STATE OF NEW MEXICO DEPARTMENT OF ENERGY AND MINERALS OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF HANLEY PETROLEUM INC. FOR APPROVAL OF AN UNORTHODOX OIL WELL LOCATION, LEA COUNTY, NEW MEXICO.

CASE: 9365

CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on April 5, 1988, notice of the hearing, and a copy of the application for the above referenced case, was mailed at least twenty days prior to hearings originally set for April 27, 1988 to the interested parties listed on Exhibit "A" attached hereto.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 26 day of April, 1988.

Notary Public

My Commission Expires:

9-26-91

Hanken Extens. 4
Case No. 9365

CERTIFICATE OF MAILING

I hereby certify under oath that on the 5th day of April, 1988, I caused to be mailed by Certified Mail a true and correct copy of the foregoing letter and application to the following:

Pennzoil Company
P. O. Box 1828
Midland, Texas 79701
Attn: Mr. Lonnie Whitfield

Exxon Company, U.S.A. P. O. Box 1600 Midland, Texas 79702 Attn: Mr. Doug Laufer

Union Texas Exploration Corp. 400 North Big Springs Midland, Texas 79705 Attn: Mr. Gary Pitts

Standard Oil Production Company 9401 Southwest Freeway, Suite 1200 Houston, Texas 77074

Mr. Charles B. Gillespie, Jr. P. O. Box 8 Midland, Texas 79702

W. Thomas Kellahin

STATE OF NEW MEXICO

)

COUNTY OF SANTA FE

The foregoing instrument was acknowledged before me this 5th day of April, 1988, by W. Thomas Kellahin.

Notary Public Scular

My Commission Expires:

9-26-91

DOMESTIC RETURN RECEIF	PS Form 3811, Mar. 1987 * U.S.G.PO. 1987-178-268 Hanley - $4/27/88$	DOMESTIC RETURN RECEIPT	PS Form 3811, Mar. 1987 + 4/5/27/9 8987-178-268
requested and fee paid	S. Signature - Addressee X 6. Signature - Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8 Addresses's Address (ONLY if		Always obtain signature of addressee or agent and DATE DELIVERED.	
Type of Service: Registered Insured Contified COD Express Mail	Þ	Type of Service: Registered Insured Cortified COD	Pennzoll Company Attn: Mr. Lonnie Whitfield P. O. Box 1828 Midland, Texas 79701
4. Article Number P-484 057 422	3. Article Addressed to: Exxon Company, U.S.A.	Vumber	3. Article Addressed to:
ervices are desired, and co spreader, and co this varies side. Fallure to do this varies side. Fallure to do this varies of the name of the following services are averaged as a constant of the following services are averaged. The structure of the following services are desired. **The structure of the following services are desired.** **The structure of the following services are desired.** **The structure of the structure of	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. We show to whom delivered, date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address. 1. We show to whom delivered date, and addressee's address.	services are desired; and complete items 3 srse side. Fallure to do this will prevent this will provide you the name of the person the following services are available. Consult (a) requested. (c) Restricted Delivery	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 postfinester for fees and check box (es) for additional services; requested. 1. Y Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery
DOMESTIC RETURN RECEIP	PS Form 3811, Mar. 1987 Hanley - 4/27/88	DOMESTIC RETURN RECEIPT	PS Form 3811, Mar. 1987 * u.s.g.po. 1987-178-268 Hanley - 4-27-88
***************************************	6. Signature — Agent X 7. Date of Delivery		6. Signature - Aspent () 7. Date of Delivery 6. Signature - Aspent () 7. Date of Delivery 6. Signature - Aspent () 7. Date of Delivery
8. Addressee's Address (ONLY if requested and fee paid)	is. Signarde - (hattressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee
Always obtain signature of addressee or agent and DATE DELIVERED.	Attn: Mr. Gary Pitts	Always obtain signature of addressee or agent and DATE DELIVERED.	
Type of Service: Registered Insured Contified COD Express Mail	400 North Big Springs Midland, Texas, 79705	Type of Service: Registered Insured Certified COD Express Mail	P. O. Box 8 Midland, Texas 79702
4. Article Number P-484 057 423	3. Article Addressed to: Union Texas Petroleum Corp.	4. Artic	3. Article Addressed to: Mr. Charles B. Gillespie, Jr.
services are desired, and c erse side. Failure to do this will provide you the nan the following services are a (a) requested. Restricted Delies. 1 (Extra charge)	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 postmoster for fees and check box (es) for additional services(s) requested. 1. § Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery f(Extra charge) 1	and 2 when additional services are desired, and complete items 3 v TO". Space on the reverse side. Failure to do this will prevent this The return receipt fee will provide you the name of the person try. For additional fees the following services are available. Consult se) for additional service(s) requested. To addressee's address. 2. C Restricted Delivery **(Extra charge/1)	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 postpresser for fees and check box(es) for additional service(s) requested. 1. If Show to whom delivered, date, and addressee's address. 2. 3. 3. 4. 6. 6. 6. 6. 7. 6. 7. 6. 7. 6. 7. 7

	7. Date of Delivery
	X
8. Addressee's Address (ONLY if requested and fee paid)	5. Signazufe — Addressee
Always obtain signature of addressee or agent and DATE DELIVERED.	Attn: Mr. Gary Pitts
Segistered Insured COD Express Mail	Midland, Texas , 79705
%.]	400 North Big Springs
P-484 057 423	Union Texas Petroleum Corp.
4. Article Number	3. Article Addressed to:
s. 2. ☐ Restricted Delivery †(Extra charge)↑	1. 1 Show to whom delivered, date, and addressee's address. 2. \Box R \uparrow (Extra charge) \uparrow (Extra charge)
rse side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consult	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 person to and the date of delivery. For additional fees the following services are available.
ervices are desired, and complete items 3	SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

DOMESTIC RETURN RECEIF	Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 Hanley - 4/27/88
	4-7-88 mm
	May a Millian
	Signature Agent
requested and Jee paid)	
8. Addressee's Address (QNLY if	Signature Addressee
Always obtain signature of addressee or agent and DATE DELIVERED.	ittn: Mr. Doug Laufer
☐ Express Mail	•
Certified COD	lidland, Texas 7,9702
-	. O. Box 1600
P-484 057 422	xxon Company, U.S.A.
4. Article Number	Article Addressed to:
s) requested. s. 2.	strigater for fees and check box(es) for additional services; by Show to whom delivered, date, and addressee's address $f(Extra\ charge)$?
will provide you the name of the person ne following services are available. Consult	rd from being returned to you. <u>The return receipt fee will provide you the name of the person</u>
rse side. Failure to do this will prevent this	and 4. It vour address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this

Mar. 1987 Hanleys G.Po. 49921797888	5. Signature - Addressee X 6. Signature Agent	٠	9401 Southwest Freeway Suite 1200 Houston, Texas 77074		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 feturated 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 empty box (set) for additional service(s) requested. T. D' Show to whom delivered, date, and addressee's address. 2. Restricted Delivery f(Extra charge)?
BR DOMESTIC RETURN RECEIPT	8. Addressee's Address (ONLY if requested and fee paid)	Always obtain signature of addressee or agent and DATE DELIVERED.	Type of Service: Registered Insured Insured COD C	4. Article Number P-484 057 424	services are desired, and complete items 3 register. Failure to do this will prevent this will provide you the name of the person he following services are available. Consult (a) requested. EXERGISE: 2. Restricted Delivery #(Extra charge)!