

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12799 Exhibit No. 6
Submitted by:
Holcomb Oil & Gas, Inc.
Hearing Date: 12-1-57

EXHIBIT A

**Holcomb Oil and Gas, Inc.
McCroden B1
1850' FSL, 1850'FWL, Sec. 4-T25N-R3W, NMPM
Rio Arriba County, New Mexico**

Energen Resources
2198 Bloomfield Highway
Farmington, NM 87401

Duer Wagner, III
30 Commerce Street, #293
Forth Worth, TX 76102

Hooper, Kimball & Williams
P. O. Box 52147
Tulsa, OK 74152-0147

Mountain Sates Natural Gas
P. O. Box 12323
Las Vegas, NV 89112

Trust of Warren Clark
P. O. Box 1846
Austin, TX 78700

Warren T. Clark Trust
P. O. Box 73
Austin, TX 78767

Mary Alice Gilliland
7420 Caruther
Dallas, TX 75225-0911

Ramona Sweet Rev. Trust
P. O. Box 1132
Tulsa, OK 74101

IBEX Partnership, Ltd.
P. O. Box 911
Breckenridge, TX 76424

Samson Resources Co.
Two West 2nd Street
Tulsa, OK 74103

William R. Gilliland
4411 Rawlins
Dallas, TX 75219

NM&O Operating Company
6 East Fifth, Suite 200
Tulsa, OK 74103

Clark & Oatman
P. O. Box 310
Bastrop, TX 78602

Holcomb Oil and Gas, Inc.
P. O. Box 2058
Farmington, NM 87499-2058

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

Postage \$.57
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.17

Recipient's Name

Street, Apt. No.

City, State, ZIP

Clark & Oatman
P. O. Box 310
Bastrop, TX 78602

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:

Clark & Oatman
P. O. Box 310
Bastrop, TX 78602

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Jill Green

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

Postage \$.57
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.17

Recipient's Name

Street, Apt. No.

City, State, ZIP

Warren T. Clark Trust
P. O. Box 73
Austin, TX 78767

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:

Energen Resources
2198 Bloomfield Highway
Farmington, NM 87401

2. Article Number (Copy from service label)

PS Form 3811, July 1999

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?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
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46126.0001

Postage \$.57
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.17

Recipient's Name

Street, Apt. No.

City, State, ZIP

Energen Resources
2198 Bloomfield Highway
Farmington, NM 87401

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

Mail Returned

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

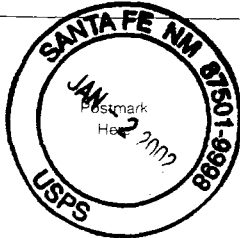
Postage \$ 1.57

Certified Fee 2.10

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17



Recipient's Name

Mary Alice Gilliland
7420 Caruther
Dallas, TX 75225-0911

PS Form 3800

Mail Returned

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

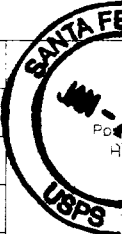
Postage \$ 1.57

Certified Fee 2.10

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17



Recipient's Name

William R. Gilliland
4411 Rawlins
Dallas, TX 75219

PS Form 3800

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:

William R. Gilliland
4411 Rawlins
Dallas, TX 75219

2. Article Number (Copy from service label)

7000 0600 0024 3128 8197

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) W.R. Gilliland B. Date of Delivery 1-9-02

C. Signature X [Signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

Postage \$ 1.57

Certified Fee 2.10

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.17



Recipient's Name

Holcomb Oil and Gas,
P. O. Box 2058
Farmington, NM 87401

PS Form 3800

- 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:

Holcomb Oil and Gas, Inc.
P. O. Box 2058
Farmington, NM 87499-2058

2. Article Number (Copy from service label)

7000 0600 0024 3128 8227

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) S. H. Holcomb B. Date of Delivery JAN 3 2002

C. Signature X [Signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

46126.0001

Postage \$.57
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.17

Recipient's Name Hooper, Kimball & Williams
Street, Apt. No. P. O. Box 52147
City, State, ZIP+4 Tulsa, OK 74152-0147

PS Form 3800, February 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 the front if space permits.

1. Article Addressed to:

Hooper, Kimball & Williams
P. O. Box 52147
Tulsa, OK 74152-0147

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

IBEX Partnership, Ltd.
P. O. Box 911
Breckenridge, TX 76424

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

46126.0001

Postage \$.57
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.17

Recipient's Name Mountain Sates Natural Gas
Street, Apt. No. P. O. Box 12323
City, State, ZIP+4 Las Vegas, NV 89112

PS Form 3800, February 1999

- 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:

Mountain Sates Natural Gas
P. O. Box 12323
Las Vegas, NV 89112

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Iran Weber 1-15-02

C. Signature X *Iran Weber* ☐ 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

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

Christie Spenser 1-8-02

C. Signature X *Christie Spenser* ☐ 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

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

David Blair 1-8-02

C. Signature X *David Blair* ☐ 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) 11000 0600 0024 3128 8128

PS Form 3811, July 1999

Domestic Return Receipt


102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

Postage	\$ 1.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name: NM&O Operating Company
Street, Apt. No.: 6 East Fifth, Suite 200
City, State, ZIP+: Tulsa, OK 74103

PS Form 3800, F

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:

NM&O Operating Company
6 East Fifth, Suite 200
Tulsa, OK 74103

2. Article Number (Copy from service label)

7000 0600 0024 3128 8203

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Ramona Sweet Rev. Trust
P. O. Box 1132
Tulsa, OK 74101

2. Article Number (Copy from service label)

7000 0600 0024 3128 8164

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Helen Thomas
B. Date of Delivery 1-7
C. Signature X Helen Thomas
D. Is delivery address different from item 1? If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly)
B. Date of Delivery 1-8-02
C. Signature X [Signature]
D. Is delivery address different from item 1? If YES, enter delivery address below:

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

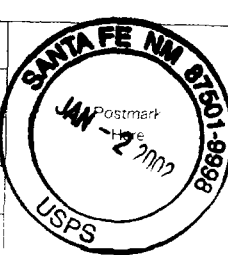
4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

46126.0001

Postage	\$ 1.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



Recipient's Name: Samson Resources Co.
Street, Apt. No.: Two West 2nd Street
City, State, ZIP+: Tulsa, OK 74103

46126.0001

Postage: \$. 57

Certified Fee | 2.10

Return Receipt Fee (Endorsement Required)	1.50
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Restricted Delivery Fee (Endorsement Required)	
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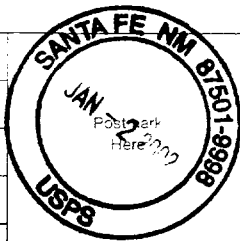
Total Postage & Fees | \$ 9.17

Recipient's Narr.

Street, Apt. No.:

City, State, ZIP+4

FD-3 Form 3800, Feb 1964 Edition



Mail Returned

46126.0001

Postage	\$.57
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Certified Fee	2.10
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Return Receipt Fee (Endorsement Required)	1.50
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Restricted Delivery Fee (Endorsement: Required)	
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Total Postage & Fees | \$ 4.17

Recipient's Narr:

.....
Street, Apt. No.,

City, State, ZIP: _____

PS Form 3800, F

Trust of Warren Clark
P. O. Box 1846
Austin, TX 78700



- 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:

Duer Wagner, III
30 Commerce Street, #293
Forth Worth, TX 76102

A. Received by (Please Print Clearly) **B. Date of Delivery**
JAN 07 2002

C. Signature  ☐ Agent

☒ Agent
☐ Addressee

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

If YES, enter delivery address below. ☐ NO

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 3128 8104