

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:

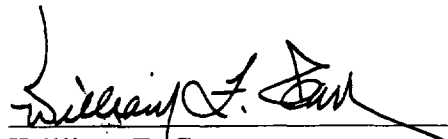
IN THE MATTER OF THE APPLICATION OF  
TEXACO EXPLORATION AND PRODUCTION INC.  
FOR CLARIFICATION, OR IN THE ALTERNATIVE  
AN EXCEPTION TO THE SPECIAL POOL RULES  
AND REGULATIONS FOR THE CATCLAW  
DRAW-MORROW GAS POOL,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 11868

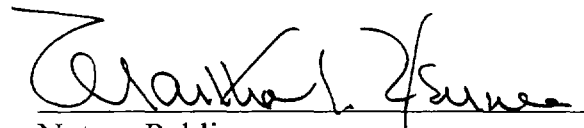
AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Texaco Exploration and Production Inc., the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of the New Mexico Oil Conservation Division, the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 29<sup>th</sup> day of October, 1997.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 14, 1999

## EXHIBIT A

Matador Petroleum Corporation  
8340 Meadow Road  
Dallas, TX 75231-3751

Holly Petroleum  
100 Crescent Court, Suite 1600  
Dallas, TX 75201

ICA Energy, Inc.  
Post Office Box 233  
Odessa, TX 79760-0233

Mewbourne Oil Company  
Post Office Box 7698  
Tyler, TX 75711

Chevron USA Inc.  
Post Office Box 1150  
Midland, TX 79702

Bureau of Land Management  
Post Office Box 27115  
Santa Fe, New Mexico 87502-0115

David Fasken and  
Fasken Land & Minerals, Ltd.  
303 W. Wall Ave., Suite 1900  
Midland, TX 79701

Union Oil Company of California  
Post Office Box 3100  
Midland, TX 79702

Penwell Energy Corporation  
600 N. Marienfeld  
Midland, TX 79701

Devon Energy Corporation  
20 N. Broadway, Suite 1500  
Oklahoma City, OK 73102

Hallwood Petroleum, Inc.  
Post Office Box 378111  
Denver, CO 80237

Bonneville Fuels Corporation  
1600 Broadway, Suite 1110  
Denver, CO 80202

State of New Mexico  
Post Office Box 1148  
Santa Fe, New Mexico 87504-1148

Brooks Oil & Gas Interests  
Post Office Box 225976  
Dallas, TX 75222

Dalton Kincheloe  
859 Petroleum Building  
Roswell, NM 88201

Roy L. McKay  
Post Office Box 2014  
Roswell, NM 88202

Hanesco, Inc.  
Post Office Box 182  
Roswell, NM 88202

Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702

Greenwade Oil Ltd.  
Post Office Box 1675  
Roswell, NM 88202

Barbara E. Hannifin  
Post Office Box 2588  
Roswell, NM 88202

Ralph Nix, a Partnership  
Post Office Box 440  
Artesia, NM 88211-0440

McKay Oil Corp.  
Post Office Box 2014  
Roswell, NM 88202

Adobe Resources 12-1  
Post Office Box 20581  
Albuquerque, NM 87154

Yates Drilling Company  
ABO Petroleum Corporation  
Myco Industries, Inc.  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210

and I further certify that on the 13th day of  
October, 1997 additional notice was  
provided to the following named  
individuals:

Robert L. Haynie  
5655 S. Yosemite, #106  
Englewood, CO 80111

Len Mayer  
1640 S. Quebec Way, Apt. 107  
Denver, CO 80231

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
ANTHONY F. MEDEIROS  
PAUL R. OWEN

JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

October 13, 1997

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

**TO ALL AFFECTED INTEREST OWNERS**

Re: *Application of Texaco Exploration and Production Inc. for Clarification, or in the Alternative an Exception to the Special Pool Rules and Regulations for the Catclaw Draw-Morrow Gas Pool, Eddy County, New Mexico*

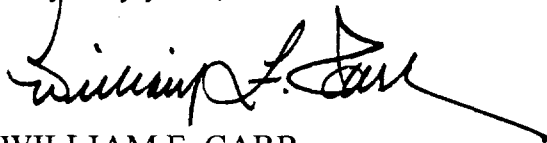
Gentlemen:

This letter is to advise you that Texaco Exploration and Production Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. You are the owner of an interest that may be affected by this application.

This matter has been set for hearing on the New Mexico Oil Conservation Commission's docket on October 30, 1997. You are not required to attend this hearing but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Pre-Hearing Statement substantially in the form prescribed in the Division. Pre-Hearing Statements should be filed by 4:00 p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR TEXACO EXPLORATION AND PRODUCTION INC.

WFC:mlh

Enc.

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:

Robert L. Haynie  
5655 S. Yosemite, #106  
Englewood, CO 80111

4a. Article Number

P 087 497 271

4b. Service Type

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

7. Date of Delivery

10-16-97

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

5. Received By: (Print Name)  
*Robert L. Haynie*

6. Signature: (Addressee or Agent)  
*Robert L. Haynie*

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 271



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Robert L. Haynie  
5655 S. Yosemite, #106  
Englewood, CO 80111

Postage	\$
Postage and Fees	
Restricted Delivery Fee	
Return Receipt Service Fee (if requested)	
Return Receipt Service Fee (if requested)	
1074c Postage & Fees	\$
Postmark or Date	October 13, 1997

PS Form 3800, June 1991

258

P 087 497 270



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Len Mayer  
1640 S. Quebec Way, Apt. 107  
Denver, CO 80231

PS Form 3800, June 1991

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date and Addressee's Address	
Total Postage & Fees	\$
Postmark or Date <i>October 13, 1997</i>	

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
ANTHONY F. MEDEIROS  
PAUL R. OWEN  
  
JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

October 9, 1997

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

**TO ALL AFFECTED INTEREST OWNERS**

Re: *Application of Texaco Exploration and Production Inc. for Clarification, or in the Alternative an Exception to the Special Pool Rules and Regulations for the Catclaw Draw-Morrow Gas Pool, Eddy County, New Mexico*

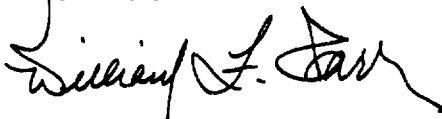
Gentlemen:

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Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR TEXACO EXPLORATION AND PRODUCTION INC.  
WFC:mlh  
Enc.

200

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:

Matador Petroleum Corporation  
8340 Meadow Road  
Dallas, TX 75231-3751

4a. Article Number

P 087 497 246

4b. Service Type

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

7. Date of Delivery

11-14-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 246



**Receipt for Certified Mail**

No Insurance Coverage Provided

Matador Petroleum Corporation  
8340 Meadow Road  
Dallas, TX 75231-3751

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Shipping to Whom & Date Delivered	
Return Receipt Shipping to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	OCT - 9 1997

PS Form 3800, June 1991



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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Holly Petroleum  
100 Crescent Court, Suite 1600  
Dallas, TX 75201

4a. Article Number

P 087 497 247

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 247



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Holly Petroleum  
100 Crescent Court, Suite 1600  
Dallas, TX 75201

Postage	\$
Insurance Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Merchandise Fee	
Return Receipt for Merchandise Fee	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	
OCT - 9 1997	

PS Form 3800, June 1991

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

### 3. Article Addressed to:

4a. Article Number

P 087 497 248

4b. Service Type

ICA Energy, Inc.

Post Office Box 233

Odessa, TX 79760-0233

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

## Domestic Return Receipt

**Thank you for using Return Receipt Service.**

P 087 497 248



# Receipt for Certified Mail

No Insurance Coverage Provided

ICA Energy, Inc.  
Post Office Box 233  
Odessa, TX 79760-0233

Postage	\$
Postmark Date	
Return Receipt (if any)	
Registered Letter (if any)	
Return Receipt (if any) to Addressee & Date Delivered	
Return Receipt (if any) to Addressee & Date Delivered - Address	
POSTAGE & FEE	\$ 3.00
Postmark or Date	
OCT - 9 1997	

PS Form **3800**, June 1991

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.
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- 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:

Mewbourne Oil Company  
Post Office Box 7698  
Tyler, TX 75711

4a. Article Number

P 087 497 249

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*M. Mewbourne*

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 087 497 249



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Mewbourne Oil Company  
Post Office Box 7698  
Tyler, TX 75711

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.80
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1993

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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Chevron USA Inc.  
Post Office Box 1150  
Midland, TX 79702

4a. Article Number

P 087 497 250

4b. Service Type

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

7. Date of Delivery

OCT 1 1997

5. Received By: (Print Name)

6. Signature of Addressee or Agent

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 250



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Chevron USA Inc.  
Post Office Box 1150  
Midland, TX 79702

Postage	\$
Certified Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.25
Postmark or Date OCT - 9 1997	

PS Form 3800, June 1991

265

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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Bureau of Land Management  
Post Office Box 27115  
Santa Fe, New Mexico 87502-0115

4a. Article Number

P 087 497 251

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

TOVY

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 251



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Bureau of Land Management  
Post Office Box 27115  
Santa Fe, New Mexico 87502-0115

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
ICMA: Postage & Fees	\$ 3.00
Postmark or Date	OCT - 9 1997

PS Form 3811 June 1994

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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

David Fasken and  
Fasken Land & Minerals, Ltd.  
303 W. Wall Ave., Suite 1900  
Midland, TX 79701

4a. Article Number

P 087 497 252

4b. Service Type

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

7. Date of Delivery

10-14 -

SNP

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 252



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

David Fasken and  
Fasken Land & Minerals, Ltd.  
303 W. Wall Ave., Suite 1900  
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date of Delivery	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date OCT - 9 1997	

PS Form 3800, June 1991

267

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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Union Oil Company of California  
Post Office Box 3100  
Midland, TX 79702

4a. Article Number

P 087 497 253

4b. Service Type

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

7. Date of Delivery

OCT 14 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 253



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Union Oil Company of California  
Post Office Box 3100  
Midland, TX 79702

Postage	\$
Restricted Delivery Fee	
Return Receipt Service Fee	
Return Receipt Service Fee to Addressee, Agent, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date: <b>OCT - 9 1997</b>	

PS Form 3800, June 1991

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

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

3. Article Addressed to:

Penwell Energy Corporation  
600 N. Marienfeld  
Midland, TX 79701

4a. Article Number

P 087 497 254

4b. Service Type

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

7. Date of Delivery

10/14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 254



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Penwell Energy Corporation  
600 N. Marienfeld  
Midland, TX 79701

Postage	\$
Postage Due	
Postage Refund, Fee	
Registration Fee, Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered to Addressee's Address	
To: Addressee's Address	\$ 3.00
Postmark or Date	OCT - 9 1997

PS Form 3800, June 1991



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:

Devon Energy Corporation  
20 N. Broadway, Suite 1500  
Oklahoma City, OK 73102

4a. Article Number

P 087 497 255

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 255



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Devon Energy Corporation  
20 N. Broadway, Suite 1500  
Oklahoma City, OK 73102

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date OCT - 9 1997	

PS Form 3800 June 1991

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:

Hallwood Petroleum, Inc.  
Post Office Box 378111  
Denver, CO 80237

4a. Article Number

P 087 497 256

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 256



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Hallwood Petroleum, Inc.  
Post Office Box 378111  
Denver, CO 80237

Postage	\$
Certified fee	
Special Delivery fee	
Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.8
Postmark or Date	OCT - 9 1997

PS Form 3800, June 1991

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

ALBUQUERQUE, NEW MEXICO 87504-2208

OCT 2 1997

NOTICE  
NOTICE  
RN

P 087 497 257



Receipt for  
Certified Mail

No Insurance Coverage Provided

Bonneville Fuels Corporation  
1600 Broadway, Suite 1110  
Denver, CO 80202

Postage	\$
Insurance Fee	
Registration Fee	
Receiver's Declaration	
Return Receipt Showing by Zip Code & Date Delivered	
Return Receipt Showing to Whom Delivered and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date OCT - 9 1997	

PS Form 3800, June 1994

1600 Broadway, Suite 1110  
Denver, CO 80202

1600 Broadway, Suite 1110  
Denver, CO 80202

CERTIFIED

P 087 497 257

MAIL

OCT 10 1997



State of New Mexico  
Post Office Box 1148  
Santa Fe, New Mexico 87504-1148

PS Form 3800, June 1991

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (allowing to Whom & Date Delivered)	
Return Receipt (showing within Date, and Addressee's Address)	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	OCT - 9 1997

Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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:  State of New Mexico Post Office Box 1148 Santa Fe, New Mexico 87504-1148		4a. Article Number P 087 497 258	
5. Received By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <b>X</b>		7. Date of Delivery OCT 14 1997	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) OCT 14 1997 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:

Brooks Oil & Gas Interests  
Post Office Box 225976  
Dallas, TX 75222

4a. Article Number

P 087 497 259

4b. Service Type

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

7. Date of Delivery

10/15/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 259



**Receipt for  
Certified Mail**

No Insurance Coverage

Brooks Oil & Gas Interests  
Post Office Box 225976  
Dallas, TX 75222

Postage	\$
Restricted Fee	
Return Receipt Fee	
Postnet Delivery Fee	
Insurance (Receipt shown to Addressee & Date Delivered)	
Return Receipt Shown to Addressee (with Addressee's Address)	
TOTAL Postage & Fees	\$ 2.50
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1991

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:

Dalton Kincheloe  
859 Petroleum Building  
Roswell, NM 88201

4a. Article Number

P 087 497 260

4b. Service Type

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

7. Date of Delivery

10-11-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 260



**Receipt for Certified Mail**

No Insurance Coverage Provided

Dalton Kincheloe  
859 Petroleum Building  
Roswell, NM 88201

Postage	\$
Handling Fee	
Domestic Return Receipt Fee	
Return Receipt Delivery Fee	
Return Receipt for Restricted Delivery	
Return Receipt for Restricted Delivery Date, if Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	10-11-97

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> ■ 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:  Roy L. McKay Post Office Box 2014 Roswell, NM 88202		4a. Article Number P 087 497 261	
5. Received By (Print Name) <i>Michael McKay</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) <i>X Michael McKay</i>		7. Date of Delivery <i>10-14-97</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 261



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Roy L. McKay  
 Post Office Box 2014  
 Roswell, NM 88202

Postage:	\$
Certified Fee:	
Special Delivery Fee:	
Restricted Delivery Fee:	
Return Receipt Showing to Whom & Date Delivered:	
Return Receipt Showing to Whom Date, and Addressee's Address:	
TOTAL Postage & Fees:	\$3.00
Postmark or Date <div style="text-align: center;">OCT - 9 1997</div>	

PS Form 3800, June 1993

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:

Hanesco, Inc.  
Post Office Box 182  
Roswell, NM 88202

4a. Article Number

P 087 497 262

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee if Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



Hanesco, Inc.  
Post Office Box 182  
Roswell, NM 88202

Postage	\$
Restricted Delivery Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1991



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:

Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702

4a. Article Number

P 087 497 263

4b. Service Type

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

7. Date of Delivery

10-14-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 10-14-97

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 263



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702

Postage	\$
Registration Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt and Stamp to Addressee & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1991

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:

Greenwade Oil Ltd.  
Post Office Box 1675  
Roswell, NM 88202

4a. Article Number

P 087 497 264

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 264



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Greenwade Oil Ltd.  
Post Office Box 1675  
Roswell, NM 88202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (mailing to Whom & Date Delivered)	
Return Receipt (mailing to Whom, Date, and Addressee's Address)	
FCM: Postage & Fees	\$ 3.00
Postmark or Date	OCT - 9 1997

PS Form 3800, June 1991

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:

Barbara E. Hannifin  
Post Office Box 2588  
Roswell, NM 88202

4a. Article Number

P 087 497 265

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: Addressee or Agent

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 265



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Barbara E. Hannifin  
Post Office Box 2588  
Roswell, NM 88202

Postage	\$
Insurance	
Registration Fee	
Return Receipt Fee	
Restrictions (e.g., restricted delivery, etc.)	
Handwritten Receipt (e.g., "Received by Addressee")	
Total Postage & Fees	\$ 3.00
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1991

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:

Ralph Nix, a Partnership  
Post Office Box 440  
Artesia, NM 88211-0440

4a. Article Number

P 087 497 266

4b. Service Type

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

7. Date of Delivery

10-14-97

5. Received By: (Print Name)

Ralph Nix JR

6. Signature: (Address of Agent)

X [Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 266



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Ralph Nix, a Partnership  
Post Office Box 440  
Artesia, NM 88211-0440

Postage	\$
Insurance	
Registered Service Fee	
Restricted Delivery Fee	
Return Receipt Shipping (Postage & Date Delivered)	
Return Receipt Service to Whom Delivered (Addressee's Address)	
Postage & Insurance Fees	\$ 3.00
Postmark or Date	OCT - 9 1997

PS Form 3800, June 1991

1001

Is your **RETURN ADDRESS** completed on the reverse side?

<b>SENDER:</b> ■ 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:  McKay Oil Corp. Post Office Box 2014 Roswell, NM 88202		4a. Article Number  P 087 497 267	
5. Received By: (Print Name) <i>Alfred J. Branch</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) <i>X Alfred J. Branch</i>		7. Date of Delivery <i>10-14-97</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 267



**Receipt for Certified Mail**

No Insurance Coverage Provided

McKay Oil Corp.  
 Post Office Box 2014  
 Roswell, NM 88202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1993

**LAWYERS**

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208



**No Insurance Coverage Provided**

PG Form 3800, June 1991

[illegible]

Adobe Resources 12-1  
Post Office Box 20581  
Albuquerque, NM 87154

**CERTIFIED**

P 087 497 268

1997

OCT 14 1997

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:**

Yates Drilling Company  
ABO Petroleum Corporation  
Myco Industries, Inc.  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210

**4a. Article Number**

P 087 497 269

**4b. Service Type**

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

**7. Date of Delivery**

10-13-97

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

*[Signature]*

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

PS Form 3811 December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 497 269



**Receipt for Certified Mail**

No Insurance Coverage Provided

Yates Drilling Company  
ABO Petroleum Corporation  
Myco Industries, Inc.  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210

Postage	\$
Insurance Fee	
Registered Mail Fee	
Restricted Delivery Fee	
Return Receipt (showing by whom & date delivered)	
Return Receipt (showing to whom, date, and addressee's address)	
TOTAL Postage & Fees	\$ 3.95
Postmark or Date <b>OCT - 9 1997</b>	

PS Form 3800, June 1991