

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

APPLICATION OF MARATHON OIL COMPANY
FOR COMPULSORY POOLING
EDDY COUNTY, NEW MEXICO.

CASE NO. 11884


CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

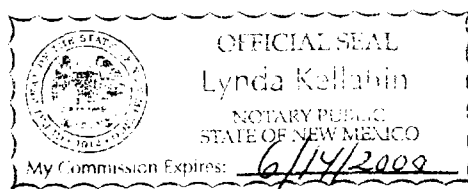
STATE OF NEW MEXICO)
) SS.
COUNTY OF SANTA FE)

W. Thomas Kellahin, being first duly sworn, hereby certifies that he is an attorney for the Applicant and responsible for notification in this matter and 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 October 28, 1997, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing and a copy of the first amended application for the above referenced case, at least twenty days prior to the hearing of this case set for November 20, 1997 and subsequently continued to December 4, 1997, to the parties shown in said application and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, 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 this 3rd day of December, 1997, by W. Thomas Kellahin.


Lynda Kellahin, Notary Public



Hearing Date: December 4, 1997

BEFORE THE
OIL CONSERVATION COMMISSION
Case No. 11884 Exhibit No. ____
Submitted By:
Marathon Oil Company
Hearing Date: December 4, 1997

is your RETURN ADDRESS completed on the reverse side?

SEN Marathon Oil Co. Mitchusson "4" November 20, 1997 10/29/97		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:	4a. Article Number P502 231 497	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	7. Date of Delivery OCT 30 1997
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent) X <i>[Signature]</i>	Domestic Return Receipt		

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

SEN Marathon Oil Co. Mitchusson "4" November 20, 1997 10/29/97		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:	4a. Article Number P502 231 497	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	7. Date of Delivery 11-3-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent) X <i>[Signature]</i>	Domestic Return Receipt		

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

SEN Marathon Oil Company Mitchusson "4" November 20, 1997 11/11/97		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:	4a. Article Number 2114 413 174	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	7. Date of Delivery 11-13-97
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent) X <i>[Signature]</i>	Domestic Return Receipt		

PS Form 3811, December 1994

is your RETURN ADDRESS completed on the reverse side?

SEN Marathon Oil Company Mitchusson "4" November 20, 1997 11/11/97		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.	
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6. Signature: (Addressee or Agent) X <i>[Signature]</i>	Domestic Return Receipt		

PS Form 3811, December 1994

SENDER. ■ Co Marathon Oil Co. ■ Co Mitchusson "4" ■ Pri November 20, 1997 ■ All 10/29/97 ■ W/ number. ■ Th the date		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: Maralo, Inc. 5151 San Felipe St. Suite 400 Houston, TX 77056-3607		4a. Article Number 13502237436	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input 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) X/ [Signature]		7. Date of Delivery 11-3-97	
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.

SENDER. ■ Co Marathon Oil Company ■ Co Mitchusson "4" ■ Pri November 20, 1997 ■ All 11/11/97 ■ W/ number. ■ Th the date		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: Erma Lowe c/o Maralo, Inc. 5151 San Felipe Street Suite 400 Houston, TX 77056-3607		4a. Article Number 2114413172	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input 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) X/ [Signature]		7. Date of Delivery 11-13-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	