

BEFORE THE
OIL CONSERVATION DIVISION
Case No. 12265 Exhibit No. — 12
Submitted By:
OXY USA, Inc.
Hearing Date: October 21, 1999
BEFORE THE

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

September 18, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

TO: NOTICE OF THE HEARING OF THE FOLLOWING
NEW MEXICO OIL CONSERVATION DIVISION CASE:

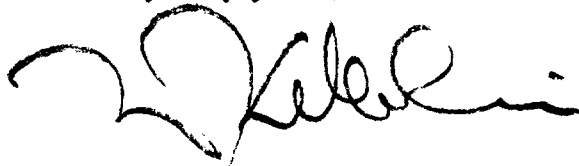
*Re: Application of OXY USA Inc.
for salt water disposal for its
Government "AB" Well No. 9
Eddy County, New Mexico.*

On behalf of OXY USA, Inc., please find enclosed our a copy of its referenced application. This case has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for October 21, 1999. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

As party who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, October 15, 1999, with a copy delivered to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over a horizontal line.

W. Thomas Kellahin

SERVICE LIST - C-108 APPLICATION
OXY USA INC.
GOVERNMENT AB #9
SEC 10 T20S R28E

STATE OF NEW MEXICO
ENERGY & MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
2040 SOUTH PACHECO
SANTA FE, NM 87505
CCR - Z 236 294 008

STATE OF NEW MEXICO
ENERGY & MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
811 S. 1ST STREET
ARTESIA, NM 88210-2834
CCR - Z 236 294 009

SURFACE OWNER:

UNITED STATES DEPT OF INTERIOR
BUREAU OF LAND MANGEMENT
2909 WEST SECOND STREET
ROSWELL, NM 88201
CCR - Z 236 294 010

PARDUE LTD.
P.O. BOX 2018
CARLSBAD, NM 8821-2018
CCR - Z 236 294 005

OFFSET OPERATORS:

CHI OPERATING INC.
P.O. BOX 1799
MIDLAND, TX 79702
CCR - Z 236 294 006

HILLIN PRODUCTION CO.
P.O. BOX 152
ODESSA, TX 79760
CCR - Z 236 294 007

OXY USA INC.
P.O. BOX 50250
MIDLAND, TX 79710-0250



Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Corp ■ OXY USA ■ Oct 21, 1999 ■ 9/17/99 ■ Attach card permit ■ Write ■ The deliv.	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.
in return this does not number, the date	
3. Article Addressed to: US Dept. of Interior Bureau of Land Management 2909 West Second Street Roswell, NM 88201	4a. Article Number 2 413 001 442
	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
	7. Date of Delivery 9-20
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>	
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: ■ Corp ■ OXY USA ■ Oct 21, 1999 ■ 9/17/99 ■ Attach card permit ■ Write ■ The R deliver	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.
return this does not number, the date	
3. Article Addressed to: State of NM Energy & Minerals Dept. OCD 2040 South Pacheco Santa Fe, NM 87505	4a. Article Number 2 413 001 444
	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
	7. Date of Delivery 9-20
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>	
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: ■ Corp ■ OXY USA ■ Oct 21, 1999 ■ 9/17/99 ■ Attach card permit ■ Write ■ The deliv.	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.
can return this does not number, the date	
3. Article Addressed to: Pardue LTD. PO Box 2018 Carlsbad, NM 88221-2018	4a. Article Number 2 274-518-190
	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
	7. Date of Delivery 9-20
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>	
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: ■ Corp ■ OXY USA ■ Oct 21, 1999 ■ 9/17/99 ■ Attach card permit ■ Write ■ The deliv.	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.
can return this does not number, the date	
3. Article Addressed to: Hillin Production Co. PO Box 152 Odessa, TX 79706	4a. Article Number 2 274 518 189
	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
	7. Date of Delivery 9-20
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>	
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:
■ Comp OXY USA
■ Print October 21, 1999
■ Card 9/17/99
■ Attach permit
■ Write "The R" deliver

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

1. return this
2. does not
3. number
4. date

3. Article Addressed to:
State of NM Energy & Minerals Dept. OCD
811 S. 1st Street
Artesia, NM 88210-2834

4a. Article Number
2 413 001 443

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/20/99

8. Addressee's Address (Only if requested and fee is paid)
102595-97-B-0179

5. Received By: (Print Name)
MARY ANN BURR

6. Signature: (Addressee or Agent)
X *Mary Ann Burr*

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
■ Cor OXY USA
■ Pri October 21, 1999
■ Car 9/17/99
■ Att
■ per
■ Wri
■ Thi deliver

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

1. return this
2. does not
3. number
4. date

3. Article Addressed to:
CHI Operating Inc.
PO Box 1799
Midland, TX 79702

4a. Article Number
2 274 518 188

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/20/99

8. Addressee's Address (Only if requested and fee is paid)
102595-97-B-0179

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Mary Ann Burr*

PS Form 3811, December 1994

Thank you for using Return Receipt Service.