

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF
DEVON ENERGY CORPORATION FOR UNIT
AGREEMENT AND WATERFLOOD EXPANSION,
EDDY COUNTY, NEW MEXICO

CASE NO. 9734
9735

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on August 1, 1989, 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 cover letter, at least twenty days prior to the hearing set for August 23, 1989, to the parties shown in the Application as evidenced by the attached copy of the return-receipt cards.



W. Thomas Kellahin

SUBSCRIBED AND SWORN TO before me this 22nd day of August, 1989.



Ronnye Stoner
Notary Public

My Commission Expires:

March 3, 1993

DEPARTMENT OF MINERALS AND NATURAL RESOURCES	OIL CONSERVATION DIVISION
DEVON UNIT NO. <u>9</u>	
CASE NO. <u>9734/9735</u>	

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

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

Article Addressed to:	4. Article Number P 103 899 145
5. Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent <i>[Signature]</i>	7. Date of Delivery AUG 4 1989
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

RECIPIENT: 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.

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Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent <i>[Signature]</i>	7. Date of Delivery AUG 3 1989
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

Article Addressed to:	4. Article Number P 103 899 144
5. Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Addressee's Address (ONLY if requested and fee paid) <i>[Signature]</i>	7. Date of Delivery AUG 4 1989
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

Article Addressed to:	4. Article Number P 103 899 146
5. Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Addressee's Address (ONLY if requested and fee paid) <i>[Signature]</i>	7. Date of Delivery AUG 4 1989
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

EXHIBIT "A"

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:	4. Article Number P 155 279 181
Damson Oil Company Attn: Charles Gleeson P.O. Box 4391 Houston, TX 77210	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
WTK/Devon/Etz & Order	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery Aug 4. 1988	5. Signature — Devon/Etz & Order X

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

WTK/Devon/Etz & Order

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:	4. Article Number P 155 279 184
Marbob Energy Corp Attn: Debra Rich P.O. drawer 217 Artesia, NM 88210	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
5. Signature — Address X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery Aug 4. 1988	5. Signature — Address X

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 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:	4. Article Number P 155 279 182
Hondo Oil & Gas CO Attn: Gene Whitworth P.O. Box 2208 Roswell, NM 88202	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
WTK/Devon/Etz & Order	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery Aug 4. 1988	5. Signature — Devon/Etz & Order X

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

EXHIBIT "A"

WTK / DEVON/ETZ & ORDER

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

3. Article Addressed to: Phillips Petro Co Attn: David Brown 4001 Penbrook Odessa, TX 79762	4. Article Number P 155 279 185
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 <i>David Brown</i>	6. Addressee's Address (ONLY if requested and fee paid) X <i>Phillips Petro Co 4001 Penbrook Odessa, TX 79762</i>
7. Date of Delivery 3-89	

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

WTK/DEVON/ETZ & ORDER

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: State of NM Attn Dir. Oil & Gas Div Division of State Lands P.O. Box 1148 Santa Fe, New Mexico 87501	4. Article Number P 155 279 094
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 <i>David Brown</i>	6. Addressee's Address (ONLY if requested and fee paid) X <i>State of NM Attn Dir. Oil & Gas Div Division of State Lands P.O. Box 1148 Santa Fe, New Mexico 87501</i>
7. Date of Delivery 3-89	

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 boxes for additional service(s) requested.	
<ol style="list-style-type: none"> 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge) 	
3. Article Addressed to: Southland Royalty Co Attn Arden Walker 21 Desta Drive Midland, TX 79701	4. Article Number P 125 279 186
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.	
8. Addressee's Address (ONLY if requested and fee paid)	

3. Article Addressed to: Southland Royalty Co Attn Arden Walker 21 Desta Drive Midland, TX 79701	4. Article Number P 125 279 186
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.	
8. Addressee's Address (ONLY if requested and fee paid)	
5. Signature — Address X <i>Arden Walker</i>	6. Signature — Agent X <i>Southland Royalty Co</i>
7. Date of Delivery 3-89	

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

EXHIBIT "A"

1 **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 service(s) are available: Consult postmaster for "Send and Check Boxes" for additional service(s) requested.

2 **RECIPIENT:** Show to whom delivered, date and addressee's address. Extra charge (extra charge)

3. Article Addressed to: Oil & Gas Division Office of the Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM		4. Article Number: P 103 899 1143	Type of Service: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	5. Signature— WTRK/Deron/Etz	6. Signature— Agent X	7. Date of Delivery X	8. Name of recipient/ agent/ date delivered: X	9. Always check signature of addressee or agent.	10. Signature of addressee X	11. Return Receipt for Merchandise X	12. Postage Paid X	13. Postage Due X	14. Domestic Return Receipt X
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S Form 3811, Mar 1988 * U.S.G.P.O. 1988-212-866 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired and complete item 3 and 4 when returning to you. Space on the reverse side. Failure to do so this will prevent this card from being returned to you. The return receipt will be placed on the name of the person delivering the following services available. A contact postmaster to and the date of delivery. For additional service(s) requested, check box(es). Show to whom delivered and addressee's address. **EXTRA CHARGE**

3 Article Addressed to:		4 Article Number	
Bureau of Land Mgmt Office Box 1397 Post Office Roswell, NM 88201		P. 103-899-142	
Type of Service:		5 Insured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail		6 COD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		7 Return Receipt <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		8 Merchandise <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		9 Always obtain signature of recipient before delivery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		10 Signature and DATE DELIVERED	
WTK/Devon/Etz		11.6	1989
11 Signature		X	12. Date of Delivery
13 Agent		X	

PS Form 3811, Mar 1988 • **U.S.G.P.O. 1988-212-885** • **DOMESTIC RETURN RECEIPT**

PS

EXHIBIT "A"