

MERIDIAN OIL

OIL CONSERVATION DIVISION
RECEIVED

192 DE 17 8 AM 9 22

December 14, 1992

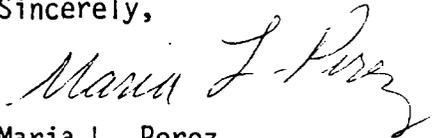
Mr. Michael Stogner
Oil Conservation Commission
P.O. Box 2088
Santa Fe, NM 87504

RE: Offset Operators signed certified return receipts for
previously submitted C-109 application
for oil discovery allowable
Dagger Lake "5" State No. 1
Dagger Lake Delaware Field
330' FSL & 1980' FEL
O, Sec. 5, T-22-S, R-33-E
Lea County, New Mexico
V-2387
API 30-025-31653

Dear Mr. Stogner:

Enclosed are the original signed certified return receipts from each
offset operator as proof of notification on the previously submitted
captioned application.

Sincerely,



Maria L. Perez
Production Assistant
915-688-6906

MLP/aem

XC: Well File
Don McBee
Reservoir Eng.
Production Eng.
Regulatory File
1. Connie Malik
2. Maria Perez

*Forwarded to
Heldt Oil
12/18/92*

Dagger Lake "5" State 001

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 next to the article number.

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:
Brunson & McKnight
P.O. Box 1039
Hobbs NM 88241

4a. Article Number
P 989 355 691

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

7. Date of Delivery
11-12-92

5. Signature (Addressee)

6. Signature (Agent)
Ann Blaser

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

PS Form 3811, October 1990 U.S. GPO: 1990-273-061 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:
Chevron
P.O. Box 1150
Midland, TX 79702

4a. Article Number
P 045 808 113

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

7. Date of Delivery
NOV 30 1992

5. Signature (Addressee)

6. Signature (Agent)
F. D. [Signature]

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

PS Form 3811, November 1990 U.S. GPO: 1991-287-006 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 next to the article number.

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:
Collins & Ware Inc.
300 W Wall, #2200
Midland, TX 79701

4a. Article Number
P 989 355 692

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

7. Date of Delivery
11-12M

5. Signature (Addressee)

6. Signature (Agent)
G. L. Cannon

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

PS Form 3811, October 1990 U.S. GPO: 1990-273-061 **ILLEGIBLE**

Dagger Lake "S" State No. 1

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 next to the article number.

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:

Coroco Inc.
#10 Desto Dr., Ste. 1000
Midland, TX 79705

4a. Article Number
P 989 355 693

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
11-12-90

5. Signature (Addressee)

6. Signature (Agent)
Arith Gonzales

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

PS Form 3811, October 1990 *U.S. GPO: 1990-273-001 **DOMESTIC RETURN RECEIPT**

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 next to the article number.

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:

Mitchell Energy Corp
400 W. Illinois, #1000
Midland, TX 79701

4a. Article Number
P 989 355 689

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
11-12-90

5. Signature (Addressee)
Arvid Brand

6. Signature (Agent)

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

PS Form 3811, October 1990 *U.S. GPO: 1990-273-001 **DOMESTIC RETURN RECEIPT**

SENDER:

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- 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 next to the article number.

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:

Yates Petroleum Corp
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number
P 989 355 ~~590~~ 690

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
11-11-90

5. Signature (Addressee)

6. Signature (Agent)
Mike Beal

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

PS Form 3811, October 1990 *U.S. GPO: 1990-273-001 **DOMESTIC RETURN RECEIPT**

ILLEGIBLE