

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)

September 21, 2001

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

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

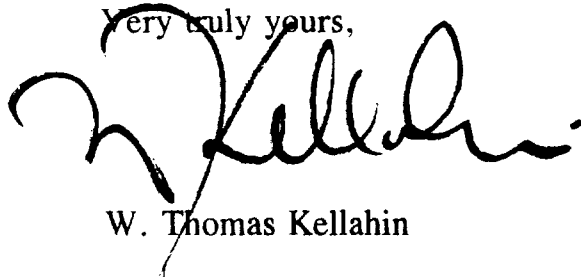
*Re: Application of Burlington Resources Oil & Gas Company
and Conoco Inc. to amend the special rules and
regulations of the Basin Dakota Gas Pool to increase well
density and amend well locations requirements, San Juan
McKinley, Sandoval and Rio Arriba Counties, New Mexico*

On behalf of Burlington Resources Oil & Gas Company and Conoco Inc., please find enclosed a copy of its application to the Division in the referenced matter. This case has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for October 18, 2001. The hearing will be held at the Division hearing room located at 1220 South St. Francis Drive, Santa Fe, New Mexico.

As party 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, October 12, 2001, with a copy delivered to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over a horizontal line.

W. Thomas Kellahin

**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. _____

**APPLICATION OF BURLINGTON RESOURCES OIL & GAS
COMPANY AND CONOCO INC. TO AMEND THE SPECIAL
RULES AND REGULATIONS FOR THE BASIN DAKOTA GAS
POOL TO INCREASE WELL DENSITY AND AMEND WELL
LOCATION REQUIREMENTS, SAN JUAN, MCKINLEY,
SANDOVAL AND RIO ARriba COUNTIES, NEW MEXICO**

APPLICATION

Comes now Burlington Resources Oil & Gas Company ("Burlington") and Conoco Inc. ("Conoco") apply to the Division for an order amending the Special Rules and Regulations for the Basin Dakota Gas Pool to increase well density and amend well location requirements, San Juan, McKinley, Sandoval and Rio Arriba Counties, New Mexico. Applicant seeks the amendment of the Special Rules and Regulations for the Basin-Dakota Gas Pool to authorize wells to be drilled anywhere in a standard 320-acre gas proration and spacing unit provided such wells are located no closer than 660 feet to the outer boundary of the spacing unit nor closer than 10 feet from any interior quarter, quarter-quarter section line or boundary and to increase the well density from the current maximum of two (2) wells (160-acre infill) provided in Order R-8170 to a maximum of four (4) wells (80-acre infill) per gas proration and spacing unit for wells dedicated to the Basin Dakota Gas Pool. In addition, Applicant seeks special well location requirements applicable to federal exploratory units providing for standard well locations not closer than 10 feet to the outer boundary of certain qualifying spacing units within those units.

In support of its application, Burlington and Conoco state:

(1) Burlington is the current operator of approximately 1530 wells within the Basin-Dakota Gas Pool.

(2) Conoco is the current operator of approximately 517 wells within the Basin-Dakota Gas Pool.

(3) On May 22, 1979, the New Mexico Oil Conservation Commission ("Commission") issued Order R-1670-V which adopted "infill drilling" for the Basin Dakota Gas Pool by permitting in Rule 2 for the drilling of a second well within a 320-acre gas proration and spacing unit ("GPU") providing this **one optional** "infill well" to be located on the opposite 160-acres from the 160-acres containing the original well ("the initial well") **and** further providing that these infill wells were not closer than 790 feet (but subject to a 200 foot topographical allowance) to the outer boundary of the quarter section and no closer than 130 feet to any quarter-quarter section line or subdivision inner boundary and that no infill well could be drilled nearer than 920 feet to an existing Dakota well in the same GPU.

(4) On March 28, 1986, the Commission issued Order R-8170 which, among other things, promulgated the Rules and Regulations for the Prorated Gas Pools, including "reformatting" Rule 2 of the Rules and Regulations for the Basin Dakota Gas Pool.

(5) On June 30, 2000, the New Mexico Oil Conservation Division ("Division") issued Order R-10987-B in Case 12290 which amended the well location requirements of the Rules and Regulations for the Basin Dakota Gas Pool which currently provide:

"A. WELL ACREAGE AND LOCATION REQUIREMENTS

RULE 2(a). Standard GPU (Gas proration Unit) in the Basin-Dakota Gas Pool shall be 320 acres.

RULE 2(b) Well Location:

1. THE INITIAL WELL drilled on a GPU shall be located not closer than 660 feet to any outer boundary of the quarter section on which the well is located and not closer than 10 feet to any quarter-quarter section line or subdivision inner boundary.
2. THE INFILL WELL drilled on a GPU shall be located in the quarter section of the GPU not containing a Dakota well, and shall be located with respect to the GPU boundaries as described in the preceding paragraph.

(6) On February 18, 1999, the Division entered Order R-11139 in Case 12122 which authorized Conoco Inc. to conduct a pilot project within its San Juan 28-7 Unit for purposes of developing data to establish appropriate infill well density for the Basin Dakota Gas Pool.

(7) On December 29, 2000, the Division entered Order R-11503 in Case 12508 which authorized Burlington to conduct a pilot project within its San Juan 27-5 Unit for purposes of developing data to establish appropriate infill well density for the Basin Dakota Gas Pool.

(8) On February 6, 2001, the Division entered Order R-11532 in Case 12509 which authorized Burlington to conduct a pilot project within the Culpepper Martin Area (Sections 1-3, 10-15 and 22-24 of T31N, R12W) for purposes of developing data to establish appropriate infill well density for the Basin Dakota Gas Pool.

(9) On February 12, 2001, the Division entered Order R-11139-A in Case 12556 which authorized Conoco Inc. to expand its pilot project within its San Juan 28-7 Unit for purposes of developing data to establish appropriate infill well density for the Basin Dakota Gas Pool.

(10) Based upon studies of the geological and reservoir engineering data including the results from the three (3) pilot projects, Burlington and Conoco have concluded that in order to increase ultimate recovery of gas from this pool there is a need to drill more wells per GPU than is currently permitted by Rule 2(b) of the pool rules.

(11) Accordingly, Burlington and Conoco recommend the following amendments:

(a) wells may be drilled anywhere within a standard 320-acre gas proration and spacing unit provided such wells are located no closer than 660 feet to the outer boundary of the unit nor closer than 10 feet from any interior quarter, quarter-quarter section line or boundary;

(b) to increase the well density from the current maximum of two (2) wells (160-acre infill) provided in Order R-8170 to a maximum of four (4) wells (80-acre infill) per gas proration and spacing unit for wells dedicated to the Basin Dakota Gas Pool provided that no more than two (2) wells be located within any 160-acre portion of a gas proration and spacing unit; and

NMOCD Application
Burlington Resources Oil & Gas Company
and Conoco Inc
Page 4

(c) wells located within federal exploratory units shall not be closer than 10 feet to any section, quarter section, or interior quarter-quarter section line or subdivision inner boundary, except that (i) wells located within one-half mile of the outer boundary of a federal exploratory unit shall not be closer than permitted by paragraph 11(a) above; and (ii) wells located within a 320-acre tract adjacent to any non-committed tract or partially committed tract within any such unitized area shall not be closer than permitted by paragraph 11(a) above.

(12) The approval of special well location requirements with the federal exploratory units will not violate correlative rights because the unit agreements provide for approved annual plans of development and the establishment of "Participating Areas" as an equitable method for the allocation of production of Basin-Dakota Gas Pool production to all interest owners within the unit's Dakota participating area regardless of the number of wells drilled or where those wells are located.

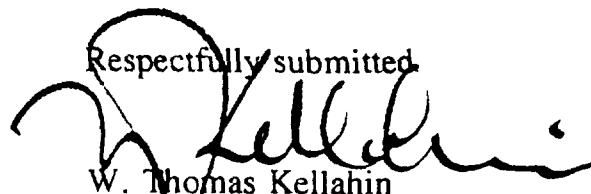
(13) In order to protect the correlative rights of any owners adjacent to the outer boundary of a federal exploratory unit, Burlington and Conoco propose that the infill wells be located anywhere within the proration unit provided that such wells are located no closer than 660 feet to the outer boundary of the federal exploratory unit.

(14) Copies of this application have been sent to all appropriate parties as required by the Division notice rules.

(15) Approval of this application is in the best interests of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE Applicant requests that this matter be set for hearing on October 18, 2001 before a duly appointed Examiner of the Oil Conservation Division and that after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted,



W. Thomas Kellahin
KELLAHIN and KELLAHIN
P. O. Box 2265
Santa Fe, New Mexico 87504

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**RODDY PRODUCTION COMPANY
PO BOX 2221****FARMINGTON, NM 87499**

2. Article Number

7110 6605 9590 0002 3846

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Nancy Roddy

Signature - (Addressee or Agent)

Nancy Roddy

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

DOMESTIC RETURN RECEIPT

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**ELM RIDGE RESOURCES INC
PO BOX 189****FARMINGTON, NM 87499**

2. Article Number

7110 6605 9590 0002 3471

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Trudy Grubelwik

Signature - (Addressee or Agent)

Trudy Grubelwik

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

DOMESTIC RETURN RECEIPT

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**D N C ENTERPRISES INC
7415 E MAIN****FARMINGTON, NM 87402**

2. Article Number

7110 6605 9590 0002 3419

3. Service Type ☒ **CERTIFIED**

Date of Delivery

9-27

Received By: (Print Name)

Ruth Rogge

Signature - (Addressee or Agent)

Ruth Rogge

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

DOMESTIC RETURN RECEIPT

File:

SENDER: • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to: THOMPSON ENGINEERING & PRODUCTION C 7415 E MAIN FARMINGTON, NM 87402		2. Article Number 7110 6605 9590 0002 3891	
		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		Date of Delivery 9-27	
Received By: (Print Name) <i>Ruth Rogge</i>		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) <i>Ruth Rogge</i>			
PS Form 3811		DOMESTIC RETURN RECEIPT	
11:02 AM 9/26/2001		Code: DAKOTA INFILL HEARING File:	

SENDER: • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to: W M GALLAWAY 3005 NORTHRIDGE DR SUITE I FARMINGTON, NM 87401		2. Article Number 7110 6605 9590 0002 3938	
		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		Date of Delivery 9/27/01	
Received By: (Print Name) <i>C. Cappel</i>		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) <i>C. Cappel</i>			
PS Form 3811		DOMESTIC RETURN RECEIPT	
11:02 AM 9/26/2001		Code: DAKOTA INFILL HEARING File:	

SENDER: • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to: MERRION OIL & GAS CORPORATION 610 REILLY AVE FARMINGTON, NM 87499		2. Article Number 7110 6605 9590 0002 3716	
		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		Date of Delivery 9/27/01	
Received By: (Print Name) <i>Esther J. Grey</i>		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) <i>Esther J. Grey</i>			
PS Form 3811		DOMESTIC RETURN RECEIPT	
11:02 AM 9/26/2001		Code: DAKOTA INFILL HEARING File:	

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

KIMBELL OIL COMPANY
500 THROCKMORTON ST STE 3000

FORT WORTH, TX 76102

2. Article Number

7110 6605 9590 0002 3587

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10-1-01

Received By: (Print Name)

R Altman

Signature - (Addressee or Agent)

R Altman

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/25/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

GREAT WESTERN DRILLING
700 W LOUISIANA

MIDLAND, TX 79701

2. Article Number

7110 6605 9590 0002 3518

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10-1-01

Received By: (Print Name)

Aileen Lands

Signature - (Addressee or Agent)

Aileen Lands

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

PURE RESOURCES LP
ATTN KATHY NEEPER
500 W ILLINOIS
MIDLAND, TX 79701

2. Article Number

7110 6605 9590 0002 3778

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10-1-01

Received By: (Print Name)

Signature - (Addressee or Agent)

Kathy Neeper

Enter delivery address if different than item 1.

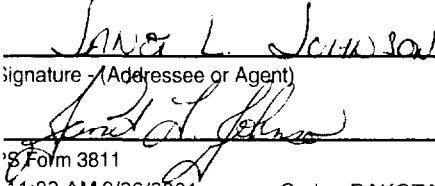
PS Form 3811

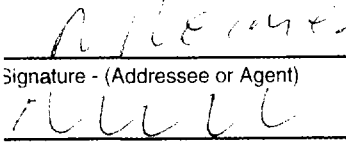
DOMESTIC RETURN RECEIPT

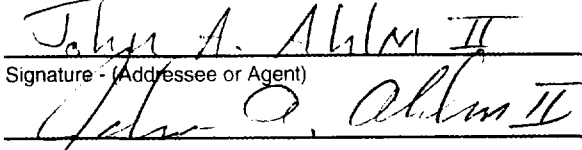
11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER: Complete items 1, 2 and 3. Indicate if restricted delivery is desired. 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to: MCELVAIN OIL & GAS PROPERTIES INC 1050 17TH ST STE 1800 DENVER, CO 80265		2. Article Number 7110 6605 9590 0002 3709	
		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		Date of Delivery 9/28/01	
Received By: (Print Name) JANE L. JOHNSON		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) 			
PS Form 3811 11:02 AM 9/26/2001		DOMESTIC RETURN RECEIPT Code: DAKOTA INFILL HEARING File:	

SENDER: Complete items 1, 2 and 3. Indicate if restricted delivery is desired. 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to: FOUR STAR OIL & GAS ATTN: DENNIS SNOW PO BOX 2100 DENVER, CO 80201		2. Article Number 7110 6605 9590 0002 3495	
		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		Date of Delivery 9/28/01	
Received By: (Print Name) DENNIS SNOW		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) 			
PS Form 3811 11:02 AM 9/26/2001		DOMESTIC RETURN RECEIPT Code: DAKOTA INFILL HEARING File:	

SENDER: Complete items 1, 2 and 3. Indicate if restricted delivery is desired. 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
1. Article Addressed to: SCHALK DEVELOPMENT COMPANY PO BOX 2078 FARMINGTON, NM 87499		2. Article Number 7110 6605 9590 0002 3860	
		3. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		Date of Delivery 10-1-01	
Received By: (Print Name) JOHN A. ABLIN II		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) 			
PS Form 3811 11:02 AM 9/26/2001		DOMESTIC RETURN RECEIPT Code: DAKOTA INFILL HEARING File:	

SENDER:

Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**M & G DRILLING COMPANY INC
PO BOX 2406**

FARMINGTON, NM 87499

2. Article Number

7110 6605 9590 0002 3648

3. Service Type ☒ **CERTIFIED**

Date of Delivery

9-28

Received By: (Print Name)

Lynndie Hushin

Signature - (Addressee or Agent)

Lynndie Hushin

Enter delivery address if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**HALLADOR PETROLEUM LLP
1660 LINCOLN ST STE 2700**

DENVER, CO 80264

2. Article Number

7110 6605 9590 0002 3532

3. Service Type ☒ **CERTIFIED**

Date of Delivery

1 SEP 28

Received By: (Print Name)

[Signature]

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**CAULKINS OIL COMPANY
PO BOX 340**

BLOOMFIELD, NM 87413

2. Article Number

7110 6605 9590 0002 3372

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10/1/01

Received By: (Print Name)

Sandra M Rogers

Signature - (Addressee or Agent)

Sandra M Rogers

Enter delivery address if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**LITTLE OIL & GAS INC
PO BOX 1258**

FARMINGTON, NM 87499

2. Article Number

7110 6605 9590 0002 3617

3. Service Type

☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Cher. Whitney

Signature - (Addressee or Agent)

Cher Whitney

Enter delivery address if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service:

☐ **Restr**

Consult po

1. Article Addressed to:

**MANANA GAS INC
2520 TRAMWAY TERRACE CRT NE**

ALBUQUERQUE, NM 87122

2. Article Number

7110 6605 959

3. Service Type

Date of Delivery

Received By: (Print Name)

Ed Hunt

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RE

SENDER:

Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**PRO NM INC
460 ST MICHAELS DR STE 400**

SANTA FE, NM 87505



2. Article Number

7110 6605 9590 0002 3754

3. Service Type

☒ **CERTIFIED**

Date of Delivery

9-27-01

Received By: (Print Name)

Sandra Gallegos

Signature - (Addressee or Agent)

Sandra Gallegos

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

SENDER:
Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**TURNER PRODUCTION COMPANY
PO BOX 111**

FARMINGTON, NM 87499

2. Article Number

7110 6605 9590 0002 3907

3. Service Type

☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:
Complete items 1, 2 and 3.
Indicate if restricted delivery is desired.
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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**ELLIOTT OIL COMPANY
PO BOX 111**

FARMINGTON, NM 87499

2. Article Number

7110 6605 9590 0002 3464

3. Service Type

☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:
• Complete items 1, 2 and 3.
• Indicate if restricted delivery is desired.
• 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**DUGAN PRODUCTION CORPORATION
PO BOX 420**

FARMINGTON, NM 87499-0420

2. Article Number

7110 6605 9590 0002 3440

3. Service Type

☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**YATES PETROLEUM CORPORATION
PO BOX 420****FARMINGTON, NM 87499**

2. Article Number

7110 6605 9590 0002 3952

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

William E. Sherlock

Signature - (Addressee or Agent)

William E. Sherlock

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**BRUCE ANDERSON
PO BOX 420****FARMINGTON, NM 87499**

2. Article Number

7110 6605 9590 0002 3358

3. Service Type ☒ **CERTIFIED**

Date of Delivery

28

Received By: (Print Name)

William E. Sherlock

Signature - (Addressee or Agent)

William E. Sherlock

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**ROBERT L BAYLESS PRODUCTION LLC
PO BOX 168****FARMINGTON, NM 87499**

2. Article Number

7110 6605 9590 0002 3822

3. Service Type ☒ **CERTIFIED**

Date of Delivery

9-28

Received By: (Print Name)

Lyndie E. Austin

Signature - (Addressee or Agent)

Lyndie E. Austin

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**P-R-O MANAGEMENT INC
PO BOX 190****FARMINGTON, NM 87499**

2. Article Number

7110 6605 9590 0002 3723

3. Service Type

☒ **CERTIFIED**

Date of Delivery

9-28

Received By: (Print Name)

Megan Jenkins

Signature - (Addressee or Agent)

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**ENERGEN RESOURCES CORPORATION
ATTN: RICHARD CORCORAN
2198 BLOOMFIELD HWY
FARMINGTON, NM 87401**

2. Article Number

7110 6605 9590 0002 3488

3. Service Type

☒ **CERTIFIED**

Date of Delivery

9/27/01

Received By: (Print Name)

Audrey Close

Signature - (Addressee or Agent)

Audrey Close

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**CROSS TIMBERS OPERATING COMPANY
2700 FARMINGTON AVE BLD K STE1****FARMINGTON, NM 87401**

2. Article Number

7110 6605 9590 0002 3402

3. Service Type

☒ **CERTIFIED**

Date of Delivery

9-27-01

Received By: (Print Name)

Karen Schroeder

Signature - (Addressee or Agent)

Karen Schroeder

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

REDWOLF PRODUCTION
ATTN BRUCE DELVENTHAL
PO BOX 5382
FARMINGTON, NM 87499-5382

2. Article Number

7110 6605 9590 0002 3808

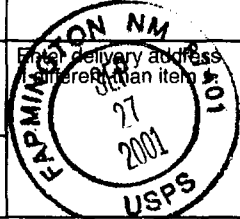
3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Dana Delventhal

Signature - (Addressee or Agent)

Dana Delventhal

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

PHILLIPS PETROLEUM COMPANY
5525 HWY 64 NBU 3004

FARMINGTON, NM 87401

2. Article Number

7110 6605 9590 0002 3730

3. Service Type ☒ **CERTIFIED**

Date of Delivery

9-27-01

Received By: (Print Name)

Kandi Watchman

Signature - (Addressee or Agent)

*Kandi Watchman*Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

BENSON MONTIN GREER DRILLING CORP
4900 COLLEGE BLVD

FARMINGTON, NM 87402

2. Article Number

7110 6605 9590 0002 3341

3. Service Type ☒ **CERTIFIED**

Date of Delivery

9-27-01

Received By: (Print Name)

CAROL WILLIAMS

Signature - (Addressee or Agent)

*Carol Williams*Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

SENDER:

- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

DAVID H ARRINGTON OIL & GAS INC
PO BOX 2071

MIDLAND, TX 79702

2. Article Number

7110 6605 9590 0002 3426

3. Service Type

☒ **CERTIFIED**

Date of Delivery

10/2/01

Received By: (Print Name)

Mary Bell

Signature - (Addressee or Agent)

Mary Bell

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

DOMESTIC RETURN RECEIPT

File:

SENDER:

- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

SAN JUAN RESOURCES OF CO INC
942 S FRANKLIN

DENVER, CO 80209

2. Article Number

7110 6605 9590 0002 3853

3. Service Type

☒ **CERTIFIED**

Date of Delivery

9-28-01

Received By: (Print Name)

Stacy McHugh

Signature - (Addressee or Agent)

Stacy McHugh

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

DOMESTIC RETURN RECEIPT

File:

SENDER:

- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

SMOKEY OIL COMPANY
P.O. BOX 2360

JACKSON, WY 82602

2. Article Number

7110 6605 9590 0002 3877

3. Service Type

☒ **CERTIFIED**

Date of Delivery

10-1-01

Received By: (Print Name)

JERRY FISK

Signature - (Addressee or Agent)

Jerry Fisk

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

HORIZON NATURAL GAS COMPANY
PO BOX 700958

TULSA, OK 74170

2. Article Number

7110 6605 9590 0002 3563

3. Service Type ☒ **CERTIFIED**

Date of Delivery

10/10/01

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

3TEC ENERGY CORPORATION
777 WALKER STE 2400

HOUSTON, TX 77002

2. Article Number

7110 6605 9590 0002 3334

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

FULLER PRODUCTION INC
PO BOX 11327

MIDLAND, TX 79702

2. Article Number

7110 6605 9590 0002 3501

3. Service Type ☒ **CERTIFIED**

Date of Delivery

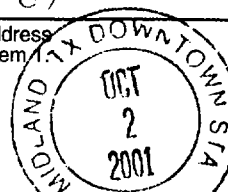
10-02-01

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

DEVON ENERGY PRODUCTION COMPANY LP
ATTN: LAND DEPT
20 N BROADWAY STE 1500
OKLAHOMA CITY, OK 73102

2. Article Number

7110 6605 9590 0002 3433

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address
if different than item 1.

Signature (Addressee or Agent)

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

CONOCO INC
ATTN: EVA RODRIGUEZ
PO BOX 2197
HOUSTON, TX 77252

2. Article Number

7110 6605 9590 0002 3396

3. Service Type ☒ CERTIFIED

Date of Delivery

OCT 1 - 2001

Received By: (Print Name)

Enter delivery address
if different than item 1.

Signature (Addressee or Agent)

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

MARATHON OIL COMPANY
JT INTEREST ACCT RM 2816-B
PO BOX 2049
HOUSTON, TX 77252-2049

2. Article Number

7110 6605 9590 0002 3686

3. Service Type ☒ CERTIFIED

Date of Delivery

OCT 1 - 2001

Received By: (Print Name)

Enter delivery address
if different than item 1.

Signature (Addressee or Agent)

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

PHOENIX HYDROCARBONS OPERATING CORP
PO BOX 3638

MIDLAND, TX 79702

2. Article Number

7110 6605 9590 0002 3747

3. Service Type ☒ CERTIFIED

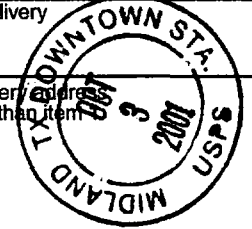
Date of Delivery

Received By: (Print Name)

Jean Wilson

Signature - (Addressee or Agent)

Jean Wilson

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

MARKWEST RESOURCES INC
155 INVERNESS DRIVE W STE 200

ENGLEWOOD, CO 80112

2. Article Number

7110 6605 9590 0002 3693

3. Service Type ☒ CERTIFIED

Date of Delivery

9/28

Received By: (Print Name)

Enter delivery address
if different than item 1.

Signature - (Addressee or Agent)

[Signature]

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

VASTAR RESOURCES INC
ATTN: BRYAN G ANDERSON OSO ENGINEER
WEST LAKE 1 ROOM 19.114
501 WESTLAKE PARK BLVD
HOUSTON, TX 77079

2. Article Number

7110 6605 9590 0002 3914

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

EDUARDO HERNANDEZ

Enter delivery address
if different than item 1.

Signature - (Addressee or Agent)

[Signature]

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

1. Article Addressed to:

W B HAMILTON ESTATE
710 HAMILTON BLDG

WITCHITA FALLS, TX 76301

7110 6605 9590 0002 3921

3. Service Type ☒ CERTIFIED

Date of Delivery

10-2-01

Received By: (Print Name)

W B Hamilton (M Hest)

Signature - (Addressee or Agent)

Enter delivery address
if different than item 1.

900-8 that # 710

Wichita Falls TX 76301

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3;
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

AMOCO PRODUCTION COMPANY
C/O BP AMOCO
ATTN BRYAN ANDERSON
PO BOX 3092
HOUSTON, TX 77253-3092

2. Article Number

7110 6605 9590 0002 3365

3. Service Type ☒ CERTIFIED

Date of Delivery

10-1-01

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3;
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

R C RESOURCES CORPORATION
8340 MEADOW RD STE 230
DALLAS, TX 75231

2. Article Number

7110 6605 9590 0002 3792

3. Service Type ☒ CERTIFIED

Date of Delivery

10/1/01

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

QUESTAR EXPLORATION & PRODUCTION CO
P O BOX 45601

SALT LAKE CITY, UT 84145-0601

2. Article Number

7110 6605 9590 0002 3785

3. Service Type ☒ CERTIFIED

Date of Delivery

OCT 03 2001

Received By: (Print Name)

Dennis Machen

Signature - (Addressee or Agent)

Dennis Machen

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

WILLIAMS PRODUCTION
ONE WILLIAMS CENTER
PO BOX 3102 MS37-5
TULSA, OK 74101

2. Article Number

7110 6605 9590 0002 3945

3. Service Type ☒ CERTIFIED

Date of Delivery

OCT 01 2001

Received By: (Print Name)

Stan Allen

Signature - (Addressee or Agent)

Stan Allen

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

E L FUNDINGSLAND
PO BOX 1157

LITTLETON, CO 80160

2. Article Number

7110 6605 9590 0002 3457

3. Service Type ☒ CERTIFIED

Date of Delivery

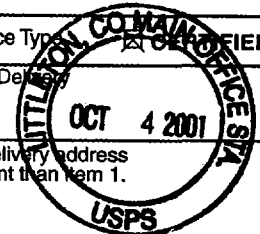
OCT 4 2001

Received By: (Print Name)

E. L. Fundingsland, Jr.

Signature - (Addressee or Agent)

E. L. Fundingsland, Jr.

Enter delivery address
if different than item 1.

Form 3811

DOMESTIC RETURN RECEIPT

02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

1. Article Addressed to:

LIVELY EXPLORATION
2450 FONDREN STE 260

HOUSTON, TX 77063

2. Article Number

7110 6605 9590 0002 3624

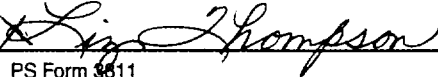
3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Enter delivery address
if different than item 1.

Signature - (Addressee or Agent)



PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

ROCANVILLE CORPORATION
8235 DOUGLAS AVE STE 1201

DALLAS, TX 75225

2. Article Number

7110 6605 9590 0002 3839

3. Service Type ☒ CERTIFIED

Date of Delivery

10-1-01

Received By: (Print Name)

Jan Maitland

Signature - (Addressee or Agent)



PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

KOCH EXPLORATION
C/O KOCH PRODUCER SERVICES
20 E GREENWAY PLAZA
HOUSTON, TX 77046

2. Article Number

7110 6605 9590 0002 3594

3. Service Type ☒ CERTIFIED

Date of Delivery

10-2-01

Received By: (Print Name)

Tony Rocha

Signature - (Addressee or Agent)



PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

1. Article Addressed to:

HALLWOOD PETROLEUM
PO BOX 37811

DENVER, CO 80237-8111

2. Article Number

7110 6605 9590 0002 3549

3. Service Type ☒ CERTIFIED

Date of Delivery

10-4-01

Received By: (Print Name)

Kim Rogers

Signature - (Addressee or Agent)

*Kim Rogers*Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

COLT RESOURCES CORPORATION
PO BOX 7167

BILLINGS, MT 59103

2. Article Number

7110 6605 9590 0002 3389

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Susan R Hathaway

Signature - (Addressee or Agent)

*Susan R Hathaway*Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the
following service (for an extra fee):☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

LOUIS DREYFUS NATURAL GAS CORP
14000 QUAIL SPRINGS PKWY STE 600

OKLAHOMA CITY, OK 73134

2. Article Number

7110 6605 9590 0002 3631

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Stiefelman

Signature - (Addressee or Agent)

*Stiefelman*Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

1. Article Addressed to:

GREYSTONE ENERGY INC
PO BOX 4477

ENGLEWOOD, CO 80155

2. Article Number

7110 6605 9590 0002 3525

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

KUKUI INC
C/O KUKUI OPERATING CO
1415 LOUISIANA ST 3650
HOUSTON, TX 77002

2. Article Number

7110 6605 9590 0002 3600

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:

M&M PRODUCTION & OPER INC
PO BOX 3470Farmington
COUNCIL BLUFFS, NM 87499

2. Article Number

7110 6605 9590 0002 3655

3. Service Type ☒ CERTIFIED

Date of Delivery

Received By: (Print Name)

Signature - (Addressee or Agent)

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT

1. Article Addressed to:

MARALEX RESOURCES INC
621 17TH ST STE 1125

DENVER, CO 20293

2. Article Number

7110 6605 9590 0002 3679

3. Service Type ☒ CERTIFIED

Date of Delivery

10-12-01

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address
if different than item 1.

PS Form 3811

11:02 AM 9/26/2001

Code: DAKOTA INFILL HEARING

File:

DOMESTIC RETURN RECEIPT