

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. 10782**

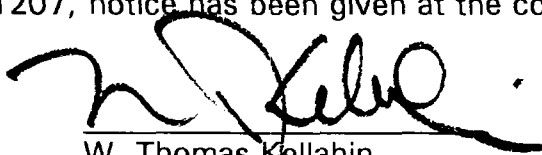
APPLICATION OF MARATHON OIL COMPANY  
FOR APPROVAL OF AN UNORTHODOX  
COAL GAS WELL LOCATION,  
SAN JUAN COUNTY, NEW MEXICO.

CERTIFICATE OF MAILING


AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Hallwood Petroleum Inc., states 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 June 12, 1993, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for July 29, 1993, to the parties shown in the application as evidenced by the attached copies of return receipt cards, 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 26 day of JUNE, 1993.

  
Notary Public

My Commission Expires:

June 9 1997

P 170 814 141



**Certified Mail Receipt**

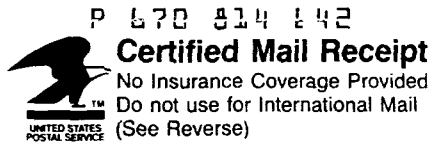
No Insurance Coverage Provided

Do not use for International Mail  
(See Reverse)

Bradley H. Keys  
P.O. Box 842  
Aztec, New Mexico 87410

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	



Margaret H. Keys  
P.O. Box 842  
Aztec, New Mexico 87410

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

P 070-834 040



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

R & G Drilling Company, Inc.  
P.O. Box 842  
Aztec, New Mexico 87410

PS Form 3800, June 1990

	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Atlantic Richfield Company  
P.O. Box 2819  
Dallas Texas 75221

4a. Article Number

P 674 814 636

4b. Service Type

☐ Registered ☒ Insured

☒ Certified ☒ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL 12 1993

5. Signature (Addressee)

6. Signature (Agent)

*[Handwritten Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
  2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Conoco Inc.  
P.O. Box 1150  
Midland, Texas 79702  
Attn: Mr. Jerry Hoover

4a. Article Number  
670 814 638

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
JUN 12 1981

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  


PS Form 3841, December 1981

★U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for an article you want to return.
- Complete items 3 and 4a & b.
- 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 the post office does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

If you wish to receive the following services for an extra fee:

- 1. ☐ Addressee's Address
  - 2. ☒ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Meridian Oil Inc.  
P.O. Box 4289  
Farmington, New Mexico  
87499  
Attn: Mr. Alan Alexander

4a. Article Number

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail

7. Date of Delivery

6-7-93

5. Signature (Addressee)

6. Signature (Agent)

*John Alexander*

8. Addressee's Address (Only if requested and fee is paid)

7-9-93

PS Form 3811, December 1991

U.S. GPO: 1992-225-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on this form? ☐ Yes ☐ No

<b>SENDER</b> Name Address City, State, ZIP		also wish to receive the following services (for an extra fee): 1 <input type="checkbox"/> Addressee's Address 2 <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3 Article Addressed to: <div>Amoco Production Company P.O. Box 800 Denver, Colorado Attn: Mr. Bill Hawkins</div>		4a Article Number P 636 814 637	
5 Signature (Addressee)		4b Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6 Signature (Agent)		7 Date of Delivery 1/12	
		8 Addressee's Address (Only if requested and fee is paid)	

PS Form 3841, December 1995 U.S. GPO 1995-552-202 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service

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

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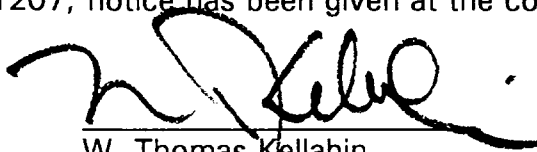
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CERTIFICATE OF MAILING

AND

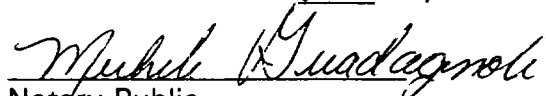
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W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 26 day of JUNE, 1993.



Notary Public

My Commission Expires:

June 9 1997



P 170 514 011

**Certified Mail Receipt**

No Insurance Coverage Provided

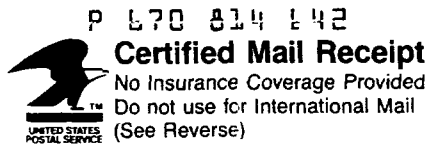
Do not use for International Mail

(See Reverse)

Bradley H. Keys  
P.O. Box 842  
Aztec, New Mexico 87410

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	



Margaret H. Keys  
P.O. Box 842  
Aztec, New Mexico 87410

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	



**Certified Mail Receipt**

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

R & G Drilling Company, Inc.  
P.O. Box 842  
Aztec, New Mexico 87410

PS Form 3800, June 1990

	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Atlantic Richfield Company  
P.O. Box 2819  
Dallas Texas 75221

4a. Article Number

P 674 814 636

4b. Service

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL 12 1993

5. Signature (Addressee)

6. Signature (Agent)

*A. Sawyer*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★ U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Conoco Inc.  
P.O. Box 1150  
Midland, Texas 79702  
Attn: Mr. Jerry Hoover

4a. Article Number

670 814 638

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☐ Return Receipt for Merchandise

7. Date of Delivery

JUN 12 1966

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)


*[Handwritten Signature]*

PS Form 3811, December 1961

\*U.S. GPO: 1962-323-402

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

<b>SENDER</b> <small>Print name and address of sender. If business, give full name of company or firm. If individual, give full name. If address is not known, give post office and city. If no address is known, give post office and city. If no address is known, give post office and city.</small>		I also wish to receive the following services for an extra fee: 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input checked="" type="checkbox"/> Restricted Delivery <small>Consult postmaster for fee.</small>	
3. Article Addressed to: Meridian Oil Inc. P.O. Box 4289 Farmington, New Mexico 87499 Attn: Mr. Alan Alexander		4a. Article Number 4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Collect <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery 6-7-93	
5. Signature (Addressee) 6. Signature (Sender) 		8. Addressee's Address (Only if requested and fee is paid) 7-9-93	
PS Form 3811, October 1991 Edition EPO: 1992-222-402-7 DOMESTIC RETURN RECEIPT			

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2.  
• Complete items 3 and 4.  
• Print your name and address on the reverse side of this card to 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 will show to whom the article was delivered and the date delivered.

also wish to receive the following services for an extra fee:  
1 ☐ Addressed and Insured  
2 ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
  
Amoco Production Company  
P.O. Box 800  
Denver, Colorado  
Attn: Mr. Bill Hawkins

4a. Article Number  
P 630 814 637  
4b. Service type:  
☒ Registered ☐ Insured  
☐ Certified ☐ Registered for Merchandise  
7. Date of Delivery  
12/12

5. Signature (Addressee)  
  
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
  
[Signature]

Thank you for using Return Receipt Service