



**Chevron U.S.A. Inc.**  
P.O. Box 670, Hobbs, NM 88240

R. C. Anderson  
Division Manager  
Production Department  
Hobbs Division

BEFORE EXAMINER CATANACH  
OIL CONSERVATION DIVISION

CHEVRON EXHIBIT NO. 11

February 8, 1990

CASE NO. 10059-61

**WORKING INTEREST OWNERS' MEETING:  
EUNICE MONUMENT SOUTH UNIT AND  
PROPOSED EUNICE MONUMENT SOUTH  
UNIT EXPANSION  
LEA COUNTY, NEW MEXICO**

**WORKING INTEREST OWNERS  
Eunice Monument South Unit  
Proposed Eunice Monument South Unit Expansion**

Gentlemen:

A meeting of the Working Interest Owners will be held on:

Tuesday, February 27, 1990  
9:00 A.M. (MST)  
Chevron U.S.A. Inc. Office  
1923 N. Dal Paso  
Hobbs, New Mexico

The meeting agenda and a "Notice of Proposed Expansion" are attached.

Since unitization, a major effort has been expended to develop the Eunice Monument South Unit area as an efficient secondary recovery project. The primary focus of this meeting will be to review the unit's performance, significant activities to date, and present our efforts to optimize the waterflood's performance. Additionally, a proposal to expand the existing Eunice Monument South Unit to include an additional 3000 acres to the north of the EMSU will be discussed in detail.

This meeting will provide an overview of the current performance and operation of the Unit and provide the EMSU Working Interest Owners with a basis for considering the proposed expansion. If you have any questions regarding the Unit, proposed expansion or meeting, please contact J. D. Dolan at 505-393-4121.

Yours very truly,

*R. C. Anderson*  
R. C. ANDERSON

JDD/sad 02080/06

NOTICE OF  
WORKING INTEREST OWNERS MEETING  
EUNICE MONUMENT SOUTH UNIT OPERATIONS  
AND  
NOTICE OF  
PROPOSED EUNICE MONUMENT SOUTH UNIT EXPANSION  
LEA COUNTY, NEW MEXICO

DATE: FEBRUARY 27, 1990  
TIME: 9:00 A.M. (MST)  
LOCATION: CHEVRON U.S.A. INC.  
1923 NORTH DAL PASO  
HOBBS, NEW MEXICO

AGENDA

° INTRODUCTION

EMSU STATUS REPORT

- ° OVERVIEW
- ° GEOLOGY
- ° WATERFLOOD OVERVIEW
- ° SIMULATION WORK
- ° PROJECT ACTIVITIES & AFE STATUS

EMSU EXPANSION

- ° PROPOSED EMSU EXPANSION OVERVIEW
- ° INVESTMENT ADJUSTMENT/CAPITAL EXPENDITURES
- ° OPERATING EXPENSE SHARING
- ° CLOSING
- ° INFORMAL DISCUSSION

## NOTICE OF PROPOSED EXPANSION

The working interest owners of the proposed Eunice Monument West Unit Study Area have applied to Chevron, as operator of the Eunice Monument South Unit, for expansion of the Eunice Monument South Unit (EMSU) to include the Eunice Monument West Unit (EMWU) Study Area.

The proposed expansion area is shown on the attached plat as Exhibit "A", and titled Eunice Monument South Unit Expansion Area B, and encompasses the following lands:

Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico

Section 10: E/2E/2

Section 11: W/2, W/2NE/4, SE/4

Section 13: W/2, S/2SE/4

Section 14: All

Section 15: NE/4NE/4

Section 23: All

Section 24: N/2, SW/4, W/2SE/4

The expansion area encompasses 3,000 acres, more or less, and it is proposed that until such time as the working interest owners agree to consolidate facilities and operations under the terms of the unit and unit operating agreement (and receive the consent of the Authorized Officer, Land Commissioner, and Oil Conservation Commission), the original Unit Area (Area A) and the above unit expansion Area (Area B) will be operated as separate entities under a common unit and unit operating agreement.

If approved, the proposed expansion will be completed under the terms of Section 4 (unit expansion) and Section 32 (Nonjoinder and Subsequent Joinder) of the Unit Agreement and in compliance of the Statutory Unitization Act of the State of New Mexico (Section 70-7-9 NMSA, 1978).

Chevron proposes that the EMSU working interest owners consider the expansion to include the Eunice Monument West Unit Study Area, based upon the following:

### BASIS OF ADMISSION

#### 1) Common Injection System -

The working interest owners in the proposed expansion area B (EMWU) will pay to the owners of the existing unit Area A (EMSU) an agreed upon investment adjustment for acquisition of an interest in the existing

Eunice Monument South Unit's (1) water injection plant (2) a portion of a main injection trunk line, (3) the water supply wells, (4) the water disposal well and (5) the related equipment and facilities previously constructed for the injection system to serve the existing and expansion unit areas. The basis for the investment adjustment was derived from actual costs associated with purchasing and installing the equipment. The resultant actual cost is \$6,580,005. The investment adjustment, which will be based upon the date of first water delivery to the Expansion area (EMWU) will be calculated using the units of production method where:

- A = EMSU Depreciation 01-01-1987 thru 12-31-1989 = \$2,393,583.62
- B = Additional depreciation from 01-01-1990 to initial EMWU water delivery  
= Calculated DD&A/BOEG \* BOEG (EMSU) to initial EMWU water delivery  
where BOEG = Bbls. of oil equivalent gas where 6 mcf gas = 1 Bbl. oil
- C = Gross EMSU Project Capital Expenditures prior to initial EMWU water delivery

$$\text{Depreciation Factor for Water Injection System Base Cost} \\ = 1 - [(A + B) / C]$$

The injection system value was proportioned between the existing unit (EMSU) and expansion area (EMWU) based upon a 82.76% EMSU and 17.24% EMWU prorata share. Utilizing the above depreciation factor and 17.24% prorated share for the expansion area (EMWU), yields the following Investment Adjustment acquisition equation for the expansion area (EMWU) buy-in:

$$\text{EMWU Investment Adjustment} = \$6,580,005 * \text{Depreciation Factor} * .1724$$

An example of the above Investment Adjustment Calculation is as follows:

- \* Assume First EMWU water delivery is on 1-1-91
- \* 1987-1989 Depreciation Expense = \$2,393,583.62
- \* 1990 production = 487200 BO & 1938317 mcfg; BOEG = 810252.8
- \* 1990 DD&A/BOEG = \$1.05/BOEG
- \* 1990 Depreciation Expense = \$850,765.48
- \* Cumulative Gross Project Expenditures thru 12-31-90 = \$50,000,000
- \* Depreciation Factor =  $1 - [(2,393,583.62 + 850,765.48) / 50,000,000]$   
= .93511
- \* Depreciated EMSU Injection System Value as of 1-1-91  
= \$6,580,005 \* .93511 = \$6,153,048.33
- \* EMWU Prorata Share = 17.24%
- \* EMWU Investment Adjustment =  $6,153,048.33 * .1724$   
= \$1,060,785.53

2) Capital Costs -

All direct capital costs necessary to implement the secondary recovery operations for the expansion area B (EMWU) will be borne by working interest owners of the expansion area at no cost to the existing unit.

3) Common Investment -

Future capital expenditures on the common injection system, as set forth in number 1 above, will be proportionally shared with 17.24% allocated to the expansion area (EMWU) and 82.76% allocated to the EMSU; with the following exception:

- ° capital expenditures which benefit only one area (either EMSU or EMWU) will be borne solely (100%) by the area (either EMSU or EMWU) which initiated the expenditure.

4) Expenses & Operating Costs -

All expense and operating costs for the expansion area (EMWU) that are not related to the common injection system will be maintained separately from the costs and expenses of the existing unit area. All expenses and operating costs for the common injection system set forth in number 1 above, will be shared proportionally between the existing unit area and the expansion area based on the percentage of monthly injection and monthly water supplied to the existing unit area and expansion area. Monthly operating expenses on the common injection system will be proportioned based on the following direct measurement approach:

Injection Facility Monthly Expenses \*  $\frac{\text{Monthly Water Injection to an Area}}{\text{Total Monthly Injection to both areas}}$

+ Water Supply Well Monthly Expenses \*  $\frac{\text{Monthly Water Supply to an Area}}{\text{Total Monthly Water Supplied to both areas}}$

5) Development -

Plans of development, AFE's, budgets, and actual development costs for secondary and tertiary recovery operations in the expansion area (EMWU) shall be maintained separate from the existing unit area.

6) Production & Proceeds -

All production from the expansion area (EMWU) shall be held separate from the existing unit area and will be accounted for, sold, and allocated back to the tracts within the expansion area based upon the tract participation established for the expansion area.

#### PARTICIPATION TO BE ASSIGNED WITHIN THE ENLARGED AREA

Unless changed by agreement and vote of the working interest owners and approval of the Authorized officer, Land Commissioner, and Oil Conservation Commission prior to commencing tertiary operations, participation within the expansion area (EMWU) and existing area (EMSU) will be held separate, and each such area will be treated as a separate entity. The tract participation shall remain unchanged for the existing unit area, and production and costs allocations will continue to be made to the owners of the existing area on the same basis as they were before expansion.

Unless modified as stated above, participation in the expansion area (EMWU) will be separately determined based upon the existing EMSU participation formula. By treating these as separate entities, each area's tract participation will total 100%. Ownership interests in the existing unit and in the expansion area is shown on attachment A.

#### REQUIREMENTS FOR EXPANSION

Ballots approving unit expansion will be presented at the working interest owners meeting. If sufficient approval is received for expansion, Chevron will begin expansion procedures on behalf of EMSU and EMWU working interest owners.

# ATTACHMENT A

## INTEREST OF PARTIES BY AREA

### UNIT AREA A

#### EXISTING AREA (EMSU) - 14,189.84 acres

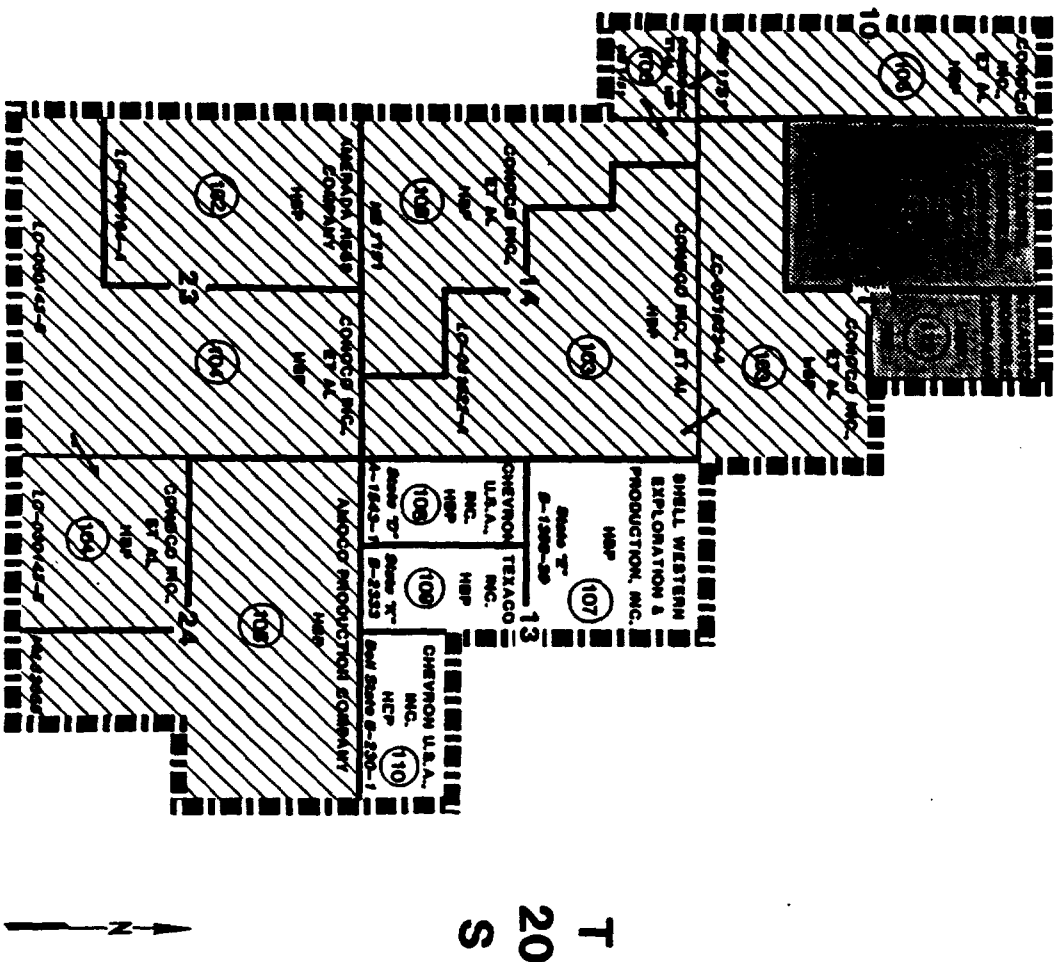
AMERADA HESS CORP.	.013146200
EXXON COMPANY U.S.A.	.053926600
SHELL WESTERN E&P INC.	.067604000
WISER OIL CO.	.001059400
KOCH EXPLORATION CO.	.003297500
TURNER, FRED W. JR. ESTATE	.000871800
CATRON, T.R. 222 TRUSTEE	.000181500
FIVE STATES LIMITED - 1987	.002394692
BRUIN ENERGY LTD	.005338319
FIVE STATES 1988-A, LTD	.003011120
TEXACO PRODUCING INC.	.073133700
AMOCO PRODUCTION CO.	.083840800
ARCO OIL & GAS CO	.204690800
PFLUGER, CARL	.000580000
CONOCO INC.	.094164900
CATRON, JS & TB	.000181500
PERDEW, WILLIAM E TRUST	.000171900
CARPENTER OIL & GAS CO.	.002101900
ENERGY PRODUCTION CORP.	.007273169
CHEVRON U.S.A. INC.	<u>.383030200</u>
TOTAL	1.000000000

### UNIT AREA B

#### EXPANSION AREA (EMWU) - 3,000 acres

AMOCO PRODUCTION CO.	.305419332
ARCO OIL & GAS CO.	.293999073
CHEVRON U.S.A. INC.	.193976604
CONOCO INC.	.138312840
SHELL WESTERN E&P INC	.044693929
AMERADA HESS CORP.	.017168789
TEXACO PRODUCING INC.	<u>.006429433</u>
TOTAL	1.000000000

R 36 E



T 20 S

NOTE: UNLESS OTHERWISE INDICATED, THE WHOLE SECTIONS ON THIS PLAN CONTAIN 6400 ACRES



UNIT OUTLINE ○ TRACT NUMBER

	ACREAGE	PERCENTAGE
FEDERAL LANDS	2280	76.00
STATE LANDS	400	13.33
PATENTED LANDS	320	10.67
TOTAL	3000	100.00

# EUNICE MONUMENT SOUTH UNIT EXPANSION AREA "B"

EXHIBIT "A"

LEA CO., NEW MEXICO  
UNIT EFFECTIVE 2-1-85  
EXPANDED / REV. 9-1-90  
CHEVRON U.S.A. INC.  
HOUSTON, TEXAS



**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:  
*Inda da Hess*  
*P.O. Box 2040*  
*Subs, OK 74102*

4. Article Number  
*P117 384 749*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
*W.C. Hefley*

6. Signature — Agent  
*Carlos Lawrence*

7. Date of Delivery  
*FEB 12 1990*

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

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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:  
*Amerada Hess Corp.*  
*P.O. Box 2040*  
*Subs, OK 74102*

4. Article Number  
*P117 384 730*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
*X*

6. Signature — Agent  
*Carlos Lawrence*

7. Date of Delivery  
*FEB 12 1990*

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

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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:  
*Amoco*  
*P.O. Box 3092*  
*Houston, TX 77253*

4. Article Number  
*P117 384 750*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
*X*

6. Signature — Agent  
*W.C. Allen*

7. Date of Delivery  
*FEB 13 1990*

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

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Umeco</i> <i>P.O. Box 3092</i> <i>Houston, TX 77253</i>	4. Article Number <i>P117 384 735</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 <b>DATE DELIVERED</b> .	
5. Signature — Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i> <i>[Signature]</i>	
7. Date of Delivery <b>FEB 13 1990</b>	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Arco</i> <i>P.O. Box 1610</i> <i>Midland, TX 79702</i>  <i>Attn: D.C. Dodd</i> <i>G.A. Nicholson</i>	4. Article Number <i>P117 384 751</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 <b>DATE DELIVERED</b> .	
5. Signature — Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i> <i>[Signature]</i>	
7. Date of Delivery <b>FEB 12 1990</b>	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Arco Oil &amp; Gas Co.</i> <i>P.O. Box 1610</i> <i>Midland, TX 79702</i>  <i>Attn: Dan Dodd</i>	4. Article Number <i>P117 384 731</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 <b>DATE DELIVERED</b> .	
5. Signature — Addressee <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i> <i>[Signature]</i>	
7. Date of Delivery <b>FEB 12 1990</b>	

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Bruin Energy Ltd.</i> <i>21011 Ventura Blvd.</i> <i>Suite 209</i> <i>Woodland Hills, CA 91364</i> <i>Attn: Angelo Mezzone</i>		4. Article Number <i>P 117 384 747</i>
5. Signature - Addressee <i>X</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
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>2/15/90 Tampa</i>		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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: <i>Vivian Brunson</i> <i>402-B Fairway Circle</i> <i>Springdale, Arkansas 72764</i>		4. Article Number <i>P 117 384 724</i>
5. Signature - Addressee <i>Vivian C Brunson</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
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>2-9-90</i>		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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: <i>Carpenter Oil &amp; Gas Co.</i> <i>P.O. Box 27205</i> <i>Richmond, VA 23261</i> <i>Attn: Martha Systrom</i>		4. Article Number <i>P 117 384 748</i>
5. Signature - Addressee <i>X</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
6. Signature - Agent <i>X</i>		Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>FEB 13 1990</i>		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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: <i>John L. Catron Thomas B. Catron III Catron Catron &amp; Sawtell P.O. Box 788 Santa Fe, NM 87504</i>	4. Article Number <i>P117 384 739</i>
5. Signature - Addressee <i>X [Signature]</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
6. Signature - Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid) <i>[Circular Postmark: SANTA FE, NM 87501]</i>

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Thomas B. Catron III, Trustee P.O. Box 788 Santa Fe, NM 87501</i>	4. Article Number <i>P117 384 732</i>
5. Signature - Addressee <i>X [Signature]</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
6. Signature - Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid) <i>[Circular Postmark: SANTA FE, NM 87501]</i>

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Conoco Inc. P.O. Box 460 Hobbs NM 88240 Joint Interest Operations</i>	4. Article Number <i>P117 384 746</i>
5. Signature - Addressee <i>X [Signature]</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
6. Signature - Agent <i>X [Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>2-12-90 JTB</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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: <i>Conoco Inc. P.O. Box 460 Dallas TX 75240  Attn: D. H. Johnson</i>	4. Article Number <i>P117 384 752</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X Lisa Smith</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>2-12-90 JR</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Energy Production Corp. 613 Glen Lakes Tower 9400 N. Central Expressway Dallas, TX 75231</i>	4. Article Number <i>P117 384 743</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X Linda Holzer</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>2/13/90</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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: <i>Elton P.O. Box 1700 Midland, TX 79702  Attn: Danna Littlefield</i>	4. Article Number <i>P117 384 736</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X G. Gray</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>FEB 12 1990</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

\*U.S.G.P.O. 1989-238-815

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:  
*First National Bank  
William C. Ardew Trust  
105 North Main  
Nichita, Kansas 67242*

4. Article Number  
*P117 384 734*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
*X*

6. Signature — Agent  
*X* *[Signature]*

7. Date of Delivery  
*KGG FEB 12 1990*

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

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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:  
*Five States Limited-1987  
1106 Ore Energy Square  
4925 Wendell Ave.  
Dallas TX 75206*

4. Article Number  
*P117 384 733*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
*X*

6. Signature — Agent  
*X* *[Signature]*

7. Date of Delivery  
*2-12-90*

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

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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:  
*Five States 1988-A, Ltd.  
1106 Ore Energy Square  
4925 Wendell Ave.  
Dallas TX 75206  
Attn: James C. Gibbs*

4. Article Number  
*P117 384 745*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
*X*

6. Signature — Agent  
*X* *[Signature]*

7. Date of Delivery  
*2-12-90*

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

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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:  
*K&A Exploration*  
*P.O. Box 2256*  
*Wichita, Kansas 67201*

4. Article Number  
*P 117 384 737*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

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

5. Signature - Addressee  
*[Signature]*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
**KGG FEB 12 1990**

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

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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:  
*Carl R. Pfluger*  
*2433 Office Park Dr.*  
*San Angelo, TX 76904*

4. Article Number  
*P 117 384 740*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

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

5. Signature - Addressee  
*[Signature]*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
*2/12/90*

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

Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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:  
*Mr. M. E. P*  
*1111 5th*  
*Box 432 Modocreek*  
*Wichita, KS 67201*

4. Article Number  
*P 117 384 741*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

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

5. Signature - Addressee  
*[Signature]*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
**FEB 14 1990**

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

Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

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: <i>Shell Western E+P</i> <i>P.O. Box 576</i> <i>Houston, TX 77001</i>  <i>Attn: J. H. Smitherman</i>	4. Article Number <i>P117 384 753</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>FEB 14 1990</i>	8. Addressee's Address (ONLY if requested and fee paid) <i>BR</i>

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 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: <i>Waco, Inc.</i> <i>P.O. Box 3109</i> <i>Midland, TX 79702</i>  <i>Attn: Joint Operations Mgr.</i>	4. Article Number <i>P117 384 744</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>FEB 12 1990</i>	8. Addressee's Address (ONLY if requested and fee paid) <i>20</i>

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 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: <i>Waco</i> <i>P.O. Box 3109</i> <i>Midland, TX 79702</i>  <i>Attn: Robert Solburg</i>	4. Article Number <i>P117 384 754</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>FEB 12 1990</i>	8. Addressee's Address (ONLY if requested and fee paid) <i>20</i>

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 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: <i>Red Turner, Jr. Trust</i> <i>P.O. Box 910</i> <i>Midland, TX 79702</i> <i>Attn: Mr. Ray Floyd</i>	4. Article Number <i>P 117 384 742</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X</i> <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>FEB 12 1990</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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: <i>Tracy Oil Co.</i> <i>100 Petroleum Bldg.</i> <i>Midland, TX 79701</i>	4. Article Number <i>P 117 384 738</i>
5. Signature — Addressee <i>X</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
6. Signature — Agent <i>X</i> <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>2-12-90</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT