

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

IN THE MATTER OF THE APPLICATION  
OF MERIDIAN OIL, INC. FOR  
UNORTHODOX COAL GAS WELL LOCATION  
AND A NON-STANDARD PRORATION UNIT,  
SAN JUAN COUNTY, NEW MEXICO

CASE NO. 10055

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054) I hereby certify that on August 1, 1990, 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 August 22, 1990, to the parties shown in the Application as evidenced by the attached copies of return receipt cards.

  
W. Thomas Kellahan

SUBSCRIBED AND SWORN to before me this 21 day of August, 1990.

  
Notary Public

My Commission Expires:

7-6-91

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
<u>Meridian</u>	EXHIBIT NO. <u>6</u>
CASE NO. <u>10055</u>	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
Northwest  
3539 E. 30th St  
Farmington, NM 87401

4. Article Number  
P 355 568 545

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *Lina Duggan*

7. Date of Delivery  
8-30-90

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

Meridian Paure # 271 / WTK 8-1-90

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
Amoco  
Box 800  
Denver, CO 80201

4. Article Number  
P 438 025 165

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
8-1-90

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

Meridian Paure # 271 / WTK 8-1-90

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

ILLEGIBLE