DATE IN: 11/12/98	SUSPENSE 12/2/98	ENGINEER DC	LOGGED BY KV	TYPE DHC

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
2040 South Pacheco, Santa Fe, NM 87505

21360

ADMINISTRATIVE APPLICATION COVERSHEET

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATION FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]
[DD-Directional Drilling] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Directional Drilling

❑ NSL ❑ NSP ❑ DD ❑ SD

NOV 12 1998

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☒ DHC ❑ CTB ❑ PLC ❑ PC ❑ OLS ❑ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

❑ WFX ❑ PMX ❑ SWD ❑ IPI ❑ EOR ❑ PPR

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or ❑ Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ❑ Application is One Which Requires Published Legal Notice

[D] ❑ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ❑ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ❑ Waivers are Attached

[3] **INFORMATION / DATA SUBMITTED IS COMPLETE** - Certification

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. ***I understand that any omission of data (including API numbers, pool codes, etc.), pertinent information and any required notification is cause to have the application package returned with no action taken.***

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Print or Type Name	Signature	Title	Date

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
811 South First St., Artesia, NM 88210-2835
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410-1693

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 S. Pacheco
Santa Fe, New Mexico 87505-6429

APPLICATION FOR DOWNHOLE COMMINGLING

Form C-107-A
New 3-12-96

APPROVAL PROCESS :
_X_ Administrative ___Hearing

EXISTING WELLBORE
__ YES _x NO

Burlington Resources Oil & Gas Company — PO Box 4289, Farmington, NM 87499
Operator — Address

Johnston A Com C	9A	36-27N-6W	Rio Arriba
Lease	Well No.	Unit Ltr. - Sec - Twp - Rge	County

Spacing Unit Lease Types: (check 1 or more)

OGRID NO. __14538_____ Property Code _____ API NO. _30-039-not assigned Federal __ __, State __X___, (and/or) Fee _____

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	Blanco Mesaverde - 72319		Basin Dakota - 71599
2. Top and Bottom of Pay Section (Perforations)	will be supplied upon completion		will be supplied upon completion
3. Type of production (Oil or Gas)	gas		gas
4. Method of Production (Flowing or Artificial Lift)	flowing		flowing
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated or Measured Original	(Current) a. 514 psi (see attachment)	a.	a. 882 psi (see attachment)
	(Original) b. 1259 psi (see attachment)	b.	b. 2956 psi (see attachment)
6. Oil Gravity (°API) or Gas BTU Content	BTU 1167		BTU 1116
7. Producing or Shut-In?	shut-in		shut-in
Production Marginal? (yes or no)	no		yes
* If Shut-In and oil/gas/water rates of last production Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data	Date: n/a Rates:	Date: Rates:	Date: n/a Rates:
* If Producing, give data and oil/gas/water water of recent test (within 60 days)	Date: n/a Rates:	Date: Rates:	Date: n/a Rates:
8. Fixed Percentage Allocation Formula -% for each zone (total of %'s to equal 100%)	Oil: % Gas: % will be supplied upon completion	Oil: % Gas: %	Oil: % Gas: % will be supplied upon completion

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.

10. Are all working, overriding, and royalty interests identical in all commingled zones? ___Yes __X_No
If not, have all working, overriding, and royalty interests been notified by certified mail? _x_Yes ___No
Have all offset operators been given written notice of the proposed downhole commingling? _x_Yes ____No

11. Will cross-flow occur? _x__ Yes __ No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. __x___ Yes _____No (If No, attach explanation)

12. Are all produced fluids from all commingled zones compatible with each other? __x_ Yes ___ No

13. Will the value of production be decreased by commingling? ___ Yes _X_ No (If Yes, attach explanation)

14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application. _X__Yes ___ No

15. NMOCD Reference Cases for Rule 303(D) Exceptions: ORDER NO(S). _____

16. ATTACHMENTS:
* C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
* Production curve for each zone for at least one year. (If not available, attach explanation.)
* For zones with no production history, estimated production rates and supporting data.
* Data to support allocation method or formula.
* Notification list of all offset operators.
* Notification list of working, overriding, and royalty interests for uncommon interest cases.
* Any additional statements, data, or documents required to support commingling.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wayne Fletcher TITLE Production Engineer DATE 11-09-98

TYPE OR PRINT NAME B. Wayne Fletcher TELEPHONE NO. (505) 326-9700

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-10
Revised February 21, 199
Instructions on bac
Submit to Appropriate District Offic
State Lease - 4 Copie
Fee Lease - 3 Copie

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code	3 Pool Name
30-039-	72319/71599	Blanco Mesaverde/Basin Dakota

4 Property Code	5 Property Name	6 Well Number
7204	JOHNSTON A COM C	9A

7 OGRID No.	8 Operator Name	9 Elevation
14538	BURLINGTON RESOURCES OIL & GAS COMPANY	6644'

10 Surface Location

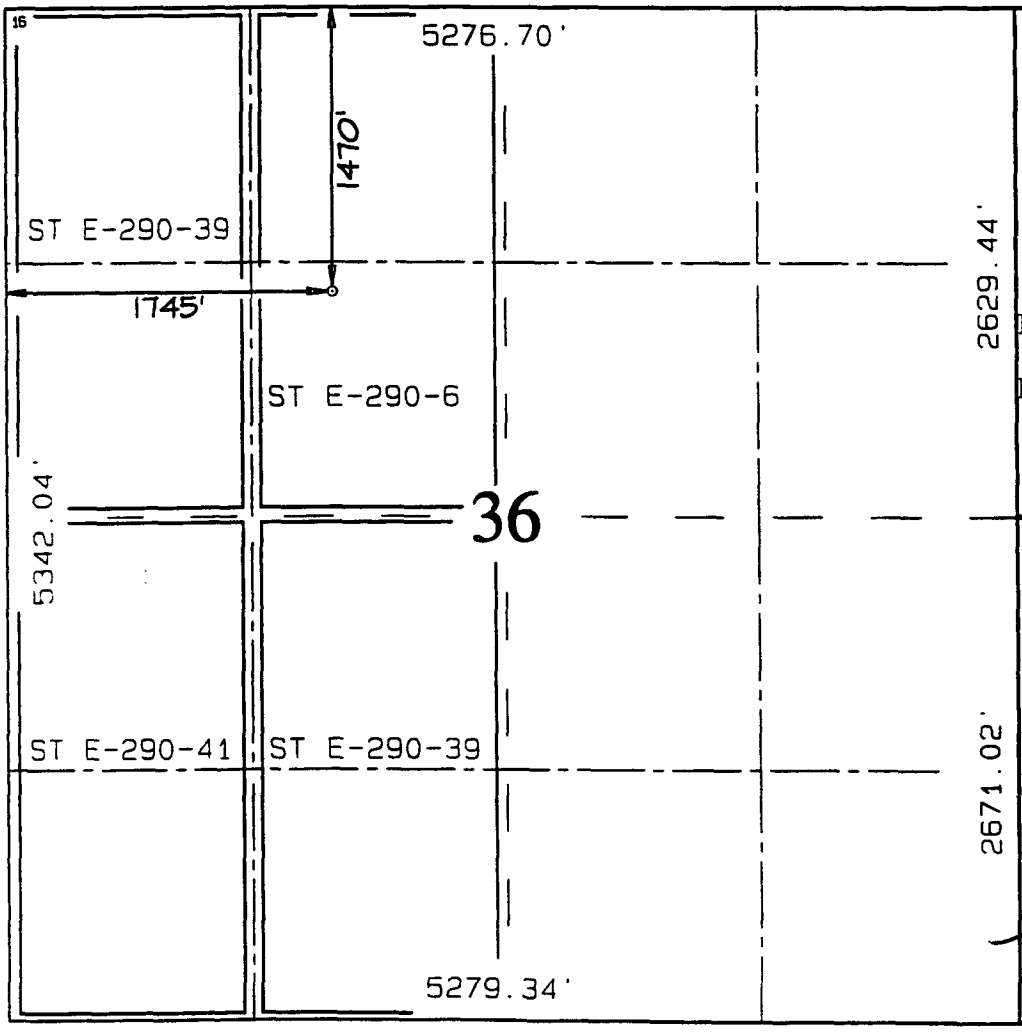
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	36	27N	6W		1470	NORTH	1745	WEST	RIO ARRIBA

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
MV-W/320 DK-W/320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Peggy Bradfield

Printed Name

Regulatory Administrato

Title

Date

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this was plotted from field notes of actual surveys made by or under my supervision, and that the same is true and correct to the best of my belief.

SEPTEMBER 3, 1998

Date of Survey

Signature and Seal of Professional Surveyor

NEALE C. EDWARDS
NEW MEXICO
6857
PROFESSIONAL SURVEYOR

Certificate Number

Page No.: 2
Print Time: Tue Oct 20 10:51:53 1998
Property ID: 1912
Property Name: SAN JUAN 28-6 UNIT | 70 | 53435A-1
Table Name: Q:\PUBLIC\GENTITY\GDPNOS\TEST.DBF

--DATE--	---CUM_GAS-- Mcf	M_SIWHP Psi
03/26/57	0	1084.0
05/03/57	0	1037.0
10/14/58	212000	921.0
03/13/59	257000	922.0
10/06/60	604000	787.0
12/20/61	797000	779.0
04/09/62	845000	745.0
03/19/63	957000	725.0
04/06/64	1051000	694.0
09/24/65	1229000	651.0
04/12/66	1274000	659.0
03/22/67	1337000	679.0
09/17/68	1439000	615.0
07/18/69	1491190	647.0
03/30/70	1537962	641.0
06/29/71	1613518	622.0
07/25/72	1679216	527.0
05/18/73	1725499	616.0
07/24/74	1782518	515.0
06/03/76	1863053	572.0
08/09/77	1930676	464.0
05/26/78	2020901	394.0
05/29/80	2141225	445.0
05/11/82	2203862	451.0
06/11/84	2254725	472.0
08/19/86	2301069	462.0
05/09/89	2340149	486.0
05/20/91	2362616	492.0
06/08/91	2362857	504.0
06/09/93	2389974	449.0

Johnston A Com C #9A
Mesaverde Offset

Page No.: 1
Print Time: Tue Oct 20 10:51:52 1998
Property ID: 1705
Property Name: SAN JUAN 28-6 UNIT | 110 | 50657A-1
Table Name: Q:\PUBLIC\GENTITY\GDPNOS\TEST.DBF

--DATE--	---CUM_GAS-- Mcf	M_SIWHP Psi
11/09/62	0	2439.0
12/12/62	0	2438.0
02/23/63	30000	1740.0
04/06/64	133000	1281.0
09/24/65	295000	822.0
04/12/66	352000	806.0
03/22/67	437000	830.0
04/01/68	519000	756.0
06/18/70	680492	652.0
06/29/71	746835	919.0
08/20/71	756000	807.0
07/25/72	811943	909.0
05/18/73	867918	887.0
05/16/75	995538	740.0
06/06/77	1112724	745.0
06/11/79	1221474	628.0
08/03/81	1330050	731.0
10/11/83	1421274	776.0
09/19/85	1515084	731.0
04/04/88	1603776	820.0
04/23/90	1686469	819.0
05/28/92	1764748	741.0

Johnston A Com C #9A
Dakota Offset

Johnston A com C #9A

Bottom Hole Pressures

Flowing and Static BHP

Cullender and Smith Method

Version 1.0 3/13/94

Mesaverde

MV-Current

GAS GRAVITY	0.691
COND. OR MISC. (C/M)	C
%N2	0.27
%CO2	1.35
%H2S	0
DIAMETER (IN)	2
DEPTH (FT)	5338
SURFACE TEMPERATURE (DEG F)	60
BOTTOMHOLE TEMPERATURE (DEG F)	137
FLOWRATE (MCFPD)	0
SURFACE PRESSURE (PSIA)	449
BOTTOMHOLE PRESSURE (PSIA)	513.5

MV-Original

GAS GRAVITY	0.691
COND. OR MISC. (C/M)	C
%N2	0.27
%CO2	1.35
%H2S	0
DIAMETER (IN)	2
DEPTH (FT)	5338
SURFACE TEMPERATURE (DEG F)	60
BOTTOMHOLE TEMPERATURE (DEG F)	137
FLOWRATE (MCFPD)	0
SURFACE PRESSURE (PSIA)	1084
BOTTOMHOLE PRESSURE (PSIA)	1258.9

Dakota

DK-Current

GAS GRAVITY	0.653
COND. OR MISC. (C/M)	C
%N2	0.13
%CO2	1.17
%H2S	0
DIAMETER (IN)	2.375
DEPTH (FT)	7543
SURFACE TEMPERATURE (DEG F)	60
BOTTOMHOLE TEMPERATURE (DEG F)	198
FLOWRATE (MCFPD)	0
SURFACE PRESSURE (PSIA)	741
BOTTOMHOLE PRESSURE (PSIA)	882.1

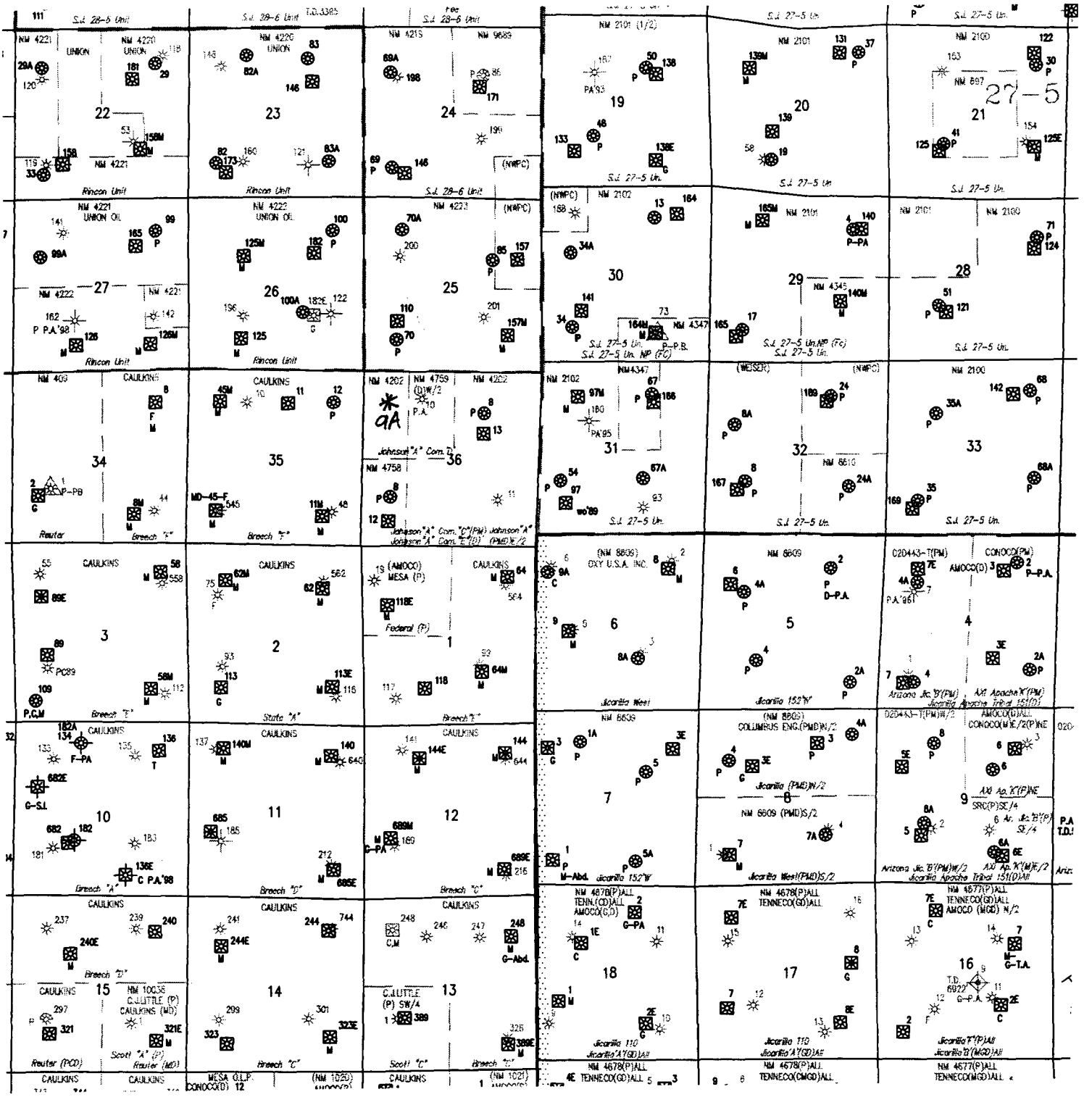
DK-Original

GAS GRAVITY	0.653
COND. OR MISC. (C/M)	C
%N2	0.13
%CO2	1.17
%H2S	0
DIAMETER (IN)	2.375
DEPTH (FT)	7543
SURFACE TEMPERATURE (DEG F)	60
BOTTOMHOLE TEMPERATURE (DEG F)	198
FLOWRATE (MCFPD)	0
SURFACE PRESSURE (PSIA)	2439
BOTTOMHOLE PRESSURE (PSIA)	2956.2

Johnston A Com C #9A

Blanco Mesaverde / Basin Dakota

27N-06W-36



BURLINGTON RESOURCES OIL AND GAS COMPANY

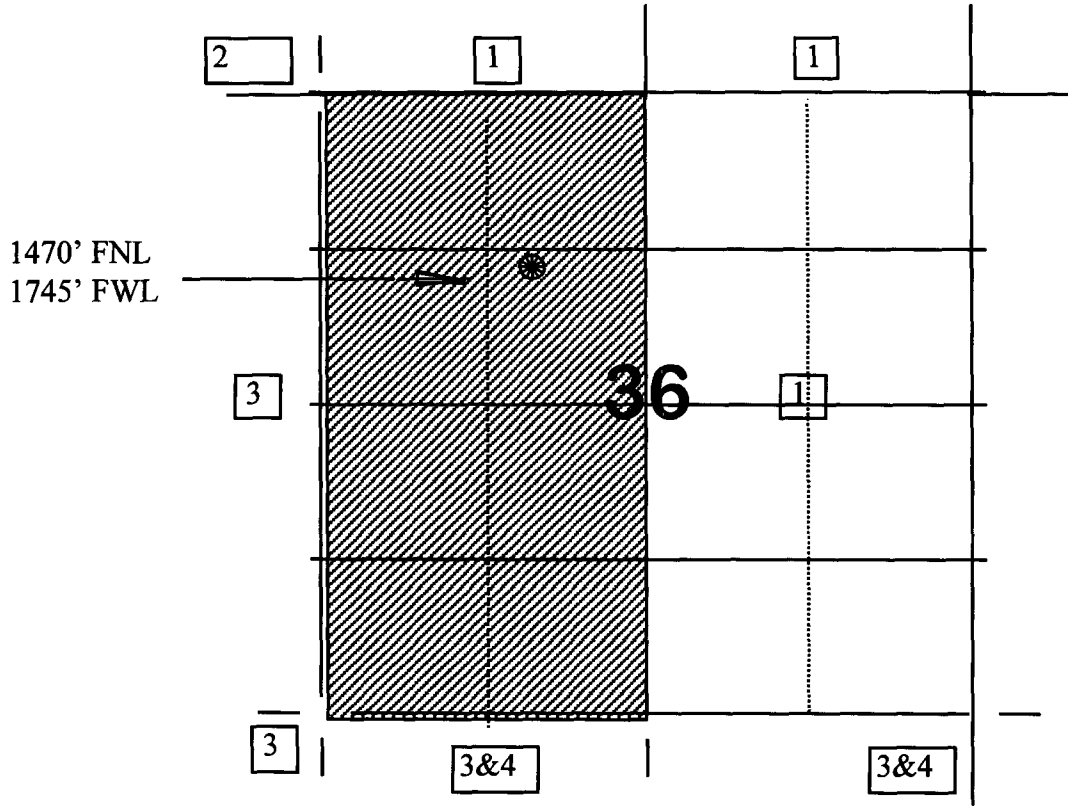
Johnston A Com C #9A

OFFSET OPERATOR/OWNER PLAT

Mesaverde & Dakota Formations

Commingle well

Township 27 North, Range 6 West



1) Burlington Resources

2) Union Oil Company of California
P.O. Box 3100
Midland, Texas 79702

3 Caulkins Oil Company
2100 Colorado Bank Building
Denver, CO 80202

4) Amoco Production Company
Attention: Steve Trefz
PO Box 800
Denver, CO 80201

PO Box 4289, Farmington NM 87499 (505) 599-4046 Fax

Burlington Resources
Information Services and Technology Group

Fax

To: David Catanach From: Peggy

Fax: Date:

Phone: Pages:

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Johnston A Com 9A

SENDER: Johnston A Com #9A

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

James Robert Beamon
2603 Augusta, Suite 1050
Houston, TX 77057

4a. Article Number
Z 554 656 782

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

7. Date of Delivery
12/2/98

5. Received By: (Print Name)
M. WEBER

6. Signature: (Addressee or Agent)
X M. Weber

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

5055994046 P.06

Z 554 656 780

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail (See reverse)

Sent to
Cathryn Beamon
Street & Number
1200 S. Dairy Ashford #141
Post Office, State, & ZIP Code
Houston, TX 77077

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$

Postmark or Date

PS Form 3800, April 1995

Johnston A Com 9A

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
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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:
Linda Jeanne Lundell Lindsey
PO BOX 631565
Nacogdoches, TX 75963-1565

4a. Article Number
Z 554 656 788

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

7. Date of Delivery
NACOGDOCHES TX 75961 NOV 17 1998 USPS

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Angela D. Lindsey

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A COm #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
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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:
Sharon Beamon Burns
4023 Arbor Way
Charlotte, NC 28211

4a. Article Number
Z 554 656 784

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

7. Date of Delivery
CHARLOTTE, NC NOV 19 1998 USPS
11-18-98

5. Received By: (Print Name)
Sharon Burns

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

6. Signature: (Addressee or Agent)
X Sharon Burns

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Amoco Production Company
Attn: Steve Trefz
PO BOX 800
Denver, CO 80201

4a. Article Number
Z 554 656 790

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

7. Date of Delivery
11-14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Carolyn Beamon Tilley
5225 Preston Haven
Dallas, TX 75229

4a. Article Number
Z 554 656 787

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

7. Date of Delivery
11-17-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Carolyn Tilley

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Johnston A Com 9A

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Robert Walter Lundell
2450 Fondren #340
Houston, TX 77063

4a. Article Number
Z 554 656 779

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

7. Date of Delivery
11/16/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Walt Lundell

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Caulkins Oil Company
2100 Colorado Bank Building
Denver, CO 80202 satisfied

4a. Article Number
Z 554 656 801

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

7. Date of Delivery
NOV 16 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A COm #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Susan Beamon Porter
319 Knipp Forest
Houston, TX 77024

4a. Article Number
Z 554 656 783

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

7. Date of Delivery
11-19-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Susan B Porter

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A Com C #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
State Land Office
PO BOX 1148
Santa Fe, NM 87504NM

4a. Article Number
Z 554 656 774

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SANTA FE NM NOV 13 1998 USPS 87501-9998

Johnston A Com 9A

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Claudia Marcia Lundell Gilmer
30 Golden Place
Woodlands, TX 77381

4a. Article Number: Z 554 656 789

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

7. Date of Delivery: NOV 1988

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Claudia Gilmer

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: JOhnston A com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Union Oil Company of California
PO BOX 3100
Midland, TX 79702

4a. Article Number: Z 554 656 802

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

7. Date of Delivery: NOV 17 1998

5. Received By: (Print Name) Denise

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Cross Timbers
PO BOX 840287
Dallas, TX ~~75284~~-0287

752

4a. Article Number: Z 554 656 781

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

7. Date of Delivery

5. Received By: (Print Name)
Doug Dobbins

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Johnston A Com #9A
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:
Wiser Oil Co.
8115 Preston Rd.,Suite 400
Dallas, TX 75225

4a. Article Number: Z 554 656 786

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

7. Date of Delivery: 11-16-98

5. Received By: (Print Name)

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

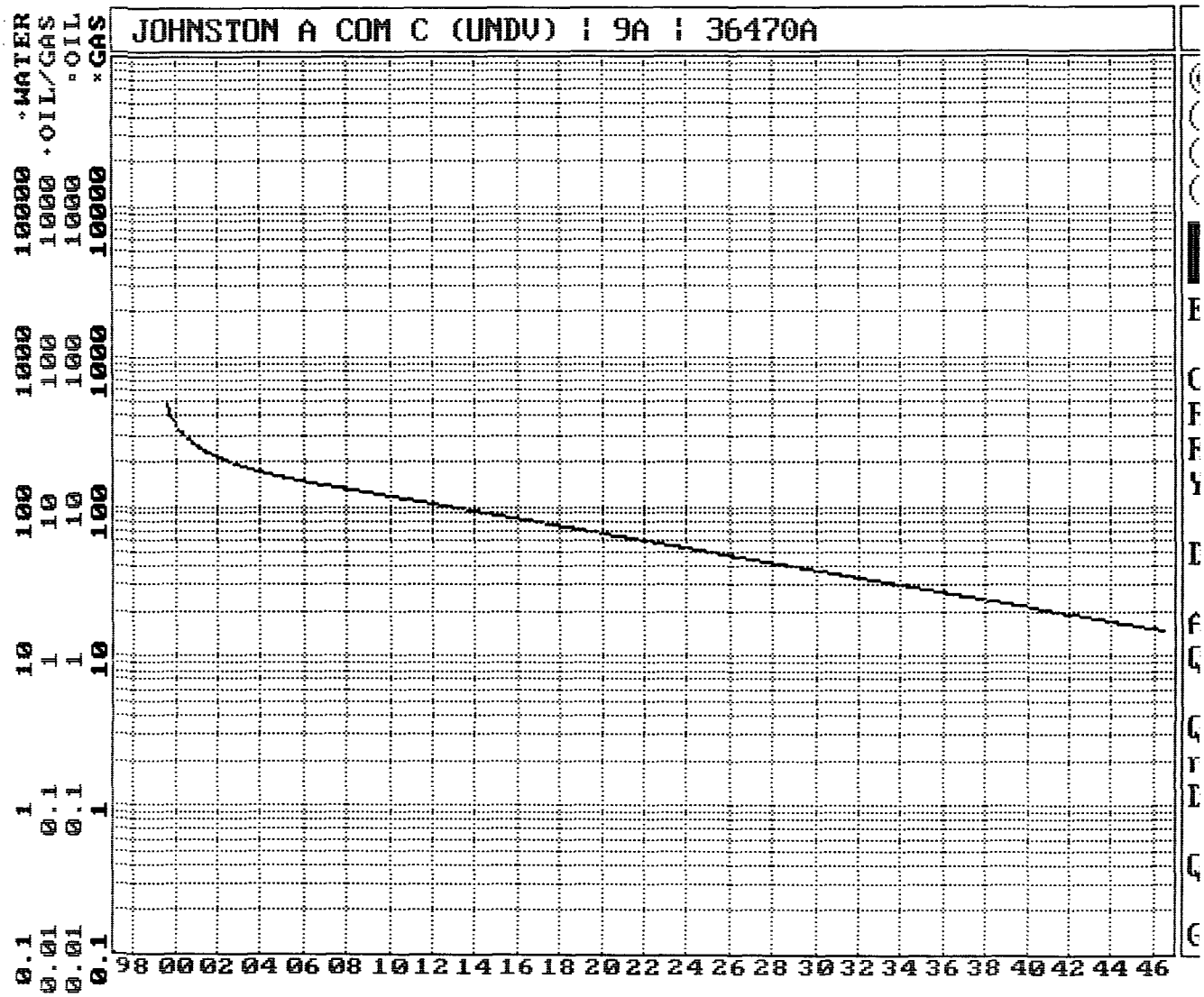
6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Johnston A Com C #9A

Expected Production Curve

Blanco Mesaverde



Johnston A Com C #9A

Expected Production Curve

Basin Dakota