

P 307 895 618

RECEIPT FOR CERTIFIED MAIL

U.S.G.P.O. 1985-29-794

Dugan Production Co. Post Office Box 208 Farmington, NM 87499	
Postage	
Postage Fee	
Restricted Delivery Fee	
Registered Mail Fee	
Insured Mail Fee	
Express Mail Fee	
TOTAL POSTAGE AND FEES	

7-1-86 CV

PS Form 3811, July 1983 447-845

SENDER: Completes items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
Dugan Production Co.
Post Office Box 208
Farmington, NM 87499

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895618

Always obtain signature of addressee or agent and **DATE DELIVERED.**

- Signature - Addressee
X *[Signature]*
- Signature - Agent
X
- Date of Delivery
7-1-86
- Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

P 307 895 619
 RECEIPT FOR CERTIFIED MAIL

1. Registered Mail Fee	
2. Certified Mail Fee	
3. Restricted Delivery Fee	
4. Return Receipt Fee	
5. Insured Mail Fee	
6. Express Mail Fee	
7. Signature Required Fee	
8. Signature Required Fee	
9. Signature Required Fee	
10. Signature Required Fee	

4-1-86 CV

PS Form 3811, July 1983 447-848

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Kenai Oil & Gas, Inc.
 1675 Larimer, Suite 500
 Denver, Colorado 80202

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895619

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X Malina Pierce

7. Date of Delivery
 7-17-86

8. Addressee's Address (ONLY if requested and see FCIM)

DOMESTIC RETURN RECEIPT

P 307 895 620

RECEIPT FOR CERTIFIED MAIL

Cotton Petroleum Co.
750 Ptarmigan Place
3773 Cherry Creek North
Denver, Colorado 80209

U.S.G.P.O. 1985-400-794

Weight Fee	
Special Delivery Fee	
Registered Mail Fee	
Insurance	
Signature Required	
Postage	

7-1-86 CV

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Cotton Petroleum Co.
750 Ptarmigan Place
3773 Cherry Creek North
Denver, Colorado 80209

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P307895620

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
7/1/86

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

DOMESTIC RETURN RECEIPT

P 307 895 621
 RECEIPT FOR CERTIFIED MAIL

A. G. Hill
 5000 Thanksgiving Tower
 Dallas, Texas 75201

Postage & Delivery Fee	
Registration Fee	
Insurance Fee	
Other Fees	

7-1-86 CV

PS Form 3811, July 1983 447-846

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 A. G. Hill
 5000 Thanksgiving Tower
 Dallas, Texas 75201

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895621

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Handwritten Signature]*

7. Date of Delivery
 7-1-86

8. Addressee's Address (ONLY if requested on 2 fee paid)

DOMESTIC RETURN RECEIPT

P 307 895 622
 RECEIPT FOR CERTIFIED MAIL

TO: Mobil Producing Texas Post Office Box 633 Midland, Texas 79702	
Postage Fee	
Service Charge Fee	
Insurance Fee	
Signature Fee	
Other Fees	

7-1-86 CV

U.S. POST OFFICE 1985 480794
 June 1985

PS Form 3811, July 1983 447-846

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 Mobil Producing Texas
 Post Office Box 633
 Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895622

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
[Handwritten Signature]

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

P 307 895 623

RECEIPT FOR CERTIFIED MAIL

Monsanto Oil Company
5051 Westheimer, Suite 1300
Houston, Texas 77056

7-1-86 CV

U.S.G.P.O. 1985-480-704

June 1985

PS Form 3811, July 1983 447-045

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
Monsanto Oil Company
5051 Westheimer, Suite 1300
Houston, Texas 77056

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 307 895 623

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Vern Howard*

7. Date of Delivery
7-1-86

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

DOMESTIC RETURN RECEIPT

P 307 895 624
RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

U.S.G.P.O. 1985 PS 490791

Oscar Abraham
525 Central, N.E.
Albuquerque, New Mexico 87102

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom and Address of Delivery	
Third Party Return Fee	

7-1-86 CV

CAMPBELL & BLACK, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CLAIM CHECK
782514

AER 25 21070EN1 07

OHOLD

JUL 14 1986

RETURN TO
NO FORWARDING ORD
UNABLE TO

Oscar Abraham

525 Central, N.E.

Albuquerque, New Mexico 87102

1ST NOTICE

2ND NOTICE

RETURN

P 307 895 624

Detached from
PS Form 3849-A
Oct. 1980

RETURN RECEIPT REQUESTED

P 307 895 625

RECEIPT FOR CERTIFIED MAIL

Reading & Bates Pet. Co.
3200 Mid-Continent Tower
Tulsa, Oklahoma 74103

U.S.C.P.O. 1981 409-701

1985

Postage Fee
Registration Fee
Insurance Fee
Restricted Delivery Fee
Signature Required Fee
Other Fees

7-1-86 CV

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
Reading & Bates Pet. Co.
3200 Mid-Continent Tower
Tulsa, Oklahoma 74103

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895625

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
7-1-86

8. Addressee's Address (On the reverse side of this receipt)

DOMESTIC RETURN RECEIPT

P 307 895 626
RECEIPT FOR CERTIFIED MAIL

Southern Union Exploration
Suite 1800, Renaissance Twr.
1201 Elm Street
Dallas, Texas 75270

7-1-86 CV

PS Form 3811, July 1983 447/945

SENDER: Complete items 1, 2, 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Southern Union Exploration Suite 1800, Renaissance Twr. 1201 Elm Street Dallas, Texas 75270	
4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 307 895 626 <input type="checkbox"/> Insured <input type="checkbox"/> COD
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery JUL 1 7 1986	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

P 307 895 627

RECEIPT FOR CERTIFIED MAIL

USE REVERSE

ESTABLISHED 1904

1985

Lynco Oil Corp.
5290 DTC Parkway
Englewood, Colorado 80111

Postage fee	
Registration fee	
Insurance fee	
Other fees	
Total	

7-1-86 CV

CAMPBELL & BLACK, P.A.

LAWYERS

1001 OLIVE BOX 2008

SANTA FE, NEW MEXICO 87504-2208



NOT DELIVERABLE AT ADDRESSEE
UNABLE TO FORWARD

DATE JUN 90 06:07LNN1 07/1

DATE

RETURN TO S
NO FORWARDING ORDE
UNABLE TO F

Lynco Oil Corp.

5290 DTC Parkway

Englewood, Colorado 80111

P 307 895 627

RETURN RECEIPT REQUESTED

CLAIM CHECK

700115

CHOLD

1ST NOTICE

2ND NOTICE

RETURN

Detached from
FD-36 (Rev. 3-8-81)
Oct. 1980

P 307 895 628

RECEIPT FOR CERTIFIED MAIL

U.S. POST SERVICE

TO:	Shar-Alan Oil Corp. 4101 E. Louisiana Ave. Denver, Colorado 80222
FROM:	
POSTAGE PAID:	
POSTAGE GUARANTEED:	
POSTAGE REFUND:	
POSTAGE PAID TO ADDRESSEE:	
POSTAGE PAID BY ADDRESSEE:	

7-1-86 CV

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Shar-Alan Oil Corp.
4101 E. Louisiana Ave.
Denver, Colorado 80222

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307 895 628

Always obtain signature of addressee or agent and DATE DELIVERED.

- Signature - Addressee
X
- Signature - Agent
X
- Date of Delivery
- Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

P 307 895 629
 RECEIPT FOR CERTIFIED MAIL

* U.S.G.P.C. 1985 447 945

To: Billie S. Werntz 606 Loma Linda Pl., S.E. Albuquerque, NM 87108	
Postage	
Postage Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	
Return Receipt showing actual date of delivery	
Signature of Addressee	

PS Form 3811, July 1983 447-945

4-1-86 CU

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Billie S. Werntz
606 Loma Linda Pl., S.E.
Albuquerque, NM 87108

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P 307 895 629

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
 4-1-86

8. Addressee's Address (Other than Registered or Restricted Delivery)

DOMESTIC RETURN RECEIPT

P 307 895 630

RECEIPT FOR CERTIFIED MAIL

NO ADDITIONAL FEES CHARGED FOR THIS SERVICE
POSTAGE WILL BE PAID BY ADDRESSEE

POSTAGE WILL BE PAID BY ADDRESSEE

Jicarilla Apache Tribe
Post Office Box 507
Dulce, New Mexico 87528

4-1-83 CV

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Jicarilla Apache Tribe
Post Office Box 507
Dulce, New Mexico 87528

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P307895630

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
[Handwritten Signature]

7. Date of Delivery
7/7/80

8. Addressee's Address (Print Name, Street, City, State, ZIP)

DOMESTIC RETURN RECEIPT

P 307 895 631
RECEIPT FOR CERTIFIED MAIL

Hon. Jim Baca
Commissioner/Public Lands
P. O. Box 1148
Santa Fe, NM 87504

7-1-86 CV

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Hon. Jim Baca Commissioner/Public Lands P. O. Box 1148 Santa Fe, NM 87504	
4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P307895631
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	
6. Signature - Agent X	
7. Date of Delivery	
8. Addressee's Address (ON REVERSE SIDE OF MAIL)	

DOMESTIC RETURN RECEIPT

P 307 895 632
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 UNLESS OTHERWISE NOTED

U.S. POST OFFICE

Bureau of Land Management
 Post Office Box 6770
 Albuquerque, NM 87107

U.S. POST OFFICE

7-1-86 CW

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:

Bureau of Land Management
 Post Office Box 6770
 Albuquerque, NM 87107

4. Type of Service:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | |

Article Number:

P307 895 632

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

R. Johnson

7. Date of Delivery

8. Addressee's Address (Only if recipient is not present)

DOMESTIC RETURN RECEIPT

P 307 895 633

RECEIPT FOR CERTIFIED MAIL

U.S. POSTAL SERVICE
NORTHWEST DIVISION

U.S. P.O. Form 3811, July 1983 447-945

Northwest Pipeline Corp.	
295 Chipeta Way	
Salt Lake City, Utah 84108	
	.22
	.75
	.60
	1.57

7/3/86

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 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 service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
Northwest Pipeline Corp.
295 Chipeta Way
Salt Lake City, Utah 84108

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P 307 895 633

Always obtain signature of addressee and DATE DELIVERED.

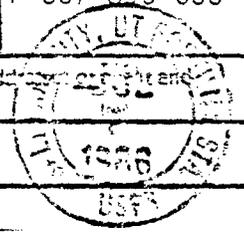
5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
7-7-86

8. Addressee's Address (UNIT if required and fee paid)

DOMESTIC RETURN RECEIPT



CAMPBELL & BLACK, P.A.

LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
J. SCOTT HALL
PETER N. IVES
JOHN H. BEMIS

GUADALUPE PLACE
SUITE 1110 NORTH GUADALUPE
POST OFFICE BOX 2206
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

July 1, 1986

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Amoco Production Company
Post Office Box 800
Denver, Colorado 80201

Re: Application of Benson-Montin-Greer Drilling Corp. for
Amendment of Division Order No. R-3401, Rio Arriba
County, New Mexico.

Dear Sirs:

This letter is to advise you of the application of Benson-Montin-Greer Drilling Corp. for amendment of New Mexico Oil Conservation Division Order No. R-3401. In this case, Benson-Montin-Greer is seeking the amendment of the Special Rules and Regulations promulgated for the West Puerto Chiquito-Mancos Oil Pool which include provisions for a gas-oil ratio of 2000 to 1. In this case, Benson-Montin-Greer seeks amendment of that Order to provide for a special gas-oil ratio of 1000 to 1 and the establishment of a production limitation factor of 400 barrels of oil per day for each 640-acre spacing unit in the pool.

This application has been set for hearing before the Oil Conservation Division on July 23, 1986. You are not required to attend this hearing, but as an interest owner in this area you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Very truly yours,

William F. Carr / @

William F. Carr

WFC/cv