

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 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:

OCD
2040 S. Pacheco
Santa Fe, NM
87505

4a. Article Number
P101072730

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
9/25/97

5. Signature (Addressee)

6. Signature (Agent)
Mr. Salinas

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

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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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:

Ms. Catherine R. Madera
8612 Plymouth Rock NE
Albuquerque, NM 87109

4a. Article Number
P497 459668

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
9-24-97

5. Received By: (Print Name)
Kitty Madera

6. Signature (Addressee or Agent)
X Kitty Madera

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

PS Form 3811, December 1994 102595-97-B-0179 **Domestic Return Receipt**

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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:

Ms. Ellen Madera
P.O. Box 1686
Carlsbad, NM 88221

4a. Article Number
P497 459 669

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
9-17-97

5. Received By: (Print Name)
[Signature]

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

6. Signature: (Addressee or Agent)
X *[Signature]*

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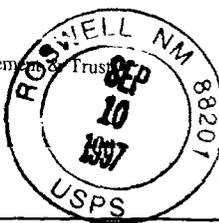
I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Norwest Investment Management Trust
Attn: Sylvian Gille
P.O. Box 1977
Roswell, NM 88202



4a. Article Number

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
9-10-97

5. Received By: (Print Name)
MIKE LUCERO

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

6. Signature: (Addressee or Agent)
X *[Signature]*

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3. Article Addressed to: Conoco 10 Desta Dr., Ste. 100W Midland, TX 79705-4500	4a. Article Number P497459672	7. Date of Delivery 9-10-97
5. Received By: (Print Name) Anita Gonzales	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>Anita Gonzales</i>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

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3. Article Addressed to: Altura 10700 Standlind 20002, VM. 88240	4a. Article Number P497459675	7. Date of Delivery 9-18-97
5. Signature (Addressee) 6. Signature (Agent) <i>Shirley Saddle</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

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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:

1849 Greens: 112 A
 Dalen RES
 6688 N. Central Expressway Ste. 1800 1200
 Dallas, TX 75206-3922

4a. Article Number

P497 459 673

4b. Service Type

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

7. Date of Delivery

9/12/97

5. Received By: (Print Name)

[Signature]

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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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:

R. E. Williamson
 110 N. Marienfeld Ste. 550
 Midland, TX 79701

4a. Article Number

P101072.731

4b. Service Type

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

7. Date of Delivery

9/10/97

5. Received By: (Print Name)

[Signature]

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-97-B-0179

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2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

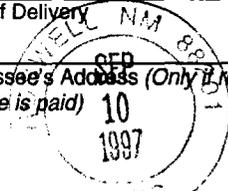
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*



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1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

OCD
PO Box 1980
Hobbs, NM
88240

4a. Article Number

P101072736

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

9/10

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.

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. 11881

APPLICATION OF Southwest Royalties, Inc.
for a Pressure Maintenance Project
Lea County, New Mexico.

AFFIDAVIT OF MAILING

COMES NOW the undersigned Paul A. Cooter, who being duly sworn, states that he mailed a copy of the Application in this case to the following named parties at the addresses set forth after their names on the 25th day of November, 1997 by certified mail, return receipt requested, to wit:

Amando Lopez
Bureau of Land Management
2902 West Second Street
Rosewell, NM 88201

Larry Kehoe
Director Oil, Gas and Mineral Division
Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504-1148

Further, Affiant says not.



Paul A. Cooter

State of New Mexico)
)ss.
County of Bernalillo)

Subscribed and sworn to by Paul A. Cooter this 25th day
of November, 1997.


Notary Public

(Seal, if any)

My commission expires 8-31-98

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- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Amando Lopez
Bureau of Land
Management
2909 West Second St.
Roswell, NM 88201

4a. Article Number

P 293-900-090

4b. Service Type

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

7. Date of Delivery

11-28-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jerry Hall*

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

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Consult postmaster for fee.

3. Article Addressed to:

Larry Kehoe
Director Oil, Gas &
Mineral Division
PO Box 1148
Santa Fe, NM 87504-
1148

4a. Article Number

P 293-900-091

4b. Service Type

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

7. Date of Delivery

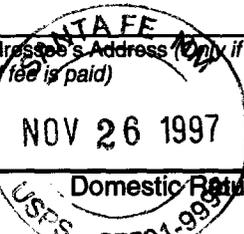
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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