

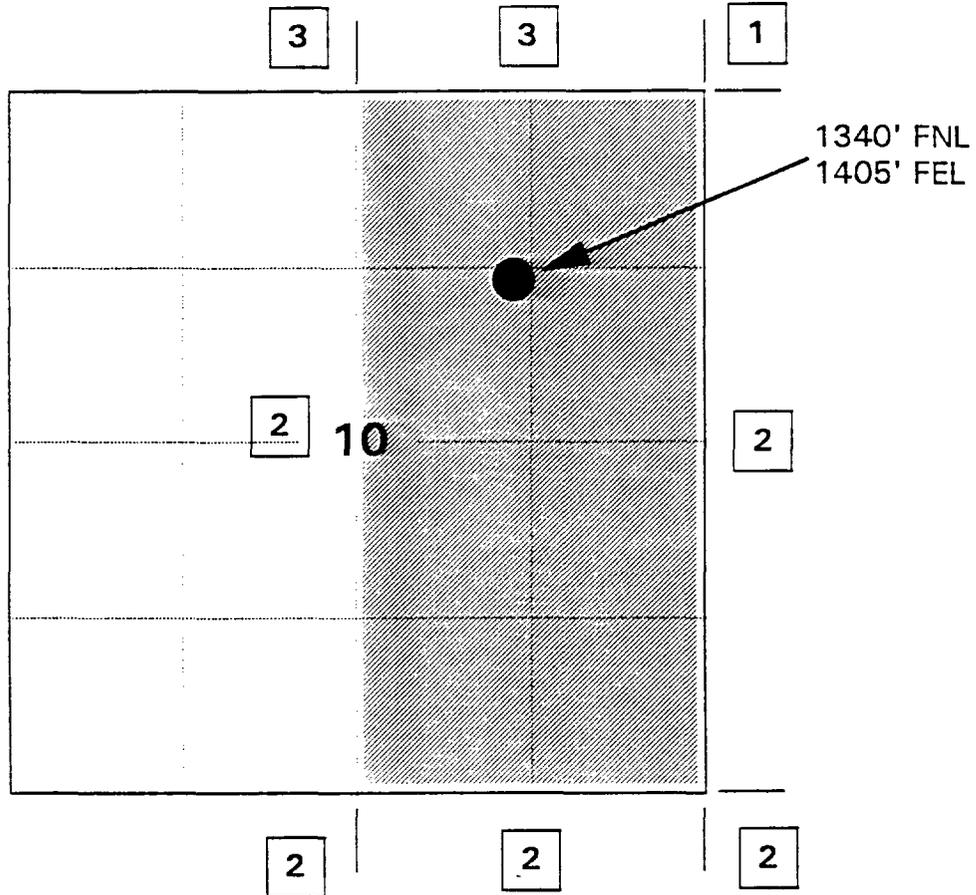
MERIDIAN OIL INC

C. M. MORRIS #100

OFFSET OPERATOR PLAT

Fruitland Coal / Pictured Cliffs Formations Commingle Well

Township 27 North, Range 10 West



1) Meridian Oil Inc &

Breck Operating Corporation

PO Box 911, Breckenridge, TX 76024

2) McKenzie Methane

1625 Broadway, Suite 2580, Denver, CO 80201

&

~~Quintana Petroleum Services~~

~~601 Jefferson St, Houston, TX 77002~~

3) Breck Operating Corporation

PO Box 911, Breckenridge, TX 76024

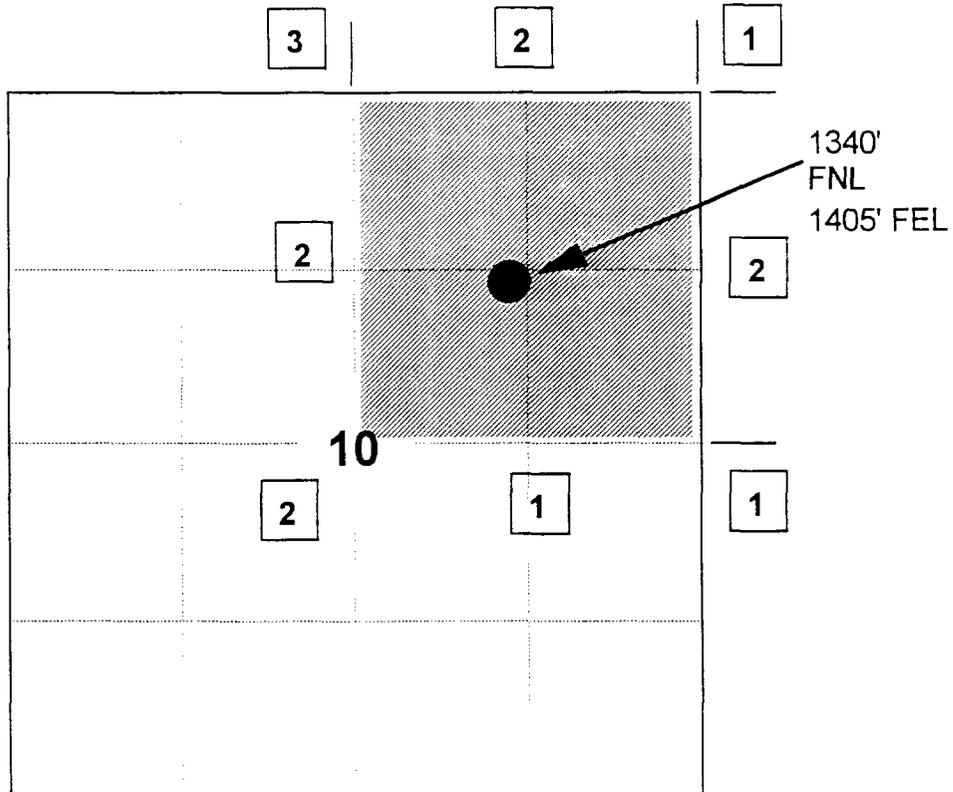
Fruitland Coal

MERIDIAN OIL INC

C. M. MORRIS #100 OFFSET OPERATOR PLAT

Fruitland Coal | Pictured Cliffs Formations Commingle Well

Township 27 North, Range 10 West



1) Meridian Oil Inc

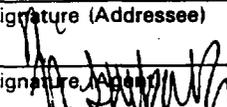
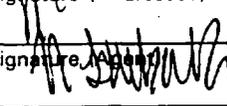
2) Amoco Production Company PO Box 800, Denver, CO 80201

3) Breck Operating Corporation PO Box 911, Breckenridge, TX 76024

**C.M. Morris #100 Well
Interest Owners**

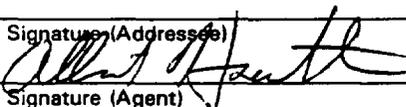
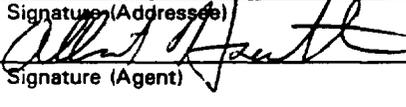
1.	Quintana Petroleum Services, Inc. P. O. Box 3331 Houston, TX 77253 Attn: Mr. Steve Sandlin	WI	11.	JGI Resources, Inc. 601 Jefferson St, 40th Fl. Houston, TX 77002	WI
2.	McKenzie Methane Corporation 7880 San Felipe Houston, TX 77063 Attn: Mr. Bob Ogle	WI	12.	Gordy Oil Company 811 Dallas, Ste 1505 Houston, TX 77002	WI
3.	Mobil Producing Texas & NM, Inc. P. O. Box 633 Midland, TX 79702 Attn: L.W. Coppedge, Land Supv. Hobbs Asset Area	ORRI	13.	Lanham S. Frazier 1201 Louisiana, Ste 3435 Houston, TX 77002	WI
4.	Conoco Inc. 10 Desta Drive, Suite 100W Midland, TX 79705-4500	ORRI	14.	Mission Energy Methane Co. 18101 Von Karman Ave., Ste 1700 Irvine, CA 92715-1007	WI
5.	Eva V. Christensen Trust #10-1140 Rae Helen Swerer Trust #10-7550 c/o United Bank of Denver, Trustee P. O. Box 5247 Denver, CO 80217	ORRI	15.	Cranberry Methane Corporation 536 16th Street, Ste. 820 Denver, CO 80202	WI
6.	Amoco Production Company P. O. Box 800 Denver, CO 80201	ORRI	16.	Breck Operating Corporation P. O. Box 911 Breckenridge, TX 760224	
7.	Minerals Management Service P. O. Box 5810 Denver, CO 80217-5810	RI	17.	Meridian Oil Inc. 801 Cherry Street Fort Worth, TX 76102	
8.	Bureau of Land Management 1235 La Plata Hwy Farmington, NM 87401	RI			
9.	KUKUI, Inc. 2201 Ka la Kau Avenue, Ste A500 Honolulu, HI 96815	WI			
10.	HAKV, L.C. P. O. Box 3466 Honolulu, HI 96801	WI			

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 this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: KUKUI, Inc. 2201 Ka la Kau Avenue, Ste A500 Honolulu, HI 96815		4a. Article Number P 023 847 944	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 9/27/94	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			
PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT			

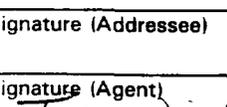
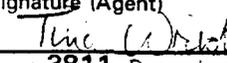
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3. Article Addressed to: Lanham S. Frazier 1201 Louisiana, Ste 3435 Houston, TX 77002		4a. Article Number P 023 847 948	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 9/29/94	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			
PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT			

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3. Article Addressed to: Breck Operating Corporation P.O. Box 911 Breckenridge, TX 76022		4a. Article Number P 023 847 882	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 9/27/94	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			
PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT			

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 HAKV, L.C.
 P.O. Box 3466
 Honolulu, HI, 96801

4a. Article Number
 P 023 847 945

4b. Service Type

Registered Insured

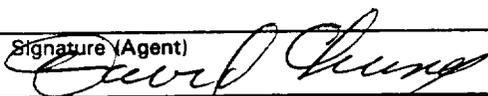
Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
 SEP 27 1994

5. Signature (Addressee)

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

6. Signature (Agent)


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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Amoco Production Company
 P.O. Box 800
 Denver, CO 80201

4a. Article Number
 P 023 847 941

4b. Service Type

Registered Insured

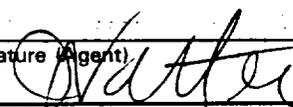
Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
 9-26-94

5. Signature (Addressee)

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

6. Signature (Agent)


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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Mr. Steve Sandlin
 P.O. Box 3331
 Houston, TX 77253

4a. Article Number
 P 023 847 936

4b. Service Type

Registered Insured

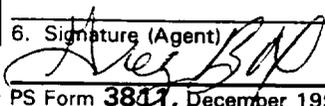
Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
 SEP 26 1994

5. Signature (Addressee)

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

6. Signature (Agent)


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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Cranberry Methane Corporation
536 16th Street, Ste 820
Denver, CO 80202

4a. Article Number
P 023 847 881

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

7. Date of Delivery
9/26/94

5. Signature (Addressee)

6. Signature (Agent)
Ann Derman

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
L.W. Coppedge, Land Supv.
P.O. Box 633
Midland, TX 79702

4a. Article Number
P 023 847 938

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

7. Date of Delivery
SEP 24 1994

5. Signature (Addressee)

6. Signature (Agent)
Jesse H. Key

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Conoco Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705-4500

4a. Article Number
P 023 847 939

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

7. Date of Delivery
9-26

5. Signature (Addressee)
Joan Six

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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

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

Consult postmaster for fee.

3. Article Addressed to:
 United Bank of Denver, Trustee
 P.O. Box 5247
 Denver, CO 80217

4a. Article Number
 P 023 847 940

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

7. Date of Delivery
 9-25

5. Signature (Addressee)

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

6. Signature (Agent)

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

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

Consult postmaster for fee.

3. Article Addressed to:
 Minerals Management Services
 P.O. Box 5810
 Denver, CO 80217-5810

4a. Article Number:
 P 023 847 942

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

7. Date of Delivery
 SEP 26 1994

CHAMPION MESSENGER
 5. Signature (Addressee)
 P.O. BOX 6954

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

DENVER, CO 80206
 6. Signature (Agent)
 AGENT FOR MINERAL MGT SERVICE

Thank you for using Return Receipt Service.

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- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:
 Bureau of Land Management
 1235 La Plata Hwy
 Farmington, NM 87401

4a. Article Number
 P 023 847 943

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

7. Date of Delivery
 9-23-94

5. Signature (Addressee)

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

6. Signature (Agent)
 [Signature]

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- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bob Ogle
7880 San Felipe
Houston, TX 77063

4a. Article Number

P 023 847 937

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

[Handwritten Signature]

6. Signature (Agent)

10-394

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.