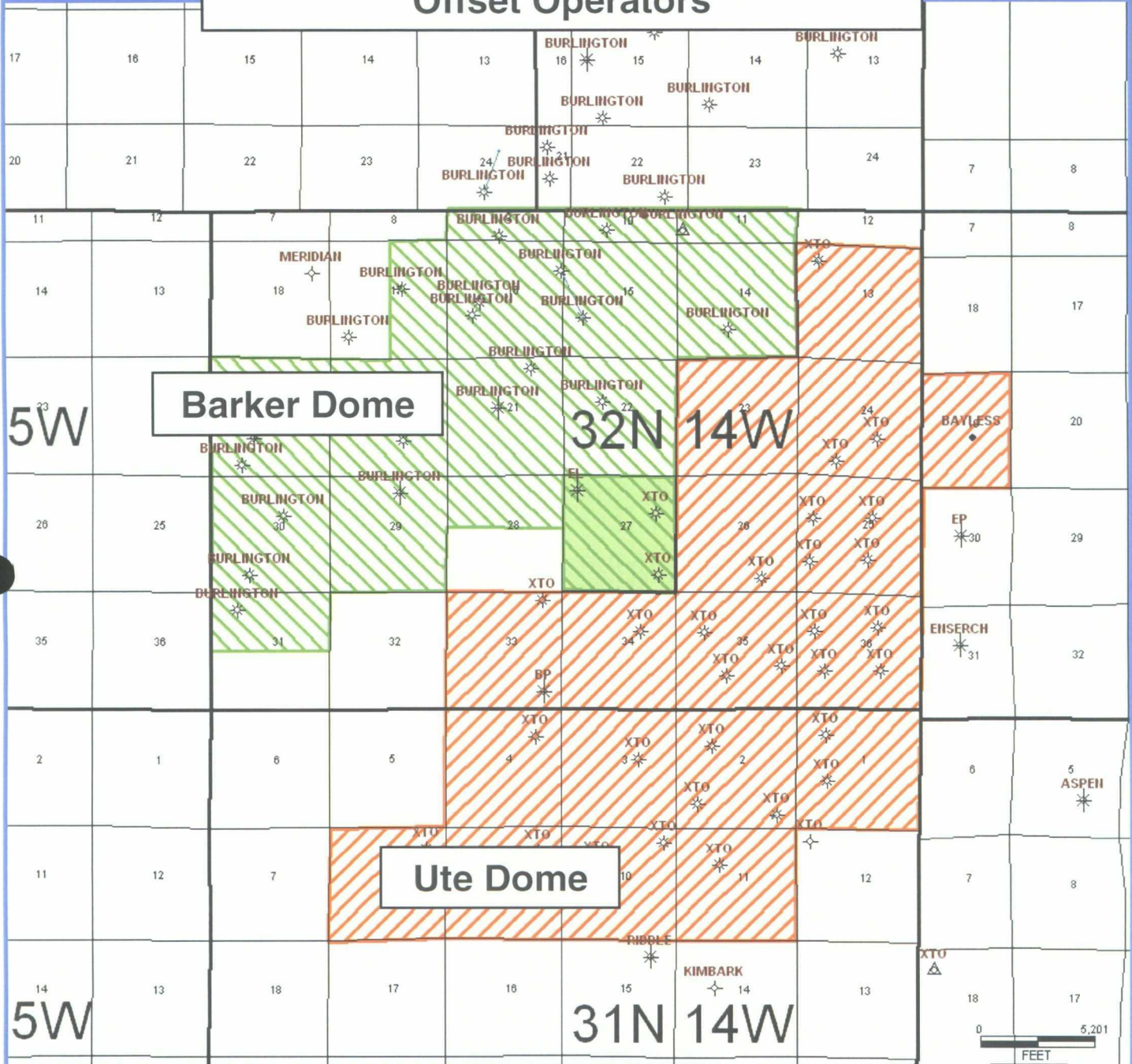


Ute Dome – Barker Dome Fields Offset Operators



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

APPLICATION OF XTO ENERGY, INC.
TO EXPAND THE HORIZONTAL LIMITS
OF THE UTE DOME-PARADOX GAS POOL
SAN JUAN COUNTY, NEW MEXICO.

CASE NO. 14430

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH DIVISION RULE 19.15.4.9 NMAC

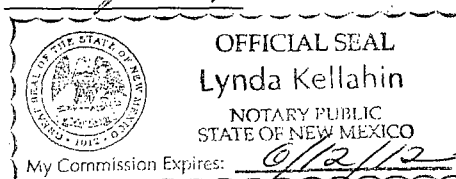
STATE OF NEW MEXICO)
) SS.
COUNTY OF SANTA FE)

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 19.15.4.9. NMAC have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on January 27, 2010, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing (attached as Exhibit "A") and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for March 4th, 2010 to the parties shown in the attached Exhibit "B" and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 3rd day of March 2010, by W. Thomas Kellahin

Lynda Kellahin, Notary Public
My Commission Expires:



Before the Oil Conservation Division
Case 14430
Hearing March 4, 2010
XTO Energy, Inc.
Exhibit No. 5

KELLAHIN & KELLAHIN
Attorney at Law

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

TELEPHONE 505-982-4285
FACSIMILE 505-216-2780
TKELLAHIN@COMCAST.NET

January 27, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

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

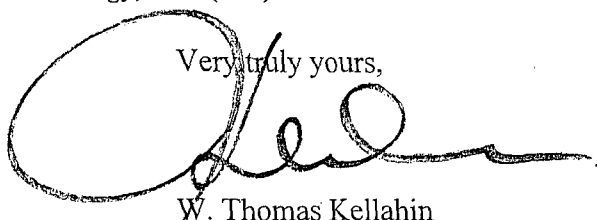
RE: Application of XTO Energy, Inc. to expand the Horizontal Limits of the Ute Dome-Paradox Gas Pool to include all of Section 27, T32N, R14W and The Concomitant contraction of the Barker Dome-Paradox Pool, the Barker Dome-Akah/Upper Barker Creek Pool, the Barker Dome-Desert Creek Pool and the Barker Dome-Ismay Pool, San Juan County, New Mexico,

Dear Interest Owner, Offsetting Operators or Affected Party:

In accordance with a request by Range Operating New Mexico, Inc., I am assisting with their efforts to obtain approval from the New Mexico Oil Conversation Division ("Division") for referenced case as set forth on the enclosed application. As part of that approval process, I am required to send this notice to all interest owners, offsetting operators and other affected parties.. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date. This referenced application will be heard by a Division Examiner on a docket scheduled to start at 8:15 am on March 4, 2010. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87502 (phone 505-472-3458).

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. Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are required to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, February 25, 2010, with a copy delivered to the undersigned. This statement must include: the names of the parties and attorneys; a concise statement of your position in this case; the names of all witnesses you will call to testify at the hearing, the approximate time you will need to present your case and identification of any procedural matters that area to be resolve prior to the hearing. If you have any questions please call Bradley Jameson, XTO Energy, Inc. (817) 885-3156

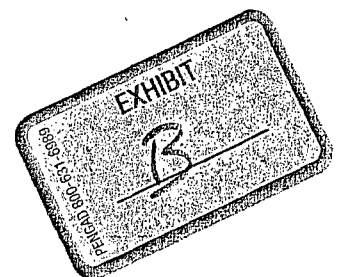
Very truly yours,



W. Thomas Kellahin

NOTICE LIST FOR XTO ENERGY CASE

- ✓ Steve Hayden, geologist
Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico 87410
- ✓ Charlie Perrin, Supervisor
Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico 87410
- ✓ Gordon Hammond
Ute Mountain Ute Tribe
Tribal Energy and Tax Administration
P.O. Box 42
Towaoc, CO 81334
- ✓ Helen Mary Johnson
Dan Rabinowitz
BLM, San Juan Public Lands Center
15 Burnett Court
Durango, CO 81301
- ✓ Dave Swanson
BLM, San Juan Public Lands Center
15 Burnett Court
Durango, CO 81301
- ✓ George Tetreault
Bureau of Indian Affairs Southwest
Regional Office P.O. Box 26567
Albuquerque, NM 871256567
- ✓ G.D. Simon
Ute Mountain Ute Tribe
P.O. Box 14749
Albuquerque, NM 87191
- ✓ Priscilla Bancroft
Bureau of Indian Affairs
Ute Mountain Ute Agency
P.O. Box KK
Towaoc, CO 81334
- ✓ Burlington/ ConocoPhillips
Company
Attn: Terry Ruby
3535 East 30th Street
Farmington, NM 87401
- ✓ Robert L. Bayless
Producers, LLC
621 17th Street Suite 2300
Denver, CO 80293



SPIRO RESOURCES LTD.
PO BOX 6387
SAN ANTONIO, TX 78209-0000

✓ MAX HOUCK MATTHES LLC
PO BOX 479
TERRA CEIA ISLAND, FL 34250-0000

✓ HARRISON WILEY LLC
4388 WAXWING CT
BOYNTON BEACH, FL 33436-0000

✓ HARRISON, MATTHES & EAGAN LLC
16359 LAUDER LANE
DALLAS, TX 75248-2348

✓ MMS-BUREAU OF INDIAN AFFAIRS
UTE MOUNTAIN UTE TRIBE
810 HOUSTON ST, STE 2000
FORT WORTH, TX 76102-6298

XTO ENERGY INC.
810 HOUSTON STREET
FORT WORTH, TX 76102-6298

✓ HARRISON FAMILY DECEDENT'S TRS
BETTY HARRISON & KATHLEEN
KILLELEA, CO-TRUSTEES
1837 PACIFIC COAST HIGHWAY

✓ HERMOSA BEACH, CA 90254-0000
HARRISON FAMILY SURVIVOR'S TRS
BETTY HARRISON & KATHLEEN
KILLELEA, CO-TRUSTEES
1837 PACIFIC COAST HIGHWAY
HERMOSA BEACH, CA 90254-0000

✓ CHRISTINE HARRISON OIEN
P O BOX 3025
CLACKAMAS, OR 97015-8817

✓ THOMAS S HARRISON, IV
15011 S FORSYTHE RD
OREGON CITY, OR 97045-9463

✓ HELEN K & ARTHUR E
JOHNSON FNDN
1700 BROADWAY STE 1100
DENVER, CO 80290-1718

✓ ELISA WILEY HARRISON
BRUNA R FINNIE ATTY IN FACT
1582 LEWISTON DR
SUNNYVALE, CA 94087-4148

✓ JOHNNY RUTH HARRISON
FAM TRST
DTD 8/21/1992
PO BOX 16159
ENCINO, CA 91416-7258

✓ LESLIE HARRISON
MONTECUCCO
6948 44TH AVE NE
OLYMPIA, WA 98516-0000

✓ DOROTHY OSBORNE MULLER
PO BOX 422
KINGSLAND, TX 78639-0000

ENDER: 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.

Article Addressed to:

JOHNNY RUTH HARRISON
FAM TRST
OTD 812111992
PO BOX 16159
ENCINO, CA 91416-7258

Article Number
(Transfer from service label) 7008 1140 0002 1503 5854

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Johnny Ruth Harrison ☒ Agent ☐ Addressee
B. Received by (Printed Name) Johnny Ruth Harrison C. Date of Delivery 2/5/10
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

ENDER: 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.

Article Addressed to:

LESLIE HARRISON
MONTECUCCO
6948 44TH AVE NE
OLYMPIA, WA 98516-0000

Article Number
(Transfer from service label) 7008 1140 0002 1503 5861

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Leslie R. Harrison ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
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

ENDER: 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.

Article Addressed to:

DOROTHY OSBORNE MULLER
PO BOX 422
KINGSLAND, TX 78639-0000

Article Number
(Transfer from service label) 7008 1140 0002 1503 5878

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Dorothy Muller ☒ Agent ☐ Addressee
B. Received by (Printed Name) Dorothy Muller C. Date of Delivery
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

ENDER: 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.

Article Addressed to:

HARRISON FAMILY SURVIVOR'S TRS
BETTY HARRISON & KATHLEEN
KILLELEA, CO-TRUSTEES
1837 PACIFIC COAST HIGHWAY
HERMOSA BEACH, CA 90254-0000

Article Nu
(Transfer from service label) Form 3811

COMPLETE THIS SECTION ON DELIVERY

A. Signature Betty Harrison ☒ Agent ☐ Addressee
B. Received by (Printed Name) Betty Harrison C. Date of Delivery
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

12-M-1540

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

Article Addressed to:

HARRISON FAMILY DECEDENT'S TRS
Betty HARRISON & KATHLEEN
KILLELEA, CO-TRUSTEES
1837 PACIFIC COAST HIGHWAY
HERMOSA BEACH, CA 90254-0000

Article Number
(Transfer from service label) 7008 1140 0002 1503 5847
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature Betty Harrison
B. Received by (Printed Name) Betty Harrison
C. Date of Delivery 2/2/2004
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

1. Article Addressed to:

HARRISON, MATTHES & EAGAN LLC
16359 LAUDER LANE DALLAS, TX
75248-2348

2. Article Number
(Transfer from service label) 7008 1140 0002 1503 5823
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature Matthew Eagan
B. Received by (Printed Name) Matthew Eagan
C. Date of Delivery 2-2-10
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

Article Number
(Transfer from service label) 7008 1140 0002 1503 5823
PS Form 3811, February 2004 Domestic Return Receipt

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.

Article Addressed to:

CHRISTINE HARRISON OIEN
P O BOX 3025
CLACKAMAS, OR 97015-8817

Article Number
(Transfer from service label) 7008 1140 0002 1503 5915
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature Charles Oien
B. Received by (Printed Name) Charles Oien
C. Date of Delivery 2/2/2004
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

1. Article Addressed to:

THOMAS S HARRISON, IV
15011 S FORSYTHE RD
OREGON CITY, OR 97045-9463

2. Article Number
(Transfer from service label) 7008 1140 0002 1503 5939
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature Thomas Harrison
B. Received by (Printed Name) Thomas Harrison
C. Date of Delivery 2/2/10
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

Article Number
(Transfer from service label) 7008 1140 0002 1503 5939
PS Form 3811, February 2004 Domestic Return Receipt

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.

Article Addressed to:

ELISA WILEY HARRISON
BRUNA R FINNIE ATTY IN FACT
1582 LEWISTON DR
SUNNYVALE, CA 94087-4148

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elisa Wiley Harrison*

B. Received by (Printed Name) *Elisa Wiley Harrison*

C. Date of Delivery *2/11/04*

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

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:

Priscilla Bancroft
Bureau of Indian Affairs
Ute Mountain Ute Agency
P.O. Box KK
Towaoc, CO 81334

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Priscilla Bancroft*

B. Received by (Printed Name) *Priscilla Bancroft*

C. Date of Delivery *2/12/04*

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

Article Number
(Transfer from service label) 7008 1140 0002 1503 5892

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label) 7008 1140 0002 1503 5892

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label) 7008 1140 0002 1503 6004

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label) 7008 1140 0002 1503 6004

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

HARRISON WILEY LLC
4388 WAXWING CT
BOYNTON BEACH, FL 33436-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elisa Wiley Harrison*

B. Received by (Printed Name) *Elisa Wiley Harrison*

C. Date of Delivery *2/12*

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

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:

Gordon Hammond
Ute Mountain Ute Tribe
Tribal Energy and Tax Administration
P.O. Box 42
Towaoc, CO 81334

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elisa Wiley Harrison*

B. Received by (Printed Name) *Elisa Wiley Harrison*

C. Date of Delivery *2/12/04*

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

Article Number
(Transfer from service label) 7008 1140 0002 1503 5816

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label) 7008 1140 0002 1503 5816

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label) 7008 1140 0002 1503 6028

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Article Number
(Transfer from service label) 7008 1140 0002 1503 6028

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

HELEN K & ARTHUR E
JOHNSON FNDN
1700 BROADWAY STE 1100
DENVER, CO 80290-1718

Article Number
(Transfer from service label) 7008 1140 0002 1503 5922

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature G. Davis ☐ Agent ☐ Addressee
B. Received by (Printed Name) G. DAVIS 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

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:

George Tetreault
Bureau of Indian Affairs Southwest
Regional Office P.O. Box 26567
Albuquerque, NM 871256567

2. Article Number
(Transfer from service label) 7008 1140 0002 1503 5984

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature G. Davis ☐ Agent ☐ Addressee
B. Received by (Printed Name) G. DAVIS 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

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.

Article Addressed to:

Burlington/ ConocoPhillips
Company
Attn: Terry Ruby
3535 East 30th Street
Farmington, NM 87401

Article Number
(Transfer from service label) 7008 1140 0002 1503 5960

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Dianna Lee ☐ Agent ☐ Addressee
B. Received by (Printed Name) Dianna Lee C. Date of Delivery 2-1-10
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3401 E. 30th St
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

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:

G.D. Simon
Ute Mountain Ute Tribe
P.O. Box 14749
Albuquerque, NM 87191

2. Article Number
(Transfer from service label) 7008 1140 0002 1503 5953

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature G.D. Simon ☐ Agent ☐ Addressee
B. Received by (Printed Name) G.D. Simon C. Date of Delivery 2/1/10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3401 E. 30th St
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

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.

Article Addressed to:

Charlie Perrin, Supervisor
Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico 87410

Article Number
(Transfer from service label)

7008 1140 0002 1503 6035

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 2/11/04
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MMS-BUREAU OF INDIAN AFFAIRS
UTE MOUNTAIN UTE TRIBE
810 HOUSTON ST, STE 2000
FORT WORTH, TX 76102-6298

Article Number
(Transfer from service label)

7008 1140 0002 1503 5830

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 2/11/04
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Dave Swanson
BLM, San Juan Public Lands Center
15 Burnett Court
Durango, CO 81301

Article Number
(Transfer from service label)

7008 1140 0002 1503 9517

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 2/11/04
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert L. Bayless
Producers, LLC
621 17th Street Suite 2300
Denver, CO 80293

Article Number
(Transfer from service label)

7008 1140 0002 1503 5946

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 2/11/04
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

ENDER: 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.

Article Addressed to:

Helen Mary Johnson
Dana Rabinowitz
BLM, San Juan Public Lands Cen
15 Burnett Court
Durango, CO 81301

Article Number
(Transfer from service label) 7008 1140 0002 1503 6011

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number
(Transfer from service label) 7008 1140 0002 1503 6011

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

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1. Article Addressed to:

MAX HUCK MATTHES LLC
PO BOX 479
TERRA CEIA ISLAND, FL 34250-01

Article Number
(Transfer from service label) 7008 1140 0002 1503 5786

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number
(Transfer from service label) 7008 1140 0002 1503 5786

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

ENDER: 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.

Article Addressed to:

Steve Hayden, geologist
Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico 87410

Article Number
(Transfer from service label) 7008 1140 0002 1503 5991

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
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

Article Number
(Transfer from service label) 7008 1140 0002 1503 5991

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

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

Sent To	SPIRO RESOURCES LTD.
Street, Apt. or PO Box	PO BOX 6387
City, State, .	SAN ANTONIO, TX 78209-0000

PS Form 3800, August 2003 PSN 7530-01-000-9045

7008 1140 0002 1503 5793
E6L5 E0ST 2000 04TT 9002

5

APPLICATION OF XTO ENERGY, INC. TO EXPAND THE HORIZONTAL LIMITS OF THE UTE DOME-PARADOX GAS POOL IN INCLUDE ALL OF SECTION 27, T32N, R14W AND THE CONCOMITANT CONTRACTIONS OF THE BARKER DOME-PARADOX, THE BARKER DOME-AKAH/UPPER BARKER CREEK POOL, THE BARKER DOME-DESERT CREEK POOL AND THE BARKER DOME-ISMAI POOL, SAN JUAN COUNTY, NEW MEXICO

APPEARANCES OF THE PARTIES

ATTORNEY

Thomas Kellahin, Esq.
706 Gonzales Road
Santa Fe, NM 87501

Fax 505-982-2047
Ph 505-982-4285

ATTORNEY

None

STATEMENT OF THE CASE

APPLICANT

- (1) XTO is a working interest owner and the operator of Section 27, T32N, R14W, San Juan County, New Mexico.
- (2) Within this section, is one abandoned paradox well and two active wells operated by XTO as follows:
 - a. the Ute Indian "A" Well No. 036, (API#30-045-31604) located in Unit P subject to OCD Order NSL-4877, dated May 7, 2003, dedicating 320 acres to the Barker Dome-Akah/Upper Barker Creek Pool, 320 acres to the Barker Dome-Desert Creek Pool and 160-acres to the Barker Dome-Ismay Pool;
 - b. the Ute Indian "A" Well No. 39 (API 30-045-33284) in Unit H subject to OCD Order NSL-5603, dated April 19, 2007, dedicating all of Sec 27 as a 640-acre unit for Barker Dome-Paradox Pool production, 320 acres to the Barker Dome-Akah/Upper Barker Creek Pool, 320 acres to the Barker Dome-Desert Creek Pool and 160 acres to the Barker Dome-Ismay Pool; and
 - c. the Ute Indian "A" Well No. 57 (API 30-045-342155) in Unit N approved as a 160-acre SW/4 spacing unit for Barker Dome-Ismay Pool but undrilled.
- (3) Geologically, the vertical interval from the top of the Paradox to the base of the Alkali Gulch constitutes the Pennsylvanian formations.
- (4) By Division Order R-46, dated December 29, 1950, the NW/4 of Section 27, T32N, R14W, along with other acreage, was subject to Barker Creek-Paradox (Pennsylvanian) Gas Pool with rules that included 640-acre gas spacing units.
- (5) By Order R-46-A, dated February 13, 1995, the Division subdivided the Barker Creek-Paradox Gas Pool and limited the Paradox to only the Lower Barker Creek and Alkali Gulch portions of the Pennsylvanian formations and created three additional pools such that the NW/4 of Section 27 is now subject to the following pools:
 - a. Barker Dome-Ismay Pool = 160-acre spacing
 - b. Barker Dome-Desert Creek Pool = 320-acre spacing
 - c. Barker Dome-Akah-Upper Barker Creek Pool = 320-acre spacing
 - d. Barker Dome-Paradox Pool = 640-acre spacing

- (6) The eastern and southern boundaries of Section 27 are contiguous to the boundary of Ute Dome-Paradox Gas Pool. **See Division Order R-12444**, dated October 17, 2005. The special rules and regulations for the Ute Dome-Paradox Gas Pool:
 - a. consolidated all of the Pennsylvanian formations including those from above the top of the Ismay to the base of the Alkali Gulch into a single pool, and
 - b. provided for 640-acre gas spacing for all of the Pennsylvanian formations with the option to drill one well per quarter section and relaxed well location rules that allow a well to be not closer than 660 feet to the outer boundary of the 640-acre spacing unit and not closer than 330 feet to an interior quarter section line or 10 feet to any quarter-quarter section line.
- (7) These special rules for the Ute Dome-Paradox Gas Pool are needed for this very complex stratigraphic reservoir with highly variable porosity in order to attempt to recovery gas that might not otherwise be recovered.
- (8) There is no significant geologic difference between Section 27 and the acreage within the Ute-Dome Paradox Gas Pool that should cause these two areas to be regulated with different Division rules. **See Order R-12444-C, dated February 16, that moved Sec 23 into the Ute-Dome Paradox Gas Pool**
- (9) At present, the Barker Dome-Paradox rules limits XTO in Section 27 to a single wellbore in the Lower Barker Creek-Alkali Gulch Interval while that same section if dedicated Ute Dome-Paradox Pool could be perforated in all of the intervals of the Pennsylvanian formations and infill drill to a density of 4 wellbores.
- (10) If all of Section 27 is made subject to the rules for the Ute Dome-Paradox Gas Pool rather than to the four pools identified in paragraph (4) above, XTO will have an opportunity to attempt recovery of gas that might not otherwise be recovered from Section 27 without the OCD and XTO having to process multiple application for unorthodox well locations ("NSLs") or increased density wells.
- (11) XTO would like to have the option to recomplete existing wells or additional wells within Section 27 provided this section can be developed pursuant to the rules for the Ute Dome- Paradox Gas Pool
- (12) XTO needs an order of the Division in order to protect correlative rights and prevent waste.
- (13) In accordance with the Division's notice requirements, a copy of this application has been sent to the parties listed on Exhibit "B" notifying each of this case and of the applicant's request for a hearing of this matter before the Division on the next available Examiner's docket now scheduled for March 4, 2010.

PROPOSED EVIDENCE

APPLICANT

WITNESSES	EST. TIME	EST. EXHIBITS
Bradley Jameson, Landman	15-min	@ 6
Reed K. Meek, Geologist	15-min	@ 4
Mary Flynn, Petroleum Engineer	20-min	@ 8

PROCEDURAL MATTERS

None anticipated at this time.

KELLAHIN & KELLAHIN

W. Thomas Kellahin
706 Gonzales Road
Santa Fe, New Mexico 87501
Phone 505-982-4285
Fax 505-982-2047
E-mail: tkellahin@comcast.net.

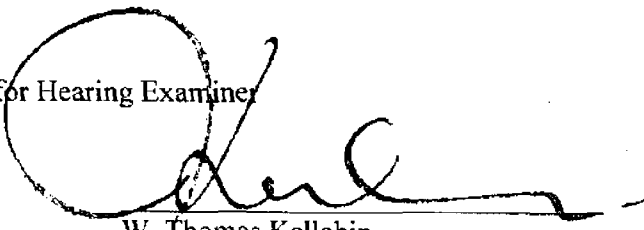
CERTIFICATE OF SERVICE

I certify that on the 25th day of February 2010, I served a copy of the foregoing documents by:

- ☐ US Mail, postage prepaid
- ☐ Hand Delivery
- ☐ Facsimile
- ☒ Email

to the following:

David K. Brooks,
NMOCD Attorney for Hearing Examiner



W. Thomas Kellahin