STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF GRAND PRODUCTION COMPANY FOR COMPULSORY POOLING, SAN JUAN COUNTY, NEW MEXICO

CASE NO. 10157

CERTIFICATE OF MAILING

AND

COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054) I hereby certify that on October 24, 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 November 14, 1990, to the parties shown in the Application as evidenced by the attached copies of return receipt cards.

Candace Hamann Callahan

SUBSCRIBED AND SWORN to before me this 13 day of November, 1990.

Notary Public

My Commission Expires:

7-6-91

BEFORE EXAMINER CATAMACH
OIL CONSERVATION DIVISION

__EXHIBIT NO. _E

CASE NO 10157

SENDER: Complete items 1 and 2 when additional ser	vices are desired, and complete items
O 3 and 4. Put your address in the "RETURN TO" Space on the reverse sid	
I from being returned to you. The return receipt fee will provide you	u the name of the person delivered to and
the date of delivery. For additional fees the following services a and check box(es) for additional service(s) requested.	re available. Consuit postmaster for fees
I 1. □ Show to whom delivered, date, and addressee's addre	ess. 2. Restricted Delivery (Extra charge)
	. Article Number
Stanley G. Budner	
17 Cumwood Drive	438_025_460 Type of Service:
Wilmington, DE 19803	Registered Insured
	Certified COD
RE: Grand Comp Pool (CHC)	Express Mail Return Receipt for Merchandise
	Nways obtain signature of addressee
1 RECEIVED 9CT 31 1990	ragent and DATE DELIVERED.
	B. Addressee's Address (ONLY if
W/W/ / Just	requested and fee paid)
6. Signature — Agerit	
X	
7. Date of Delivery	
10/29/40	
PS Form 3811, Apr. 1989	DOMESTIC RETURN RECEIPT
 ** The Principle of the Control of the	
SENDER: Complete items 1 and 2 when additional s	ないけんけい カード・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
Put you'r address in the "RETURN TO" Snace on the reverse s	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide 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 add	
(Extra charge)	(Extra charge)
3. Article Addressed to:	4. Article Number
Guy G. Stephenson	P-438-025 451
866 Summer Shade	Type of Service:
Memphis, TN 38116	Registered Insured COD
RE: Grand Comp Pool (CHC)	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
X AND STATES	requested and fee paid)
6. Signature — Agent	
x	自己的 医骨髓 医巨压 医二氏
7. Date of Delivery	
AHAM3	
PS Form 3811, Apr. 1989 ** u.s.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
HICODIE	
ILLEGIBLE	TARREST TO SERVICE TO THE SERVICE TO
SENDER: Complete items 1 and 2 when additional s	ervices are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services the date of delivery.	you the name of the person delivered to and are available. Consult postmaster for fees
the date of delivery. For additional action (s) requested	그리는 그 그리가 하늘 사고있는 일 방향 그런 하는 그리고 있다.
and check box(es) for additional service(s) reduced and addressee's additional service(s) reduced and redu	(Extra charge)
3. Article Addressed to:	4. Article Number
	P 4 38 2025 454
Virgil C. Witten	Type of Service:
1302 Zephyr 79702	Registered Insured
Plainview, TX 79702	□ Constitution □ Constitution □ Return Receipt for Merchandise
RE: Grand Comp Pool (CHC)	Always obtain signature of addressee
	or agent and DATE DELIVERED.
Address of the second of the s	8. Addressee's Address (ONLY if
5. Signature — Addressee	requested and fee paid)
×//while vinen	
6. Signature — Agent	
X Delivery	
7. Pate of Delivery	
3011 A 1090 +U.S.G.P.O. 1989-238-81	DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional 3 and 4. Put youl address in the "RETURN TO". Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: J. Paul Wilson 314 Potter Rd. North Kingston, RI 02852 RE: Grand Comp Pool (CHC)	4. Article Number P 438 25 448 Type of Service: Registered Insured Cod Express Mail Cod Return Receipt for Merchandise
5. Signature Addressee	Always obtain signature of addressee or agential DATE DELIVERED. 8. Addressee's Address (ONLY if
6. Signature – Agent	frequested and fee paid)
7. Date of Delbery PS Form 3811,08; 2989 *U.S.G.PO. 1989-238-81	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services.	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery
Ronald U. Kolb 3900 Dundee Rd, No. 103 Northbrook, IL 60062	(Extra charge) 4. Article Number P 438 025 449 Type of Service: Registered Insured Gertified COD
RE: Grand Comp Pool (CHC)	Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. S/gnature — Agent	8. Addressee's Address (ONLY if CE WED NOW 02) 1990
X 7. Date of Delivery \[\langle 0 - 30 - 90 \]	
S Form 3811, Apr. 1989 ** U.S.G.P.O. 1989-238-819 SENDER: Complete items 1 and 2 when additional 3 and 4.	Services are desired, and complete items
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's ac (Extra charge)	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available: Consult postmaster for fees
3. Article Addressed to: Mr. Stan Hansen 39 Riverside Ave., No. 213 Stanford, CN 06905	4. Article Number P 438 025 450 Type of Service:
RE: Grand Comp Pool (CHC)	Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee
5. Signature – Addressee X 6. Signature – Agent	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY 1988) requested and to 100 00000000000000000000000000000000
X Signature — Agent	KECRIT

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

P 438,025 453

***** ...

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL (See Reverse)

¢ U.S.G.P.O. 1989-234-555	Sent to Dr. William Fair	n	
1989-2	Street and No. 285 Governor St.		
G.P.O.	P.O. State and ZIP Code Providence, RI	02906	
☆ U.S	Postage	s .45	
	Certified Fee	.85	
	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt showing to whom and Date Delivered	.90	
1985	Return Receipt showing to whom. Date, and Address of Delivery		
June	TOTAL Postage and Fees	s 2.20	
PS Form 3800, June 1985	Postmark or Date RE: Grand Comp (CHC) 10/24		