

### OXY USA INC. THOMAS "A" #4 WELL

## Completion Information

### INITIAL

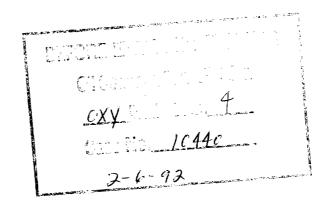
LEGAL LOCATION:

Spudded: 12-16-83 Completed: 1-13-84

Perfs: 3463-3624
Initial Test: 146 BOPD, 5 BWP
Pool: Langlie Mattix
Type Well: Oil Well 146 BOPD, 5 BWPD, 282 MCFGPD

### CURRENT

Perfs: 3401-3624
Producing Rate: 15 BOPD, 10 BWPD, 12 MCFGPD



# 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. 10440

APPLICATION OF OXY USA INC. TO EXTEND THE VERTICAL LIMITS OF THE LANGLIE-MATTIX POOL, LEA COUNTY NEW MEXICO

CERTIFICATE OF MAILING

AND

#### COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Oxy USA Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on January 7, 1992, 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 February 6, 1992, to the parties shown in the application as evidenced by the attached copies of return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 4th day of February, 1992.

Notary Public

My Commission Expires:

Sept. 10, 1994

card from being returned to you. The return receipt 199 to and the date of delivery. For additional fees the folio for fees and check box(es) for additional service(s) re.  1.  Show to whom delivered, date, and addressee (Extra charge)	uested. a address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P 676-666-521
Texaco Exploration and	Type of Service:
Production	Registered Insured
P.O. Box 3109 Midland, TX 79702	Express Mail Return Receipt for Merchandise
, in , , , , , , , , , , , , , , , , , ,	Always obtain signature of addressee
WTK- 014 - UERT APP	or agent and DATE DELIVERED.
5. Signature - Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent	
× Job Leon	
7. Date of Delivery JAN 10 1992	
S Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-	212-865 DOMESTIC RETURN RECEI
3. Article Addressed to: Citation Oil and Gas 8223 Willow Place South Suite 250 Houston, TX 77070  WTL- OM - APP - VERT - L  5. Signature - Address	(Extra charge)  4. Article Number  Control of Service:  Registered:  Registered:  Registered:  Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)
	i requested and tee Dalai
× (XVVVQQUQV)	requested and jet panel
6. Signature — Agent	requesies and fee poors
8. Signature — Agent X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988  SENDER: Complete Items 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the card from being returned to you. The return receipt fee to-and the date of delivery. For additional fees the foll for fees and check box(es) for additional service(s) 1.  Show to whom delivered, date, and addresse	onel services are desired, and complete item reverse side. Failure to do this will prevent the will provide you the name of the person delivere owing services are available. Consult postmast equested.
8. Signature — Agent X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988  SENDER: Complete items 1 and 2 when additional service in the "RETURN TO" Space on the Card from being returned to you. The return receipt fee to-and the date of delivery. For additional service is 1.  Show to whom delivered, date, and addresse (Extra charge)  3. Article Addressed to:	Jonal services are desired, and complete item reverse side. Failure to do this will prevent th will provide you the name of the person delivere owing services are available. Consult postmast equested.  e's address. 2.  Restricted Delivery (Extra charge)  4. Article Number P676 666 520
8. Signature — Agent X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988  SENDER: Complete items 1 and 2 when additional and 4.  Put your address in the "RETURN TO" Space on the card from being returned to you. The return receipt fee to and the date of delivery. For additional fees the following for the following fees the following fees and check box(es) for additional service(s) 1. Show to whom delivered, date, and addressed to:  Meridian Oil Co By 5 (8)	Jonal services are desired, and complete item reverse side. Failure to do this will prevent the will provide you the name of the person delivere owing services are available. Consult postmast equested.  e's address. 2.  Restricted Delivery  (Extra charge)  4. Article Number  P676666 SZO  Type of Service:  Registered  Insured  Certified COD
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8. Signature — Agent X 7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988  SENDER: Complete items 1 and 2 when additional and 4.  Put your address in the "RETURN TO" Space on the card from being returned to you. The return receipt to and the date of delivery. For additional fees the following fees and check box(es) for additional service(s) 1. Show to whom delivered, date, and addressed 1. Show to whom delivered, date, and addressed 3. Article Addressed to:  Meridian Oil Co 21 Desta Drive System  Midland, TX 79705	DOMESTIC RETURN RECE
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PS Form 3811, Mar. 1988 \* U.S.Q.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO". Space card from being returned to you? The return rector and the date of delivery. For additional fees for fees and check box(es) for additional services. Show to whom delivered, date, and a (Extra charge)	on the reverse side. Failure to do this will prevent the sipt fee will provide you the name of the person delivers the following services are syaliable. Consult postmastrice(s) requested.
Louis Q. Thomas P.O. Box 4377 Huachuca City, AZ 8561	4. Article Number P676-666-534  Type of Service:
MTK-0XY APP-VERT L.  5. Signature - Address 100	Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
X Races Of Phoma  6. Signature — Agent  X  7. Date of Delivery  1. 9. 92 +4	
SENDER: Complete Items 1 and 2 wh	nen additional services are desired, and complete its ce on the reverse side. Fallure to do this will prevent secept fee will provide you the name of the person delive so the following services are available. Consult postmatericle(s) requested.  addressee's address.  2. Restricted Delivery
1. ☐ Show to whom delivered, date, and (Extra charge)	4. Article Number
Doyle Hartman P.O. Box 10426 Midland, TX 79702	P676 -666-529  Type of Service:  Registered Consumed  Consumer Con
	Express Mail Return Receipt
WTK-OXY APP-VERT L.	Express Mail Return Receipt for Merchandis  Always obtain Sprature of addressee or agent and DATE DELIVERED.
WTK - OXY APP - VERT L.  5. Signature - Address  X  6. Signature - Agent  X  7. Date of Delivery - Agent	Express Mail Return Receipt for Merchandis
5. Signature — Address X  6. Signature — Agent / X  7. Date of Delivery — 337 9	Express Mail Return Receipt for Merchandis  Always Obtain Amature of addressee or agent and DATE DELIVERED.  B. Addressee's Address (ONLY tf
5. Signature Address  X  6. Signature Agent  X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.G.P.  SENDER: Complete Items 1 and 2 who a and 4.  Put your address in the "RETURN TO" Space of Tom being returned to you. The return reve and the date of delivery. For additional fees for fees and check box(es) for additional services and check box(es) for additional services.	Always obtain ansture of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  O. 1988-212-865 DOMESTIC RETURN Receipt fee will provide you the name of the person delivers the following services are available. Consult postmast vice(s) requested.  2. Restricted Delivery
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5. Signature Address X  6. Signature Agent X  7. Date of Delivery  PS Form 3811, Mar. 1988 * U.S.Q.P.  SENDER: Complete items 1 and 2 who 3 and 4.  Put your address in the "RETURN TO" Space and the date of delivery. For additional fees for fees and check box(es) for additional send. [Extra charge]  3. Articla Addressed to:  Geodyne Resources Inc.  P. O. Box 1450	Always obtain pasture of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid)  O. 1988-212-865  DOMESTIC RETURN Receipt on the reverse side. Fellure to do this will prevent the ceipt fee will provide you the name of the person delivers at the following services are available. Consult postmast vice(s) requested didressee's address.  2. Restricted Delivery (Extra charge)  4. Article Number  P6-76-666-528  Type of Service:  Registered Insured  Return Receipt

SENDER: Complete items 1 and 2 when additions	al services are desired, and complete items
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(Extra charge)	(Extra charge)
	4. Article Number
Bulah M. Luse	P676-666-530
Estate #10785-00	Type of Service:
NCNB Texas Trustee	Registered Insured
P.O. Box 842029	COD Cortified COD
Dallas, TX 75284	Express Mail Return Receipt for Merchandise
the transfer of the control of the	Always obtain signature of addressee
WTK-OXY APP-VERT L.	or agent and <u>DATE DELIVERED</u> .
5. Signature – Address	8. Addressee's Address (ONLY if requested and fee paid)
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6. Signature - Agent	
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7. Date of Delivery	
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(Extra charge)	(Extra charge)
2 Article Addressed to:	4. Article Number
Cross Timbers Oil Company	1 P676-666-524 1
	Type of Service:
P.O. Box 840287 Dallas, TX 75284-0287	Registered Insured
Dallas, TX /5284-028/	Certified COD
	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee
WTK-OXY APP-VERT L.	or agent and <u>DATE DELIVERED</u> .
5. Signature — Address	8. Addressee's Address (ONLY if
<b>X</b> ·	requested and fee paid)
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7. Date of Delivery	<del> </del>
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PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEIPT
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2 Autinia Addressed to:	4. Article Number
Atlantic Richfield Co.	P676 666 525
1	Type of Service:
P.O. Exo 910355	Registered Insured
Dallas, TX 75391-0355	Certified COD
	Express Mail Return Receipt for Merchandise
1	Always obtain signature of addressee
WTK-DXY APP VERT L.	or agent and DATE DELIVERED.
5. Signature – Address	8. Addressee's Address (ONLY if
X	requested and fee paid)
	4
6. Signature Agent	
M//////	<b>_</b>
7. Date of Delivery JAN (1 9 1992	

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

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(Extra charge) 3. Article Addressed to:	
	4. Article Number
Charles F. Doornbos	P676-666-523
Revocable Trust	Type of Service:
Charles F. Dorrnbos Trustee	Certified COD
P.O. Box 639	Express Mail Return Receipt for Merchandise
BArtlesville, OK 74005-0639	Always obtain signature of addressee
5. Signature — Address	or agent and DATE DELIVERED.
x Delayer and the second of th	8. Addressee's Address (ONLY if requested and fee paid)
Signature - Agent	
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SENDER: Complete items 1 and 2 when additions 3 and 4.	services are desired, and complete item
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(Extra charge)	(Extra charge)
	4. Article Number
Adele Irvine Sowell, Est.	P 676-666-533
10/0 Mr. I. Daymond M. J	Type of Service:
12000 N. Central Expression	Registered Insured
102	Certified
Dallas, TX 75206	Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee
WTK-OXY APP- VERT L.  5. Signature #Address	or agent and DATE DELIVERED.
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Bethany, OK 73003	Registered Insured COD
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WTK - OXY APP - VERT L.	or agent and DATE DELIVERED.
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