

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

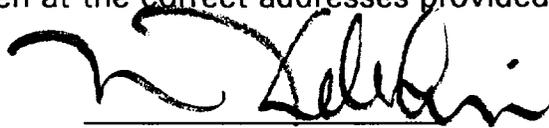
IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

BEFORE EXAMINER CATANACH  
OIL CONSERVATION DIVISION  
*Meridian* EXHIBIT NO. 9  
CASE NO. 11179

Application of Meridian Oil Inc.  
to designate a portion of the Entrada  
Formation and to Amend Division Order  
No. R-10168 per Jillson Federal SWD,  
Well No. 1, 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 14th day of December 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 January 5, 1995, 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 4th day of January, 1995.

  
Notary Public

My Commission Expires: June 15th, 1998

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 Meridian/Jillson  
 • Attach December 14, 1994  
 • Write  
 • The Return Receipt will show to whom the article was delivered.

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:  
 Jerry Hoover  
 CONOCO, Inc.  
 10 Desta Dr. Ste 100W  
 Midland, Texas 79705

4a. Article Number  
 321 036 692

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

7. Date of Delivery  
 12-19-94

5. Signature (Addressee)  
*Arita Gonzales*

6. Signature (Agent)  
 12-1

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

Thank you for using Return Receipt Service.

P 321 036 692

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

Sent to  
 Jerry Hoover  
 CONOCO, Inc.  
 10 Desta Dr. Ste 100W  
 Midland, Texas 79705

P 321 036 693

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 Meridian/Jillson  
 • Attach December 14, 1994  
 • Write  
 • The Return Receipt will show to whom the article was delivered.

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:  
 John Shipley  
 General Delivery  
 Lindrith, NM 87029

4a. Article Number  
 321 036 693

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

7. Date of Delivery

5. Signature (Addressee)  
*John Shipley*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

Sent to  
 John Shipley  
 General Delivery  
 Lindrith, NM 87029

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

P 321 036 694

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

Sent to  
 Ray Leeson  
 POB 8  
 Lindrith, NM 87029

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

3800, June 1991  
 Meridian/Jillson  
 December 14, 1994

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 Meridian/Jillson  
 • Attach December 14, 1994  
 • Write  
 • The Return Receipt will show to whom the article was delivered.

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:  
 Ray Leeson  
 POB 8  
 Lindrith, NM 87029

4a. Article Number  
 321 036 694

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*Ray Leeson*

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

Thank you for using Return Receipt Service.

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 side of this form so that we can return it to you if space permits.  
 • Write the return receipt requested on the mainpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson  
December 14, 1994

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 Indian Affairs  
Jicarilla Apache Tribe  
POB 167  
Dulce, NM 87528  
Attn: Raymond Frost

4a. Article Number  
321 037 009

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

7. Date of Delivery  
12/16

5. Signature (Addressee)

6. Signature (Agent)  
*Raymond Frost*

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.

P 321 037 009



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

Sent to  
 Bureau of Indian Affairs  
 Jicarilla Apache Tribe  
 POB 167  
 Dulce, NM 87528  
 Attn: Raymond Frost

P 321 037 010



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

Sent to  
 Jicarilla Apache Tribe  
 c/o Oil & Gas Administration  
 POB 507  
 Dulce, NM 87528  
 Attn: Mr. Thurman Velarde

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 side of this form so that we can return it to you if space permits.  
 • Write the return receipt requested on the mainpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson  
December 14, 1994

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:  
Jicarilla Apache Tribe  
c/o Oil & Gas Administration  
POB 507  
Dulce, NM 87528  
Attn: Mr. Thurman Velarde

4a. Article Number  
321 037 010

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

7. Date of Delivery  
12/16

5. Signature (Addressee)

6. Signature (Agent)  
*Thurman Velarde*

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.

June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt showing to Whom Date, and Addressee's Address	

P 321 036 691



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

Sent to  
 Carolyn Clark Wiggan  
 Oil Properties  
 POB 420  
 Farmington, NM 87499

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 side of this form so that we can return it to you if space permits.  
 • Write the return receipt requested on the mainpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

Meridian/Jillson  
December 14, 1994

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:  
Carolyn Clark Wiggan  
Oil Properties  
POB 420  
Farmington, NM 87499

4a. Article Number  
321 036 691

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

7. Date of Delivery  
12-15-94

5. Signature (Addressee)

6. Signature (Agent)  
*Carolyn Clark Wiggan*

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.

800, June 1991

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	

Meridian/Jillson  
December 14, 1994

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 return address on the reverse of this form so that we can return it to you.  
 • Attach postage stamps here.  
 • Write "Return Receipt requested" in the space provided.  
 • 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.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Bureau of Land Management  
 435 Montano NE  
 Albuquerque, NM 87107

4a. Article Number  
 321 037 002

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

7. Date of Delivery

5. Signature (Addressee)

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**

Thank you for using Return Receipt Service.

P 321 037 002



**Receipt for Certified Mail**

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

Sent to:  
 Bureau of Land Management  
 435 Montano NE  
 Albuquerque, NM 87107

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

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 return address on the reverse of this form so that we can return it to you.  
 • Attach postage stamps here.  
 • Write "Return Receipt requested" in the space provided.  
 • 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.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Paul Candelaria  
 3603 N. Buena Vista  
 Farmington, NM 87401

4a. Article Number  
 321 037 004

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

7. Date of Delivery  
 12-15-94

5. Signature (Addressee)  
*Paul Candelaria*

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**

Thank you for using Return Receipt Service.

P 321 037 004



**Receipt for Certified Mail**

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

Sent to:  
 Paul Candelaria  
 3603 N. Buena Vista  
 Farmington, NM 87401

Special Delivery Fee	
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P 321 037 006

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 return address on the reverse of this form so that we can return it to you.  
 • Attach postage stamps here.  
 • Write "Return Receipt requested" in the space provided.  
 • 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.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Dugan Production Corp.  
 POB 420  
 Farmington, NM 87499

4a. Article Number  
 321 037 006

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

7. Date of Delivery  
 12-15-94

5. Signature (Addressee)

6. Signature (Agent)  
*Walter*

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.

3800, June 1991

Sent to:  
 Dugan Production Corp.  
 POB 420  
 Farmington, NM 87499

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	

Meridian/Jillson  
 December 14, 1994

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 to you.

**A** Meridian/Jillson  
if space  
**W** December 14, 1994  
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.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

**Apache Corporation**  
1700 Lincoln Center St.  
Ste 4900  
Denver, CO 80203-4549

4a. Article Number  
**321 037 011**

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

7. Date of Delivery  
**12/19**

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Signature]*

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

Thank you for using Return Receipt Service.

P 321 037 011



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

Sent to:  
**Apache Corporation**  
1700 Lincoln Center St.  
Ste 4900  
Denver, CO 80203-4549

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to whom & date delivered)	
Return Receipt (showing to whom, date, and addressee's address)	
Postage	\$

PS 3800, 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 to you.

**A** Meridian/Jillson  
if space  
**W** December 14, 1994  
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.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:

**MOBIL PRODUCING**  
Texas & New Mexico  
POB 633  
Midland, Texas 79702

4a. Article Number  
**321 037 003**

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)  
**MARK A. HARALSON**  
Mobil Prod. Texas & New Mexico Inc.

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

Thank you for using Return Receipt Service.

P 321 037 003



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

Sent to:  
**MOBIL PRODUCING**  
Texas & New Mexico  
POB 633  
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to whom & date delivered)	
Return Receipt (showing to whom, date, and addressee's address)	
Postage	\$
Postmark or Date	

PS 3800, June 1991

Meridian/Jillson  
December 14, 1994

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 side.  
 • Attach Return Receipt to envelope.  
 • Write clearly.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

we can  
 if space  
 article number.

Meridian/Jillson  
 December 14, 1994

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:  
 Donald Candelaria  
 517 E. Zia  
 Aztec, New Mexico 87410

4a. Article Number  
 321 036 695

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

7. Date of Delivery  
 12/16/94

5. Signature (Addressee)  
 Donald K Candelaria

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**

Thank you for using Return Receipt Service.

P 321 036 695  
  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail (See Reverse)

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, and Addressee's Address

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 side.  
 • Attach Return Receipt to envelope.  
 • Write clearly.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

we can  
 space  
 number.

Meridian/Jillson  
 December 14, 1994

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:  
 TEXACO INC.  
 POB 2100  
 Denver, CO. 80201

4a. Article Number  
 321 032 007

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

7. Date of Delivery  
 12/17/94

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**

Thank you for using Return Receipt Service.

P 321 037 008  
  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail (See Reverse)

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, and Addressee's Address

3800, 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 side.  
 • Attach Return Receipt to envelope.  
 • Write clearly.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

we can  
 space  
 article number.

Meridian/Jillson  
 December 14, 1994

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:  
 Joseph B. Gould  
 430 S. 3rd St.  
 Las Vegas, NV 89101

4a. Article Number  
 321 037 007

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

7. Date of Delivery  
 12/19/94

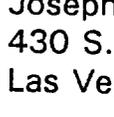
5. Signature (Addressee)

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**

Thank you for using Return Receipt Service.

P 321 037 007  
  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail (See Reverse)

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, and Addressee's Address

POSTAL Postage & Fees \$

Postmark or Date

Meridian/Jillson  
 December 14, 1994