

BEFORE THE OIL CONSERVATION DIVISION  
NEW MEXICO ENERGY, MINERALS AND  
NATURAL RESOURCES DEPARTMENT

APPLICATION OF OCCIDENTAL PERMIAN FOR  
COMPULSORY POOLING, EDDY COUNTY, NEW  
MEXICO.

CASE NO. 13718

AFFIDAVIT

STATE OF NEW MEXICO       )  
) ss.  
COUNTY OF SANTA FE )

William F. Carr, attorney in fact and authorized representative of OXY USA WTP Limited Partnership, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

William F. Carr  
William F. Carr

SUBSCRIBED AND SWORN to before me this 2nd day of May 2006.

Barbara Ann Holt  
Notary Public

My Commission Expires:

3/28/06

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 13718 Exhibit No. 6  
Submitted by:  
OXY USA WTP LIMITED PARTNERSHIP  
Hearing Date: June 22, 2006

7001 1140 0002 9557 9603

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

Postage	\$ 1.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Postmark: SANTA FE NEW MEXICO APR 26 2006

Sent To:  
 Street, Apt. 1  
 or PO Box N  
 City, State, ZIP

**The Anderson-Malone Trust**  
 Post Office Box 87  
 Roswell, NM 88201

7001 1140 0002 9557 9573

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

Postage	\$ 1.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Postmark: SANTA FE NEW MEXICO APR 26 2006

Sent To:  
 Street, Apt. N  
 or PO Box N  
 City, State, ZIP

**Elizabeth Eaton**  
 2121 Biscayne Court  
 Highlands Ranch, CO 80126

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**The Anderson-Malone Trust**  
 Post Office Box 87  
 Roswell, NM 88201

2. Article Number (Copy from s

7001 1140 0002 9557 9603

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Elizabeth Eaton**  
 2121 Biscayne Court  
 Highlands Ranch, CO 80126

2. Article Number (Copy from s

7001 1140 0002 9557 9573

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7001 1140 0002 9557 9566

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only - No Insurance Coverage Provided)

Sent To: **Gilbert J. Eaton**  
Street, Apt. No.: **1843 Windover Way**  
or PO Box No.: **West Chester, PA 19382**  
City, State, ZIP+4

Return Receipt Fee (Endorsement Required) **0.40**  
Restricted Delivery Fee (Endorsement Required) **1.55**  
Total Postage & Fees **\$ 1.95**

Postmark: **SANTA FE NEW MEXICO APR 26 2006**

7001 1140 0002 9557 9559

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only - No Insurance Coverage Provided)

Sent To: **EOG Resources, Inc.**  
Street, Apt. No.: **Attn: Dan McCright**  
or PO Box No.: **P. O. Box 2267**  
City, State, ZIP+4: **Midland, TX 79702**

Return Receipt Fee (Endorsement Required) **0.40**  
Restricted Delivery Fee (Endorsement Required) **1.88**  
Total Postage & Fees **\$ 2.28**

Postmark: **SANTA FE NEW MEXICO APR 26 2006**

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Gilbert J. Eaton**  
**1843 Windover Way**  
**West Chester, PA 19382**

2. Article Number (Copy to)

7001 1140 0002 9557 9566

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **C. Eaton** B. Date of Delivery **5/8**C. Signature **C. Eaton** Agent ☒ Addressee ☐D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**EOG Resources, Inc.**  
**Attn: Dan McCright**  
**P. O. Box 2267**  
**Midland, TX 79702**

2. Article Number (Copy to)

7001 1140 0002 9557 9559

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Bel** B. Date of Delivery **5-15**C. Signature **Bel** Agent ☐ Addressee ☒D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

U.S. Postal Service  
**CERTIFIED MAIL-REGAL**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees

Postage  
 Certified Fee

\$ 1.63  
 2.40  
 1.55  
 \$ 4.88

SANTA FE NEW MEXICO 87501-8948  
 APR 26 1999  
 USPS

Sent To  
 Street, Apt. No.  
 or PO Box No.  
 City, State, ZIP

Anne S. Johnson  
 Post Office Box 490  
 Kechi, Kansas, 67067

7001 1140 0002 9557 9610

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees

Postage  
 Certified Fee

\$ 1.63  
 2.40  
 1.55  
 \$ 4.88

SANTA FE NEW MEXICO 87501-8948  
 APR 26 1999  
 USPS

Sent To  
 Street, Apt. No.  
 or PO Box No.  
 City, State, ZIP

S. K. Lawless  
 P. O. Box 1889  
 Midland, TX 79702

7001 1140 0002 9557 9634

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Anne S. Johnson  
 Post Office Box 490  
 Kechi, Kansas 67067

1. Article Addressed to:  
 2. Article Number (Copy from se  
 PS Form 3811, July 1999

7001 1140 0002 9557 9610

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
 Signature  
 B. Date of Delivery

C. Signature  
 D. Is delivery address different from item 1? If YES, enter delivery address below:

☒ Yes  
☐ No

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee)

☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

S. K. Lawless  
 P. O. Box 1889  
 Midland, TX 79702

1. Article Addressed to:  
 2. Article Number (Copy from serv  
 PS Form 3811, July 1999

7001 1140 0002 9557 9634

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
 Signature  
 B. Date of Delivery

C. Signature  
 D. Is delivery address different from item 1? If YES, enter delivery address below:

☒ Yes  
☐ No

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee)

☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.  
☐ Yes

DISPATCHED  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees

Postage \$1.63  
 Certified Fee \$2.40  
 Restricted Delivery Fee \$1.55  
 Total Postage & Fees \$5.58



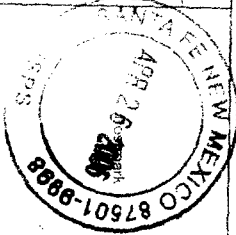
Sent To  
 M. Wayne Luna  
 Street, Apt. No. / P.O. Box No.  
 Midland, Texas 79702  
 City, State, ZIP+4

7001 1140 0002 9557 9627

U.S. POSTAL SERVICE  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees

Postage \$1.63  
 Certified Fee \$2.40  
 Restricted Delivery Fee \$1.55  
 Total Postage & Fees \$5.58



Sent To  
 Charles F. Malone Trust  
 Street, Apt. No. / P.O. Box No.  
 San Francisco, CA 94114  
 City, State, ZIP+4

7001 1140 0002 9557 9580

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

M. Wayne Luna  
 P.O. Box 1889  
 Midland, Texas 79702

2. Article Number (Copy in PS Form 3811, July 1999)  
 7001 1140 0002 9557 9627

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 Signature: *Ann Seely* 5-1-06  
 C. Signature  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Charles F. Malone Trust  
 4104 24th Street #551  
 San Francisco, CA 94114

2. Article Number (Copy in PS Form 3811, July 1999)  
 7001 1140 0002 9557 9580

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 Signature: *Ann Seely*  
 C. Signature  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Postage \$ 1.63  
 Certified Fee \$ 2.40  
 Return Receipt Fee (Endorsement Required) \$ 1.65  
 Restricted Delivery Fee (Endorsement Required) \$ 4.58  
 Total Postage & Fees \$ 10.26

Santa Fe, NM 87501-5998  
 APR 26 2006  
 USPS

Send To  
 Dr. Earl L. Malone  
 Post Office Box 87  
 Roswell, NM 88201  
 City, State, ZIP

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Postage \$ 1.63  
 Certified Fee \$ 2.40  
 Return Receipt Fee (Endorsement Required) \$ 1.65  
 Restricted Delivery Fee (Endorsement Required) \$ 4.58  
 Total Postage & Fees \$ 10.26

Santa Fe, NM 87501-5998  
 APR 26 2006  
 USPS

Send To  
 Marathon Oil Company  
 Attn: J. F. Rusnak  
 Post Office Box 3487  
 Houston, TX 77253-3487  
 City, State, ZIP

7001 1140 0002 9557 9528

7001 1140 0002 9557 9597

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Dr. Earl L. Malone  
 Post Office Box 87  
 Roswell, NM 88201

2. Article Number 7001 1140 0002 9557 9597

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* Agent

D. Is delivery address different from item 1? ☒ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Marathon Oil Company  
 Attn: J. F. Rusnak  
 Post Office Box 3487  
 Houston, TX 77253-3487

2. Article Number 7001 1140 0002 9557 9528

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *GEE* Agent  
 MAY 01 2006

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail only. No insurance coverage provided)

101777  
Sent to

Postage	\$ 1.63
Certified Fee	2.40
Return Receipt Fee (Indorsement Required)	1.55
Restricted Delivery Fee (Indorsement Required)	
Total Postage & Fees	\$ 4.85

Post Office Box 1889  
Midland, TX 79702

APR 26 2006  
SANTA FE NEW MEXICO  
USPS

7001 1140 0002 9557 9535

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail only. No insurance coverage provided)

101777  
Sent to

Postage	\$ 1.63
Certified Fee	2.40
Return Receipt Fee (Indorsement Required)	1.55
Restricted Delivery Fee (Indorsement Required)	
Total Postage & Fees	\$ 4.85

Post Office Box 993  
Midland, Texas 79702

APR 26 2006  
SANTA FE NEW MEXICO  
USPS

7001 1140 0002 9557 9542

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

V-F Petroleum, Inc.  
Post Office Box 1889  
Midland, TX 79702

2. Article Number (Cop) 7001 1140 0002 9557 9535

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Curtis Rivers	B. Date of Delivery 5/1/06
C. Signature Curtis Rivers	D. Agent Addressee [X] Yes [ ] No
D. Is delivery address different from item 1? [ ] Yes [X] No If YES, enter delivery address below:	

3. Service Type

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

4. Restricted Delivery? (Extra Fee) [ ] Yes [ ] No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Western Reserves Oil Co. Inc.  
Post Office Box 993  
Midland, Texas 79702

2. Article Number (Cop) 7001 1140 0002 9557 9542

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Curtis Rivers	B. Date of Delivery 5/1/06
C. Signature Curtis Rivers	D. Agent Addressee [X] Yes [ ] No
D. Is delivery address different from item 1? [ ] Yes [X] No If YES, enter delivery address below:	

3. Service Type

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

4. Restricted Delivery? (Extra Fee) [ ] Yes [ ] No

April 27, 2006

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS:**

Re: Application of OXY USA WTP Limited Partnership for compulsory pooling, Eddy County, New Mexico.

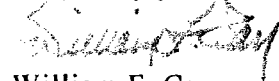
Ladies and Gentlemen:

This letter is to advise you that OXY USA WTP Limited Partnership has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of certain spacing and proration units in the W/2 of Section 4, Township 19 South, Range 28 East, NMPM, Eddy County, New Mexico. Said units will be dedicated to OXY USA WTP Limited Partnership's proposed Senita State Well No. 1 which it proposes to drill at a standard gas well location in the SW/4 NW/4 of said Section 4 to test all formations from the surface to the base of the Morrow formation.

This application has been set for hearing before a Division Examiner on May 25, 2006. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, 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.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr  
ATTORNEY FOR OXY USA WTP LIMITED PARTNERSHIP

cc: Mr. David Evans



**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION**

**IN THE MATTER OF THE APPLICATION  
OF OCCIDENTAL PERMIAN COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. \_\_\_\_\_**

**APPLICATION**

OXY USA WTP Limited Partnership, ("OXY") through its undersigned attorneys, hereby makes application pursuant to the provisions of NMSA 1978, §70-2-17, for an order pooling all mineral interests in all formations from the surface to the base of the Morrow formation in the following described spacing and proration units located in the W/2 of Section 4, Township 19 South, Range 35 East, N.M.P.M., Eddy County, New Mexico: the W/2 for all formations and/or pools developed on 320-acre spacing which includes but is not necessarily limited to the Undesignated South Millman-Morrow Gas Pool and the Undesignated Millman-Strawn Gas Pool; the NW/4 for all formations and/or pools developed on 160-acre spacing; and the SW/4 NW/4 for all formations and/or pools developed on 40-acre spacing which includes but is not limited to the Travis-Upper Pennsylvanian Pool and the Travis Wolfcamp Pool, and support of its application states:

1. OXY USA WTP Limited Partnership is a working interest owner in the W/2 of said Section 4 and has the right to drill thereon.

2. OXY proposes to dedicate the above-referenced spacing or proration units to its Senita State Well No. 1 to be drilled at a standard gas well location 1540 feet from the North line and 1070 feet from the West line (Unit E) of said Section 4, to an approximate depth of 11,400 feet to test any and all formations from the surface to the base of the Morrow formation.

3. OXY has sought and been unable to obtain a voluntary agreement for the development of these lands from certain interest owners in the subject spacing units who are identified on Exhibit A to this application.

4. Said pooling of interests will avoid the drilling of unnecessary wells, will prevent waste and will protect correlative rights.

5. In order to permit the OXY to obtain its just and fair share of the oil and gas underlying the subject lands, all mineral interests should be pooled, and OXY USA WTP Limited Partnership should be designated the operator of the well to be drilled.

WHEREFORE, OXY WTP Limited Partnership requests that this application be set for hearing before an Examiner of the Oil Conservation Division on May 25, 2006 and, after notice and hearing as required by law, the Division enter its order:

- A. pooling all mineral interests in the subject spacing and proration units,
- B. designating OXY USA WTP Limited Partnership operator of these units and the well to be drilled thereon,
- C. authorizing OXY USA WTP Limited Partnership to recover its costs of drilling, equipping and completing the well,
- D. approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures, and
- E. imposing a penalty for the risk assumed by OXY USA WTP Limited Partnership in drilling and completing the well against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

HOLLAND & HART LLP

By: 

WILLIAM F. CARR

Post Office Box 2208  
Santa Fe, New Mexico 87504  
Telephone: (505) 988-4421

ATTORNEYS FOR OXY USA WTP LIMITED  
PARTNERSHIP

**EXHIBIT A**

**APPLICATION OF  
OXY USA WTP LIMITED PARTNERSHIP.  
FOR COMPULSORY POOLING  
W/2 OF SECTION 4, TOWNSHIP 19 SOUTH, RANGE 28 EAST, N.M.P.M.  
EDDY COUNTY, NEW MEXICO.**

Marathon Oil Company  
Post Office Box 3487  
Houston, Texas 77253-3487  
Attn: J. F. Rusnak

V-F Petroleum, Inc.  
Post Office Box 1889  
Midland, Texas 79702

Western Reserves Oil Company Inc.  
Post Office Box 993  
Midland, Texas 79702

EOG Resources, Inc.  
Post Office Box 2267  
Midland, Texas 79702  
Attn: Dan McCright

Gilbert J. Eaton  
1843 Windover Way  
West Chester, Pennsylvania 19382

Elizabeth Eaton  
2121 Biscayne Court  
Highlands Ranch, Colorado 80126

Charles F. Malone Trust  
4104 24th Street #551  
San Francisco, California 94114

Dr. Earl L. Malone  
Post Office Box 87  
Roswell, New Mexico 88201

The Anderson-Malone Trust  
Post Office Box 87  
Roswell, New Mexico 88201

Anne S. Johnson  
Post Office Box 490  
Kechi, Kansas 67067

M. Wayne Luna  
Post Office Box 1889  
Midland, Texas 79702

S. K. Lawless  
Post Office Box 1889  
Midland, Texas 79702

**CASE \_\_\_\_\_: Application of OXY USA WTP Limited Partnership for compulsory pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order pooling all mineral interests from the surface to the base of Morrow formation in the following described spacing and proration units located in the W/2 of Section 4, Township 19 South, Range 35 East, N.M.P.M., Lea County, New Mexico: the W/2 for all formations and/or pools developed on 320-acre spacing which includes but is not necessarily limited to the Undesignated South Millman-Morrow Gas Pool and the Undesignated Millman-Strawn Gas Pool; the NW/4 for all formations and/or pools developed on 160-acre spacing; and the SW/4 NW/4 for all formations and/or pools developed on 40-acre spacing which includes but is not limited to the Travis-Upper Pennsylvanian Pool and the Travis Wolfcamp Pool. OXY proposes to dedicate the above-referenced spacing or proration units to its Senita State Well No. 1 to be drilled at a standard gas well location 1540 feet from the North line and 1070 feet from the West line (Unit E) of said Section 4. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of OXY USA WTP Limited Partnership as operator of the well and a charge for risk involved in drilling said well. Said area is located approximately 10 miles East of Lakewood, New Mexico.

CASE 13718: Application of OXY USA WTP Limited Partnership for compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order pooling all mineral interests from the surface to the base of Morrow formation in the following described spacing and proration units located in the W/2 of Section 4, Township 19 South, Range 35 East, N.M.P.M., Lea County, New Mexico: the W/2 for all formations and/or pools developed on 320-acre spacing which includes but is not necessarily limited to the Undesignated South Millman-Morrow Gas Pool and the Undesignated Millman-Strawn Gas Pool; the NW/4 for all formations and/or pools developed on 160-acre spacing; and the SW/4 NW/4 for all formations and/or pools developed on 40-acre spacing which includes but is not limited to the Travis-Upper Pennington Pool and the Travis Wolfcamp Pool. OXY proposes to dedicate the above-referenced spacing or proration units to its Santa State Well No. 1 to be drilled at a standard gas well location 1340 feet from the North line and 1070 feet from the West line (Unit E) of said Section 4. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for maintenance of OXY USA WTP Limited Partnership as operator of the well and expense for risk involved in drilling said well. Said area is located approximately 10 miles East of Lakewood, New Mexico. Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 28th day of April 2006.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Feamire, P.E., Director  
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Legal 19245

Copy of Publication

Affidavit of Publication

NO. 19245

STATE OF NEW MEXICO	
County of Eddy	
Gary D. Scott	being duly
sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached	
Legal Notice	
was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for	
1 Consecutive week/days on the same day as follows:	
First Publication	April 28 2006
Second Publication	
Third Publication	
Fourth Publication	

NOTICE OF PUBLICATION  
STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to New and Old Rules and Regulations of the Division of the following publications to be filed at 6:15 A.M. on May 23, 2006, in the Oil Conservation Division