

Case 9710
JUN 12 1989

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: Secondary Recovery Pressure Maintenance OIL CONSERVATION DIVISION
Application qualifies for administrative approval? yes no SANTA FE

II. Operator: Mallon Oil Company

Address: 1099 18th Street, Suite 2750, Denver, CO 80202

Contact party: Joe H. Cox, Jr. Phone: (303) 293-2333

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project _____.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

* VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Joe H. Cox, Jr. Title Engineer

Signature: Joe H. Cox, Jr. Date: 6/09/89

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. Submitted with completion report about 7-11-83

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

III A.

1. Amoco-Federal #1 ; 1665' FSL, 330' FEL, Sec. 27, T26S, R29E, Eddy County, New Mexico.
2. Surface Casing: 8 5/8", set in 12 1/4" hole at 450' with 280 sx, calculated cement top at surface.

Production Casing: 4 1/2", 11.6#/ft., set at 5820' with 450 sx in 7 7/8" hole. Bond Log cement top 4970' later squeezed with 2-100 sk squeeze jobs through perfs 4950-58 (1 SPF), 4969-5059' (1 shot/10'). Final calculated cement top 4306'.
3. Proposed injection tubing:

2 3/8", 4.7#/ft., J-55; internally plastic coated (TK-75 or equivalent) or PVC lined.
4. Proposed injection packer:

Baker or Elder Model "R" Double Grip Pkr. Internally coated with nickle or comparable material to tubing coating. Proposed setting depth 5500'.

III B.

1. Proposed injection formation:

Brushy Canyon (Unnamed Member)

Field and Pool Name:

Brushy Draw, Delaware.
2. Injection Interval:

5593-5636' (KB) perforated (2 SPF).
3. Well was originally drilled 4-13-83 as a producing well.
4. Other perforations:

"Williamson Sd." Member, Cherry Canyon Formation original perforations 4950-58' (1SPF), 4969-5039' (1 shot/10') squeezed with two 100 sk squeeze jobs. Re-perfed 4984-90', 5000-04 (2 SPF). To be squeezed off with approximately 200 sx (presently producing). "Getty Sd." Member, Brushy Canyon Formation tested through perforations 5352-60'. Perforations will be squeezed with approximately 100 sx (presently below cast-iron bridge plug).

5. Next oil and gas producing zone uphole from proposed injection zone within field:

"Getty Sd." Mbr. Brushy Canyon
Formation 5340-5380 (KB)

Next oil and gas producing zone downhole from proposed injection zone within field:

"Pioneer Sd." Mbr. Brushy Canyon Formation
(approx) 5780-5820'.

VI. Wells Penetrating Proposed Disposal Zone Within One Half Mile of Proposed Site:

1. Well Name and Number: #1-Y Pecos Federal
Operator: Meridian Oil (El Paso Exploration)
Location: 860' FSL, 2180' FWL (SE SE) , Sec. 27, T26S, R29E, Eddy County, New Mexico.

Type well: Oil
Spud Date: 5-2-84
Completion Date: 7-11-84
Total Depth: 6,000'
PBTD: 5909'
Casing Data: Surface - 9 5/8", set at 2854' with 1025 sacks;
Production - 4 1/2", set at 5970 with 760; sacks calculated cement top = 3,287'.

Completion Data: Perforated 4945-5006', fraced 24,000 gallons water + N₂' 34,000# Sd.
2. Well Name and Number: #2 Pecos Federal
Operator: Meridian Oil (El Paso Exploration)
Location: 1980' FNL, 2030' FEL, (SW NE) Sec. 27, T26N, R29E, Eddy County, New Mexico.

Type well: Oil
Spud Date: 10-22-85
Completion Date: 11-13-85
Total Depth: 5509'
PBTD: 5470'
Casing Data: Surface-13 3/8" set at 366' with 350 sx cement.
Intermediate - 8 5/8" set at 2860' with 1500 sacks.
Production - 4 1/2" set at 5509' with 3500 sx; calculated cement top = 2,692'.
Completion Data: Perforate 4901-90'. Acidized with 4000 gallons 15% HCl, fraced with unreported vol. gelled water + 78,500# Sd.
3. Well Name and Number : #3 Pecos Federal
Operator: Meridian Oil (El Paso Exploration)
Location: 760' FSL, 1980' FEL (SW SE), Sec. 27, T26S, R29E, Eddy County, New Mexico.

VI (Cont.):

3. Type Well: Oil
Spud Date: 11-5-85
Completion Date: 12-11-85
Total Depth: 5505'
PBD: 5457'
Casing Data: Surface - 13 3/8", set at 396' with 420 sx.
Intermediate - 8 5/8" set at 2845' with 775 sx.
Production - 4 1/2" set at 5500' with 375 sx; calculated cement top = 4178'.
Completion Data: Perforated 4883-4979' with 46 shots, acidized with 3800 gallons 15% NEFE acid, (No frac record).

4. Well Name and Number: #2 BO, Littlefield Federal
Operator: George H. Mitchell
Location: 724' FNL, 660' FEL, Sec. 34, T26S, R29E, Eddy County, New Mexico.
Type Well: Oil
Spud Date: 5-29-84
Completion Date: 8-6-84
Total Depth: 5,900'
Casing Data: Surface - 9 5/8" set at 350' with 485 sx.
Intermediate - 7" set at 2880' with 200 sx.
Production - 4 1/2" set at 5900' with 356 sx; calculated cement top = 4645'.
Completion Data: Perforate 4950', 4953', 4957', 4961', 4964', 4967', 4973, 4976', 4979', 4983', 4989', 4992', 4995', 4998', acidized with 1500 gallons 7 1/2% MSR acid, frac with 24,000 gallons foamed, gelled water + 34,000# Sd.

5. Well Name and Number: #1 Stateline Federal
Operator: Ralph Williamson (originally New Tex Oil)
Location: 740' FNL, 330' FWL, Sec. 35, T26S, R29E, Eddy County, New Mexico.
Type Well: Oil
Spud Date: 6-4-83
Completion Date: 8-7-83
Total Depth: 6750'
PBD: 6708'
Casing Data: Surface - 13 3/8" set at 455' with 450 sx.
Intermediate - 8 5/8" set at 2901' with 650 sx.
Production - 5 1/2" set at 6750' with 1800 sx; calculated cement top at surface.
Completion Data: Perforated 6442-6565' (22 holes) squeezed off with 150 sx. Perforated 5863-5892' (15 holes), acidized with 1500 gallons HCl, fraced with 12,000 gallons gelled water + 17,000# Sd; Perforated 5758'- 70' with 1 SPF, acidized with 1250 gallons, fraced with 12,000 gallons, 17,000 # Sd.; Perforated 5308-30' (1 SPF); acidized with 2,000 gallons frac with 15,000 gallons + 23,000# Sd.; Perforated 5103-07', 5129-35' (2SPF). Acidized with 1500 gallons frac with 12,000 gallons + 19,000# Sd.; Perf 4935-5005', acidized with 3000 gallons, fraced with 20,000 gallons + 25,000# Sd.

6. Well Name and Number: #5 EP-USA
Operator: J.C. Williamson
Location: 660' FSL, 1980' FWL, (SE SW), Sec. 26, T26S, R29E,
Eddy County, New Mexico
Type Well: Oil
Spud Date: 1-31-85
Completion Date: 2-26-85
Total Depth: 6,250'
PBSD: 6,208
Casing Data: Surface - 13 3/8" set at 452' with 500 sx.
Intermediate - 8 5/8" set at 2770' with 150 sx.
Production - 4 1/2" set at 6250' with 1150 sx; calculated
cement top = 2195'.
Completion Data: Perforated 4985-5057' (28 holes), acidized
with 3000 gallons 7 1/2% NEFE, frac with 55,700 gallons gelled
water + 100,000# Sd.
7. Well Name and Number: #6 EP-USA
Operator: J.C. Williamson
Location: 660' FSL, 660' FWL, (SW SW), Sec. 26, T26S, R29E,
Eddy County, New Mexico.

Type Well: Oil
Spud Date: 3-19-85
Completion Date: 4-23-85
Total Depth: 6200'
PBSD: 6160'
Casing Data: Surface - 12 3/4" set at 425' with 450 sx.
Intermediate - 8 5/8" set at 2810' with 150 sx.
Production - 4 1/2" set at 6200' with 1150 sx.
Calculated cement top = 2145'.
Completion Data: Perforated 4958-5042'. Acidized with 3000
gallons 7 1/2% NEFE; fraced with 58,256 gallons + 99,000# Sd.
8. Well Name and Number: #9 EP-USA
Operator: J.C. Williamson
Location: 1650' FSL, 990' FWL, (NW SW), Sec. 26, T26S, R29E,
Eddy County, New Mexico.

Type Well: Oil
Spud Date: 3-14-85
Completion Date: 4-16-85
Total Depth: 6,220'
PBSD: 6178'
Casing Date: Surface - 13 3/8" set at 425' with 450 sx.
Intermediate - 8 5/8" set at 2764' with 150 sx.
Production - 5 1/2" set at 6220' with 1300 sx.
Calculated Cement Top: 178'.
Completion Data: Perforated 4961-5024 (25 shots), acidized
with 3000 gallons 7 1/2% HCl; fraced with 56,000 gallons +
82,450#.

9. Well Name and Number : #8 EP-USA
Operator: J.C. Williamson
Location: 1980' FSL, 1980' FWL, Sec. 26, T26S, R29E, Eddy
County, New Mexico.
Type Well: Oil
Spud Date: 2-28-85
Completion Date: 3-27-85
Total Depth: 6250'
PBTD: 6208'
Casing Data: Surface - 13 3/8" set at 425' with 450 sx.
Intermediate - 8 5/8" set at 2775' with 150 sx.
Production - 5 1/2" set at 6250' with 1000 sx.
Calculated Cement Top = 1602'
Completion Data: Perforated 4983-5065', acidized with 3000
gallons, fraced with 57,496 gallons + 100,000# Sd.

10. Well Name and Number: #3 Holly "A" Federal
Operator: J.C. Williamson
Location: 1980' FNL, 660' FWL, (SW NW), Sec. 26, T26S, R29E,
Eddy County, New Mexico
Type Well: Oil
Spud Date: 12-17-84
Completion Date: 1-17-85
Total Depth: 5452'
PBTD: 5412'
Casing Data: Surface 13 3/8" set at 472' with 500 sx.
Intermediate - 8 5/8" set at 5432' with 900 sx.
Calculated Cement Top = 2259'
Completion Data: Perforated 4935-5026'; acidized with 3000
gallons 7 1/2% NEFE: fraced with 55,000 gallons gelled water
and 89,000# Sd.

Part VII:

1. Proposed Average Daily Injection Rate: 800 BWPD.
Proposed Maximum Daily Injection Rate: 1600 BWPD.
2. Closed system.
3. Proposed Average Surface Injection Pressure: 200 psi.
Proposed Maximum Surface Injection Pressure: 500 psi.
4. All injected fluid will be water produced from the "Williamson
Sd", Cherry Canyon Fm. (analysis attached). No water from the
proposed injection zone is available for analysis although the
close proximity of the source sand to the disposal zone, and
the apparent water resistivity from Dual Latterolog values in
the disposal zone indicate both waters are similar, near
saturated brines.

5. There are no wells producing from the proposed disposal zone within one mile of the Amoco-Federal #1 well. As discussed in previous item, produced water and disposal zone water appear similar from log resistivity.

VIII Proposed Injection Zone:

Unnamed Sand, Brushy Canyon Fm., Delaware Mountain Group.

Fine grained sandstone grading to very fine grained sandstone, siltstone and shale upward and downward from main porous interval.

Gross sand thickness (porosity greater than 16%) 47' (5595-5642').

Drinking Water Zone:

"Dewey Lake" 150-200'+ (KB), no other known fresh water zones in area.

IX. Proposed Stimulation:

Zone well will be perforated and broken down with acid. If injection tests prior to beginning disposal indicate a need for further stimulation, a frac job consisting of approximately 20,000 gallons gelled water and 40,000# of sand will be conducted.

X.

Logs previously submitted.

XI.

See attachments for water analyses from the two known fresh water wells in the area.

Well #1 SW SW Sec. 22, T26S, R29E, "Challenger Fresh", sampled 5-27-88.

Well #2 NW SW Sec. 26, T26S, R29E, "Williamson Fresh", sampled 5-27-88.

XII.

Statement regarding hydrologic connection between fresh water aquifer and proposed disposal zone:

Detailed mapping of the Williamson Sd (Cherry Canyon Formation) which lies between the proposed disposal zone and known fresh water aquifer shows no indication of faulting or other potential conduits for fluid flow between the proposed disposal zone and the aquifer in the Rustler Formation. Further, no indications have been observed during drilling of the wells to make such geologic phenomena seem likely.

HALLIBURTON DIVISION LABORATORY

HALLIBURTON SERVICES
MIDLAND DIVISION
HOBBS, NEW MEXICO 88240

RECEIVED JUN 03 1988

LABORATORY WATER ANALYSIS

No. _____

To Mallon Oil

Date 5-25-88

This report is the property of Halliburton Company and neither it nor any part thereof nor a copy thereof is to be published or disclosed without first securing the express written approval of laboratory management; it may however, be used in the course of regular business operations by any person or concern and employees thereof receiving such report from Halliburton Company.

Submitted by _____ Date Rec. _____

Well No. _____ Depth _____ Formation _____

County _____ Field _____ Source _____

	<u>Williamson Fresh</u>	<u>Amoco Production</u>	<u>Challanger Fresh</u>
Resistivity	.854 @ 70°	.059 @ 70°	1.75 @ 70°
Specific Gravity	1.005	1.205	1.000
pH	7.2	6.7	7.1
Calcium (Ca)	1350	32,500	450 *MPL
Magnesium (Mg)	90	5100	Nil
Chlorides (Cl)	4000	189,000	1600
Sulfates (SO ₄)	1800	100	1700
Bicarbonates (HCO ₃)	180	24	193
Soluble Iron (Fe)	Nil	25	nil

Remarks: _____ *Milligrams per liter

Respectfully submitted,

Analyst: _____

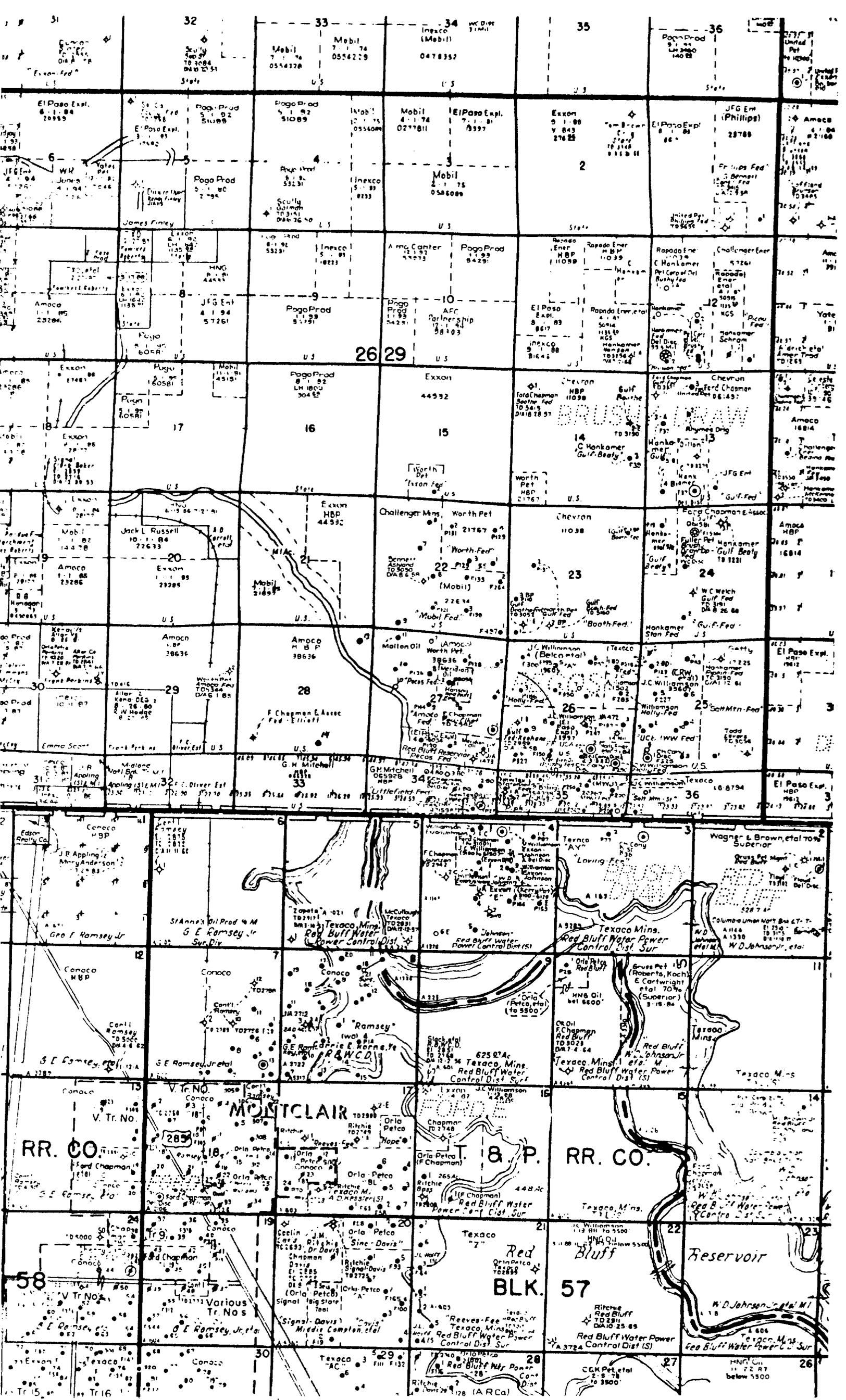
HALLIBURTON COMPANY

cc:

By _____
CHEMIST

NOTICE

THIS REPORT IS LIMITED TO THE DESCRIBED SAMPLE TESTED. ANY USER OF THIS REPORT AGREES THAT HALLIBURTON SHALL NOT BE LIABLE FOR ANY LOSS OR DAMAGE, WHETHER IT BE TO ACT OR OMISSION, RESULTING FROM SUCH REPORT OR ITS USE.



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El Paso Expl. 20965
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58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

27 28 29 30 31 32

MALLON OIL COMPANY

Well Mechanics & Work History

LEASE - WELL <i>Amoco - Federal #1</i>	FIELD NAME <i>Brushy Draw</i>	DATE <i>June 07, 1989</i>	LOCATION <i>1665' FSL, 330' FEL (NE SE)</i>
COUNTY <i>Eddy</i>	STATE <i>New Mexico</i>	ELEV. DATUM - G.L. <i>2877' KB - 2869' GL</i>	Sec. <i>27</i> Twp <i>26S</i> R <i>29E</i>

COMMENTS

Schematic diagram for authorization to inject. Well configuration is proposed not actual at the time of application

SURFACE CSG *in 12 1/4" hole*
 Size / Wt.: *8 5/8" / 24# / ft*
 Grade / Thread: *J-55 / 8R*
 Depth: *450'*
 Cement: *280 sx*

INTERMEDIATE STRING *None*
 Size: _____
 Grade / Thread: _____
 Depth: _____
 Cement: _____

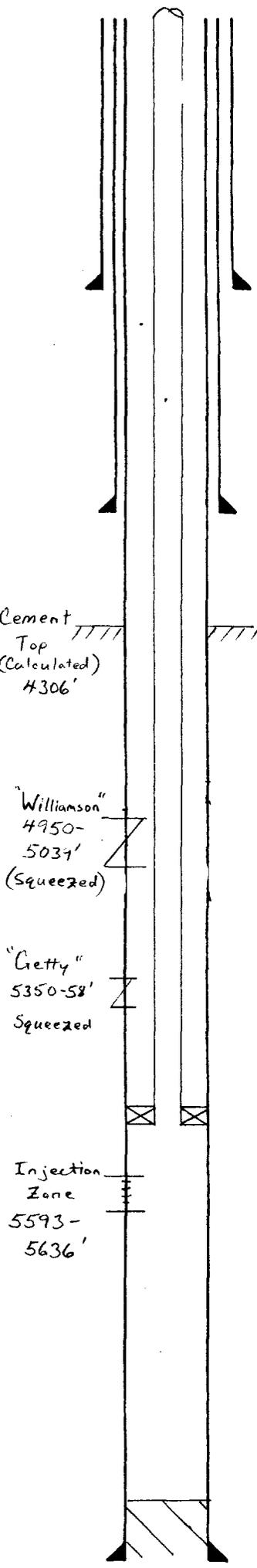
TUBING *Internally Coated*
 Size / Wt.: *2 3/8" / 4.7# / ft*
 Grade / Thread: *J-55 / EUE*
 Depth: *5500'*

PACKER
 Type: *Baker or Elder Model "R"*
 Depth: *5500'*

BRIDGE PLUG
 Type: _____
 Depth: _____

PERFORATIONS / OH
 Intervals: *5593 - 5636' (KB)*
 SPF: *2 SPF*

PRODUCTION CASING *in 7 7/8" hole*
 Size / Wt.: *4 1/2" / 11.6# / ft*
 Grade / Thread: *J-55 / 8R*
 Depth: *5820'*
 Cement: *450 sx primary, 200 sx squeezed*
 PBTD *5763'*
 I.D. *6150'*



MALLON OIL COMPANY

1099 18th Street, Suite 2750, Denver, Colorado 80202
(303) 293-2333

RECEIVED

JUN 20 1989

OIL CONSERVATION DIV.
SANTA FE

June 16, 1988

RECEIVED

JUN 19 '89

O. C. D.
ARTESIA OFFICE

State of New Mexico Oil Conservation Division
P.O. Drawer DD
Artesia, New Mexico 88210

Dear Sirs:

Attached please find copies of the certified receipts concerning Mallon Oil Company's "Application for Authorization to Inject" (New Mexico Oil Conservation Division Form C-108), dated June 9, 1989. Mallon Oil Company also sent copies to the Santa Fe State Office.

If you should have any questions, please advise.

Sincerely,

MALLON OIL COMPANY


Elizabeth Redmond
Land Assistant

ER/as

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.

3. Article Addressed to:
 US Dept. of the Interior
 Bureau of Land Mgmt.
 Carlisbad Resource Area
 Headquarters
 P O Box 1778
 Carlisbad, NM 88220

4. Article Number
 P 570 412 775

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
 X

6. Signature - Agent
 X: *Betty Hill*

7. Date of Delivery
 6/13/89

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

PS Form 3811, Feb. 1986

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.

3. Article Addressed to:
 J.C. Williamson
 P.O. Box 16
 Midland, TX 79702

4. Article Number
 P 570-412-771

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
 X: *M. Williamson*

6. Signature - Agent
 X: *M. Williamson*

7. Date of Delivery
 6-12-89

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
 Ralph E. Williamson
 One First City Center
 Suite 805
 Midland, TX 79701

4. Article Number
 P 570 412 772

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
 X

6. Signature - Agent
 X: *James Harris*

7. Date of Delivery
 JUN 14 1989

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

PS Form 3811, Feb. 1986

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.

3. Article Addressed to: G. H. Mitchell P.O. Box 385 Artesia, N.M. 88210	4. Article Number P570 412 773 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED : 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 6-12-85	

PS Form 3811, Feb. 1986 **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.

3. Article Addressed to: Meridian Oil 21 Dosta Drive Midland, TX 79705	4. Article Number P570 412 774 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED : 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery JUN 12 1985	

PS Form 3811, Feb. 1986 **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: State of New Mex Oil Cons. Div. P.O. Drawer DD Artesia, N.M. 88210	4. Article Number P318 874 978 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED : 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 6-12-89	

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to: <i>State Land Office Bldg. P.O. Box 2088 Santa Fe NM 87501</i>	4. Article Number <i>PS18 874 940</i> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature — Agent X <i>Lawrence J. Rowles</i>	
7. Date of Delivery	