

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

IN THE MATTER OF THE HEARING CALLED BY)	
THE OIL CONSERVATION DIVISION FOR THE)	
PURPOSE OF CONSIDERING:)	CASE NO. 12,697
)	
APPLICATION OF TRILOGY OPERATING, INC.,)	
FOR COMPULSORY POOLING, LEA COUNTY,)	
NEW MEXICO)	
)	

OFFICIAL EXHIBIT FILE

EXAMINER HEARING

BEFORE: DAVID BROOKS, Hearing Examiner

August 9th, 2001

Santa Fe, New Mexico

This matter came on for hearing before the New Mexico Oil Conservation Division, DAVID BROOKS, Hearing Examiner, on Thursday, August 9th, 2001, at the New Mexico Energy, Minerals and Natural Resources Department, 1220 South Saint Francis Drive, Room 102, Santa Fe, New Mexico, Steven T. Brenner, Certified Court Reporter No. 7 for the State of New Mexico.

* * *

STEVEN T. BRENNER, CCR
 (505) 989-9317

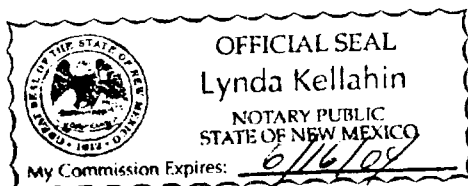
TRILOGY OPERATING, INC.'S

SAPPHIRE #1

SW/4 NE/4 SECTION 24,
T-19-S, R-38-E, NMPM,
LEA COUNTY, NEW MEXICO

COMPULSORY POOLING
REQUEST

BEFORE THE
OIL CONSERVATION DIVISION
Case No.12697 Exhibit No. 2
Submitted By:
Trilogy Operating, Inc.
Hearing Date: August 9, 2001



KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

July 3, 2001

TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW
MEXICO OIL CONSERVATION DIVISION CASE:

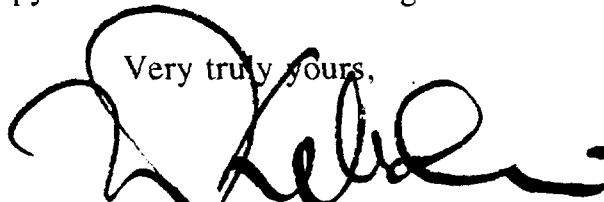
*Re: Application of Trilogy Operating, Inc.
for Compulsory Pooling, Lea County, New Mexico*

On behalf of Trilogy Operating, Inc., please find enclosed our application for an compulsory pooling for its Sapphire Well No. 1 which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for July 26, 2001. The hearing will be held at the Division hearing room located at 1220 South Saint Francis Drive, Santa Fe, New Mexico.

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, July 20, 2001, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

cc: BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED
to all parties listed in application

EXHIBIT "A"

SW/4 NE/4 SECTION 24, T-19-S, R-38-E, NMPM, LEA COUNTY, NEW MEXICOUNLEASED MINERAL OWNERS:MINERAL INTEREST

Heirs or devisees of W. E. McWilliams Address Unknown	0.025
Thomas Cone (No Response) Box 778 Jay, OK 74346	0.020
Kenneth Cone (No Response) P.O. Box 11310 Midland, TX 79702	0.020
Bobby G. Bales (Refused to Discuss) R.R. 1, Box 308 Sperry, OK 74073	0.0208333
John W. Coyle, III (No Response) 119 N. Robinson, Suite 320 Oklahoma City, OK 73102	0.00208333
John W. Coyle, III, Personal Rep of Est of Patrick Coyle (No Response) 119 N. Robinson, Suite 320 Oklahoma City, OK 73102	0.00208333
Shannon Coyle Manning (No Response) 119 N. Robinson, Suite 320 Oklahoma City, OK 73102	0.00208333
Michael Coyle (No Response) 119 N. Robinson, Suite 320 Oklahoma City, OK 73102	0.00208333
Mid First Bank, S.A, Trustee for the Carolyn B. Berry Trust B-1 (No Response) 501 N.W. Grand Blvd., Suite 300 Oklahoma City, OK 73118	0.0083333
The Long Trusts P.O. Box 3096 Kilgore, TX 75663	0.04000
J.H. Free Address Unknown	0.0208333
Heirs or devisees of G. W. McWilliams Address Unknown	0.0375

Compulsory Pooling: Sapphire #1 MI

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.

John W. Coyle III

19 N. Robinson Suite 320
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *John W. Coyle III* ☒ Agent ☐ Addressee

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

3. Service Type

Trilogy

Sapphire

July 26, 2001

7/26/01

Article Number (Copy from service label)

7001 0360 0001 0170 5214

102595-00-M-0952

Domestic Return Receipt

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.

Michael Coyle

119 N Robinson Suite 320
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Michael Coyle* ☒ Agent ☐ Addressee

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

3. Service Type

Trilogy

Sapphire

July 26, 2001

7/26/01

Article Number (Copy from service label)

7001 0360 0001 0170 5221

102595-00-M-0952

Domestic Return Receipt

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.

Mid First Bank SA Trustee for

Carolyn B Berry Trust B-1
501 NW Grand Blvd. Ste 300
Oklahoma City, OK 73118

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Carolyn B Berry* ☐ Agent ☐ Addressee

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

3. Service Type

Trilogy

Sapphire

July 26, 2001

7/26/01

Article Number (Copy from service label)

7001 0360 0001 0170 5252

PS Form 3811, July 1999

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.

John W Coyle III Personal Rep

of Est of Patrick Coyle
119 N Robinson Suite 320
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *John W Coyle III* ☐ Agent ☐ Addressee

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

3. Service Type

Trilogy

Sapphire

July 26, 2001

7/26/01

Article Number (Copy from service label)

7001 0360 0001 0170 5245

PS Form 3811, July 1999

Domestic Return Receipt

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.
 Shannon Coyle Manning
 112 B. Robinson Suite 320
 Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Shannon Coyle Manning B. Date of Delivery 7/26/01
 C. Signature [Signature] ☒ Agent ☐ Addressee
 Is delivery address different from item 1? ☐ Yes ☐ No
 YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
 Trilogy
 Sapphire
 July 26, 2001
 7/26/01

Article Number (Copy from service label)

PS Form 3811, July 1999 7001 0360 0001 0170 2916

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.
 Thomas Cone
 Box 778
 Jay, OK 74346

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Thomas Cone B. Date of Delivery 7/26/01
 C. Signature [Signature] ☒ Agent ☐ Addressee
 Is delivery address different from item 1? ☐ Yes ☐ No
 YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
 Trilogy
 Sapphire
 July 26, 2001
 7/26/01

Article Number (Copy from service label)

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 The Long Trusts
PO Box 3096
Kilgore, TX 75663

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Trilogy B. Date of Delivery 7-26-01
 C. Signature [Signature] ☒ Agent ☐ Addressee
 Is delivery address different from item 1? ☐ Yes ☐ No
 YES, enter delivery address below:

Service Type

☐ Certified Mail ☐ Express Mail
 Trilogy
 Sapphire
 July 26, 2001
 7/26/01

2. Article Number (Copy from service label)

PS Form 3811, July 1999 7001 0360 0001 0170 2923

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.
 Bobby G. Bales
 RR 3 Box 398
 Sperry, OK 74073

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Bobby Bales B. Date of Delivery 7-13-01
 C. Signature [Signature] ☒ Agent ☐ Addressee
 Is delivery address different from item 1? ☐ Yes ☐ No
 YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
 Trilogy
 Sapphire
 July 26, 2001
 7/26/01

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt 102595-00-M-0952

Article Number 3811, July 1999
PS Form 3811, July 1999

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 it

1. Article / PO Box 11310
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SHAPIRA B. Date of Delivery 7/26/01

C. Signature R Shapira ☐ Agent ☐ Addressee

Delivery address different from item 1? ☐ Yes ☐ No

ES, enter delivery address below: ☐ Yes ☐ No

2. Article Number (Copy from service label) 7001 0360 0001 0170 5238

PS Form 3811, July 1999 Domestic Return Receipt

Trilogy
Sapphire
July 26, 2001
7/26/01

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102595-00-M-0952