

APPLICATION FOR AUTHORIZATION TO INJECT

Case 10747

- I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no
- II. Operator: Nearburg Producing Company
- Address: P.O. Box 31405, Dallas, Texas 75231-0405
- Contact party: Tim MacDonald Phone: (214) 739-1778
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project _____.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any known source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Tim R. MacDonald Title Engineering Manager

Signature: T.R. MacDonald Date: May 20, 1993

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

BEFORE EXAMINED AND APPROVED BY
CATANACH
OIL CONSERVATION DIVISION

NEARBURG EXHIBIT NO. 1

CASE NO. 10747

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

ATTACHED TO FORM C-108
NEARBURG PRODUCING COMPANY
APPLICATION FOR AUTHORIZATION TO INJECT

ANSWERS TO QUESTIONS:

III. Well Data

A.

1. Lease Name: NM-53219
Well Name: Nearburg Producing Company
M.H. Federal 1-1N

Well Number: 1
Section: 1
Township: 22 South
Range: 24 East
Footage: 660' FSL & 1650' FWL
2. See attached diagram. Diagram of well casing. Setting depth, sacks of cement, hole size, top of cement, how top determined.
3. See attached diagram.
We will run 2 7/8" integral joint IPC tubing, complete with a downhole valve set at 8,200' ±.
4. See attached diagram.
Packer will be a Baker Loc-Set (or equivalent) set at 8,200' ±. A teflon coated on/off tool assembly will be run in the packer.

B.

1. Injection formation is the Cisco-Canyon.
2. The injection interval will be a perforated interval of 8219' - 8231', 8333' - 8339', and 8370' - 8380', as identified on the attached log.
3. The well was not drilled for injection, its original purpose was to test the Cisco-Canyon formation.
4. The original wellbore was drilled to a depth of 7952' by Morris Antweil in 1979. The wellbore was re-entered by Nearburg Producing Company in 1988 and drilled to a depth of 10,504' testing the Morrow formation. See attached scout ticket for a complete well history of tests and perforations. The Morrow formation was plugged with a cast iron bridge plug at 10,210' and capped with 30' of cement.
5. The next higher oil and gas zone above the Cisco-Canyon is the Wolfcamp formation. The next lower oil and gas zone below the Cisco Canyon formation is the Strawn formation.

IV. This is not an expansion of an existing project.

V. See attached map. Plat of 2 mile & 1/2 mile area.

Attachment to Form C-108
Nearburg Producing Company
Application for Authorization to Inject
Page Two

VI. No wells within the area of review have penetrated the proposed injection zone except the well subject to this application.

- VII.
1. Proposed average and maximum daily rate of injection is 3,000 Bbls. and 10,000 Bbls. respectively.
 2. The system will be open.
 3. Proposed average and maximum injection pressure is 300 lbs. and 1200 lbs. respectively.
 4. The injected water will be Cisco-Canyon produced water from area wells and for this reason will be compatible with the injection zone.
 5. See attached analysis of fluid in the injection zone of the Shelby #4 well located in drilling unit "G" of Section 12, T-22-S, R-24-E, Eddy County, New Mexico, approximately 3000' from the proposed injection well.

VIII.	Lithologic Detail:	Dolomite
	Geologic Name:	Cisco-Canyon
	Thickness:	Top of Cisco-Canyon Dolomite to Base of Cisco-Canyon Dolomite, 628'
	Depth:	Top of Cisco-Canyon formation is 7932'
	Overlying underground sources of drinking water:	All drinking water sources are between surface and 500' subsurface
	Underlying underground sources of drinking water:	None known

- IX. Proposed stimulation program will be to acidize the perforations described in III B.2 above with 10,000 gallons of 20% HCL acid.
- X. See attached scout ticket along with Drill Stem Test information from DST's in the following intervals: DST #1 7823'-7850'; DST #2 7928'-7952'; DST #3 4380'-4600'; DST #4 3460'-3590'. Morrow formation production tested at perforations from 10,155' to 10,244'. The Morrow formation was plugged at 10,210' with a cast iron bridge plug and capped with 30' of cement. Cisco-Canyon formation production tested at perforations from 8219' to 8231'. Logs are on file with the OCD.
- XI. One (1) fresh water well exists within 1 mile of the proposed injection well, as shown on the attached topo map. A water sample was taken on 5/21/93 and the analysis is attached hereto.
- XII. Nearburg Producing Company has examined available geologic and engineering data and has found no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

Attachment to Form C-108
Nearburg Producing Company
Application for Authorization to Inject
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XIII. Proof of Notice

Surface owner of proposed disposal well.
Department of the Interior
Bureau of Land Management
P.O. Box 27115
Santa Fe, New Mexico 87502-7115

Leasehold owners or operators on adjacent property or within one-half mile of the disposal well location:

- 1) Enron Oil and Gas Company
P.O. Box 2267
Midland, Texas 79702
- 2) Meridian Oil, Inc.
P.O. Box 51810
Midland, Texas 79710
- 3) Shelby Jeanne Fields
5535 Yale Blvd.
#200
Dallas, Texas 75206
- 4) Consolidated Oil and Gas
1860 Lincoln Street
Denver, Colorado 80203
- 5) Southern Union Exploration Company
Suite 1400, Texas Federal Bldg.
1217 Main Street
Dallas, Texas 75202
- 6) Yates Petroleum Corporation
105 South 4th Street
Artesia, New Mexico 88210
- 7) Santa Fe Operating Partners, L.P.
550 W. Texas, Suite 1330
Midland, Texas 79701
- 8) Mitchell Energy Corporation
P.O. Box 4000
The Woodlands, Texas 77380
- 9) Ameriplor
American Exploration Company
1331 Lamar Street
Suite 900
Houston, Texas 77010-3088

Attachment to Form C-108
Nearburg Producing Company
Application for Authorization to Inject
Page Four

- 10) Neste Oil, Inc.
5 Post Oak Park
Suite 1500
Houston, Texas 77027
- 11) Lindemuth and Associates
510 Hearn Street
Suite 200
Austin, Texas 78703
- 12) Diverse G.P. III
16414 San Pedro
Suite 340
San Antonio, Texas 78232
- 13) HEF-LIN Energy Corporation
510 Hearn Street
Suite 250
Austin, Texas 78703
- 14) Paul Buller
510 Hearn Street
Suite 350
Austin, Texas 78703
- 15) Justin B. Lynch
510 Hearn Street
Suite 370
Austin, Texas 78703
- 16) Snyder Petroleum Corporation
510 Hearn Street
Suite 360
Austin, Texas 78703

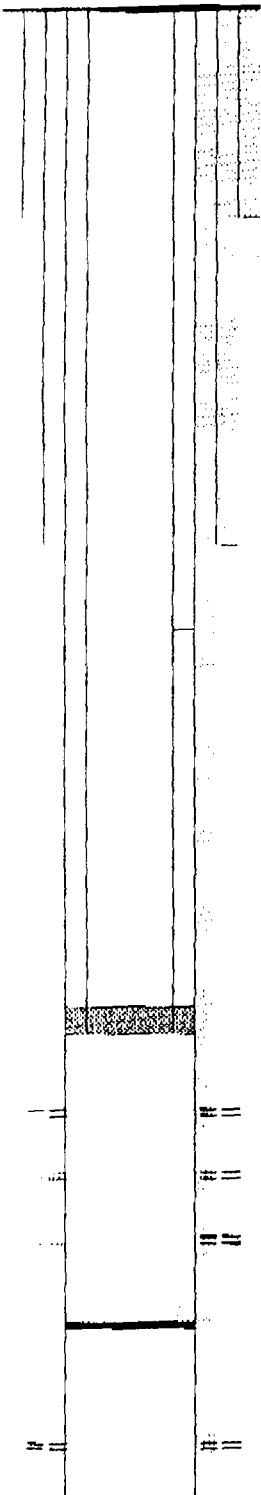
XIV. Proof of Publication

See attached.

Nearburg Producing Company

Exploration & Production

Well Name: M-H Federal #1 1-N	County: Eddy
Field Name: McKittrick Hills	State: New Mexico
Date: 6/1/93	Formation: Canyon

Wellbore Schematic After Completion

13 3/8" Casing Set at 200'
 Hole Size 17 1/2"
 250 Sacks of Cement - Circulated to Surface

8 5/8" Casing Set at 1,621'
 Hole Size 12 1/4"
 1,035 Sacks of Cement - Circulated to Surface

DV Tool Set at 6067'
 2nd Stage - 1,150 Sacks of Cement - Circulated to Surface

4 1/2" Casing Set at 10,504'
 Hole Size 7 7/8"
 1st Stage - 925 Sacks of Cement. Theoretical TOC 5,712.5'

2 7/8" Integral Joint IPC Tubing Complete with Downhole Valve set at 8,200' +/-

A Teflon Coated ON/OFF Tool Assembly
 Baker Loc-Set (or equivalent) Packer set at 8,200' +/-

Injection Perforations

8219' - 8231', 24 Shots at 2 SPF

8333' - 8339', 13 Shots at 2 SPF

8370' - 8380', 21 Shots at 2 SPF

CIBP at 10,210' capped with 30 feet of cement

Original Morrow Completion from 10,244' to 10,255'
 22 Shots at 2 SPF

K. S. Geophysical
Schlumberger

COMPENSATED NEUTRON/LITHO DENSITY

GNL Field Log

DPHI

COMPANY

NEARBURG PRODUCING COMPANY

WELL

NO. 1-IN N.H. FEDERAL

FIELD

UNDESIGNATED MORROW

COUNTY

EDDY

STATE

NEW MEXICO

NATION

U.S.A.

LOCATION

660' FSL & 1650' FHL

SEC

1

TUM

22-S

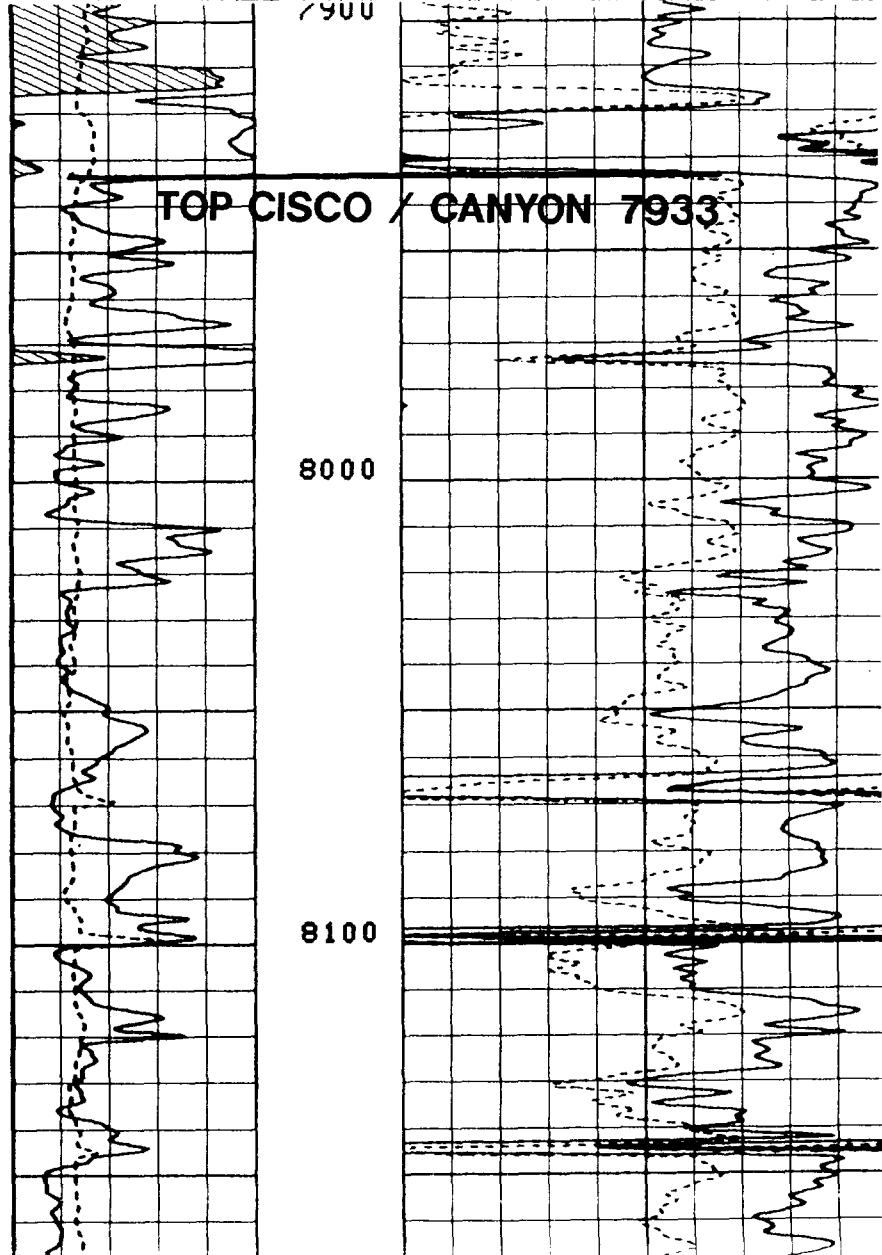
RGE

24-E

PERMANENT DATUM^{GSL}, ELEV. OF PERM. DATUM 3854.0 F
LOG MEASURED FROM K.B. 3868.0 F
14.0 F ABOVE PERM. DATUM 3867.0 F
DRLG. MEASURED FROM K.B. GL 3854.0 F

ELEVATIONS-
K.B. 3868.0 F
DP. 3867.0 F
GL. 3854.0 F

DATE¹ 16 JUL 88
RUN NO¹ CONFIDENTIAL



30

Full Well Report for NEARBURG PRODUCING CO
Copyright 1993 by Petroleum Information, Corp.

PIB512 ***** MAY 20, 1993 13:09:39 ***** WELL

1

API Nbr: 30015227820000	State: NMEX	County: EDDY
Meridian: NEW MEXICO		Meridn Code: 21
Province: NORTH BASIN		Prov Code: 666
Oper: ANTWEIL MORRIS R		Oper Code: 001550
Lease: M-H FEDERAL COM	Well: 1	Lease Code:
Field: MCKITTRICK HILLS		Field Code: 059322
SURVEY:		District: 02
T022S R024E SEC1		Spot:
FOOTAGES: 660FS 1650FW	CNGRS T-R-SEC /FULL SEC	
LOC NARR: 14 MI SW/LAKWOOD		
Oper Elev: 3854GR	RIG HT:	Log Td: Form@TD: 406CSCO
Other Depths: DRLR 7952	WSTD	OLDTD
Permit:	Proj Depth: 8200	Proj Form: 409PSLV
Status: D&A		Spud Date: 01 31 1979
Hole Dir: VERTICAL		Comp Date: 03 09 1979
Numeric Class: INL-6 FNL-0		
Alpha Class: INL-D FNL-D		
Latitude:	Source:	Longitude:
CASING:		
13 3/8 @ 8 5/8 @	200 W/ 250SX 1621 W/ 1035SX	
Contr: MORANCO 9	Tools: ROTARY	RIG Nbr:

INITIAL POTENTIAL TESTS:

FORMATION TOPS: (Source, Names, Depths, Shows)

LOG
453DLWR 1592 452BSPG 3552 451WFMP 7503
406CSCO 7932

CORE DESCRIPTIONS:

FORMATION TESTS:

DST 01 7823-7850 451WFMP
REC 5FT M
FINAL OP: 2H IFP: 22 FFP: 22 BHT: F
ISIP: 44 1H FSIP: 22 3H IHP: FHP:

DST 02 7928-7952 406CSCO
REC 3800FT PW
FINAL OP: 2H30M IFP: 87 FFP: 1439 BHT: F
ISIP: 2390 1H FSIP: 2390 4H IHP: FHP:

DST 03 STRD 4380-4600 452BSPG PKRFLR
REC 3648FT XW
FINAL OP: 1H50M IFP: 473 FFP: 1786 BHT: F
ISIP: 1786 1H FSIP: IHP: FHP:

DST 04 3460-3590 453DLWR
REC 1806FT XW

Full Well Report for NEARBURG PRODUCING CO
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PIB512 ***** MAY 20, 1993 13:09:39 ***** WELL

2

API Nbr: 30015227820001	State: NMEX	County: EDDY
Meridian: NEW MEXICO		Meridn Code: 21
Province: DELAWARE BASIN		Prov Code: 652
Oper: NEARBURG PROD		Oper Code: 116980
Prev. Oper: ANTWEIL MORRIS R		
Prev. Oper: NEARBURG PROD		
Lease: M-H FEDERAL COM	Well: 1	Lease Code:
Field: MCKITTRICK HILLS		Field Code: 059322

T022S R024E SEC1
FOOTAGES: 660FS 1650FW CNGRS T-R-SEC /FULL SEC
LOC NARR: 16 MI SW LAKEWOOD, NM

Oper Elev: 3854GR	RIG HT:	Log Td: Form@TD: 354BRNT
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Other Depths: DRLR 10502	WSTD	PBTD	OLDTD 7952
Permit:	Proj Depth: 10600		Proj Form: 402MRRW

Status: TAW	DEEPEN	Spud Date: 07 05 1988
Hole Dir: VERTICAL		Comp Date: 02 15 1989
Numeric Class: INL-6 FNL-0		
Alpha Class: INL-D D FNL-D		

Latitude:	Source:	Longitude:
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INITIAL POTENTIAL TESTS:

FORMATION TOPS: (Source,Names,Depths,Shows)

LOG
405CNYN 8555 404STRN 8820 403AKSL 9198
402MRRW 9729 354BRNT 10437

CORE DESCRIPTIONS:

FORMATION TESTS:

PRODUCTION TESTS:

PTS		1UW	CUT %	/64CK	HRS
402MRRW	PERF		/	10155-10244	
PERF	10155-10244	C	-	-	
BRPG	10155-10244	-	-		
NARRATIVE: SWBD WTR					
BRPG DEPTH-NO DETAILS					

PTS		1UW	CUT %	/64CK	HRS
406CSCO	PERF		/	8219-8231	
PERF	8219-8231	C	-	-	
SQZD	8219-8231	-	-		
NARRATIVE: SWBD WTR W/NS					
FIELD: MCKITTRICK HILLS				PROD ZN CODE:	OPER KEY: 1

OTHER WELL INFO:

*** Proposed Bottom Hole Location ***

*** Actual Bottom Hole Location ***

FINAL OP: 2H30M IFP: 79 FFP: 843 BHT: F
ISIP: 1343 1H FSIP: 1422 4H IHP: FHP:

PRODUCTION TESTS:
FIELD: MCKITTRICK HILLS PROD ZN CODE: OPER KEY: 1

LOG SURVEYS:

GR
DNC
ML

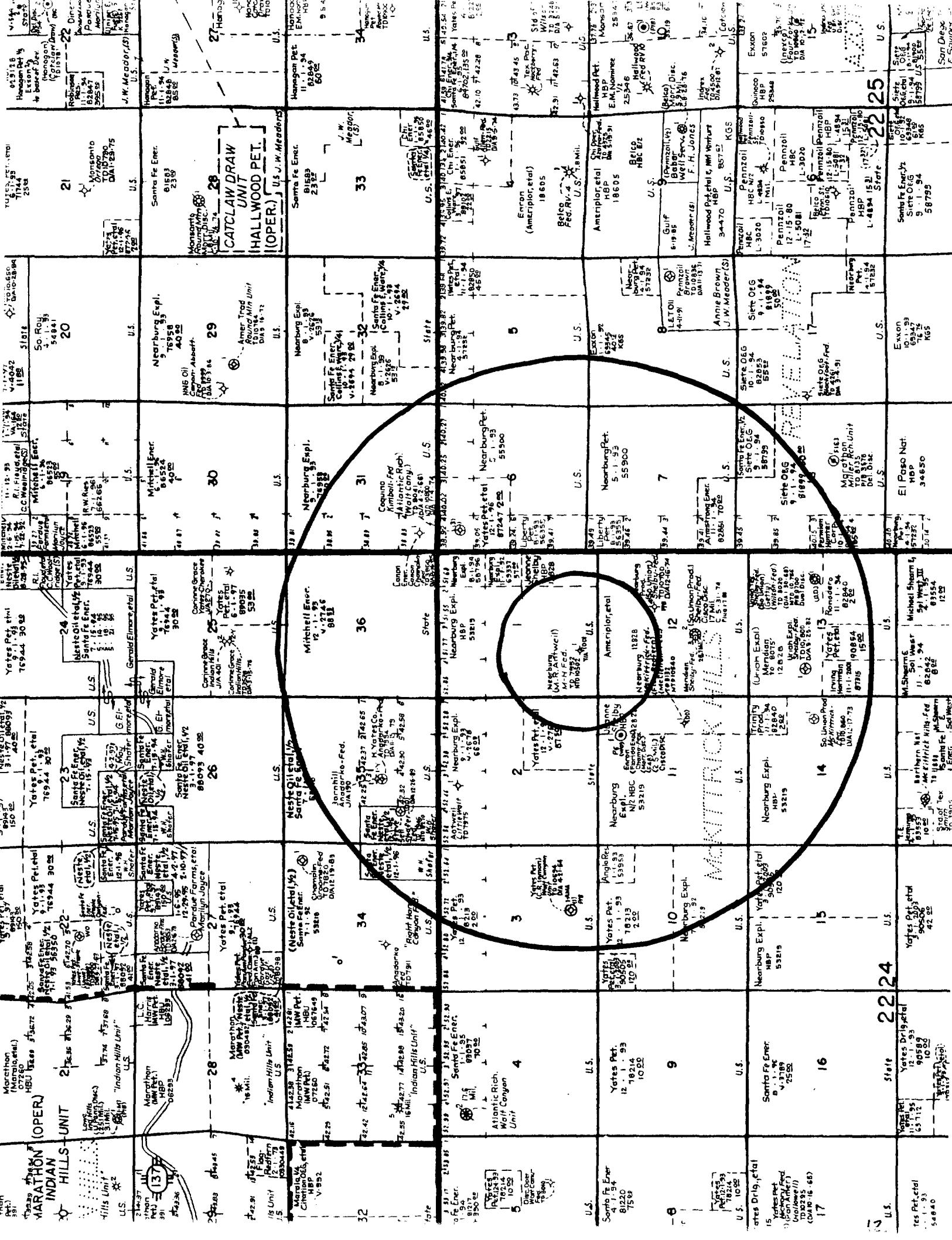
NEC
EL

OTHER WELL INFO:

*** Proposed Bottom Hole Location ***

*** Actual Bottom Hole Location ***

*** Horizontal Drilling Data ***



HALLIBURTON DIVISION LABORATORY

HALLIBURTON SERVICES

MIDLAND DIVISION

ARTEZIA, NEW MEXICO 88210

LABORATORY WATER ANALYSIS

No. W227 & W228-86

To Mr. Tom Campbell

Date April 18, 1986

Nearburg Producing

P. O. Box 31405

Dallas, TX 75231

This report is the property of Halliburton Company and neither it nor any part thereof nor a copy thereof is to be published or disclosed without first securing the express written approval of laboratory management; it may however, be used in the course of regular business operations by any person or concern and employees thereof receiving such report from Halliburton Company.

Submitted by _____ Date Rec. April 18, 1986

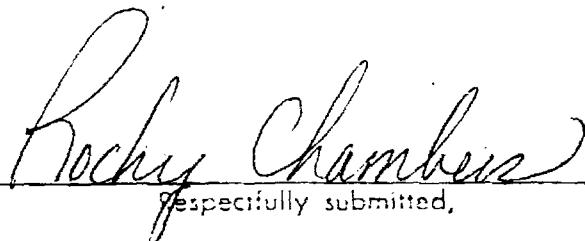
Well No. Shelby Fed. #4 Depth 8266' to 8298' Formation _____

County Eddy Field _____ Source _____

	12/22/24	MIDDAY	LAST RUN	
Resistivity6 @ 68°	.6 @ 68°	
Specific Gravity		1.007	1.007	
pH		6.8	6.8	
Calcium (Ca)		1,388	1,110	*MPL
Magnesium (Mg)		506	438	
Chlorides (Cl)		6,000	6,000	
Sulfates (SO ₄)		Heavy	Heavy	
Bicarbonates (HCO ₃)		793	732	
Soluble Iron (Fe)		Heavy	Heavy	
.....		
.....		
.....		

Remarks:

*Milligrams per liter



Rocky Chambers
Especially submitted.
Analyst: Rocky Chambers - Field Engineer
cc:

HALLIBURTON COMPANY

RECEIVED APR 24 1986

NOTICE

This report is limited to the described sample tested. Any user of this report agrees that Halliburton shall not be liable for any loss or damage, whether it be to act or omission, resulting from such report or its use.

HALLIBURTON DIVISION LABORATORY

HALLIBURTON SERVICES

MIDLAND DIVISION
ARTEZIA, NEW MEXICO 88210

LABORATORY WATER ANALYSIS

No. W229-86

To Mr. Tom Campbell
Nearburg Producing
P. O. Box 31405
Dallas, TX 75231

Date April 20, 1986

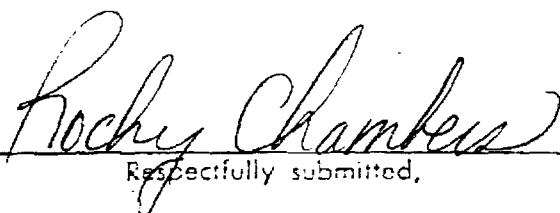
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Submitted by _____ Date Rec. April 19, 1986
Well No. Shelby #4 Depth 8116' to 8182' Formation Cisco
County Eddy Field _____ Source Swab

Resistivity	<u>0.54 @ 68°</u>	
Specific Gravity	<u>1.008</u>	
pH	<u>6.8</u>	
Calcium (Ca)	<u>1,665</u>	*MPL
Magnesium (Mg)	<u>471</u>	
Chlorides (Cl)	<u>7.000</u>	
Sulfates (SO ₄)	<u>Heavy</u>	
Bicarbonates (HCO ₃)	<u>396</u>	
Soluble Iron (Fe)	<u>Heavy</u>	

Remarks:

*Milligrams per liter



Respectfully submitted,

Analyst: Rocky Chambers - Field Engineer
CC:

HALLIBURTON COMPANY

RECEIVED APR 24 1986

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HALLIBURTON DIVISION LABORATORY

HALLIBURTON SERVICES

MIDLAND DIVISION

ARTEZIA, NEW MEXICO 88210

LABORATORY WATER ANALYSIS

No. W238-86

To. Mr. Tom Campbell

Date April 22, 1986

Nearburg Producing

P. O. Box 31405

Dallas, TX 75231

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Submitted by _____ Date Rec. April 21, 1986

Well No. Shelby #4 Depth 8116' Formation Cisco

County Eddy Field _____ Source Swab

Resistivity 0.60 @ 68°

Specific Gravity 1.007

pH 6.0

Calcium (Ca) 777 *MPL

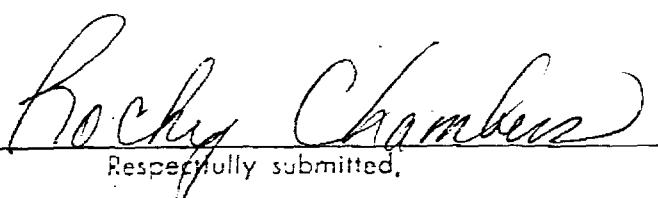
Magnesium (Mg) 674

Chlorides (Cl) 6,000

Sulfates (SO₄) SmallBicarbonates (HCO₃) 305

Soluble Iron (Fe) Moderate

Remarks: *Milligrams per liter



Respectfully submitted,

Analyst: Rocky Chambers - Field Engineer

HALLIBURTON COMPANY

cc:

RECEIVED APR 24 1986

NOTICE

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FILE

118904

SWL**SOUTHWESTERN LABORATORIES**

Materials, environmental and geotechnical engineering, nondestructive, metallurgical and analytical services
 1703 W. Industrial Avenue (915-683-3348) • P.O. Box 2150 • Midland, Texas 79701

File No. _____

Report No. 37770Report Date 5-7-86Date Received 5-5-86Delivered By B. Arrant

Report of tests on: Water

Client: Nearburg Producing Company

Identification: Sample MH-M

*Shelby #4
2nd Cisco 3m from bottom.*

mg/L

Calcium ----- 1132

Magnesium ----- 335

Sodium & Potassium (Calc. as Na) ----- 1490

Iron ----- 64

Carbonate ----- None

Bicarbonate ----- 144

Sulfate ----- 1468

Chloride ----- 4113

Total Dissolved Solids @ 180° C ----- 10612

Total Hardness (as Ca CO₃) ----- 4210

Resistivity ----- 0.075 @ 73° F

pH ----- 6.01

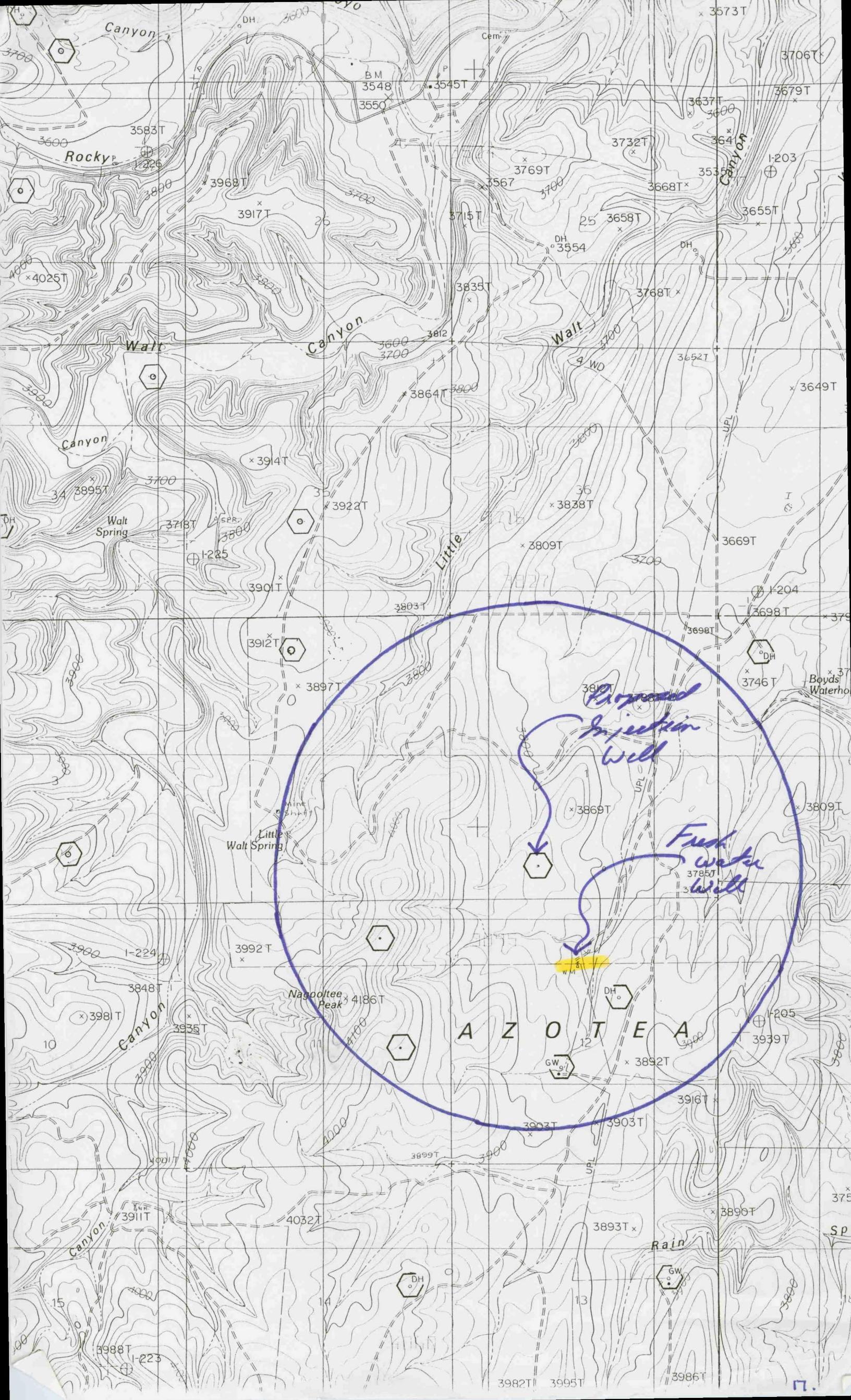
Standard Methods, 16th Edition

Technician: LYN, LLC, JDN, GMB

Copies 3 cc Nearburg Producing Company

SOUTHWESTERN LABORATORIES

Dary M. Burch



HALLIBURTON DIVISION LABORATORY**HALLIBURTON SERVICES****ARTESIA DISTRICT****LABORATORY REPORT**No. W170-93TO Nearburg ProducingDate May 23, 19931819 N. Turner, Suite AHobbs, NM 88240

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Submitted by Matt LeeDate Rec. May 21, 1993Well No. MTT Fresh Water Well

Depth _____

Formation _____

Field _____

County _____

Source _____

Resistivity 4.73 @ 70°Specific Gravity .. 1.0016 @ 70°pH 7.5Calcium 2,285Magnesium 925Chlorides 600Sulfates Less than 200Bicarbonates 213Soluble Iron 0

Remarks:

S. Jacobson
Respectfully submittedAnalyst: Eric Jacobson - Operations Engineer**HALLIBURTON SERVICES****NOTICE:**

This report is for information only and the content is limited to the sample described. Halliburton makes no warranties, express or implied, as to the accuracy of the contents or results. Any user of this report agrees Halliburton shall not be liable for any loss or damage, regardless of cause, including any act or omission of Halliburton, resulting from the use hereof.

BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

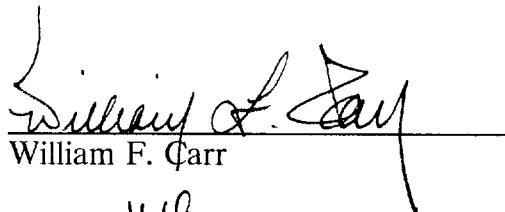
IN THE MATTER OF THE APPLICATION
OF NEARBURG PRODUCING COMPANY
FOR SALT WATER DISPOSAL,
LEA COUNTY, NEW MEXICO.

CASE NO. 10747

AFFIDAVIT

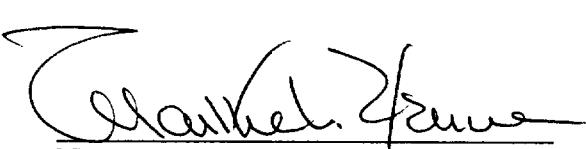
STATE OF NEW MEXICO)
)
COUNTY OF SANTA FE) ss.
)

William F. Carr, attorney in fact and authorized representative of Nearburg Producing Company, the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto as provided in Rule 1207.



William F. Carr

SUBSCRIBED AND SWORN to before me this 16th day of June, 1993.



Notary Public

My Commission Expires:

August 19, 1995

BEFORE EXAMINER CATANACH

OIL CONSERVATION DIVISION

NEARBURG EXHIBIT NO. 2

CASE NO. 10747

EXHIBIT A

Enron Oil and Gas Company
Post Office Box 2267
Midland, TX 79702

Ameriplor
American Exploration Company
1331 Lamar Street, Suite 900
Houston, TX 77010-3088

Meridian Oil, Inc.
Post Office Box 51810
Midland, TX 79710

Neste Oil, Inc.
5 Post Oak Park
Suite 1500
Houston, TX 77027

Shelby Jeanne Fields
5535 Yale Blvd., #200
Dallas, TX 75206

Lindemuth and Associates
510 Hearn Street
Suite 200
Austin, TX 78703

Consolidated Oil and Gas
1860 Lincoln Street
Denver, Colorado 80203

Diverse G.P. III
16414 San Pedro
Suite 340
San Antonio, TX 78232

Southern Union Exploration Company
Suite 1400, Texas Federal Bldg.
1217 Main Street
Dallas, TX 75202

HEF-LIN Energy Corporation
510 Hearn Street
Suite 250
Austin, TX 78703

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Paul Buller
510 Hearn Street
Suite 350
Austin, TX 78703

Santa Fe Operating Partners, L.P.
550 W. Texas, Suite 1330
Midland, TX 79701

Justin B. Lynch
510 Hearn Street
Suite 370
Austin, TX 78703

Mitchell Energy Corporation
Post Office Box 4000
The Woodlands, TX 77380

Snyder Petroleum Corporation
510 Hearn Street
Suite 360
Austin, TX 78703

Bureau of Land Management
Post Office Box 27115
Santa Fe, NM 87502-7115

CAMPBELL, CARR, BERGE

& SHERIDAN, P.A.

LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
WILLIAM P. SLATTERY

PATRICIA A. MATTHEWS
MICHAEL H. FELDEWERTH
DAVID B. LAWRENZ

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE I - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

May 27, 1993

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

TO ALL LEASEHOLD OPERATORS WITHIN ONE-HALF MILE OF THE PROPOSED
SALT WATER DISPOSAL WELL AND THE OWNER OF THE SURFACE ON WHICH
THE WELL WILL BE LOCATED

Re: Application of Nearburg Producing Company for Salt Water Disposal, Lea
County, New Mexico

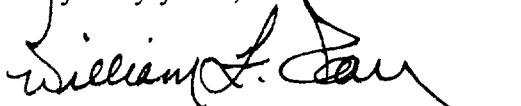
Gentlemen:

This letter is to advise you that Nearburg Producing Company ("Nearburg") has filed the enclosed application with the New Mexico Oil Conservation Division seeking authority to inject produced salt water into the Cisco-Canyon formation, in its M.H. Federal Well No. 1-1N, located 660 feet from the South line and 1980¹¹⁵ feet from the West line (Unit N) of Section 1, Township 22 South, Range 24 East, N.M.P.M., Lea County, New Mexico.

This application has been set for hearing before an Examiner of the Oil Conservation Division on June 17, 1993. As the owner of an interest who may be affected by this application, you may appear at the hearing and present testimony. Failure to appear at that time or otherwise become a party of record in this case will preclude you from challenging this matter at a later date.

Parties appearing in cases before the Division have been requested to file a Pre-hearing Statement substantially in the form prescribed by the Division (Oil Conservation Division Memorandum 2-90). Pre-hearing statements should be filed by 4:00 o'clock p.m., on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR
ATTORNEY FOR NEARBURG PRODUCING COMPANY

WFC:mlh
Enclosure

P 087 492 194



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Enron Oil and Gas Company
Post Office Box 2267
Midland, TX 79702

Certified Mail	
Special Delivery	
Restricted Delivery	
Return Receipt Sent Along to Whom & Date Delivered	
Return Receipt Sent Along to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	\$
Postmark or Date	<i>May 27, 1993</i>

● **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 fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Enron Oil and Gas Company
Post Office Box 2267
Midland, TX 79702

4. Article Number
P 087 492 194

Type of Service:	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.		
8. Addressee's Address (ONLY if requested and fee paid)		

JUN - 1 1993

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 087 492 195



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Meridian Oil, Inc.
Post Office Box 51810
Midland, TX 79710

Postage and Fees	
Specified Date	
Restricted Delivery	
Return Receipt Requested to Name & Address Mailed	
Return Receipt Addressing to Whom, Date and Address to Address	
PO At Postage & Fees	\$
Postmark or Date	

May 27, 1993

PS Form 3800, June 1991

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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 fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Meridian Oil, Inc. Post Office Box 51810 Midland, TX 79710</p>	
<p>4. Article Number: P 087 492 195</p>	
<p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Address X</p>	
<p>6. Signature - Agent X</p>	
<p>7. Date of Delivery 6-1-92</p>	
<p>* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT</p>	

P 087 492 196



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail

Shelby Jeanne Fields
5535 Yale Blvd., #200
Dallas, TX 75206

Postage Paid	
Priority Mail	
Postmaster Signature	
Postage Paid (Continued)	
Priority Mail (Continued)	
Postage Paid (Continued)	\$
Postmark or Date	
May 27, 1993	

PS Form 3800, July 1991

● **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 fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. **(Extra charge)**
2. Restricted Delivery **(Extra charge)**

3. Article Addressed to:

Shelby Jeanne Fields
5535 Yale Blvd., #200
Dallas, TX 75206

4. Article Number

P 087 492 196

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED.

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

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

May 27, 1993

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

P 087 492 197



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Consolidated Oil and Gas
1860 Lincoln Street
Denver, Colorado 80203

	\$
Certified Fee:	
Special Delivery Fee:	
Restricted Delivery Fee:	
Return Receipt Shipping to Whom & Date Stamped:	
Return Receipt Shipping to Whom, Date, and Addressee's Address:	
TOTAL Postage & Fees	\$
Postmark or Date:	
<i>May 21, 1993</i>	

CERTIFIED

P 087 492 197

MAIL

CAMPBELL, CARR, BERGE

8 SHERIDAN, P.A.

1st Notice JUN 10 1993
2nd Notice _____
Return _____

LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

ATTN: C. H. HUFF
C. H. HUFF
UNKANN
Consolidated Oil and Gas
860 Lincoln Street
Denver, Colorado 80203

Mark 2

P 087 492 198



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Southern Union Exploration Company
Suite 1400, Texas Federal Bldg.
1217 Main Street
Dallas, TX 75202

PS Form 3800, June 1991

Certified Fee	\$
Standard Delivery Fee	
Restricted Delivery Fee	
Return Receipt Stamped to Whom & Date Mailed	
Return Receipt Stamped; to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

May 27, 1993

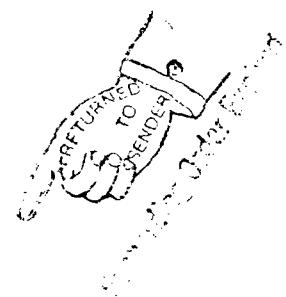
CERTIFIED

P 087 492 198

MAIL

CAMPBELL, CARR, BERGE

8 SHERIDAN, P.A. 1st Notice JUN 10 1993
LAWYERS 2nd Notice
POST OFFICE BOX 2208 D5880
SANTA FE, NEW MEXICO 87504-2208



~~Southern Union Exploration Company
Suite 1400, Texas Federal Bldg.
1217 Main Street
Dallas, TX 7520~~

P 087 492 199



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Certified Mail	
Date of Mailing, if applicable	
Restriction Delivery Fee	
Return Receipt for Mailing to Whom & Date Delivered	
Return Envelope Showing to Whom, Date, and Address, Recipient's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
May 27, 1993	

● **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 fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

4. Article Number
P 087 492 199

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and **DATE DELIVERED**.

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 087 492 200



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Santa Fe Operating Partners, L.P.
550 W. Texas, Suite 1330
Midland, TX 79701

Certified Mail	✓
Special Delivery	
Restricted Delivery Tax	
Return Receipt Requested to Whom It Is Addressed	
Return Receipt Requested to Whom, Date, and Address of Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>May 27, 1993</i>

PS Form 3800, June 1991

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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 fees the following services are available. Consult postmaster for fees and check boxes for optional services requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>3. Article Addressed to:</p> <p>Santa Fe Operating Partners, L.P. 550 W. Texas, Suite 1330 Midland, TX 79701</p>							
<p>4. Article Number P08749200</p>							
<p>Type of Service:</p> <table> <tr> <td><input checked="" type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table>		<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>							
<p>5. Signature - Address X Martin Dentry</p>							
<p>6. Signature - Agent X</p>							
<p>7. Date of Delivery 6-1-93</p>							
<p>8. Addressee's Address (ONLY if requested and fee paid) SMR</p>							

P 087 492 201



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Mitchell Energy Corporation
Post Office Box 4000
The Woodlands, TX 77380

Postage Due	
Priority Mail Label	
Restriction/Label Info	
Return Receipt Requested Name & Date Desired	
Return Address - To Whom, From and Address & Address	
TO/FBI Postage & Fees	\$
Postmark or Date	

May 27, 1993

PS Form 3800, June 1991

<p>● SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>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 fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)</p> <p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p>	
<p>Mitchell Energy Corporation Post Office Box 4000 The Woodlands, TX 77380</p>	
<p>4. Article Number P 087 492 201</p>	
<p>Type of Service:</p>	
<p><input type="checkbox"/> Required <input type="checkbox"/> Insured</p>	
<p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p>	
<p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	
<p>5. Signature — Address X</p>	
<p>6. Signature — Agent X</p>	
<p>7. Date of Delivery 8-21 Dec B - 07-92</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

P 087 492 202



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Bureau of Land Management
Post Office Box 27115
Santa Fe, NM 87502-7115

PS Form 3800, June 1991

Customer Name	
Customer Address	
Customer Telephone Number	
Return Receipt Requested to Other & Address	
Delivery Instructions to Whom, Date and Address	
To At Postage Address	\$0
Postmark or Date	

Alley 27, 1993

● **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 fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Bureau of Land Management
Post Office Box 27115
Santa Fe, NM 87502-7115

4. Article Number:
P 087 492 202

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED.

5. Signature — Address
X

6. Signature — Agent
X

7. Date of Delivery
6/1/93

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-665 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 fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
(Extra charge)
2. Restricted Delivery
(Extra charge)

3. Article Addressed to:

Ameriplor
American Exploration Company
1331 Lamar Street, Suite 900
Houston, TX 77010-3088

4. Article Number
P 087 492 203

Type of Service:	
<input type="checkbox"/>	Registered
<input checked="" type="checkbox"/>	Insured
<input type="checkbox"/>	COD
<input type="checkbox"/>	Express Mail
<input type="checkbox"/>	Return Receipt for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED.

5. Signature — Address
X Ameriplor

6. Signature Agent
X Ameriplor

7. Date of Delivery
May 27, 1993

PG Form 3611, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Certified	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>May 27, 1993</i>	

● 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 fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Neste Oil, Inc.
5 Post Oak Park
Suite 1500
Houston, TX 77027

4. Article Number
P 087 492 204

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

5. Signature – Address
S. C. WOOD
Always obtain signature of addressee
or agent and DATE DELIVERED.

6. Signature – Agent
X
7. Date of Delivery
May 27, 1993

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Customer File #	
Return Address	
Restricted Delivery Fee	
Return Receipt Fee owing to Whom & Date Delivered	
Return Receipt owing to Whom, Date, and Addressee's Address	
Total Postage & Fees	\$
Postmark or Date	

May 27, 1993

● **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 fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Lindemuth and Associates
510 Hearn Street
Suite 200
Austin, TX 78703

4. Article Number

P 087 492 205

Type of Service:

- | | | | |
|-------------------------------------|--------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Registered | <input type="checkbox"/> | Insured |
| <input checked="" type="checkbox"/> | Certified | <input type="checkbox"/> | COD |
| <input checked="" type="checkbox"/> | Express Mail | <input type="checkbox"/> | Return Receipt for Merchandise |
- Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X

Mrs. Clark

6. Signature — Agent

X

Mrs. Clark

7. Date of Delivery

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Certified	\$
Priority Delivery Fee	
Restriction of Liability Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

May 27, 1993

● 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 fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Diverse G.P. III
16414 San Pedro
Suite 340
San Antonio, TX 78232

4. Article Number:
P 087 492 206

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt
 For Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address
- X
6. Signature — Agent
- X
7. Date of Delivery

C. J. Courtney
4/1/93

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Certified Mail	
Special Delivery	
Restricted Delivery Fee	
Return Receipt Fee	
Return Receipt — Wing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 4
Postmark or Date	

May 27, 1993

P 087 492 207



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail

HEF-LIN Energy Corporation
510 Hearn Street
Suite 250
Austin, TX 78703

Postage & Handling	\$
Delivery Instructions	
Priority Mail Delivery	
Return Receipt Requested	
Delivery Instructions - To Whom, Date and Address	
U.S. Air Postage & Fees	\$
Postmark or Date	

May 27, 1993

PS Form 3800, June 1991

● 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 fees the following services are available. Consult postmaster for fees and check box(es) for additional services(s) requested.	
1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to:	
HEF-LIN Energy Corporation 510 Hearn Street Suite 250 Austin, TX 78703	
4. Article Number: P 087 492 207	
Type of Service:	
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address <input checked="" type="checkbox"/> Signature - Agent <i>Mike Allen</i>	
6. Signature - Agent <i>Mike Allen</i>	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	
PS Form 3811, Mar. 1986 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

P 087 492 208



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail

Paul Buller
510 Hearn Street
Suite 350
Austin, TX 78703

Postage & Delivery Fee	\$
Postage & Delivery Fee	
Postage & Delivery Showing To Whom & Date Delivered	
Postage & Delivery Showing to Whom, Date & A Dresser's Address	
Postage & Delivery & Fees	\$
Postmark or Date	

May 27, 1993

PS Form 3800, June 1991

<p>RENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>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 fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>								
<p>3. Article Addressed to:</p> <p>Paul Buller 510 Hearn Street Suite 350 Austin, TX 78703</p>								
<p>4. Article Number P 087 492 208</p>								
<table border="1"> <tr> <td>Type of Service:</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table>		Type of Service:	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured	<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise
Type of Service:								
<input type="checkbox"/> Registered								
<input checked="" type="checkbox"/> Certified								
<input type="checkbox"/> Express Mail								
<input type="checkbox"/> Insured								
<input type="checkbox"/> COD								
<input type="checkbox"/> Return Receipt for Merchandise								
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>								
<p>5. Signature — Address <i>Paul Buller</i></p>								
<p>6. Signature — Agent <i>X</i></p>								
<p>7. Date of Delivery <i>10/10/88</i></p>								
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>								

P 087 492 209



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail

Justin B. Lynch
510 Hearn Street
Suite 370
Austin, TX 78703

PS Form 3800, June 1991	\$
Certified Mail	
Special Delivery	
Restricted Delivery Fee	
Return Receipt Stating to Whom & Date Delivered	
Return Receipt Stating to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date:	

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 fees the following services are available. Consult postmaster
for details and check boxes for additional services) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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 fees the following services are available. Consult postmaster for fees and check box(es) for additional services(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>													
<p>3. Article Addressed to:</p> <p>Justin B. Lynch 510 Hearn Street Suite 370 Austin, TX 78703</p>													
<p>4. Article Number</p> <p>P 087 492 209</p>													
<table border="1"> <tr> <td>Type of Service:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Express Mail</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td colspan="2">Always obtain signature of addressee or agent and DATE DELIVERED.</td> </tr> </table>		Type of Service:		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail		<input type="checkbox"/> Return Receipt for Merchandise		Always obtain signature of addressee or agent and DATE DELIVERED.	
Type of Service:													
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured												
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD												
<input type="checkbox"/> Express Mail													
<input type="checkbox"/> Return Receipt for Merchandise													
Always obtain signature of addressee or agent and DATE DELIVERED.													
<p>B. Addressee's Address (ONLY if requested and fee paid)</p> <p>X <i>Mike Chen</i></p>													
<p>6. Signature – Address</p> <p>X</p>													
<p>6. Signature – Agent</p> <p>X</p>													
<p>7. Date of Delivery</p> <p>C</p>													

P 087 492 210



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Snyder Petroleum Corporation
510 Hearn Street
Suite 360
Austin, TX 78703

Certified Mail	
Specified Delivery Date	
Restricted Delivery Fee	
Return Receipt Following to Whom & Date Delivered	
Return Receipt Following to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
May 27, 1993	

● **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 recipient will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Snyder Petroleum Corporation
510 Hearn Street
Suite 360
Austin, TX 78703

4. Article Number
P 087 492 210

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

C

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1888-212-865 DOMESTIC RETURN RECEIPT