

OFFSET WELL DATA

Well	Z. A McMillan "B" Well #3	Z. A McMillan "B" Well #1	State "AT" Well #2
Location	660 FSL & 1980 FEL Sec 4-19S-37E	1650 FSL & 1650 FEL Sec 4-19S-37E	660 FWL & 1980 FSL Sec 4-19S-37E
Operator	Texaco, Inc.	Texaco, Inc.	Don H Wilson
Date Drilled	5-1-56	9-49	6-16-77
Well Type	D & A 7-17-58	P & A 8-1-60	Producer (Eumont)
Casing Detail	8 5/8" @ 1609' Cemented w/900 sacks. 4 1/2" @ 3950' Cemented w/550 sacks	8 5/8" @ 301' Cemented w/200 sacks. 5 1/2" @ 2780' Cemented w/300 sacks	8 5/8" @ 320' Cemented w/175 sacks. 5 1/2" @ 3996' Cemented w/1600 sacks.
Total Depth	3950'	3200'	4000'
Perforations	3714-3756 3794-3816	2780-3200 (OH)	3010-3040
Comments	Bridge Plug @ 3827' 35 sack plug w/top @ 3376 Cut off & pulled top 1530' of 4 1/2" 30 sack plug 1560-1460 10 sack surface plug	25 sack plug @ 2765' Cut off & pulled top 1000' of 5 1/2" 30 sack plug 1658-1758 30 sack plug 250-350 10 sack surface plug	

NEW MEXICO
OIL CONSERVATION DIVISION

OXY ENF 1A

CASE NO 10866/10867

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OXY USA INC. TO AMEND
DIVISION ORDER NO. R-2901 AND TO EITHER
INSTITUTE A NEW WATERFLOOD
PROJECT OR FOR WATER EXPANSION,
LEA COUNTY, NEW MEXICO

No. 10,866

AFFIDAVIT REGARDING NOTICE

STATE OF TEXAS)
) ss.
COUNTY OF MIDLAND)

Richard E. Foppiano, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18 and have personal knowledge of the matters stated herein.
2. I am an employee of Applicant herein.
3. Applicant has conducted a good faith, diligent effort to find the correct addresses of parties entitled to receive a copy of the application (Form C-108) filed herein.
4. Notice of the application was provided to the parties at their correct addresses by mailing them, by certified mail, a copy of the application. Copies of the notice letter and certified return receipts are attached hereto. In addition, notice of the application was published in a newspaper of record, and an affidavit of publication is attached hereto.
5. The notice provisions of Form C-108 have been complied with.

NEW MEXICO
OIL CONSERVATION DIVISION


Richard E. Foppiano

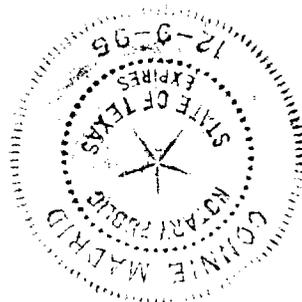
Oxy EXHIBIT 4A
CASE NO 10866/10867

SUBSCRIBED AND SWORN to before me this 13th day of December, 1993, by Richard E. Foppiano.

Bonnie Madrid
Notary Public

My commission expires:

12/9/96





OXY USA INC.
Box 50250, Midland, TX 79710

November 22, 1993

To: Persons on Service List (certified mail, return receipt requested).

Re: New Mexico Oil Conservation Division Case No. 10,866

Gentlemen:

OXY USA Inc. has applied to the Division for expansion of the waterflood project for the north segment of the East Eumont Unit, Lea County, New Mexico, through twenty-two (22) injection wells. A copy of an amended C-108 for the project is enclosed. OXY's records indicate you are an offset operator or surface owner. This matter has been scheduled for hearing at 8:15 AM on Thursday, December 16, 1993, at Morgan Hall in the State Land Office Building, 310 Old Santa Fe Trail, Santa Fe, New Mexico. Failure to appear at that time will preclude you from protesting this matter at a later date.

Yours truly,

A handwritten signature in cursive script that reads "Richard E. Foppiano".

Richard E. Foppiano
Regulatory Affairs Advisor
Western Region - Midland

REF/ref
enclosure

SERVICE LIST

Government Agencies

Bureau of Land Management
attn: Vince Baldarez
P. O. Box 1157
Hobbs, N.M., 88240

State of New Mexico Land Office
3830 N. Grimes, Ste. C
Hobbs, N.M., 88240

Offset Operators

A & A Oilfield Service
P. O. Box 5028
Hobbs, N.M., 88241

Chevron USA Inc.
P. O. Box 1150
Midland, TX. 79702

Lanexco
P. O. Box 2730
Midland, Tx., 79702

Ralph E. Erwin
P. O. Box 755
Hobbs, N.M., 88241

Surface Owners

Mrs. Bruce A. Carlin
P. O. Box 61
Hobbs, N.M., 88241

E. W. Cox
9201 W. Carlsbad Hwy.
Hobbs, N.M., 88240

James Foley
(Robert H. Huston, Jr. estate)
513 Chaparral
Belen, N.M., 87002

Muriel Terry McNeil, Trustee
P. O. Box 686
Hobbs, N.M., 88240

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:

E W COX
9201 W CARLSBAD HWY
HOBS NM 88240

5. Signature (Addressee)
E W Cox

6. Signature (Agent)

4a. Article Number
P 555 867 395

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

7. Date of Delivery
12/7/93

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

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.
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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:

BUREAU OF LAND MANAGEMENT
ATIN VINCE BALDAREZ
P O BOX 1157
HOBS NM

5. Signature (Addressee)
A. Messingell

6. Signature (Agent)

4a. Article Number
P 555 867 424

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

7. Date of Delivery
12/6/93

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

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.
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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:

MRS BRUCE A CARLIN
P O BOX 61
HOBS NM 88241

5. Signature (Addressee)
Bruce A Carlin

6. Signature (Agent)

4a. Article Number
P 555 867 430

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

7. Date of Delivery
11/26/93

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

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.
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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:
LANEXCO
P O BOX 2730
MIDLAND TX 79702

4a. Article Number
P 555 867 428

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

7. Date of Delivery
NOV 26 1993

5. Signature (Addressee)

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

6. Signature (Agent)
Ric Flores

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **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.
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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:
JAMES FOLEY
(ROBERT H HUSTON JR ESTATE)
513 CHAPARRAL
BELEN NM 87002

4a. Article Number
P 555 867 393

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

7. Date of Delivery
NOV 26 1993

5. Signature (Addressee)

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

6. Signature (Agent)
James Foley

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

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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 USA INC
P O BOX 1150
MIDLAND TX 79702

4a. Article Number
P 555 867 427

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

7. Date of Delivery
NOV 29 1993

5. Signature (Addressee)

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

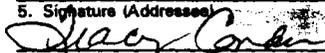
6. Signature (Agent)
John King

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: RALPH E ERWIN P O BOX 755 HOBBS NM 88241		4a. Article Number P 555 867 429	
		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 type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 11/29/93	
5. Signature (Addressee) <i>Chesiah Whitaker</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MURIEL TERRY MC NEIL TRUSTEE P O BOX 686 HOBBS NM 88240		4a. Article Number P 555 867 394	
		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 type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee) <i>Muriel McNeil</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 11-29-93			
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: A & A OILFIELD SERVICE P O BOX 5028 HOBBS NM 88241		4a. Article Number P555 867 426	
		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 type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 12-2-93	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Donna Hunt</i>			
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

SENDER: <ul style="list-style-type: none"> • 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: STATE OF NEW MEXICO LAND OFFICE 3830 N. GRIMES STE C HOBBS NM 88240		4a. Article Number P:555 867 425	
		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 type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 11-27-93	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			
PS Form 3811, November 1990 • U.S. GPO: 1991-257-098 DOMESTIC RETURN RECEIPT			

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, Kathi Bearden

General Manager

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of _____

one weeks.

Beginning with the issue dated

November 28, 19 93

and ending with the issue dated

November 28, 19 93

Kathi Bearden
General Manager

Sworn and subscribed to before

me this 29 day of

November, 19 93

Charlene Perrin

Notary Public.

My Commission expires
March 15, 1997

(Seal)

LEGAL NOTICE
November 28, 1993

OXY USA Inc., P.O. Box 50250, Midland, Texas, 79710, 915/685-5825. Scott Gengler - Engineer, proposes to inject water for secondary recovery purposes into the East Eumont Unit well #'s 2, 4, 6, 7, 9, 11, 12, 14, 16, 18, 20, 22, 25, 28, 30, 32, 35, 36, 37, 39, 41 and 133 located in sections 33 and 34 of T-18S, R-37E and sections 3, 4, 5, 9, 10, 15 and 16 of T-19S, R-37E, Lea County, New Mexico. Water will be injected into the Queen formation at an average depth of 3900' at an approximate rate of 300 BWPD per well and at a maximum pressure of 1800#. Interested parties must file objections or requests for hearing with the New Mexico Oil Conservation Division, P.O. Box 2088, Santa Fe, New Mexico, 87501, within fifteen (15) days of this notice.

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.