

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

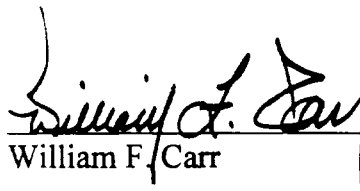
IN THE MATTER OF THE APPLICATION OF  
McELVAIN OIL & GAS PROPERTIES, INC.  
FOR COMPULSORY POOLING,  
RIO ARriba COUNTY, NEW MEXICO.

CASE NO. 11822

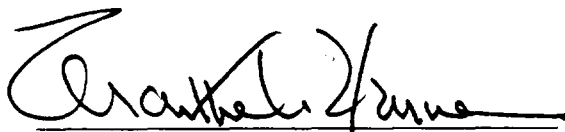
AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of McElvain Oil & Gas Properties, Inc., the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 5th day of August, 1997 by  
William F. Carr.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

August 19, 1999

## **EXHIBIT A**

Richard L. Harris, Trustee of the  
Neumann Family Trust  
1924 South Utica, Suite 700  
Tulsa, OK 74104

Gavilan Dome Properties, a California  
Limited Partnership  
c/o Skredynski & Company, General Partner  
1180 Cedarwood Drive  
Moraga, CA 94556

Mesa Grande Resource, Inc.  
an Oklahoma Corporation  
1200 Philtower Bldg.  
Tulsa, OK 74103

NM & O Operating Company  
6 E. 5th Street, Suite 200  
Tulsa, OK 74103

Johansen Energy Partnership  
Post Office Box 1773  
Whitefish, MT 59937

Williams Production Company  
Post Office Box 3102  
Tulsa, OK 74101

Northwest Pipeline Corporation  
Post Office Box 3102  
Tulsa, OK 74101

Dugan Production Corporation  
Post Office Box 5820  
Farmington, NM 87499-5820

E. Alex Phillips, et ux  
1200 Philtower Bldg.  
Tulsa, OK 74103

**BEFORE THE  
OIL CONSERVATION DIVISION**  
Santa Fe, New Mexico

Case No. 11822 Exhibit No. 4

Submitted by: McElvain Oil & Gas Properties, Inc.

Hearing Date: August 7, 1997

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
ANTHONY F. MEDEIROS  
PAUL R. OWEN  
  
JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

July 8, 1997

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED OWNERS IN SECTION 3: LOTS 3 & 4, S/2 NW/4, SW/4 (W/2 EQUIVALENT), TOWNSHIP 25 NORTH, RANGE 2 WEST, N.M.P.M.**

**Re: *Application of McElvain Oil & Gas Properties, Inc., for Compulsory Pooling, Rio Arriba County, New Mexico***

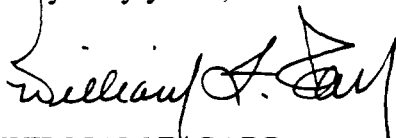
Gentlemen:

This letter is to advise you that McElvain Oil & Gas Properties, Inc., has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of certain mineral interests in and under the W/2 equivalent of Section 3, Township 25 North, Range 2 West, N.M.P.M., Rio Arriba County, New Mexico. McElvain Oil & Gas Properties, Inc., proposes to drill its Elk Com Well No. 1 at a standard location in said Section 3.

This application has been set for hearing before a Division Examiner on August 7, 1997. You are not required to attend this hearing but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed in the Division. Prehearing statements should be filed by 4:00 p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR McELVAIN OIL & GAS PROPERTIES, INC.  
WFC:mlh  
Enc.

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Richard L. Harris, Trustee of the  
Neumann Family Trust  
1924 South Utica, Suite 700  
Tulsa, OK 74104

4a. Article Number

P 087 497 198

4b. Service Type

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

7. Date of Delivery  
7-14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Richard L. Harris*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 198



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Richard L. Harris, Trustee of the  
Neumann Family Trust  
1924 South Utica, Suite 700  
Tulsa, OK 74104

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee   |    |
| 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<br><br>JUL - 8 1997                          |    |

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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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:

Mesa Grande Resources, Inc.  
an Oklahoma Corporation  
1200 Philtower Bldg.  
Tulsa, OK 74103

4a. Article Number  
P 087 497 199

4b. Service Type

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

7. Date of Delivery

2-16-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X. Allen Phillips*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 199



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Mesa Grande Resources Inc.  
an Oklahoma Corporation  
1200 Philtower Bldg.  
Tulsa, OK 74103

|   |              |
|---|--------------|
| Postage   | \$           |
| Certified Fee   |              |
| 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  | JUL - 8 1997 |

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

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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:

NM & O Operating Company  
6 E. 5th Street, Suite 200  
Tulsa, OK 74103

4a. Article Number

P 087 497 200

4b. Service Type

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

7. Date of Delivery

7-14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

P 087 497 200



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

NM & O Operating Company  
6 E. 5th Street, Suite 200  
Tulsa, OK 74103

|   |              |
|---|--------------|
| Postage   | \$           |
| Certified Fee   |              |
| 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  | JUL - 8 1997 |

PS Form 3800, June 1991

Thank you for using Return Receipt Service.

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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:

Johansen Energy Partnership  
Post Office Box 1773  
Whitefish, MT 59937

4a. Article Number

P 087 497 201

4b. Service Type

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

7. Date of Delivery

7-24-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

P 087 497 201



**Receipt for Certified Mail**

No Insurance Coverage Provided

Johansen Energy Partnership  
Post Office Box 1773  
Whitefish, MT 59937

|   |              |
|---|--------------|
| Postage   | \$           |
| Certified Fee   |              |
| 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  | JUL - 8 1997 |

PS Form 3800, June 1991

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

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- 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. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Williams Production Company  
Post Office Box 3102  
Tulsa, OK 74101  
Attn: Mr. M. Vern Hansen

4a. Article Number

P 087 497 206

4b. Service Type

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

7. Date of Delivery

JUL 15 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

P 087 497 206



**Receipt for Certified Mail**

No Insurance Coverage Provided

Williams Production Company  
Post Office Box 3102  
Tulsa, OK 74101  
Attn: Mr. M. Vern Hansen

|   |              |
|---|--------------|
| Postage   | \$           |
| Certified Fee   |              |
| 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  | JUL - 8 1997 |

PS Form 3800, June 1991

Thank you for using Return Receipt Service.



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- 1. ☐ Addressee's Address
  - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Northwest Pipeline Corporation  
Post Office Box 3102  
Tulsa, OK 74101

4a. Article Number

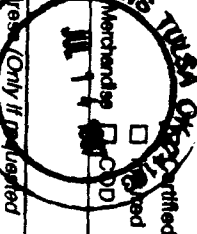
P 087 497 202

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt Merchandise
- ☐ Registered
- ☐ Restricted
- ☐ Certified

7. Date of Delivery

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



5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, September 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 202



**Receipt for Certified Mail**

No Insurance Coverage Provided

Northwest Pipeline Corporation  
Post Office Box 3102  
Tulsa, OK 74101

|   |              |
|---|--------------|
| Postage   | \$           |
| Certified Fee   |              |
| 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  | JUL - 8 1997 |

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

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- 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.

3. Article Addressed to:

Dugan Production Corporation  
Post Office Box 420  
Farmington, NM 87499-0420  
Attn: Mr. David Poage, Landman

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

- 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

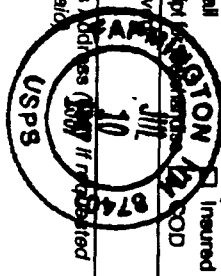
P 087 497 203

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt Requested
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8. Addressee's Address (Not if registered and fee is paid)



Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 203



**Receipt for Certified Mail**

No Insurance Coverage Provided

Dugan Production Corporation  
Post Office Box 420  
Farmington, NM 87499-0420  
Attn: Mr. David Poage, Landman

|   |              |
|---|--------------|
| Postage   | \$           |
| Certified Fee   |              |
| 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  | JUL - 8 1997 |

PS Form 3800, June 1991



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

E. Alex Phillips, et ux  
1200 Philtower Bldg.  
Tulsa, OK 74103

|  |    |
|--|----|
| Postage  | \$ |
| Certified Fee  |    |
| Special Delivery Fee   |    |
| Restricted Delivery Fee  |    |
| Return Receipt Showing<br>to Whom & Date Delivered               |    |
| Return Receipt Showing to Whom,<br>Date, and Addressee's Address |    |
| TOTAL Postage<br>& Fees  | \$ |
| Postmark or Date<br><b>JUL - 8 1997</b>                          |    |

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

|   |  |   |  |
|---|--|---|--|
| <b>SENDER:</b><br>■ Complete items 1 and/or 2 for additional services.<br>■ Complete items 3, 4a, and 4b.<br>■ Print your name and address on the reverse of this form so that we can return this card to you.<br>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.<br>■ Write "Return Receipt Requested" on the mailpiece below the article number.<br>■ 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):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.  |  |
| 3. Article Addressed to:<br><br>E. Alex Phillips, et ux<br>1200 Philtower Bldg.<br>Tulsa, OK 74103  |  | 4a. Article Number<br>P 087 497 204   |  |
| 5. Received By: (Print Name)  |  | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
| 6. Signature: (Addressee or Agent)<br><b>X E. Alex Phillips</b>   |  | 7. Date of Delivery<br><b>7-11-97</b>   |  |
| PS Form 3811, December 1994   |  | 8. Addressee's Address (Only if requested and fee is paid)  |  |
| <b>Domestic Return Receipt</b>  |  |   |  |

Thank you for using Return Receipt Service.