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

APPLICATION OF SAN JUAN RESOURCES,INC.
FOR COMPULSORY POOLING **CASE NO. 12992**
SAN JUAN COUNTY, NEW MEXICO

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054
[Persons to be pooled]

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

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on January 29, 2003, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for February 20, 2003, to the parties shown in said application and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 18th day of February, 2003, by W Thomas Kellahin.

Lynda Kellahin, Notary Public

OFFICIAL SEAL
Lynda Kellahin
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 6/16/07

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 12992 Exhibit# 9
Submitted By:
San Juan Resources
Hearing Date: February 20, 2003

KELLAHIN & KELLAHIN
Attorney at Law

W. Thomas Kellahin
New Mexico Board of Legal
Specialization Recognized Specialist
in the area of Natural resources-
oil and gas law

P.O Box 2265
Santa Fe, New Mexico 87504
117 North Guadalupe
Santa Fe, New Mexico 87501

Telephone 505-982-4285
Facsimile 505-982-2047
tkellahin@aol.com

January 2, 2003

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

Re. Application of San Juan Resources, Inc.
for Compulsory Pooling, San Juan County, New Mexico

On behalf of San Juan Resources, Inc., please find enclosed our application for a compulsory pooling for its Tecumseh Well No. 1, which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for January 23, 2003. 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, January 17, 2003, 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

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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: [illegible]

2. Article Number (Transfer from service label): 7002 2410 0000 2518 [illegible]

PS Form 3811, August 2001 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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:

Joseph P. Driscoli
c/o Steven McManus
5405 Rosedale Avenue
Dallas TX 75205

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
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 (Transfer from service label): 7002 2410 0000 2518 5403

PS Form 3811, August 2001 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:

John C. Simpson [illegible]
J. Simpson
404 Creswick [illegible]
Bryn Mawr [illegible]

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery [illegible]

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 (Transfer from service label): 7002 2410 0000 2518 5252

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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:

O. Leonard & Leona M. Mosley
P.O. Box 4401
Gillette, WY 82727

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
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

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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:

St. Francis Xavier Church
524 9th Street
Wilmette, IL 60091

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery [illegible] 1/13/03
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 (Transfer from service label): 7002 2410 0000 2518 5199

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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:

Betty A. Mosley
258 6th Street
Idaho Falls, ID 83401

A. Signature X Betty Nelms ☐ Agent ☐ Addressee
B. Received by (Printed Name) Betty Nelms C. Date of Delivery 01-17-03
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 (Transfer from service label): 7002 2410 0000 2518 5335

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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:

Lorenzo Flores
30 Rockefeller Plaza
New York NY 10020

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [illegible] C. Date of Delivery 1/17/03
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 (Transfer from service label)

102595-02-M-1540

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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:

Bob L. Mosley
701 E Zia
P.O. Box 1653
Aztec, NM 87410

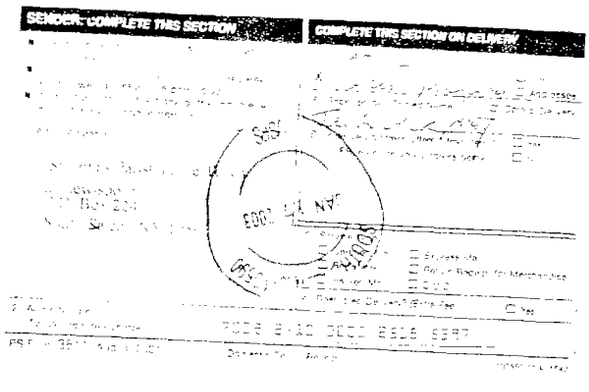
A. Signature X Bob L. Mosley ☐ Agent ☐ Addressee
B. Received by (Printed Name) Bob L. Mosley C. Date of Delivery 1-6-03
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No

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 (Transfer from service label): 7002 2410 0000 2518 5328

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

Green cards returned

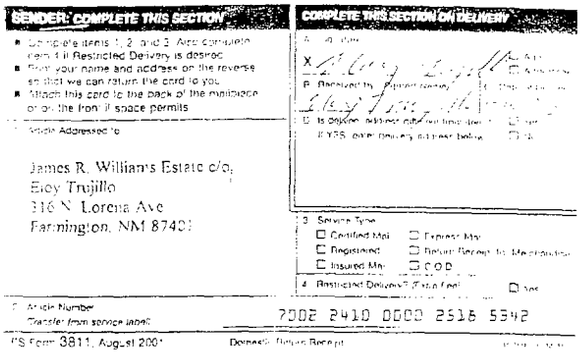


SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

7002 2410 0000 2518 5897

PS Form 3811, August 2001



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.

Article Addressed to:

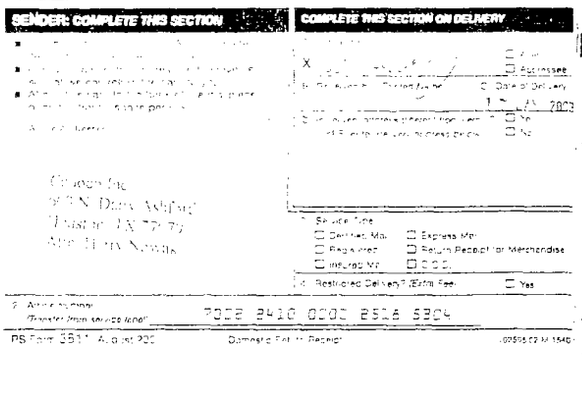
James R. Williams Estate c/o;
Eloy Trujillo
316 N. Lorena Ave
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

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 (Transfer from service label) 7002 2410 0000 2518 5342

PS Form 3811, August 2001 Domestic Return Receipt



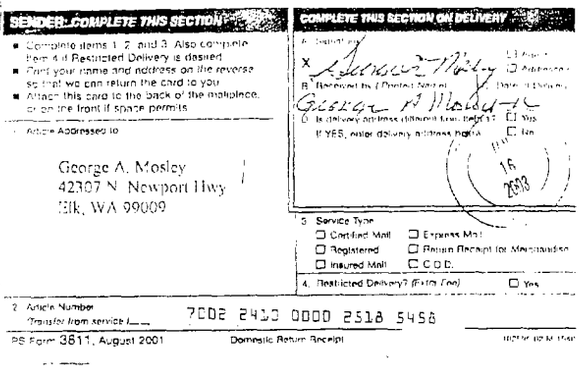
SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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 (Transfer from service label) 7002 2410 0000 2518 5304

PS Form 3811, August 2001 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.

Article Addressed to:

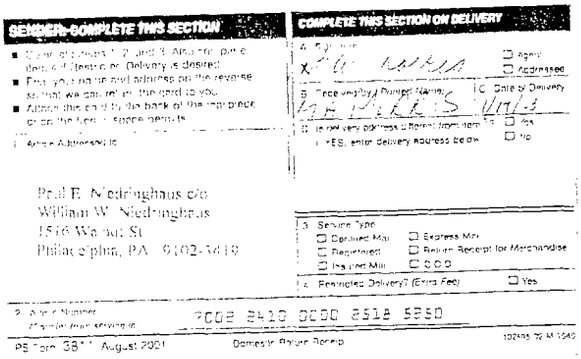
George A. Mosley
42307 N. Newport Hwy
Elk, WA 99009

COMPLETE THIS SECTION ON DELIVERY

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 (Transfer from service label) 7002 2410 0000 2518 5458

PS Form 3811, August 2001 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.

Article Addressed to:

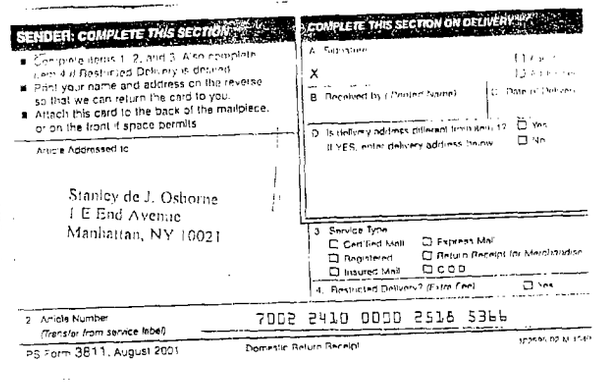
Paul E. Niedringhaus c/o
William W. Niedringhaus
1516 Walnut St
Philadelphia, PA 19102-3619

COMPLETE THIS SECTION ON DELIVERY

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 (Transfer from service label) 7002 2410 0000 2518 5350

PS Form 3811, August 2001 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

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- 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.

Article Addressed to:

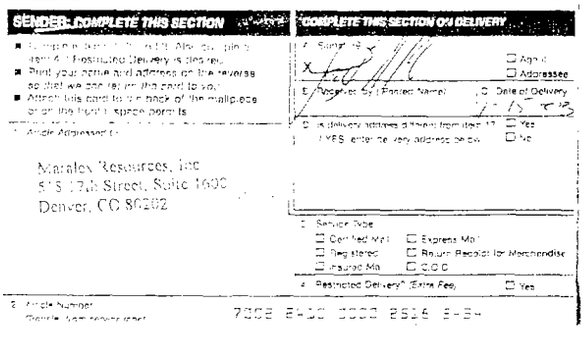
Stanley de J. Osborne
1 E End Avenue
Manhattan, NY 10021

COMPLETE THIS SECTION ON DELIVERY

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 (Transfer from service label) 7002 2410 0000 2518 5366

PS Form 3811, August 2001 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

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- 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.

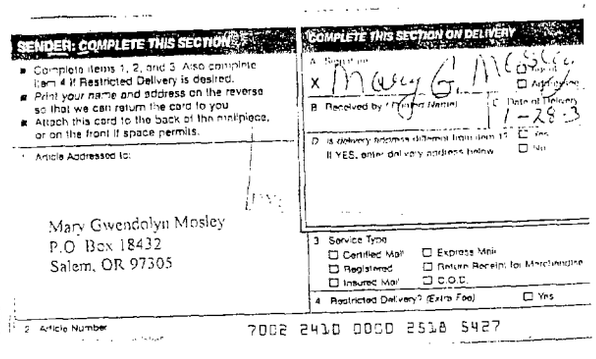
Article Addressed to:

Manalex Resources, Inc
555 17th Street, Suite 1600
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

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 (Transfer from service label) 7002 2410 0000 2518 5434



SENDER: COMPLETE THIS SECTION

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- 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.

Article Addressed to:

Mary Gwendolyn Mosley
P.O. Box 18432
Salem, OR 97305

COMPLETE THIS SECTION ON DELIVERY

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 7002 2410 0000 2518 5427

7002 2410 0000 2518 5298

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JAN 14 2003 Postmark Here

Sent To: Charles T. Zaora
Street, Apt. No.; or PO Box No.: 230 Park Avenue
City, State, ZIP+4: New York, NY 10169-0005

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0000 2518 5281

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JAN 14 2003 Postmark Here

Sent To: Murray Shields
Street, Apt. No.; or PO Box No.: 551 Fifth Avenue, Suite 1920
City, State, ZIP+4: New York, NY 10176-0001

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0000 2518 5229

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

For delivery information visit our website at www.usps.com

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JAN 14 2003 Postmark Here

Sent To: W B & L.
Street, Apt. No.; or PO Box No.: 900 Wilshire
City, State, ZIP+4: Los Angeles, CA 90017-4701

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0000 2518 5441

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JAN 14 2003 Postmark Here

Sent To: John D. Ford
Street, Apt. No.; or PO Box No.: 22 Deer Trail Lane
City, State, ZIP+4: Bayfield, CO 81127

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0000 2518 5229

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

For delivery information visit our website at www.usps.com

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JAN 14 2003 Postmark Here

Sent To: Fred H. Gowan
Street, Apt. No.; or PO Box No.: 551 Fifth Avenue, Suite 1920
City, State, ZIP+4: New York, NY 10176-0001

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0000 2518 5359

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

JAN 14 2003 Postmark Here

Sent To: Peter B. Ruffin
Street, Apt. No.; or PO Box No.: 753 Forest Hills Dr
City, State, ZIP+4: Wilmington, NC 28403

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2410 0000 2518 5236

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

For delivery information visit our website at www.usps.com

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

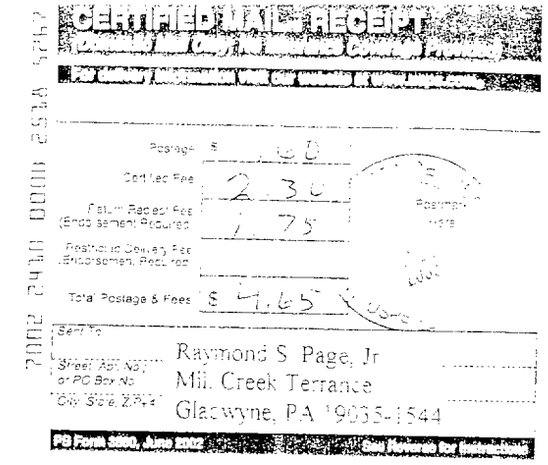
JAN 14 2003 Postmark Here

Sent To: James H. Reedy
Street, Apt. No.; or PO Box No.: 45 Brewster Road
City, State, ZIP+4: Scarsdale, NY 10583-3001

RECEIPTS OF CERTIFIED MAIL,

SENT AND NO GREEN CARD RETURNED,

ONLY RETURNED LETTER CAME BACK



CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

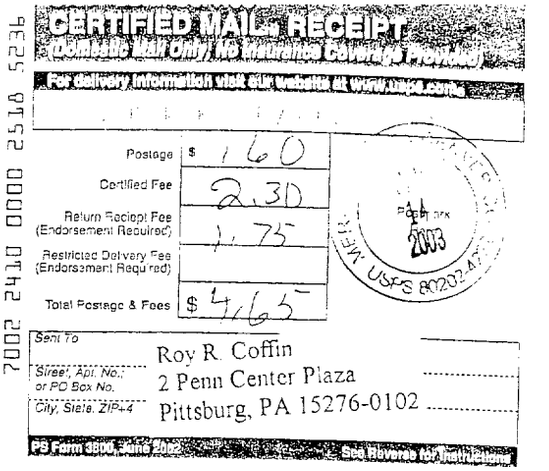
Postage $ .60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65

Postmark Here
JAN 14 2003

Sent To
Raymond S. Page, Jr
Street, Apt. No.; or PO Box No. Mill Creek Terrance
City, State, ZIP+4 Glenwyne, PA 19035-1544

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5182



CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

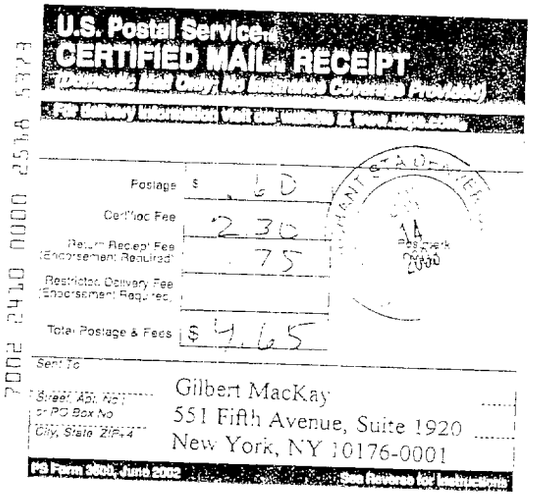
Postage $ .60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65

Postmark Here
JAN 14 2003

Sent To
Roy R. Coffin
Street, Apt. No.; or PO Box No. 2 Penn Center Plaza
City, State, ZIP+4 Pittsburg, PA 15276-0102

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5236



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

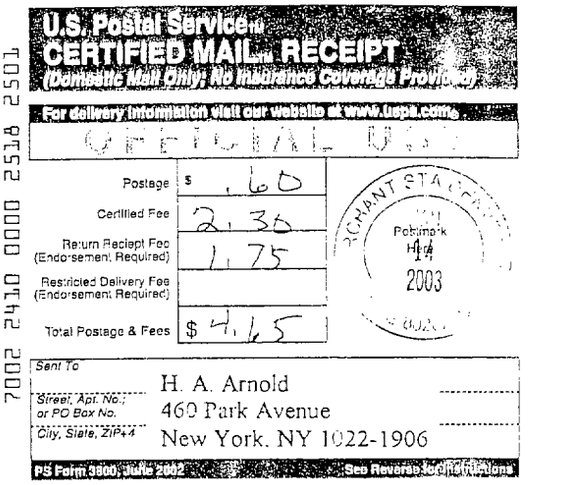
Postage $ .60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65

Postmark Here
JAN 14 2003

Sent To
Gilbert MacKay
Street, Apt. No.; or PO Box No. 551 Fifth Avenue, Suite 1920
City, State, ZIP+4 New York, NY 10176-0001

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5373



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

Postage $ .60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65

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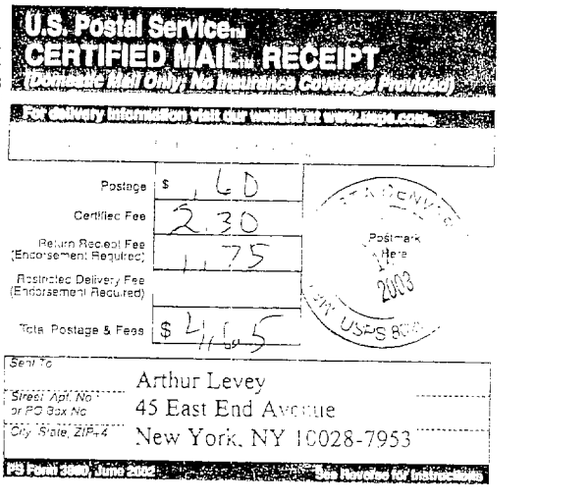
Sent To
H. A. Arnold
Street, Apt. No.; or PO Box No. 460 Park Avenue
City, State, ZIP+4 New York, NY 1022-1906

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 2501



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Total Postage & Fees $ 4.65

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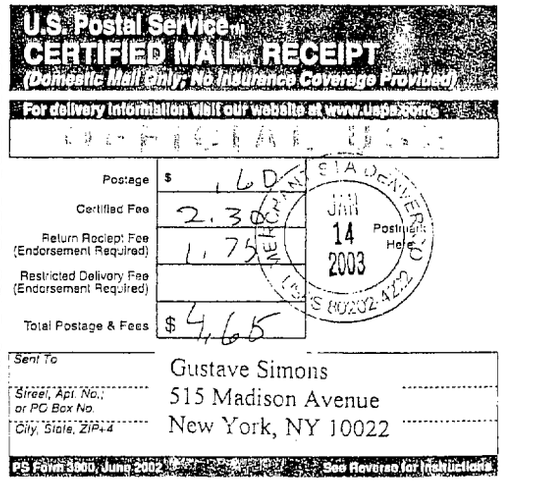
Sent To
Arthur Levey
Street, Apt. No.; or PO Box No. 45 East End Avenue
City, State, ZIP+4 New York, NY 10028-7953

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5243



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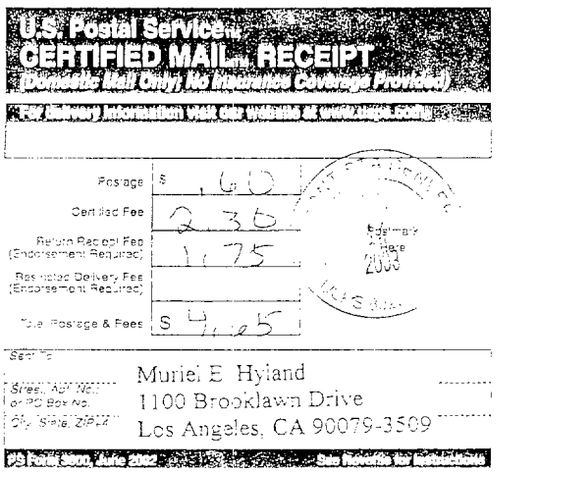
Gustave Simons
Street, Apt. No.; or PO Box No. 515 Madison Avenue
City, State, ZIP+4 New York, NY 10022

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5182



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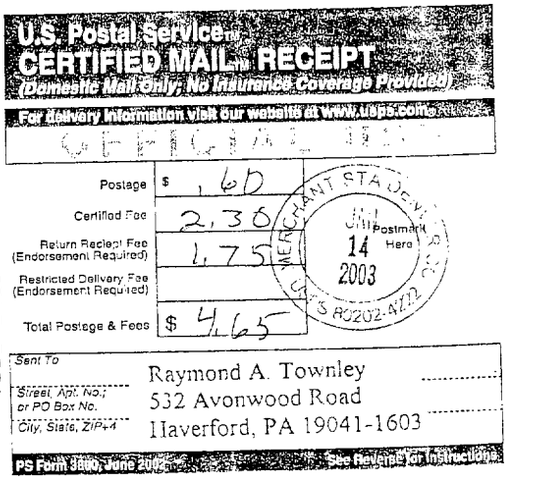
Sent To
Muriel E. Hyland
Street, Apt. No.; or PO Box No. 1100 Brooklawn Drive
City, State, ZIP+4 Los Angeles, CA 90079-3509

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5380



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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 4.65

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JAN 14 2003

Sent To
Raymond A. Townley
Street, Apt. No.; or PO Box No. 532 Avonwood Road
City, State, ZIP+4 Haverford, PA 19041-1603

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 2518 5274

KELLAHIN & KELLAHIN
Attorney at Law

W. Thomas Kellahin
New Mexico Board of Legal
Specialization Recognized Specialist
in the area of Natural resources-
oil and gas law

P O. Box 2265
Santa Fe. New Mexico 87504
117 North Guadalupe
Santa Fe. New Mexico 87501

Telephone 505-982-4285
Facsimile 505-982-2047
tkellahin@aol.com

January 30, 2003

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

Re: CASE Case 12992: Amended Application of San Juan Resources, Inc for Compulsory Pooling, San Juan County, New Mexico

On behalf of San Juan Resources, Inc., please find enclosed our amended application for a compulsory pooling for its Tecumseh Well No. 1, which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for January 23, 2003 but continued to February 20, 2003. 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, February 14, 2003, with a copy delivered to the undersigned.

Very truly yours,

W. Thomas Kellahin

cc: BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED

ENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print so th
Attac
or or
Article

James R Williams Estate c/o
Eloy Trujillo
316 N Lorena Ave.
Farmington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Eloy Trujillo ☐ Agent ☐ Addressee

eceived by (Printed Name) C. Date of Delivery

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

San Juan
#1 Tecumseh Well
1/30/03

lerchandise

Yes

Article Number
(Transfer from service label) 7002 2030 0007 1208 5441

Form 3811, August 2001 Domestic Return Receipt 102595 02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print so th
- Attac or or

George A Mosley & Janet R.
42307 N Newport Hwy.
Elk, WA 99009

1. Articl

COMPLETE THIS SECTION ON DELIVERY

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

G A Mosley 2-4

Signature

George A Mosley ☐ Agent ☐ Addressee

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

ELK WA 99009 FEB 4 2003 USPS

San Juan
#1 Tecumseh Well
1/30/03

chandise

2. Article Number (Copy from service l 7002 2030 0007 1208 5496

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

NDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Betty A Mosley
258 6th Street
Idaho Falls, ID 83401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betty Nelms ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

BETTY NELMS 2-3-03

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

San Juan
#1 Tecumseh Well
1/30/03

idise

4. Restricted Delivery? (Extra Fee)

rticle Number
Transfer from service label) 7002 2030 0007 1208 5519

Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Pri so
- Att or

O. Leonard Mosley & Leona M.
PO Box 4401
Gillette, WY 82727

1. Arti

COMPLETE THIS SECTION ON DELIVERY

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

Signature

☐ Agent ☐ Addressee

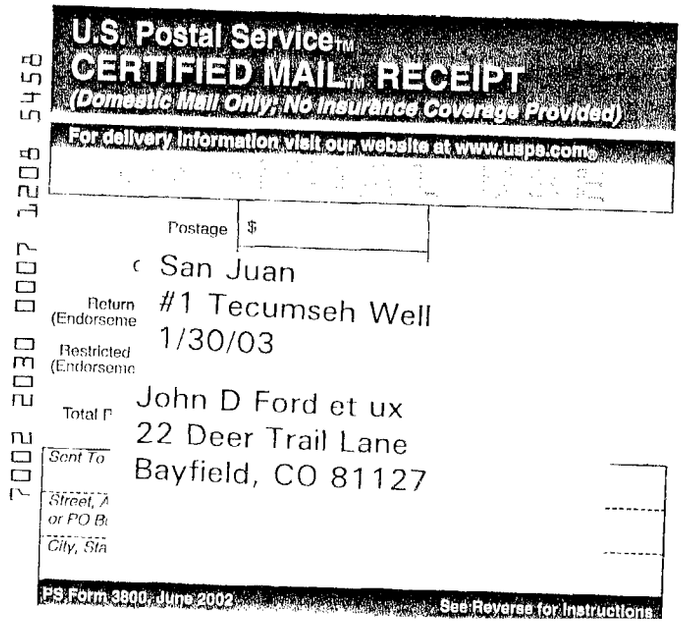
Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

San Juan
#1 Tecumseh Well
1/30/03

andise

2. Article Number (Copy from service label) 7002 2030 0007 1208 5489

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 yo so that
- Attach or on th

1. Article A

Richard Tully P.A.
111 North Orchard Ave.
PO Box 268
Farmington, NM 87499-0268

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* CECE TULLY — B. Date of Delivery 2/4/03

ature Cece Tully — ☑ Agent ☐ Addressee

ivery address different from item 1? ☐ Yes
S, enter delivery address below: ☐ No

FARMINGTON NM 87401 FEB 4 2003 USPS

San Juan
#1 Tecumseh Well
1/30/03

idise

2 Article Number *(Copy from service*: 7002 2030 0007 1208 5465

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

: COMPLETE THIS SECTION

ete items 1, 2, and 3. Also complete

Ir. Bob L. Mosley
01 E. Zia
O Box 1653
xtec, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Bob L. Mosley — B. Date of Delivery 2-4-03

Signature Bob L Mosley — ☐ Agent ☐ Addressee

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

San Juan
#1 Tecumseh Well
1/30/03

ise

4. Restricted Delivery? *(Extra Fee)*

umber *(Copy from service label)* 7002 2030 0007 1208 5472

811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MOSLEY
PO Box 9201
Brooks Or 97305

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Mary Co Mosley — ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* AO — C. Date of Delivery 2-5-3

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 *(Transfer from service label)* 7002 2030 0007 1208 5502

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-154