

dugan production corp.

Certified-Return Receipt



October 3, 1997

October 23, 1997
NMOCD Case No. 11863
Dugan Production Corp.
Exhibit No. 6

To: Royalty and Overriding Royalty Interest owners of
Dugan Production Corp.'s
Camp David Com #1, Federal I wells #4, #5R, #6,
O'Henry #1, and Winifred #2
San Juan County, New Mexico

Re: Application of Dugan Production Corp.
for Surface Commingling and Off-Lease Measurement
6 wells connected to Dugan's proposed
Federal I Central Gathering System
San Juan County, New Mexico

Dear Interest Owner:

We are writing to advise that the New Mexico Oil Conservation Division (NMOCD) is requiring Dugan Production's subject application dated 8-19-97 to be considered at an examiner hearing scheduled for October 23, 1997 (NMOCD Case No. 11863). The hearing will be held at the Commission Hearing room, located at 2040 South Pacheco, Santa Fe, New Mexico. Notice of our 8-19-97 application has been previously sent to each interest owner and the subject application has been approved by the New Mexico State Land Office, Bureau of Land Management and is supported by the NMOCD, however NMOCD rules will not allow the NMOCD to approve our application administratively. Dugan Production holds all working interest in all 6 wells plus the gathering system.

As a royalty or overriding royalty interest owner in one or more of the 6 wells connected to Dugan's Federal I Central Gathering System, you have the right to participate in this hearing and register any concerns or objections you may have.

Should you desire to participate in this hearing, you should file a pre-hearing statement with the Division by 4:00 pm on Friday, October 17, 1997, with a copy to Dugan Production. Please direct any questions to me at the letterhead address, or you may contact the NMOCD directly by phone at (505)827-7131, or mail at 2040 South Pacheco, Santa Fe, New Mexico 87505.

Sincerely,

John D. Roe
Engineering Manager

JDR/tmf

cc: NMOCD-Aztec & Santa Fe

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bureau of Land Management
Attn: Duane Spencer
1235 La Plata Hwy
Farmington, NM 87401

4a. Article Number

Q 358 626 698

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

DEBRA YEAGER

6. Signature: (Addressee or Agent)

X Debra Yeager

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ray Powell, Commissioner
NM State Land Office
P.O. Box 1148
Santa Fe, NM 87504-1148

4a. Article Number

Q 358 626 699

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Ray Powell

6. Signature: (Addressee or Agent)

X

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

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Joseph O. + Cecily M. Muench
P.O. Box 779
Placitas, NM 87043-0779

4a. Article Number

Q 358-626-700

4b. Service Type

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

7. Date of Delivery

10-2-97

5. Received By: (Print Name)

Joseph O. Muench

6. Signature: (Addressee or Agent)

X

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

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Patricia Harkin
40 Marilyn Adreaga
1708 Luthy Place, NE
Albuquerque, NM 87112

4a. Article Number

P 358 626 701

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Marilyn D Adreaga*

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

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Conoco, Inc.
Gas Revenue
P.O. Box 951063
Dallas, Texas 75395-1063

4a. Article Number

P 358 626 702

4b. Service Type

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

7. Date of Delivery

OCT 06 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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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:

Anne D. Little
P.O. Box 82277
Albuquerque, NM 87198-2277

4a. Article Number

P 358 626 703

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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Fed I CPD

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:

Sylvia J. Little
TTEE UTAD 5-25-90
P.O. Box 1258
Farmington, NM 87499-1258

4a. Article Number

P 358 626 704

4b. Service Type

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

7. Date of Delivery

10/6/97

5. Received By: (Print Name)

Cher. Whitner

6. Signature: (Addressee or Agent)

X

Cher. Whitner

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

None

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Fed I CPD

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:

Texas Exploration + Prod. Inc.
P.O. Box 20078
Houston, TX 77216-0078

4a. Article Number

P 358 626 705

4b. Service Type

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

7. Date of Delivery

OCT 08 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

L. DUPREE

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

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Fed I CPD

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:

Martin A. Mae, Jr.
660 Palm Blvd.
Weston, TX 33326

4a. Article Number

P 358 626 708

4b. Service Type

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

7. Date of Delivery

10/6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Paulina Mae

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

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Cara Sault
Palmer W. Larson, Pres. Rep.
5901 SE Hector
Milwaukee, OR 97222

4a. Article Number

P 358-626-712

4b. Service Type

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

7. Date of Delivery

10-8-97

5. Received By: (Print Name)

Palmer Larson

6. Signature: (Addressee or Agent)

X Palmer Larson

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

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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:

Valerie M. Sill
30269 Cove View St.
Sun City, CA 92587

4a. Article Number

P 358 626 713

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

Valerie M. Sill

6. Signature: (Addressee or Agent)

X Valerie M. Sill

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

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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:

Winifred + Forrest Jacobs
1000 SW Santa Fe Road
Lawanda, KS 67144-9213

4a. Article Number

P 358-626-714

4b. Service Type

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

7. Date of Delivery

10-6-97

5. Received By: (Print Name)

Forrest Jacobs

6. Signature: (Addressee or Agent)

X Forrest Jacobs

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

dp dungan production corp.
P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

P 358 626 706

MAIL

EDWARD A & JUANITA LOPEZ
782 NORTH BROAD STREET
SAN LUIS OBISPO CA 93401

ADDRESSSEE
UNKNOWN

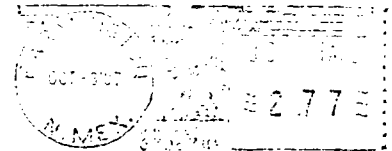
3 58 626 707

CERTIFIED

dp dungan production corp.
P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

P 358 626 707

MAIL



1st Notice
2nd Notice
Return

RETURNED TO SENDER
REASON CHECKED
Unclaimed ☒ Refused ☒
Addressee unknown ☒
Insufficient Address ☒
No such street ☒ number ☒
No such office in state ☒
Do not remain in this envelope

RUBY MACULSAY
873 ERIE STREET
OAKLAND CA 94610

REASON CHECKED
Unclaimed ☒ Refused ☒
Addressee unknown ☒
Insufficient Address ☒
No such street ☒ number ☒
No such office in state ☒
Do not remain in this envelope

94610/2247

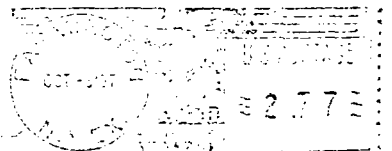
fold at line over top of envelope to
the right of the return address

CERTIFIED

dp dungan production corp.
P. O. BOX 420
FARMINGTON, NEW MEXICO 87499-0420

P 358 626 711

MAIL



- ☐ MOVED, LEFT NO ADDRESS
☐ NOT DELIVERABLE AS ADDRESSED
☐ UNABLE TO FORWARD
☐ ATTEMPTED - NOT KNOWN
☐ UNCLAIMED ☐ REFUSED
☐ NO SUCH STREET
☐ NO SUCH NUMBER
☐ INSUFFICIENT ADDRESS

REMOVABLE

GISLE W ROMO
5012 VENICE BLVD
LOS ANGELES CA 90039