



~~PC N/R~~
~~ALL 4/1/99~~

March 11, 1999

New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

MAR 12 1999

Attn: Mr. Ben Stone

Case # 1217D

RE: Amendment to Commingling Order & Off-Lease Storage PC-266
E. H. B. Phillips "B" Lease
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard
Section 10, T-20-S, R-37-E
Lea County, New Mexico

Texaco Exploration and Production Inc. respectively requests an amendment to the Commingling Order and Off-Lease Storage PC-266 to add Skaggs Abo production from the E.H.B Phillips "C" lease. Approval for the surface commingling and off-lease storage of production for the Monument Tubb and Skaggs Drinkard was obtained in 1965. Texaco proposes to commingle the production from the Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard, and Skaggs Abo at the above battery.

Production will continue to be allocated to each lease by well tests. I have notified all of the working interest ownership on these wells/pools/ leases. Please see attached a copy of the certified mail receipt. The last date received is February 26, 1999. I also have attached 6 of the 16 waiver's to objection.

I have attached a plat showing the location of the wells, leases, and battery. Also attached is a schematic of the tank battery. The oil will continue to be sold to Texaco Trading & Transportation Inc., and the gas will continue to be sold to Dynegey. Water from the battery is disposed of by Rice.

If you have any questions concerning this request, please contact Alan Chase 397-0428. Thank you for your assistance in this matter.

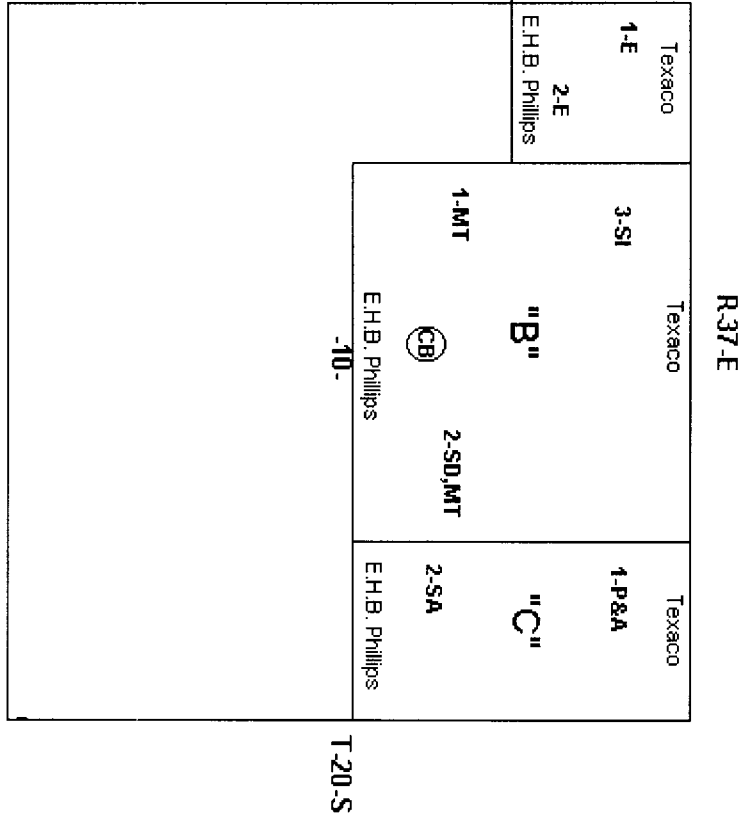
Sincerely,

Paula S. Ives
Engineer Assistant

Cc: NMOCD-Hobbs, N.M.
Alan Chase

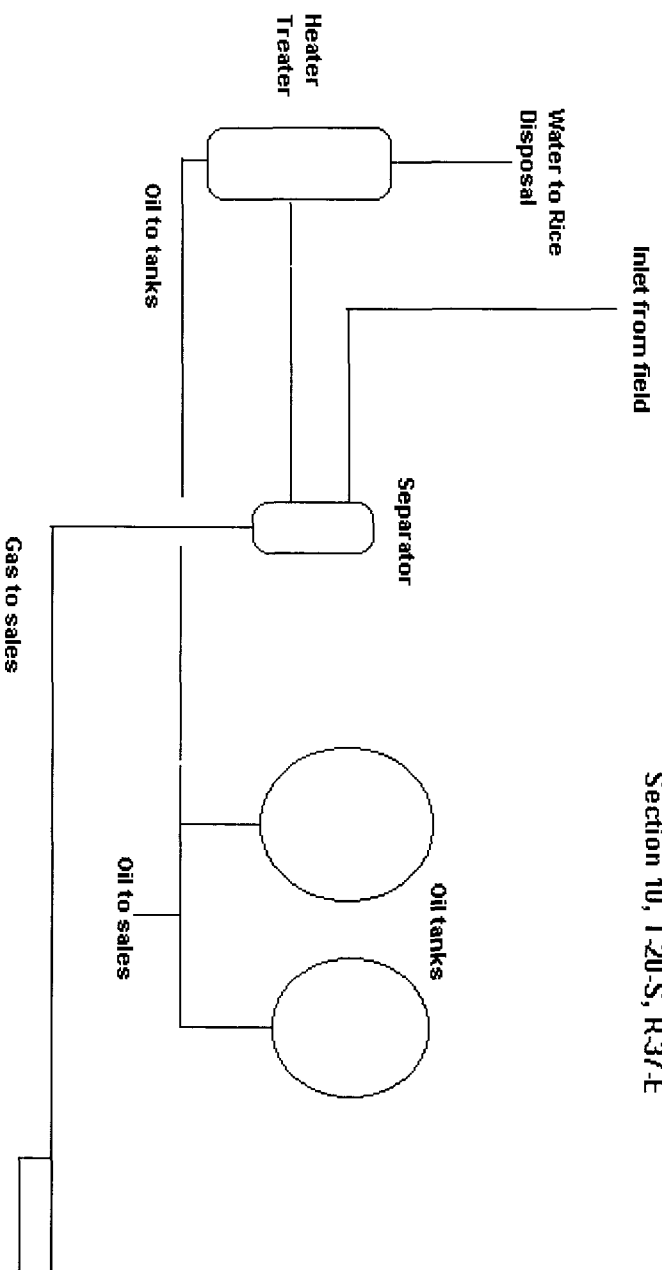
attachments

Texaco North American Production
E. H. B. Phillips "B" Lease
Lea County, New Mexico
Section 10, T-20-S, R-37-E



- Legend
- E-Eunmont Yates 7 Rurs Qn (Pro Gas)
 - M-Monument Tubb
 - SD-Skaggs Drinkard
 - SA-Skaggs Abo (Gas)
 - PA-Plugged & Abandoned
 - CB-Commingling Battery
 - SI-Shut-in

Texaco North American Production
E. H. B. Phillips "B" Commingled Tank Battery
Lea County, New Mexico
Section 10, T-20-S, R-37-E



N

PROPERTY 10900219-0264 41 00 10328 92900 2 10-20S-37E LAND DEPT AUTH LEGAL DESCRIPTION STATE CITY
30 013

LEASE NAME PHILLIPS, E H B /B/ OPERATOR NAME TEXACO E & P INC. COUNTY NAME LEA

% OIL DISBURSED .3437500 TEXACO NET WORKING INTEREST .6562500
TEXACO MINERAL INTEREST .0000000

OWNER NUMBER AND NAME IRS ACCOUNT C P OWNER PAY OIL GAS CAL TAX HAND
000052592-3 446-18-6005 0 2 1 03 1 00 6 .0178572
CHARLES B READ
PO BOX 1518
ROSWELL NM 88201-0000

000141359-0 74-6088500 0 2 1 01 1 00 1 .0009633
EDWARD GALT TRUST
M T STEVES SOLE-TRUSTEE
PO BOX 22757
HOUSTON TX 77227-0000

000154010-3 850-10-6029 0 2 1 03 1 00 1 .0178572
J HIRAM MOORE
PO BOX 10908
MIDLAND TX 79702-0000

000156509-2 73-6091755 0 2 1 01 1 00 6 .0146616
UNIVERSITY OF OKLAHOMA FOUNDATION INC
100 TIMBERDELL RD
NORMAN OK 73019-0000

000165315-3 526-14-6430 0 2 1 01 1 00 6 .0044643
HELEN CHILDERS HARKINS
3997 E DESMOND LN
TUCSON AZ 85712-0000

000165316-1 585-24-7827 1 2 1 01 1 00 1 .0022321
JACQUELINE F CAMPBELL
PO BOX 112
DURAY CO 81427-0000

INFORMATION SHOWN HEREON IS FURNISHED AS AN ACCOMMODATION ONLY WITHOUT
WARRANTY OF TITLE OR REPRESENTATION AS TO CORRECTNESS. YOUR RELIANCE
THEREON FOR ANY USE SHALL BE AT YOUR SOLE RISK WITHOUT RECOURSE ON
TEXACO INC.

OWNER NUMBER AND NAME	IRS ACCOUNT	S A TYPE C P OWN	BASES PAY OIL GAS CAL TAX HAND	ROY ABSORBED
000165316-1 JACQUELINE F CAMPBELL PO BOX 112 OURAY CO	585-24-7827	0 2 1	01 1 00 6	.0022322
000183302-9 HAMON OPERATING CO PO BOX 200084 DALLAS TX	75-2036659	8 2 1	01 1 00 1	.0022321
000185952-9 ROY G BARTON SR AND OPAL BARTON REV TRST ROY G BARTON JR TR 1919 NORTH TURNER ST HOBBS NM	85-6090504	0 2 1	01 1 00 1	.0089285
000186482-6 PETCO LTD PO BOX 911 BRECKENRIDGE TX	75-1889721	0 2 1	01 1 00 1	.0083333
000600753-8 ARCO PERMIAN A UNIT OF ATLANTIC RICHFIELD COMPANY OIL AND GAS REVENUE CHECKS PO BOX 910355 DALLAS TX	23-0371610	0 2 1	01 1 00 1	.0156250
445460773-2 BAREN HEALEY 1988 TRUST BAREN HEALEYOTRUSTEE PO BOX 888 DAVIS OK	445-46-0773	0 2 1	01 1 00 1	.0031250
731328360-3 BURKE HEALEY TRUST BURKE HEALEY TRUSTEE PO BOX 100 DAVIS OK	73-1328360	0 2 1	01 1 00 1	.0031250
	73030-0000			

INFORMATION SHOWN HEREON IS FURNISHED AS AN ACCOMMODATION ONLY WITHOUT
WARRANTY OF TITLE OR REPRESENTATION AS TO CORRECTNESS. YOUR RELIANCE
THEREON FOR ANY USE SHALL BE AT YOUR SOLE RISK WITHOUT RECOURSE ON
TEXACO INC.

OWNER NUMBER AND NAME	IRS ACCOUNT C P	S A TYPE OWNR	BASES PAY OIL GAS	ROY ABSORBED CAL TAX HAND	
731362340-2 JWK MINERALS MANAGEMENT PO BOX 1169 DUNCAN OK	73-1362340	0 2 1	03 1	00 1	.0022322
					73534-0000

731399616-2 BK EXPLORATION CO 810 S CINCINNATI STE 208 TULSA OK	73-1399616	1 2 2	01 1	00 1	.2187500
					74119-0000

NI

736296270-1 JOHN T OXLEY ESTATE JOHN C OXLEY EXECUTOR WILLIAMS CENTER TOWER 1 W 3RD ST #1300 TULSA OK	73-6296270	0 2 1	01 1	00 1	.0044643
					74103-0000

752511483-6 HEADINGTON ROYALTY INC PO BOX 890479 DALLAS TX	75-2511483	0 2 1	01 1	00 1	.0166667
					75389-0000

INFORMATION SHOWN HEREON IS FURNISHED AS AN ACCOMMODATION ONLY WITHOUT
WARRANTY OF TITLE OR REPRESENTATION AS TO CORRECTNESS. YOUR RELIANCE
THEREON FOR ANY USE SHALL BE AT YOUR SOLE RISK WITHOUT RECOURSE ON
TEXACO INC.

*TOTAL *1.0000000

PROPERTY 10900219-0200 DIV-AREA-PROPERTY 41 00 11332 LAND DEPT AUTH LEGAL DESCRIPTION STATE CITY
 10900219-0200 41 00 11332 NM92900 2 30 013

LEASE NAME PHILLIPS, E. H. B. -C- OPERATOR NAME TEXACO E & P INC. COUNTY NAME LEA

% OIL DISBURSED .3750000 TEXACO NET WORKING INTEREST .6250000
 TEXACO MINERAL INTEREST .0000000

OWNER NUMBER AND NAME IRS ACCOUNT C P OWNER PAY OIL GAS CAL TAX HAND

 000052592-3 446-18-6005 0 2 1 01 1 00 1 .0100447
 CHARLES B READ
 PO BOX 1518
 ROSWELL NM 88201-0000

000141359-0 74-6088500 0 2 1 01 1 00 1 .0003634
 EDWARD GALT TRUST
 M T STEVES SOLE-TRUSTEE
 PO BOX 22757
 HOUSTON TX 77227-0000

000151035-3 85-0106029 0 2 1 03 1 00 1 .0139509
 MOORE TRST
 PO BOX 10908
 MIDLAND TX 79702-0000

000156509-2 73-6091755 0 2 1 01 1 00 1 .0146616
 UNIVERSITY OF OKLAHOMA FOUNDATION INC
 100 TIMBERDELL RD
 NORMAN OK 73019-0000

000156509-2 73-6091755 0 2 3 01 1 00 1 .0312500
 UNIVERSITY OF OKLAHOMA FOUNDATION INC
 100 TIMBERDELL RD
 NORMAN OK 73019-0000

000165315-3 526-14-6430 0 2 1 01 1 00 1 .0044642
 HELEN CHILDERS HARKINS
 3997 E DESMOND LN
 TUCSON AZ 85712-0000

INFORMATION SHOWN HEREON IS FURNISHED AS AN ACCOMMODATION ONLY WITHOUT
 WARRANTY OF TITLE OR REPRESENTATION AS TO CORRECTNESS. YOUR RELIANCE
 THEREON FOR ANY USE SHALL BE AT YOUR SOLE RISK WITHOUT RECOURSE ON
 TEXACO INC.

OWNER NUMBER AND NAME	IRS ACCOUNT	S A TYPE C P OWN	BASES PAY OIL GAS CAL TAX HAND	ROY ABSORBED
000165316-1 JACQUELINE F CAMPBELL PO BOX 112 OURAY CO	585-24-7827	0 2 1	01 1 00 1	.0044642
000183302-9 HAMON OPERATING CO PO BOX 200084 DALLAS TX	75-2036659	0 2 1	01 1 00 1	.0022322
000185952-9 ROY G BARTON SR AND OPAL BARTON REV TRST ROY G BARTON JR TR 1919 NORTH TURNER ST HOBBS NM	85-6090504	0 2 1	01 1 00 1	.0050224
000186482-6 PETCO LTD PO BOX 911 BRECKENRIDGE TX	75-1889721	0 2 1	01 1 00 1	.0083333
000600753-8 ARCO PERMIAN A UNIT OF ATLANTIC RICHFIELD COMPANY OIL AND GAS REVENUE CHECKS PO BOX 910355 DALLAS TX	23-0371610	0 2 1	01 1 00 1	.0156250
000605925-7 CHRISTINE WILLIAMS <u>UNKN</u>	-	0 2 1	69 1 00 1	.0156250
445460773-2 BAREN HEALEY 1988 TRUST BAREN HEALEYOTRUSTEE PO BOX 888	445-46-0773	0 2 1	01 1 00 1	.0031250
				00000-0000

INFORMATION SHOWN HEREON IS FURNISHED AS AN ACCOMMODATION ONLY WITHOUT
WARRANTY OF TITLE OR REPRESENTATION AS TO CORRECTNESS. YOUR RELIANCE
THEREON FOR ANY USE SHALL BE AT YOUR SOLE RISK WITHOUT RECOURSE ON
TEXACO INC.

OWNER NUMBER AND NAME	S A TYPE	BASES	ROY	ABSORBED
IRS ACCOUNT C P OWN	PAY	OIL	GAS	CAL TAX HAND
445460773-2 DAVIS OK	445-46-0773 0 2 1	01 1 00 1		.0031250
731328360-3 BURKE HEALEY TRUST BURKE HEALEY TRUSTEE PO BOX 100 DAVIS OK	73-1328360 0 2 1	01 1 00 1		.0031250
731362340-2 JWK MINERALS MANAGEMENT PO BOX 1169 DUNCAN OK	73-1362340 0 2 1	03 1 00 1		.0022322
731399616-2 BK EXPLORATION CO 810 S CINCINNATI STE 208 TULSA OK	73-1399616 0 2 3	03 1 00 1		.0312500
736296270-1 JOHN T OXLEY ESTATE JOHN C OXLEY EXECUTOR WILLIAMS CENTER TOWER 1 W 3RD ST #1300 TULSA OK	73-6296270 0 2 1	01 1 00 1		.0044642
752511483-6 HEADINGTON ROYALTY INC PO BOX 890479 DALLAS TX	75-2511483 0 2 1	01 1 00 1		.0166667
756171705-4 J HIRAM MOORE LTD PO BOX 10908 MIDLAND TX	75-6171705 0 2 2	01 1 00 1		.1875000
				79702-0000

INFORMATION SHOWN HEREON IS FURNISHED AS AN ACCOMMODATION ONLY WITHOUT
WARRANTY OF TITLE OR REPRESENTATION AS TO CORRECTNESS. YOUR RELIANCE
THEREON FOR ANY USE SHALL BE AT YOUR SOLE RISK WITHOUT RECOURSE ON
TEXACD INC.

*TOTAL

*1.0000000

MT

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:

Headington Royalty Inc.
P.O. Box 890479
Dallas, TX 75389

4a. Article Number

Z 576 997 356

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 |

7. Date of Delivery

DEC 1994

5. Received By: (Print Name)

Richard P. Kelly

6. Signature: (Addressee or Agent)

X Richard P. Kelly

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

PS Form 3811, December 1994

102595-97-B-0179

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:

Jacqueline F Campbell
P.O. Box 112
Ouray, CO 81427

4a. Article Number

Z 576 997 346

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 |

7. Date of Delivery

2/22/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Mr. Keith Lahr

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

PS Form 3811, December 1994

102595-98-B-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:

ARCO Permian A Unit of Atlantic
Richfield Co. Oil/Gas Revenue Ck
P.O. Box 910355
Dallas, TX 75391

4a. Article Number

Z 576 997 350

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 |

7. Date of Delivery

2-22-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JWK Minerals Management
P.O. Box 1169
Duncan, OK 73534

4a. Article Number

Z 576 997 354

4b. Service Type

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

7. Date of Delivery

2/18/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Patricia Wilcox*

PS Form 3811, December 1994

102595-97-B-0179

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Burke Healey Trust Burke Healey
Trustee
P.O. Box 100
Davis, OK 73030

4a. Article Number

Z 576 997 352

4b. Service Type

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

7. Date of Delivery

2/18/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *D. B. Bogan*

PS Form 3811, December 1994

102595-97-B-0179

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Petco LTD
P.O. Box 911
Breckenridge, TX 76424

4a. Article Number

Z 576 997 349

4b. Service Type

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

7. Date of Delivery

2-19

5. Received By: (Print Name)

Christie Spencer

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

6. Signature: (Addressee or Agent)

X *Christie Spencer*

PS Form 3811, December 1994

102595-97-B-0179

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: BK Exploration Co. 810 S. Cincinnati Ste 208 Tulsa, OK 74119		4a. Article Number Z 576 997 353
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		7. Date of Delivery 2/18/99
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X B Burt		
PS Form 3811, December 1994 102595-97-B-0179 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: Hamon Operating Co. P.O. Box 200084 Dallas, TX 75320		4a. Article Number Z 576 997 347
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		7. Date of Delivery FEB 18 1999
5. Received By: (Print Name) Dobbins		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X		
PS Form 3811, December 1994 102595-98-B-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: Baren Healey 1988 Trust Baren Healey O Trustee P.O. Box 888 Davis, OK 73030		4a. Article Number Z 576 997 351
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		7. Date of Delivery 2/18/99
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X Bana O...		
PS Form 3811, December 1994 102595-97-B-0179 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:

Roy G Barton Sr and Opal Barton
Rev Trust Roy G Barton Jr Tr
1919 North Turner St.
Hobbs, NM 88240

4a. Article Number

Z 576 997 348

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 |

7. Date of Delivery

2-17-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Brenda Stewart

PS Form 3811, December 1994

102595-98-B-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:

Moore Trust
P.O. Box 10908
Midland, TX 79702

4a. Article Number

Z 576 997 357

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 |

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X A Doan

PS Form 3811, December 1994

102595-97-B-0179

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:

Helen Childers Harkins
3997 E Desmond Ln
Tucson, AZ 85712

4a. Article Number

Z 576 997 345

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 |

7. Date of Delivery

2-18-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Helen

PS Form 3811, December 1994

102595-98-B-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:

University of Oklahoma Foundatio
Inc.
100 Timberdell Rd.
Norman, OK 73019

4a. Article Number

P 442 355 511

4b. Service Type

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

7. Date of Delivery

2-26-99

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

102595-98-B-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:

J Hiram Moore
P.O. Box 10908
Midland, Tx 79702

4a. Article Number

P 442 355 649

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]*

PS Form 3811, December 1994

102595-98-B-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:

Charles B. Read
P.O. Box 1518
Roswell, New Mexico 88201

4a. Article Number

P 442 355 647

4b. Service Type

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

7. Date of Delivery

2-17-99

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

102595-98-B-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:

Edward Galt Trust
M T Steves Sole-Trustee
P.O. Box 22757
Houston, Tx 77227

4a. Article Number

P 442 355 648

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 |

7. Date of Delivery

DEC 13 1994

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Tom Steves*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Interest Working Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION

Amendment to Commingling Order & Off-Lease Storage PC-266 to add Skaggs

Abo production

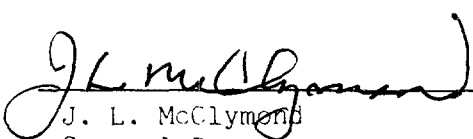
E. H. B. Phillips "B" Lease

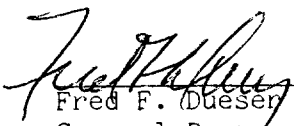
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard

Section 10, T-20-S, R-37-E

Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc's request for NMOCD administrative approval to amend the Commingling Order & Off-Lease Storage PC-266 to include Skaggs Abo production from the E.H.B. Phillips C Lease.

Signed: 
Title: J. L. McClymont
General Partner
Company: Petco Limited
Date: February 26, 1999


Fred F. Dueser
General Partner

Ph *OK*
gmm

EUP

Interest Working Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION

Amendment to Commingling Order & Off-Lease Storage PC-266 to add Skaggs Abo production

E. H. B. Phillips "B" Lease
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard
Section 10, T-20-S, R-37-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc's request for NMOCD administrative approval to amend the Commingling Order & Off-Lease Storage PC-266 to include Skaggs Abo production from the E.H.B. Phillips C Lease.

Signed: Jacqueline F Campbell
Title: _____
Company: _____
Date: 3 - 2 - 99

Interest Working Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION

Amendment to Commingling Order & Off-Lease Storage PC-266 to add Skaggs Abo production

E. H. B. Phillips "B" Lease
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard
Section 10, T-20-S, R-37-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc's request for NMOCD administrative approval to amend the Commingling Order & Off-Lease Storage PC-266 to include Skaggs Abo production from the E.H.B. Phillips C Lease.

Signed:

Title:

Company:

Date:

[Signature]
Trustee
Barton Trust
2/26/99

Interest Working Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION

Amendment to Commingling Order & Off-Lease Storage PC-266 to add Skaggs Abo production

E. H. B. Phillips "B" Lease
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard
Section 10, T-20-S, R-37-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc's request for NMOCD administrative approval to amend the Commingling Order & Off-Lease Storage PC-266 to include Skaggs Abo production from the E.H.B. Phillips C Lease.

Signed: Brad D Burks

Title: BRAD D BURKS, PRESIDENT

Company: BK EXPLORATION CORP.

Date: 2-24-1999

Interest Working Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

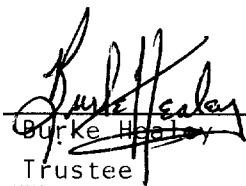
TEXACO EXPLORATION AND PRODUCTION

Amendment to Commingling Order & Off-Lease Storage PC-266 to add Skaggs Abo production

E. H. B. Phillips "B" Lease
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard
Section 10, T-20-S, R-37-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc's request for NMOCD administrative approval to amend the Commingling Order & Off-Lease Storage PC-266 to include Skaggs Abo production from the E.H.B. Phillips C Lease.

Signed: _____


Burke Healey
Trustee

Title: _____

Company: BURKE HEALEY TRUST

Date: February 26, 1999

Interest Working Holders:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

TEXACO EXPLORATION AND PRODUCTION

Amendment to Commingling Order & Off-Lease Storage PC-266 to add Skaggs Abo production

E. H. B. Phillips "B" Lease
Eumont Yates 7 Rvrs Qn (Pro Gas), Monument Tubb, Skaggs Drinkard
Section 10, T-20-S, R-37-E
Lea County, New Mexico

I do hereby waive any objection to Texaco Exploration and Production Inc's request for NMOCD administrative approval to amend the Commingling Order & Off-Lease Storage PC-266 to include Skaggs Abo production from the E.H.B. Phillips C Lease.

Signed: *James J.*
Title: *Op Mgr.*
Company: *Read + Stevens Inc. - Charles B Read.*
Date: *2/17/99*