

**NMOCD CASE NO. 13012
FEBRUARY 20, 2003
ARRINGTON EXHIBIT NO. 6**

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LAS CRUCES, NM 88005
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***licensed in Texas only
* NEW MEXICO BOARD OF SPECIALIZATION RECOGNIZED SPECIALIST IN NATURAL RESOURCES - OIL & GAS LAW
** NEW MEXICO BOARD OF SPECIALIZATION RECOGNIZED SPECIALIST IN REAL ESTATE LAW

February 19, 2003

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Michael A. McMillan
Teresa L. McMillan
118 West First Street
Roswell, New Mexico 88201

Re: NMOCD Case No. ____; Application of David H. Arrington Oil and Gas, Inc.
Compulsory Pooling, Lea County, New Mexico

Dear Sir or Madam:

This will advise that David H. Arrington Oil and Gas, Inc. has filed an Application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests underlying the following described acreage in S/2 of Section 25, Township 15 South, Range 34 East, NMPM. These lands are to be dedicated to Applicant's proposed Steve's Hopper 25 Well No. 1 to be drilled at a standard location in the S/2 of said Section 25. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of David H. Arrington Oil and Gas, Inc. or its designee as operator of the well and a charge for risk involved in drilling said well. A copy of the application is enclosed.

This application will be set for hearing before a Division Examiner at 8:15 a.m. on February 20, 2003, at the New Mexico Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time.

January 31, 2003
Page Two

Very truly yours,

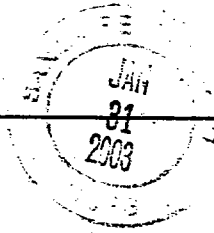
MILLER STRATVERT P.A.

J. Scott Hall

J. Scott Hall

JSH/glb
Enclosure

7161 8863 9710 0000 0887

RETURN RECEIPT SERVICE	POSTAGE	\$0.37 .60	POSTMARK OR DATE 
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 4.65
1/31/2003 Code: 11:26 AM File:			
David Petroleum Company 118 West First Street Roswell, New Mexico 88201			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)**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 Petroleum Company
118 West First Street
Roswell, New Mexico 88201

1/31/2003 11:26 AM

2. Article Number

7161 8863 9710 0000 0887

3. Service Type ☒ **CERTIFIED****Date of Delivery**

2-3-03

Received By: (Print Name)

Dario Bellicini

Signature - (Addressee or Agent)

116 W. First

Enter delivery address
if different than item 1.

PS Form 3811

Code: File:

DOMESTIC RETURN RECEIPT

7161 8863 9710 0000 0900

RETURN RECEIPT SERVICE	POSTAGE	\$0.37.60	POSTMARK OR DATE JAN 31 2003
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 4.65
1/31/2003 Code: 11:33 AM File:		David Petroleum Company Post Office Box 807 Dallas, Texas 75221	

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Fold at line over top of envelope to the right of the return address

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
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I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

David Petroleum Company
Post Office Box 807
Dallas, Texas 75221

1/31/2003 11:33 AM

Received By: (Print Name)

Signature - (Addressee or Agent)

2. Article Number

7161 8863 9710 0000 0900

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Enter delivery address if different than item 1.

PS Form 3811

Code: File:

DOMESTIC RETURN RECEIPT

REORDER FROM LASER SUBSTRATES INC 800-638-4900

0060 0000 0166 6988 1912

7161 8863 9710 0000 0856

RETURN RECEIPT SERVICE	POSTAGE	\$0.37 - 60	POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 - 45
1/31/2003 Code: 11:22 AM File: McMillian Production Company, Inc. 118 West First Street Roswell, New Mexico 88201			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

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:

McMillian Production Company, Inc.
118 West First Street
Roswell, New Mexico 88201

1/31/2003 11:22 AM

2. Article Number

7161 8863 9710 0000 0856

3. Service Type

☒ **CERTIFIED**

Date of Delivery

2-3-03

Received By: (Print Name)

J. Powell

Signature - (Addressee or Agent)

J. Powell

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

ode:

7161 8863 9710 0000 0948

RETURN RECEIPT SERVICE	POSTAGE	\$0.37.60	POSTMARK OR DATE 31 2003
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 4.65
1/31/2003 Code: 11:50 AM File: Edward N. David 116 West First Street Roswell, New Mexico 88201			

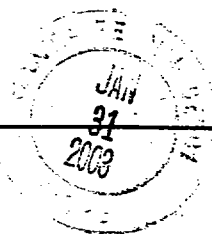
PS FORM 3800



RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (SEE OTHER SIDE)

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: Edward N. David 116 West First Street Roswell, New Mexico 88201 1/31/2003 11:50 AM		2. Article Number 7161 8863 9710 0000 0948	
Received By: (Print Name) Bari Bellicini		3. Service Type <input checked="" type="checkbox"/> CERTIFIED Date of Delivery 2-3-03	
Signature - (Addressee or Agent) Bari Bellicini		Enter delivery address if different than item 1.	
PS Form 3811 ode: File:		DOMESTIC RETURN RECEIPT	

7161 8863 9710 0000 0870

RETURN RECEIPT SERVICE	POSTAGE	\$9.37 .60	POSTMARK OR DATE 
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 4.65
1/31/2003 11:25 AM		Code:	
		File:	
Permian Exploration Company 118 West First Street Roswell, New Mexico 88201			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

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:

Permian Exploration Company
118 West First Street
Roswell, New Mexico 88201

1/31/2003 11:25 AM

2. Article Number

7161 8863 9710 0000 0870

3. Service Type

☒ **CERTIFIED**

Date of Delivery

2-3-03

Received By: (Print Name)

J. Powell

Signature - (Addressee or Agent)

Mike Powell

Enter delivery address
if different than item 1.

PS Form 3811

DOMESTIC RETURN RECEIPT

ode: File:

7161 8863 9710 0000 0917

RETURN RECEIPT SERVICE	POSTAGE	\$0.87 .60	POSTMARK OR DATE JAN 31 2003
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 4.65
1/31/2003 11:45 AM		Code: File:	
Michael A. McMillan Teresa L. McMillan 118 West First Street Roswell, New Mexico 88201			

PS FORM 3800



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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: Michael A. McMillan Teresa L. McMillan 118 West First Street Roswell, New Mexico 88201 1/31/2003 11:45 AM		2. Article Number 7161 8863 9710 0000 0917	
Received By: (Print Name) J. Powell		3. Service Type <input checked="" type="checkbox"/> CERTIFIED Date of Delivery 2-3-03	
Signature - (Addressee or Agent) Jackie Powell		Enter delivery address if different than item 1.	
PS Form 3811 Code:		DOMESTIC RETURN RECEIPT	

7161 8863 9710 0000 0924

RETURN RECEIPT SERVICE	POSTAGE	\$0.37 60	POSTMARK OR DATE JAN 31 2003 PS
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 46
1/31/2003 Code: 11:48 AM File: Keith E. McKamey Kay Ann McKamey 116 West First Street Roswell, New Mexico 88201			

PS FORM 3800

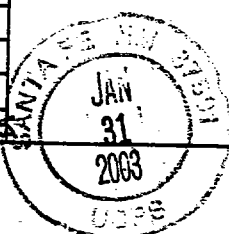


RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
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(SEE OTHER SIDE)

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: Keith E. McKamey Kay Ann McKamey 116 West First Street Roswell, New Mexico 88201 1/31/2003 11:48 AM		2. Article Number 7161 8863 9710 0000 0924	
Received By: (Print Name) Bari Bellicini		3. Service Type <input checked="" type="checkbox"/> CERTIFIED Date of Delivery 2-3-03	
Signature - (Addressee or Agent) Bari Bellicini		Enter delivery address if different than item 1.	
PS Form 3811 ode: File:		DOMESTIC RETURN RECEIPT	

7161 8863 9710 0000 0962

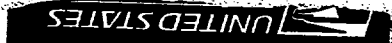
RETURN RECEIPT SERVICE	POSTAGE	\$0.37.60	POSTMARK OR DATE 
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
SENT TO:		TOTAL POSTAGE AND FEE	\$4.42 4.65
1/31/2003 Code: 1:52 PM File: William B. Owen Kay Owen 116 West First Street Roswell, New Mexico 88201			

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RECEIPT FOR CERTIFIED MAIL

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NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)


UNITED STATES

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.
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Hold at line over top of envelope to the right of the return address

Who will receive the following service (for an extra fee):

☐ Restricted Delivery
Consult postmaster for fee.

1. Article Addressed to: William B. Owen Kay Owen 116 West First Street Roswell, New Mexico 88201 1/31/2003 1:52 PM	2. Article Number 7161 8863 9710 0000 0962
Received By: (Print Name) <i>Bari Bellicini</i>	3. Service Type <input checked="" type="checkbox"/> CERTIFIED
Signature - (Addressee or Agent) <i>Bari Bellicini</i>	Date of Delivery <i>1-31-03</i>
PS Form 3811 ode: File:	Enter delivery address if different than item 1.

DOMESTIC RETURN RECEIPT

7161 8863 9710 0000 0863

RETURN RECEIPT SERVICE	POSTAGE	\$0.37.60	POSTMARK OR DATE JAN 31 2003
	RESTRICTED DELIVERY FEE	\$0.00	
	CERTIFIED FEE	\$2.30	
	RETURN RECEIPT FEE	\$1.75	
	TOTAL POSTAGE AND FEE	\$4.42 4.65	
SENT TO:			
1/31/2003 Code:			
11:24 AM File:			
McMillian Ventures, LLC 118 West First Street Roswell, New Mexico 88201			

PS FORM 3800



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 (SEE OTHER SIDE)

UNITED STATES POSTAL SERVICE

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 • 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.

Fold at line over top of envelope to the right of the return address

to receive the fee (for an extra fee):

<p>1. Article Addressed to:</p> <p>McMillian Ventures, LLC 118 West First Street Roswell, New Mexico 88201</p> <p>1/31/2003 11:24 AM</p> <p>Received By: (Print Name) <i>J. Powell</i></p> <p>Signature - (Addressee or Agent) <i>J. Powell</i></p>	<p><input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p> <p>2. Article Number</p> <p>7161 8863 9710 0000 0863</p> <p>3. Service Type <input checked="" type="checkbox"/> CERTIFIED</p> <p>Date of Delivery 2-3-03</p> <p>Enter delivery address if different than item 1.</p>
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PS Form 3811

code: File:

DOMESTIC RETURN RECEIPT