BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF SOUTHWESTERN ENERGY PRODUCTION COMPANY FOR COMPULSORY POOLING AND TWO NON-STANDARD GAS SPACING AND PRORATION UNITS, EDDY COUNTY, NEW MEXICO.

Case No. 12,500

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this ~~20th~~ day of February, 2001, by James Bruce.

Notary Public

My Commission Expires:

3/14/2001

OIL CONSERVATION DIVISION

CASE NUMBER 7

EXHIBIT

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

January 24, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Southwestern Energy Production Company, regarding the N½ of Section 31, Township 17 South, Range 28 East, NMPM, Eddy County, New Mexico. This application will be heard at 8:15 a.m. on Thursday, February 22, 2001, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Some of you may have reached agreement with the applicant regarding participation in the well. If so, this notice is not applicable to you.

Very truly yours,

James Bruce

Attorney for Southwestern
Energy Production Company

EXHIBIT A

Atlantic Richfield Company
c/o BP Amoco
P.O. Box 3092
Houston, Texas 77253

Marbob Energy Corporation
P.O. Box 227
Artesia, New Mexico 88211

Pitch Energy Corporation
P.O. Box 304
Artesia, New Mexico 88211

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
Oklahoma City, Oklahoma 73134

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Bellwether Exploration Company
Suite 1600
1221 Lamar
Houston, Texas 77010

Pure Energy Group, Inc.
Suite 1925
700 North St. Mary's Street
San Antonio, Texas 78205

Clayton Williams Energy, Inc.
Suite 6500
6 Desta Drive
Midland, Texas 79705

Mark B. and Janet L. Heinen
Suite 6500
6 Desta Drive
Midland, Texas 79705

Occidental Permian Ltd.
P.O. Box 4294
Houston, Texas 77210

OXY USA Inc.
P.O. Box 50250
Midland, Texas 79710

Scott E. Wilson
Suite 1220
500 West Texas
Midland, Texas 79701

Richard K. Barr
Suite 1220
500 West Texas
Midland, Texas 79701

Sharon Aston Olsen, Trustee U/T/A dated 7/31/81
P.O. Box 357
Rimrock, Arizona 86335

Charles A. Aston, III
Valerie Kobal
Ellen Paull
Audrey Bean
c/o Oil & Gas Trust Department
NationsBank of Texas, N.A.
P.O. Box 830308
Dallas, Texas 75283

Valco LLC
P.O. Box 1090
Roswell, New Mexico 88202

Eako, LLC
P.O. Box 1090
Roswell, New Mexico 88202

Carl A. Schellinger
P.O. Box 447
Roswell, New mexico 88202

Aston Partnership
c/o Minerale Resources
P.O. Box 515792
Dallas, Texas 75251

Sacramento Partners Limited Partnership
c/o Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

International Bank of Commerce,
Trustee for Vilas P. Sheldon
P.O. Box 1831
Brownsville, Texas 78520

Joan A. Hudson
8053 San Vista Circle
Naples, Florida 33942

Jonel Susan Grasso Howard
11 Ocean Ridge
Laguna Niguel, California 92677

Jane Ann Hudson Davis
P.O. Box 2660
Ruidoso, New Mexico 88345

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4883

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street: Yates Petroleum Corporation
105 South Fourth Street
City, S: Artesia, New Mexico 88210

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark B. and Janet L. Heinen
Suite 6500
6 Desta Drive
Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 1-26-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4845

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: V. MARISCAL — B. Date of Delivery: 1-25-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4883

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4845

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Mark B. and Janet L. Heinen
Street: Suite 6500
6 Desta Drive
City, S: Midland, Texas 79705

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7868

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.45

Postmark Here

Sacramento Partners Limited Partnership
c/o Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Scott E. Wilson
Suite 1220
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: JAN 30 2001
Scott E. Wilson

C. Signature
X Scott E. Wilson ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7783

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sacramento Partners Limited Partnership
c/o Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: V. MARISCAL — B. Date of Delivery: 1-25-01

C. Signature
X V. Mariscal ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

ice Type
ertified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7868

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7783

Postage	$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.45

Postmark Here

Recipient
Street, Apt. Scott E. Wilson
Suite 1220
500 West Texas
City, State Midland, Texas 79701

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7844

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Carl A. Schellinger
P.O. Box 447
Roswell, New mexico 88202

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sharon Aston Olsen, Trustee
P.O. Box 357
Rimrock, Arizona 86335

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Norman Olsen — B. Date of Delivery:

C. Signature: X Norman Olsen ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RIMROCK AZ 86335 JAN 30 2001 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7806

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carl A. Schellinger
P.O. Box 447
Roswell, New mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 1/25/01

C. Signature: X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

ROSWELL NM 88201 JAN 25 2001 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7844

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7806

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Sharon Aston Olsen, Trustee
P.O. Box 357
Rimrock, Arizona 86335

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7837

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, A: Eako, LLC
P.O. Box 1090
City, Sta: Roswell, New Mexico 88202

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Louis Dreyfus Natural Gas Corp.
Suite 600
000 Quail Springs Parkway
lahoma City, Oklahoma 73134

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: 1-27

C. Signature
X [signature] ☑ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0019 0382 4890

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eako, LLC
P.O. Box 1090
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): D. Golinska | B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JAN 26 2001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0600 0024 3122 7837

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4890

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, A: Louis Dreyfus Natural Gas Corp.
Suite 600
14000 Quail Springs Parkway
City, Sta: Oklahoma City, Oklahoma 73134

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7813

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient: Charles A. Aston, III
Street: Valerie Kobal
Ellen Paull
Audrey Bean
City: c/o Oil & Gas Trust Department
NationsBank of Texas, N.A.
P.O. Box 830308

PS F ... for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 1-26-01

C. Signature
X [signature] ☐ Agent ☑ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4852

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery JAN 2[illegible] 2001

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7813

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4852

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.45
Total Postage & Fees	$ [illegible]

Postmark Here

USPS

Recipient: Clayton Williams Energy, Inc. *mailer)*
Street: Suite 6500
6 Desta Drive
City, S: Midland, Texas 79705

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7905

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street: Jonel Susan Grasso Howard
11 Ocean Ridge
City: Laguna Niguel, California 92677

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Atlantic Richfield Company
c/o BP Amoco
P.O. Box 3092
Houston, Texas 77253

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 1-29-01

C. Signature: X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4937

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jonel Susan Grasso Howard
11 Ocean Ridge
Laguna Niguel, California 92677

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 1/29/01

C. Signature: X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JAN 29 2001 — RECEIVED

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 ~~7849~~ 7905

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4937

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

(to be completed by mailer)

Recipient: Atlantic Richfield Company
c/o BP Amoco
Street: P.O. Box 3092
City: Houston, Texas 77253

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4920

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Marbob Energy Corporation
Street P.O. Box 227
Artesia, New Mexico 88211
City,

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Valco LLC
P.O. Box 1090
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: D Goluski — B. Date of Delivery:

C. Signature: X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 1820

PS Form 3811, July 1999 — 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marbob Energy Corporation
P.O. Box 227
Artesia, New Mexico 88211

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: MISTI McClurg — B. Date of Delivery: 1-26-4

C. Signature: X Misti McClurg ☑ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4920

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7820

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Valco LLC
Street P.O. Box 1090
Roswell, New Mexico 88202
City

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4876

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.58
Restricted Delivery Fee (Endorsement Required)	3.95
Total Postage & Fees	**$** 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Bellwether Exploration Company
Street, Suite 1600
1221 Lamar
City, S. Houston, Texas 77010

PS Form 3800, February 2000 **See Reverse for Instructions**

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
JAN 2 6 2001

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4906

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bellwether Exploration Company
Suite 1600
1221 Lamar
Houston, Texas 77010

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
1/29/01

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4876

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4906

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.58
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$** 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Marathon Oil Company
Street, Apt. P.O. Box 552
City, State, Z Midland, Texas 79702

PS Form 3800, February 2000 **See Reverse for Instructions**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4913

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Pitch Energy Corporation
Street, P.O. Box 304
City, St Artesia, New Mexico 88211

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard K. Barr
Suite 1220
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
[illegible] 1-30-01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7190

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pitch Energy Corporation
P.O. Box 304
Artesia, New Mexico 88211

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Misti McClung 1-25-01

C. Signature
X Misti McClung ☑ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4913

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-095

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7190

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.20

Postmark Here

Recipie
Richard K. Barr
Street, Suite 1220
500 West Texas
City, St Midland, Texas 79701

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7882

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt.: Joan A. Hudson
8053 San Vista Circle
City, State: Naples, Florida 33942

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7776

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joan A. Hudson
8053 San Vista Circle
Naples, Florida 33942

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery

C. Signature
X Joan A. Hudson ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 1882

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7776

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be complete...

Street, Apt.: OXY USA Inc.
P.O. Box 50250
City, State, Z: Midland, Texas 79710

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7769

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No.: Occidental Permian Ltd.
P.O. Box 4294
City, St: Houston, Texas 77210

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Aston Partnership
c/o Minerale Resources
P.O. Box 515792
Dallas, Texas 75251

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 1-29-04

C. Signature: X Gail Cotton ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 1851

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: JAN 30 2004

C. Signature: GEE X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7769

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7851

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No.: Aston Partnership
c/o Minerale Resources
City, St: P.O. Box 515792
Dallas, Texas 75251

PS Form 3800, February 2000 — See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7875

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

International Bank of Commerce,
Trustee for Vilas P. Sheldon
P.O. Box 1831
Brownsville, Texas 78520

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pure Energy Group, Inc.
Suite 1925
700 North St. Mary's Street
San Antonio, Texas 78205

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
MARY R. REYNOLDS 12/11/2001

C. Signature
X Mary R. Reynolds ☐ Agent ☐ Addressee

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0019 0382 4869

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0019 0382 4869

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Pure Energy Group, Inc.
Street, Suite 1925
700 North St. Mary's Street
City, St San Antonio, Texas 78205

PS Form 3800, February 2000 See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jane Ann Hudson Davis
P.O. Box 2660
Ruidoso, New Mexico 88345

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

UNCLAIMED

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured ☐ C.O.D.

4. Restricted Delivery *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 7899

Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3122 7899

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here

Recipient's Name *(Please Print Clearly) (to be completed by mailer)*

Jane Ann Hudson Davis
P.O. Box 2660
Ruidoso, New Mexico 88345

PS Form 3800, February 2000 See Reverse for Instructions

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

January 31, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Chase Bank, Trustee for Vilas P. Sheldon
2300 Boca Chica
Brownsville, Texas 78521

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Southwestern Energy Production Company, regarding the N½ of Section 31, Township 17 South, Range 28 East, NMPM, Eddy County, New Mexico. This application is set to be heard at 8:15 a.m. on Thursday, February 22, 2001, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Southwestern
Energy Production Company

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chase Bank, Trustee for Vilas P. Sheldon
2300 Boca Chica
Brownsville, Texas 78521

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Melida Beiaus B. Date of Delivery 7/7/01

C. Signature ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7099 3220 0005 9418 9361

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SEFCO

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501 JAN 30 2001 Postmark Here

7099 3220 0005 9418 9361

Name (Please Print Clearly) (To be completed by mailer)
Chase Bank, Trustee for Vilas P. Sheldon
Street, Apt. No.; o 2300 Boca Chica
Brownsville, Texas 78521
City, State, ZIP+ 4

PS Form 3800, July 1999 **See Reverse for Instructions**