



HINKLE, COX, EATON, COFFIELD & HENSLEY

PAUL W. EATON  
CONRAD E. COFFIELD  
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ERIC D. LANPHERE  
C. D. MARTIN  
ROBERT P. TINNIN, JR.  
MARSHALL G. MARTIN  
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RICHARD E. OLSON  
RICHARD R. WILFONG\*  
THOMAS J. MCBRIDE  
JAMES J. WECHSLER  
NANCY S. CUSACK  
JEFFREY L. FORNACIARI  
JEFFREY D. HEWETT  
JAMES BRUCE  
JERRY F. SHACKELFORD\*  
JEFFREY W. HELLBERG\*  
WILLIAM F. COUNTISS\*\*  
ALBERT L. PITTS  
THOMAS M. HNASKO  
JOHN C. CHAMBERS\*  
GARY D. COMPTON\*  
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RUSSELL R. BAILEY\*\*  
CHARLES P. WATSON\*\*  
THOMAS D. HAINES, JR.  
GREGORY J. NIBERT

MARK C. DOW  
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WILLIAM P. JOHNSON  
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POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504-2068  
(505) 982-4554  
FAX (505) 982-8623

LEWIS C. COX, JR. (1924-1993)  
ROY C. SNOODGRASS, JR. (1914-1987)  
CLARENCE E. HINKLE (1901-1985)  
W. E. BONDURANT, JR. (1913-1973)

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RAY W. RICHARDS\*\*  
L. A. WHITE\*\*

AUSTIN AFFILIATION  
HOFFMAN & STEPHENS, P.C.  
KENNETH R. HOFFMAN  
TOM D. STEPHENS  
RONALD C. SCHULTZ, JR.

700 UNITED BANK PLAZA  
POST OFFICE BOX 10  
ROSWELL, NEW MEXICO 88202  
(505) 622-6510  
FAX (505) 623-9332

2800 CLAYDESTA CENTER  
6 DESTA DRIVE  
POST OFFICE BOX 3580  
MIDLAND, TEXAS 79702  
(915) 683-4691  
FAX (915) 683-6518

1700 BANK ONE CENTER  
POST OFFICE BOX 9238  
AMARILLO, TEXAS 79105  
(806) 372-5569  
FAX (806) 372-9761

500 MARQUETTE N.W., SUITE 800  
POST OFFICE BOX 2043  
ALBUQUERQUE, NEW MEXICO 87103  
(505) 768-1500  
FAX (505) 768-1529

401 WEST 15TH STREET, SUITE 800  
TEXAS MEDICAL ASSOCIATION BUILDING  
AUSTIN, TEXAS 78701  
(512) 476-7137  
FAX (512) 476-5431

\*NOT LICENSED IN NEW MEXICO  
\*\*FORMERLY COMPRISING THE FIRM OF  
CULTON, MORGAN, BRITAIN & WHITE, P.C.

June 13, 1994

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

To: Persons on Exhibit A

**RE: Application of Burk Royalty Company for a Waterflood Project, Hanson "C" Lease, Lynch Yates-Seven Rivers Pool, SW¼ S23, Township 20 South, Range 34 East, N.M.P.M., Lea County, New Mexico**

Burk Royalty Company previously mailed to each of you a copy of its Form C-108 (Application for Authorization to Inject) regarding the above application. This matter has been scheduled for hearing at 8:15 a.m. on July 7, 1994 at the Oil Conservation Division's office at 310 Old Santa Fe Trail, Santa Fe, New Mexico. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very truly yours,

HINKLE, COX, EATON, COFFIELD  
& HENSLEY



James Bruce  
Attorneys for Burk Royalty Company

JB/bc

Attachment

EXHIBIT A

Bureau of Land Management Post Office Box 1157 Hobbs, New Mexico 88240-1157	P 176 012 568
Dan & Ron Berry Post Office Box 67 Eunice, New Mexico 88231	P 176 012 569
Shell Western Exploration & Production Inc. Post Office Box 576 Houston, Texas 77001	P 176 012 567
Nearburg Producing Company 1819 North Turner Hobbs, New Mexico 88240	P 023 913 268 - Returned P 023 913 243 - Second Mailing
Devon Energy Corporation 20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73102	P 023 913 269
Anadarko Petroleum Corporation Post Office Box 130 Artesia, New Mexico 88211-0130	P 023 913 270
Read & Stevens, Inc. Post Office Box 1518 Roswell, New Mexico 88202	P 023 913 271
Mobil Producing Texas and New Mexico Inc. Post Office Box 1800 Hobbs, New Mexico 88240	P 023 913 272 - Returned P 023 913 253 - Second Mailing
Texaco Exploration and Production Inc. Post Office Box 730 Hobbs, New Mexico 88241-0730	P 023 913 273
Collins & Ware 303 West Wall, Suite 2200 Midland, Texas 79701	P 023 913 274
Mack Energy Corp. Post Office Box 276 Artesia, New Mexico 88210	P 023 913 241

P 176 012 568

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, a & 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:  
**BUREAU OF LAND MANAGEMENT**  
**POST OFFICE BOX 1157**  
**HOBBS, NM 88240-1157**

4a. Article Number  
**P 176 012 568**

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

7. Date of Delivery  
**6-15-94**

5. Signature (Addressee)

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

6. Signature (Agent)

*R. Heston*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**



**Receipt for Certified Mail**

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

Thank you for using Return Receipt Service.  
PS Form 3800, June 1991

Sent to <b>BLM</b>	
Street and No. <b>PO Box 1157</b>	
P.O. State and ZIP Code <b>Hobbs, NM 88240-1157</b>	
Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

P 176 012 569



**Receipt for Certified Mail**

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

PS Form 3800, June 1991

Sent to <b>Alan &amp; Ron Berry</b>	
Street and No. <b>PO Box 67</b>	
P.O. State and ZIP Code <b>Lunenburg NM 88231</b>	
Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
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, a & 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:  
SHELL WESTERN EXPLORATION  
& PRODUCTION Inc.  
POST OFFICE Box 576  
HOUSTON, TX 77001

4a. Article Number  
P 176 012 567

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

7. Date of Delivery  
JUN 16 1994

5. Signature (Addressee)

6. Signature (Agent)  
Roland K. Henry

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.  
PS Form 3800, J

P 176 012 567

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

Sept to  
Shell Western Expl. & Prod. Inc.  
Street and No.  
PO Box 576  
P.O. State and ZIP Code  
Houston, TX 77001

Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
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):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Newburg Producing Co.  
419 West Cain St.  
Hobbs, NM 88240

4a. Article Number  
P 023913243

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

7. Date of Delivery  
6/27/94

5. Signature (Addressee)  
Kim Brooks

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.  
PS Form 3800, J

P 023 913 243

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

Sept to  
Newburg Producing Co.  
Street and No.  
419 West Cain St.  
P.O. State and ZIP Code  
Hobbs NM 88240

Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
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, 4, 5, 6, 7, 8, 9 & 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:  
**DEVON ENERGY CORP.**  
**20 NORTH BROADWAY**  
**SUITE 1500**  
**OKLAHOMA CITY, OK 73102**

4a. Article Number  
**P 023 913 269**

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

7. Date of Delivery  
**6/16/94**

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: 1993-352-714 **DOMESTIC RETURN RECEIPT**

P 023 913 269



**Receipt for Certified Mail**

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

Sent to <i>Devon Energy Corp.</i>	
Street and No. <i>20 N. Broadway, Ste 1500</i>	
P.O., State and ZIP Code <i>Oklahoma City OK 73102</i>	
Postage	<b>\$ .29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$2.29</b>
Postmark or Date	

Thank you for using Return Receipt Service.  
PS Form 3800, 1993

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, 9 & 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:  
**ANADARKO PETROLEUM CORP.**  
**POST OFFICE BOX 130**  
**ARTESIA, NM 88211-0130**

4a. Article Number  
**P 023 913 270**

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

7. Date of Delivery  
**6-15-94**

5. Signature (Addressee)  
*Jerry W. Harland*

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

P 023 913 270



**Receipt for Certified Mail**

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

Sent to <i>Anadarko Petroleum Corp.</i>	
Street and No. <i>PO Box 130</i>	
P.O., State and ZIP Code <i>Artesia NM 88211-0130</i>	
Postage	<b>\$ .29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$2.29</b>
Postmark or Date	

Thank you for using Return Receipt Service.  
PS Form 3800, 1993

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, a & 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:  
 READ & STEVENS, INC.  
 POST OFFICE BOX 1518  
 ROSWELL, NM 88202

4a. Article Number  
 P 023 913 271

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

7. Date of Delivery  
 6-16 94

5. Signature (Addressee)

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

6. Signature (Agent)  
 Lydia L. Lara

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

P 023 913 271



**Receipt for Certified Mail**

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

Sent to	Read & Stevens, Inc.
Street and No.	PO Box 1518
P.O. State and ZIP Code	Roswell NM 88202
Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

Thank you for using Return Receipt Service.  
PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, a & 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:  
 Mobil Producing Texas  
 & New Mexico, Inc.  
 500 West Illinois  
 Midland, TX 79701

4a. Article Number  
 P 023 913 253

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

7. Date of Delivery  
 6-23-94

5. Signature (Addressee)  
 B. Janehart

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

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

P 023 913 253



**Receipt for Certified Mail**

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

Sent to	Mobil Producing TX + NM, Inc.
Street and No.	500 W. Illinois
P.O. State and ZIP Code	Midland TX 79701
Postage	\$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

Thank you for using Return Receipt Service.  
PS Form 3800, June 1991

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:

**TEXACO EXPLORATION and PRODUCTION, INC.**  
**Post Office Box 730**  
**HOBBS, NM 88240**

4a. Article Number  
**P 023 913 273**

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

5. Signature (Addressee)  
*[Signature]* 6-15-94

6. Signature (Agent)

7. Date of Delivery

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

PS Form 3811, December 1991    ☆U.S. GPO: 1993-352-714    **DOMESTIC RETURN RECEIPT**

P 023 913 273



**Receipt for Certified Mail**

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

Sent to	<b>Texaco Exploration &amp; Prod. Inc</b>
Street and No.	<b>PO Box 730</b>
P.O., State and ZIP Code	<b>Hobbs NM 88240</b>
Postage	<b>\$.29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$2.29</b>
Postmark or Date	

Thank you for using Return Receipt Service.  
PS Form 3800.

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:

**COLLINS & WARE**  
**303 WEST WALL**  
**SUITE 2200**  
**MIDLAND, TX 79701**

4a. Article Number  
**P 023 913 274**

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

7. Date of Delivery  
**6/15**

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

PS Form 3811, December 1991    ☆U.S. GPO: 1993-352-714    **DOMESTIC RETURN RECEIPT**

P 023 913 274



**Receipt for Certified Mail**

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

Sent to	<b>Collins &amp; Ware</b>
Street and No.	<b>303 West Wall, Ste. 2200</b>
P.O., State and ZIP Code	<b>Midland, TX 79701</b>
Postage	<b>\$.29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$2.29</b>
Postmark or Date	

Thank you for using Return Receipt Service.  
PS Form 3800.

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.

P 023 913 241



**Receipt for Certified Mail**

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

3. Article Addressed to:  
**MACK ENERGY CORP.  
POST OFFICE BOX 276  
ARTESIA, NM 88210**

4a. Article Number  
**P023 913 241**

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

7. Date of Delivery  
**6-15-94**

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

5. Signature (Addressee)

6. Signature (Agent)

*Staci Sanders*

PS Form 3811, December 1991    U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.  
PS Form 3800

Sent to <b>Mack Energy Corp.</b>	
Street and No. <b>PO Box 276</b>	
P.O. State and ZIP Code <b>Artesia NM 88210</b>	
Postage	<b>\$ .29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$ 2.29</b>
Postmark or Date	

P 023 913 268



**Receipt for Certified Mail**

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

Sent to <b>Neakburg Producing Co.</b>	
Street and No. <b>1819 North Turner</b>	
P.O. State and ZIP Code <b>Hobbs, NM 88240</b>	
Postage	<b>\$ .29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$ 2.29</b>
Postmark or Date	

PS Form 3800, June 1991

P 023 913 272



**Receipt for Certified Mail**

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

Sent to <b>Mobil Producing Tx &amp; NM Inc.</b>	
Street and No. <b>PO Box 1800</b>	
P.O. State and ZIP Code <b>Hobbs, NM 88240</b>	
Postage	<b>\$ .29</b>
Certified Fee	<b>1.00</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.00</b>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<b>\$ 2.29</b>
Postmark or Date	

PS Form 3800, June 1991

LAW OFFICES

HINKLE, COX, EATON, COFFIELD & HENSLEY

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

**CERTIFIED**  
P 023 913 272  
**MAIL**



MAIL PRODUCING TEXAS AND NEW MEXICO INC.  
POST OFFICE BOX 1800  
SANTA FE, NEW MEXICO 88240  
DELIVERY POINTS NOT ADDRESSED.  
FORWARDING ORDER EXPIRES

MAY 15 1992

**CERTIFIED MAIL**  
NO. P623 913 272  
**RETURN RECEIPT REQUESTED**

LAW OFFICES  
HINKLE, COX, EATON, COFFIELD & HENSLEY  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504-2068

**CERTIFIED**

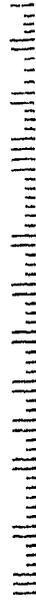
P 023 913 268

**MAIL**

Nearburg Producing Company  
1819 North Turner  
Hobbs, New Mexico 88240

NEAR819 882402004 1593 06/17/94  
FORWARDING TIME EXPIRED  
NEARBURG PRODUCING  
419 W CAIN ST  
HOBBS NM 88240-8314

RETURN TO SENDER



**CERTIFIED MAIL**  
**NO. 2023 913 268**  
**RETURN RECEIPT REQUESTED**