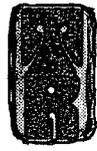


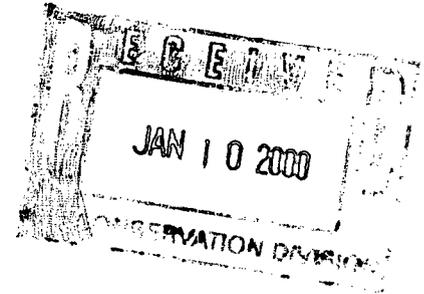
NSP 1/31/00



TITAN RESOURCES I, INC.

January 6, 2000

Mr. Michael Stogner
New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505



RE: Brunson Argo 17
Blinebry (formerly Tubb)
Section 10, T-22S, R-37E
Lea County, New Mexico

Dear Mr. Stogner:

Please consider this our request for administrative approval for a non-standard location of the subject well in the Blinebry Field, to be made effective January, 1998.

Attached please find a list of all offset operators including complete postal address for each, and corresponding cards certifying receipt of notification of this application by each offset operator.

Also attached are forms C101 and C102 for the referenced request.

Thank you for your prompt consideration.

Sincerely,

Laura Clepper
Regulatory Analyst

/lc

attachments

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-101
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address TITAN RESOURCES I, INC. 500 W. TEXAS, STE 500 MIDLAND, TEXAS 79701		² OGRID Number 150661
		³ API Number 30 - 02510178
⁴ Property Code 020000	⁵ Property Name BRUNSON-ARGO	⁶ Well No. 17

Surface Location

UL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/West Line	County
D	10	22S	37E		589	NORTH	731	WEST	LEA

Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/West Line	County
⁹ Proposed Pool 1 72480 BLINEBRY OIL AND GAS					¹⁰ Proposed Pool 2				

¹¹ Work Type Code P	¹² Well Type Code G	¹³ Cable/Rotary	¹⁴ Lease Type Code P	¹⁵ Ground Level Elevation 3425
¹⁶ Multiple No	¹⁷ Proposed Depth 5830	¹⁸ Formation BLINEBRY	¹⁹ Contractor NA	²⁰ Spud Date

Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17 1/4	13 3/8	48	312	300	SURFACE
11	8 5/8	32	2860	1500	555' (TEMP SURVEY)
7 7/8	5 1/2	17	6575	800	3115' (TEMP SURVEY)

²²Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

PRESENT PRODUCING ZONE: TUBB; PERFS @ 5868'-6209'
 PROPOSED NEW ZONE: BLINEBRY - 5456'-5776'
 1. SET CIBP AT 5830' AND CAP W/ 30' CLASS "C" CMT
 2. PERFORATE BLINEBRY 5456'-5776'
 3. ACIDIZE & FRAC AS NECESSARY
 4. PUT ON PUMP

BOP EQUIPMENT: DUAL RAM, 3000 PSI WP.
 NOTE: ACRAGE SIMULTANIOUSLY DEDICATED TO WELLS NO. 6, 17 AND 18.

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Laura Clepper</i>	OIL CONSERVATION DIVISION	
Printed name: Laura Clepper	Approved By:	
Title: Regulatory Analyst	Title:	
Date: 12-06-99	Approval Date:	Expiration Date:
Phone: 915/498-8662	Conditions of Approval: Attached: <input type="checkbox"/>	

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number NA	² Pool Code 72480	³ Pool Name BLINEBRY OIL AND GAS
⁴ Property Code 020000	⁵ Property Name BRUNSON-ARGO	⁶ Well Number 6
⁷ GRID No. 150661	⁸ Operator Name TITAN RESOURCES I, INC.	⁹ Elevation 3464

¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
E	10	22S	37E		1980	NORTH	660	WEST	LEA

¹¹Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
¹² Dedicated Acres 160.00	¹³ Joint or Infill N	¹⁴ Consolidation Code	¹⁵ Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>Laura Clepper</i> Signature Laura Clepper Printed Name Regulatory Analyst Title 12-6-99 Date</p>	
--	---	--

<p>NOTE: 160 AC SIMULTANEOUSLY DEDICATED TO WELLS NO. 6, 17, 18</p>	<p>18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>_____ Date of Survey _____ Signature and Seal of Professional Surveyer:</p> <p>_____ Certificate Number</p>	
---	--	--

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-025-10179	2 Pool Code 72480	3 Pool Name BLINEBRY OIL AND GAS
4 Property Code 020000	5 Property Name BRUNSON-ARGO	6 Well Number 18
7 OGRID No. 150661	8 Operator Name TITAN RESOURCES I, INC.	9 Elevation 3427

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
C	10	22S	37E		660	NORTH	2080	WEST	LEA

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
12 Dedicated Acres 160.00	13 Joint or Infill N	14 Consolidation Code	15 Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>16</p>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>Laura Clepper</i> Signature Laura Clepper Printed Name Regulatory Analyst Title 12-6-99 Date</p>

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-025-10178		2 Pool Code 72480		3 Pool Name BLINEBRY OIL AND GAS	
4 Property Code 020000		5 Property Name BRUNSON-ARGO			6 Well Number 17
7 OGRID No. 150661		8 Operator Name TITAN RESOURCES I, INC.			9 Elevation 3425

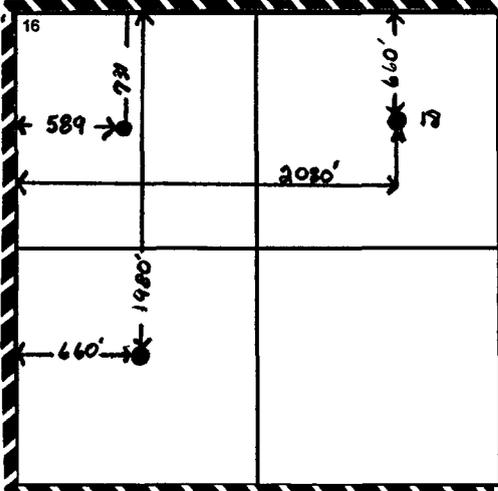
10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
D	10	22S	37E		589	NORTH	731	WEST	LEA

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
12 Dedicated Acres 160.00		13 Joint or Infill N		14 Consolidation Code		15 Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Laura Clepper
Signature
Laura Clepper
Printed Name
Regulatory Analyst
Title
12-6-99
Date

NOTE: 160 AC SIMULTANEOUSLY
DEDICATED TO WELLS No 6, 17 & 18

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey
Signature and Seal of Professional Surveyer.

Certificate Number

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

ANADARKO PETROLEUM CORP.
P. O. BOX 2497
MIDLAND, TEXAS 79702-2497

4a. Article Number
Z 208 695 034

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

7. Date of Delivery
DEC 13 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
[Signature]

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, 4a, and 4b.
- 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:

APACHE CORP.
ONE POST OAK CENTRAL
2000 POST OAK BLVD., STE 100
HOUSTON, TEXAS 77056-4400

4a. Article Number
Z 208 695 035

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

7. Date of Delivery
12/13/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
[Signature]

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, 4a, and 4b.
- 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:

ARCH PETROLEUM INC.
P. O. BOX 10340
MIDLAND, TEXAS 79702-7340

4a. Article Number
Z 208 695 036

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

7. Date of Delivery
DEC 13 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
[Signature]

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, 4a, and 4b.
- 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:

BEC CORP.
P. O. BOX 1392
MIDLAND, TEXAS 79702-1392

4a. Article Number
Z 208 695 037

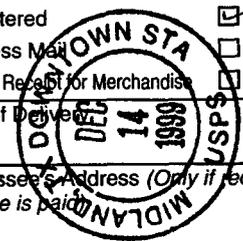
4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *Norma Suite*



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, 4a, and 4b.
- 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:

CHEVRON U S A INC.
P. O. BOX J SECTION 975R
CONCORD, CALIFORNIA 94524

4a. Article Number
Z 208 695 038

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *[Signature]*

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, 4a, and 4b.
- 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:

COLLINS & WARE INC.
508 W. WALL, STE. 1200
MIDLAND, TEXAS 79701

4a. Article Number
Z 208 695 039

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

7. Date of Delivery
12-13-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *[Signature]*

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, 4a, and 4b.
- 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:

CONOCO, INC.
10 DESTA DRIVE WEST
MIDLAND, TEXAS 79705

4a. Article Number

Z 208 695 040

4b. Service Type

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

7. Date of Delivery

12/13

5. Received By: (Print Name)

Shanna Williams

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CROSS TIMBERS OPERATING CO.
3000 N. GARFIELD, STE. 175
MIDLAND, TEXAS 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

12-13-99

C. Signature

x Steve Lenderwood

- Agent
- Addressee

D. Is delivery address different from item 1?

- Yes
- No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

Z 208 695 041

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DYNEGY MIDSTREAM SERVICES LTD. PT
6 DESTA DR., STE. 3300
MIDLAND, TEXAS 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

12/13

C. Signature

x J. H. Pearson

- Agent
- Addressee

D. Is delivery address different from item 1?

- Yes
- No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

Z 208 695 042

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EXXON CORP.
P. O. BOX 4496
HOUSTON, TEXAS 77210-4496

2. Article Number (Copy from service label) **Z 208 695 043**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
DEC 18 1999

C. Signature **GEE**
X Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN H. HENDERSON
P. O. BOX 2040
MIDLAND, TEXAS 79701-0040

2. Article Number (Copy from service label) **Z 208 695 044**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
12-13

C. Signature **[Signature]**
X Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOUIS DREYFUS NATURAL GAS CORP.
14000 QUAIL SPRINGS PKWY, SUITE 600
OKLAHOMA CITY, OKLAHOMA 73134-2600

2. Article Number (Copy from service label) **Z 208 695 045**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
12-13

C. Signature **[Signature]**
X Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	DEC 13 1999	
1. Article Addressed to:	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
MARATHON OIL CO. P. O. BOX 552 MIDLAND, TEXAS 79702	3. Service Type	
	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

2. Article Number (Copy from service label) **Z 208 695 046**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	DEC 13 1999	
1. Article Addressed to:	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
OXY USA INC. P. O. BOX 50250 MIDLAND, TEXAS 79710	3. Service Type	
	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

2. Article Number (Copy from service label) **Z 208 695 047**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	12/13/99	
1. Article Addressed to:	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RICE OPERATING CO. 122 W. TAYLOR HOBBS, NEW MEXICO 88240	3. Service Type	
	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

2. Article Number (Copy from service label) **Z 208 695 048**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT L. PARKER TRUST
8 EAST THIRD STREET
TULSA, OKLAHOMA 74103

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
12/13/99
- C. Signature
X *Heagy Book* Agent
 Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 208 695 049

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SOUTHWEST ROYALTIES INC.
P. O. BOX 11390
MIDLAND, TEXAS 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
12/13/99
- C. Signature
X *[Signature]* Agent
 Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 208 695 050

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TEXACO EXPLORATION & PRODUCTION
205 EAST BENDER
HOBBS, NEW MEXICO 88240

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
12-13-99
- C. Signature
X *[Signature]* Agent
 Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 208 695 051

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) _____ B. Date of Delivery **12-14-99**

C. Signature *Debra Bridger* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1. Article Addressed to:

WISER OIL CO.
8115 PRESTON RD., STE. 400
DALLAS, TEXAS 75225

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **Z 208 695 052**

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) _____ B. Date of Delivery **12-14-99**

C. Signature *x Maisha Webb* Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1. Article Addressed to:

ZIA ENERGY INC.
P. O. BOX 2510
HOBBS, NEW MEXICO 88241-2510

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) **Z 208 695 053**

ANADARKO PETROLEUM CORP.
P. O. BOX 2497
MIDLAND, TEXAS 79702-2497

APACHE CORP.
ONE POST OAK CENTRAL
2000 POST OAK BLVD., STE 100
HOUSTON, TEXAS 77056-4400

ARCH PETROLEUM INC.
P. O. BOX 10340
MIDLAND, TEXAS 79702-7340

BEC CORP.
P. O. BOX 1392
MIDLAND, TEXAS 79702-1392

CHEVRON U S A INC.
P. O. BOX J SECTION 975R
CONCORD, CALIFORNIA 94524

COLLINS & WARE INC.
508 W. WALL, STE. 1200
MIDLAND, TEXAS 79701

CONOCO, INC.
10 DESTA DRIVE WEST
MIDLAND, TEXAS 79705

CROSS TIMBERS OPERATING CO.
3000 N. GARFIELD, STE. 175
MIDLAND, TEXAS 79705

DYNEGY MIDSTREAM SERVICES LTD. PT
6 DESTA DR., STE. 3300
MIDLAND, TEXAS 79705

EXXON CORP.
P. O. BOX 4496
HOUSTON, TEXAS 77210-4496

JOHN H. HENDRIX CORP.
P. O. BOX 3040
MIDLAND, TEXAS 79702-3040

LOUIS DREYFUS NATURAL GAS CORP.
14000 QUAIL SPRINGS PKWY, SUITE 600
OKLAHOMA CITY, OKLAHOMA 73134-2600

MARATHON OIL CO.
P. O. BOX 552
MIDLAND, TEXAS 79702

OXY USA INC.
P. O. BOX 50250
MIDLAND, TEXAS 79710

RICE OPERATING CO.
122 W. TAYLOR
HOBBS, NEW MEXICO 88240

ROBERT L. PARKER TRUST
8 EAST THIRD STREET
TULSA, OKLAHOMA 74103

SOUTHWEST ROYALTIES INC.
P. O. BOX 11390
MIDLAND, TEXAS 79702

TEXACO EXPLORATION & PRODUCTION
205 EAST BENDER
HOBBS, NEW MEXICO 88240

WISER OIL CO.
8115 PRESTON RD., STE. 400
DALLAS, TEXAS 75225

ZIA ENERGY INC.
P. O. BOX 2510
HOBBS, NEW MEXICO 88241-2510