

BWB PARTNERS I

October 26, 2000

VIA FAX AND CERTIFIED MAIL  
Fax (915) 683-7760

M. Brad Bennett  
P.O. Box 51510  
Midland, Texas 79710-1510

Re: Well Proposal  
Byers 23 No. 1  
990' FNL & 1980' FEL  
Section 23, T-20-S, R-35-E  
Lea County, New Mexico

Dear Mr. Bennett:

BWB Partners I (BWB) hereby proposes to drill a 13,450' Morrow test at a location 990' FNL & 1980' FEL of Section 23, T-20-S, R-35-E, Lea County, New Mexico. If the well is successfully completed in the Morrow formation, a proration unit consisting of the E/2 of Section 23 would be established.

Enclosed for your review and further handling are duplicate original AFE Well Cost Estimates for the proposed well. Should you choose to participate in the proposed well, please execute and return one copy of the enclosed AFE.

Sincerely,  
BWB Partners I



Andrew B. Burleson, Partner

BEFORE THE  
OIL CONSERVATION DIVISION  
Case No. 12571 Exhibit No. 4  
Submitted By:  
*BWB Partners*  
Hearing Date: January 11, 2001

P.O. BOX 51407 • MIDLAND/TEXAS • 79710  
PHONE: 915.682.7818 • FAX: 915.683.5133

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M. Brad Bennett  
 P.O. Box 51510  
 Midland, TX 79710-1510

2. Article Number (Copy from service label)

7000 0520 0070 3891 1868

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

S. McGowan 10/30/03

C. Signature

X *S. McGowan*  Agent  AddresseeD. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

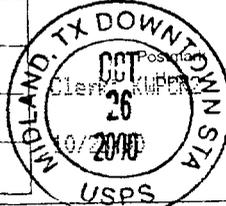
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

MIDLAND, TX 79710

7000 0520 0020 0250 0000 3891 1868

Postage	\$	0.33	UNIT ID# 0702
Certified Fee		1.40	
Return Receipt Fee (Endorsement Required)		1.25	
Restricted Delivery Fee (Endorsement Required)		2.98	
Total Postage & Fees	\$		



Recipient's Name (Please Print Clearly) (To be completed by mailer)

M. Brad Bennett

Street, Apt. No., or PO Box No.

P.O. Box 51510

City, State, ZIP+4

Midland, TX 79710-1510

PS Form 3800, February 2000

See Reverse for Instructions