

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:

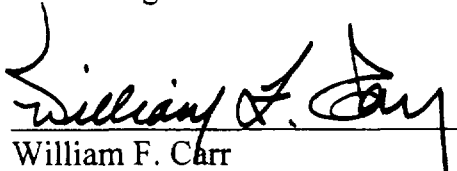
IN THE MATTER OF THE APPLICATION OF
TEXACO EXPLORATION AND PRODUCTION INC.
FOR AMENDMENT OF DIVISION ORDER NO.
R-9714 TO AMEND THE INJECTION PERMIT
FOR THE VACUUM GLORIETA WEST UNIT
WELL NO. 108 AND TO ESTABLISH AN
ADMINISTRATIVE PROCEDURE WHEREBY
ADDITIONAL WELLS WITHIN THE VACUUM
GLORIETA WEST UNIT WATERFLOOD
PROJECT AREA MAY BE DRILLED AND COMPLETED
AS HORIZONTAL INJECTION WELLS,
LEA COUNTY, NEW MEXICO.

CASE NO. 12123

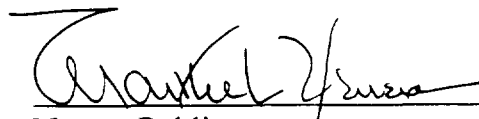
AFFIDAVIT

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 3rd day of February, 1999.


Notary Public

My Commission Expires: August 19, 1999

EXHIBIT A

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

Roy Pearce and
Roy Pearce, Jr. Trust
914 S. Hickory Street
Pecos, Texas 79772

Mobil Producing Texas &
New Mexico Inc.
Post Office Box 633
Midland, TX 79702

Texaco Exploration and
Production Inc.
Post Office Box 3109
Midland, TX 79702

Phillips Petroleum Company
4001 Penbrook
Odessa, TX 79762

Altura Energy, Ltd.
Post Office Box 4294
Houston, TX 77210-4294

RSE Partners-I, L.P.
3141 Hood Street, Suite 350
Dallas, TX 75219

Marathon Oil Company
Post Office Box 552
Midland, TX 79702

Floyd Oil Company
Cheyenne Partners V, Ltd.
711 Louisiana, Suite 1740
Houston, TX 77002

**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 12123 Exhibit No. 9

Submitted by: Texaco Exploration and Production Inc.

Hearing Date: February 4, 1999

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
KATHERINE M. MOSS

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 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

January 14, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: *Application of Texaco Exploration and Production Inc. for amendment of Division Order No. R-9714 to amend the injection permit for the Vacuum Glorieta West Unit Well No. 108 and to establish an administrative procedure whereby additional wells within the Vacuum Glorieta West Unit Waterflood Project may be drilled and completed as horizontal injection wells, Lea County, New Mexico*

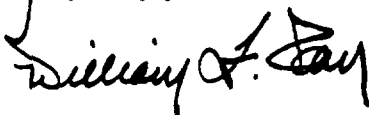
Gentlemen:

This letter is to advise you that Texaco Exploration and Production Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking amendment of Division Order No. R-9714 to amend the injection permit for the Vacuum Glorieta West Unit Well No. 108 as a horizontal injection well. Texaco also seek the establishment of an administrative procedure whereby additional wells in a the Glorieta and Paddock formations, in a portion of the Vacuum Glorieta West Unit Waterflood project may be drilled and completed as horizontal injection wells.

This application has been set for hearing before a Division Examiner on February 4, 1999. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Very truly yours,

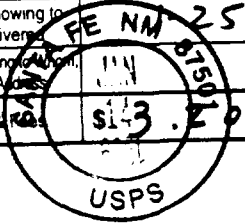


WILLIAM F. CARR
ATTORNEY FOR TEXACO EXPLORATION AND PRODUCTION INC.
WFC:mlh
Enc.

US Postal Service
Receipt for Certified Mail

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

Postage	\$.55
Certified Fee	1.40
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	\$3.35
Postmark or Date	

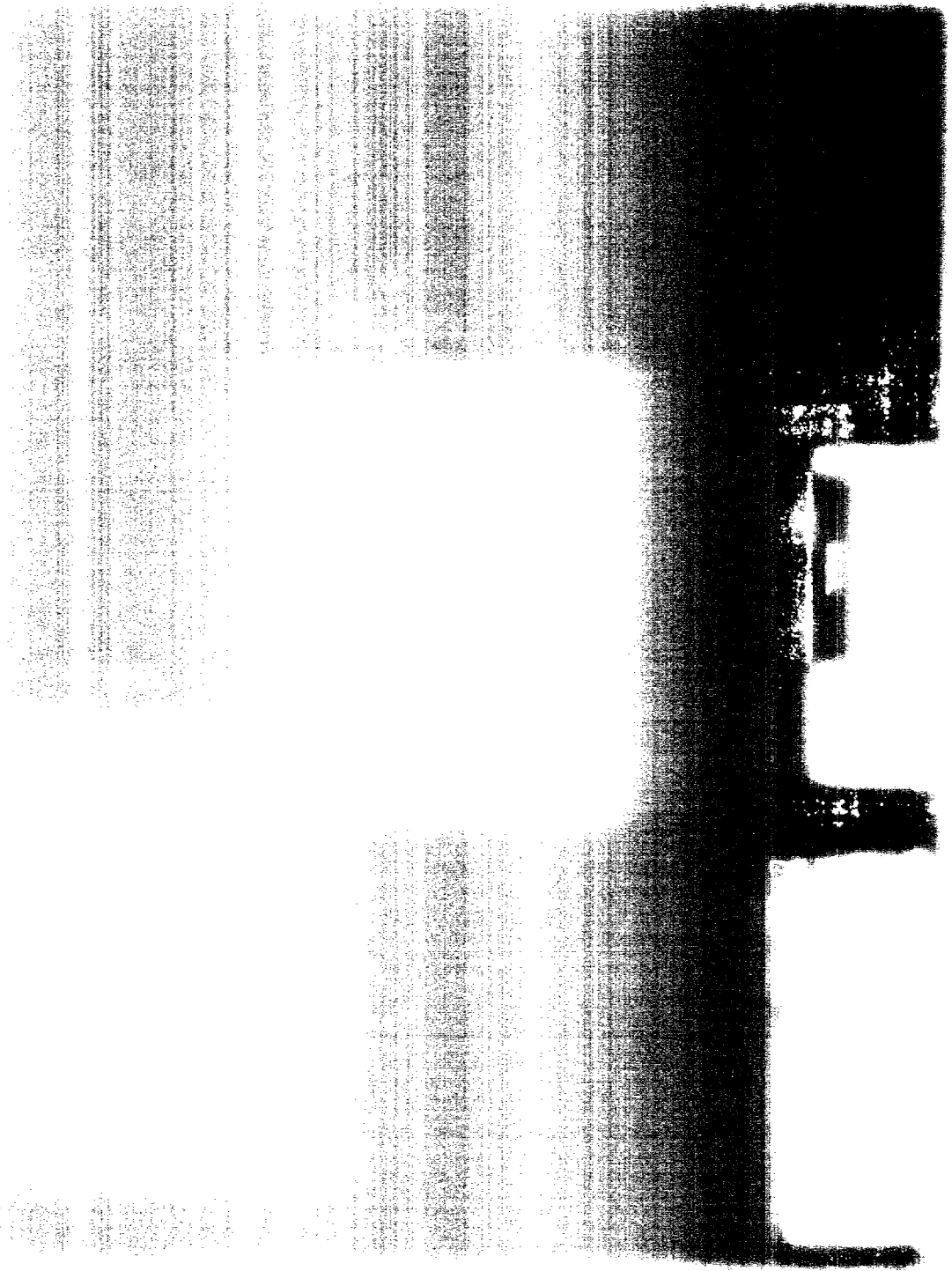


PS Form 3800, April 1995

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. <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 2 559 571 555	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X _____		7. Date of Delivery JAN 19 1995	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fees 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):

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

3. Article Addressed to

Mobil Producing Texas &
New Mexico Inc.
Post Office Box 633
Midland, TX 79702

4a. Article Number
2 559 571 557

4b. Service Type

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

7. Date of Delivery

JAN 19 1999

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

5. Received By (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-98 B-0229

Domestic Return Receipt

US Postal Service

Receipt for Certified Mail

Mobil Producing Texas &
New Mexico Inc.
Post Office Box 633
Midland, TX 79702

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom Date & Addressee's Address	
TOTAL Postage & Fees	3.20
Postmark or Date	JAN 19 1999

PS Form 3800, April 1995

2 559 571 557

Thank you for using Return Receipt Service.

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

SENDER: <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: Texaco Exploration and Production Inc. Post Office Box 3109 Midland, TX 79702		4a. Article Number 2 559 571 558	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X [Signature]		8. Addressee's Address (Only if requested and fee is paid) [Signature]	

PS Form 3811, December 1994 102595-98 B 0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

2 559 571 558

US Postal Service
Receipt for Certified Mail

Texaco Exploration and Production Inc.
 Post Office Box 3109
 Midland, TX 79702

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	1.20
TOTAL Postage & Fees	4.40
Postmark or Date	APR 11 1995 6601 USPS

US Postal Service
Receipt for Certified Mail

Phillips Petroleum Company
 4001 Penbrook
 Odessa, TX 79762

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Signature	
TOTAL Postage & Fees	34 3 25
Postmark or Date	APR 19 1995 USPS

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <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: Phillips Petroleum Company 4001 Penbrook Odessa, TX 79762		4a. Article Number 2 559 511 559	
5. Received By: (Print Name) X <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery 1-19-95	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) <i>[Signature]</i>	

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service
Receipt for Certified Mail

Altura Energy, Ltd.
 Post Office Box 4294
 Houston, TX 77210-4294

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	3.20
Postmark or Date	JAN 14 1995 6667 USPS

PS Form 3800, April 1995

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 <input type="checkbox"/> Addressee's Address 2 <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3 Article Addressed to: Altura Energy, Ltd. Post Office Box 4294 Houston, TX 77210-4294		4a Article Number 2 559 571 561	
4b Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5 Received By (Print Name) [Signature]		6 Addressee's Address (Only if requested and fee is paid)	
6 Signature (Addressee or Agent) X		7 Date of Delivery JAN 19 1995	
PS Form 3811, December 1994 102595-98 8-0229 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:

RSE Partners-I, L.P.
3141 Hood Street, Suite 350
Dallas, TX 75219

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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

7. Date of *FRN* 20 1999

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Certified
- ☐ Insured
- ☐ COD

4a. Article Number
2 559 571 562

Z 559 571 562

US Postal Service
Receipt for Certified Mail

RSE Partners-I, L.P.
3141 Hood Street, Suite 350
Dallas, TX 75219

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	FE NM 25
Return Receipt Showing to Whom, Date, & Addressee's Address	6861
TOTAL Postage & Fees	20
Postmark or Date	USPS

PS Form 3800, April 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, 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:

Marathon Oil Company
Post Office Box 552
Midland, TX 79702

4a. Article Number

2 559 571 563

4b. Service Type

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

7. Date of Delivery

JAN 19 1999

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Michael Helman*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

2 559 571 563

US Postal Service

Receipt for Certified Mail

Marathon Oil Company
Post Office Box 552
Midland, TX 79702

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Shown to Whom & Date Delivered	25
Return Receipt Shown to Whom, Date, & Addressee's Address	14
TOTAL Postage & Fees	
Postmark or Date	

USPS

PS Form 3800, April 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, 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:

Floyd Oil Company
 Cheyenne Partners V, Ltd.
 711 Louisiana, Suite 1740
 Houston, TX 77002

4a. Article Number

2 559 511 564

4b. Service Type

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

7. Date of Delivery

9-19-95

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

Received By: (Print Name)

FEUYH

6. Signature (Addressee or Agent)

X of [Signature]

PS Form 3811, December 1994

10256-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 559 511 564

US Postal Service

Receipt for Certified Mail

Floyd Oil Company
 Cheyenne Partners V, Ltd.
 711 Louisiana, Suite 1740
 Houston, TX 77002

Postage	\$.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Address	
TOTAL Postage & Fees	\$ 3.20
Postmark on Date	SEP 19 1995 USPS

PS Form 3800, April 1995