

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

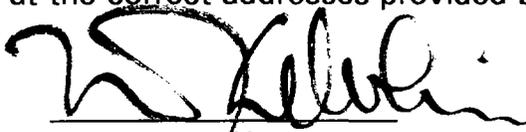
In the matter of the hearing called
by the Oil Conservation Division
for the purpose of considering:

CASE NO. 11405

Application of Meridian Oil Inc.
for Downhole Commingling,
Sanchez A Com Well No 2,
Section 16, T28N, R9W,
Lea County, New Mexico.

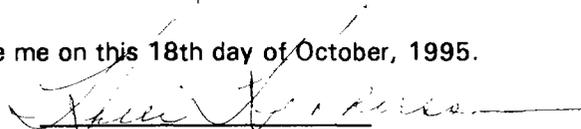
CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

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 25th day of September 1995 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 October 19, 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 18th day of October, 1995.



Notary Public

My Commission Expires: June 15, 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 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.

Meridian/Sanchez 10/19/95
 September 25, 1995

3. Article Addressed to:
 Conoco Inc.
 10 Desta Drive
 STE 100W
 Midland, TX 79705
 Attn: Jerry Hoover

4a. Article Number
 424 287 455

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

7. Date of Delivery
 9-27

5. Signature (Addressee)
 Signature (Agent)
Arta Gonzales

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

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.

2 424 287 455



Receipt for Certified Mail

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

993

Sent to
 Street and No.
 Conoco Inc.
 10 Desta Drive
 STE 100W
 Midland, TX 79705
 Attn: Jerry Hoover

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

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

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.

Meridian/Sanchez 10/19/95
 September 25, 1995

3. Article Addressed to:
 West Largo Corporation
 6638 W. Ottawa Ave
 Ste 100
 Littleton, CO 80123

4a. Article Number
 424 287 453

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

7. Date of Delivery
 9-27-95

5. Signature (Addressee)
 Signature (Agent)
John A. Hook

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

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.

2 424 287 453



Receipt for Certified Mail

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

993

Sent to
 West Largo Corporation
 6638 W. Ottawa Ave
 Ste 100
 Littleton, CO 80123

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 \$

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.

Meridian/Sanchez 10/19/95
 September 25, 1995

3. Article Addressed to:
 Commissioner of Public Lands
 State of New Mexico
 POB 1148
 Santa Fe, New Mexico 87501
 Attn: Pete Martinez

4a. Article Number
 424 287 452

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

7. Date of Delivery
 9-27-95

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

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

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.

2 424 287 452



Receipt for Certified Mail

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

993

Sent to
 Commissioner of Public Lands
 State of New Mexico
 POB 1148
 Santa Fe, New Mexico 87501
 Attn: Pete Martinez

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/Sanchez 10/19/95
 September 25, 1995

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.
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Meridian/Sanchez 10/19/95
 September 25, 1995

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:
 Williams Production Company
 POB 58900
 Salt Lake City, UT 84158

4a. Article Number
 424 287 460

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

7. Date of Delivery
 9/28/95

5. Signature (Addressee)

6. Signature (Agent)
 K McLoon

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

Thank you for using Return Receipt Service.

Z 424 287 460



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

1993 Sent to
 Williams Production Company
 POB 58900
 Salt Lake City, UT 84158

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	

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.

Meridian/Sanchez 10/19/95
 September 25, 1995

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 Exploration & Production
 POB 2100
 Denver, CO 80201-2100

4a. Article Number
 424 287 459

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

7. Date of Delivery
 9/25/95

5. Signature (Addressee)

6. Signature (Agent)
 Robert R

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

Thank you for using Return Receipt Service.

Z 424 287 459



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

1993 Sent to
 Texaco Exploration & Production
 POB 2100
 Denver, CO 80201-2100

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

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.

Meridian/Sanchez 10/19/95
 September 25, 1995

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
 POB 800
 Denver, CO 80201

4a. Article Number
 424 287 452

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

7. Date of Delivery
 9/27

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 424 287 456



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

1993 Sent to
 Amoco Production Company
 POB 800
 Denver, CO 80201

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	\$

Meridian/Sanchez 10/19/95
September 25, 1995

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.

Meridian/Sanchez 10/19/95
 September 25, 1995

Article number 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:
 Southland Royalty Company
 POB 4289
 Farmington, NM 87499-4289

4a. Article Number
 424 287 457

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

7. Date of Delivery
 9-26-95

5. Signature (Addressee)

6. Signature (Agent)
Judith Dec

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**

2 424 287 457

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

9393
 Southland Royalty Company
 POB 4289
 Farmington, NM 87499-4289

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

PS Fo

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 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.

Meridian/Sanchez 10/19/95
 September 25, 1995

Article number 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:
 Doris O. Moore
 Harbor View 16
 720 Milton Rd.
 Rye, New York 10580

4a. Article Number
 424 287 451

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

7. Date of Delivery
 9-27-95

5. Signature (Addressee)
Doris O. Moore

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**

2 424 287 451

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

93
 Doris O. Moore
 Harbor View 16
 720 Milton Rd.
 Rye, New York 10580

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

PS Fo

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 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.

Meridian/Sanchez 10/19/95
 September 25, 1995

Article number 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:
 SG Interests
 811 Dallas
 Houston, TX 77002

4a. Article Number
 424 287 458

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

7. Date of Delivery
 9-27-95

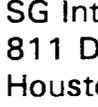
5. Signature (Addressee)
Michael Way

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**

2 424 287 458

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

9393
 SG Interests
 811 Dallas
 Houston, TX 77002

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	\$

PS Fo

Meridian/Sanchez 10/19/95
 September 25, 1995

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.

Meridian/Sanchez 10/19/95
 September 25, 1995

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:
 SG Interests & DJ Simmons
 POB 1469
 Farmington, NM 87499

4a. Article Number
 424 287 454

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

7. Date of Delivery
 9-25

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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.

Z 424 287 454



Receipt for Certified Mail

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

993 Sent to
SG Interests & DJ Simmons
POB 1469
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/Sanchez 10/19/95
September 25, 1995