

P.O. Box 552 Midland, Texas 79702 Telephone 915/682-1626



NOTICE

APPLICATION OF MARATHON OIL COMPANY FOR STATUTORY UNITIZATION AND AUTHORITY TO INSTITUTE A PRESSURE MAINTENANCE PROJECT EDDY COUNTY, NEW MEXICO

Lessees of Record, Owners of Royalty and Overriding Royalty Interests in the Tamano (BSSC) Unit Eddy County, New Mexico

Dear Unit Interest Owner:

MARATHON OIL COMPANY has scheduled a hearing with the New Mexico Oil Conservation Division (OCD) on June 27, 1991, in Santa Fe, New Mexico, for Statutory Unitization for enhanced recovery operations, and authority to institute a pressure maintenance project, in the proposed Tamano (BSSC) Unit, Eddy County, New Mexico.

This notification requires no action on your part; however, you have the right to file objection to said applications and appear at the hearing either in support or opposition to the applications. Failure to appear or otherwise become a party of record will preclude you from challenging these applications at a later date. If you plan to make an appearance at the hearing you should file a Pre-hearing Statement with the OCD in Santa Fe by 4:00 PM on Friday, June 21, 1991

If you have any questions or require additional information, please contact me at (915) 687-8148.

Sincerely,

Thomas C. Lowry

Attorney

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Fort Worth, TG76102:	Certified COD Return Receipt For Merchandise
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1. Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. A Restricted Delivery (Extra charge)
3. Article Addressed to:	4-Article Number
Feancis H. Hudson	Type of Service:
Wile TexAS StrEET	Registered Insured COD
Fort Worth, TO 76102	Express Mail Return Receipt for Merchandise
	Always obtain signature of addresses
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent 10	
x Muller	· 多点性變化 1 d
7. Date of Delivery	
PS Form 3811, Mar. 1988 + U.S.Q.P.O. 1988-212-	-865 DOMESTIC RETURN RECEI
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3. Article Addressed to:	4. Article Number
Francis Services	1154192729
AHO: T.T LACKSOO	Type of Service:
P.O. Box 100	Certified COD Return Receipt
artesia, Nm 88210	Always obtain signature of addresses
5. Signature Address	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
x < 1 / letel	requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	
· · · · · · · · · · · · · · · · · · ·	まままします。

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	rse side. Failure to do this will prevent this rovide you the name of the person delivered j services are available. Consult postmaster ted.
3. Article Addressed to: 5.P. Johnson & B.J. Johnson P.O. Bok 1641 Roswell, Nm 882070	4. Article Number 54/92735 Type of Service: Insured CoD Certified Return Receipt Type service: Insured Alway obtain signature of addressee Or age and DATE DELIVERED
5. Signature — Address X 6. Signature — Agent X 7. Date of Delivery PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	8. Addressee's Address (ONLY if reduested and fee paid)

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3. Article Addressed to:	4. Article Number
E Benard Johnston: 2715 N. Kentvakg Avenue 416 Roswell, N.M. 8820 (Type of Service: Registered Insured Cortified COD Express Mail or Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address, (*)	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery	

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SENDER: Complete httm: 1 and 2 Awhen additional	services are desired, and complete items.
Tur your address in the VRETURN TO Space on the rever	se side. Failure to do this will prevent this
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3. Article Addressed to:	4. Article Number
A CONTRACT OF THE SECOND CONTRACT OF THE SECO	P5559847110
Kerrincolle Corp	Type of Service:
1.0.BN//050	Registered Insured
	Certified COD Return Receipt for Merchandise
Mudland 77 7970?	Always obtain signature of addressee
	or agent and DATE DELIVERED
5. Signature Address	8. Addressee's Address (ONLY if
X 6. Signature → Agent	Represent and fee paid)
7. Date of Delivery	
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	865 DOMESTIC RETURN RECEIPT
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The state of the s	754492 765
havrelind Corp.	Type of Service:
P.O.Box 2143	Registered Insured Cortified
I () The second of the second	Express Mail Return Receipt for Merchandise
Poswell, pm, 88207 WELL	ways obtain signature of addresses
720	System and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	,
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	-865 DOMESTIC RETURN RECEIP
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SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will properly to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's actificate Addressed to: Deliman Halleria	rse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster ited. 2. □ Restricted Delivery (Extra charge) 4. Article Number Type of Service: 22
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Put your address in the "RETURN TO". Space on the reverse or from being returned to you. The return receipt fee will	ree aide. Failure to do this will prevent this provide you the name of the person delivered
Put your address in the #HE LURN IO #Space on the reversity of the property of the property of the property of the property of additional fees the following for fees and check box(es) for additional service(s) requesting the property of t	g services are systappe. Consult postmaster sted. ddress. 2. □ Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P 154/92 737
hodewick Energy, IR.	Type of Service:
5927 Morningside	Certified COD Return Receipt
Dallos, Tecas 75206	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signatura - Address	8. Addressee's Address (ONLY if see requested and fee paid)
6. Signature — Agent	
7. Date of Delivery	
Control of the second s	2-866 MAY DOMESTIC PETURN RECEIPT
PS Form 38 11, Mar. 1988 . * U.S.G.P.O. 1988-21	
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(Extra charge) 3. Article Addressed to:	(Extra charge)
havra P. Lodewick	P154192740
Dallas, Tr. 75223	Type of Service: Registered Insured Cortified COD Express Mail Or Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address) X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent V	
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	12-865 DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when addition 3 and 4.	
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3. Article Addressed to:	(Extra charge)
John W. Lodewick	EL 124 105 1238
P.D. BOX 1180 Poswell, Nm 88202	Type of Service: Registered Insured Certified COD Express Mail Return Receipt
	Always obtain signature of addressee
5. Signature — Address	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
K 6. Signature — Agent	requested and fee paid)

1.3 Show to whom delivered, date, and addressee's	erse alde Failure to do this vil prevent this provide you the name of the person delivered as services are available. Consult postmaste address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	A-Article Number
Richard B. Lodewick	Type of Service:
2100 W. WAdley #21	Registered Insured Contified COD
midland, 14.7970/	Express Mail Return Receipt for Merchandise
AND AND STREET	or agent and DATE DELIVERED.
5. Signature — Address X	8:1A dressee's Address (ONLY if its reducted and fee paid)
6. Signature – Agent	
7. Date of Delivery	1/6
PS Form 3811, Mar. 1988 . • U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECE
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	A STATE OF THE STA
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for fees and check box(es) for additional service(s) requ 1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: John W. Lodewick	4 Article Number
3305 Wentwood	Type of Service:
Dallas, 70,75225	Certified C. COD
	Alwaya bigain signature of addressee
5. Signature - Address/	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
* Kawa Lodensch	requested and fee paid)
l 6. Signature – Agent	
x 1.1.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
x 1.1.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	12-865 DOMESTIC RETURN REC
X 7. Date of Delivery JUN 7 - 1991 PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	
7. Date of Delivery JUN 7 - 1991 PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	al services are desired, and complete item
7. Date of Delivery 7. Date of Delivery 991 PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2 SENDER: Complete Items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO". Space on the recard from being returned to you. The date are the followed to and the date of delivery. For additional results follow	al services are desired, and complete item verse side. Failure to do this will prevent th il provide you the name of the person delivers
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PS Form 3800,	Jun	e 198	5						
Postmark or Date	TOTAL Postage and Fees	Return Receipt showing to whom Date, and Address of Delivery	Beturn Receipt showing to whom and Date Dehvered	Restricted Delivery For	Special Dalivery Los	Certified Foe	Postage and ZP (entrom) Postage Postage	Stroping No Box (933	CDH3H OF TOTAL
	On.				,		3320		

RECEIPT FOR CERTIFIED MAIL 100 PISURANCE LONGUAGE PROVIDED NOT HIS INFERENCE MAIL MAIL

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO". Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's a (Extra charge)	ree side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to: Hudson + Hudson	4. Article Number 1724
HUUSON Y TIUGSON	Type of Service:
616 PEXAS Street	Registered Insured COD Return Receipt Express Mall Or Merchandise
Fort Worth, Tx 76102	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X / Warke	
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional service(s) requested.

I Show to whom delivered, date, and addressee's address.

2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Type of Service:
Registered
Registered
Receipt for Merchandise

Always obtain signature of addressee of and DATE DELIVERED.

5. Signature — Address

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

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PS Form 3811, Mar. 1988

*/U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

e de jour	AT NAME OF THE OWNER, WHITE OF	
	*SENDER: Complete items 1, and 2, when additional as 43 and 4. The is a few with the complete of the complete	side. Failure to do this will prevent this vide you the name of the person delivered
Carried and the second and the secon	for jees and check boxies (or additional service(s) requested 12 12 Show to whom delivered date and addresses a addresses and addresses a service charge for the control of	ess. 2 Crestricted Delivery
	Pennzoil Exploration + Ho.	1. Article Number 154 192 719 Type of Service:
	HOUSTON, TX 77252	Registered Insured Contified COD Express Mail Return Receipt for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
	6. Signature – Agent	requested and fee paid)
Ĺ	7. Date of Delivery JUN 10 1991	
: P	S Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-8	65 DOMESTIC RETURN RECEIPT
+ `	SENDER: Complete Items 1 and 2 when additional	services are desired, and complete items
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	2. Article Addressed to: Lead 4 Stevend, while P.O. Box 1578 Leswell, Nm 88201	4. Article Number 154 192 70 Type of Service: Registered Insured Continue Continue Return Receipt for Merchandise
	5. Signature — Address	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if
	6. Signature – Agent	requested and fee paid)
	7. Date of Delivery	
	PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIPT
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	3. Article Addressed to: Work Own Owl How G.	4 Price Number 92 725 Type of Service:
ILLEGIBLE	Senta 1500	Registered Insured Confidence Return Receipt for Merchandise
ILLLOIDLL	floustou, 1 \ 77007	Areas obtain signature of addressee Nr epoil and DATE DELIVERED. 8. A 114 ssee's Address (ONLY if
	X 6. Signature — Address Address	B. Appressee's Address (UNLY if
	x/ / / / Vis	TO S

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3Article Addressed to: Article Addressed t	4. Article Number 752
11:03 Democ	Type of Service:
Malamatic Tapack	Certified COD Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8.*Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	
S Form 3811, Mar. 1988 . U.S.G.P.O. 1988-212-	-865 DOMESTIC RETURN RECEI
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3. Article Addressed to:	4. Article Number 02753
Yates cremy corporation	Type of Service:
Description of the second	ertified COD Return Receipt for Merchandise
COEMENT NOW & ASOLDIN	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X 1991	8. Add basee's Address (ONLY if featurated and fee paid)
6. Signaturer Asent	
7. Date of Delivery	
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECE
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete item
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to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's	services are available. Consult postmaste ted. dress. 2. Restricted Delivery
3. Article Addressed to:	Article Number
Mr. James H. Maks	Type of Service:
Soile	Certified COD Return Receipt
Janta Fe Nm 87501	Always obtaining a for merchandise
5. Signature - Address	8. Address of Address (ONLY if requested and fee paid)
6. Shanature Agent	(J. 1)
7. Date of Delivery	
U 9 710 - 91 2	

services are desired, and complete Items se alde Failure to do this will prevent this ovide you the name of the person delivered services are svallable. Consult postmaster ed. 2. D Restricted Delivery (Extra charge)
Article Number P / 54 / 92 750 Type of Service: Registered
Always detain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if a required and fee paid)
-865 DOMESTIC RETURN RECEIPT
services are desired, and complete items rese side. Failure to do this will prevent this rovide you the name of the person delivered gervices are available. Consult postmaster ted. dress. 2. Restricted Delivery (Extra charge)
Type of Service: Registered Insured Express Mail Return Receipt
Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)
-865 DOMESTIC RETURN RECEIPT
services are desired, and complete items se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted. dress. 2. Restricted Delivery (Extra charge)
Type of Service: Register
Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
requested and fee paid)

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