

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

Shell Western E&P, Inc.
P. O. Box 1950
Hobbs, NM 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	369467

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
8/8/88 *[Signature]*

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

New Mexico K State #35, 34

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2. ☐ Restricted Delivery.

Texaco Producing Inc.
P. O. Box 728
Hobbs, NM 88240

Attn; John L. Seeman

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	369466

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
8-5-88

NM K State #35, 34

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2. ☐ Restricted Delivery.

3

NMOCD District 1
P.O. Box 1980
Hobbs, NM 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	369465

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery

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

New Mexico K State #35, 34

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2. ☐ Restricted Delivery.

Phillips Petroleum Co.
4001 Pembroke
Odessa, TX 79762

Attn: Larry Sanders

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	369469

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

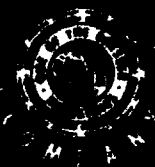
7. Date of Delivery

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

New Mexico K State #35, 34

EXHIBIT NO. 3
EXXON CORPORATION
CASE NO. 9459 & 9460
AUGUST 17, 1988 DOCKET

LANE WELLS



SIMULTANEOUS

Acoustilog

DUAL SPACED

FILE NO.	COMPANY <u>HUMBLE OIL & REF. CO</u>		
FIELD PRINT	WELL <u>NEW MEXICO STATE "K" #21</u>		
	FIELD <u>VACUUM</u>		
	COUNTY <u>LEA</u>	STATE <u>NEW MEXICO</u>	
	LOCATION: <u>330' FSL & 1990' FEL</u>		
THANKS Z.	SEC <u>28</u> TWP <u>17S</u> RGE <u>35E</u>		Other Services <u>CALIPER</u>

Permanent Datum <u>GROUND LEVEL</u>	Elev. <u>3941</u>	Elevations:
Log Measured from <u>K.B.</u>	<u>9</u> Ft. Above Permanent Datum	KB <u>3950</u>
Drilling Measured from <u>K.B.</u>		DF <u>3949</u>
		GL <u>3941</u>

Date	<u>4-30-64</u>		
Run No.	<u>ONE</u>		
Depth—Driller	<u>6230</u>		
Depth—Logger	<u>6230</u>		
Bottom Logged Interval	<u>6224</u>		
Top Logged Interval	<u>SURF.</u>		
Casing—Driller	<u>8 5/8 @ 1609</u>	@	@
Casing—Logger	<u>1609</u>		
Bit Size	<u>7 7/8</u>		
Type Fluid in Hole	<u>SALT MUD</u>		
Density and Viscosity	<u>7.5</u>	<u>40</u>	
pH and Fluid Loss	<u>21</u>	cc	cc
Source of Sample	<u>CIRCULATED</u>		
Rm @ Meas. Temp.	<u>.065 @ 80 °F</u>	@ °F	@ °F
Rmf @ Meas. Temp.	<u>.052 @ 80 °F</u>	@ °F	@ °F
Rmc @ Meas. Temp.	<u>.078 @ 80 °F</u>	@ °F	@ °F
Source of Rmf and Rmc	<u>MEASURED</u>		
Rm @ BHT	<u>@ 122 °F</u>	@ °F	@ °F
Time Since Circ.	<u>4 HR</u>		
Max. Rec. Temp. Deg. F.	<u>122</u>	°F	°F
Equip. No. and Location	<u>6-4594 HALL</u>		
Recorded By	<u>WASSER</u>		
Witnessed By	<u>COOK</u>		

THIS HEADING AND LOG CONFORMS TO API RECOMMENDED STANDARD PRACTICE RP-31

FOLD HERE ↓

REMARKS GR CAL. SEN. 300
GR LOG SEN. 1200

ACOUSTILOG

DEPTH

GAMMA RAY

Radiation Intensity Increases ↑

TYPE LOG

NEW MEXICO STATE "K" #21

Sec. 28, T-17-S, R-35-E

LEA COUNTY, NEW MEXICO

EXXON CORP.

Exhibit No. 4

Case No. 9459 & 9460

August 17, 1988 Docket