



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION



BRUCE KING  
GOVERNOR

ANITA LOCKWOOD  
CABINET SECRETARY

POST OFFICE BOX 2088  
STATE LAND OFFICE BUILDING  
SANTA FE, NEW MEXICO 87504  
(505) 827-5800

November 30, 1993

**KELLAHIN AND KELLAHIN**  
Attorneys at Law  
P. O. Drawer 2265  
Santa Fe, New Mexico 87504

RE: CASE NO. 10830  
ORDER NO. R-10026

Dear Sir:

Enclosed herewith are two copies of the above-referenced Division order recently entered in the subject case.

Sincerely,

*Sally Martinez*  
Sally E. Martinez  
Administrative Secretary

cc: BLM - Carlsbad  
James Bruce  
William Carr  
Ernest Padilla  
Robert Sikes  
Donna McDonald - CCD

*Admitted @ the 10/21/93 Hearing*

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

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

**CASE NO. 10830**

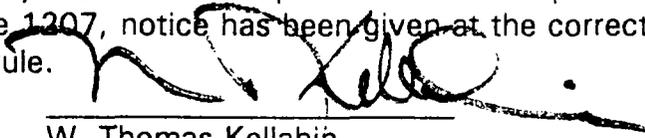
APPLICATION OF CONOCO, INC.  
FOR SPECIAL POOL RULES OR,  
FOR A TEMPORARY  
SPECIAL TESTING ALLOWABLE,  
LEA COUNTY, NEW MEXICO

CERTIFICATE OF MAILING

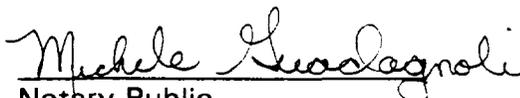
AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Conoco Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on September 27, 1993, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for October 21, 1993, to the parties shown in the application as evidenced by the attached copies of return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

  
W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of SEPTEMBER,  
1993.

  
Michele Guadagnoli  
Notary Public

My Commission Expires:

June 7, 1993

Is your RETURN ADDRESS completed on the reverse side?

**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 will show to whom the article was delivered and the date delivered.

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:  
 Marathon Oil Company  
 P.O. Box 552  
 Midland, Texas 79702

4a. Article Number  
 670814 730

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

7. Date of Delivery SEP 30 1993

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**  
Con 10830

Thank you for using Return Receipt Service.



Marathon Oil Company  
 P.O. Box 552  
 Midland, Texas 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

P/S Form 3800 June 1990

P L 70 514 732



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
POSTNETS / See Reverse

**Headington Oil Co.  
14881 Quorum Drive  
Dallas, Texas 75240**

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	



PS Form 3800, June 1990

### Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Hanson Operating Co., Inc.  
P.O. Box 1515  
Roswell, NM 88202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

Is your RETURN ADDRESS completed on the reverse side?

#### 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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Hanson Operating Co., Inc.  
P.O. Box 1515  
Roswell, NM 88202

4a. Article Number

676 814 733

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

9-30-93

5. Signature (Addressee)

6. Signature (Agent)

*Pat McKeaw*

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

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

CON 10830

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**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 the 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 will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Exxon Corporation  
P.O. Box 1600  
Midland, Texas 79702

4a. Article Number  
**670 814 734**

4b. Service Type

Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
**SEP 30 1993**

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991    \*U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**  
*(CN 10830)*

Thank you for using Return Receipt Service.



**Certified Mail Receipt**

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

Exxon Corporation  
P.O. Box 1600  
Midland, Texas 79702

	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

Is your RETURN ADDRESS completed on the reverse side?

**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 will show to whom the article was delivered and the date delivered.

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:  
 John H. Hendrix Corp  
 223 West Wall, Suite 525  
 Midland, Texas 79701

4a. Article Number  
 670 814 731  
 4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
 7. Date of Delivery  
 9/30/93

5. Signature (Addressee)  
*[Signature]*  
 6. Signature (Agent)  
*[Signature]*

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

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

*CON 1082*

Thank you for using Return Receipt Service.



**Certified Mail Receipt**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 See Reverse

John H. Hendrix Corp  
 223 West Wall, Suite 525  
 Midland, Texas 79701

PS Form 3800 June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

670 814 735



### Certified Mail Receipt

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

**Chevron U.S.A. Inc.**  
**P.O. Box 1150**  
**Midland, Texas 79702**

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**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 will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**Chevron U.S.A. Inc.**  
**P.O. Box 1150**  
**Midland, Texas 79702**

4a. Article Number  
**670 814 735**

4b. Service Type

Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)  
*P. Miller*

**DOMESTIC RETURN RECEIPT**  
*Con 1150*

Thank you for using Return Receipt Service.



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

Campbell and Hedrick  
 P.O. Box 401  
 Midland, Texas 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

Is your RETURN ADDRESS completed on the reverse side?

**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 will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  Campbell and Hedrick P.O. Box 401 Midland, Texas 79701	4a. Article Number 670 814 736
5. Signature (Addressee)	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent) <i>Manuel Stone</i>	7. Date of Delivery 9-30-93
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

*Com 10830*

Is your RETURN ADDRESS completed on the reverse side?

**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 the 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 will show to whom the article was delivered and the date delivered.

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:

Amoco Production Co.  
P.O. box 3092  
Houston, Texas 77253

4a. Article Number

670 814 737

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

OCT - 4 1993

5. Signature (Addressee)

6. Signature (Agent)

*J. Guillory*

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

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

*CM 1082c*

P 670 814 737  
 **Certified Mail Receipt**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 Amoco Production Co.  
 P.O. box 3092  
 Houston, Texas 77253

PS Form 3800, June 1990

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

P 670 814 738  
**Certified Mail Receipt**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

Sent to \_\_\_\_\_

**Amerada Hess Corporation**  
**1201 Louisiana, Suite 700**  
**Houston, Texas 77002**

PS Form 3800 June 1990

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for address.
- 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 will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

**Amerada Hess Corporation**  
**1201 Louisiana, Suite 700**  
**Houston, Texas 77002**

4a. Article Number  
**670 814 738**

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

7. Date of Delivery  
**OCT 07 1993**

5. Signature (Addressee)

6. Signature (Agent)  
*Daryl Bradford*

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

**DOMESTIC RETURN RECEIPT**  
 CON 10850

Thank you for using Return Receipt Service.