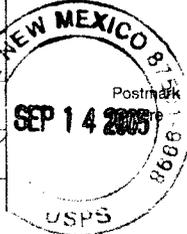
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

WFC Lance	Postage	\$ 1.83
17-	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
 Andrew & Helen M. Lucero
 Street, Apt. No.; or PO Box No. 309 Phillips Road
 City, State, ZIP+4 Farmington, NM 87401-4705

PS Form 3800, July 1999

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

WFC Louise	Postage	\$ 1.83
17-	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
 Rick D. & LaDonna Mace
 Street, Apt. No.; or PO Box No. 1301 West Main Street
 City, State, ZIP+4 Farmington, NM 87401-3833

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Rick D. & LaDonna Mace
 1301 West Main Street
 Farmington, NM 87401-3833

2. Article Number (CC) 7001 1140 0002 9558 3952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 9/16/05
 C. Signature *[Signature]* Agent Address
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-098

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

WFC Jame	Postage	\$ 1.83
17-	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
 Johnny D. & Erlinda Mae
 Street, Apt. No.; or PO Box No. 310 North Schwartz Avenue
 City, State, ZIP+4 Farmington, NM 87401

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Johnny D. & Erlinda Maestas
 310 North Schwartz Avenue
 Farmington, NM 87401

2. Article Number (CC) 7001 1140 0002 9558 3723

COMPLETE THIS SECTION ON DELIVERY

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

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-098

7001 1140 0002 9558 3815

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

OFFICIAL USE

Postage	\$ 1.83
17-1 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To **Francis B. & Mary E. Marler**
 Street, Apt. No. or PO Box No. **1709 West Main Street**
 City, State, ZIP **Farmington, NM 87401-3841**

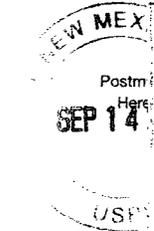
PS Form 3800

7001 1140 0002 9558 3831

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

OFFICIAL USE

Postage	\$ 1.83
17-1 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To **Bobby J. & Betty L. Merritt**
 Street, Apt. No., or PO Box No. **750 North 17th Street**
 City, State, ZIP+ **Las Cruces, NM 88005**

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Bobby J. & Betty L. Merritt
750 North 17th Street
Las Cruces, NM 88005

2. Article Number (Cop) **7001 1140 0002 9558 3839**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Cib Rosales* B. Date of Delivery *9-19-05*

C. Signature *Cib Rosales* Agent Address

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

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

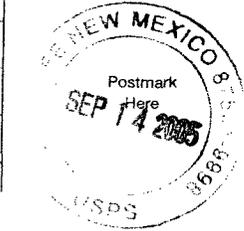
4. Restricted Delivery? (Extra Fee) Yes

7001 1140 0002 9558 3860

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

OFFICIAL USE

Postage	\$ 1.83
12-1 Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To **Jim W. & Gloria R. Mihelich**
 Street, Apt. No. or PO Box No. **603 West LaPlata**
 City, State, ZIP+ **Farmington, NM 87401**

PS Form 3800

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

7001 1140 0002 9558 3778

WFC Lance	Postage	\$.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



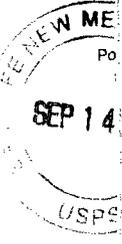
MAIL RETURNED

Sent To
Glen & Leslie Murray
 Street, Apt. No.; or PO Box No. **24 CR 57, 3011-D**
 City, State, ZIP+ **Farmington, NM 87401-9560**

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

7001 1140 0002 9558 3754

WFC Lance	Postage	\$.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
Manju Nagin
 Street, Apt. No.; or PO Box No. **1510 West Main Street**
 City, State, ZIP+ **Farmington, NM 87401-3838**

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:
Manju Nagin
1510 West Main Street
Farmington, NM 87401-3838

2. Article Number (Copy from **7001 1140 0002 9558 3754**)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

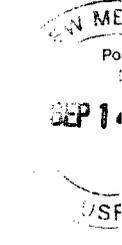
A. Received by (Please Print Clearly) **Manju Nagin** B. Date of Delivery **9/21/99**
 C. Signature **Manju Nagin** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

7001 1140 0002 9558 3853

WFC Lance	Postage	\$.83
17-1	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.88



Sent To
Gerald Nolan
 Street, Apt. No.; or PO Box No. **2 CR 5150**
 City, State, ZIP+ **Bloomfield, NM 87413**

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:
Gerald Nolan
2 CR 5150
Bloomfield, NM 87413

2. Article Number (Co **7001 1140 0002 9558 3853**)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Gerald Nolan** B. Date of Delivery **9/20/99**
 C. Signature **Gerald Nolan** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

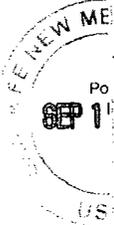
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

WFC Lance 121	Postage	\$ 1.83
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



- 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. Received by (Please Print Clearly) KAREN OAKLEY B. Date of Delivery 09/19/05

C. Signature X Karen J Oakley Agent Addressee

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

Sent To **Stewart & Stevenson Power**
 5840 Dahlia Street
 Commerce City CO 80022

1. Article Addressed to:
Stewart & Stevenson Power
 5840 Dahlia Street
 Commerce City CO 80022-3707

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 (Copy from) **7001 1140 0002 9558 3709**

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

- 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. Received by (Please Print Clearly) Ted Sprinkle B. Date of Delivery SEP 20 2005

C. Signature X Ted Sprinkle Agent Addressee

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

WFC Lance 121	Postage	\$ 1.83
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



Sent To **Ted & Sherry Sprinkle**
 601 Kerney
 Farmington, NM 87401

1. Article Addressed to:
Ted & Sherry Sprinkle
 601 Kerney
 Farmington, NM 87401

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 (Copy from) **7001 1140 0002 9558 3846**

7001 1140 0002 9558 3709

7001 1140 0002 9558 3846

7001 1140 0002 9558 3730

7001 1140 0002 9558 3877

7001 1140 0002 9558 3686

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

Postage \$ 1.83
 17-1 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.88
 Total Postage & Fees \$ 4.88

NEW MEXICO
SEP 14 1999
USPS

Sent To
 Frankie L. Smith
 2333 East 10th Street
 Farmington, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Frankie L. Smith
 2333 East 10th Street
 Farmington, NM 87401

2. Article Number (Copy from s) 7001 1140 0002 9558 3730

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 D. Is delivery address different from item 1? If YES, enter delivery address below:
 3. Service Type
 4. Restricted Delivery? (Extra Fee)

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

Postage \$.83
 17-1 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.88
 Total Postage & Fees \$ 4.88

NEW MEXICO
SEP 14 1999
USPS

Sent To
 State of NM Department of Transportation
 P. O. Box 1149
 Santa Fe, NM 87504-1149

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 State of NM Department of Transportation
 P. O. Box 1149
 Santa Fe, NM 87504-1149

2. Article Number (Copy fr) 7001 1140 0002 9558 3877

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 D. Is delivery address different from item 1? If YES, enter delivery address below:
 3. Service Type
 4. Restricted Delivery? (Extra Fee)

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

Postage \$.83
 17-1 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required) 4.88
 Total Postage & Fees \$ 4.88

NEW MEXICO
SEP 14 1999
USPS

Sent To
 Jerry A. & Patsy Ann Sy
 2112 West Main Street
 Farmington, NM 87401-3221

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jerry A. & Patsy Ann Symmonds
 2112 West Main Street
 Farmington, NM 87401-3221

2. Article Number (Copy fr) 7001 1140 0002 9558 3686

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 D. Is delivery address different from item 1? If YES, enter delivery address below:
 3. Service Type
 4. Restricted Delivery? (Extra Fee)

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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. Received by (Please Print Clearly) **J. Ferrari** B. Date of Delivery **9-16-5**

C. Signature **X J. Ferrari** Agent Addressee

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

1. Article Addressed to:

Scott Tubb
 3700 East Main Street
 Farmington, NM 87402

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 (Copy from s

7001 1140 0002 9558 3648

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

WFC Postage \$.83
 Lane Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.88



Sent To
 Phyllis Turner
 105 Lakeside Lane
 Pierre, SD 57501

MAIL RETURNED

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **X S. Howard** Agent Addressee

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

1. Article Addressed to:

Wal Mart
 2001 SE 10th Street
 Bentonville, AR 72716-0550

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 (

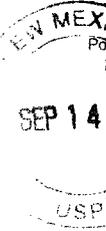
7001 1140 0002 9558 3945

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

WFC Postage \$.83
 Louise Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.75
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.88



Sent To
 Wal Mart
 2001 SE 10th Street
 Bentonville, AR 72716-

First Class Mail

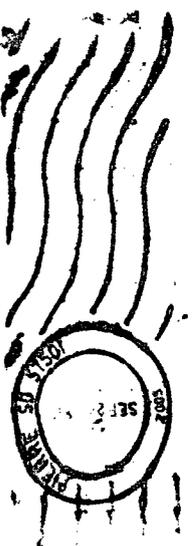
HOLLAND & HART
 MAIL TO SENDER
 RETURNED TO SENDER
 UNDELIVERED
 ADDRESSES NOT KNOWN
 INSUFFICIENT ADDRESS
 NO SUCH OFFICE
 DO NOT REPLY TO THIS SERVICE

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

Four Corners Trading Company
 P. O. Box 201
 Flora Vista, NM

RETURN RECEIPT
 REQUESTED

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Four Corners Trading Company P. O. Box 201 Flora Vista, NM 87415</p>	<p>A. Received by (Please Print Clearly)</p>	<p>B. Date of Delivery</p>
<p>2. Article Number (Copy #) 7001 1140 0002 9558 3716</p>	<p>C. Signature</p> <p>X</p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
	<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p>	<p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee)</p>	<p><input type="checkbox"/> Yes</p>



First Class Mail

HOLLAND & HART

JEFFERSON PLACE
110 NORTH GUNDALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2208
SANTA FE, NEW MEXICO 87504-2208

NO SUCH ADDRESS
NO SUCH ADDRESS
NO SUCH ADDRESS

Phyllis Turner
105 Lakeside Lane
Pierre, SD 57501

RETURN RECEIPT
1094 1 04-09/24/05
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
RETURN TO SENDER

POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 100 PIERRE, SD
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

SENDER TO 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. Received by (Please Print Clearly) B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Phyllis Turner 105 Lakeside Lane Pierre, SD 57501</p>		<p>C. Signature X</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Copy from 7001 1140 0002 9558 3907)</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>			

First Class Mail

HOLLAND & HART

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

Donald J. Anderson
1301 West Main Street
Farmington, NM 87401-3810

RETURN RECEIPT
REQUESTED

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:

Donald J. Anderson
1301 West Main Street
Farmington, NM 87401-3810

2. Article Number (Copy from serv) 7001 1140 0002 9558 3747

ADDRESSEE COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes No

First Class Mail

HOLLAND & HART

JEFFERSON PLACE
110 NORTH GUADALUPE
SUITE 1
SANTA FE, NEW MEXICO 87501
MAILING ADDRESS
P.O. BOX 2308
SANTA FE, NEW MEXICO 87504-2308

Glen & Leslie Murray
24 CR 57, 3011-D
Farmington, NM 87401-9560

RETURN RECEIPT
REQUESTED

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. Received by (Please Print Clearly) _____ E. Date of Delivery _____	
1. Article Addressed to: Glen & Leslie Murray 24 CR 57, 3011-D Farmington, NM 87401-9560		C. Signature <input checked="" type="checkbox"/> X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Key #): 7001 1140 0002 9558 3778		D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
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	

AFFIDAVIT OF PUBLICATION

Ad No. 52282

**STATE OF NEW MEXICO
County of San Juan:**

CONNIE PRUITT, being duly sworn says:
That she is the ADVERTISING 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):

Tuesday, September 20, 2005.

And the cost of the publication is \$128.40.

Connie Pruitt

ON 9/23/05 CONNIE PRUITT
appeared before me, whom I know personally
to be the person who signed the above
document.

Wynell Corey
My Commission Expires November 17, 2008.

COPY OF PUBLICATION

918

Legals

NOTICE OF PUBLICATION

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 6, 2005, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by September 26, 2005. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.**

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13574:

Application of Lance Oil & Gas Company, Inc. for compulsory pooling including optional infill well provisions, San Juan County, New Mexico. Applicant in the above-styled cause seeks an order pooling all uncommitted mineral interests from the surface to the base of the Pictured Cliffs formation and the Basin Fruitland Coal-Gas Pool underlying the NE/4 and the N/2 of Section 17, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico, to form a standard 320-acre spacing and proration unit for any production from the Basin Fruitland Coal Gas Pool; and the NE/4 to form a standard 160-acre spacing and proration unit for any production from the Pictured Cliffs formation, including but not limited to the West Kutz-Pictured Cliffs Pool. This unit is to be dedicated to the FRCP 17 Well No. 1, to be drilled and dually completed at a standard location 1914 feet from the North line and 1449 feet from the East line in the SW/4 NE/4 (Unit G) of said Section 17 for downhole commingled production from the Basin Fruitland Coal Gas Pool and the West Kutz-Pictured Cliffs Pool. The applicant also seeks to include provisions for subsequent operations and procedures for an optional "infill" coalbed-gas well. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well and, pursuant to NMRA 19.15.1.35, the imposition of a 200% risk charge against the working interest of any party that elects not to participate in this project. Said area is located approximately .10 miles south of Farmington, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 15th day of September 2005.

**STATE OF NEW MEXICO
OIL CONSERVATION DIVISION**

Mark E. Fesmire, P.E., Director

Legal No. 52282 published in The Daily Times, Farmington, New Mexico on Tuesday, September 20, 2005.