



## EXHIBIT A

Burlington Resources  
3300 N. "A" Street  
Midland, TX 79702

Texaco E & P, Inc.  
P.O. Box 3900  
Midland, TX 79702

ARCO Permian  
P.O. Box 1610  
Midland, TX 79702

Doyle Hartman  
500 Main Street  
Midland, TX 79701

Altura Energy, Ltd.  
P.O. Box 4294  
Houston, TX 77210-4294

Conoco, Inc.  
10 Desta Dr. West, Suite 100W  
Midland, TX 79705-4500

Collins & Ware, Inc.  
508 W. Wall, Suite 1200  
Midland, TX 79701

Amerada Hess  
500 Dallas St.  
Houston, TX 77002

CAMPBELL, CARR, BERGE

& SHERIDAN, P.A.

LAWYERS

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

JACK M. CAMPBELL  
1918-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 966-4421  
FACSIMILE: (505) 963-6043  
E-MAIL: ccbspa@ix.netcom.com

February 10, 2000

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

Burlington Resources  
3300 N. "A" Street  
Midland, TX 79702

***Re: Application of Chevron U.S.A. Production Co. for approval to convert the EMSU Wells 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit, Lea County, New Mexico.***

Ladies and Gentlemen:

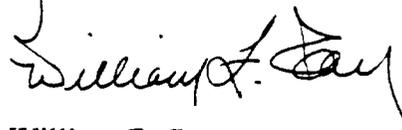
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February 10, 2000  
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Very truly yours,



William F. Carr  
Attorney for Chevron U.S.A.  
Production Co.

WFC/md

Z 191 937 571

WFC  
380  
C

US Postal Service  
**Receipt for Certified Mail**

Burlington Resources  
3300 N. "A" Street  
Midland, TX 79702

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

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

|   |                |
|---|----------------|
| Postage   | \$ .33         |
| Certified Fee   | 1.40           |
| Special Delivery Fee  |                |
| Restricted Delivery Fee                                     |                |
| Return Receipt Showing to Whom & Date Delivered             | 1.25           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 2.98</b> |
| Postmark or Date  |                |

3. Article Addressed to:

Burlington Resources  
3300 N. "A" Street  
Midland, TX 79702

4a. Article Number

Z 191 937 571

4b. Service Type

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

7. Date of Delivery

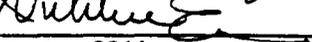
2-14-00

5. Received By: (Print Name)

Dorrie Erwin

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

6. Signature (Addressee or Agent)



PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

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

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELOEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  

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JACK M. CAMPBELL  
1916-1999

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

February 10, 2000

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**RETURN RECEIPT REQUESTED**

Texaco E & P, Inc.  
P.O. Box 3900  
Midland, TX 79702

***Re: Application of Chevron U.S.A. Production Co. for approval to convert the EMSU Wells 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit, Lea County, New Mexico.***

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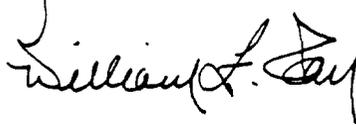
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William F. Carr  
Attorney for Chevron U.S.A.  
Production Co.

WFC/md

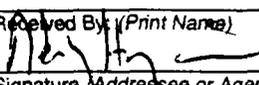
Z 191 937 572

WFC  
380  
Chr.

US Postal Service  
**Receipt for Certified Mail**

Texaco E & P, Inc.  
P.O. Box 3900  
Midland, TX 79702

Fold at line over top of envelope to

|  |   |  |   |
|--|---|--|---|
| Is your RETURN ADDRESS completed on the reverse side?  | <b>SENDER:</b>  |  | 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 |
|  | <input type="checkbox"/> Complete items 1 and/or 2 for additional services.<br><input type="checkbox"/> Complete items 3, 4a, and 4b.<br><input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.<br><input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit.<br><input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number.<br><input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. |  |   |
| 3. Article Addressed to:   |   | 4a. Article Number   |   |
| Texaco E & P, Inc.<br>P.O. Box 3900<br>Midland, TX 79702   |   | Z 191 937 572  |   |
| 4b. Service Type   |   |  |   |
| <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |   |  |   |
| 5. Received By (Print Name)  |   | 7. Date of Delivery  |   |
|   |   | FEB 14 2000  |   |
| 6. Signature (Addressee or Agent)  |   | 8. Addressee's Address (Only if requested and fee is paid) |   |

|   |                |
|---|----------------|
| Postage   | \$ .33         |
| Certified Fee   | 1.40           |
| Special Delivery Fee  |                |
| Restricted Delivery Fee                                     |                |
| Return Receipt Showing to Whom & Date Delivered             | 1.25           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 2.98</b> |
| Postmark or Date  |                |

PS Form 3811, April 1999

Thank you for using Return Receipt Service.

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

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

---

JACK M. CAMPBELL  
1916-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 968-4421  
FACSIMILE: (505) 963-6043  
E-MAIL: ccbspa@ix.netcom.com

February 10, 2000

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

ARCO Permian  
P.O. Box 1610  
Midland, TX 79702

***Re: Application of Chevron U.S.A. Production Co. for approval to convert the EMSU Wells 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit, Lea County, New Mexico.***

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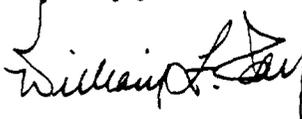
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Very truly yours,



William F. Carr  
Attorney for Chevron U.S.A.  
Production Co.

WFC/md

Z 392 737 645

US Postal Service  
Receipt for Certified Mail

ARCO Permian  
P.O. Box 1610  
Midland, TX 79702

WFC  
380  
Chr.

|   |                |
|---|----------------|
| Postage   | \$ .33         |
| Certified Fee   | 1.40           |
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| Restricted Delivery Fee                                     |                |
| Return Receipt Showing to Whom & Date Delivered             | 1.25           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 2.98</b> |
| Postmark or Date  |                |

PS Form 3800, April 1995

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

**SENDER:**

- Complete items
- Complete items
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Consult postmaster for fee.

3. Article Addressed to:

ARCO Permian  
P.O. Box 1610  
Midland, TX 79702

4a. Article Number  
Z 392 737 645

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
FEB 14 2000

5. Received By: (Print Name)  
Kerds

6. Signature: (Addressee or Agent)  
X

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

S Form 3811, December 1994 102506-08-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
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MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  
  
JACK M. CAMPBELL  
1916-1999

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

February 10, 2000

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

Doyle Hartman  
500 Main Street  
Midland, TX 79701

***Re: Application of Chevron U.S.A. Production Co. for approval to convert the EMSU Wells 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit, Lea County, New Mexico.***

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William F. Carr  
Attorney for Chevron U.S.A.  
Production Co.

WFC/md

Z 392 737 646

380  
WFC  
Chv.

US Postal Service  
Receipt for Certified Mail

Doyle Hartman  
500 Main Street  
Midland, TX 79701

|   |  |   |
|---|--|---|
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| 3. Article Addressed to:<br><br>Doyle Hartman<br>500 Main Street<br>Midland, TX 79701   |  | 4a. Article Number: Z 392 737 646<br><br>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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| 5. Received By: (Print Name)<br><i>DESY LANEHART</i>  |  | 7. Date of Delivery: <i>2/14/00</i><br><br>8. Addressee's Address (Only if requested and fee is paid)   |
| 6. Signature: (Addressee or Agent)<br><i>Desy Lanehart</i>  |  |   |

|   |                |
|---|----------------|
| Postage   | \$ .33         |
| Certified Fee   | 1.40           |
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| Postmark or Date  | FEB 10 2000    |

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

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

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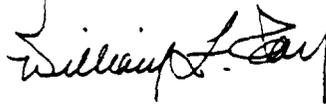
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Production Co.

WFC/md

Z 392 737 647

WFC  
380  
Chv.

US Postal Service

**Receipt for Certified Mail**

Altura Energy, Ltd.  
P.O. Box 4294  
Houston, TX 77210-4294

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& SHERIDAN, P.A.  
LAWYERS

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WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  

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JACK M. CAMPBELL  
1918-1999

JEFFERSON PLACE  
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E-MAIL: ccbspa@ix.netcom.com

February 10, 2000

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**RETURN RECEIPT REQUESTED**

Conoco, Inc.  
10 Desta Dr. West, Suite 100W  
Midland, TX 79705-4500

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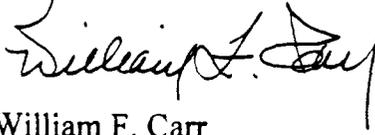
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Attorney for Chevron U.S.A.  
Production Co.

WFC/md

Z 392 737 648

WFC  
380  
Chv.

US Postal Service  
Receipt for Certified Mail

Conoco, Inc.  
10 Desta Dr. West, Suite 100W  
Midland, TX 79705-4500

|   |         |
|---|---------|
| Postage   | \$ .33  |
| Certified Fee   | 1.40    |
| Special Delivery Fee  |         |
| Restricted Delivery Fee                                     |         |
| Return Receipt Showing to Whom & Date Delivered             | 1.25    |
| Return Receipt Showing to Whom, Date, & Addressee's Address | E 1/14  |
| TOTAL Postage & Fees  | \$ 2.98 |
| Postmark or Date  |         |

|   |  |  |
|---|--|--|
| <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>Conoco, Inc.<br>10 Desta Dr. West, Suite 100W<br>Midland, TX 79705-4500   | 4a. Arti Z 392 737 648<br><br>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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
| 5. Received By: (Print Name)<br><br>X Shanna Williams   | 7. Date of Delivery<br>2/14<br><br>8. Addressee's Address (Only if requested and fee is paid)  |  |

PS Form 3811, December 1994

102506-06-8-0228 Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

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

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  
  
JACK M. CAMPBELL  
1916-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-8043  
E-MAIL: ccbspa@ix.netcom.com

February 10, 2000

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

Collins & Ware, Inc.  
508 W. Wall, Suite 1200  
Midland, TX 79701

***Re: Application of Chevron U.S.A. Production Co. for approval to convert the EMSU Wells 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit, Lea County, New Mexico.***

Ladies and Gentlemen:

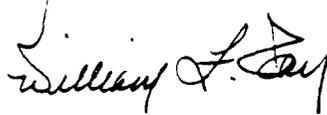
In December 1999, Chevron U.S.A. Production Co. mailed to you a copy of its application to convert its EMSU Wells No. 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit (EMSU). These wells are designed to improve recovery efficiency of the waterflood patterns and enhance production of the EMSU secondary recovery project. The wells are located in the following locations in Township 21 South, Range 36 East: No. 210 - Section 4, Unit K; No. 252 - Section 5, Unit I; No. 222 - Section 6, Unit O; No. 252 - Section 6, Unit W; No. 258 - Section 4, Unit U. Water will be injected into the unitized interval of the Eunice Monument Grayburg-San Andres Pool which has an upper limit of the base of the San Andres formation. Injection will occur at an expected maximum rate of 1500 barrels of water per day and an maximum pressure of 750 pounds per square inch.

This application has been set for hearing before a Division Examiner on March 2, 2000. 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.

February 10, 2000  
Page 2

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

Very truly yours,



William F. Carr  
Attorney for Chevron U.S.A.  
Production Co.

WFC/md

Z 392 737 649

US Postal Service

Receipt for Certified Mail

WFC  
380  
Chv.

Collins & Ware, Inc.  
508 W. Wall, Suite 1200  
Midland, TX 79701

|  |                |
|--|----------------|
| Postage  | \$ .33         |
| Certified Fee  | 1.40           |
| Special Delivery Fee                                       |                |
| Restricted Delivery Fee                                    |                |
| Return Receipt Showing to Whom & Date Delivered            | 1.25           |
| Return Receipt Showing to Whom Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                            | <b>\$ 2.98</b> |
| Postmark or Date   | FEB 10 2000    |

PS Form 3800 April 1995

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

MICHAEL S. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  

---

JACK M. CAMPBELL  
1916-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 966-4421  
FACSIMILE: (505) 963-6043  
E-MAIL: ccbsps@tx.netcom.com

February 10, 2000

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

Amerada Hess  
500 Dallas St.  
Houston, TX 77002

***Re: Application of Chevron U.S.A. Production Co. for approval to convert the EMSU Wells 210, 212, 222, 252 and 258 to injection in the Eunice Monument South Unit, Lea County, New Mexico.***

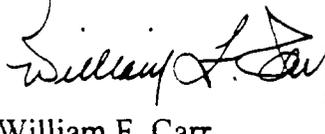
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Very truly yours,



William F. Carr  
Attorney for Chevron U.S.A.  
Production Co.

WFC/md

Z 392 737 650

WFC  
380  
Chr.

US Postal Service  
**Receipt for Certified Mail**

Amerada Hess  
500 Dallas St.  
Houston, TX 77002

|   |            |
|---|------------|
| Postage   | \$ 33      |
| Certified Fee   | 1.40       |
| Special Delivery Fee  |            |
| Restricted Delivery Fee                                     |            |
| Return Receipt Showing to Whom & Date Delivered             | 25         |
| Return Receipt Showing to Whom, Date, & Addressee's Address | FE 10 1999 |
| TOTAL Postage & Fees  | \$ 2.98    |
| Postmark or Date  |            |

PS Form 3800, April 1995

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 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:

Amerada Hess  
500 Dallas St.  
Houston, TX 77002

4a. Article Number Z 392 737 650

4b. Service Type

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

7. Date of Delivery

02 14 00

5. Received By: (Print Name)

Jessie Beards

6. Signature (Addressee or Agent)

X [Signature]

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

Thank you for using Return Receipt Service.