STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501

FORM C-108
Revised 7-1-81

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ yes ☒ no

II. Operator: SIETE OIL AND GAS CORPORATION

Address: P.O. BOX 2523 ROSWELL, NM 88202

Contact party: ROBERT LEE Phone: 505-622-2202

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 available and producing) within one mile of any in location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirma examined available geologic and engineering data a or any other hydrologic connection between the dis source of drinking water.

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
Siete EXHIBIT NO. 1
CASE NO. 10964

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: ROBERT LEE Title PRODUCTION MANAGER

Signature: Robert Lee Date: May 10, 1994

* 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.

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.

STATE MA COM #1 - CONVERT TO INJECTION

NMOCD Form C-108 Section III

III. Data on injection well(s)

A. Injection well information (see attached schematic)

Tabular Data

1. Lease: State MA Com

   Well No: #1

   Location: 1980' FNL & 660' FEL, Sec 3 T25S R28E, Eddy County, NM

2. Casing:

Size of Hole	Size of Csg	Weight per Ft.	Setting Depth	Sacks of cmt	Est TOC
27"	20"	94"	422	1650	Surf-Circ
17 1/2"	13 3/8"	54.5"	2570	3700	Surf-Circ
12 1/4"	9 5/8"	53.5"	9879	3000	2890-CBL
8 1/2"	7 5/8"	38.05"	9345-12260	745	9345-Liner
6 1/2"	4 1/2"	15.1"	11743-13622	325	11743-Liner

3. Injection tubing: + or - 225 jts 2 7/8", 6.4 lb/ft, J-55 internally plastic coated tubing set at 7200'.

4. Packer: Elder Lockset injection packer, set @ 7200'.

B. Other well information

1. Injection formation: Bone Spring

   Field: Willow Lake

2. Perforations will be from 7300' to 7740'.

3. This well was originally drilled as a Morrow gas producer. It has since been plugged back and is a shut in Bone Spring well

4. Other perforated intervals:

	PERFS	
Morrow	13166-175'	Isolated w/CIBP @ 13000' w/35 sx cement on top.
Atoka	12046-70'	Cement plugs set @ 12046-70' 9489-96' 8920-9060'
Bone Spring	7287-7306' 7310-17' 7405-18'	

5. Within the area of this well there are no upper zones productive of oil or gas, the Atoka is productive at a depth of about 12,000'.

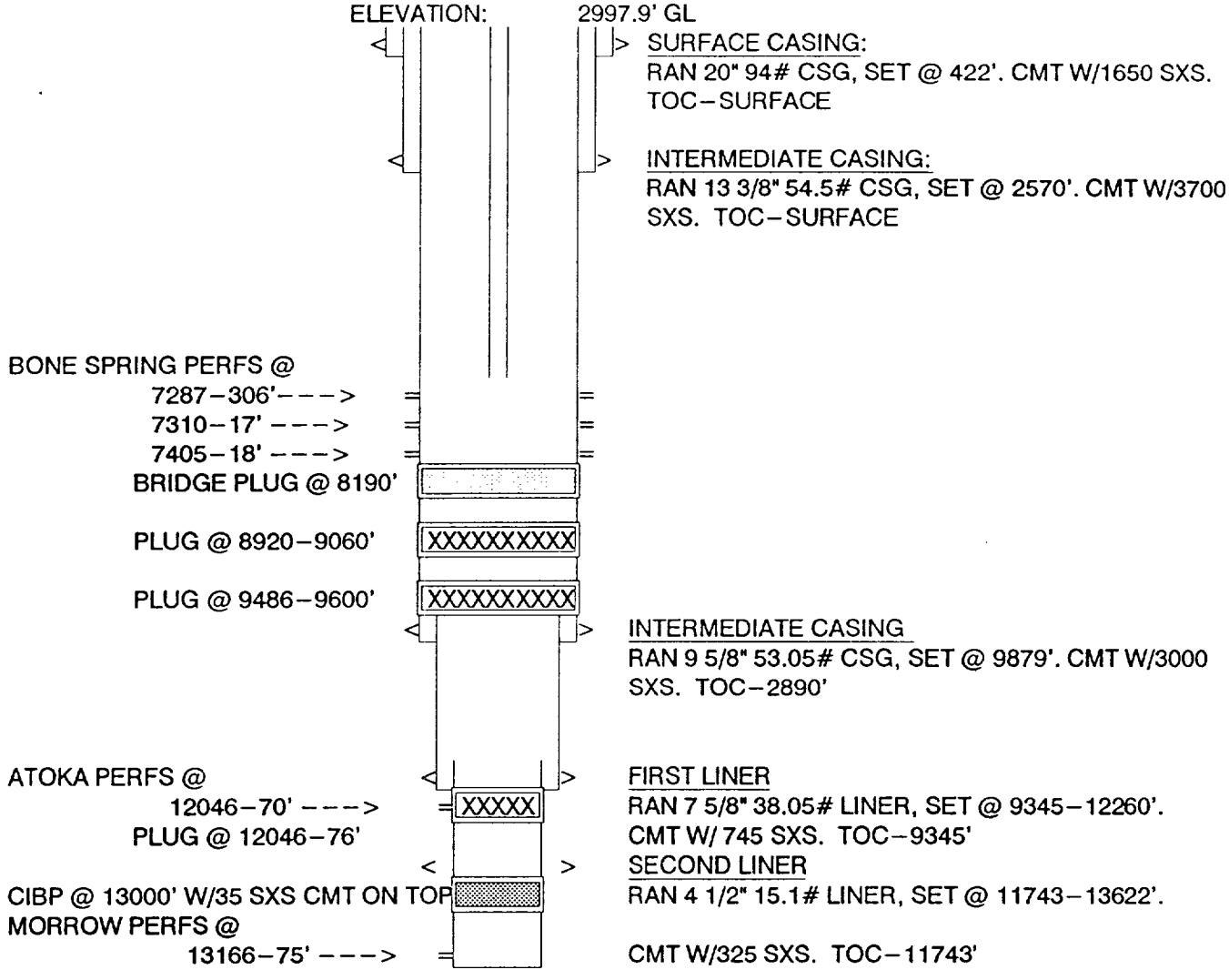
SIETE OIL & GAS CORPORATION

WELL: STATE MA COM #1
FIELD: SALT DRAW
INTERVAL: BONE SPRING
Comp:
IP:
Spudded: 3/27/81

CURRENT

LOCATION:
1980 FNL & 660 FEL
SEC 3 T25S R28E
EDDY COUNTY, NM

API #: 30-015-23709



DRAWN BY: BJG
DATE: MARCH 31, 1994

TD: 13622'

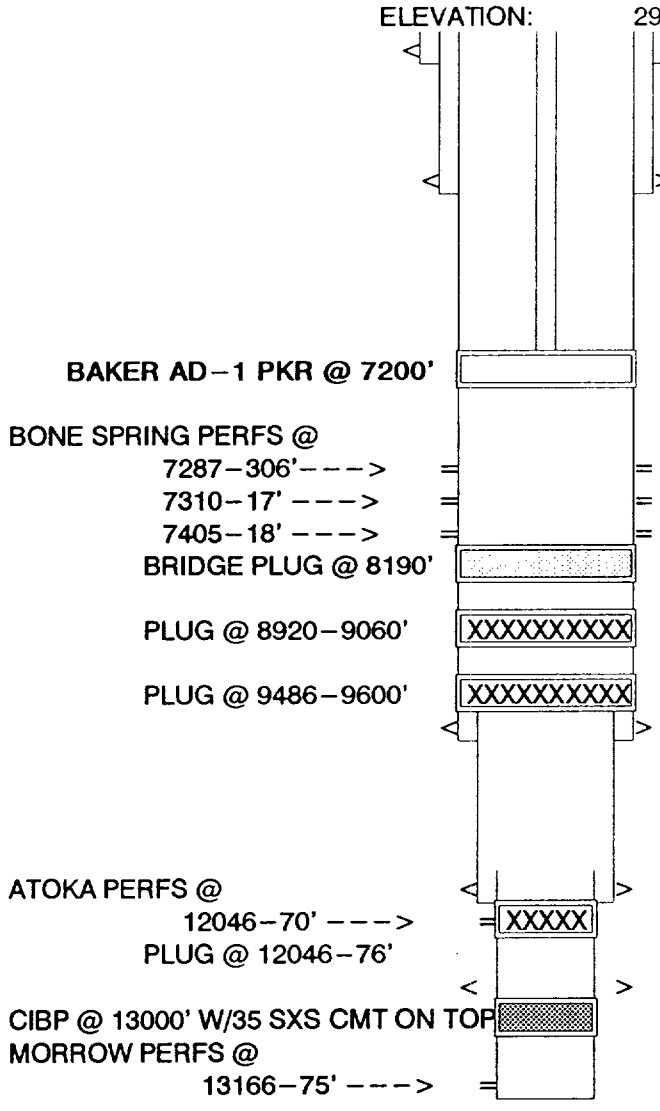
SIETE OIL & GAS CORPORATION

WELL: STATE MA COM #1
FIELD: SALT DRAW
INTERVAL: BONE SPRING
Comp:
IP:
Spudded: 3/27/81

LOCATION:
1980 FNL & 660 FEL
SEC 3 T25S R28E
EDDY COUNTY, NM

API #: 30-015-23709

PROPOSED



SURFACE CASING:
RAN 20" 94# CSG, SET @ 422'. CMT W/1650 SXS. TOC-SURFACE

INTERMEDIATE CASING:
RAN 13 3/8" 54.5# CSG, SET @ 2570'. CMT W/3700 SXS. TOC-SURFACE

PERF 7290' TO 7740'

INTERMEDIATE CASING
RAN 9 5/8" 53.05# CSG, SET @ 9879'. CMT W/3000 SXS. TOC-2890'

FIRST LINER
RAN 7 5/8" 38.05# LINER, SET @ 9345-12260'. CMT W/ 745 SXS. TOC-9345'

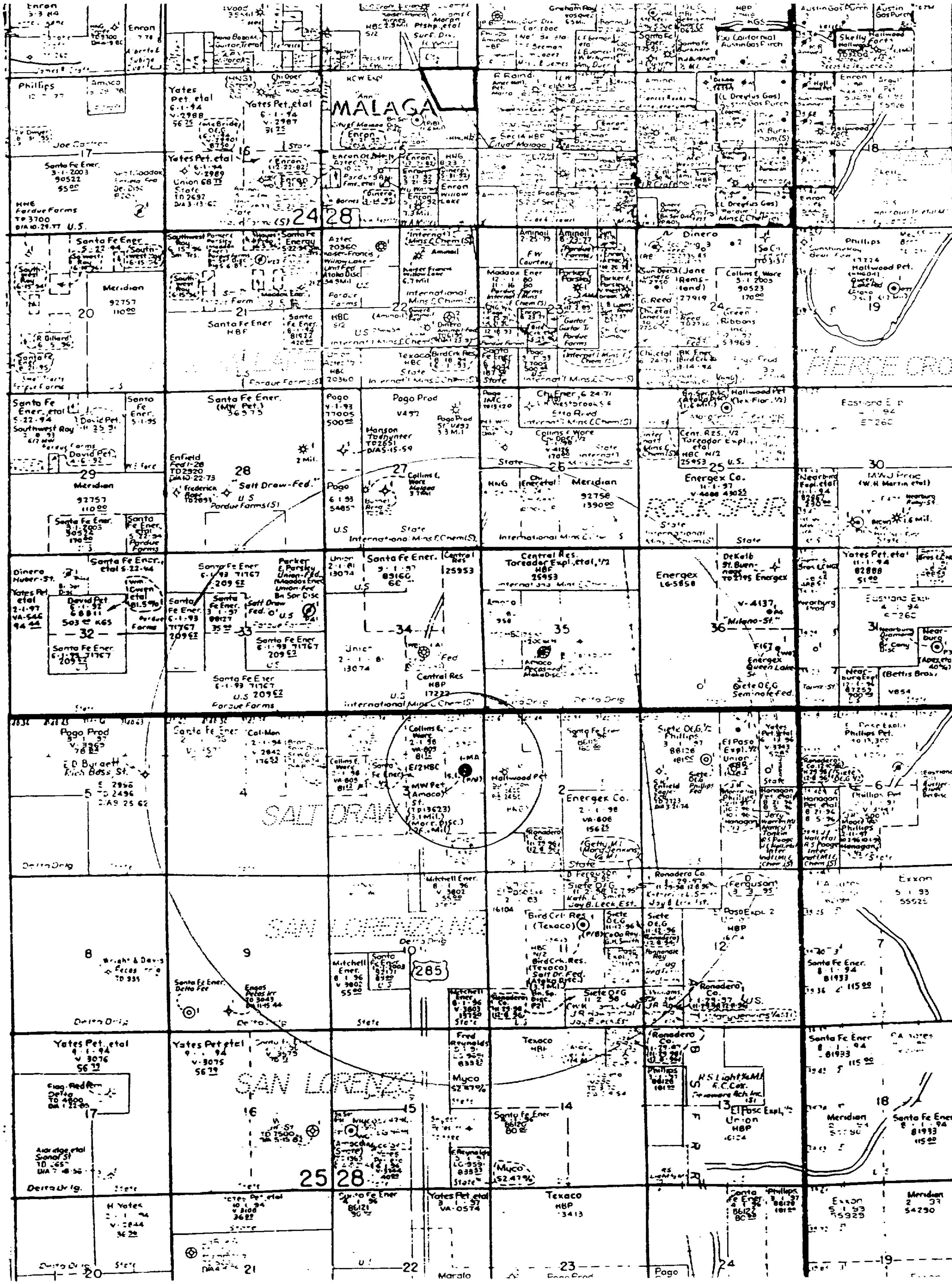
SECOND LINER
RAN 4 1/2" 15.1# LINER, SET @ 11743-13622'.

CMT W/325 SXS. TOC-11743'

DRAWN BY: BJG
DATE: MAY 10, 1994

TD: 13622'

STMAPROP



MALAGA
City of Malaga
Enron
Phillips
Amoco
Yates Pet. etal
Santa Fe Ener.
Skelly
Hallwood Pet.
Aztec
Pogo Prod
Meridian
Dinero
Energex Co.
Central Res.
Toreador Expl. etal
International Mins & Chem (S)
Perdue Farms
Santa Fe Ener. HBF
Collins & Ware
Texaco
Parker & Parsley
Madox Ener
U.S.
State
Eastland Expl
MWJ Prod
Salt Draw-Fed.
Frederick Rose
Energex L6-5858
Milano-St.
DeKalb
Queen Lake
Siete O&G
Seminole Fed.
Pierce Cro
Rock Spur
Salt Draw
San Lorenzo
285
MW Pet (Amoco) St.
Hallwood Pet
Energex Co.
Ronadero Co.
Getty, M.J. Mary Jenkins
Mitchell Ener.
Bird Crk. Res. (Texaco)
Exxon
Myco
Union HBP
El Paso Expl.
Delta Drlg
Mesa
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VI. Wells Within Area of Review

STATUS	WELL NAME	OPERATOR	LOCATION	TYPE	SPUD DATE	COMP. DATE	TOTAL DEPTH	PBTD	COMPLETION INTERVAL	FORMATION
ACTIVE	SALT DRAW #2	HALLWOOD	SEC 2E 25S 28E 1980 FNL & 660 FWL	GAS	1/27/85	11/13/85	13500	12450	12057–79'	ATOKA

CASING PROGRAM:

13 3/8" @ 560' W/550 SX. CIRC.
9 5/8" @ 2560' W/1550 SX. CIRC.
7" @ 10815' W/1450 SX. CIRC.
4 1/2" @ 10449–13400' W/350 SX. TOP OF LINER.

SIETE OIL AND GAS CORPORATION

NMOCD Form C-108 Sections VII - XIII

VII. Injection Data

1. Injection Rates
   a. Proposed average daily water injection is 700 BWPD/Well.
   b. Maximum rate of daily water injection is 1000 BWPD/Well.

2. The injection station for the gathering and processing injection water will be a closed system.

3. Injection Pressures
   a. Proposed average daily injection pressure is 700 PSI.
   b. Maximum daily injection pressure is 1400 PSI*.
   * Note: Maximum injection pressure abides by .2 PSI/Ft maximum injection pressure imposed by the NMOCD.

4. Proposed Injection fluid will be produced Delaware water from the Siete operated Willow Lake Delaware Field 2 miles to the east. If at a later date we find we have substantial excess capacity we may open this for commercial disposal. A Compatibility analysis for Delaware and Bone Spring waters is attached

5. Water injection will be into a zone not productive of oil and gas. Analysis of Bone Spring water is attached.

VIII. Geologic Description

Formation Name: Bone Spring

Depth: Between 7285'- 7740' from surface.

Formation Thickness: 455'

Lithologic Description: Primarily fine to very fine grained sandstone, subangular, consolidated limey in part. Porosities range from 10% to 15%. Some very fine grained limestone stringers may be present.

Fresh Water Aquifers: Rustler Formation

Sec. 3 34' Water Level
Sec. 4 68' Water Level

IX. The Bone Spring zones to be completed will be perforated, acidized and fracture stimulated with 50,000 gal x-linked gel and 100,000# 16/30 sand.

X. Well logs for the wells to be converted have been previously submitted. The well is currently shut-in and uneconomic.

XI. Based on data from the State Engineer's office, there are 3 fresh water well within 2 1/2 miles of the proposed disposal well the location, depth, analysis and date of analysis are shown below.

Well #1	Sec 33 T24S R28E
Depth	34'
Analysis	9350 ppm chlorides on 5/18/62
Well #2	Sec 3 T25S R28E
Depth	N/A
Analysis	44 ppm chlorides on 8/15/85 42 ppm chlorides on 9/7/87 110 ppm chlorides on 4/2/92
Well #3	Sec 4 T25S R28E
Depth	68'
Analysis	121 ppm chlorides on 7/9/87 370 ppm chlorides on 4/2/92 35 ppm chlorides on 3/29/94 * *Analysis attached

XII. I, Robert Lee, a Production/Reservoir Engineer for Siete Oil and Gas Corporation and in behalf of, have compiled and examined all available geologic and engineering data and have not found any evidence of hydrologic connections between the proposed injection zone and any source of underground drinking water.

XIII. Proof of Notice - requirements

1. See attached mailing list and registered mail certificates.

MAILING LIST

BLM
P. O. Box 1778
Carlsbad, NM 88220

BLM
P. O. Box 1397
Roswell, NM 88202-1397

BLM
P. O. Box 1449
Santa Fe, NM 87501

O.C.D.
P. O. Box 2088
Santa Fe, NM 87501

O.C.D.
P. O. Drawer DD
Artesia, NM 88210

Collins & Ware, Inc.
303 W. Wall, Ste 2200
Midland, Texas 79701-5115

Union Oil Company of California
Box 3100
Midland, TX 79702

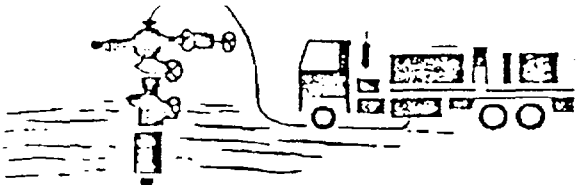
Apache Corporation
2000 Post Oak Blvd., No. 100
Houston, TX 77056

Kerr McGee Corporation
4602 N. Co. Rd. West
Odessa, TX 79752

Hallwood Energy Corporation
3325 W. Wadley, Ste 200
Midland, TX 79701

Amoco Production Co.
Box 3092
Houston, TX 77253

Santa Fe Energy
550 W. Illinois Ave.
Suite 1330
Midland, TX 79701



DOWELL SCHLUMBERGER INCORPORATED

LAB NUMBER _____

COMPANY SITE

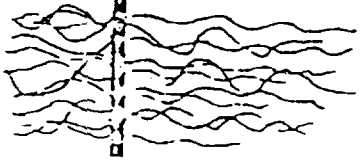
DATE 8-29-94

WELL NAME Seminole Windmill

WATER ANALYSIS

	MG/L
SODIUM, Na (calc)	520
CALCIUM, Ca	481.2
MAGNESIUM, Mg	97.2
BARIUM, Ba	—
CHLORIDES, Cl	35.45
SULFATES, SO4	2500
CARBONATES, CO3	0
BICARBONATES, HCO3	100
Ph	7.0
SPECIFIC GRAVITY	1.00
RESTIVITY, Rw	—
IRON, Fe	0.0
SULFIDES, as H2S	0
CARBON DIOXIDE, CO2	—
NITRATES, NO3	0.0
HYDROXIDES	0.0
TOTAL DISSOLVED SOLIDS	3,734

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 1
To Robert Lee | From DLS
Co. | Co.
Dept. | Phone #
Fax # | Fax #



MONAHANS, TEXAS 79756
PH. 943-3234 OR 563-1040

MIDLAND, TEXAS 79701
PHONE 683-4521

RESULT OF WATER ANALYSES

LABORATORY NO. 29253

TO: Mr. Robert Lee
P. O. Box 2523, Roswell NM 88202

SAMPLE RECEIVED 2-5-92

RESULTS REPORTED 2-12-92

COMPANY Siete Oil & Gas Corporation LEASE Proposed Parkway Delaware Waterflood

FIELD OR POOL Parkway (Delaware)

SECTION ___ BLOCK ___ SURVEY ___ COUNTY Eddy STATE NM

SOURCE OF SAMPLE AND DATE TAKEN:

NO. 1 Raw water - taken from Osage #8 water supply well. Bone Spring

NO. 2 Produced water - taken from Osage #1. Delaware

NO. 3 Disposal water - taken from Tuesday Federal Salt Water Disposal.

NO. 4 Raw water - taken from Amax water well.

REMARKS:

CHEMICAL AND PHYSICAL PROPERTIES

	NO. 1	NO. 2	NO. 3	NO. 4
Specific Gravity at 60° F.	1.0045	1.1570	1.1352	1.1396
pH When Sampled				
pH When Received	4.73	6.94	6.96	7.68
Bicarbonate as HCO_3	78	66	146	200
Supersaturation as $CaCO_3$	--	8	12	4
Undersaturation as $CaCO_3$	236	--	--	--
Total Hardness as $CaCO_3$	2,040	59,000	49,000	16,000
Calcium as Ca	656	19,200	15,600	1,920
Magnesium as Mg	97	2,673	2,430	2,722
Sodium and/or Potassium	331	65,293	54,200	74,895
Sulfate as SO_4	1,552	589	461	6,169
Chloride as Cl	767	142,038	117,892	122,153
Iron as Fe	1.0	10.8	4.1	0.04
Barium as Ba				
Turbidity, Electric				
Color as Pt				
Total Solids, Calculated	3,481	229,858	190,729	208,059
Temperature °F.				
Carbon Dioxide, Calculated	0	14	23	7
Dissolved Oxygen,				
Hydrogen Sulfide	0.0	0.0	0.0	0.0
Resistivity, ohms/m at 77° F.	2.01	0.052	0.060	0.057
Suspended Oil				
Filtrable Solids as mg/l				
Volume Filtered, ml				

Results Reported As Milligrams Per Liter

Additional Determinations And Remarks

RECEIVED
FEB 21 1992

Form No. 3

By ___

Martin Water Laboratories, Inc.
WATER CONSULTANTS SINCE 1953
BACTERIAL AND CHEMICAL ANALYSES

P.O. BOX 1468
MONAHANS, TEXAS 79756
PH. 943-3234 or 563-1040

709 W. INDIANA
MIDLAND, TEXAS 79701
PHONE 683-4521

February 12, 1992

Mr. Robert Lee
Siete Oil & Gas Corporation
P. O. Box 2523
Roswell, NM 88202

Subject: Recommendation relative to Laboratory No. 29253 (2-5-92)
Proposed Parkway Delaware Waterflood.

Dear Mr. Lee:

As per your letter received 2-5-92, the objective of this study is to evaluate the compatibility between the various waters represented in the above listed analysis. Interpretations are made on the basis of water samples submitted and on the assumption that they represent the average characteristics of each water. We feel confident that these waters will likely be similar to this study; therefore, the interpretations herein should be valid. Those aspects of the study regarding the above objectives are as follows:

Bone Spring

1. The supply water from Osage #8 shows to be compatible with all of the other individual waters. Therefore, we can consider it open regarding which water the supply water is mixed with for the purposed of compatibility. There are two factors to be considered in the supply water as follows:

   A. Any mixture of the supply water with any of the other waters would result in a relatively low-salinity water (about one-half the salt levels of any water or waters it is to be mixed with). We are not familiar with what level of chloride would be advisable to avoid clay swelling in the area.

   B. We would strongly consider it advisable to enclose the supply water regardless of which water or waters it is to be combined with. We feel it woud be distinctly advantageous to have no oxygen in this water for factors such as preventing bacterial activity and also precipitation of iron that is present in the produced water and the disposal water.

2. In this study we have two different types of water on the basis of their calcium and sulfate content. The produced water from Osage #1 and the Tuesday Federal disposal water both have a low sulfate and a high calcium. On the other hand, the waters from Amax and the Eddy potash water well as well as the Amax lake water have a high sulfate-low calcium level. Any combination of the high sulfate-high calcium waters would result in a severe supersaturation to calcium sulfate in the mixture. Therefore, these two types of waters cannot be mixed as the resulting detrimental condition would be serious in regard to potential calcium sulfate precipitation and scaling.

3. We have made a hypothetical combination of equal quantities of all the waters represented in the study, and this combination of waters also results in a supersaturation to calcium sulfate.

4. As revealed in the above discussion, it will then only be feasible to mix the supply water with one or both of the low-sulfate waters or mix the supply water with one or all of the high-sulfate waters.

5. We would clearly not recommend the Amax lake water be used. The reason for this is that the water is at the saturation point to sodium chloride, and it would be expected to cause serious salt deposits on all of the equipment trying to handle this water. The seriousness of the condition would fluctuate substantially with temperature variations both ambient and operational.

6. We find no evidence of any incompatibility between the produced water and the Tuesday Federal disposal water; therefore, these can be mixed with one another and also with the supply water from Osage #8 without any problem regarding compatibility if the supply water is kept free of any air contamination.

7. It is considered significant that if the high-sulfate waters or any mixture of these waters with supply water is injected, they will be incompatible in situ with the natural connate water in the Delaware interval. This would be expected to be a negative influence as there may be in situ precipitation and/or calcium sulfate scaling at the producing wells.

In the composite evidence, we have attempted to present with reasonable clarification in the above discussions what the potential concerns would be regarding the compatibility of the waters involved. We are not familiar with the overall detailed circumstances and present our recommendations based solely on the least amount of incompatibility in water handling problems. With this understood, we would recommend consideration be given to using the supply water from Osage #8 and mixing it with either the produced water or water from the Tuesday Federal disposal well or both of them. We would conclude that this approach would result in a minimum amount of water handling difficulties as well as minimum incompatibility in the reservoir to be flooded. We would consider this approach sufficiently advantageous to perform tests regarding a hypothetial combination of these waters with the core that is available to see if the salinity would be adequate. If this is not completely clear or not compatible with your operation, please contact us; and we will attempt to clarify any desired points needed.

Very truly yours,

Wayman C. Martin

WCM/plm

• 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
OCD
P.O. Drawer DD
Artesia, NM
88210

4a. Article Number
P 369829322

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-13-94

5. Signature (Addressee)
[illegible signature]

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

• 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Kerr McGee Corp.
4602 N. Co. Rd. W.
Odessa, Tx. 79752

4a. Article Number
P 369829326

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-16-94

5. Signature (Addressee)
[illegible signature]

6. Signature (Agent)

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

RDM

PS Form 3811, December 1991 ☆U.S. GPO: 1992—323-402 DOMESTIC RETURN RECEIPT

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.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Apache Corp.
2000 Post Oak Blvd.
#100
Houston, Tx. 77056

4a. Article Number
P 369829324

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-16

5. Signature (Addressee)

6. Signature (Agent)
[illegible 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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Hallwood Energy
3325 W. Wadley
Suite 200
Midland, Tx. 79701

4a. Article Number
P 369829327

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
MAY 16 1994

5. Signature (Addressee)

6. Signature (Agent)
[illegible 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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Collins & Ware
303 W. Wall, Ste. 2200
Midland, Tx.
79701-5115

4a. Article Number
P 369 829 323

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-12-94

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

5. Signature (Addressee)

6. Signature (Agent)
[signature]

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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Union Oil Co.
Box 3100
Midland, Tx.
79702

4a. Article Number
P 369 829 325

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
MAY 13 1994

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

5. Signature (Addressee)

6. Signature (Agent)
[signature]

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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BLM
P.O. Box 1449
Santa Fe, NM
87501

4a. Article Number
P 369 829 320

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
MAY 12 1994

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

5. Signature (Addressee)

6. Signature (Agent)
[signature]

PS Form 3811, December 1991 ☆U.S. GPO: 1992—323-402 DOMESTIC RETURN RECEIPT

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• 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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

OCD
P.O. Box 2088
Santa Fe, NM
87501

4a. Article Number
P 369 829 322

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1992—323-402 DOMESTIC RETURN RECEIPT

- C ... item ... /or 2 ... tional ... s.
- Complete items 3, and 4a & b.
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- 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 ... wish ... ceiv... ... following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Santa Fe Energy
550 W. Illinois Ave.
Suite 1330
Midland, Tx. 79701

4a. Article Number
P 369 829 317

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-12-94

5. Signature (Addressee)
Marla Anderson

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.

SE... I:

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- Complete items 3, and 4a & b.
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- 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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
BLM
P.O. Box 1397
Roswell, NM
88202-1397

4a. Article Number
P 369 829 318

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5/12/94

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 ADDRESS completed on the reverse side?

PS Form 3800, June 1991

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	5-10-94

Sent to: Amoco
Street and No. or P.O. Box: Box 3092
P.O., State and ZIP Code: Houston, Tx. 77253

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

P 369 829 320

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.
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- 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):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
BLM
P.O. Box 1778
Carlsbad, NM
88220

4a. Article Number
P 369 829 319

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

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 ADDRESS completed on the reverse side?