

Mid-Continent Region
Production United States



P.O. Box 552
Midland, TX 79702-0552
Telephone 915/682-1626

July 9, 1997

CERTIFIED MAIL & RETURN
RECEIPT REQUESTED

WORKING INTEREST OWNERS
David Crockett 27 State No. 1
W/2 Section 27, T-18-S, R-28-E, N.M.P.M.,
Eddy County, New Mexico

Re: Operating Agreement

Dear Working Interest Owner:

Enclosed is an Operating Agreement with extra signature pages for the captioned well. The AFE and well proposal was mailed to you on June 16, 1997. If you plan to participate in this well, please execute and return the AFE and the extra signature pages to this Operating Agreement. If you do not plan to participate, we request that you either sell Marathon a term assignment covering your interest in this well or farmout your interest to Marathon under the terms outlined in our well proposal dated June 16, 1997.

If you have any questions, please call me at (915) 687-8490.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Tim Robertson'.

Tim Robertson, CPL
Advanced Landman

TBR:mmc'
Encl.

BEFORE THE
OIL CONSERVATION COMMISSION
Case No. 11834 Exhibit No. 4
Submitted By:
Marathon Oil Company
Hearing Date: August 21, 1997

WORKING INTEREST OWNERS
DAVID CROCKETT 27 STATE NO. 1

Mr. Robert Bullock
YATES PETROLEUM CORPORATION
105 S. Fourth St.
Artesia, NM 88210

Mr. Lee Scarborough
ATLANTIC RICHFIELD COMPANY
P. O. Box 1610
Midland, TX 79702-1610

Mr. Rusty Waters
LOUIS DREYFUS NATURAL GAS CORPORATION
14000 Quail Springs Prkwy., Ste. 600
Oklahoma City, OK 73134-2600

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Yates Pet. Corp. 1055 4th St. Artesia, NM 88210		4a. Article Number P245 774 713	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name) JOANN GRIGGS		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Joann Griggs			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Atlantic Richfield Co. PO BOX 1610 Midland, TX 79702-1610		4a. Article Number P245 774 712	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery JUL 11 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Doreen Ramsey			

PS Form 3811, December 1994 Domestic Return Receipt

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3. Article Addressed to: Davis Dufford Pet. Svc 1400 Quail Ave. Albany. Ste. 600 OKC, OK 73134-2600		4a. Article Number P245 774 711	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 7 14	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X D. Pearson			

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

ARTICLE XVI.
MISCELLANEOUS

This agreement shall be binding upon and shall inure to the benefit of the parties hereto and to their respective heirs, devisees, legal representatives, successors and assigns.

This instrument may be executed in any number of counterparts, each of which shall be considered an original for all purposes.

IN WITNESS WHEREOF, this agreement shall be effective as of 1st day of July, 1997.

OPERATOR
MARATHON OIL COMPANY

E. C. Potter
E. C. Potter, Attorney-in-Fact

NON-OPERATORS
YATES PETROLEUM CORPORATION

7-18-97

By: [Signature]
Its: Atty-in-Fact

ATLANTIC RICHFIELD COMPANY

By:
Its:

LOUIS DREYFUS NATURAL GAS CORPORATION

By:
Its:

A.A.P.L. FORM 610-1982

MODEL FORM OPERATING AGREEMENT

DAVID CROCKETT 27 STATE NO. 1

OPERATING AGREEMENT

DATED

July 1 , 19 97 ,

OPERATOR MARATHON OIL COMPANY

CONTRACT AREA W/2 Section 27, T-18-S, R-28-E, N.M.P.M.,

COUNTY ~~OR PARISH~~ OF Eddy STATE OF New Mexico

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AMERICAN ASSOCIATION OF PETROLEUM
LANDMEN, 2408 CONTINENTAL LIFE BUILDING,
FORT WORTH, TEXAS, 76102, APPROVED FORM.
A.A.P.L. NO. 610 - 1982 REVISED