

Offset Operators and/or
Mineral Owners

Hudson State, 8016 JV-P
Well No. 1-Y
Hudson State, 8016 JV-P
Well No. 2
N/2, Sec. 11, T23S, R34E
Lea County, New Mexico

BEFORE EXAMINER
Oil Conservation Division
BTA Exhibit No. 2
Case No. 10937

SE/4 Section 3

Amoco Production Company
Attn: Matt Wines - 18.110
P. O. Box 3092
Houston, Texas 77079

W/2, SW/4 Section 1

Yates Drilling Company, et al
110 S. 4th Street
Artesia, NM 88210

NW/4, NW4 Section 12

Texas International Co.
6525 N. Meridian, No. 102
Oklahoma City, OK 73116

Anderson Carter II, et al
P. O. Box 16488
Las Cruces, NM 88004

SW/4, NW/4 Section 12

William B. Owen
116 W. First Street
Roswell, NM 88201

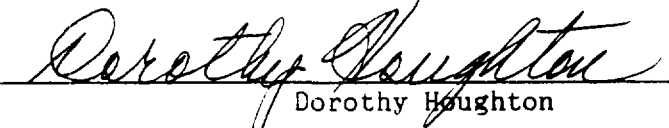
NW/4, SW/4 Section 12

Trustees of Jal NM Public Library Fund
(Harris; Watkins; Miller)
P. O. Box 178
Jal, NM 88252

E/2, NE4, NE4, SE4 Section 10

Estoril Production Corporation
400 W. Illinois, Suite 1600
Midland, Texas 79701

I hereby certify the above listed operators and mineral owners were
notified of our application by certified mail on February 15, 1994.


Dorothy Houghton

ed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estoril Production Corporation
400 W. Illinois, Suite 1600
Midland, Texas 79701

4a. Article Number

P 237 024 278

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

2-76-94

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN AT

Thank you for using Return Receipt Service.

ed

3. Article Addressed to:

Trustees of Jal NM Public Library
(Harris; Watkins; Miller)
P. O. Box 178
Jal, NM 88252

4a. Article Number

P 237 024 277

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

2-16-94

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN AT

Thank you for using Return R

delivered.

3. Article Addressed to:

William B. Owen
116 W. First Street
Roswell, NM 88201

4a. Article Number

P 237 024 276

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

2-16-94

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN AT

Thank you for using Return R

Yates Drilling Company, et al
110 S. 4th Street
Artesia, NM 88210

P 237 024 273

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

FEB 16 1994

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Texas International Co.
6525 N. Meridian, No. 102
Oklahoma City, OK 73116

4a. Article Number

P 237 024 274

4b. Service Type

- | | |
|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

21890

5. Signature (Addressee)

6. Signature (Agent)

[Signature]

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

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN AD

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse?

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- The Return Receipt will show to whom the article was delivered and the date delivered.

fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Amoco Production Company
Attn: Matt Wines - 18.110
P. O. Box 3092
Houston, Texas 77079

4a. Article Number

P 237 024 272

4b. Service Type

- | | |
|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

FEB 18 1994

5. Signature (Addressee)

6. Signature (Agent)

[Signature]

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

PS Form 3811, December 1991

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DOMESTIC RETURN RECEIPT

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Is your RETURN ADDRESS completed on the reverse?

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Anderson Carter II, et al
P. O. Box 16488
Las Cruces, NM 88004

- ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

P 237 024 275

4b. Service Type

- | | |
|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

[Signature]

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

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

