

**KELLAHIN AND KELLAHIN**

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

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)

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

February 12, 1996

**HAND DELIVERED**

Mr. Michael E. Stogner  
Oil Conservation Division  
2040 South Pacheco  
Santa Fe, New Mexico 87505

Re: NMOCD Case 11454

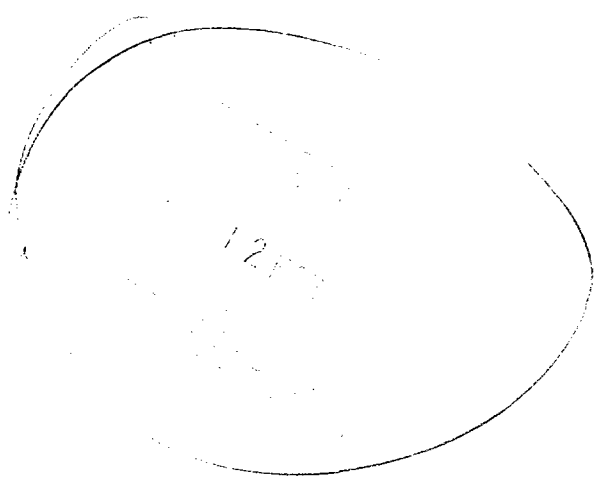
Dear Mr. Stogner:

Please find enclosed my certificate of mailing for the referenced case  
which you heard at the hearing on February 8, 1996.

Regards,



W. Thomas Kellahin



**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 NO. 11454**

Application of OXY USA, Inc.  
for Unorthodox Gas Well Location  
Eddy County, New Mexico.

**CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of OXY USA, Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 29th day of December, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for February 8, 1996, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

FEB 12 1996

  
W. Thomas Kellahin

OIL CONSERVATION DIVISION

SUBSCRIBED AND SWORN to before me on this 5th day of February, 1996.

  
Notary Public

My Commission Expires: June 15th, 1998

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, 1 and the date

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:  
JTI Inc.  
5801 E. 41st.  
Ste. 603  
Tulsa, OK 74135

4a. Article Number  
329 614506

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  
1-3-96

5. Signature (Addressee)

6. Signature (Agent)  
Carrie Kallhauser

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 506

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

JTI Inc.  
5801 E. 41st.  
Ste. 603  
Tulsa, OK 74135

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

0, April 1995

P 329 613 604

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

Parker & Parsley  
Development Company  
303 West Wall  
Ste. 101  
Midland, Texas 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 613 607

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

W.R. Beavers  
3609 Cedar Springs  
Dallas, Texas 75219

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

00, April 1995

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

he article number, 1 and the date

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:  
Parker & Parsley  
Development Company  
303 West Wall  
Ste. 101  
Midland, Texas 79701

4a. Article Number  
329 613 604

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  
1-3-96

5. Signature (Addressee)  
P. Parker

6. Signature (Agent)

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

e article number, 1 and the date

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:  
W.R. Beavers  
3609 Cedar Springs  
Dallas, Texas 75219

4a. Article Number  
329 613 607

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  
1-2

5. Signature (Addressee)

6. Signature (Agent)  
Ladonna Clayton

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

- 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

3. Article Addressed to:

W.D. Kennedy  
550 W. Texas  
Ste. 1255  
Midland, Texas 79701

5. Signature (Addressee)

6. Signature (Agent)

*W.D. Kennedy*

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

that we can

space

article number,  
and the date

4a. Article Number

329 614507

4b. Service Type

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

7. Date of Delivery

1-2-96

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

Thank you for using Return Receipt Service.

P 329 614 507

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

W.D. Kennedy  
550 W. Texas  
Ste. 1255  
Midland, Texas 79701

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

P 329 614 508

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Street & Number

M. Elizabeth Locker  
1610 Gulf  
Midland, Texas 79705

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

P 329 614 509

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Maralo, Inc.  
Five Post Oak Park  
Ste. 1010  
Houston, Texas 77027-3489

Certified fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

TOTAL Postage & Fees

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:

M. Elizabeth Locker  
1610 Gulf  
Midland, Texas 79705

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

that we can

ick if space

article number,  
and the date

4a. Article Number

329 614508

4b. Service Type

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

7. Date of Delivery

1-2-96

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

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:

Maralo, Inc.  
Five Post Oak Park  
Ste. 1010  
Houston, Texas 77027-3489

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

article number,  
and the date

4a. Article Number

329 614509

4b. Service Type

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

7. Date of Delivery

1-2-96

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

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.

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article Number: 329 614 503

Article Addressed to:  
Mark Owen  
Post Office Box 1799  
Midland, Texas 79702

4a. Article Number: 329 614 503

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

7. Date of Delivery: 1-2-96

5. Signature (Addressee):

6. Signature (Agent):

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 329 614 503

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

Mark Owen  
Post Office Box 1799  
Midland, Texas 79702

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

April 1995

P 329 614 504

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.

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article Number: 329 614 504

Article Addressed to:  
Michael D. Hayes  
P.O. Box 1799  
Midland, Texas 79702

4a. Article Number: 329 614 504

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

7. Date of Delivery: 1-2-96

5. Signature (Addressee):

6. Signature (Agent):

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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

Michael D. Hayes  
P.O. Box 1799  
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 505

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.

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article Number: 329 614 505

Article Addressed to:  
D.H. Essex Agency Account  
303 W. Wall  
Ste. 902  
Midland, Texas 79701

4a. Article Number: 329 614 505

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

7. Date of Delivery: 1-2-96

5. Signature (Addressee):

6. Signature (Agent):

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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

D.H. Essex Agency Account  
303 W. Wall  
Ste. 902  
Midland, Texas 79701

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	\$

3800 April 1995

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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.

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:

Chi Energy, Inc.  
Post Office Box 1799  
Roswell, New Mexico 88202

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

Thank you for using Return Receipt Service.

P 329 614 500

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Chi Energy, Inc.

Post Office Box 1799

Roswell, New Mexico 88202

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

P 329 614 501

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Don Hoffman

Quay Route

Tucumcari, NM 88401

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

P 329 614 502

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Maurice Mordka

1800 N. Grady

Tucson, AZ 85715

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

\$

3800 April 1995

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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.

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:

Don Hoffman  
Quay Route  
Tucumcari, NM 88401

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

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.

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:

Maurice Mordka  
1800 N. Grady  
Tucson, AZ 85715

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

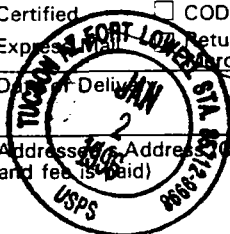
4b. Service Type

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

7. Date of Delivery

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

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, 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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Emmett Carlisle III  
Box 489  
McComb, MS 39648

4a. Article Number  
329 613 609  
4b. Service Type  
☐ Registered ☐ Certified  
☒ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery  
Jan 4 1995  
8. Addressee's Address (Only if requested and fee is paid)  
McComb, MS  
2  
USPS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 613 609

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Emmett Carlisle III  
Box 489  
McComb, MS 39648

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  
APR 4 / Fed 1 12/29/95

P 329 613 608

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

NRM 84-D Income Ltd.  
2121 San Jacinto St.  
Dallas, Texas 75201

P 329 613 605

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

John R. Seay  
1905 1st Nat. Bank Bldg.  
Midland, Texas 79701

PS Form 3800, April 1995

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	

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

PS Form 3800, April 1995

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	

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

P 329 613 606

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Burton Flat Investors Ltd.  
4925 Greenville Ave.  
Dallas, Texas 75206

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

3800 April 1995

Postmark or Date

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

PS

P 329 613 603

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Siete Oil & Gas Corporation  
PO Box 2523  
Roswell, New Mexico 88202

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

3800 April 1995

Postmark or Date

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995



**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 NO. 11454**

Application of OXY USA, Inc.  
for Unorthodox Gas Well Location  
Eddy County, New Mexico.

**CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of OXY USA, Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 29th day of December, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for February 8, 1996, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

  
W. Thomas Kellahin

 SUBSCRIBED AND SWORN to before me on this 5th day of February, 1996.

  
Notary Public

My Commission Expires: June 15th, 1998

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date

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:  
JTI Inc.  
5801 E. 41st.  
Ste. 603  
Tulsa, OK 74135

4a. Article Number  
329 614506

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

7. Date of Delivery  
1-3-96

5. Signature (Addressee)

6. Signature (Agent)  
Carrie Balthasar

Thank you for using Return Receipt Service.

P 329 614 506  
US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)  
Sent to  
JTI Inc.  
5801 E. 41st.  
Ste. 603  
Tulsa, OK 74135

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

P 329 613 604  
US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)  
Sent to  
Parker & Parsley  
Development Company  
303 West Wall  
Ste. 101  
Midland, Texas 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

P 329 613 607  
US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)  
Sent to  
W.R. Beavers  
3609 Cedar Springs  
Dallas, Texas 75219

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date

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:  
Parker & Parsley  
Development Company  
303 West Wall  
Ste. 101  
Midland, Texas 79701

4a. Article Number  
329 613 604

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

7. Date of Delivery  
1-2-96

5. Signature (Addressee)

6. Signature (Agent)  
Chavis

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date

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:  
W.R. Beavers  
3609 Cedar Springs  
Dallas, Texas 75219

4a. Article Number  
329 613 607

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

7. Date of Delivery  
1-2

5. Signature (Addressee)

6. Signature (Agent)  
Sadonna Clayton

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date delivered.

3. Article Addressed to:

W.D. Kennedy  
550 W. Texas  
Ste. 1255  
Midland, Texas 79701

5. Signature (Addressee)

6. Signature (Agent)

*Betsy L. Evans*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

that we can  
space  
article number,  
and the date

4a. Article Number

329 614507

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

1-2-96

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

Thank you for using Return Receipt Service.

P 329 614 507

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

W.D. Kennedy

550 W. Texas

Ste. 1255

Midland, Texas 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 508

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Street & Number

M. Elizabeth Locker

1610 Gulf

Midland, Texas 79705

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 509

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Maralo, Inc.

Five Post Oak Park

Ste. 1010

Houston, Texas 77027-3489

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

April 1995

TOTAL Postage & Fees

Oxy USA/ 4 Fed 1 01/25/96

December 29, 1995

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date delivered.

3. Article Addressed to:

M. Elizabeth Locker  
1610 Gulf  
Midland, Texas 79705

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

that we can  
space  
article number,  
and the date

4a. Article Number

329 614508

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

1-2-96

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

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:

Maralo, Inc.  
Five Post Oak Park  
Ste. 1010  
Houston, Texas 77027-3489

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

article number,  
and the date

4a. Article Number

329 614509

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

1-2-96

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

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.

Oxy USA/ 4 Fed 1 01/25/96 if space  
December 29, 1995 article number.  
delivered.

3. Article Addressed to:  
Mark Owen  
Post Office Box 1799  
Midland, Texas 79702

4a. Article Number  
329 614 503

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

7. Date of Delivery  
1-2-96

5. Signature (Addressee)

6. Signature (Agent)  
Anita Nash

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

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 503

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

Mark Owen  
Post Office Box 1799  
Midland, Texas 79702

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

April 1995

P 329 614 504

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

Michael D. Hayes  
P.O. Box 1799  
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 505

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

D.H. Essex Agency Account  
303 W. Wall  
Ste. 902  
Midland, Texas 79701

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	\$

3800 April 1995

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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.

Oxy USA/ 4 Fed 1 01/25/96 k if space  
December 29, 1995 article number.  
delivered.

3. Article Addressed to:  
Michael D. Hayes  
P.O. Box 1799  
Midland, Texas 79702

4a. Article Number  
329 614 504

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

7. Date of Delivery  
1-2-96

5. Signature (Addressee)

6. Signature (Agent)  
Anita Nash

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

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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.

Oxy USA/ 4 Fed 1 01/25/96 hat we can  
December 29, 1995 if space  
article number.  
delivered.

3. Article Addressed to:  
D.H. Essex Agency Account  
303 W. Wall  
Ste. 902  
Midland, Texas 79701

4a. Article Number  
329 614 505

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

7. Date of Delivery  
1-2-96

5. Signature (Addressee)

6. Signature (Agent)  
Anita Nash

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

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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.
- Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:  
Chi Energy, Inc.  
Post Office Box 1799  
Roswell, New Mexico 88202

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

329 614 500

4b. Service Type

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

7. Date of Delivery

1-2-96

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 500

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Chi Energy, Inc.  
Post Office Box 1799  
Roswell, New Mexico 88202

Certified fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

P 329 614 501

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Don Hoffman  
Quay Route  
Tucumcari, NM 88401

Certified fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

April 1995

P 329 614 502

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Maurice Mordka  
1800 N. Grady  
Tucson, AZ 85715

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

3800 April 1995

TOTAL Postage & Fees \$

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

P:

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.
- Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:  
Don Hoffman  
Quay Route  
Tucumcari, NM 88401

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

329 614 501

4b. Service Type

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

7. Date of Delivery

JAN 5

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

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.
- Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

3. Article Addressed to:  
Maurice Mordka  
1800 N. Grady  
Tucson, AZ 85715

5. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

329 614 502

4b. Service Type

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

7. Date of Delivery

JAN 2

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

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, 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:

Emmett Carlisle III  
Box 489  
McComb, MS 39648

4a. Article Number

329 613 609

4b. Service Type

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

7. Date of Delivery

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

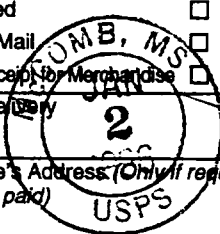
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Emmett Carlisle III*

PS Form 3811, December 1994

Domestic Return Receipt



Thank you for using Return Receipt Service.

P 329 613 609

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Emmett Carlisle III  
Box 489  
McComb, MS 39648

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

MD4 4/Fed 1 12/29/95

P 329 613 608

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

NRM 84-D Income Ltd.  
2121 San Jacinto St.  
Dallas, Texas 75201

P 329 613 605

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

John R. Seay  
1905 1st Nat. Bank Bldg.  
Midland, Texas 79701

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	

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

PS Form 3800, April 1995

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	

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

PS

P 329 613 606

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to

Burton Flat Investors Ltd.  
4925 Greenville Ave.  
Dallas, Texas 75206

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	\$

3800, April 1995

Postmark or Date

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

PS

P 329 613 603

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to

Siete Oil & Gas Corporation  
PO Box 2523  
Roswell, New Mexico 88202

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	\$

3800, April 1995

Postmark or Date

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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

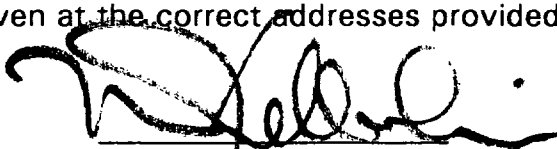
IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

**CASE NO. 11454**

Application of OXY USA, Inc.  
for Unorthodox Gas Well Location  
Eddy County, New Mexico.

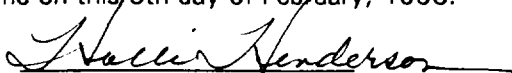
**CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of OXY USA, Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 29th day of December, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for February 8, 1996, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 5th day of February, 1996.



Notary Public

My Commission Expires: June 15th, 1998



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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date delivered.

3. Article Addressed to:  
JTI Inc.  
5801 E. 41st.  
Ste. 603  
Tulsa, OK 74135

4a. Article Number  
329 614506

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

7. Date of Delivery  
1-3-96

5. Signature (Addressee)

6. Signature (Agent)  
Carrie Kallhaas

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 506

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

Sent to  
JTI Inc.  
5801 E. 41st.  
Ste. 603  
Tulsa, OK 74135

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

0, April 1995

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date delivered.

3. Article Addressed to:  
Parker & Parsley  
Development Company  
303 West Wall  
Ste. 101  
Midland, Texas 79701

4a. Article Number  
329 613 604

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

7. Date of Delivery  
1-2-96

5. Signature (Addressee)

6. Signature (Agent)  
P. Parsley

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 613 604

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

Sent to  
Parker & Parsley  
Development Company  
303 West Wall  
Ste. 101  
Midland, Texas 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

0, April 1995

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

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

Article number, and the date delivered.

3. Article Addressed to:  
W.R. Beavers  
3609 Cedar Springs  
Dallas, Texas 75219

4a. Article Number  
329 613 601

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

7. Date of Delivery  
1-2

5. Signature (Addressee)

6. Signature (Agent)  
Sabonna Clayton

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 613 607

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

Sent to  
W.R. Beavers  
3609 Cedar Springs  
Dallas, Texas 75219

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

0, April 1995

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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  
 Oxy USA/ 4 Fed 1 01/25/96  
 December 29, 1995

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:  
 W.D. Kennedy  
 550 W. Texas  
 Ste. 1255  
 Midland, Texas 79701

4a. Article Number  
 329 614507

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

7. Date of Delivery  
 1-2-96

5. Signature (Addressee)  
 W.D. Kennedy

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

6. Signature (Agent)  
 Peter L. Evans

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 507

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

Sent to  
 W.D. Kennedy  
 550 W. Texas  
 Ste. 1255  
 Midland, Texas 79701

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 508

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

Sent to  
 M. Elizabeth Locker  
 1610 Gulf  
 Midland, Texas 79705

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 509

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

Sent to  
 Maralo, Inc.  
 Five Post Oak Park  
 Ste. 1010  
 Houston, Texas 77027-3489

Certified fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

Oxy USA/ 4 Fed 1 01/25/96  
 December 29, 1995

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  
 Oxy USA/ 4 Fed 1 01/25/96  
 December 29, 1995

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:  
 M. Elizabeth Locker  
 1610 Gulf  
 Midland, Texas 79705

4a. Article Number  
 329 614508

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

7. Date of Delivery  
 1-2-96

5. Signature (Addressee)  
 M. Elizabeth Locker

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

6. Signature (Agent)  
 M. Elizabeth Locker

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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  
 Oxy USA/ 4 Fed 1 01/25/96  
 December 29, 1995

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:  
 Maralo, Inc.  
 Five Post Oak Park  
 Ste. 1010  
 Houston, Texas 77027-3489

4a. Article Number  
 329 614509

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

7. Date of Delivery  
 1-2-96

5. Signature (Addressee)  
 Maralo, Inc.

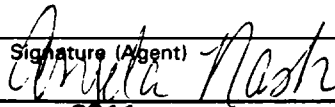
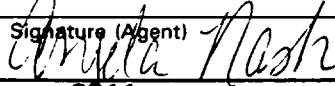
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
 Pat D. D. D.

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, and 4a &amp; b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li></ul> <p>Oxy USA/ 4 Fed 1 01/25/96 if space December 29, 1995 article number. and the date delivered.</p>		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: Mark Owen Post Office Box 1799 Midland, Texas 79702		4a. Article Number 329 614 503	
		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee) 		7. Date of Delivery 1-2-96	
6. Signature (Agent) 		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 503

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

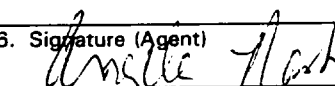
Mark Owen  
Post Office Box 1799  
Midland, Texas 79702

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

April 1995

P 329 614 504

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, and 4a &amp; b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li></ul> <p>Oxy USA/ 4 Fed 1 01/25/96 k, if space December 29, 1995 article number. and the date delivered.</p>		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: Michael D. Hayes P.O. Box 1799 Midland, Texas 79702		4a. Article Number 329 614 504	
		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery 1-2-96	
6. Signature (Agent) 		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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

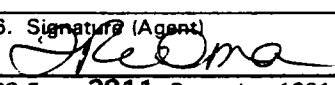
Michael D. Hayes  
P.O. Box 1799  
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 505

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, and 4a &amp; b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li></ul> <p>Oxy USA/ 4 Fed 1 01/25/96 hat we can December 29, 1995 if space article number. and the date delivered.</p>		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: D.H. Essex Agency Account 303 W. Wall Ste. 902 Midland, Texas 79701		4a. Article Number 329 614 505	
		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 checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery 1-2-96	
6. Signature (Agent) 		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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

D.H. Essex Agency Account  
303 W. Wall  
Ste. 902  
Midland, Texas 79701

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	\$

3800, April 1995

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

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 article.  
• **Oxy USA/ 4 Fed 1 01/25/96**  
• **December 29, 1995**  
Article number, 1 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:  
**Chi Energy, Inc.  
Post Office Box 1799  
Roswell, New Mexico 88202**

4a. Article Number  
**329 614 500**

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

7. Date of Delivery  
**1-2-96**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 329 614 500

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

**Chi Energy, Inc.  
Post Office Box 1799  
Roswell, New Mexico 88202**

Certified fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 501

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

**Don Hoffman  
Quay Route  
Tucumcari, NM 88401**

Certified fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

April 1995

P 329 614 502

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

**Maurice Mordka  
1800 N. Grady  
Tucson, AZ 85715**

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	\$

3800, April 1995

**Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995**

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 article.  
• **Oxy USA/ 4 Fed 1 01/25/96**  
• **December 29, 1995**  
Article number, 1 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:  
**Don Hoffman  
Quay Route  
Tucumcari, NM 88401**

4a. Article Number  
**329 614 501**

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

7. Date of Delivery  
**JAN 5**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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 article.  
• **Oxy USA/ 4 Fed 1 01/25/96**  
• **December 29, 1995**  
Article number, 1 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:  
**Maurice Mordka  
1800 N. Grady  
Tucson, AZ 85715**

4a. Article Number  
**329 614 502**

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

7. Date of Delivery  
**JAN 2**

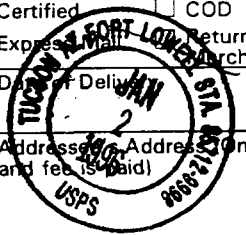
5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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, 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.

OXY 4 FED 1 12/29/95

3. Article Addressed to:

Emmett Carlisle III  
Box 489  
McComb, MS 39648

4a. Article Number

329 613 609

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Emmett Carlisle III*

PS Form 3811, December 1994

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service.

P 329 613 609

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Emmett Carlisle III  
Box 489  
McComb, MS 39648

PS Form 3800 April 1995

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	

OXY 4 Fed 1 12/29/95

P 329 613 608

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

NRM 84-D Income Ltd.  
2121 San Jacinto St.  
Dallas, Texas 75201

P 329 613 605

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

John R. Seay  
1905 1st Nat. Bank Bldg.  
Midland, Texas 79701

PS Form 3800 April 1995

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	

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

PS Form 3800 April 1995

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	

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

P 329 613 606

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Burton Flat Investors Ltd.  
4925 Greenville Ave.  
Dallas, Texas 75206

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

\$

3800, April 1995  
PS

Postmark or Date

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995

P 329 613 603

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Siete Oil & Gas Corporation  
PO Box 2523  
Roswell, New Mexico 88202

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

\$

3800, April 1995  
PS

Postmark or Date

Oxy USA/ 4 Fed 1 01/25/96  
December 29, 1995