

PADILLA & SNYDER

ATTORNEYS AT LAW

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P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

ERNEST L. PADILLA
MARY JO SNYDER

FAX 988-7592
AREA CODE 505

(505) 988-7577

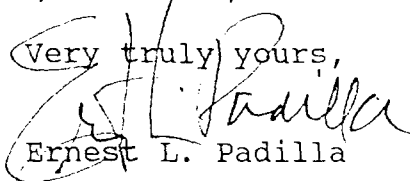
June 29, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL OFFSETTING OPERATORS (See attached list)

RE: Notice of Application For Unorthodox Location of
Santa Fe Exploration Company

Pursuant to the Rules and Regulations of the General Rules of the Oil Conservation Division of New Mexico, notice is hereby given of the above-referenced application. You may protest the enclosed application by appearing at the hearing of this application which will be heard on July 26, 1989, beginning at the hour of 8:15 a.m., at the offices of the Oil Conservation Division, State Land Office Building, 310 Old Santa Fe Trail, Santa Fe, New Mexico.

Very truly yours,

Ernest L. Padilla

ELP:mh

Enclosures: Copy of Application
List of Offsetting Operators

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

EXHIBIT NO. _____

CASE NO. _____

OFFSETTING OPERATORS

Yates Petroleum Corporation
105 S. Fourth Street
Artesia, New Mexico 88210

Don E. & Nell Blackmar
2619 Sherrill Lane
Roswell, New Mexico 88201

Charles Lovelace Estate
C/O Brainard Malone
Sunwest Bank Building
Roswell, New Mexico 88201

Barbara Fasken
303 W. Wall
Suite 1901
Midland, Texas 79701-5116

Mewbourne Oil Company
P.O. Box 5270
Hobbs, New Mexico 88241

Exxon Company U.S.A.
P.O. Box 1600
Midland, Texas 79702-1600

Hondo Oil and Gas Company
P.O. Box 2208
Roswell, New Mexico 88201

Breckenridge Operating Corp.
300 N. Breckenridge Ave.
Breckenridge, Texas 76024

Mark Producing, Inc.
675 Bering Drive
Houston, Texas 77057

Amoco Production
Regulatory Affairs Section,
Room 3.338
Houston, Texas 77253

P 155 277 914

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
HONDO OIL & GAS Co.	
Street and No.	
P.O. Box 2208	
P.O. State and ZIP Code	
ROSWELL NM 88201	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom and Date Delivered	
TOTAL Postage and Fees	\$ 200
Postmark or Date	

PS Form 3800, June 1983

P 155 277 917

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
BARBARA FASKEN	
Street and No.	
303 W. WALL, SUITE 1901	
P.O. State and ZIP Code	
MIDLAND, TX 79701-5116	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom and Date Delivered	
TOTAL Postage and Fees	\$ 200
Postmark or Date	

PS Form 3800, June 1983

P 155 277 913

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
BRECKENRIDGE OPERATIONS CORP	
Street and No.	
300 N. BRECKENRIDGE AVE	
P.O. State and ZIP Code	
BRECKENRIDGE TX 76024	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom and Date Delivered	
TOTAL Postage and Fees	\$ 200
Postmark or Date	

PS Form 3800, June 1983

P 155 277 915

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
EXXON COMPANY USA	
Street and No.	
P.O. Box 1600	
P.O. State and ZIP Code	
MIDLAND TX 79702-1600	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom and Date Delivered	
TOTAL Postage and Fees	\$ 200
Postmark or Date	

PS Form 3800, June 1983

P 155 277 911

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Amoco Production		
Street and No.	Regulatory Affairs Sect.		
P.O. State and ZIP Code	Houston, TX 77253		
Postage	\$	25	
Certified Fee		85	
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date		90	
Return Receipt showing Date, and Address			
TOTAL Postage and Fees	\$	2.00	
Postmark or Date	SANTA FE NM JUN 29 1989		

PS Form 3800, June 1985

P 155 277 912

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	MARK PRODUCING INC		
Street and No.	675 BERING DRIVE		
P.O. State and ZIP Code	HOUSTON, TX 77057		
Postage	\$	25	
Certified Fee		85	
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date		90	
Return Receipt showing Date, and Address			
TOTAL Postage and Fees	\$	2.00	
Postmark or Date	SANTA FE NM JUN 29 1989		

PS Form 3800, June 1985

P 155 277 920

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	DON E. & NEIL BLACKMER		
Street and No.	2619 SHERRILL LANE		
P.O. State and ZIP Code	ROSWELL, NM 88201		
Postage	\$	25	
Certified Fee		85	
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date		90	
Return Receipt showing Date, and Address			
TOTAL Postage and Fees	\$	2.00	
Postmark or Date	SANTA FE NM JUN 29 1989		

PS Form 3800, June 1985

P 155 277 916

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	MEWBORNE OIL CO		
Street and No.	P.O. Box 5270		
P.O. State and ZIP Code	HOBBS NM 88241		
Postage	\$		
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date			
Return Receipt showing Date, and Address			
TOTAL Postage and Fees	\$		
Postmark or Date	SANTA FE NM JUN 29 1989		

PS Form 3800, June 1985

P 155 277 919

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to VATES PETROLEUM CORP	
Street and No 105 S. FOURTH ST.	
P.O., State and ZIP Code ARTESIA, NM 88201	
Postage	\$ 2.85
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing Date, and Address of Delivery	90
TOTAL Postage and Fees	29.80
Postmark or Date	JUN 29 1989 1550

P 155 277 918

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

CHARLES LOVELACE ESTATE	
C/O BRAINARD MALONE	
Street and No SUNWEST BANK BLDG	
P.O., State and ZIP Code ROSWELL, NM 88201	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing Date, and Address of Delivery	90
TOTAL Postage and Fees	29.80
Postmark or Date	JUN 29 1989 1550

RECEIVED

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:
MARK PRODUCING, INC.
675 BERING DRIVE
HOUSTON, TX 77057

4. Article Number
P 155 277 912

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 — Address
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
7/5/89

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

RECEIVED
JUL 10 1989

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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:
Exxon Company U.S.A.
P.O. Box 1600
MIDLAND, TX 79702-1600

4. Article Number
P 155 277 915

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 — Address
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
7-5-89

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

RECEIVED
JUL 10 1989

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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. 2. ☐ Restricted Delivery.

3. Article Addressed to:
BRECKENRIDGE OPERATING CORP
300 N. BRECKENRIDGE AVE
BRECKENRIDGE, TX 76024

4. Article Number
P 155 277 913

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

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

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery

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

PS Form 3811, Feb. 1986 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:
HONDO OIL & GAS COMPANY
P.O. Box 2208
ROSWELL, NM 88201

4. Article Number
P 155 277 914

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 — Address
X

6. Signature — Agent
X *PAULICK ROSE*

7. Date of Delivery
7/3/89

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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:
CHARLES LOVELACE ESTATE
C/O BRAINARD MALONE
SUNWEST BANK BUILDING
ROSWELL, NM 88201

4. Article Number
P 155 277 918

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 — Address
X

6. Signature — Agent
X *Philip Branstetter*

7. Date of Delivery
7-3-89

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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:
Amoco Production
Regulatory Affairs Section
Room 3.338
Houston, Texas 77253

4. Article Number
P 155 277 911

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 — Address
X

6. Signature — Agent
X *K. K. K.*

7. Date of Delivery
JUL 0 8 1989

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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: VATES PETROLEUM CORP. 105 S. FOURTH STREET ARTESIA, NM 88201	4. Article Number P 155 277 919
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 — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery 6-30-89	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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: DON E. AND NEIL BLACKMAR 2619 SHERRILL LANE ROSWELL, NM 88201	4. Article Number P 155 277 920
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 — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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: BARBARA FASKEN 303 W. WALL SUITE 1901 MIDLAND, TX 79701-5116	4. Article Number P 155 277 917
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 — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery 7-3-89	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT