

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 LBO NEW MEXICO, INC.  
FOR COMPULSORY POOLING AND UNORTHODOX  
GAS WELL LOCATION, LEA COUNTY,  
NEW MEXICO

CASE NO. 10305

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on April 24, 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 May 16, 1991, to the parties shown in the application as evidenced by the attached copies of return receipt cards.

  
Karen Aubrey

SUBSCRIBED AND SWORN to before me this 9 day  
of May, 1991.

  
Notary Public

My Commission Expires:

7-6-91

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
LBO	EXHIBIT NO. <u>10</u>
CASE NO.	<u>10305</u>

**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)

Team Exploration  
310 W. Illinois  
Suite 220  
Midland, TX 79701  
**LBOPF (KA) 4/24**

4. Article Number  
**P 676 666 25L**

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  
**4-26-91**

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)

Bonny Wilson  
10588 Stone Canyon  
#182  
Dallas, TX 75230-4417  
**LBOPF (KA) 4/24**

4. Article Number  
**P 676 666 258**

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 *Bonny Wilson*

7. Date of Delivery  
**4-26-91**

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)

BTA Producers  
104 S. Pecos  
Midland, TX 79701

4. Article Number  
**P 676 666 248**

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  
**APR 26 1991**

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)

Fasken Oil & Ranch Ints.  
Attn: Barbard Fasken  
303 W. Wall, Ste 1900  
Midland, TX 79701

**4. Article Number**  
P 676 666 249

**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 *W. Fasken*

**7. Date of Delivery**  
4/26/91

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

**LBO FP (KA) 4/24**

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.  
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

Greenwood Holdings  
5600 S. Quebec  
Suite 150-C  
Englewood, CO 80111

**4. Article Number**  
P 676 666 250

**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 *A. Whitman*

**7. Date of Delivery**  
4/26/91

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

**LBO FP (KA) 4/24**

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

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

CBAT Corp. Trustee  
Energy Square, #402  
505 N. Big Spring St.  
Midland, TX 79701

**4. Article Number**  
P 676 666 253

**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 — Addressee**  
X

**6. Signature — Agent**  
X *G. Davis*

**7. Date of Delivery**  
4/26/91

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

**LBO FP (KA) 4/24**

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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 (Extra charge)

Kent Cearley  
P.O. Box 508  
Robert Lee, TX 76945

**LBO FP (KA) 4/24**

4. Article Number  
**P 676 666 254**

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 — Addressee  
X *Kent Cearley*

6. Signature — Agent  
X

7. Date of Delivery **4-27-91**

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

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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 (Extra charge)

Steve Chisick  
101 Galax Lane  
Durham, NC 27703

**LBO FP (KA) 4/24**

4. Article Number  
**P 676 666 225**

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 — Addressee  
X *Steve Chisick*

6. Signature — Agent  
X

7. Date of Delivery **4-27-91**

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

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Robert A. Harris  
4550 Gorge Street  
Skokie, IL 60076

**LBO FP (KA) 4/24**

4. Article Number  
**P 676 666 231**

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 — Addressee  
X *Robert A. Harris*

6. Signature — Agent  
X

7. Date of Delivery

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

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)  
2. ☐ Restricted Delivery (Extra charge)

Annette C. Mills  
1413 W. Michigan  
Midland, TX 79701

4. Article Number  
**P 676 666 233**

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 - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
**4-29-91**

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **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)

Jim Starrak  
2401 S. County Rd  
#1110  
Midland, TX 79701

4. Article Number  
**P 676 666 234**

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 - Addressee  
X *Pat Starrak*

6. Signature - Agent  
X

7. Date of Delivery  
**4-27-91**

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)  
2. ☐ Restricted Delivery (Extra charge)

Chevron U.S.A., Inc.  
P.O. Box 1150  
Midland, TX 79702  
Attn: Sam Martin

4. Article Number  
**P 676 666 235**

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 - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
**APR 26 1991**

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504  
Attn: Floyd Prando

4. Article Number  
**P 676666 236**

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 — Addressee  
X

6. Signature — Agent  
X

7. Date of Delivery  
**4/25/91**

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

**SA 25 1991 USPS**

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)

Lt. Co. Michael Chisick  
16465 Henerson Pass 624  
San Antonio, TX 78232

4. Article Number  
**P 572 125078**

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 — Addressee  
X

6. Signature — Agent  
X

7. Date of Delivery  
**4/24**

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

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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)

Ken K. Kirby  
750 E. Mid Cities Blvd.  
Suite 1407  
Euless, TX 76039

4. Article Number  
**P 676666 232**

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 — Addressee  
X

6. Signature — Agent  
X

7. Date of Delivery  
**5/7/91**

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

**TX 1991 USPS**

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

P 676 666 246



**Certified Mail Receipt**  
No Insurance Coverage Provided  
Do not use for International Mail

Tipperary Oil & Gas  
Corp.  
500 W. Illinois  
Midland, TX 79701

PS Form 3800, June 1990

Postage	\$ .52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date LBO FP 4-24-91 KA	

P 676 666 252



**Certified Mail Receipt**  
No Insurance Coverage Provided  
Do not use for International Mail

Don Turner  
4201 Monte Drive  
Midland, TX 79703

PS Form 3800, June 1990

Postage	\$ .52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date LBO FP 4-24-91 KA	

P 676 666 252



**Certified Mail Receipt**  
No Insurance Coverage Provided  
Do not use for International Mail

Susan Turner  
2204 Lindor Way  
Midland, TX 79707

PS Form 3800, June 1990

Postage	\$ .52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date LBO FP 4-24-91 KA	

P 676 666 252



**Certified Mail Receipt**  
No Insurance Coverage Provided  
Do not use for International Mail

MFG  
1126 Vaughn Bldg.  
Midland, TX 79701

PS Form 3800, June 1990

Postage	\$ .52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date LBO FP 4-24-91 KA	

P 676 666 247



**Certified Mail Receipt**

No Insurance Coverage Provided

Do not use for International Mail

Tejas Energy Corp.  
8333 Douglas  
Suite 1072  
Dallas, TX 75225

PS Form 3800, June 1990

Postage	\$ 52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date	LBO FP 4-24-91 KA