OIL CONSERVATION DI

P.O. BOX 516 • AZTEC, NEW MEXICO 87410 • (505) 334-2555 September 15, 1992 '92 SEP 16 AM 8

Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

Re: Application for Non-Standard Location
Evergreen Operating Corporation
Schalk 32 #2
560'FSL 1800'FWL Sec. 32-T31N-R4W
Basin Fruitland Coal Gas Pool
Rio Arriba County, New Mexico

## Gentlemen:

Enclosed are the green "Return Receipt" cards showing the receipt of copies of the subject application by Amoco Production Company, Meridian Oil, Inc., Mitchell Energy Corporation and the US Forest Service.

If further information is needed, please contact us.

Yours very truly.

A. R. Kendrick

Enclosures

OIL CONSERVE ON DIVISION RECEIVED

'92 SEP 24 PM 8 43

## MERIDIAN OIL, INC.

P. O. Box 4289 Farmington, NewMexico 87499-4289

New Mexico Oil Conservation Division P.O. Box 2088 Santa Fe, New Mexico 87504-2088

Re: Waiver of Objection
Application for Non-Standard Location
Evergreen Operating Corporation
Schalk 32 \*2
560'FSL 1800'FWL of section 32, T31N, R4W

Gentlemen:

We, the Meridian Oil, Inc., as an offset owner hereby waive objection to the subject application.

Yours very truly,

MERIDIAN OIL, INC.

Date 9/23/92

3. Signature (Agend  *S Form 3811	5. Signature (Addressee)	and the date of delivery.  3. Article Addressed to:  Amoco Production Co. 32 1 P 9 P.O. Box 800 Ab Ser Denver, CO 80202	SENDER:  Complete items 1 and/or 2 for additional pervices.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so that we can etum this card to you.  Attach this form to the front of the malipiece, or, on the back it space loss not permit.  Write "Return Receipt Requested" on the malipiece below the article number.  The Bearing Bookst Feaulill provides the space of the permit.	And the person delivered Consult postmaster for fee.  1. Addressee's Address fee on extra fee):  1. Addressee's Address fee on extra fee on the back if space  2. Restricted Delivery from Consult postmaster for fee.  3.2. Anticle Number  4. Service Type  Ab. Service Type  Ab. Service Type  Consult fee on fee on the person delivery fee.  380  Consult fee on f	7. Date of Delivery  8. Addresses's Address (Only If requeste and fee is paid)  8. Addresses's Address (Only If requeste and fee is paid)
-287-068 DOMESTIC RETURN RECEIPT	<u>`</u>		riwe can fee):  Addressee's Address its number  2. Restricted Delivery	SENDER:  Complete items 3, and 4s & b.  Complete items 3, and 4s & b.  Complete items 3, and 4s & b.  Phint your name and address on the reverse of this form so that we can return this card for the form of the maniplece, or on the back it space does not permit.  Write neutral fecality fraquested on the maniplece below the article number.  Write feature Receipt Fee will provide you the signature of the person delivered to sind the date of delivery.  Anticle Addressed to the fractory Corp. 32. A.  Mitchelll Energy Corp. 32. A.  The Woodlands, TX 77380  The Replication of the person of the person delivery.  The Woodlands, TX 77380  Expr.	5. Signature Addressee) 6. Signature (Agent) PS Form 38 14 Addressee
PS Form 3811 Novepob	5. Signature (Addressee)	to and the date of delivery.  3. Article Addressed to: U.S. Fores Cobernador Blanco, NM	SENDER:  Complete iritims 1 and/or 2 to Complete iritims 3 and 4s & Print your name and address ferum this card to you.  Attach this form to the from does not permit.  Write "Return Receipt Request the Return Receipt Request or the Return Receipt Fee will print the Return Receipt Return Return Receipt Return Retu	S. Signature (Gent)  6. Signature (Gent)  8. Form \$811 Novemb	SENDER: Complete Items 11 and/or 2 to Complete Items 31 and 4a & Denti your name and address return the card to you. Attach this form to the front does not permit 17 if the court Request to and the date of delivery.

Blanco, NM 87412	Service 32 2	write in return Receipt Requested, on the malpled below the stock humber. The Return Receipt Fee will provide you the signature of the person delivered o and the date of delivery.	etum this card to you.  A tuach this form to the front of the melipiece, or on the back if space loss not permit.	SENDER: Complete items 1 and/or 2 for additional services Complete items 3 and 4a & b.	e de la companya de la prima por de parten en la companya de la proposición de la companya de la companya de l Les companya de la c	25 Form <b>381.1</b> ; November 1990., * U.S. apo: 1991—297-996 DOMESTIC	8. Signature (Agent)	Signature (Addressee)			P.O. Box 4289	Inc.	The Return Receipt Fee will provide you the signature of the person delivered or and the date of delivery.	etum this card to you.  Attach this form to the front of the malipiece, or on the back it space been to permit.  Write 'Return Receipt Requested' on the malipiece below the article number.	SENDER: Send/or 2 for additional services.  Complete Items 3 and 4a & 5 Send 4 Send 5 Send 5 Send 6
4b. Service Type  Registered Insured  Cortified COD  Express Mail Return Receipt for	4a. Article Number P 911 175 235	delivered Consult postmaster for fee.		following		DOMESTIC RETURN RECEIPT		8. Addressee's Address (Only if requested and fee is paid)	7: Date of Delivery 9-9-9-9-9	X Certified □ COD	Registered Insured	4a. Article Number P 911 175 234	Consult		Section 1.

1990 \*U.S. GPO: 1991-287-086 DOMESTIC RETURN RECEIPT

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

7. Date of Delivery 928-52