

EXHIBIT "A"

XTO Energy Inc.
Attn: Chris Spencer
810 Houston Street
Fort Worth, TX 76102

Western Distributing
P. O. Box 5542 TA
Denver, CO 80217

Union Pacific Railroad
C/O Farmer's National
403 S. Cheyenne Avenue Suite 800
Tulsa OK 74103
Attn: Terry Young

Maralex Resources, Inc.
775 Goddard Ave
Ignacio, CO 81137

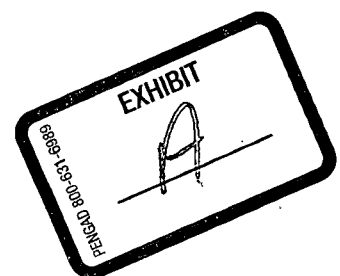
Georgia Lee Kelton aka Georgia Lee Bright
5500 Old Clarksville Road
Reno, TX 75462

Candace Lenoir Cox
17 South Meadow Ridge
Concord, MA 01742

The Trommald Family Trust
John E. and Heather Trommald, Trustees
17056 Marina Bay Drive
Hamington Beach, CA 92649

L.G. Krieger Marital Trust
Bank of the West, Trustee
3800 Arapahoe Avenue
Boulder, CO 80303

Malcolm C. Todd
3950 27th Road N.
3951 Arlington, VA 22207



William G. Drosten, Jr. TR
uwo Alma F. Griesedieck,
c/o Trust Dept.,
The Boatman's National Bank
nka Boatmen's Trust Company
PO Box 14633
510 Locust Street
St. Louis, MO 63178

Robert F. Travis
4195 Lakeside Drive
Jacksonville, FL 32210

Gladys Murphy *No last Known Address of Record*

Ellen Berend
9969 Hilgard Ave
9970 Los Angeles, CA 90095

KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

July 14, 2008

**TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:**

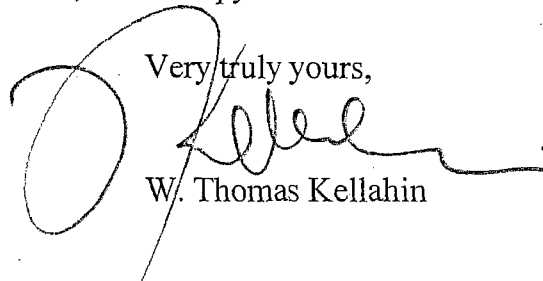
Re: Application of San Juan Resources, Inc.
For Compulsory Pooling,
San Juan County, New Mexico

On behalf of San Juan Resources, Inc. please find enclosed our application for compulsory pooling order for a 320 acre standard spacing unit consisting of the E/2 of Section 24, T30N, R12W for Dakota/Mesaverde production to be dedicated to its Blancett Ranch 24 Well No. 1 to be drilled an unorthodox well location in Unit H of this section. This application will be set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for 8:15 am on August 7, 2008. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico, 87505.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

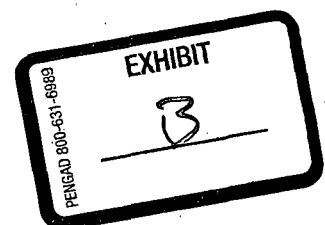
Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case or to oppose the proposed risk charge (See Order R-11992), then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, July 31, 2008, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

cc: BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED
to all parties listed in application



KELLAHIN & KELLAHIN
Attorney at Law

W. THOMAS KELLAHIN
706 GONZALES ROAD
SANTA FE, NEW MEXICO 87501

TELEPHONE 505-982-4285
FACSIMILE 505-982-2047
TKELLAHIN@COMCAST.NET

July 30, 2008

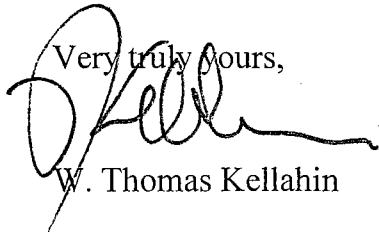
TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:

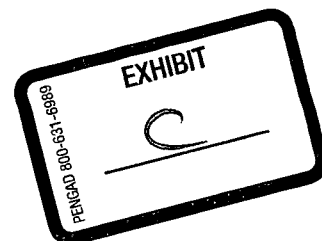
Re: Application of San Juan Resources, Inc.
For Compulsory Pooling,
San Juan County, New Mexico

On behalf of San Juan Resources, Inc. please find enclosed our application for compulsory pooling order for a 320 acre standard spacing unit consisting of the E/2 of Section 24, T30N, R12W for Dakota/Mesaverde production to be dedicated to its Blancett Ranch 24 Well No. 1 to be drilled an unorthodox well location in Unit H of this section. This application will be set for hearing on the New Mexico Oil Conservation Division Examiner's docket that was continued from August 7, 2008 and is now scheduled for 8:15 am on August 21, 2008. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico, 87505.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case or to oppose the proposed risk charge (See Order R-11992), then you are requested to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, August 14, 2008, with a copy delivered to the undersigned.

Very truly yours,

W. Thomas Kellahin



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:

XTO Energy Inc.
Attn: Chris Spencer
810 Houston Street
Fort Worth, TX 76102

2. Article Number
(Transfer from service label)

7005 1820 0003 8431 9085

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

AUG 01 2008

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

3. Service Type

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

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Western Distributing
P. O. Box 5542 TA
Denver, CO 80217

2. Article Number
(Transfer from service label)

7005 1820 0003 8431 9092

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Union Pacific Railroad
C/O Farmer's National
403 S. Cheyenne Avenue Suite 800
Tulsa OK 74103

2. Article Number
(Transfer from service label)

7005 1820 0003 8431 8798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

EXHIBIT

PENGAD 800-631-6986

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Joe C. Hester</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joe C. Hester</i> C. Date of Delivery <i>7/6/08</i></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>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Maralex Resources, Inc. 775 Goddard Ave Ignacio, CO 81137</p>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">IGNACIO CO 21 2008</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7005 1820 0003 8431 8835</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Georgia Lee Kelton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Georgia Lee Kelton</i> C. Date of Delivery <i>7/6/08</i></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>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Georgia Lee Kelton aka Georgia Lee Bright 5500 Old Clarksville Road Reno, TX 75462</p>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">RENO TX 75462</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7005 1820 0003 8431 8804</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>C. DIAB</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CONNIE DIAB</i> C. Date of Delivery <i>7/18/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Candace Lenoir Cox 17 South Meadow Ridge Concord, MA 01742</p>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">S-12-1P</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7006 0100 0005 5710 9852</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0100 0005 5710 983B

U.S. Postal Service[™]
CERTIFIED MAIL[®] RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

SSR-FP

Postmark
Here

Total Pos **The Trommald Family Trust**
John E. and Heather Trommald,
Trustees

Sent To
 Street, Apt. or PO Box 17056 Marina Bay Drive
 City, State Hamington Beach, CA 92649

PS Form 3800, June 2002

See Reverse for Instructions

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:

L.G. Krieger Marital Trust
 Bank of the West, Trustee
 3800 Arapahoe Avenue
 Boulder, CO 80303

2. Article Number
 (Transfer from service label)

7006 2150 0002 3589 8190

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Heather E Hobbs* C. Date of Delivery *7/17/08*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Malcolm C. Todd
 3950 27th Road N.
 Arlington, VA 22207

2. Article Number
 (Transfer from service label)

7006 2150 0002 3589 8183

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Malcolm C Todd* C. Date of Delivery *7/17/08*
- 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)

For delivery information, visit our website at www.usps.com
OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Post **William G. Drosten, Jr. TR**

Sent To **The Boatman's National Bank**
 Street, Apt. **510 Locust Street**
 or PO Box **St. Louis, MO 63178**
 City, State, & Zip

PS Form 3800, June 2002 See Reverse for Instructions

KELLAHIN & KELLAHIN
 Attorney at Law
 706 Gonzales Road
 Santa Fe, NM 87501

7005 1820 0003 8431 8811

1ST NOTICE 2-30
 2ND NOTICE 8-74
 RETURN 8-74

UNCLAIMED

William G. Drosten, Jr. TR
 The Boatman's
 510 Locust Str
 St. Louis, MO

NIXIE 631 SE 1 78 07/23/08
 RETURN TO SENDER
 INSUFFICIENT ADDRESS
 UNABLE TO FORWARD

EC: 87501874406 *0958-14238-15-40

875018744

★ ★ ★
 106 PB8560508
 0701 \$05.490 JUL 15 08
 4840 MAILED FROM SANTA FE NM 87501

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	

Postmark Here

Total Pos Ellen Berend

9979 Hilgard Ave
9980 Los Angeles, CA 90095

Sent To

Street, Apt.
or PO Box

City, State, &

See Reverse for Instructions

PS Form 3800, June 2002

CERTIFIED MAIL™

**Attorney at Law
706 Gonzales Road
Santa Fe, NM 87501**

7005 1820 0003 8431 8828



UNCOMMON

Ellen Berend
9977 Hilgard Ave.
9978 Los Angeles, CA 90095

THE

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

1. Article Addressed to:

Robert F. Travis
4195 Lakeside Drive
Jacksonville, FL 32210

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY.

A. Signature Mary Newman ☒ Agent- ☐ Addressee

B. Received by (Printed Name) Marv Newman C. Date of Delivery 7-18

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

25

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7006 0100 0005 5710 9845

UNITED STATES POSTAL SERVICE
PB560508
\$05.490 JUL 15 08
MAILED FROM SANTA FE NM 87501

A hand holding a stamp that reads "RETURNED TO SENDER" and "UCLA". The stamp is tilted and partially obscured by the hand. The text "NOT DELIVERABLE" is visible on the left edge, and "THIS" is visible on the right edge.

NOT THIS ZIPCODE