

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION - Check Those Which Apply for [A]**
- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD
 - Check One Only for [B] or [C]
 - [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
 - [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR
 - [D] Other: Specify _____

- [2] **NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply**
- [A] Working, Royalty or Overriding Royalty Interest Owners
 - [B] Offset Operators, Leaseholders or Surface Owner
 - [C] Application is One Which Requires Published Legal Notice
 - [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
 - [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
 - [F] Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Print or Type Name _____ Signature _____ Title _____ Date _____

_____ e-mail Address _____

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
---------	----------	----------	-----------	------	---------

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 - Engineering Bureau -
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 WFX PMX SWD IPI EOR PPR
- [D] Other: Specify _____
- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply
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U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
 [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
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Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Mark Stephens
 Print or Type Name

Mark Stephens
 Signature

Reg. Comp. Analyst
 Title

5/24/05
 Date

Mark_Stephens@oxy.com
 e-mail Address



Occidental Permian Ltd.
A subsidiary of Occidental Petroleum Corporation

5 Greenway Plaza, Suite 110, Houston, Texas 77046-0521
P.O. Box 4294, Houston, Texas 77210-4294
Phone 713.215.7000

May 25, 2005

State of New Mexico
Energy, Minerals & Natural Resources Department
Oil Conservation Division
1220 S. St. Francis Dr.
Santa Fe, NM 87505

RECEIVED
MAY 27 2005
OIL CONSERVATION
DIVISION

RE: Request for Pool and Lease Commingling
B. Hardin Lease
(Well No. 1, API No. 30-025-36934)
Section 19, T-18-S, R-38-E
Hobbs Deep "A" Lease
(Well No. 1, API No. 30-025-36046)
Section 13, T-18-S, R-37-E
Lea County, NM

Gentlemen:

OXY USA WTP Limited Partnership (operator of the B. Hardin Lease) and Occidental Permian Limited Partnership (operator of the Hobbs Deep "A" Lease), hereinafter known as 'OXY', respectfully requests approval for Pool and Lease Commingling of the above referenced leases. Please note that this filing is an amendment to existing Administrative Order OLS-191 (3/21/05) for Off-Lease Storage and Measurement approved for the B. Hardin Well No. 1 (copy of Order attached). This request is for commingling of oil only (which will be metered separately prior to commingling) – gas is to be sold through individual gas sales meters serving each lease.

Hobbs Deep "A" Well No. 1 was drilled and completed in 2002 – 2003, and was previously approved for downhole commingling in the following three pools by Order DHC-3089 (12/16/02):

Hobbs; Tubb Northwest (97211)
Hobbs; Drinkard Northwest (97184)
Hobbs; Abo Northwest (97212)

The B. Hardin Well No. 1 was recently completed in the Hobbs; Abo Northwest Pool. It is currently undergoing evaluation and testing operations and it is expected that completion report filings for the well will be made within the next few weeks.



In support of OXY's request for Pool and Lease Commingling, enclosed please find the following documentation:

Administrative Application Checklist

OCD Form C-107-B

A schematic diagram of the Hobbs Deep 'A' facility (located in the SE/4 of Section 13, T-18-S, R-37-E) where the commingling will occur

A plat showing the location of the B. Hardin Lease and the Hobbs Deep "A" Facility

A listing of interest owners of both leases and evidence that these owners have been notified by certified mail of the proposed commingling

A statement attesting that OXY has sent notification to each of the interest owners in accordance with the provisions of Rule 303

*An Affidavit of Publication and copy of the legal advertisement that was published in the county in which the two leases are located

(*A legal notice was run in the newspaper serving the county in which the leases to be commingled are located as a result of OXY, after exercising reasonable diligence, was unable to determine current mailing addresses for several of the interest owners)

Your favorable consideration of this request will be appreciated. If you have any questions or require additional information, please call me at (713) 366-5158.

Very truly yours,

Mark Stephens
Regulatory Compliance Analyst

CC: Oil Conservation Division
Hobbs District Office
1625 N. French Dr.
Hobbs, NM 88240

Attachments

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Occidental Permian Limited Partnership
OPERATOR ADDRESS: P.O. Box 4294, Houston, TX 77210-4294
APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. OLS-191
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No The leases to be commingled are Fee leases

(A) POOL COMMINGLING

*See Attachment

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
(4) Measurement type: Metering Other (Specify)
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code.
(2) Is all production from same source of supply? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: Mark Stephens TITLE: Reg. Comp. Analyst DATE: 5/24/05
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO.: 713/366-5158
E-MAIL ADDRESS: Mark_Stephens@oxy.com

Attachment To Form C-107-B

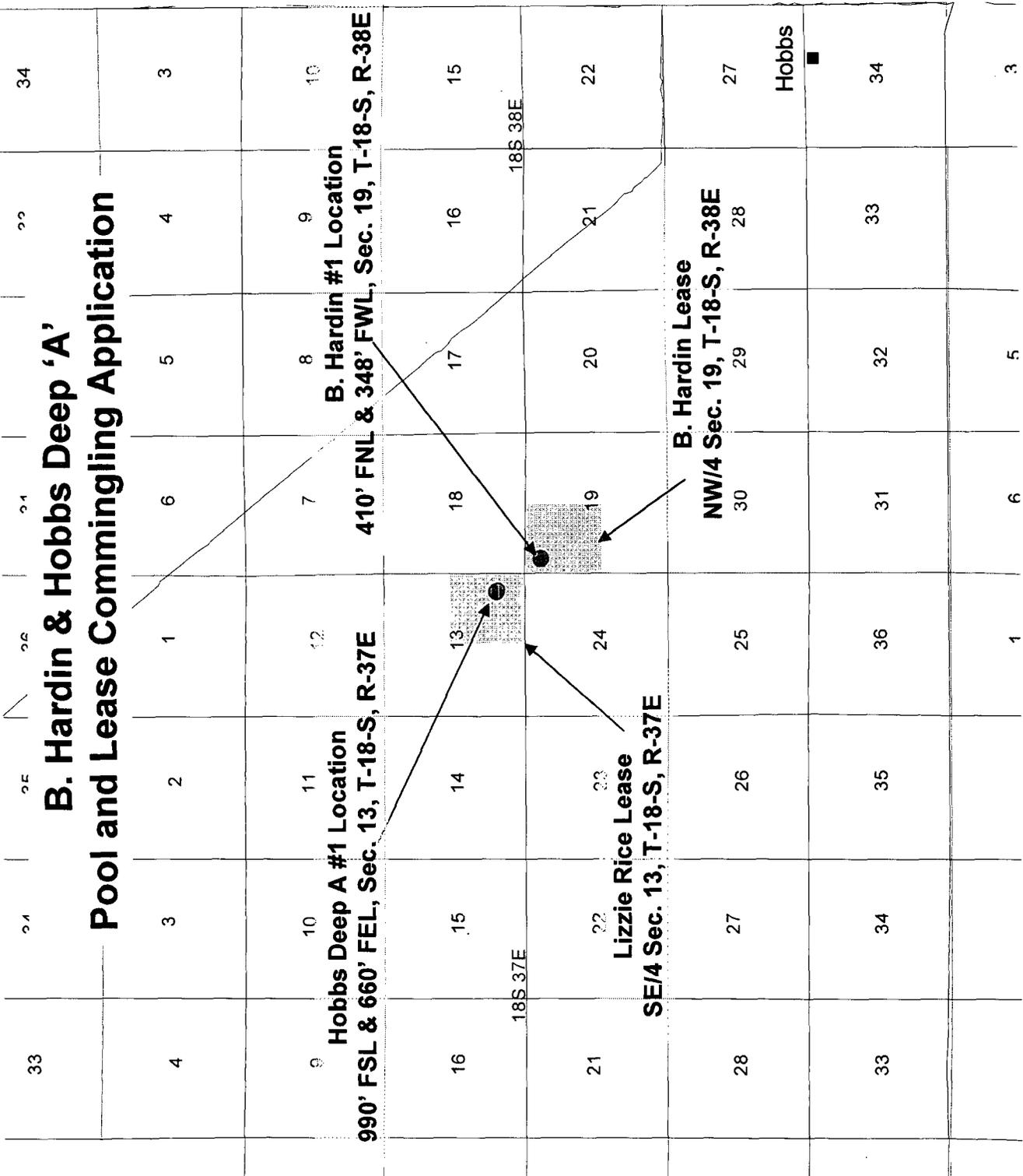
List of Commingled Leases/Pools

(A) POOL COMMINGLING

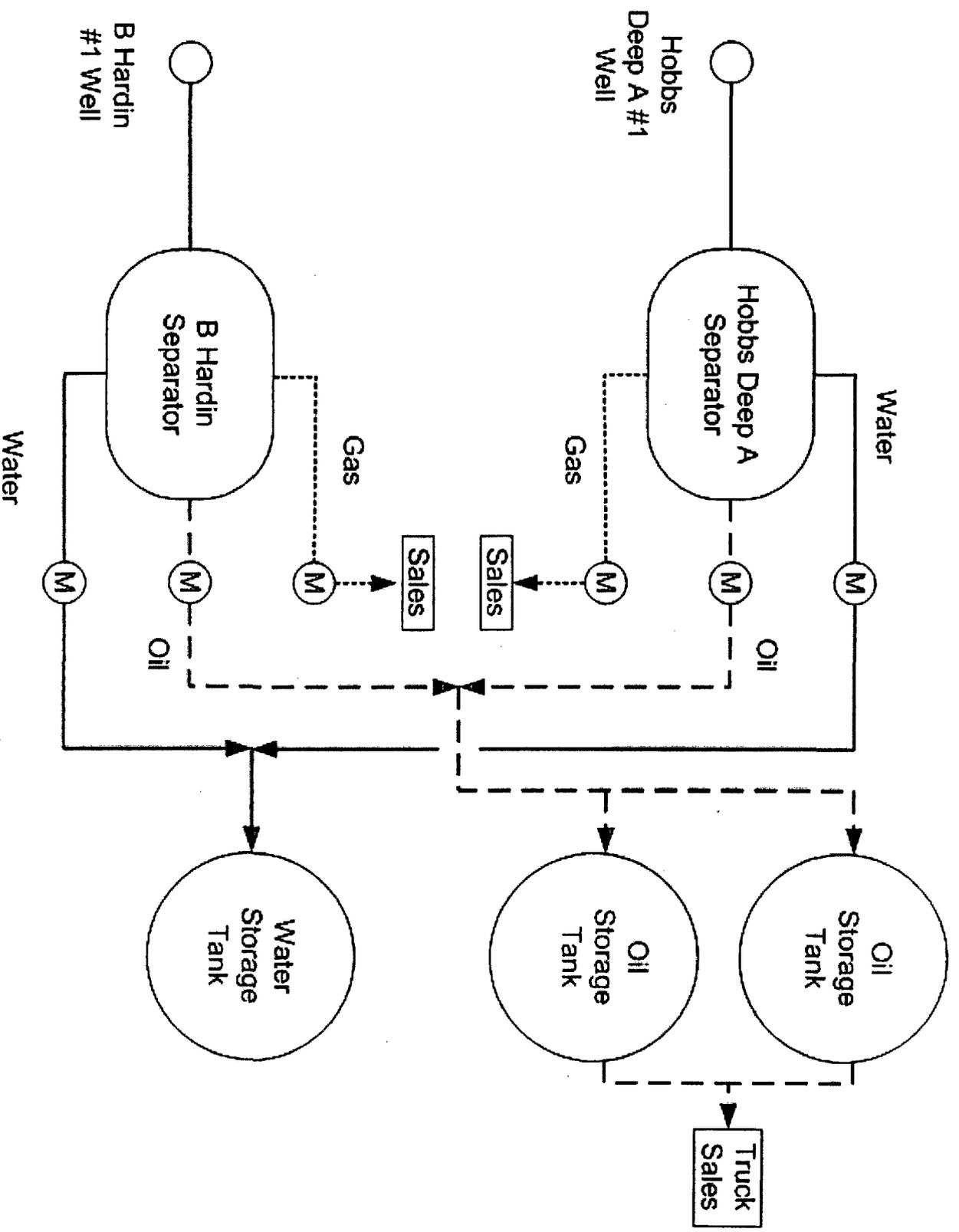
	*Note Below. Gravities of Non-Commingled Oil Production	Calculated Gravities of Commingled Oil Production	Volumes
B. Hardin No. 1 Hobbs; Abo Northwest (97212)	37.5	38.0	100 BOD 100 BWD 400 MCFD
Hobbs Deep 'A' No. 1 Hobbs; Tubb Northwest (97211)	40.5		9 BOD 1 BWD 1 MCFD
Hobbs; Drinkard Northwest (97184)	38.0		1 BOD 1 BWD 9 MCFD
Hobbs; Abo Northwest (97212)	41.0		2 BOD 1 BWD 1 MCFD

*Note: Oil production from each lease is metered separately before commingling. Produced gas is sold through individual gas sales meters serving each lease.

B. Hardin & Hobbs Deep 'A' Pool and Lease Commingling Application



Surface Commingling Flow Diagram



**Interest Owner Listing
Hobbs Deep 'A' Well No. 1**

WINIFRED WITWER EDWARDS
REVOCABLE TRUST U/A
BANK OF AMERICA
P O BOX 840738
DALLAS TX 75284-0738

LOUIS H WITWER III TRUST
LOUIS H WITWER III TRUSTEE
P O BOX 2453
TULSA OK 74101-2453

JEAN D BECKWITH TRUST
JAMES D SCHMIDT TRUSTEE
230 22ND STREET
DEL MAR CA 92014

FREDRIC W MARTING
1306 W CHEYENNE RD
COLORADO SPRINGS CO 80906-3017

CHIEFTAIN ROYALTY CO
P O BOX 18441
OKLAHOMA CITY OK 73154

H R STASNEY AND SONS LTD
P O BOX 1826
ALBANY TX 76430-1826

SHERYL ANN MILLER
P O BOX 1049
LEAKEY TX 78873

CONOCOPHILLIPS CO
22295 NETWORK PLACE
CHICAGO IL 60673-1222

J L CRUMP ESTATE

SYLVIE BRYCE TRUST FBO
ANGELICA SCHUYLER ROOP
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

SYLVIE BRYCE TRUST FBO
CLIFFORD POTTER
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

SYLVIE BRYCE TRUST FBO
NINA POTTER
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

ANGELICA S BRYCE TRUST FBO
LYNNE APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

ANGELICA S BRYCE TRUST FBO
MARC APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

ANGELICA S BRYCE TRUST FBO
PETER APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

CHEVRON USA INC
P O BOX 730436
DALLAS TX 75373-0436

JESSIE B CRUMP FAMILY TRUST
BANK OF AMERICA NA TRUSTEE
P O BOX 840738
DALLAS TX 75284-0738

INJECTION ENGINEERING SERVICE
PROFIT SHARING TRUST
P O BOX 4365
MIDLAND TX 79701

MACK H WOOLDRIDGE
P O DRAWER 1846
ALBANY TX 76430

OCCIDENTAL PERMIAN LTD
P O BOX 27570
HOUSTON TX 77227

ANGELICA S BRYCE TRUST FBO
LEE APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

Notice to Interest Owners:

Any objections to this application must be filed with the Santa Fe office of the New Mexico Oil Conservation Division within 20 days from the date the Division received the application.

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:

WINIFRED WITWER EDWARDS
 REVOCABLE TRUST U/A
 BANK OF AMERICA
 P O BOX 840738
 DALLAS TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

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

C. 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) **7001 0320 0004 2990 2052**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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.
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1. Article Addressed to:

LOUIS H WITWER III TRUST
 LOUIS H WITWER III TRUSTEE
 P O BOX 2453
 TULSA OK 74101-2453

COMPLETE THIS SECTION ON DELIVERY

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

C. 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) **7001 0320 0004 2990 2069**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

JEAN D BECKWITH TRUST
 JAMES D SCHMIDT TRUSTEE
 230 22ND STREET
 DEL MAR CA 92014

COMPLETE THIS SECTION ON DELIVERY

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

C. 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) **7001 0320 0004 2990 2076**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

FREDRIC W MARTING
1306 W CHEYENNE RD
COLORADO SPRINGS CO 80906-3017

2. Article Number (Copy from service label)

7001 0320 0004 2990 2083

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

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1. Article Addressed to:

CHIEFTAIN ROYALTY CO
P O BOX 18441
OKLAHOMA CITY OK 73154

2. Article Number (Copy from service label)

7001 0320 0004 2990 2090

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

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1. Article Addressed to:

H R STASNEY AND SONS LTD
P O BOX 1826
ALBANY TX 76430-1826

2. Article Number (Copy from service label)

7001 0320 0004 2990 2106

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

C. 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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHERYL ANN MILLER
P O BOX 1049
LEAKEY TX 78873

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

2. Article Number (Copy from service label) 7001 0320 0004 2990 2113

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

CONOCOPHILLIPS CO
22295 NETWORK PLACE
CHICAGO IL 60673-1222

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

2. Article Number (Copy from service label) 7001 0320 0004 2990 2120

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

SYLVIE BRYCE TRUST FBO
ANGELICA SCHUYLER ROOP
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

2. Article Number (Copy from service label) 7001 0320 0004 2990 2137

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

SYLVIE BRYCE TRUST FBO
CLIFFORD POTTER
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. 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

7001 0320 0004 2990 2144

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

SYLVIE BRYCE TRUST FBO
NINA POTTER
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. 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

7001 0320 0004 2990 2151

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

ANGELICA S BRYCE TRUST FBO
LYNNE APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. 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

7001 0320 0004 2990 2168

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

ANGELICA S BRYCE TRUST FBO
MARC APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

7001 0320 0004 2990 2175

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

ANGELICA S BRYCE TRUST FBO
PETER APPLETON
WELLS FARGO BANK TRUSTEE
P O BOX 5383
DENVER CO 80217

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

7001 0320 0004 2990 2182

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

CHEVRON USA INC
P O BOX 730436
DALLAS TX 75373-0436

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

7001 0320 0004 2990 2199

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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:

JESSIE B CRUMP FAMILY TRUST
BANK OF AMERICA NA TRUSTEE
P O BOX 840738
DALLAS TX 75284-0738

2. Article Number (Copy from service label)

7001 0320 0004 2990 2205

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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**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:

INJECTION ENGINEERING SERVICE
PROFIT SHARING TRUST
P O BOX 4365
MIDLAND TX 79701

2. Article Number (Copy from service label)

7001 0320 0004 2990 2212

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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**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:

MACK H WOOLDRIDGE
P O DRAWER 1846
ALBANY TX 76430

2. Article Number (Copy from service label)

7001 0320 0004 2990 2229

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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

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:

ANGELICA S BRYCE TRUST FBO
 LEE APPLETON
 WELLS FARGO BANK TRUSTEE
 MAC C7300-07C
 P O BOX 5383
 DENVER CO 80217

2. Article Number (Copy from service label)

7001 0320 0004 2990 2236

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. 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

**Interest Owner Listing
B. Hardin Well No. 1**

SEAGULL ENERGY E&P INC
1001 FANNIN SUITE 1700
HOUSTON TX 77002-6794

PINNACLE OIL COMPANY

ESTATE OF KATHLEEN HALLIN
ROUTE 1 BOX 251A
DAVIS OK 73030

BURKE LEWIS HEALEY
P O BOX 582
DAVIS OK 73030

SOUTHERN CROSS ALLIANCE LLC
P O BOX 777
DAVIS OK 73030

HEALEY LP
P O BOX 2120
ARDMORE OK 73402

H R STASNY AND SONS LTD
P O BOX 1826
ALBANY TX 76430

MACK H WOOLDRIDGE

INJECTION ENGINEERING SERVICES
PROFIT SHARING TRUST
P O BOX 4365
MIDLAND TX 79701

EXXONMOBIL CORPORATION
P O BOX 951027
DALLAS TX 75395

ALBERT MULDAVIN
C/O BANK OF AMERICA
1455 STOCKTON STREET
SAN FRANCISCO CA 94133

HEIRS OR DEVISEES OF IRMA WEIL
MEYER

LONSDALE GREEN JR
C/O CHEMICAL CORN EXCHANGE BANK
CHURCH STREET STATION
NEW YORK NY 10007

HAARON INC
P O BOX 261313
PLANO TX 75026

CHARLES Z TYRON OR
SUCCESSORS

PRESTON MINERALS
P O DRAWER 9219
DALLAS TX 75209

RIBBLE INVESTMENTS CO LLC

JONES ROBINSON LTD

DUNNE & COMPANY

E A BOBB

POWHATAN CARTER JR AND
BEVERLY CARTER REVC TRUST
BEVERLY CARTER TRUSTEE
P O BOX 328
FT SUMNER NM 88119

ESTATE OF ANDERSON CARTER
ANDERSON CARTER II
PERSONAL REPRESENTATIVE

JAMES B LEE

BRADLEY GAYLORD
865 S STEELE STREET
DENVER CO 80209

EDWARD O MERKLE & JANE A
MERKLE UNDER TRUST
GEORGE C DINSMORE TRUSTEE
C/O NATIONAL COUNTY BANK OF
CLOSTER
CLOSTER NJ 07624

WINFIELD PERDUN RUSSELL
BARBARA P RUSSELL CUSTODIAN
72 MADAKET ROAD
NANTUCKET, MA 02554

RJW RESOURCES LLC
1391 WINDBRUSH CIRCLE
BLACKLICK OH 43004

**Interest Owner Listing
B. Hardin Well No. 1**

PETRUST CORPORATION OF
AMERICA
C/O NATIONS BANK NA
DALLAS TX 75284

THE PEARL M & JULIE J HARMON
FOUNDATION INC
P O BOX 52568
TULSA OK 74152

W H HELMERICK IV HANS C
HELMERICH & JAMES L SNEED
TRUSTEES OF THE WWH III
GRANDCHILDRENS 1980 TRUST

SAVANNAH INVESTMENT COMPANY LP
15 E 5TH STREET #3530
TULSA OK 74103

HOWARD J WHITEHILL JR & TRUST
COMPANY OF OKLAHOMA CO
TRUSTEES OF THE HOWARD JOSEPH
WHITEHILL JR REVC LIVING TRUST
P O BOX 3688
TULSA OK 74101

FIRST NATIONAL BANK & TRUST CO OF
TULSA
TRUSTEE OF THE JULIANN W FUNKE
TRUST
P O BOX 99084
FT WORTH TX 76199

FIRST NATIONAL BANK & TRUST CO OF
TULSA
TRUSTEE OF THE HELEN W KENYON
TRUST
P O BOX 98084
FT WORTH TX 76199

CAREY & COMPANY A PARTNERSHIP
BOX 867
TULSA OK 74101

BLACKSTONE MINERALS COMPANY
LP
P O BOX 201709
HOUSTON TX 77216

EDWARD R HUDSON JR TRUSTEE

EDWARD R HUDSON JR TRUSTEE OF
THE HUDSON NEW MEXICO MINERAL
TRUST
618 TEXAS STREET
FT WORTH TX 76102

EDWARD R HUDSON TRUST NO 4
MARY T ARD TRUSTEE
222 W 4TH STREET #313
FT WORTH TX 76102

MOORE & SHELTON COMPANY LTD

OCCIDENTAL PERMIAN LTD
P O BOX 27570
HOUSTON TX 77227

WENTZ PRODUCTION LLC
P.O. BOX 834
DAVIS, OK 73030

Notice to Interest Owners:

Any objections to this application must be filed with the Santa Fe office of the New Mexico Oil Conservation Division within 20 days from the date the Division received the application.

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
	C. Signature	
1. Article Addressed to:	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
SEAGULL ENERGY E&P INC 1001 FANNIN SUITE 1700 HOUSTON TX 77002-6794	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
	If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	7001 0320 0004 2990 2243	
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952		

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
	C. Signature	
1. Article Addressed to:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
ESTATE OF KATHLEEN HALLIN ROUTE 1 BOX 251A DAVIS OK 73030	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
	If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	7001 0320 0004 2990 2250	
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952		

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
	C. Signature	
1. Article Addressed to:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
BURKE LEWIS HEALEY P O BOX 582 DAVIS OK 73030	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
	If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	7001 0320 0004 2990 2267	
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952		

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
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
SOUTHERN CROSS ALLIANCE LLC P O BOX 777 DAVIS OK 73030	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0004 2990 2274	
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

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
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
HEALEY LP P O BOX 2120 ARDMORE OK 73402	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0004 2990 2281	
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

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
	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
H R STASNY AND SONS LTD P O BOX 1826 ALBANY TX 76430	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0004 2990 2298	
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

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:

INJECTION ENGINEERING SERVICES
 PROFIT SHARING TRUST
 P O BOX 4365
 MIDLAND TX 79701

2. Article Number (Copy from service label)

7001 0320 0004 2990 2304

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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**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:

EXXONMOBIL CORPORATION
 P O BOX 951027
 DALLAS TX 75395

2. Article Number (Copy from service label)

7001 0320 0004 2990 2311

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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**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:

ALBERT MULDAVIN
 C/O BANK OF AMERICA
 1455 STOCKTON STREET
 SAN FRANCISCO CA 94133

2. Article Number (Copy from service label)

7001 0320 0004 2990 2328

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

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:

LONSDALE GREEN JR
C/O CHEMICAL CORN EXCHANGE BANK
CHURCH STREET STATION
NEW YORK NY 10007

2. Article Number (Copy from service label)

7001 0320 0004 2990 2335

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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**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:

HAARON INC
P O BOX 261313
PLANO TX 75026

2. Article Number (Copy from service label)

7001 0320 0004 2990 2342

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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**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:

PRESTON MINERALS
P O DRAWER 9219
DALLAS TX 75209

2. Article Number (Copy from service label)

7001 0320 0004 2990 2359

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

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
	C. Signature	
1. Article Addressed to: POWHATAN CARTER JR AND BEVERLY CARTER REVC TRUST BEVERLY CARTER TRUSTEE P O BOX 328 FT SUMNER NM 88119	X	<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	
2. Article Number (Copy from service label)	7001 0320 0004 2990 2366	
	PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	

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
	C. Signature	
1. Article Addressed to: BRADLEY GAYLORD 865 S STEELE STREET DENVER CO 80209	X	<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	
2. Article Number (Copy from service label)	7001 0320 0004 2990 2373	
	PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	

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
	C. Signature	
1. Article Addressed to: EDWARD O MERKLE & JANE A MERKLE UNDER TRUST GEORGE C DINSMORE TRUSTEE C/O NATIONAL COUNTY BANK OF CLOSTER CLOSTER NJ 07624	X	<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	
2. Article Number (Copy from service label)	7001 0320 0004 2990 2380	
	PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	

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:

WINFIELD PERDUN RUSSELL
 BARBARA P RUSSELL CUSTODIAN
 72 MADAKET ROAD
 NANTUCKET, MA 02554

2. Article Number (Copy from service label)

7001 0320 0004 2990 2397

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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**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:

RJW RESOURCES LLC
 1391 WINDBRUSH CIRCLE
 BLACKLICK OH 43004

2. Article Number (Copy from service label)

7001 0320 0004 2990 2403

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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**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:

PETRUST CORPORATION OF
 AMERICA
 C/O NATIONS BANK NA
 DALLAS TX 75284

2. Article Number (Copy from service label)

7001 0320 0004 2990 2410

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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

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:

THE PEARL M & JULIE J HARMON
FOUNDATION INC
P O BOX 52568
TULSA OK 74152

2. Article Number (Copy from service label)

7001 0320 0004 2990 2427

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent
 Addressee
D. Is delivery address different from item 1? YesIf 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**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:

SAVANNAH INVESTMENT COMPANY LP
15 E 5TH STREET #3530
TULSA OK 74103

2. Article Number (Copy from service label)

7001 0320 0004 2990 2434

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent
 Addressee
D. Is delivery address different from item 1? YesIf 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**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:

HOWARD J WHITEHILL JR & TRUST
COMPANY OF OKLAHOMA CO
TRUSTEES OF THE HOWARD JOSEPH
WHITEHILL JR REVC LIVING TRUST
P O BOX 3688
TULSA OK 74101

2. Article Number (Copy from service label)

7001 0320 0004 2990 2441

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent
 Addressee
D. Is delivery address different from item 1? YesIf 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

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:

FIRST NATIONAL BANK & TRUST CO OF
TULSA
TRUSTEE OF THE JULIANN W FUNKE
TRUST
P O BOX 99084
FT WORTH TX 76199

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X <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	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) **7001 0320 0004 2990 2458**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

FIRST NATIONAL BANK & TRUST CO OF
TULSA
TRUSTEE OF THE HELEN W KENYON
TRUST
P O BOX 98084
FT WORTH TX 76199

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X <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	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) **7001 0320 0004 2990 2465**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

CAREY & COMPANY A PARTNERSHIP
BOX 867
TULSA OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X <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	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) **7001 0320 0002 0354 8445**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

BLACKSTONE MINERALS COMPANY
LP
P O BOX 201709
HOUSTON TX 77216

2. Article Number (Copy from service label)

7001 0320 0002 0354 8452

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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**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:

EDWARD R HUDSON JR TRUSTEE OF
THE HUDSON NEW MEXICO MINERAL
TRUST
618 TEXAS STREET
FT WORTH TX 76102

2. Article Number (Copy from service label)

7001 0320 0002 0354 8469

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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**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:

EDWARD R HUDSON TRUST NO 4
MARY T ARD TRUSTEE
222 W 4TH STREET #313
FT WORTH TX 76102

2. Article Number (Copy from service label)

7001 0320 0002 0354 8476

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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

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:

Wentz Production LLC
P.O. Box 834
Davis, OK 73030

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature Agent
X 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

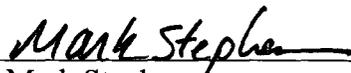
2. Article Number
(Transfer from service label)

7001 0320 0002 0354 8438

OPERATOR'S STATEMENT REGARDING NOTICE TO INTEREST OWNERS

I attest that on May 25, 2005, OXY sent notification to interest owners of the B. Hardin Well No. 1 and the Hobbs Deep "A" Well No. 1 by submitting a copy of this application and all attachments thereto by certified mail, return receipt requested, advising said owners that any objections to the application must be filed in writing with the Santa Fe office of the New Mexico Oil Conservation Division within 20 days from the date the Division received the application.

Authorized Signature



Mark Stephens
Regulatory Compliance Analyst
Occidental Permian Limited Partnership
OXY USA WTP Limited Partnership

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHY BEARDEN

Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period

of _____

1 issues(s).

Beginning with the issue dated

April 1, 2005

and ending with the issue dated

April 1, 2005

Kathy Bearden

Publisher

Sworn and subscribed to before

25th day of

April, 2005

[Signature]

Notary Public.

My Commission expires
(Seal)

2/7/09

LEGAL NOTICE
April 1, 2005

Notice is hereby given of the application of Occidental Permian Limited Partnership and OXY USA WTP Limited Partnership, Attn: Mark Stephens, P.O. Box 4294, Rm. 19.013, Houston, TX 77210-4294 (713/366-5158), to the Oil Conservation Division, New Mexico Energy, Minerals and Natural Resources Department, for approval of Pool and Lease Commingling of the following two leases:

Hobbs Deep "A" Lease

Operator: Occidental Permian Limited Partnership (157984)
Location: Sec. 13, T-18-S, R-37-E, Lea Co., NM
Source of Production by Pool:
Hobbs; Tubb Northwest
Hobbs; Drinkard Northwest
Hobbs; Abo Northwest

B. Hardin Lease

Operator: OXY USA WTP Limited Partnership (192463)
Location: Sec. 19, T-18-S, R-38-E, Lea Co., NM
Source of Production by Pool:
Hobbs; Abo Northwest

Commingling of production from the two leases will occur at the Hobbs Deep "A" battery in the SE/4 of Sec. 13, T-18-S, R-37-E, Lea Co., NM

Interested parties must file objections or requests for hearing in writing with the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, NM 87505, within 20 days after publication of this notice, else the Division may administratively approve the application.
#21403

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

02101173
Occidental Permian Limited Partnership
Rm. 19.013, GRWY 5
P.O. Box 4294
Houston, TX 77210-4294