

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

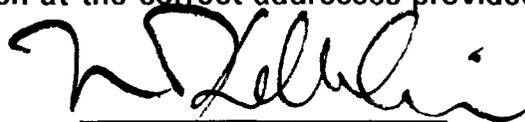
IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 11042

Application of Meridian Oil, Inc. for
Salt Water Disposal Approval. Jillison
Federal, SWD #1 Well, SE/4NW/4, T24N,
R3W, Rio Arriba County, New Mexico.

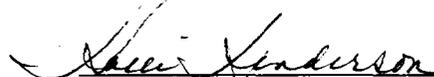
CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Meridian Oil, Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) 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 the 29th day of June 1994, I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for August 4th, 1994, to the parties shown in the application as evidenced by the attached copies of receipt cards, 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 on this 3rd day of August 1994.



Notary Public

My Commission Expires: June 15th, 1998

P 321 036 772



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to:

DONALD & PAUL CANDELARIA 3603 N. BUENA VISTA AVE. FARMINGTON, NM 87402

Table with 2 columns: Fee Type, Amount. Rows: Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered.

P 321 036 771



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to:

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCES AREA 1235 LAPLATA HIGHWAY FARMINGTON, NM 87401

Table with 2 columns: Fee Type, Amount. Rows: Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered.

P 321 036 773



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to:

CAROLYNN CLARK WIGGIN 5220 MALABU DRIVE EDINA, MN 55436-1030

Table with 2 columns: Fee Type, Amount. Rows: Special Delivery Fee, Restricted Delivery Fee, Return Receipt Showing to Whom & Date Delivered, Return Receipt Showing to Whom, Date, and Addressee's Address, TOTAL Postage & Fees, Postmark or Date.

MERID/JILLI 06/28,29/94

1800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return it. Attach this form to the mailpiece. Write the return receipt requested on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: DONALD & PAUL CANDELARIA 3603 N. BUENA VISTA AVE. FARMINGTON, NM 87402

5. Signature (Addressee) [Signature] 6. Signature (Agent)

I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.

4a. Article Number 321 001 078 4b. Service Type Registered, Insured, Certified, COD, Express Mail, Return Receipt for Merchandise 7. Date of Delivery 6-29-94

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return it. Attach this form to the mailpiece. Write the return receipt requested on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

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5. Signature (Addressee) 6. Signature (Agent)

I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.

4a. Article Number 321 036 765 4b. Service Type Registered, Insured, Certified, COD, Express Mail, Return Receipt for Merchandise 7. Date of Delivery 6-2

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return it. Attach this form to the mailpiece. Write the return receipt requested on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

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