

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

IN THE MATTER OF THE APPLICATION
OF MERIDIAN OIL, INC. FOR
THREE (3) NON-STANDARD SPACING
AND PRORATION UNITS, BASIN
FRUITLAND COAL GAS POOL,
SAN JUAN COUNTY, NEW MEXICO

CASE NO. 10056

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 Keillahin

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


Notary Public

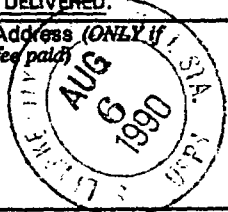
My Commission Expires:

7-6-91

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
<u>Meridian</u> EXHIBIT NO. <u>5</u>
CASE NO. <u>10056</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: <i>Northwest Pipeline Attn: Darrell Dillen PO Box 58900 Salt Lake City, UT 84158- meridian 3 NSPU (WTK) 0900</i>	4. Article Number <i>P 438 025 046</i>
5. Signature — Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>K McLoey</i>	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid) 

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: <i>Amoco Prod. Co PO Box 800 Denver Co. 80201 meridian 3 NSPU (WTK)</i>	4. Article Number <i>P 438 025 045</i>
5. Signature — Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

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

3. Article Addressed to: <i>Koch Exploration Co PO Box 225618 Wichita, KS 67201 meridian 3 NSPU (WTK)</i>	4. Article Number <i>P 438 025 044</i>
5. Signature — Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>L Wilmoth</i>	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

AUG - 6 1990

U.S.G.P.O. 1988-212-865

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

3. Article Addressed to: <i>Arco</i> <i>PO Box 1610</i> <i>Medford NJ 07702</i> <i>3 NSPU Medford (WTR)</i>	4. Article Number <i>P 438-025-043</i>
5. Signature — Address X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>AUG 6 1990</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

ILLEGIBLE