BEFORE THE OIL CONSERVATION DIVISION OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE APPLICATION OF TXO PRODUCTION CORP. FOR COM-PULSORY POOLING, LEA COUNTY, NEW MEXICO

CASE NO. 9-

AFFIDAVIT OF MAILING

STATE OF NEW MEXICO)
: ss.
COUNTY OF EDDY)

PATTI WIER, being first duly sworn, upon oath, states that the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division have been complied with, that Applicant has caused to be conducted a good-faith diligent effort to find the correct addresses of all interested persons entitled to receive notice, and that pursuant to Rule 1207, notice has been given at the correct addresses as provided by such rule.

In support hereof, affiant states that true copies of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico, were mailed in accordance with Rule 1207, to each known individual owning an uncommitted leasehold interest, an unleased and uncommitted mineral interest, or royalty interest not subject to a pooling or unitization clause in the lands affected by such application which interest must be committed and has not been voluntarily committed to the area proposed

to be pooled or unitized, in securely sealed, certified mail, return receipt requested, postage prepaid envelopes, addressed to the following named parties:

Inexco Oil Company 700 Louisiana, No. 2100 Houston, Texas 77002

A. H. 1980 Program, Inc. c/o Amerada Hess Corporation 1200 Milam Houston, Texas 77002-5681 Attention: Peter Bacon

David Petroleum Corporation 116 West First Street Roswell, New Mexico 88201

Colin R. McMillan 118 West First Street Roswell, New Mexico 88201

Nadine Prideaux Loveless Smith P. O. Box 566 Roswell, New Mexico 88201

Fred J. Schlicher
P. O. Box 606
Roswell, New Mexico 88201

Carolyn Loveless Schlicher P. O. Box 606 Roswell, New Mexico 88201

Lucinda Loveless Herschenhorn 419 West Wellington, No. 1 Chicago, Illinois 60657

Rebel Oil Company 603 Seco Drive Hobbs, New Mexico 88240

on the 22nd day of August, 1988, as reflected by the copies of the letters transmitting such copies of the application and the return receipts executed on behalf of the addressees, attached hereto.

Patti Wier

SUBSCRIBED AND SWORN TO before me this 22nd day of August, 1988.

My commission expires:

Notary Public 1

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Inexco Oil Company 700 Louisiana, No. 2100 Houston, Texas 77002

Re:

Township 17 South, Range 37 East, NMPM Section 13: E/2 SE/4

Lea County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

had Dickerson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

A. H. 1980 Program, Inc. c/o Amerada Hess Corporation 1200 Milam Houston, Texas 77002-5681

Attention: Peter Bacon

Re: Township 17 South, Range 37 East, NMPM

Section 13: E/2 SE/4 Lea County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

That Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

David Petroleum Corporation 116 West First Street Roswell, New Mexico 88201

Re: Township 17 South, Range 37 East, NMPM Section 13: E/2 SE/4

Lea County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

Dickerson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Colin R. McMillan 118 West First Street Roswell, New Mexico 88201

Re: Township 17 South, Range 37 East, NMPM Section 13: E/2 SE/4

Section 13: E/2 SE, Lea County, New Mexico

Dear Mr. McMillan:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

Dickerson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Nadine Prideaux Loveless Smith P. O. Box 566 Roswell, New Mexico 88201

Re: Township 17 South, Range 37 East, NMPM

Section 13: E/2 SE/4 Lea County, New Mexico

Dear Ms. Smith:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

had Dieperson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Fred J. Schlicher
P. O. Box 606
Roswell, New Mexico 88201

Re: Township 17 South, Range 37 East, NMPM
Section 13: E/2 SE/4
Lea County, New Mexico

Dear Mr. Schlicher:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

Lad Dickerson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Carolyn Loveless Schlicher P. O. Box 606 Roswell, New Mexico 88201

Re: Township 17 South, Range 37 East, NMPM

Section 13: E/2 SE/4 Lea County, New Mexico

Dear Ms. Schlicher:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

ad Dickerson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Lucinda Loveless Herschenhorn 419 West Wellington, No. 1 Chicago, Illinois 60657

Re: Township 17 South, Range 37 East, NMPM Section 13: E/2 SE/4

Lea County, New Mexico

Dear Ms. Herschenhorn:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

had Dickerson

Chad Dickerson

CD:pvw Enclosure

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Rebel Oil Company 603 Seco Drive Hobbs, New Mexico 88240

Re: Township 17 South, Range 37 East, NMPM

Section 13: E/2 SE/4 Lea County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

Chad Dickerson

CD:pvw Enclosure

Colin R. McMillan 118 West First Street Roswell, NM 88201

P-564 127 070

Nadine Prideaux Loveless
Smith

P. O. Box 566
Roswell, NM 88201

P-564 127 066

Inexco Oil Company
Sent and No. 2
700 Louisiana, No. 2
Poliston, TX 77002
Poliston, TX 77002
Poliston

4.700 03981

From 5

P-564 127 071

A CERTIFIED MAIL

out and Jurgange PPOVALID But 11 AN ANATHONAL MAIL (1976 Flowerde)

P. O. Box 606 P.C. His and ZP Code	
Roswell, NM 88	201
Operatio <mark>e</mark>	
disconlineary Fee	†
and ordinary For	
in in the second of the second	<u> </u>
The Color of new many to set from the Color of Deciment	
r - Augo and Fees	3
Plate in Tate	, he wassers was

P-564 127 072

SANCTON TO PROPERTY OF A PROCESS.

Carolyn Loveless Schliche
P. O. Box 606

Roswell, NM 88201

E George

the first of the contract of

SELPHONIC HER

A Market County of the County

P 728 600 539

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

	Eddinda Loveless					
	Street and No. Herschenhorn					
	P.O. State and ZIP Code 419 West Wellington, N	þ.	1			
	Postage S Chicago, IL 60657					
	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt showing to whom and Date Delivered					
PS Form 3800, June 1985	Return Receipt showing to whom, Date, and Address of Delivery					
June	TOTAL Postage and Fees \$					
3800	Postmark or Date					
orm						
PS F						

P 728 600 540

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)			
1	ıy		
Street and No. 603 Seco Drive			
P.O., State and ZIP Code			
Postage RM 88241	S		
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date Delivered			
Return Receipt showing to whom, Date, and Address of Delivery			
TOTAL Postage and Fees	S		
Postmark or Date			
	Sent to Rebel Oil Compar Street and No. 603 Seco Drive P.O. State and ZIP Code Hobbs, NM 88240 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered Return Receipt showing to whom. Date, and Address of Delivery TOTAL Postage and Fees		

SENDER: Complete items 1 and 2 when additional se	prvices are derived and complete items 2 - 14
Put your address in the "RETURN TO" space on the reve	
card from being returned to you. The return receipt fee w	vill provide you the name of the person
delivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional servi	the following services are available. Concult
1. Show to whom delivered, date, and addressee's add	
3. Article Addressed to:	4. Article Number
	P-564 127 066
Inexco Oil Company	Type of Service:
700 Louisiana, No. 2100	Registered Insured
Houston, TX 77002	Certified COD
	Express Mail
	Always obtain signature of addressee or
5. Signature — Addressee	agent and DATE DELIVERED.
X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent	
the contraction of	
7. Date of Delivery	
Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional se	rvices are desired, and complete items 3 and 4
Put your address in the "RETURN TO" space on the reve	•
card from being returned to you. The return receipt fee w	vill provide you the name of the person
delivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional servi	the following services are available. Consult
_	
 Show to whom delivered, date, and addressee's add Article Addressed to: 	dress. 2. Aestricted Delivery.
3. Article Addressed to:	
7 H 1000 P T	P-564 127 067
A. H. 1980 Program, Inc.	Type of Service:
c/o Amerada Hess Corp.	Registered Insured
1200 Milam	☐ Certified ☐ COD ☐ Express Mail
Houston, TX 77002-5681	Always obtain signature of addressee or
Attn: Peter Bacon	agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature – Agent	
X V Consultation	
77-74- 2-	
7. Date of Delivery AIIC 2 & thoo G M McAfee	
NOU 2 1 1300	
S Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
	A CONTRACTOR OF THE PARTY OF TH
SENDER: Complete items 1 and 2 when additional	
Put your address in the "RETURN TO" space on the re	everse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fee	es the tollowing services are available. Consult
postmaster for fees and check box(es) for additional se	rvice(s) requested.
1. Show to whom delivered, date, and addressee's a	address. 2. Restricted Delivery.
3. Article Addressed to:	4. Article Number
3. Article Addressed to:	4. Article Number P-564 127 068
	4. Article Number
David Petroleum Corp.	4. Article Number P-564 127 068
David Petroleum Corp. 116 West First Street	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD
David Petroleum Corp.	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail
David Petroleum Corp. 116 West First Street	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or
David Petroleum Corp. 116 West First Street	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
David Petroleum Corp. 116 West First Street	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
David Petroleum Corp. 116 West First Street Roswell, NM 88201	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
David Petroleum Corp. 116 West First Street Roswell, NM 88201 5. Signature Addressee	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
David Petroleum Corp. 116 West First Street Roswell, NM 88201 5. Signature - Addressee X 6. Signature - Agent	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
David Petroleum Corp. 116 West First Street Roswell, NM 88201 5. Signature - Addressee X 6. Signature - Agent	4. Article Number P-564 127 068 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
David Petroleum Corp. 116 West First Street Roswell, NM 88201 5. Signature - Addressee X 6. Signature - Agent	4. Article Number P-564 127 068 Type of Service: Registered Insured CoD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if

SENDER: Complete items 1 and 2 when additional se	ervices are desired, and complete items 3 and 4
Put your address in the "RETURN TO" space on the rev	erse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee w	will provide you the name of the person
delivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional serv	the following services are available. Consult
	<u> </u>
 Show to whom delivered, date, and addressee's ad Article Addressed to: 	
3. Article Addressed to:	4. Article Number
	P-564 127 069
Colin R. McMillan	Type of Service:
118 West First Street	Registered Insured
Roswell, NM 88201	Certified L. COD
MOSWELLY MIT COZOL	Express Mail
	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if
x-pris Chrisman	requested and fee paid)
6 Signature - Agent	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
X	
7. Date of Delivery	
7. Date of Delivery 8-23-88	
S Form 3811. Feb. 1986	DOMESTIC RETURN RECEIP
3 · 5 · · · · · · · · · · · · · · · · ·	DOMESTIC HET ONN NECELIF
SENDER: Complete items 1 and 2 when additional se	ervices are desired, and complete items 3 and 4
Put your address in the "RETURN TO" space on the rev	
card from being returned to you. The return receipt fee w	
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 serv	ice(s) requested.
1. Show to whom delivered, date, and addressee's ad	dress. 2. 🗌 Restricted Delivery.
3. Article Addressed to:	4. Article Number
	P-564 127 070
	Type of Service:
Nadine Prideaux Loveless	Type of Service.
Smith	Registered Insured
P. O. Box 566	☐ Express Mail
Roswell, NM 88201	
ROSWEIL, MH 00201	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
5. Signature — Addressee X	
•	8. Addressee's Address (ONLY if
x	8. Addressee's Address (ONLY if
X 6. Signature — Agent X. Michigan California	8. Addressee's Address (ONLY if
x	8. Addressee's Address (ONLY if
X 6. Signature — Agent X. M. C.	8. Addressee's Address (ONLY if
X 6. Signature — Agent X. Mark Care 7. Date of Delivery 6 — 2 3 — 5 5	8. Addressee's Address (ONLY if requested and fee paid)
X 6. Signature — Agent X. Mol Kalara 7. Date of Delivery 6 — 2 3 — 5 5	8. Addressee's Address (ONLY if requested and fee paid)
X 6. Signature — Agent X. Mol Kalara 7. Date of Delivery 6 — 2 3 — 5 5	8. Addressee's Address (ONLY if requested and fee paid)
X 6. Signature — Agent X. Signature — Agent 7. Date of Delivery 6 — 2 3 — 5 5 S Form 3811, Feb. 1986	8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP
X 6. Signature — Agent X. John Complete items 1 and 2 when additional s	8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP ervices are desired, and complete items 3 and 4
A. Signature — Agent X. J.	8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 yerse side. Failure to do this will prevent this
X 6. Signature — Agent X 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional s Put your address in the "RETURN TO" space on the recard from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person of the following services are available. Consult
A. Signature — Agent X. T. Date of Delivery 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional s Put your address in the "RETURN TO" space on the recard from being returned to you. The return receipt fee	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person of the following services are available. Consult
X 6. Signature — Agent X. 7. Date of Delivery 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional s Put your address in the "RETURN TO" space on the recard from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consult vice(s) requested.
X. 6. Signature — Agent X. 7. Date of Delivery S — 23 — 55 S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional s Put your address in the "RETURN TO" space on the recard from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional services.	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person the following services are available. Consult vice(s) requested.
A. Signature — Agent X. A.	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Bervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person of the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number
SENDER: Complete items 1 and 2 when additional sendelivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional sendelivered. Addressed to:	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Bervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number P-564 127 071
A. Signature — Agent X. A.	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Bervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person of the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number
SENDER: Complete items 1 and 2 when additional sendelivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional sendelivered. Addressed to:	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Insured
X. 6. Signature — Agent X. 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional separate from being returned to you. The return receipt feed delivered to and the date of delivery. For additional separate for fees and check box(es) for additional separate for fees and check	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Bervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person of the following services are available. Consult vice(s) requested. Iddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Insured Cortified COD
SENDER: Complete items 1 and 2 when additional send from being returned to you. The return receipt feedelivered to and the date of delivery. For additional send 1. Show to whom delivered, date, and addressee's ac 3. Article Addressed to: Fred J. Schlicher	8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Pervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Registered COD Express Mail
X. 6. Signature — Agent X. 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional separate from being returned to you. The return receipt feed delivered to and the date of delivery. For additional separate for fees and check box(es) for additional separate for fees and check	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Bervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person of the following services are available. Consult vice(s) requested. Iddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Insured Cortified COD
X. 6. Signature — Agent X. 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional separate from being returned to you. The return receipt feed delivered to and the date of delivery. For additional separate for fees and check box(es) for additional separate for fees and check	8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Pervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. Iddress. 2. Article Number P-564 127 071 Type of Service: Registered Insured Certified COD Express Mail
X. 6. Signature — Agent X. 7. Date of Delivery S Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional separate from being returned to you. The return receipt feed delivered to and the date of delivery. For additional separate for fees and check box(es) for additional separate for fees and check	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person in the following services are available. Consult vice(s) requested. Indicate the following services are available. Consult vice(s) requested. Article Number P-564 127 071 Type of Service: Registered
SENDER: Complete items 1 and 2 when additional send from being returned to you. The return receipt feed delivered to and the date of delivery. For additional send send to whom delivered, date, and addressee's ac 3. Article Addressed to: Fred J. Schlicher P. O. Box 606 Roswell, NM 88201	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Pervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person in the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Insured Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
X	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person in the following services are available. Consult vice(s) requested. Indicate the following services are available. Consult vice(s) requested. Article Number P-564 127 071 Type of Service: Registered
X	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person in the following services are available. Consult vice(s) requested. Indicate the following services are available. Consult vice(s) requested. Article Number P-564 127 071 Type of Service: Registered
A. Signature — Agent X. J.	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Insured COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
X	B. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIP Dervices are desired, and complete items 3 and 4 verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number P-564 127 071 Type of Service: Registered Insured COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if

SENDER: Complete items 1 and 2 when additional ser	ruines are decired, and complete items 2 and
Put your address in the "RETURN TO" space on the reve	
card from being returned to you. The return receipt fee w	ill provide you the name of the person
delivered to and the date of delivery. For additional fees t	he following services are available. Consult
postmaster for fees and check box(es) for additional service	
1. U Show to whom delivered, date, and addressee's add	ress. 2. Restricted Delivery.
3. Article Addressed to:	4. Article Number
	P-564 127 072
Carolyn Loveless Schlicher	Type of Service:
P. O. Box 606	
	Registered Insured COD
Roswell, NM 88201	Certified COD
	
	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if
X	requested and fee paid)
6. Signature) - Agent	-
× + 01	}
Charles Comments	
7. Date of Delivery 8-23-88	
8.23-88	
S Form 3811, Feb. 1986	DOMESTIC RETURN RECEI
SENDER: Complete items 1 and 2 when additional se	rvices are desired, and complete items 3 and
Put your address in the "RETURN TO" space on the reve	
card from being returned to you. The return receipt fee w	vill 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 servi	_
 Show to whom delivered, date, and addressee's add 	dress. 2. Restricted Delivery.
3. Article Addressed to:	4. Article Number
	P 728 600 539
Lucinda Loveless	
	Type of Service:
Herschenhorn	Registered Insured
419 West Wellington, No. 1	Certified COD
Chicago, IL 60657	Express Mail
	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Apple QNLY if
xhunda Lerchen 4	requested and bailty
6. Signature - Agent	7 /3/ nuc (2)
X //	1 40 Z
7. Date of Delivery	13\ 1988 / []
Y ALXX	
S Form 3811, Feb. 1986	DOMESTIC RETURN RECEI
SENDER: Complete items 1 and 2 when additional se	rvices are desired, and complete items 3 and
Put your address in the "RETURN TO" space on the reve	rse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee w delivered to and the date of delivery. For additional fees t	ill provide you the name of the person
postmaster for fees and check box(es) for additional serving	ne removing services are available. Consult cels) requested
1. Show to whom delivered, date, and addressee's add	
3. Article Addressed to:	
S. ALLICIE AUGIESSEU TO:	4. Article Number
	P 728 600 540
Pohol Oil Company	Type of Service:
Rebel Oil Company	□ Registered □ Insured
603 Seco Drive	Registered Insured COD
Hobbs, NM 88240	Express Mail
·	
	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature — Addressee	
	8. Addressee's Address (ONLY if
X	
· · · · · · · · · · · · · · · · · · ·	8. Addressee's Address (ONLY if
6. Signature — Agent	8. Addressee's Address (ONLY if
6. Signature — Agent X	8. Addressee's Address (ONLY if
6. Signature — Agent	8. Addressee's Address (ONLY if

BEFORE THE OIL CONSERVATION DIVISION OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE APPLICATION OF TXO PRODUCTION CORP. FOR COM-PULSORY POOLING, LEA COUNTY, NEW MEXICO

CASE NO.

AFFIDAVIT OF MAILING

STATE OF NEW MEXICO)

: ss.
COUNTY OF EDDY)

PATTI WIER, being first duly sworn, upon oath, states that the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division have been complied with, that Applicant has caused to be conducted a good-faith diligent effort to find the correct addresses of all interested persons entitled to receive notice, and that pursuant to Rule 1207, notice has been given at the correct addresses as provided by such rule.

In support hereof, affiant states that a true copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico, was mailed in accordance with Rule 1207, to each known individual owning an uncommitted leasehold interest, an unleased and uncommitted mineral interest, or royalty interest not subject to a pooling or unitization clause in the lands affected by such application which interest must be committed and has not been voluntarily committed to the area proposed

to be pooled or unitized, in a securely sealed, certified mail, return receipt requested, postage prepaid envelope, addressed to the following named party:

Louisiana Land and Exploration Company 2950 North Loop West, Suite 1200 Houston, Texas 77092

Attention: Ken Steer

on the 24th day of August, 1988, as reflected by the copy of the letter transmitting such copy of the application and the return receipt executed on behalf of the addressee, attached hereto.

Patti Wier

SUBSCRIBED AND SWORN TO before me this 24th day of August, 1988.

My commission expires:

Karen Reyes Notary Public

August 24, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Louisiana Land and Exploration Company 2950 North Loop West, Suite 1200 Houston, Texas 77092

Attention: Ken Steer

Re: Township 17 South, Range 37 East, NMPM

Section 13: E/2 SE/4 Lea County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of TXO Production Corp. for Compulsory Pooling, Lea County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on September 14, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

Chad Dickerson

CD:pvw Enclosure

P 728 600 830

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

Sent to
Louisiana Land and
Street and No.
Exploration Company
P.O. State and ZIP Code
2950 North Loop West
Postage
Suite 1200
Certified Fee
Houston, TX 77092
Special Delivery Fee
Attn: Ken Steer
Restricted Delivery Fee
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees

Steel Restricted Delivery
TOTAL Postage and Fees

Sent to
Exploration Company
S
Section Company
S
S
S
Postmark or Date

2 Date Set September Servered, det	Of space on the rave e aturn reader for se For additional read i) for additional servi-	ree side. Failure to do this incomide you the name of he following services are a sa(s) requested.	will prevent this of the person wallsbie. Consult
		4. Article Number	600 000
Land a Baration Co	and the second of the second o	Type of Service:	600 830
2456 Sorth Loop Suite 1200	West	Registered Certified Express Mail	Insured COD
Attor Ken Spher	72	Always obtain signatu	
Security Adds		- 2 C	(ONLY if ad)
T. Daniel Barry	<u> </u>	THE WOOD TO	
PS Form 3811		DOMESTIC	RETURN REC

PS Form 3800, June 1985