

GRAND

PRODUCTION
COMPANY

Telephone: (405) 848-1212
FAX: (405) 840-2528

SUITE 305, COLUMBUS SQUARE, 1001 N.W. 63RD, OKLAHOMA CITY, OKLAHOMA 73116

May 10, 1990

CERTIFIED MAIL
P 019 213 047
RETURN RECEIPT

Dr. William Fain
285 Governor Street
Providence, RI 02906

RE: PROPOSED SHIPP #1-10
11,600' STRAWN TEST
E/2 SE/4 OF SECTION 10-17S-37E
LEA COUNTY, NEW MEXICO

Gentlemen:

Grand Production Company previously proposed and force pooled the referenced unit. Due to unforeseen circumstances, our operations have been delayed, but we now anticipate commencing the well within the next 90 days.

Enclosed please find our AFE for this well. If you intend to participate in the drilling of the well, please execute and return one copy of the AFE. In lieu of your participation, we will accept either of the following:

1. Sell your interest to Grand for \$150.00 per net acre.
2. Farmout your interest to Grand wherein you would retain a 1/8th of 8/8ths overriding royalty interest, proportionately reduced, said override to absorb all burdens in excess of the standard 1/8th landowner's royalty.

Your earliest consideration of this proposal will be appreciated. Should you have any questions, please advise.

Sincerely,

GRAND PRODUCTION COMPANY


John F. Vaughan
Land Manager

JV:LL

Enclosures: (2) AFE

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
EXHIBIT NO.	C
CASE NO.	10157

UNIT OWNERSHIP
E/2 SE/4 OF SECTION 10-17S-37E
LEA COUNTY, NEW MEXICO

<u>OWNER</u>	<u>CERTIFIED MAIL</u>	<u>WORKING INTEREST</u>
Grand Production Company (Applicant) 1001 N.W. 63rd Street Suite 305 Oklahoma City, OK 73116		83.99950%
John F. Altringer 151 Raintree Trail Jupiter, FL 33458		0.75000%
Stanley G. Budner 17 Guinwood Drive Wilmington, DE 19803	P 019 213 034	0.75000%
Stan Hansen 39 Riverside Avenue Apartment No. 2B Stanford, CN 06905	P 019 213 035	0.75000%
Ronald U. Kolb 3900 Dundee Road No. 103 Northbrook, IL 60062	P 019 213 036	0.75000%
Dr. Maurice J. Niebaum 4809 Koral No. 3 Las Vegas, NV 89109	P 019 213 037	0.75000%
Guy G. Stephenson 866 Summer Shade Memphis, TN 38116	P 019 213 038	0.75000%
J. Paul Wilson 314 Potter Road North Kingston, RI 02852	P 019 213 045	1.50000%
Virgil C. Witten 1302 Zephyr Plainview, TX 79702	P 019 213 046	0.75000%
Dr. William Fain 285 Governor Street Providence, RI 02906	P 019 213 047	1.50000%

● **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:
Mr. Guy G. Stephenson

4. Article Number
P019213039

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 - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
Shipp #1-10

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

MEMPHIS, TN WHITEHAVEN STA. 38111

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Dr. Maurice J. Niebaum

4. Article Number
P019213037

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 - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
Shipp #1-10

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Mr. Ronald U. Kolb

4. Article Number
P019213036

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 - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
Shipp #1-10

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

ILLEGIBLE

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

3. Article Addressed to: Dr. William Fain	4. Article Number P 019 213 047
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 — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Steven Smith</i>	
7. Date of Delivery 5-14-90	

PS Form 3811, Apr. 1989 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 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: Fain <i>215 Governor</i> <i>101 Highland</i>	4. Article Number P 019 213 047
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 — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>W. Smith</i>	
7. Date of Delivery 5-16-90	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 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: Mr. Stanley G. Budner	4. Article Number P 019 213 034
Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X <i>S. G. Budner</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 5/14/90	

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

ILLEGIBLE

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

3. Article Addressed to: **MR. Virgil C. Witten**

4. Article Number: **P 019 213 046**

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 - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **5-1-80**

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

PS Form 3811, Apr. 1989 **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 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: **MR. J. Paul Wilson**

4. Article Number: **P 019 213 045**

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 - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **5-14-80**

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

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

ILLEGIBLE

DATE: _____