

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

September 13, 1992

Mr. William J. LeMay
Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail, 2nd Floor
Santa Fe, New Mexico 87501

HAND DELIVERED

Re: Black Diamond Com. 8 No. 1 Well
Application of Meridian Oil Inc.
for a High Angle/Horizontal Direction
Drilling Pilot Project, Special
Operating Rules Therefor, including
A Non-Standard Oil Proration Unit,
and An Unorthodox Oil Well Location,
and A Special Project Allowable,
San Juan County, New Mexico

Dear Mr. LeMay:

On behalf of Meridian Oil Inc., please find enclosed our Application for a High Angle/Horizontal Direction Drilling Pilot Project as referenced above, which we request be set for hearing on the next available Examiner's docket now scheduled for October 7, 1993.

By copy of this letter and application, sent certified mail, we are notifying all interested parties within a 1/2 mile radius of the subject well of their right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application and failure to appear at the hearing may preclude them from any involvement in this case at a later date.

Mr. William J. LeMay
September 13, 1993
Page Two

Pursuant to the Division's Memorandum 2-90, all parties are hereby informed that if they appear in this case, then they are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, August 27, 1993, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

WTK/mg
Enclosure

cc: Mr. John Zent
Meridian Oil Inc.
Post Office Box 4289
Farmington, New Mexico 87499-4289

By Certified Mail - Return Receipt
All Parties Listed on Exhibit "C" of Application

PROPOSED ADVERTISEMENT

CASE 108-41 Application of Meridian Oil Inc. for a high angle/horizontal directional drilling pilot project and special operating rules therefor, San Juan County, New Mexico. Applicant seeks to initiate a horizontal drilling project in the Gallup formation, Horseshoe Gallup Oil Pool, underlying the W/2 of Section 8, T30N, R15W. Applicant proposes to drill its Black Diamond Com 18 No 1 Well by commencing at a standard well location in Unit D of Section 8, then kicking-off from vertical in a southeasterly direction commencing to build angle at an appropriate rate to vertically and horizontally traverse the proposed producing area. Applicant further seeks the adoption of special operating provisions and rules within the project area including the designation of a target window such that the horizontal or producing portion of the wellbore shall be no closer than 330 feet to any boundary of a non-standard spacing and proration unit consisting of the W/2 of said Section 8, and for a special project allowable. Said project is located approximately 5-1/2 miles north-northeast from Waterflow, New Mexico.

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:

Unleased Federal BLM
 P.O. Box 27115
 Santa Fe, NM 87502-7115

4a. Article Number

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

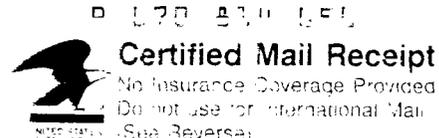
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Joseph 908

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Unleased Federal BLM
 P.O. Box 27115
 Santa Fe, NM 87502-7115

PS Form 3800, June 1990

Postage	\$
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	

mer.com

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.
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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:

Yates et al
P.O. Box 818
Artesia, NM 88211-0818

4a. Article Number
670 814 693

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

[Handwritten Signature]

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

mer com 8

Thank you for using Return Receipt Service.

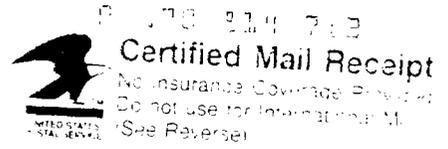


Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Yates et al
P.O. Box 818
Artesia, NM 88211-0818

PS Form 3800, June 1990

Postage	\$
Originating 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	\$
Postmaster's Date	



Martha A. Head
 1824 South Butler
 Farmington, NM 87401

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	

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:
 Martha A. Head
 1824 South Butler
 Farmington, NM 87401

4a. Article Number
 670 214 703

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 checked="" type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery
 9-17-93

5. Signature (Addressee)

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

6. Signature (Agent)
Stella Head

Thank you for using Return Receipt Service.

Certified Mail Receipt

Deborah E. Foulk
Silla L. Von Foulk
Concord St.
South Portland ME 06106

Postage	\$
Insurance	
Registered Mail Fee	
Signature Required	
Signature & Date Delivered	
Post Receipt Showing to Whom, Name & Address of Delivery	
Postage	\$
Signature of Date	

P L 70 844 702



KELLAHIN AND KELLAHIN

El Patio - 117 N. Guadalupe
P.O. Box 2265
Santa Fe, New Mexico 87504-2265

TO:

Deborah E. Foulk
Silla L. Von Foulk
31 Concord St.
South Portland ME 06106

FDUL031

041062018 1N 09/22/93

RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER



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:
 R. Sitta
 1008 N. Monterey
 Farmington, NM 87401

4a. Article Number
670 814 717

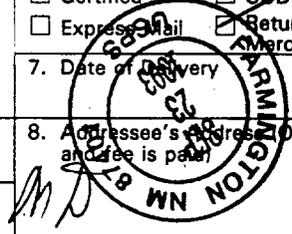
4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

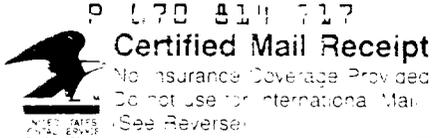
5. Signature (Addressee)

6. Signature (Agent)

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



Thank you for using Return Receipt Service.



R. Sitta
 1008 N. Monterey
 Farmington, NM 87401

Postage	\$
Insurance Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Envelope No. (Item & Date Delivered)	
Return Receipt Envelope No. (Item & Address of Delivery)	
TOTAL Postage & Fees	\$
Postmark (if Date)	

PS Form 3800 June 1989

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:
 Patricia Kilpsch
 505 Concho Drive
 Farmington, NM 87401

4a. Article Number
 670 814 714

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
 9-17-93

5. Signature (Addressee)
 Patricia Kilpsch

6. Signature (Agent)
 M. Rachael Kilpsch

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.

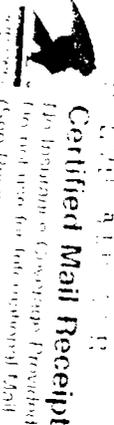


Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Patricia Kilpsch
 505 Concho Drive
 Farmington, NM 87401

Postage	\$
Delivery Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (hardcopy)	
Return Receipt (electronic)	
Return Receipt (hardcopy) (if requested)	
Return Receipt (electronic) (if requested)	
COD Fee	\$
Postmaster's Fee	

PS Form 3800 June 1990



Certified Mail Receipt
 The Postmaster's Receipts Provided
 For the use of International Mail
 Services (See Receipts)

1. Article Number	
2. Date of Receipt	
3. Description of Contents	
4. Address of Recipient	
5. Return Address	
6. Postage	\$

P 570 869 700
MAIL

KELLAHIN AND KELLAHIN
 El Patio - 117 N. Guadalupe
 P.O. Box 2265
 Santa Fe, New Mexico 87504-2265

Is your RETURN ADDRESS completed on the reverse?

1 and/or 2 for additional services 3, and 4a & b. and address on the reverse of this form so that we can deliver it 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.

3 Article Addressed to:
 Dorothy Clifton Majoy
 4609 West Desert Crest Drive
 Glendale, AZ 85301

4a Article Number
 670 814 700

4b Service Type
 Registered Insured
 Certified COI

5 Signature (Addressee)

6 Signature (Agent)

7 Date of Delivery

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

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991
 U.S. GPO: 1989-323-400
 DOMESTIC RETURN RECEIPT



01 1 11 11 11 11



Certified Mail Receipt
The Postmark & Coverage Provided
Do not use for International Mail
First-Class Permitted

Jerry Ronald Head
5400 Montgomery NE # 2128
Albuquerque, NM 87109

Postage	\$
Insurance	\$
Registration	\$
Other	\$
Total	\$

5 20 8 14 4 24

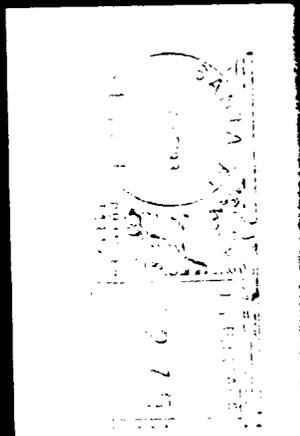
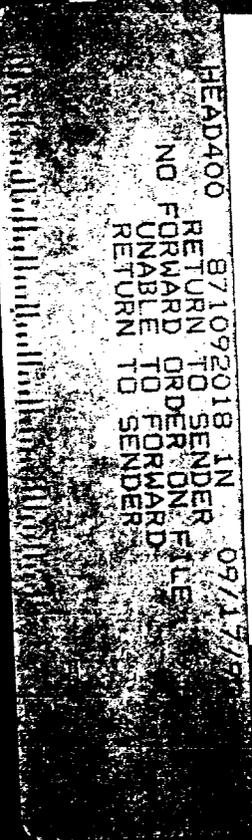


KELLAHIN AND KELLAHIN
El Patio - 117 N. Guadalupe
P.O. Box 2265
Santa Fe, New Mexico 87504-2265

TO:

Jerry Ronald Head
5400 Montgomery NE # 2128
Albuquerque, NM 87109

HEAD400 871092018 IN 09/11/9
RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER



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.
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- 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:

Richard M. Shiersoke
505 Vaquero Road
Arcadia, CA 91006

4a. Article Number
670 814 697

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery
9/17/93

5. Signature (Addressee)
Richard M. Shiersoke

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

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1991-323-402

DOMESTIC RETURN RECEIPT

Mer COM 8



Richard M. Shiersoke
505 Vaquero Road
Arcadia, CA 91006

Postage	\$
Contract 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	

PS Form 3800 June 1990

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):

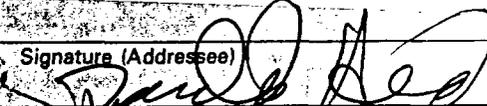
- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Donald Head
 1801 South Butler
 Farmington, NM 87401

4a. Article Number
 670 814720

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

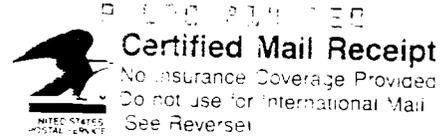
7. Date of Delivery
 9-17-93

5. Signature (Addressee)


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

6. Signature (Agent)

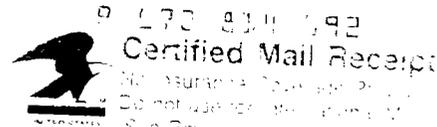
Use this form for mailing Return Receipt Service.



Donald Head
 1801 South Butler
 Farmington, NM 87401

Amount	\$
Carriage 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	

PS Form 3800, June 1990



Meridian Oil In.
P.O. Box 4289
Farmington, NM 87499-4289

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery Fee	
Return Receipt (Following)	
Insurance (When & Self-Insured)	
Return Receipt (When Not Insured)	
Other Charge	\$
Total	

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.
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- 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:

Meridian Oil In.
P.O. Box 4289
Farmington, NM 87499-4289

4a. Article Number
670 814 692

4b. Service Type

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

7. Date of Delivery
9-16-93

5. Signature (Addressee)

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

6. Signature (Agent)
John Hancock

MER COM 8



Certified Mail Receipt

U.S. POSTAL SERVICE
Domestic Return Receipt
PS Form 3811, December 1991

Hattie M. McClure Trust
2608 Arch Lane
Farmington, NM 87401

Message	S
Postage	
Postage Due	
Registered	
Return Receipt	
Return Receipt (Money Order & Telegram)	
Registered Mail (Money Order & Telegram)	
Postage	S

PS Form 3800, June 1990

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.
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- 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:

Hattie M. McClure Trust
2608 Arch Lane
Farmington, NM 87401

5. Signature (Addressee)

Agnes Palmer

6. Signature (Agent)

4a. Article Number

670 814 699

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

9-17-93

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

Mer Com 8



670 514 704

Certified Mail Receipt

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

Martha A. Head
1824 South Butler
Farmington, NM 87401

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	

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, and 4a & b.
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- 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:
Mable Head
c/o Agnes Head
2600 Arch Lane
Farmington, NM 87401

4a. Article Number
670 514 704

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

Agnes Palmer

7. Date of Delivery
9-17-93

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

MAR CON

Sender	
Street No.	
PO, State & ZIP Code	
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	

Stella Dell Head
 1824 South Butler
 Farmington, New Mexico
 87401

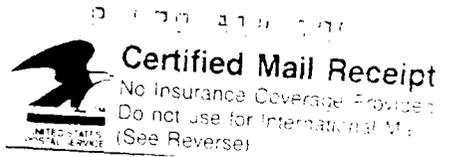
PS Form 3811, June 1990

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Stella Dell Head 1824 South Butler Farmington, New Mexico 87401		4a. Article Number 670 814 708	
		4b. Service Type <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	
		7. Date of Delivery 9-17-93	
5. Signature (Addressee) <i>Stella Head</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

Thank you for using Return Receipt Service.

Mer Con 8



Frederick J. Head
Opal Naomi Head
3116 Lac Palomac
Clovis, NM 88101

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Frederick J. Head Opal Naomi Head 3116 Lac Palomac Clovis, NM 88101 <i>Frederick J. Head</i>		4a. Article Number <i>670 814 706</i>	
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 <i>9/20/93</i>	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

670 814 703



Certified Mail Receipt

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

Sample

George J. Head Trust
c/o Lyle K. Head
2030 Airfield Ave
Kingman, AZ 86401

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
George J. Head Trust
c/o Lyle K. Head
2030 Airfield Ave
Kingman, AZ 86401

4a. Article Number
670 814 703

- 4b. Service Type
- Registered Insured
 - Certified COD
 - Express Mail Return Receipt for Merchandise

7. Date of Delivery
SEP 17 1993

5. Signature (Addressee)
Lyle K. Head

6. Signature (Agent)

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

Mer Com

Thank you for using Return Receipt Service.



Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Sent to

Helen Hayes P.R. of the
Mary Hodgson Deceased
1817 Butler Ave
Farmington, NM 87401

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.
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- 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:

Helen Hayes P.R. of the
Mary Hodgson Deceased
1817 Butler Ave
Farmington, NM 87401

4a. Article Number

670 814 701

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

9-17-93

5. Signature (Addressee)

Helen C. Hayes

6. Signature (Agent)

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

MER COMS

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ray D. Graham
1320 Morelia
Santa Fe, NM 87505

4a. Article Number
670 814 695

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
9-18-83

5. Signature (Addressee)

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

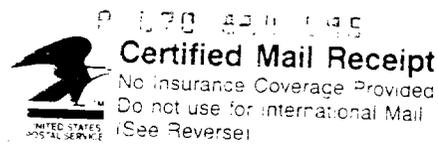
6. Signature (Agent)

Celine Graham

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

MER COM 8

Thank you for using Return Receipt Service.



Ray D. Graham
1320 Morelia
Santa Fe, NM 87505

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	

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

1. **Article Addressed to:**
 Deborah E. Foulk
 Silla L. Von Foulk
 31 Concord St.
 South Portland ME 06106

2. **Signature (Addressee)**

3. **Signature (Agent)**

4a. **Article Number**
670 814 702

4b. **Service Type**

- Registered
- Certified
- Express Mail

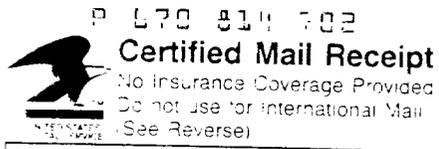
5. **Date of Delivery**

6. **Address of Addressee (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.



P 670 814 702
 Deborah E. Foulk
 Silla L. Von Foulk
 31 Concord St.
 South Portland ME 06106

	\$
Postage Fee	
Registered 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	

PS Form 3800, June 1990

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:
 EP Operating Company
 4849 Greenville Ave
 Suite 1200
 Dallas, Texas 75206

4a. Article Number
 670 814 694

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 9-17-93

5. Signature (Addressee)
Thamer

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

MER COM 8

Thank you for using Return Receipt Service.



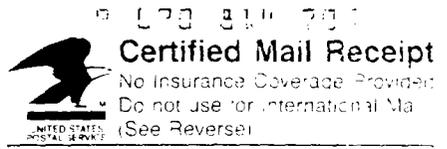
Certified Mail Receipt

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

EP Operating Company
 4849 Greenville Ave
 Suite 1200
 Dallas, Texas 75206

PS Form 3800, June 1990

Postage	3
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	3
Postmark or Date	<i>9-17-93</i>



Barbara Couture
 311 10th Street
 Alamosa, CO 81101

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing To Whom & Date Delivered	
Return Receipt Showing 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.
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- 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:
 Barbara Couture
 311 10th Street
 Alamosa, CO 81101

4a. Article Number
 670 814 705

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
 SEP 17 1993

5. Signature (Addressee)
Barbara Couture

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Mer COM

P 670 814 707



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

Sent to
**Midred Clifton
Foutz & Doug Foutz
606 South Miller Avenue
Farmington, NM 87401**

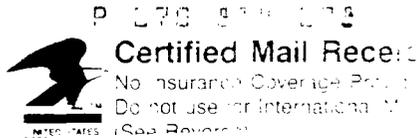
	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> • 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p>Midred Clifton Foutz & Doug Foutz 606 South Miller Avenue Farmington, NM 87401</p>	<p>4a. Article Number 670 814 707</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>7. Date of Delivery 9-17-93</p>
<p>5. Signature (Addressee)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature (Agent)</p> <p><i>Nellson Lane</i></p>	

Mick Combs



Amoco Production Company
 P.O. Box 800
 Denver, CO 80202

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	

PS Form 3800 June 1990

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Amoco Production Company P.O. Box 800 Denver, CO 80202	4a. Article Number 670 814 69
5. Signature (Addressee) 6. Signature (Agent)	4b. Service Type <input checked="" 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 7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)	

P 670 814 718



Certified Mail Receipt

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

Shirley P. Roberts
P.O. Box 932
Farmington, NM 87499

P/S 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	

0 70 814 774



Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Mable Head
c/o Agnes Head
2600 Arch Lane
Farmington, NM 87401

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 670 814 719



Certified Mail Receipt

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

Joan Winters
603 Leighton
Farmington, NM 87401

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	

PS Form 3800 June 1990

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:
Joan Winters
603 Leighton
Farmington, NM 87401

4a. Article Number
670 814 719

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Deanna Crowell

7. Date of Delivery
9/17/93

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

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 NOS. 10843
and 10844

APPLICATIONS OF MERIDIAN OIL INC.
FOR A HIGH ANGLE/HORIZONTAL DIRECTIONAL
DRILLING PILOT PROJECT, SPECIAL OPERATING
RULES, A SPECIAL PROJECT OIL ALLOWABLE,
AN UNORTHODOX OIL WELL LOCATION
AND A NON-STANDARD OIL PRORATION UNIT,
SAN JUAN COUNTY, NEW MEXICO.

5

CONSOLIDATED
PRE-HEARING STATEMENT

This pre-hearing statement is submitted by MERIDIAN OIL
INC. as required by the Oil Conservation Division.

APPEARANCE OF PARTIES

APPLICANT

MERIDIAN OIL INC.
P. O. Box 4289
Farmington, N.M. 87499
Attn: John Zent
(505) 326-9758

ATTORNEY

W. Thomas Kellahin
KELLAHIN AND KELLAHIN
P.O. Box 2265
Santa Fe, NM 87504
(505) 982-4285

STATEMENT OF CASES

APPLICANT:

Meridian Oil Inc. seeks approval for two high angle/horizontal directional drilling pilot projects for:

(1) Case 10843: its Black Diamond Com 18 Well No 1, San Juan County, New Mexico. The proposed project includes E/2 of Section 18, T30N, R15W, San Juan County, New Mexico, and

(2) Case 10844: its Black Diamond Com 8 Well No 1, San Juan County, New Mexico. The proposed project includes W/2 of Section 8, T30N, R15W, San Juan County, New Mexico, and

The spacing for the pool is 40 acres per unit and Meridian proposes a single 320-acre project area spacing and proration unit to be dedicated to the well for each case.

Applicant proposes to drill each well commencing at standard oil well location and to drill in a southeasterly direction so that the producing lateral will extend across each section but with the final end point of the producing lateral to be not closer than 330 feet to the outer boundary of the project area in each case.

The two high angle/horizontal wells are an attempt to increase the probability of encountering several natural fractures in the reservoir which may improve productivity over conventional wells.

In each case, Meridian seeks approval of:

- (1) A special 320-acre project area,
- (2) A drilling-producing window with 330 foot setbacks from the outer boundary of the project area,
- (3) The 320-acres as a non-standard proration and spacing unit with an allowable based upon the number of 40-acre tracts contacted by the wellbore;
- (4) An unorthodox well location so that the producing lateral can cross or encroach upon the interior 40-acre unit lines within the project area.

PROPOSED EVIDENCE

APPLICANT

WITNESSES	EST. TIME	EXHIBITS*
Paul Basinski (geologist)	15 min.	2
John Zent (landman)	5 min.	1
Chris Settle (petroleum engineer)	15 min.	2
Eric Bauer (drilling engineer) (drilling engineer)	10 min.	2

* the exhibits are the number for each case. The time is the total time for the presentation of both of the consolidated cases.

Pre-Hearing Statement
Case Nos. 10843 & 10844
Page 4

PROCEDURAL MATTERS

Case 10843 is to be consolidated with Case 10844

KELLAHIN AND KELLAHIN

By: 

W. Thomas Kellahin
P.O. Box 2265
Santa Fe, New Mexico 87504
(505) 982-4285

STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY



POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

October 25, 1993

RE: CASE NO. 10844
Order No. R-10001

Mr. Thomas Kellahin
Kellahin and Kellahin
Attorneys at Law
Post Office Box 2265
Santa Fe, New Mexico 87504-2265

Dear Mr. Kellahin:

Enclosed herewith are two copies of the above-referenced Division order recently entered in the subject case.

Sincerely,

A handwritten signature in cursive script that reads "Florene".

Florene Davidson
OC Staff Specialist

Copy of order also sent to:

Hobbs OCD x

Artesia OCD x

Aztec OCD x