## STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

APPLICATION FOR MARATHON OIL COMPANY FOR APPROVAL OF A LEASE WATERFLOOD PROJECT, INCLUDING THE DRILLING OF TWELVE INJECTION WELLS AT UNORTHODOX WELL LOCATIONS, AND INCREASE SURFACE INJECTION PRESSURE LIMITATION, LEA COUNTY, NEW MEXICO

CASE NO. 10269

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on February 27, 1991 and March 11, 1991, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for March 21, 1991, to the parties shown in the application as evidenced by the attached coppes of return receipt cards.

W. Thomas Mellahin

SUBSCRIBED AND SWORN to before me this 15 day of

Notary Public

My Commission Expires:

7-6-91

889/cert315.092

MARATHON 9

| SENDER: Complete Isems I and Zwhen additional 3 and 4.0  Put your address in the THETURN IO Space on the interferom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested:  1.   Show to whom delivered, date, and addressee it additional fees the complete of th | out the frame of the person delivered to and see systable. Consult postmaster for fees |
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| 3. Article Addressed to: State of New Mexico c/o Commissioner of Public Lands Post Office Box 1148 Santa Fe, New Mexico 87504 Re: Marathon WF (WTK)  | 4 Article Number P 438 026 036  Type of Service:                                       |
| 5. Signature — Addressie  X 6. Signature — Agent X 7. Date of Delivery  SPS  | Addressee's Address (ONLY if requested and fee paid)                                   |

DOMESTIC RETURN RECEIPT SENDER: Complete items 1 and 2 when additional services are desired, and complete Items 3 and 4.

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 servicels requested and check box(es) for additional servicels requested and check box(es) for additional servicels requested and check box (es) for additional servicels requested 1. 

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| 3. Article Addressed to:  | 4. Article Number<br>P 438 025 260   |
| ARCO Oil & Gas Company Box 1610   | Type of Service:   |
| Midland, Texas 79702  | Registered Insured  COD  Return Receipt  |
| Re: Marathon WF (WTK)   | Express Mail Return Receipt for Merchandise  Always obtain signature of addressee  |
| 5. Signature — Addressee  | or agent and <u>DATE DELIVERED</u> .  8. Addressee's Address (ONLY if ;  |
| X<br>6. Signaturs – Agent   | requested and fee paid)  |
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| Wiser Oil Company   | P 438 026 029  |
| 700 Petroleum Bldg. Wichita Falls, Texas 76301  | Type of Services   |
| Re: Marathon WF (WTK)   | CoD Return Receipt for Merchandise   |
|   | Always obtain signature of addressee or agent and DATE DELIVERED.  |
| 5. Signature – Addressee  | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent /  |  |
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| 7. Date of Delivery   |  |
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| . Article Addressed to:  | 4. Article Number  |
| Doyle Hartman Post Office Box 10426  | P 438 026 033<br>Type of Service:  |
| Midland, Texas 79701   | Registered Insured   |
|  | XX Certified   |
| Re: Marathon WF (WTK)  | Express Mail Return Receipt for Merchandise  |
|  | Always obtain aignature of addressee or agent and DATE DELIVERED.  |
| . Signature — Addressee  | 8. Addressee's Address (ONLY if requested and fee paid)  |
| Signature Agent  |  |
| Date of Delivery   |  |
| 7-5-91   |  |
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| Article Addressed to:  | 4. Article Number<br>P 438 026 031   |
| Meridian Oil   | Type of Service: 44  |
| 21 Desta Drive   | Registered Insured   |
| Midland, Texas 79702   | COD Cortified  |
|  | Express Mail Return Receipt for Merchandise  |
| Re: Marathon WF (WTK)  | Always obtain signature of addressee   |
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| 3. Article Addressed to:   | 4. Article Number 34 13 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                    |
| 6 Desta Drive Suite <del>5850</del>  | Type of Service:   |
| Midland, Texas 79702   | Hegistered  XX Certified  Express Mail  Return Receipt for Merchandise         |
| Re: Marathón WF (WTK)  | Always of aignature of addressee   |
| 5. Signature — Addressee   | or agent Ad DATE DELIVERED.  |
| 6. Signifiure Agent  | requested and fee paid)  |
| 7. Date of Delivery  |  |
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| PS Form <b>3811</b> , Apr. 1989 ±U.S.G.P.O. 1989-238-8   | 5 DOMESTIC RETURN RECEIPT  |
| SENDER: Complete items 1 and 2 when additions 3 and 4.   | services are desired, and complete items                                       |
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| and check box(es) for additional service(s) requested.  1. □ Show to whom delivered, date, and addressee's (Extra charge)  | address. 2. Restricted Delivery (Extra charge)                                 |
| 3. Article Addressed to: Dallas McCasland Post Office Box 206  | 4. Article Number  |
| Dallas McCasland   | P 438 026 035  |
|  |  |
| Eunice, New Mexico 88231   | XX Certified   |
| 'Re: Marathon WF   | Express Mail Return Receipt for Merchandise                                    |
| (WTK)  | Always obtain signature of addressee or agent and DATE DELIVERED.              |
| 5. Signature – Addressee   | 8. Addressee's Address (ONLY if requested and fee paid)                        |
| 6. Signature — Agent   |  |
| 7. Date/of Delivery  |  |
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| PS Form <b>3811</b> , Apr. 1989 *U.S.G.P.O. 1989-238   | 815 DOMESTIC RETURN RECEIPT  |
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| (Extra charge)   | (Extra charge)   |
| 3. Article Addressed to:   | 4. Article Number  |
| Headington Oil   | 98 438 026 <del>034</del>  |
| 7557 Rambler Rd. Ste 1150  | Type of Service:   |
| Dallas, Texas 75231  | Registered Insured   |
| Re: Marathon WF (WTK)  | Express Mail Return Receipt for Merchandise                                    |
|  | Always obtain signature of addressee   |
| 5. Signature — Addressee   | or agent and DATE DELIVERED.   |
| X  | 8. Addressee's Address (ONLY if requested and fee paid)                        |
| 6. Signature – Agent   |  |
| 7. Date of Delivery  |  |
| 3/4/91   | · .  |

PS Form 3811, Apr. 1989

★U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT