



Amoco Production Company

501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

April 8, 1991

Royalty Interest Owners

File: KWB-156-LF

Gentlemen:

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

Case 10310

This letter serves to advise you, as a royalty interest owner in one or more of the subject leases, that Amoco Production Company is applying to the New Mexico Oil Conservation Division for approval to surface commingle production from the above named leases. Implementation will consist of surface commingling of Loving Delaware, East production from the Jasso Unit, Brantley, and McClary Leases and Loving Morrow, North production from the Brantley Gas Com. Lease. Surface commingling of produced fluids will occur at the Jasso Storage System located in Section 22, Township 23 South, Range 28 East, Eddy County, New Mexico.

On completion of the said surface commingling of production, it should be noted that provisions will be incorporated to allow for individual well testing and proper allocation of production for each pool according to New Mexico Oil Conservation Division rules and regulations. Should you have any objection to this application, you must notify the New Mexico Oil Conservation Division, Energy and Minerals Department, P. O. Box 2088, Santa Fe, New Mexico 87501, in writing within 20 days of receipt of this letter.

Yours very truly,

K.W. Brand
HB

K. W. Brand
Administrative Services Manager

MLC/avd

Attachments

*recd
4-12-91*

*2 wells in Sec. 22
1. Brantley #2
2. McClary*

FAX TRANSMITTAL SHEET
OIL CONSERVATION DIVISION - FAX NO. (505) 827-5741

TO: <i>Jim Collier</i>	FR: <i>Michael E. Hogan</i>
PAGES w/cover: <i>3</i>	DATE: <i>5/10/91</i>

If there are any problems with this transmission, please call (505) 827-5806.

OIL CONSERVATION DIVISION
RECEIVED

'91 APR 29 AM 9 54

CLAIBORNE M. POWER
P. O. BOX 1974
BELLEVUE, WASHINGTON 98009

April 24, 1991

NMO Conservation Division
Energy and Minerals Dept.
P.O. BOX 2088
Santa Fe, NM 87501

Dear Sir:

I am writing concerning the surface
commingling of the production of wells
I am a royalty owner in, Sec. 22-T238-~~18~~₂

Eddy Cty. NM.

Amoco has stated that "provisions
will be incorporated to allow for individual
well testing and proper allocation of production
of each pool." Naturally, I would want
a guarantee that this will happen
and that our pay stubs will clearly
define type, volume, price for each well
as is now done.

I also would like a guarantee that
each well's production will continue to
be reported to the NM Oil & Gas Commission and
that the monthly production books
that remain the same information.

I received Amos's letter April 12th,
and was informed I had 20 days
to tell you of any concerns or
objections within 20 days.

Therefore, I have done so. I basically
have no objections to commingled storage
and only request the above mentioned
guarantees.

Sincerely yours,
Clairborne M. Brown

LAW OFFICES

LOSEE, CARSON, HAAS & CARROLL, P. A.

ERNEST L. CARROLL

JOEL M. CARSON

JAMES E. HAAS

A. J. LOSEE

DEAN B. CROSS

MARY LYNN BOGLE*

300 YATES PETROLEUM BUILDING
P. O. DRAWER 239
ARTESIA, NEW MEXICO 88211-0239

TELEPHONE
(505) 746-3505

TELECOPY
(505) 746-6316

*LICENSED IN ARIZONA ONLY

June 4, 1991

Mr. Daniel R. Currens
Amoco Production Company
Law Department
501 Westlake Park Boulevard
P. O. Box 3092
Houston, Texas 77253

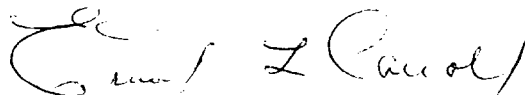
Re: Amoco Application/NMOCD Case No. 10310

Dear Mr. Currens:

I have reviewed with my clients the information you provided to me concerning the above. Please be advised that Merland, Inc. is now willing to withdraw its previous objection to Amoco's application for commingling.

Very truly yours,

LOSEE, CARSON, HAAS & CARROLL, P.A.



Ernest L. Carroll

ELC:kth

cc: William J. LeMay
New Mexico Oil Conservation Division

191 JUN 8 42
DIVISION
ID

ONE FILE - 10310

May 16, 1991

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

Gentlemen:

Application of Amoco Production Company
For Surface Commingling
Brantley Gas Com Lease
Brantley Lease
Jasso Unit
McClary Lease
Section 22, T23S, R28E
Eddy County, New Mexico

This is to notify you that I hereby withdraw my protest to the application of Amoco Production Company for surface commingling of production from the above properties in Eddy County, New Mexico.


Frances M. Anderson

May 28, 1991
Date signed

NEW MEXICO
OIL & GAS DIVISION
191 JUN 11 10 8 42

CASE FILE - 10310

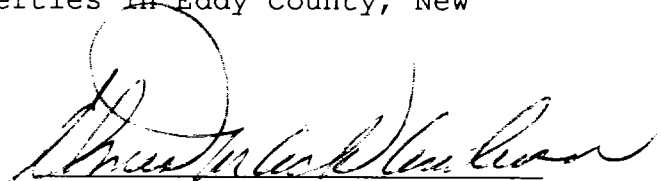
May 16, 1991

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

Gentlemen:

Application of Amoco Production Company
For Surface Commingling
Brantley Gas Com Lease
Brantley Lease
Jasso Unit
McClary Lease
Section 22, T23S, R28E
Eddy County, New Mexico

This is to notify you that I hereby withdraw my protest to the application of Amoco Production Company for surface commingling of production from the above properties in Eddy County, New Mexico.


Elmer Mack Anderson

5-28-91
Date signed



OIL CONSERVATION DIVISION
RECEIVED

Amoco Production Company

'91 MAY 26 AM 10 21

May 23, 1991

File: JCA-0937-986.51

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

Gentlemen:

Case No. 10310
Application of Amoco Production Company
For Surface Commingling
Brantley Gas Com Lease
Brantley Lease
Jasso Unit
McClary Lease
Section 22, T23S, R28E
Eddy County, New Mexico

This case was originally set for May 16, 1991, and was continued. Please set it for the June 13, 1991, docket.

Yours very truly,

James F. Trickett, Manager
Environmental Safety and Regulatory Affairs

JWC/kf

NEW MEXICO OIL CONSERVATION DIVISION
RECEIVED
91 MAY 24 AM 9 03

May 16, 1991

File

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

Gentlemen:

Application of Amoco Production Company
For Surface Commingling
Brantley Gas Com Lease
Brantley Lease
Jasso Unit
McClary Lease
Section 22, T23S, R28E
Eddy County, New Mexico

Case 10310

This is to notify you that I hereby withdraw my protest to the application of Amoco Production Company for surface commingling of production from the above properties in Eddy County, New Mexico.

Claiborne M Power
Claiborne M. Power

5-24-91
Date signed

OIL CONSERVATION DIVISION
RECEIVED

CLAIBORNE M. POWER
P. O. BOX 1974
BELLEVUE, WASHINGTON 98009

'91 APR 29 AM 9 54

April 24, 1991

NMO Conservation Division
Energy and Minerals Dept.
P.O. Box 2088
Santa Fe, NM 87501

Dear Sir:

I am writing concerning the Surface
Commencing of the production of wells
I am a royalty owner in, Sec. 22-T238 ~~48~~
Eddy Cty. NM.

Amoco has stated that "provisions
will be incorporated to allow for individual
well testing and proper allocation of production
of each pool." Naturally, I would want
a guarantee that this will happen
and that our pay stubs will clearly
define type, volume, price for each well
as is now done.

I also would like a guarantee that
each well's production will continue to
be reported to the NM Oil & Gas Commission and
that the monthly production books
contain the same information.

I received Amoco's letter April 12th,
and was informed I had 20 days
to tell you of any concerns or
objections within 20 days.

Therefore, I have done so. I basically
have no objections to Commingled Storage
and only request the above mentioned
guarantees.

Sincerely yours,
Clairborne M. Brown

May 16, 1991

RECEIVED BY

JUN 5 1991

HOUSTON REGION
ESRA GROUP

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

CAFE FILE - 10310

Gentlemen:

Application of Amoco Production Company
For Surface Commingling
Brantley Gas Com Lease
Brantley Lease
Jasso Unit
McClary Lease
Section 22, T23S, R28E
Eddy County, New Mexico

This is to notify you that I hereby withdraw my protest to the application of Amoco Production Company for surface commingling of production from the above properties in Eddy County, New Mexico.

Claiborne M. Power

Claiborne M. Power

May 24, 1991

Date signed

Facsimile Transmission

Addressee's Telecopier Phone

505 8275741

Date

6/7

Page

1 of 2

To: <i>Mike Stagner</i>	Company	Location	Mail Code/Room
From: <i>Jim Collier</i>	Company <i>Amoco Prod</i>	Location <i>Hon</i>	Mail Code/Room
Initiated By: <i>Jim Collier</i>	Department/Region	Charge (Cost Center Code)	Approved By
Typed By	Ext.	Mail Code/Room	<input type="checkbox"/> Call Sender for Pickup of Originals <input type="checkbox"/> Call _____ for Pickup at Receiving Location

Re: Case 10310

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) *Not PAID* 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Claiborne M. Power
P O Box 1974
Bellevue, WA 98009

4. Article Number
P463 211 316

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 Claiborne M. Power

6. Signature - Agent
X

7. Date of Delivery
5/28/91

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 316
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Claiborne M. Power
P O Box 1974
Bellevue, WA 98009

U.S. POSTAL SERVICE

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	

June 1985

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:

Elmer Mack Anderson
RR 1 Box 91
Richmond, KS 66080

4. Article Number
P463 211 314

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 Elmer Mack Anderson

6. Signature - Agent
X Elmer Mack Anderson

7. Date of Delivery
5-25-91 R.P.H.

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 314
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Elmer Mack Anderson
RR 1 Box 91
Richmond, KS 66080

U.S. POSTAL SERVICE

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	\$

June 1985

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:

Frances M. Anderson
RR 1 Box 91
Richmond, KS 66080

4. Article Number
P463 211 313

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 Frances M. Anderson

6. Signature - Agent
X Elmer Mack Anderson

7. Date of Delivery
5-25-91 R.P.H.

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 313
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Frances M. Anderson
RR 1 Box 91
Richmond, KS 66080

U.S. POSTAL SERVICE

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	\$

June 1985

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)

3. Article Addressed to:

Roy G. Barton Jr.
P O Box 978
Hobbs, NM 88241

4. Article Number
P 463 211 302

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 *[Signature]*

7. Date of Delivery
5-25-91

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

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

P 463 211 302
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Roy G. Barton Jr.
P O Box 978
Hobbs, NM 88241

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	\$

2, June 1985

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)

3. Article Addressed to:

Alpha Twenty One Corp.
P.O. Box 297880
Houston, TX 77297

4. Article Number
P 463 211 309

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 *[Signature]*

7. Date of Delivery
MAY 24 1991

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

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

P 463 211 309
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Alpha Twenty One Corp.
P.O. Box 297880
Houston, TX 77297

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	

1985

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)

3. Article Addressed to:

Raymond F. Fort
P O Box 2044
Midland, TX 79702

4. Article Number
P 463 211 307

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 *[Signature]*

7. Date of Delivery
MAY 29 1991

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

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

P 463 211 307
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Raymond F. Fort
P O Box 2044
Midland, TX 79702

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	\$

1, June 1985

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 boxes for additional service(s) requested.

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

3. Article Addressed to:

James L & Wanda McClary
R 1 Box 130
Dike, TX 75437

4. Article Number **9463211305**

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☒ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *James L & Wanda McClary*

6. Signature - Agent *James L & Wanda McClary*

7. Date of Delivery *May 28 1989*

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

PS Form 3811, Apr. 1989

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 boxes for additional service(s) requested.

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

3. Article Addressed to:

Pride Pipeline Ltd Ptnrshp
Box 2436
Abilene, TX 79604-2436

4. Article Number **9463211322**

Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Return Receipt for Merchandise ☒ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee *James L & Wanda McClary*

6. Signature - Agent *James L & Wanda McClary*

7. Date of Delivery **MAY 28 1989**

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985

James L & Wanda McClary
R 1 Box 130
Dike, TX 75437

NO INSURANCE COVERAGE PROVIDED
BY THE UNITED STATES POSTAL SERVICE

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 \$

Postmark or Date

PS Form 3800, June 1985

Pride Pipeline Ltd Ptnrshp
Box 2436
Abilene, TX 79604-2436

NO INSURANCE COVERAGE PROVIDED
BY THE UNITED STATES POSTAL SERVICE

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 \$

P 463 211 324

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILNieves B. & Amelia S. Jasso
RR1 Box 22
Loving, NM 88256

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	

June 1985

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:

Nieves B. & Amelia S. Jasso
RR1 Box 22
Loving, NM 88256

4. Article Number

P 463 211 324

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 *Amelia Jasso*

6. Signature - Agent

X

7. Date of Delivery

5-28-91

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

RR1 Box 22
Loving, N.M. 88256

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 303

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

Robert P & Maria J Hernandez
R. 1 Box 50
Loving, NM 88256

U.S.G.P.O. 1000-274-554

June 1985

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 Fee	

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:

Robert P & Maria J Hernandez
R. 1 Box 50
Loving, NM 88256

4. Article Number

P 463 211 303

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 *Maria J Hernandez*

6. Signature - Agent

X

7. Date of Delivery

5-28-91

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

R-192 Ash
Loving, N.M. 88256

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 315

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILDick A. Blendon & Jeffrey B. Diamond
Box 1387
Carlsbad, NM 88220

U.S.G.P.O.

June 1985

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	

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:

Dick A. Blendon & Jeffrey B. Diamond
Box 1387
Carlsbad, NM 88220

4. Article Number

P 463 211 315

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

5/24/90

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

PS Form 3811, Apr. 1989

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)

3. Article Addressed to: Merland Inc. Box 548 Carlsbad, NM 88220	4. Article Number P 463 211 317 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X <i>Draper Brantley</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-28-91	

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED

Merland Inc.
Box 548
Carlsbad, NM 88220

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	\$

une 1985

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)

3. Article Addressed to: Draper Brantley Jr 1317 E. Wood Carlsbad, NM 88220	4. Article Number P 463 211 326 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X <i>Draper Brantley</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-25-91 NB	

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

P 463 211 326
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Draper Brantley Jr
1317 E. Wood
Carlsbad, NM 88220

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	\$

ie 1985

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)

3. Article Addressed to: Marian Tracy Lelevier 26440 Potrero Valley Rd. Potrero, CA 92063	4. Article Number P 463 211 325 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Marian Tracy Lelevier</i>	
7. Date of Delivery 5-28-91	

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

P 463 211 325
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Marian Tracy Lelevier
26440 Potrero Valley Rd.
Potrero, CA 92063

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	\$
Postmark or Date	

1800, June 1985

P 463 211 308

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Samuel Tracy
1919 North Canal
Carlsbad, NM 88220

US	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
1985	Return Receipt showing to whom Date and Address of Delivery	

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:

Samuel Tracy
1919 North Canal
Carlsbad, NM 88220

4. Article Number
P 463 211 308

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
☒ *Samuel Tracy*

6. Signature — Agent
☒

7. Date of Delivery
5/28/91

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 321

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Michael J. Levenson
P O Box 16187
Lubbock, TX 79490

US	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
0. June 1985	Return Receipt showing to whom Date and Address of Delivery	
	TOTAL Postage and Fees	\$

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:

Michael J. Levenson
P O Box 16187
Lubbock, TX 79490

4. Article Number
P 463 211 321

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
☒ *Michael J. Levenson*

6. Signature — Agent
☒

7. Date of Delivery
5-28-91

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 323

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Lottie Jewel Seal
1003 Richard St.
Carlsbad, NM 88220

US	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
June 1985	Return Receipt showing to whom Date and Address of Delivery	
	TOTAL Postage and Fees	\$

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:

Lottie Jewel Seal
1003 Richard St.
Carlsbad, NM 88220

4. Article Number
P 463 211 323

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
☒ *Lottie Jewel Seal*

6. Signature — Agent
☒

7. Date of Delivery
5-25-91

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

SENDER: 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:

R. F. Fort Inc.
P. O. Box 2044
Midland, TX 79702

4. Article Number
P 463 211 301

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 *R. F. Fort*

7. Date of Delivery
MAY 20 1991

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 301
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

R. F. Fort Inc.
P. O. Box 2044
Midland, TX 79702

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	

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:

Tommy Phipps
P O Box 11090
Midland, TX 79702

4. Article Number
P 463 211 306

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 *[Signature]*

7. Date of Delivery
MAY 28

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

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 306
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Tommy Phipps
P O Box 11090
Midland, TX 79702

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	

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:

Bird Creek Resources Inc.
P.O. Box 94977
Tulsa, OK 74194

4. Article Number
P 463 211 327

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 *Ecker*

7. Date of Delivery
MAY 28 1991

8. Addressee's Address (ONLY if requested and fee paid)
**US POST SERVICE
905 W. 4TH ST
TULSA, OK 74103-3612**

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

P 463 211 327
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Bird Creek Resources Inc.
P.O. Box 94977
Tulsa, OK 74194

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	\$

P 463 211 322

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILJohn W. Anderson
R 1 Box 3
Richmond, KS 66080

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	

1985

P 463 211 319

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILBHF Corporation
P O Box 52573
Tulsa, OK 74152-0573

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	\$

U.S.
1, June 1985

P 463 211 318

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILDr. Rhonda L. May
8023 Vantage Dr. Ste 1110
San Antonio, TX 78230

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	\$

U.S.
1, June 1985

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:

John W. Anderson
R 1 Box 3
Richmond, KS 66080

4. Article Number
P 463 211 322

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 *John W. Anderson*

6. Signature - Agent
X *Brenda Anderson*

7. Date of Delivery
5-25-91 R.L.H.

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

PS Form 3811, Apr. 1989

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:

BHF Corporation
P O Box 52573
Tulsa, OK 74152-0573

4. Article Number
P 463 211 319

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

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

PS Form 3811, Apr. 1989

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:

Dr. Rhonda L. May
8023 Vantage Dr. Ste 1110
San Antonio, TX 78230

4. Article Number
P 463 211 318

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 *Laura L. Mercer*

7. Date of Delivery
5/29/91

8. Addressee's Address (ONLY if requested and fee paid)
Free Not Paid

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

April 15, 1991

OIL CONSERVATION DIVISION
RECEIVED

'91 APR 18 AM 9 19

New Mexico Oil Conservation Division
Energy And Minerals Department
P.O. Box 2088
Santa Fe, New Mexico 87501

ATTN: David Catanach

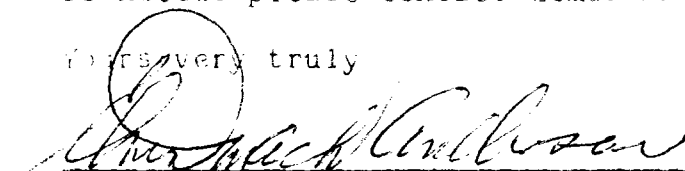
re: File KWB-156-LF
Surface Commingling Notices
Elmer Mack Anderson
Frances M. Anderson
John W. Anderson
Eddy W. Anderson

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

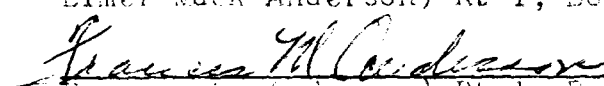
We are attaching a copy of letter received by us from Amoco regarding Surface Commingling Notice. We would like for this signed letter to confirm our opposition to the commingling.

You will note that the four signatures (signed at bottom of this letter) represents four different royalty interest owners. I am sure that this is adequate for our opposition according to instructions in the letter from Amoco, but if any additional information is needed please contact Elmer Mack Anderson.

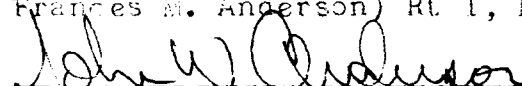
Sincerely truly


Elmer Mack Anderson) Rt 1, Box 91, Richmond, KS 66080

4-15-91


Frances M. Anderson) Rt 1, Box 91, Richmond, KS 66080

4-15-91


John W. Anderson) Rt 1, Box 3, Richmond, KS 66080

4-15-91


Eddy W. Anderson) Rt 1, Box 97, Richmond, KS 66080

4-15-91

AMOCO: cc
AMUCD; Copy from AMUCD



Amoco Production Company

501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

April 8, 1991

Royalty Interest Owners

File: KWB-156-LF

Gentlemen:

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

This letter serves to advise you, as a royalty interest owner in one or more of the subject leases, that Amoco Production Company is applying to the New Mexico Oil Conservation Division for approval to surface commingle production from the above named leases. Implementation will consist of surface commingling of Loving Delaware, East production from the Jasso Unit, Brantley, and McClary Leases and Loving Morrow, North production from the Brantley Gas Com. Lease. Surface commingling of produced fluids will occur at the Jasso Storage System located in Section 22, Township 23 South, Range 28 East, Eddy County, New Mexico.

On completion of the said surface commingling of production, it should be noted that provisions will be incorporated to allow for individual well testing and proper allocation of production for each pool according to New Mexico Oil Conservation Division rules and regulations. Should you have any objection to this application, you must notify the New Mexico Oil Conservation Division, Energy and Minerals Department, P. O. Box 2088, Santa Fe, New Mexico 87501, in writing within 20 days of receipt of this letter.

Yours very truly,

K.W. Brand
HB

K. W. Brand
Administrative Services Manager

MLC/avd

Attachments

FAX TRANSMITTAL SHEET
OIL CONSERVATION DIVISION - FAX NO. (505) 827-5741

TO: *George Graham*

FR: *Michael E. Stogner*

PAGES w/cover: *17*

DATE:

*Per our telephone conversation yesterday,
attached is a copy of Amoco's surface
commencing application and other various
related correspondence.*

If there are any problems with this transmission, please call (505) 827-5806.



Amoco Production Company

501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

April 8, 1991

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

PLC

File: KWB-157-LF

Gentlemen:

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

Amoco Production Company respectfully requests authorization to surface commingle production from the Loving Delaware, East and Loving Morrow, North formations. Surface commingling of Loving Delaware, East production will consist of the Jasso Unit, Brantley, and McClary Leases and Loving Morrow, North production will be from the Brantley Gas Com. Lease. Surface commingling of produced fluids will occur at the Jasso Storage System located in Section 22, Township 23 South, Range 28 East, Eddy County, New Mexico.

Surface commingling will be measured and determined in accordance with applicable conservation rules and the result of this surface commingling will not reduce the commercial value of the commingled production when compared to the sum of the individual products.

Attached in support of our application and in compliance with NMOCD Rule 303(B) are the following documents:

1. Five (5) copies of Form C-102 (plat) for each of the subject wells.
2. Five (5) copies of Site Facility Schematic Flow Diagram.
3. Address listing of all Interest Owners and Crude Purchaser.
4. Copy of Notification to Interest Owners and Copy of Certification of mailing notice.

New Mexico Oil Conservation Division
April 8, 1991
Page 2

Should you have any questions concerning this matter please contact Kim Colvin at 713/596-7686 or Mary Corley at 713/556-4491.

Yours very truly,

K. W. Brand
HB

K. W. Brand
Administrative Services Manager

MLC/avd

Attachments

MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION

AT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

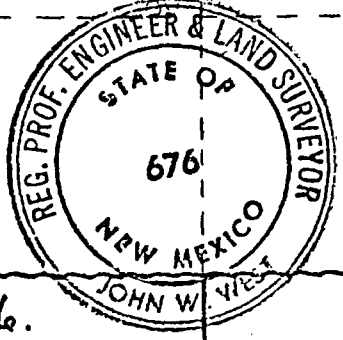
Operator Amoco Production Co.			Lease Brantley Gas Com.			Well No. 1
Unit Letter K	Section 22	Township 23 South	Range 28 East	County Eddy		
Actual Footage Location of Well: 1880 feet from the South line and 2080 feet from the West line						
Ground Level Elev. 3012.3	Producing Formation MORROW		Pool UNDESIGNATED MORROW		Dedicated Acreage: 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation COMMUNITIZATION

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

		<u>WORKING INTEREST</u> 1. R. Ward & J. Isbell 3.125% 2. R. F. Fort 2.1875% 3. R. G. Barton, Jr. 3.125% 4. Medera Gas Ltd. & W. D. Blake more 6.25% 5 & 6. Amoco Production Company 85.3125%	
		<u>ROYALTY INTEREST</u> D. BRANTLEY JR. ET. UX. CLAI BORN M. POWER MERLAND, INC.	
6. 80 ac. Amoco ROYALTY INTEREST JAMES L. McCARY ET. UX. ELMER MAC ANDERSON	5. 618 ac. Amoco Production Co.	1.	4.
2080' 1880'		3.	2.
		5.	

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name Ray W. Cox
 Position Administrative Supervisor
 Company AMOCO PRODUCTION COMPANY
 Date 9-5-78

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed August 3, 1978
 Registered Professional Engineer and/or Land Surveyor

John W. West
 Certificate No. John W. West 676
Ronald J. Eidson 3239

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

All distances must be from the outer boundaries of the Section.

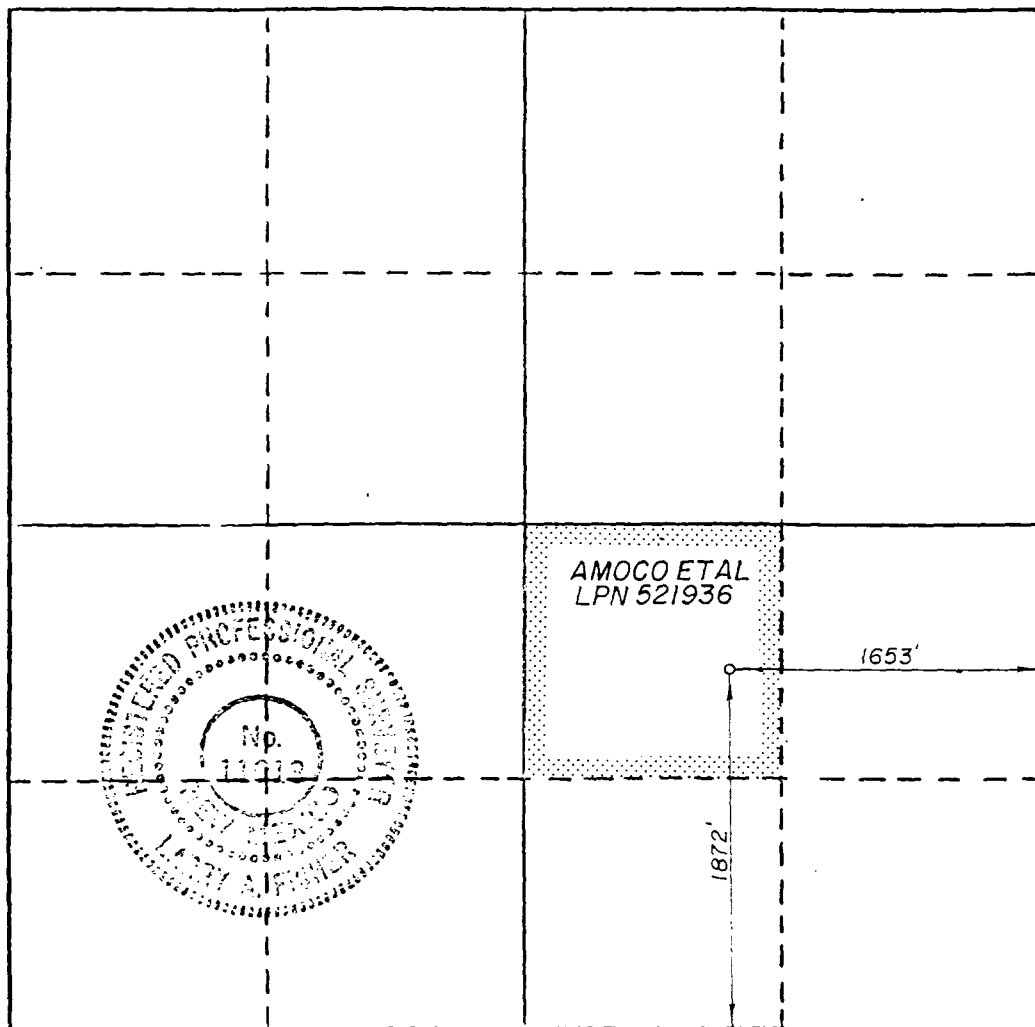
Operator Amoco Production Company			Lease Brantley		Well No. 2
Unit Letter J	Section 22	Township 23 South	Range 28 East	County Eddy	
Actual Footage Location of Well: 1872 feet from the South line and 1653 feet from the East line					
Ground Level Elev. 3033.8'	Producing Formation Delaware	Pool Loving, Delaware, East	Dedicated Acreage: 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

Company _____

Date _____

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

January 31, 1991

Registered Land Surveyor

Harry A. Fisher

Certificate No.

11018

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTP. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-102
Revised 10-1-7

All distances must be from the outer boundaries of the Section.

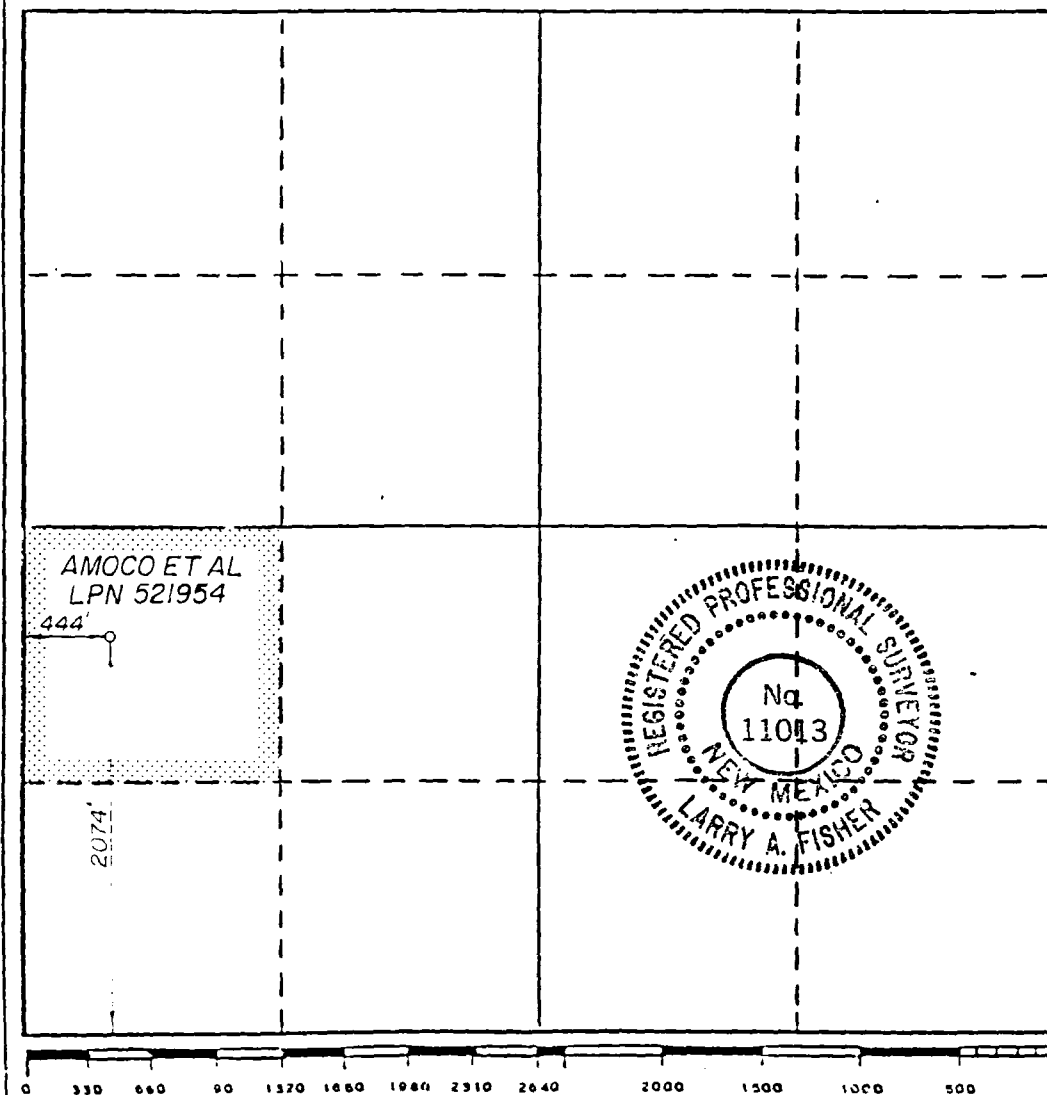
Operator Amoco Production Company			Lease McClary		Well No. 1
Unit Letter L	Section 22	Township 23 South	Range 28 East	County Eddy	
Actual Footage Location of Well: 2074 feet from the South line and 444 feet from the West line					
Ground Level Elev. 3028.1'	Producing Formation Delaware	Pool Loving, Delaware, East	Dedicated Acreage: 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

Company _____

Date _____

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

January 31, 1991

Registered Land Surveyor

Certificate No.
11013

All distances must be from the outer boundaries of the Section.

Operator AMOCO PRODUCTION COMPANY			Lease Jasso Unit		Well No. 1
Unit Letter I	Section 22	Township 23-South	Range 28-East	County Eddy	
Actual Footage Location of Well: 1864 feet from the South line and 350 feet from the East line					
Ground Level Elev. 3022.3	Producing Formation Delaware		Pool Loving Delaware, East	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☒ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

<p>LPN 571771 - NE/4 NE/4 SE/4</p> <p><u>Working Interest:</u></p> <p>Leonard T. May 25%</p> <p>Ronald T. May 25%</p> <p>BHF Corporation 6.25%</p> <p>Bird Creek Resources Inc. 18.75%</p> <p>Amoco Production Company 25%</p> <p><u>Royalty:</u></p> <p>Nieves Jasso</p>	<p>Well No. 1</p> <p>X = 582205.74</p> <p>Y = 468866.85</p> <p>NMEZ (NAD 27)</p>
<p>LPN 575658 - SE/4 NE/4 SE/4</p> <p><u>Working Interest:</u></p> <p>Alpha Twenty-One Corp. 50%</p> <p>Amoco Production Company 50%</p> <p><u>Royalty:</u></p> <p>Nieves B. Jasso, et ux</p> <p>Amalia S. Jasso</p>	
<p>LPN 521936 - W/2 NE/4 SE/4</p> <p>-A- <u>Working Interest:</u></p> <p>Amoco Production Co. 100%</p> <p><u>Royalty:</u></p> <p>Draper Brantley Jr. et ux</p> <p>-B- <u>Working Interest:</u></p> <p>Amoco Production Co. 100%</p> <p><u>Royalty:</u></p> <p>Claiborne M. Power</p> <p>-D- <u>Working Interest:</u></p> <p>Amoco Production Co. 100%</p> <p><u>Royalty:</u></p> <p>Merland Incorporated</p>	

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name

Position

Company

Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

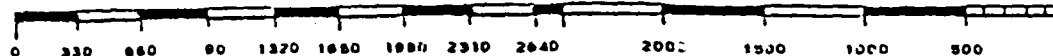
Date Surveyed

11-30-89, 12-5-89

Registered Land Surveyor

Certificate No.

7475



Amoco Production Company

ENGINEERING CHART

SUBJECT Jasso Storage System and Jasso Gas
Compression Facility - Flow Schematic

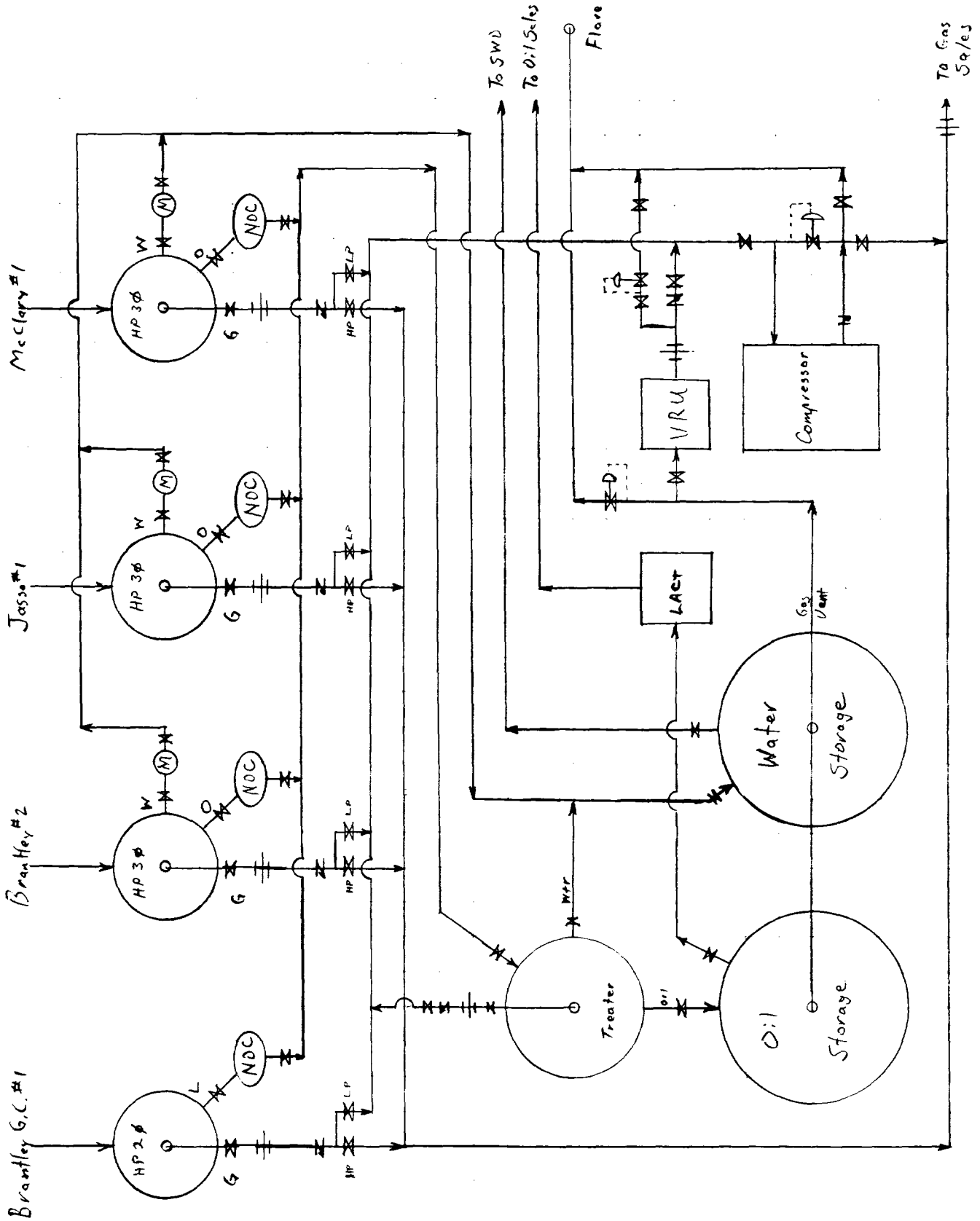
FILE _____

APPN

DATE 3/18/91

BY LAL

Not To Scale



Legend: \textcircled{M} = salt water meter \textcircled{NDC} = not on computer

Working Interest Owners

Norma J. Chanley
P. O. Box 729
Hobbs, NM 88240

Ronald T. May
4195 Naco Perrin
San Antonio, TX 78217

Draper Brantley, Jr.
1317 E. Wood
Carlsbad, NM 88220

Roy G. Barton, Jr.
P. O. Box 978
Hobbs, NM 88241

BHF Corporation
P. O. Box 52573
Tulsa, OK 74152-0573

R. F. Fort, Inc.
P. O. Box 2044
Midland, TX 79702

Dr. Rhonda L. May
8023 Vantage Dr. Ste. 1110
San Antonio, TX 78230

Alpha Twenty One Corporation
P. O. Box 297880
Houston, TX 77297

Bird Creek Resources, Inc.
P. O. Box 94977
Tulsa, OK 74194

PURCHASER

Pride Pipeline Limited Partnership
Box 2436
Abilene, TX 79604-2436

Royalty Interest Owners

Draper Brantley, Jr.
1317 E. Wood
Carlsbad, NM 88220

Merland, Inc.
Box 548
Carlsbad, NM 88220

Samuel Tracy
1919 North Canal
Carlsbad, NM 88220

Marian Tracy Lelevier
26440 Potrero Valley Rd.
Potrero, CA 92063

Claiborne M. Power
P. O. Box 1974
Bellevue, WA 98009

Raymond F. Fort
P. O. Box 2044
Midland, TX 79702

Nieves B. & Amelia S. Jasso
Joint Tenants
RR 1, Box 22
Loving, NM 88256

Dick A. Blendon &
Jeffrey B. Diamond
Box 1387
Carlsbad, NM 88220

Tommy Phipps
P. O. Box 11090
Midland, TX 79702

Lottie Jewel Seal
1003 Richard Street
Carlsbad, NM 88220

Elmer Mack Anderson
RR 1 Box 91
Richmond, KS 66080

James L. & Wanda McClary
Route 1 Box 130
Dike, TX 75437

John W. Anderson
Route 1, Box 3
Richmond, KS 66080

Frances M. Anderson
RR 1, Box 91
Richmond, KS 66080

Eddy W. Anderson
RR 1, Box 90A
Richmond, KS 66080

Michael J. Levenson
P. O. Box 16187
Lubbock, TX 79490

Jeanette Huguen
704-B Tierra Del Sol
Carlsbad, NM 88220



Amoco Production Company

501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

April 8, 1991

All Working Interest Owners and
Purchaser of Commingled Production

File: KWB-155-LF

Gentlemen:

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

Amoco Production Company is in the process of filing an application with the New Mexico Oil Conservation Division for authority to surface commingle production from the Loving Delaware, East and Loving Morrow, North formations. A copy of such application is attached for your reference.

As is customary with this type of application, working interest owners must be notified of our request to commingle. Should you have any objection to this application, you must notify the New Mexico Oil Conservation Division, Energy and Minerals Department, P. O. Box 2088, Santa Fe, New Mexico 87501, in writing within 20 days of receipt of this letter.

Yours very truly,

K. W. Brand
HB

K. W. Brand
Administrative Services Manager

MLC/avd

Attachment

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501



Amoco Production Company

501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

April 8, 1991

Royalty Interest Owners

File: KWB-156-LF

Gentlemen:

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

This letter serves to advise you, as a royalty interest owner in one or more of the subject leases, that Amoco Production Company is applying to the New Mexico Oil Conservation Division for approval to surface commingle production from the above named leases. Implementation will consist of surface commingling of Loving Delaware, East production from the Jasso Unit, Brantley, and McClary Leases and Loving Morrow, North production from the Brantley Gas Com. Lease. Surface commingling of produced fluids will occur at the Jasso Storage System located in Section 22, Township 23 South, Range 28 East, Eddy County, New Mexico.

On completion of the said surface commingling of production, it should be noted that provisions will be incorporated to allow for individual well testing and proper allocation of production for each pool according to New Mexico Oil Conservation Division rules and regulations. Should you have any objection to this application, you must notify the New Mexico Oil Conservation Division, Energy and Minerals Department, P. O. Box 2088, Santa Fe, New Mexico 87501, in writing within 20 days of receipt of this letter.

Yours very truly,

K. W. Brand
HB

K. W. Brand
Administrative Services Manager

MLC/avd

Attachments

April 15, 1991

OIL CONSERVATION DIVISION
RECEIVED

'91 APR 18 AM 9 19

New Mexico Oil Conservation Division
Energy And Minerals Department
P.O. Box 2088
Santa Fe, New Mexico 87501

ATTN: David Catanach

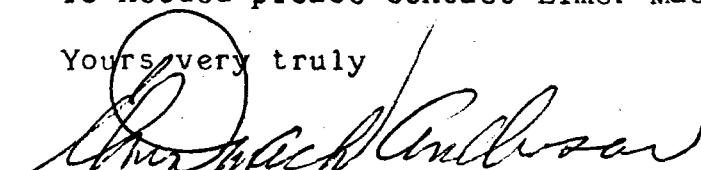
re: File KWB-156-LF
Surface Commingling Notices
Elmer Mack Anderson
Frances M. Anderson
John W. Anderson
Eddy.W. Anderson

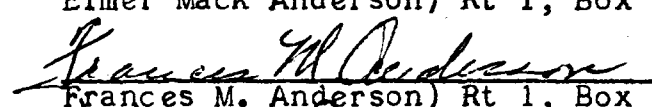
Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

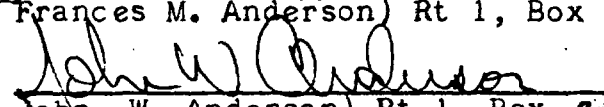
We are attaching a copy of letter received by us from Amoco regarding Surface Commingling Notice. We would like for this signed letter to confirm our opposition to the commingling.

You will note that the four signatures (signed at bottom of this letter) represents four different royalty interest owners. I am sure that this is adequate for our opposition according to instructions in the letter from Amoco, but if any additional information is needed please contact Elmer Mack Anderson.

Yours very truly


Elmer Mack Anderson) Rt 1, Box 91, Richmond, KS 66080 4-15-91


Frances M. Anderson) Rt 1, Box 91, Richmond, KS 66080 4-15-91


John. W. Anderson) Rt 1, Box 3, Richmond, KS 66080 4-15-91


Eddy W. Anderson) Rt 1, Box 97, Richmond, KS 66080 4-15-91

Amoco: cc
NMOCD; Copy from Amoco

OIL CONSERVATION DIVISION
RECEIVED

'91 APR 22 AM 10 31

April 18, 1991

CASE FILE -
10310

New Mexico Oil Conservation Commission
Energy and Minerals Department
P.O. Box 2088
Santa Fe, New Mexico 87501


Gentlemen:

I am enclosing a copy of a letter we received from Amoco Production Company notifying of their plan to surface commingle the leases mentioned in their letter.

Merland Incorporated strongly objects to the proposal as outlined in their letter. Should a comprehensive plan be offered to us, we would be very happy to consider their proposal.

Thank you for your attention in this matter.

Mary France Merchand
President, Merland Inc.


R.L. Heinsch
Agent

OIL CONSERVATION DIVISION
RECEIVED

'91 MAY 24 AM 9 03

May 16, 1991

New Mexico Oil Conservation Division
Energy and Minerals Department
P. O. Box 2088
Santa Fe, New Mexico 87501

Gentlemen:

Application of Amoco Production Company
For Surface Commingling
Brantley Gas Com Lease
Brantley Lease
Jasso Unit
McClary Lease
Section 22, T23S, R28E
Eddy County, New Mexico

This is to notify you that I hereby withdraw my protest to the application of Amoco Production Company for surface commingling of production from the above properties in Eddy County, New Mexico.


Claiborne M. Power

5-24-91
Date signed

CLAIBORNE M. POWER

P. O. BOX 1974

BELLEVUE, WASHINGTON 98009

OIL CONSERVATION DIVISION
RECEIVED

'91 APR 29 AM 9 54

April 24, 1991

NMO Conservation Division
Energy and Minerals Dept.
P.O. Box 2088
Santa Fe, NM 87501

Dear Sir:

I am writing concerning the surface
commingling of the production of wells
I am a royalty owner in, Sec. 22-T238-~~48~~_E

Eddy Cty. NM.

Amoco has stated that "provisions
will be incorporated to allow for individual
well testing and proper allocation of production
of each pool." Naturally, I would want
a guarantee that this will happen
and that our pay stubs will clearly
define type, volume, price for each well
as is now done.

I also would like a guarantee that
each well's production will continue to
be reported to the NM Oil & Gas Commission and
that the monthly production books
will remain the same information.

I received Amos's letter April 12th,
and was informed I had 20 days
to tell you of any concerns or
objections within 20 days.

Therefore, I have done so. I basically
have no objections to Commingled Storage
and only request the above mentioned
guarantees.

Sincerely yours,
Clairmont M. Brown

OIL CONSERVATION DIVISION
RECEIVED

'91 APR 24 AM 10 31

April 18, 1991

CASE FILE -
10310

New Mexico Oil Conservation Commission
Energy and Minerals Department
P.O. Box 2088
Santa Fe, New Mexico 87501

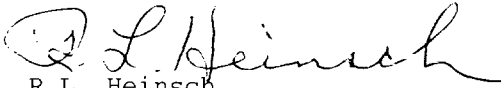
Gentlemen:

I am enclosing a copy of a letter we received from Amoco Production Company notifying of their plan to surface commingle the leases mentioned in their letter.

Merland Incorporated strongly objects to the proposal as outlined in their letter. Should a comprehensive plan be offered to us, we would be very happy to consider their proposal.

Thank you for your attention in this matter.

Mary France Merchand
President, Merland Inc.


R.L. Heinsch
Agent



Amoco Production Company

501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

April 8, 1991

Royalty Interest Owners

File: KWB-156-LF

Gentlemen:

Surface Commingling Notice
Brantley Gas Com. Lease
Brantley Lease
McClary Lease
Jasso Unit
Section 22, T23S, R28E
Eddy County, New Mexico

This letter serves to advise you, as a royalty interest owner in one or more of the subject leases, that Amoco Production Company is applying to the New Mexico Oil Conservation Division for approval to surface commingle production from the above named leases. Implementation will consist of surface commingling of Loving Delaware, East production from the Jasso Unit, Brantley, and McClary Leases and Loving Morrow, North production from the Brantley Gas Com. Lease. Surface commingling of produced fluids will occur at the Jasso Storage System located in Section 22, Township 23 South, Range 28 East, Eddy County, New Mexico.

On completion of the said surface commingling of production, it should be noted that provisions will be incorporated to allow for individual well testing and proper allocation of production for each pool according to New Mexico Oil Conservation Division rules and regulations. Should you have any objection to this application, you must notify the New Mexico Oil Conservation Division, Energy and Minerals Department, P. O. Box 2088, Santa Fe, New Mexico 87501, in writing within 20 days of receipt of this letter.

Yours very truly,

K. W. Brand
HB

K. W. Brand
Administrative Services Manager

MLC/avd

Attachments

Amoco Production Co. Houston - Texas
By Kim G. Gurn



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

July 8, 1991

BRUCE KING
GOVERNOR

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

Mr. Dan Currens
Amoco Production Company
P. O. Box 3092
Houston, Texas 77253

RE: CASE NO. 10310
ORDER NO. R-9547

Dear Sir:

Enclosed herewith are two copies of the above-referenced
Division order recently entered in the subject case.

Sincerely,

Florene Davidson

Florene Davidson
OC Staff Specialist

FD/sl

cc: BLM Carlsbad
William F. Carr

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:

CASE NO. 10310

APPLICATION OF

AMOCO PRODUCTION COMPANY

PRE-HEARING STATEMENT

This prehearing statement is submitted by AMOCO PRODUCTION COMPANY
as required by the Oil Conservation Division.

APPEARANCES OF PARTIES

APPLICANT

AMOCO PRODUCTION COMPANY

name, address, phone and
contact person

OPPOSITION OR OTHER PARTY

name, address, phone and
contact person

ATTORNEY

WILLIAM F. CARR

DANIEL R. CURRENS

ATTORNEY

STATEMENT OF CASE

APPLICANT

(Please make a concise statement of what is being sought with this application and the reasons therefore.)

Applicant desires to surface commingle production from four leases in two pools.

OPPOSITION OR OTHER PARTY

(Please make a concise statement of the basis for opposing this application or otherwise state the position of the party filing this statement.)

PROPOSED EVIDENCE

APPLICANT

WITNESSES (Name and expertise)	EST. TIME	EXHIBITS
J. W. COLLIER, JR.	15 MIN.	APPROX. 4-6

OPPOSITION

WITNESSES (Name and expertise)	EST. TIME	EXHIBITS
-----------------------------------	-----------	----------

PROCEDURAL MATTERS

(Please identify any procedural matters which
need to be resolved prior to the hearing)


Signature