



# Cross Timbers Operating Company

DHC 12/28/98

2152

December 3, 1998

Mr. David Catanach  
Oil Conservation Commission  
2040 South Pacheco  
Santa Fe, NM 87505-6429

DEC - 7 1998

RE: Application for Downhole Commingling  
State 367, Well No. 1  
M-Sec 36-T21S-R37E  
API No. 30-025-07043  
Lea Co., NM

Dear Mr. Catanach:

Cross Timbers Operating Company is making application to downhole commingle the Tubb with the Drinkard and Blinebry in the captioned well. The following documents are enclosed for your review to approve Cross Timbers' request.

1. Original and one copy of Form C-107-A.
2. Form C-102 for each zone to be commingled.
3. Production curve for each zone.
4. Copy of Form C-101 and Form C-102 to add a zone to the current wellbore.
5. Notification list of all offset operators and a copy of notification letter with Certified Mail receipts .

If additional information is needed, please advise.

Very truly,

Ray F. Martin  
Operations Engineer

RFM/jdc

Enclosures

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 South First St., Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505-6429

Form C-107-A  
New 3-12-96

APPROVAL PROCESS:

Administrative  Hearing

EXISTING WELLBORE

YES  NO

APPLICATION FOR DOWNHOLE COMMINGLING

Cross Timbers Operating Company 3000 N. Garfield, Suite 175, Midland, TX 79705

Operator: \_\_\_\_\_ Address: \_\_\_\_\_

State 367

1

M-36-21S-37E

Lea

Well No. \_\_\_\_\_ Unit Cir. - Sec - Twp - Rge \_\_\_\_\_ County \_\_\_\_\_

Spacing Unit Lease Types: (check 1 or more)

GRID NO. 005380 Property Code 003364 API NO. 30-025-07043 Federal \_\_\_\_\_ State  land/or Fee \_\_\_\_\_

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zones	Lower Zone
1. Pool Name and Pool Code	Blinebry Oil & Gas (06660)	Tubb Oil & Gas (60240)	Drinkard (19190)
2. Top and Bottom of Pay Section (Perforations)	5496' - 5838'	6108' - 6210' (est)	6297' - 6489'
3. Type of production (Oil or Gas)	Oil	Oil	Oil
4. Method of Production (Flowing or Artificial Lift)	Artificial Lift	Artificial Lift	Artificial Lift
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Flowing: All Gas Zones: Estimated Current Measured Current Estimated Or Measured Original	a. (Current) 500	a. 500	a. 500
	b. (Original)	b.	b.
6. Oil Gravity (° API) or Gas BTU Content	36°	36°	36°
7. Producing or Shut-In?	Producing	Shut In	Producing
Production Marginal? (yes or no)	Yes		Yes
* If Shut-In, give date and oil/gas/water rates of last production  Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data  * If Producing, give date and oil/gas/water rates of recent test (within 60 days)	Date: Rates:	Date: Estimated Rates: 16/100/0	Date: Rates:
	Date: 11/21/98 Rates: 1.8/109/5	Date: Rates:	Date: 11/21/98 Rates: 1.2/100/2
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 10 % Gas: 35 %	Oil: 84 % Gas: 32 %	Oil: 6 % Gas: 33 %

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.
10. Are all working, overriding, and royalty interests identical in all commingled zones?  Yes  No  
If not, have all working, overriding, and royalty interests been notified by certified mail?  Yes  No  
Have all offset operators been given written notice of the proposed downhole commingling?  Yes  No
11. Will cross-flow occur?  Yes  No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable.  Yes  No (If No, attach explanation)
12. Are all produced fluids from all commingled zones compatible with each other?  Yes  No
13. Will the value of production be decreased by commingling?  Yes  No (If Yes, attach explanation)
14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application.  Yes  No
15. NMOCD Reference Cases for Rule 303(C) Exceptions: ORDER NO(S). DHC-726 & DHC-317

16. ATTACHMENTS:
- \* C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
  - \* Production curve for each zone for at least one year. (If not available, attach explanation.)
  - \* For zones with no production history, estimated production rates and supporting data.
  - \* Data to support allocation method or formula.
  - \* Notification list of all offset operators.
  - \* Notification list of working, overriding, and royalty interests for uncommon interest cases.
  - \* Any additional statements, data, or documents required to support commingling.

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

SIGNATURE Ray Martin TITLE Operations Engineer DATE 11/30/98

TYPE OR PRINT NAME Ray F. Martin TELEPHONE NO. (915) 682-8873

CROSS TIMBERS OPERATING COMPANY  
ATTACHMENT TO FORM C-107-A  
APPLICATION FOR DOWNHOLE COMMINGLING  
STATE 367 #1  
LEA CO., NM

16. (I) This well has been downhole commingled in Blinebry and Drinkard since 1989 per DHC Order 726. The Blinebry/Drinkard production curve is attached.
- (II) The Tubb formation projected production was based on offset Tubb wells in the Tubb Oil & Gas Pool.
- (III) The Blinebry and Tubb zones have been downhole commingled on lease since 1980 in State 367 #4 per DHC Order 317.

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**

API Number 30-025-07043		Pool Code 60240	Pool Name Tubb Oil & Gas
Property Code 003364	Property Name State 367		Well Number 1
OGRID No. 005380	Operator Name Cross Timbers Operating Company		Elevation 3361'

**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
M	36	21S	37E		660	South	660	West	Lea

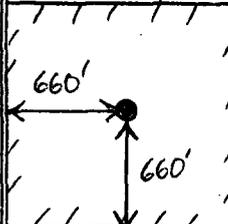
**11 Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 40	Joint or Infill	Consolidation Code	Order No.
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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

16					<b>17 OPERATOR CERTIFICATION</b> <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>
					<i>Ray Martin</i> Signature
					Ray F. Martin Printed Name
					Operations Engineer Title
					11/30/98 Date
					<b>18 SURVEYOR CERTIFICATION</b> <i>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.</i>
					Date of Survey
					Signature and Seal of Professional Surveyer:
					Certificate Number



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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-07043		<sup>2</sup> Pool Code 06660		<sup>3</sup> Pool Name Blinebry Oil & Gas	
<sup>4</sup> Property Code 003364		<sup>5</sup> Property Name State 367			<sup>6</sup> Well Number 1
<sup>7</sup> OGRID No. 005380		<sup>8</sup> Operator Name Cross Timbers Operating Company			<sup>9</sup> Elevation 3361'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	36	21S	37E		660	South	660	West	Lea

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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<p>16</p> <p>A diagram showing a well location. A central point is marked with a dot. Two arrows originate from this point: one pointing horizontally to the left, labeled '660'', and one pointing vertically downwards, also labeled '660''. The area around the well is shaded with diagonal lines.</p>	<p><b>17 OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i></p> <p><i>Ray Martin</i></p> <p>Signature</p> <p>Ray F. Martin</p> <p>Printed Name</p> <p>Operations Engineer</p> <p>Title</p> <p>11/30/98</p> <p>Date</p>
	<p><b>18 SURVEYOR CERTIFICATION</b></p> <p><i>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.</i></p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyer:</p>
	<p>Certificate Number</p>

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**OIL CONSERVATION DIVISION**  
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 Santa Fe, NM 87505

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AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025-07043	<sup>2</sup> Pool Code 19190	<sup>3</sup> Pool Name Drinkard
<sup>4</sup> Property Code 003364	<sup>5</sup> Property Name State 367	
<sup>7</sup> OGRID No. 005380	<sup>6</sup> Operator Name Cross Timbers Operating Company	<sup>8</sup> Well Number 1
		<sup>9</sup> Elevation 3361'

<sup>10</sup> Surface Location

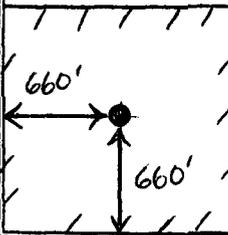
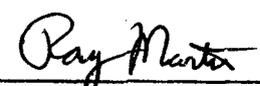
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	36	21S	37E		660'	South	660'	West	Lea

<sup>11</sup> 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

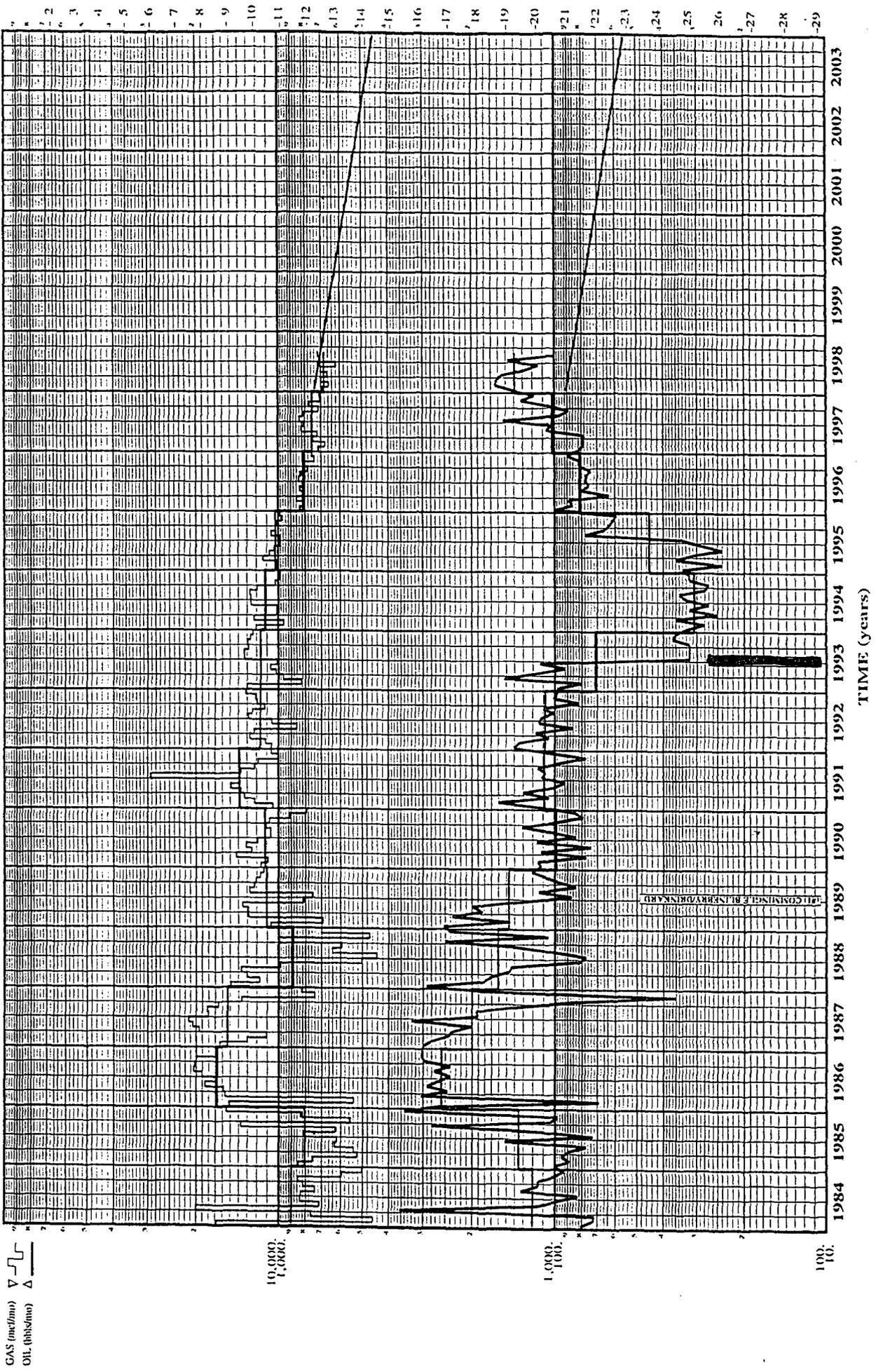
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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16          	<sup>17</sup> OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>		
	 Signature Ray F. Martin Printed Name Operations Engineer Title 11/30/98 Date		
	<sup>18</sup> SURVEYOR CERTIFICATION <i>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.</i>		
	Date of Survey Signature and Seal of Professional Surveyer:   Certificate Number		

Cross Timbers Oil Company

STATE 367  
CROSS TIMBERS  
BLIN/DRNKD (BLIN/DRNKD)  
LEA, NEW MEXICO  
36M 21S 37E  
PERMIAN BASIN



District I  
 PO Box 1980, Hobbs, NM 88241-1980  
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 811 South First, Artesia, NM 88210  
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AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025-07043		<sup>2</sup> Pool Code 60240		<sup>3</sup> Pool Name Tubb Oil & Gas	
<sup>4</sup> Property Code 003364		<sup>5</sup> Property Name State 367			<sup>6</sup> Well Number 1
<sup>7</sup> OGRID No. 005380		<sup>8</sup> Operator Name Cross Timbers Operating Company			<sup>9</sup> Elevation 3361'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	36	21S	37E		660	South	660	West	Lea

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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16           	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief   Signature Ray F. Martin Printed Name Operations Engineer Title 12/03/98 Date			
	<sup>18</sup> 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 Surveyor:			
	Certificate Number			

CROSS TIMBERS OPERATING COMPANY  
APPLICATION FOR DOWNHOLE COMMINGLE

STATE 367 #1  
BLINEBRY/TUBB/DRINKARD  
SW/4 SW/4 SECTION 36-21S-37E  
LEA COUNTY, NEW MEXICO

OFFSET OPERATORS

Exxon Company USA  
P. O. Box 4358  
Houston, Texas 77210-4358  
**Certified Mail: P 497 353 843**

Section 2: E/2  
T22S-R37E

OXY USA, Inc.  
P. O. Box 50250  
Midland, Texas 79705  
**Certified Mail: P 497 353 844**

Section 35: SE/4  
T21S-R37E

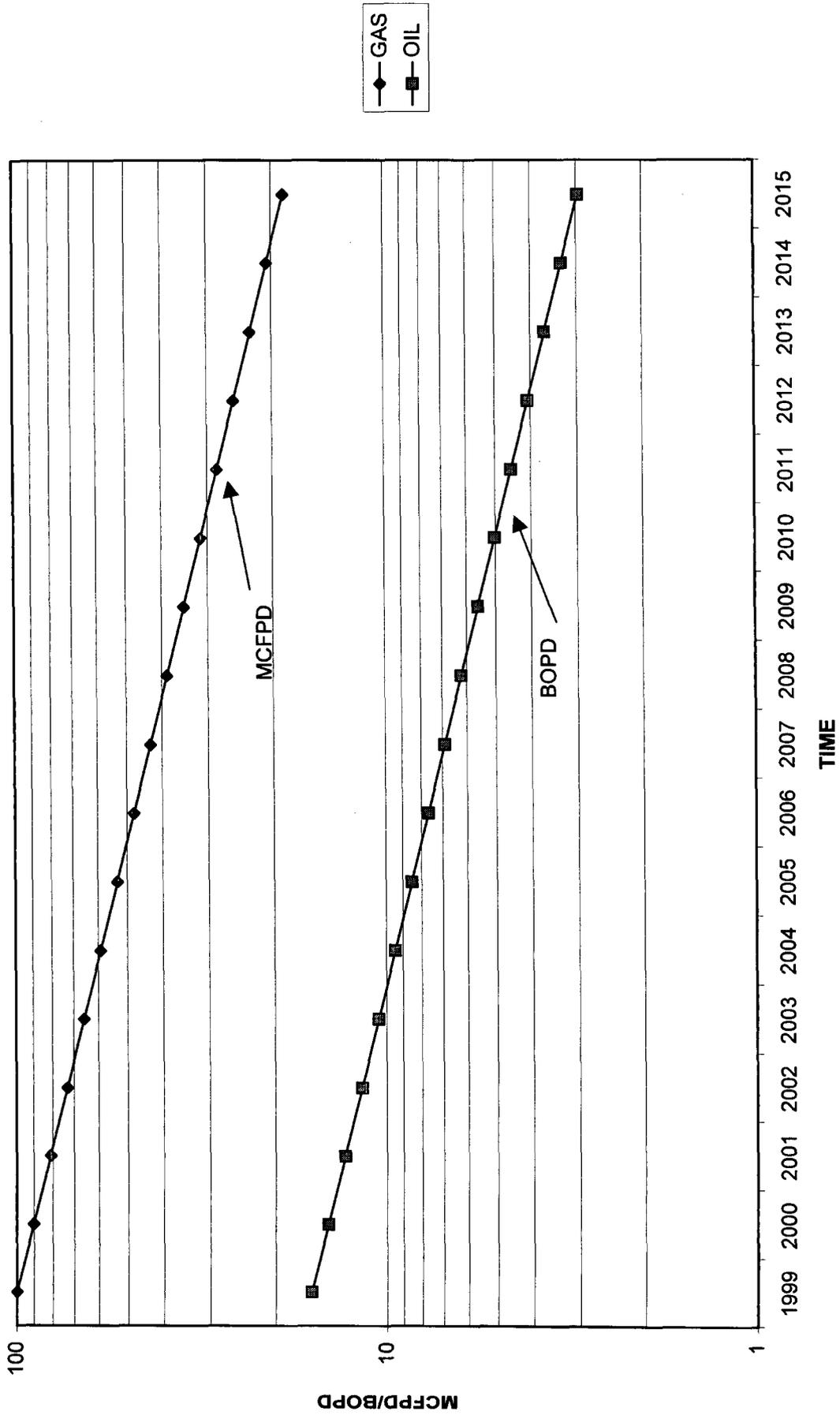
Apache Corporation  
2000 Post Oak Blvd., Suite 100  
Houston, Texas 77056-4400  
**Certified Mail: P 497 353 845**

Section 36: SE/4 SW/4  
T21S-R37E

Marathon Oil Company  
P. O. 552  
Midland, Texas 79702  
**Certified Mail: P 497 353 846**

Section 1: NW/4  
T22S-R37E

# TUBB ESTIMATED PRODUCTION



District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 S. 1st Street, Artesia, NM 88210-2834  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

Instructions on back  
Submit to Appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies

AMENDED REPORT

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

<sup>1</sup> Operator name and Address Cross Timbers Operating Company 3000 N. Garfield, Suite 175 Midland, Texas 79705		<sup>2</sup> OGRID Number 005380
		<sup>3</sup> API Number 30- 025-07043
<sup>4</sup> Property Code 003364	<sup>5</sup> Property Name State 367	<sup>6</sup> Well No. 1

<sup>7</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	36	21S	37E		660	South	660	West	Lea

<sup>8</sup> Proposed 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
<sup>9</sup> Proposed Pool 1 Tubb Oil & Gas (60240)					<sup>10</sup> Proposed Pool 2				

<sup>11</sup> Work Type Code A	<sup>12</sup> Well Type Code 0	<sup>13</sup> Cable/Rotary	<sup>14</sup> Lease Type Code S	<sup>15</sup> Ground Level Elevation 3361'
<sup>16</sup> Multiple No	<sup>17</sup> Proposed Depth 6550'	<sup>18</sup> Formation Drinkard	<sup>19</sup> Contractor NA	<sup>20</sup> Spud Date 01/04/99

<sup>21</sup> Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17-1/2"	13-3/8"	48	297'	300	
10-3/4"	8-5/8"	32	2799'	1000	
7-7/8"	5-1/2"	17	6530'	400	

<sup>22</sup> Describe 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

1. Move in & rig up workover rig. POH w/rods & pump. Install double ram BOP. POH w/tubing.
2. Set RBP @ 6260'.
3. Perforate Tubb from 6108'-6210'.
4. Acidize & sand frac Tubb perforations.
5. Pull RBP @ 6260'.
6. Run tubing, pump & rods. Remove BOP. Return well to pumping downhole commingled in Blinebry (5496-5838'), Tubb (6108-6210') and Drinkard (6297-6489').

<sup>23</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Ray F Martin*

Printed name: Ray F. Martin

Title: Operations Engineer Date: 12/03/98

**OIL CONSERVATION DIVISION**

Approved by:

Title:

Approval Date:

Expiration Date:



## Cross Timbers Operating Company

December 3, 1998

Marathon Oil Company  
P. O. Box 552  
Midland, Texas 79702

**Certified Mail: P 497 353 846**

RE: DHC of State 367 #1, Unit Letter M, Section 36, T21S, 37E  
Offset Operator Notification

Dear Sir:

Please be informed that Cross Timbers Operating Company intends to downhole commingle the Tubb Oil and Gas Pool (60240) with the Blinebry Oil and Gas Pool (06660) and the Drinkard Pool (19190) in the State 367 #1. The well is currently downhole commingled in the Blinebry and Drinkard Pools. If you have any questions or objections, please contact Erich Palko at (817) 882-7265 or Ray Martin at (915) 682-8873.

Sincerely,

CROSS TIMBERS OPERATING COMPANY

Ray Martin  
Operations Engineer

RFM:bu



## Cross Timbers Operating Company

December 3, 1998

Apache Corporation  
2000 Post Oak Blvd., Suite 100  
Houston, Texas 77056-4400

**Certified Mail: P 497 353 845**

RE: DHC of State 367 #1, Unit Letter M, Section 36, T21S, 37E  
Offset Operator Notification

Dear Sir:

Please be informed that Cross Timbers Operating Company intends to downhole commingle the Tubb Oil and Gas Pool (60240) with the Blinebry Oil and Gas Pool (06660) and the Drinkard Pool (19190) in the State 367 #1. The well is currently downhole commingled in the Blinebry and Drinkard Pools. If you have any questions or objections, please contact Erich Palko at (817) 882-7265 or Ray Martin at (915) 682-8873.

Sincerely,

CROSS TIMBERS OPERATING COMPANY

Ray Martin  
Operations Engineer

RFM:bu



## Cross Timbers Operating Company

December 3, 1998

Exxon Company USA  
P. O. Box 4358  
Houston, Texas 77210-4358

**Certified Mail: P 497 353 843**

RE: DHC of State 367 #1, Unit Letter M, Section 36, T21S, 37E  
Offset Operator Notification

Dear Sir:

Please be informed that Cross Timbers Operating Company intends to downhole commingle the Tubb Oil and Gas Pool (60240) with the Blinebry Oil and Gas Pool (06660) and the Drinkard Pool (19190) in the State 367 #1. The well is currently downhole commingled in the Blinebry and Drinkard Pools. If you have any questions or objections, please contact Erich Palko at (817) 882-7265 or Ray Martin at (915) 682-8873.

Sincerely,

CROSS TIMBERS OPERATING COMPANY

Ray Martin  
Operations Engineer

RFM:bu



# Cross Timbers Operating Company

December 3, 1998

OXY USA, Inc.  
P. O. Box 50250  
Midland, Texas 79705

**Certified Mail: P 497 353 844**

RE: DHC of State 367 #1, Unit Letter M, Section 36, T21S, 37E  
Offset Operator Notification

Dear Sir:

Please be informed that Cross Timbers Operating Company intends to downhole commingle the Tubb Oil and Gas Pool (60240) with the Blinebry Oil and Gas Pool (06660) and the Drinkard Pool (19190) in the State 367 #1. The well is currently downhole commingled in the Blinebry and Drinkard Pools. If you have any questions or objections, please contact Erich Palko at (817) 882-7265 or Ray Martin at (915) 682-8873.

Sincerely,

CROSS TIMBERS OPERATING COMPANY

Ray Martin  
Operations Engineer

RFM:bu

P 497 353 843

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
Exxon Company USA	
Street & Number	
P. O. Box 4358	
Post Office, State, & ZIP Code	
Houston, TX 77210-4358	
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	
12/3/98	

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address.

**CERTIFIED**

P 497 353 843

**MAIL**

Is your **RETURN ADDRESS** completed on the reverse side?

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1 and/or 2 for additional services.</li> <li>■ Complete items 3, 4a, and 4b.</li> <li>■ Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>■ Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>■ The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Exxon Company USA P. O. Box 4358 Houston, TX 77210-4358</p>		<p>4a. Article Number P 497 353 843</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery</p>	
<p>5. Received By: (Print Name)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X</p>			

PS Form 3811, December 1994

102595-98-B-0228

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 497 353 844

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
OXY USA, Inc.	
Street & Number	
P. O. Box 50250	
Post Office, State, & ZIP Code	
Midland, TX 79705	
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	
12/3/98	

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 497 353 844

**MAIL**

Is your **RETURN ADDRESS** completed on the reverse side?

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>OXY USA, Inc. P. O. Box 50250 Midland, TX 79705</p>		<p>4a. Article Number</p> <p>P 497 353 844</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery</p>	
<p>5. Received By: (Print Name)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X</p>			

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 497 353 845

Is your RETURN ADDRESS completed on the reverse side?

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to Apache Corporation	
Street & Number 2000 Post Oak Blvd, Suite 100	
Post Office, State, & ZIP Code Houston, TX 77056-4400	
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.77</b>
Postmark or Date	12/3/98

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 497 353 845

**MAIL**

**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 Corporation  
2000 Post Oak Blvd., Suite 100  
Houston, TX 77056-4400

4a. Article Number

P 497 353 845

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102505-08-8-0228

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 497 353 846

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
Marathon Oil Company	
Street & Number	
P. O. Box 552	
Post Office, State, & ZIP Code	
Midland, TX 79702	
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	
12/3/98	

PS Form 3811, April 1995

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 497 353 846

**MAIL**

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Marathon Oil Company P. O. 552 Midland, TX 79702		4a. Article Number P 497 353 846	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name)  X		7. Date of Delivery	
6. Signature: (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-99-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.