

| | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------------|------------------|-------------------------------|
| DATE IN: <u>March 21</u> | SUSPENSE: <u>3/28/07</u> | ENGINEER: <u>D. Stewart</u> | LOGGED IN: <u>CA, March 27</u> | TYPE: <u>CTB</u> | APP NO.: <u>PLD 706746052</u> |
|--------------------------|--------------------------|-----------------------------|--------------------------------|------------------|-------------------------------|

ABOVE THIS LINE FOR DIVISION USE ONLY

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



567

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

2007 PMR 8 AM 11:39

[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.

~~None~~ ~~Statement must be completed by an individual with managerial and/or supervisory capacity~~

| | | | |
|----------------------|-----------|-------------------------------|---------------|
| <u>David Stewart</u> | | <u>Sr. Regulatory Analyst</u> | <u>3/6/07</u> |
| Print or Type Name | Signature | Title | Date |
| | | <u>david_stewart@oxy.com</u> | |
| | | e-mail Address | |

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: OXY USA WTP LP - 192463
OPERATOR ADDRESS: P.O. Box 50250 Midland, TX 79710-0150

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. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No

(A) POOL COMMINGLING
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. Burton Flat; Wolfcamp, North - 73520
(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: David Stewart TITLE: Sr. Regulatory Analyst DATE: 3/6/07

TYPE OR PRINT NAME David Stewart

TELEPHONE NO.: 432-685-5717

E-MAIL ADDRESS: david.stewart@oxy.com

North Burton Flat Central Tank Battery - Well Information

| Pool Name/No. | Well Name/No. | API No. | Lease No. | CA No. | Surface Location |
|--------------------------------------|------------------|--------------|-----------|----------|--|
| Burton Flat: Wolfcamp, North - 73520 | Government AA #2 | 30-015-33283 | NM18293 | NM111802 | 190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E |
| Burton Flat: Wolfcamp, North - 73520 | Government AA #1 | 30-015-21286 | NM18293 | SW1012 | 660 FNL 1980 FWL NENW(C) Sec 23 T20S R28E |
| Burton Flat: Wolfcamp, North - 73520 | Government R #1 | 30-015-20871 | NM6856 | SW796 | 1830 FSL 1980 FWL NESW(K) Sec 14 T20S R28E |
| Burton Flat: Wolfcamp, North - 73520 | Government Z #1 | 30-015-21242 | NM8941 | SW982 | 1980 FSL 1980 FWL NESW(K) Sec 23 T20S R28E |

| Well Name/No. | Gas (MMCFD) | BTU | Condensate (BPD) | API Gravity |
|------------------|-------------|------|------------------|-------------|
| Government AA #2 | 1.4 | 1190 | 75 | 49.0 |
| Government AA #1 | 1.5 | 1190 | 100 | 49.0 |
| Government R #1 | 1.5 | 1190 | 100 | 49.0 |
| Government Z #1 | 1 | 1190 | 50 | 49.0 |

North Burton Flats Metering and Allocation

Well site metering will be used to allocate all oil, water, and gas produced into the North Burton Flats Central Tank Battery. All oil, water, and gas will be separated on each individual well site using a 3-phase separator.

The gas will be measured with an OXY owned allocation meter before leaving the lease. The gas will then be commingled at the compressor station located at the Gov. AA#1. The compressed gas will be sold through Enterprise's high pressure sales meter located at the Gov. AA#1. Total gas sales will be allocated back to each lease based on lease allocation meter reading.

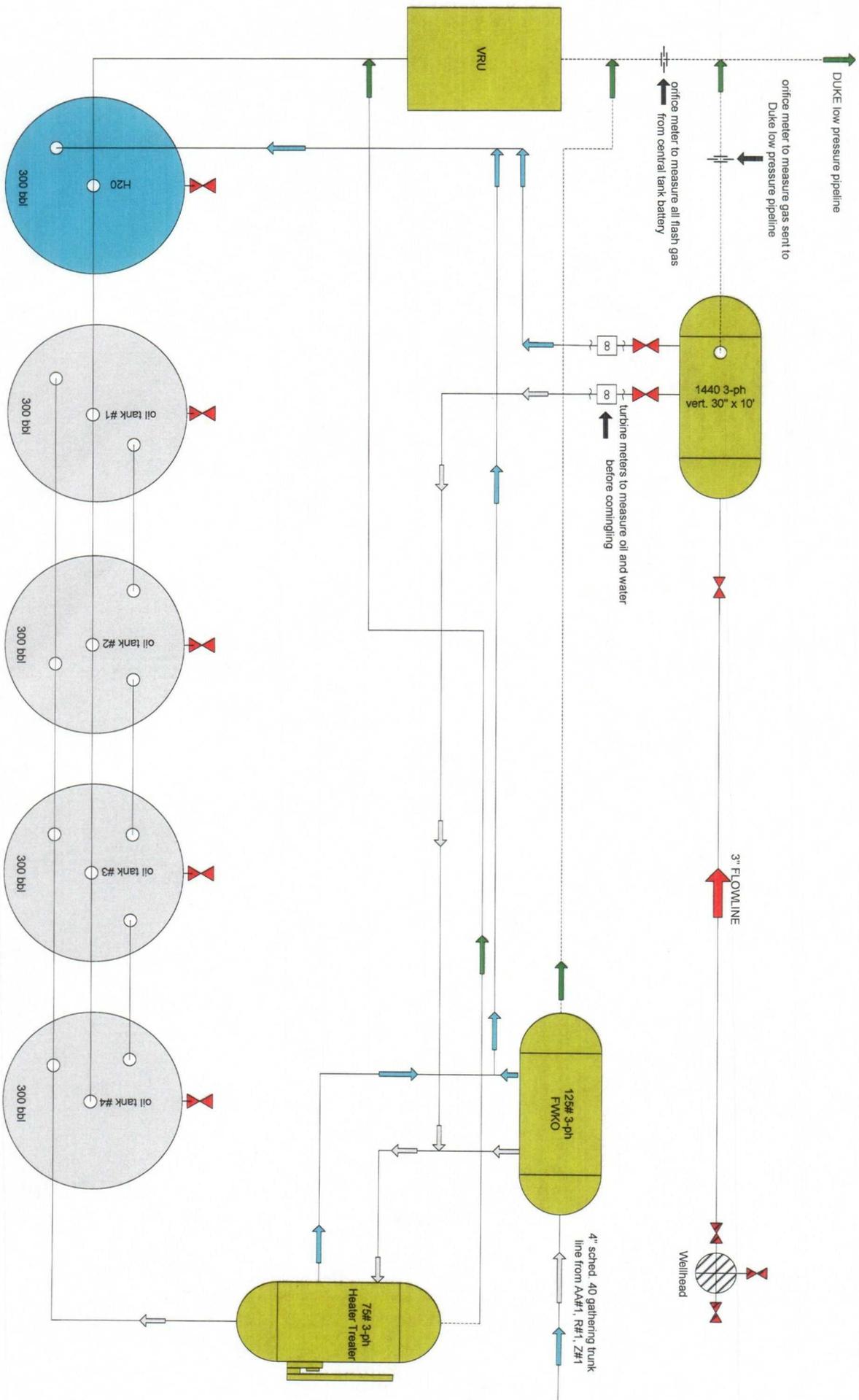
The oil and water will be measured individually on site using OXY owned turbine flow meters. The flow meters will measure the oil and water before leaving the lease and are commingled in the pipeline. All oil production will be sold at the North Burton Flats Central Tank Battery and allocated back to each lease according to individual flow meter readings.

Economic Justification for Constructing a Central Tank Battery in North Burton Flats

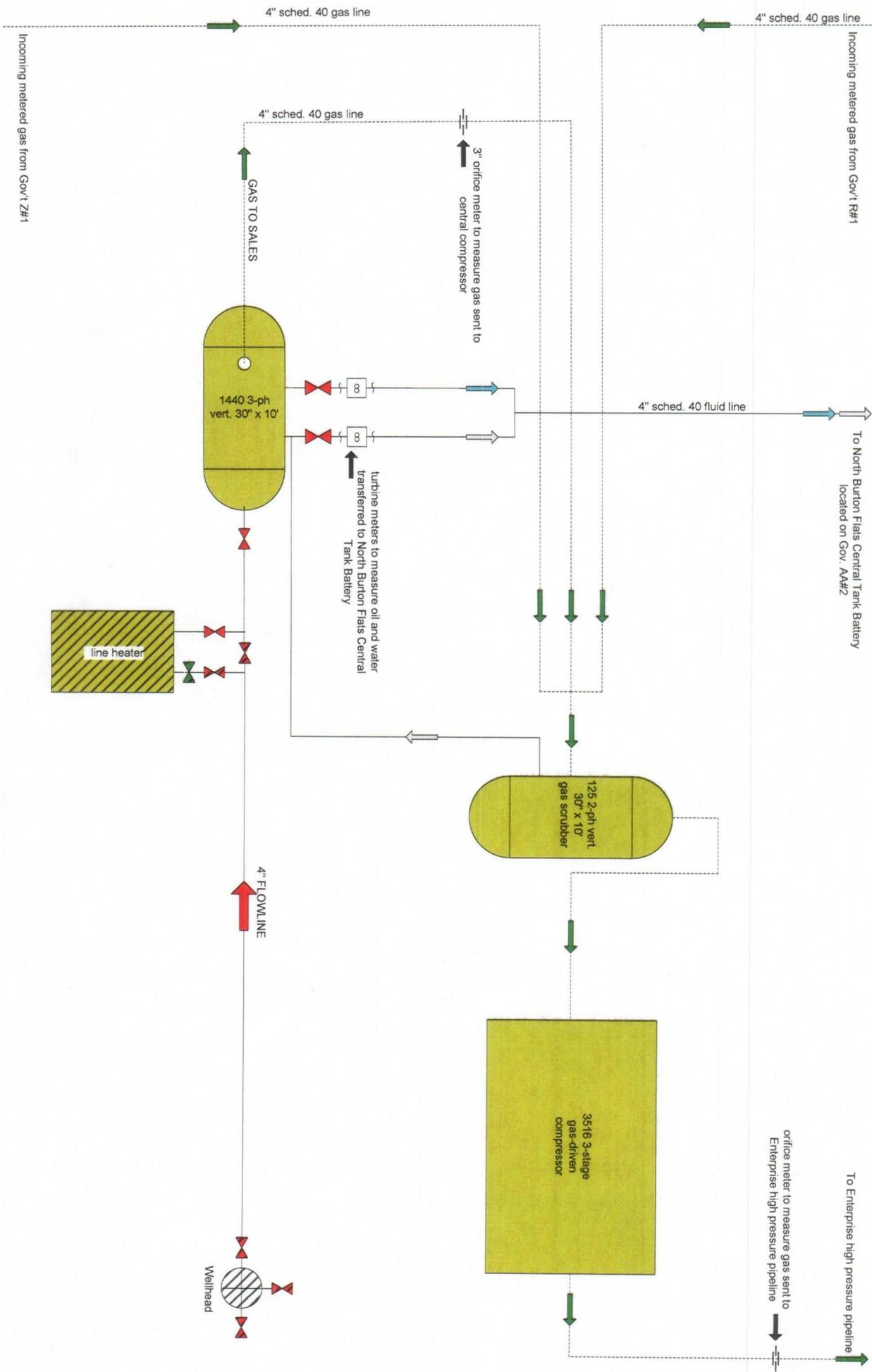
It is proposed to expand the existing battery on the Gov. AA#2 to handle production from the Gov. R#1, Gov. AA#1, and Gov. Z#1 wells. Oxy will offset the cost of building three separate batteries by constructing one central tank battery, generating a cost savings of \$100,000. The central tank battery will also provide the following operational benefits: rental VRU to recover vapors from tanks, LACT unit to sell oil directly to pipeline, additional separation equipment eliminating hot-oiling, future possibility of bringing in other wells within the field into the central tank battery.

In addition to the installation cost savings the central tank battery will reduce ongoing operating costs. The reduction in operating costs will reduce the economic limit of the field thus increasing the recovery from the reservoir.

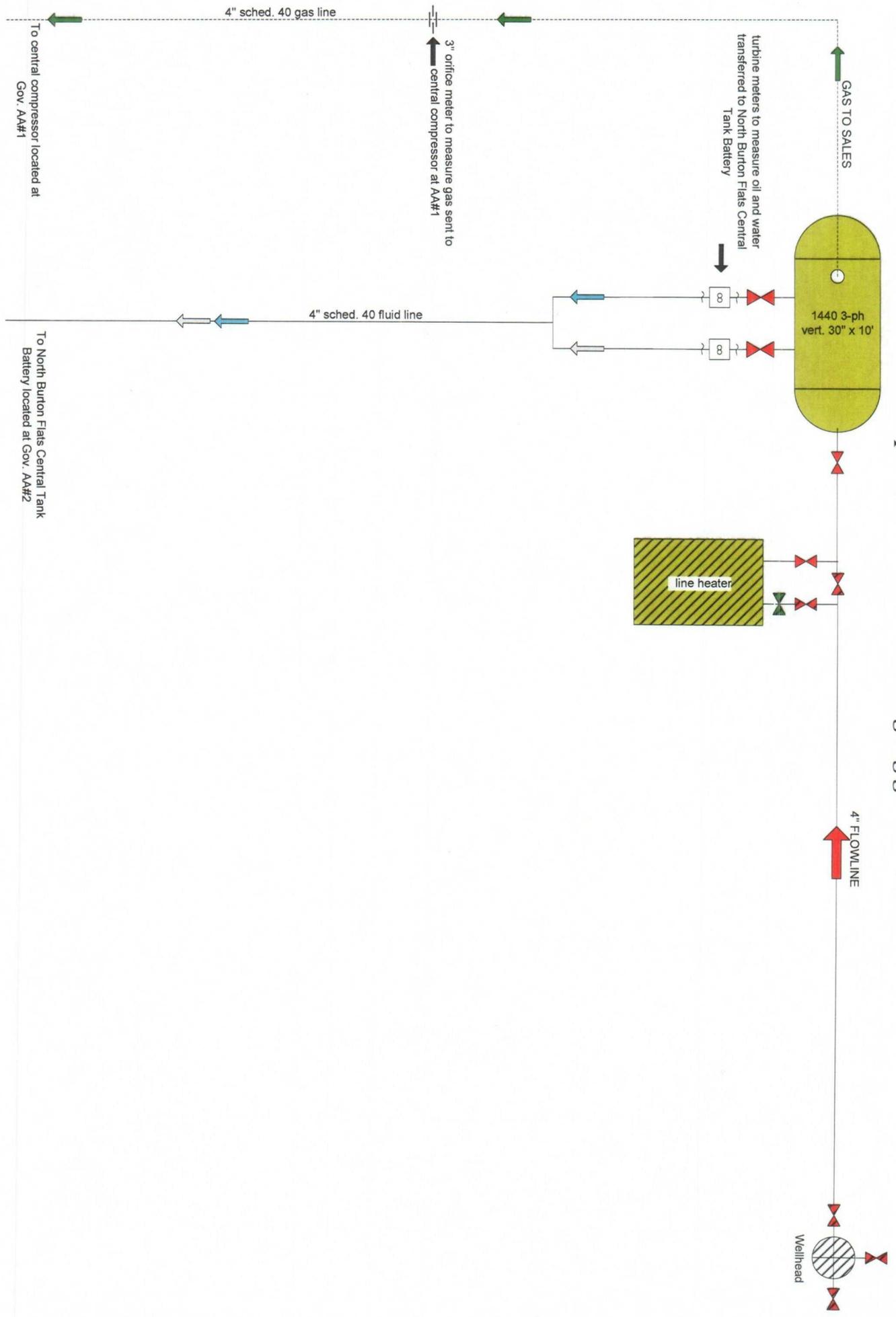
Proposed Gov. AA#2 – Construction of North Burton Flats Central Tank Battery to process co-mingled oil and water from Gov. AA#2, Gov. AA#1, Gov. R#1, and Gov. Z#1



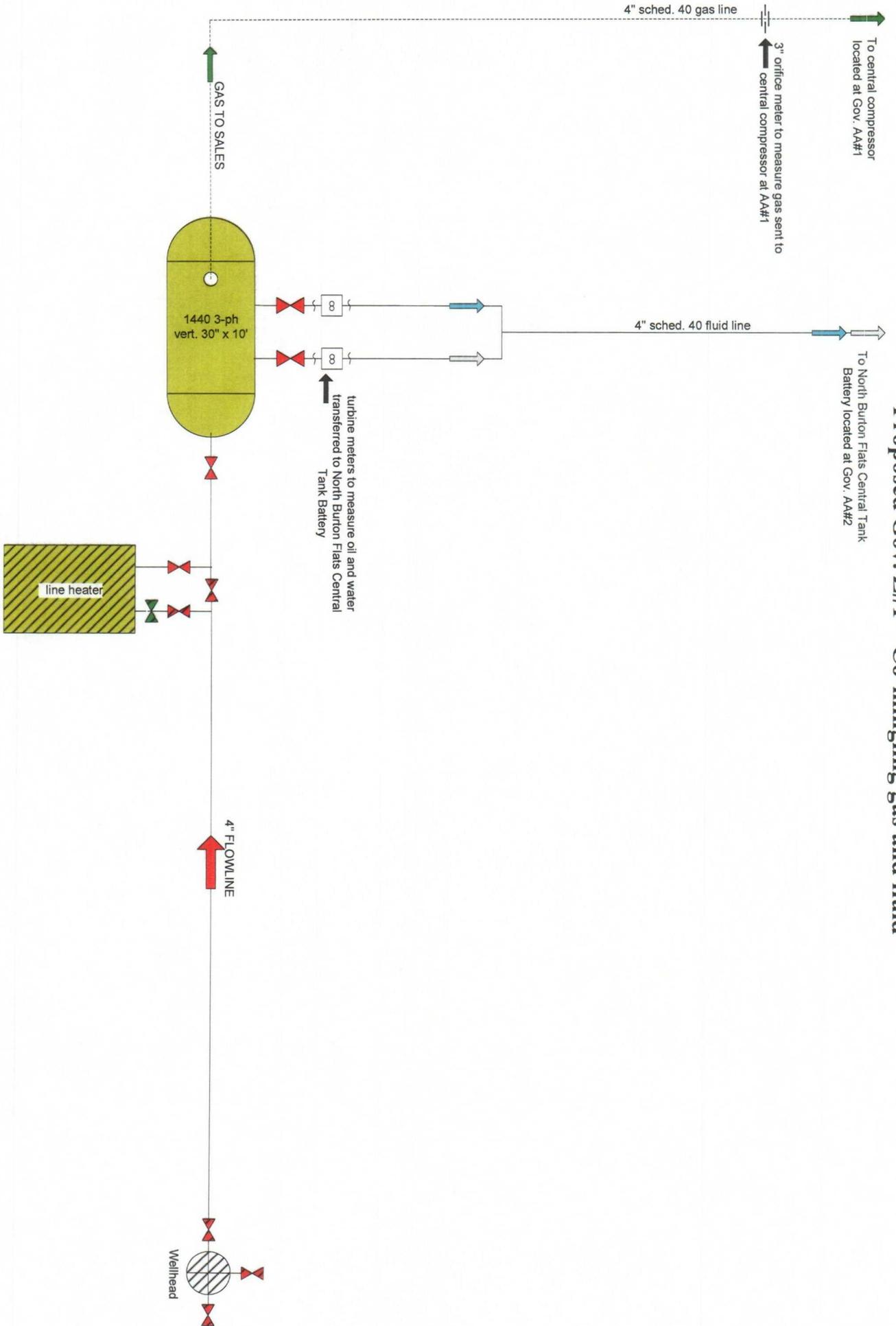
Proposed Gov. AA#1 – Co-mingling gas and fluid

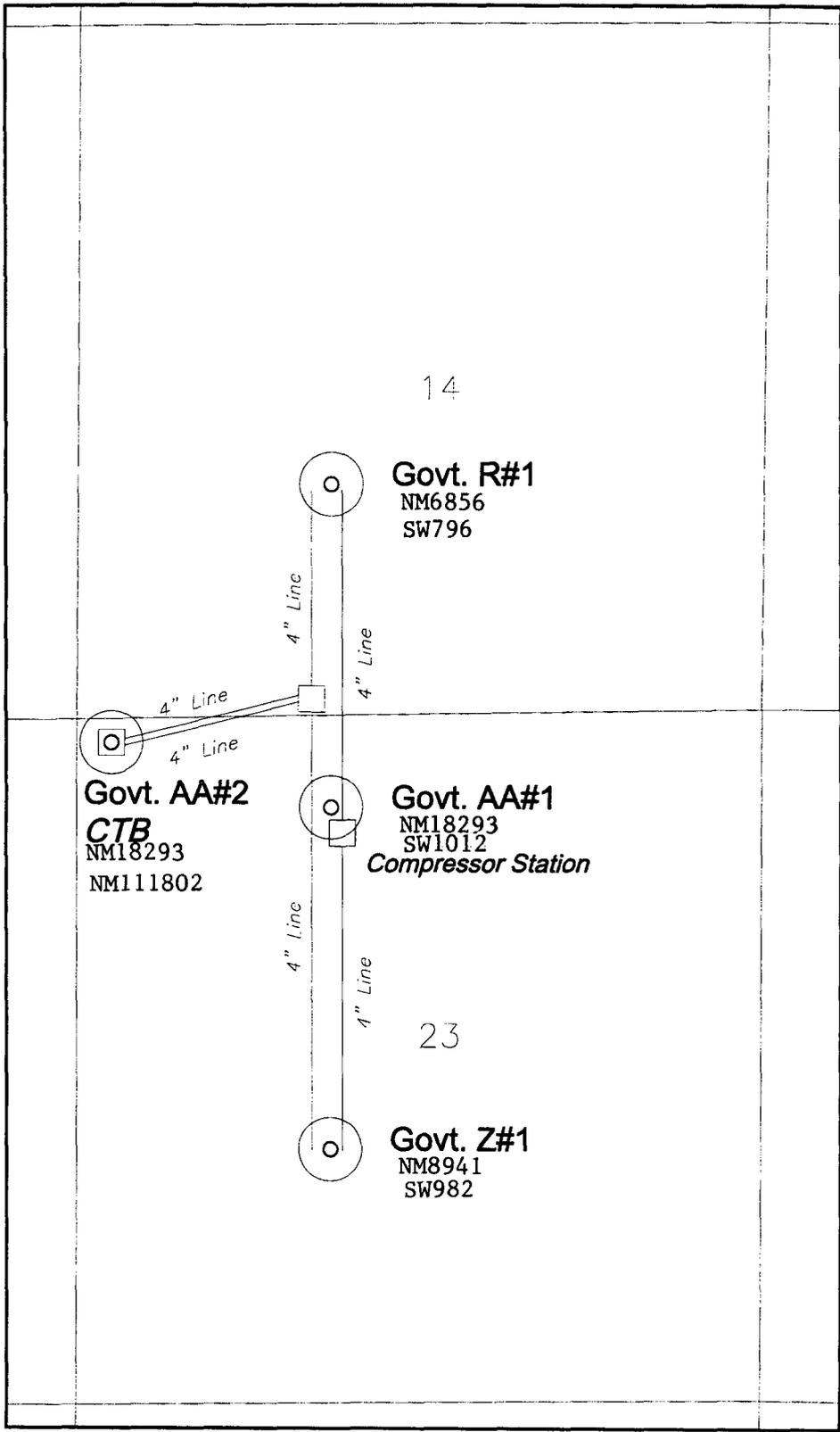


Proposed Gov. R#1 – Co-mingling gas and fluid



Proposed Gov. Z#1 – Co-mingling gas and fluid





North Burton Flat
Central Tank Battery
 Section 23, T 20 S, R 28 E
 Eddy County, New Mexico

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

| | | |
|--|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 5. Lease Serial No. NM18293 |
| 2. Name of Operator OXY USA WTP Limited Partnership | | 6. If Indian, Allottee or Tribe Name |
| 3a. Address P.O. Box 50250, Midland, TX 79710-0250 | | 7. If Unit or CA/Agreement, Name and/or No. |
| 3b. Phone No. (include area code) 432-685-5717 | | 8. Well Name and No. Government AA #2 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E | | 9. API Well No. 30-015-33283 |
| | | 10. Field and Pool, or Exploratory Area Burton Flat; Wolfcamp, North 73520 |
| | | 11. County or Parish, State Eddy NM |

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | | | |
|--|---|---|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other <u>Off-Lease</u> |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <u>Storage, Surface</u> |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | <u>Commingling</u> |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

OXY USA WTP LP respectfully requests approval for surface commingling and off-lease storage for the wells listed below. The North Burton Flat Central Battery will be located in the NWNW(D) qtr/qtr and the Compressor Station will be located in the NENW(C) qtr/qtr of Sec 23 T20S R28E. All gas, condensate, and water will be measured prior to leaving each individual lease. All interest owners have been notified by certified mail with a copy of this Sundry Notice and Application filed with the NMOCD. Please see attached for additional attachments.

| Well Name/No. | API No. | Lease No. | CA No. | Surface Location |
|------------------|--------------|-----------|----------|--|
| Government AA #2 | 30-015-33283 | NM18293 | NM111802 | 190 FNL 350 FWL NWNW(D) Sec 23 T20S R28E |
| Government AA #1 | 30-015-21286 | NM18293 | SW1012 | 660 FNL 1980 FWL NENW(C) Sec 23 T20S R28E |
| Government R #1 | 30-015-20871 | NM6856 | SW796 | 1830 FSL 1980 FWL NESW(K) Sec 14 T20S R28E |
| Government Z #1 | 30-015-21242 | NM8941 | SW982 | 1980 FSL 1980 FWL NESW(K) Sec 23 T20S R28E |

| | |
|---|--|
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) David Stewart | Title Sr. Regulatory Analyst |
|  | Date 3/6/07 |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

| | | |
|---|--------|------|
| Approved by | Title | Date |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. | Office | |

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:

STATE OF NEW MEXICO
ENERGY & MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
1301 W. GRAND AVE.
ARTESIA, NM 88210

2. Article Number

(Transfer from service label)

7005 0390 0002 9910 5503

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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:

STATE OF NEW MEXICO
ENERGY & MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
SANTA FE, NM 87505

2. Article Number

(Transfer from service label)

7005 0390 0002 9910 5497

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

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 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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3. Service Type

 Certified Mail Express Mail
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 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

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

1. Article Addressed to:

UNITED STATES DEPT OF
INTERIOR
BUREAU OF LAND MANAGEMENT
620 E. GREENE STREET
CARLSBAD, NM 88220-6292

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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.

**SURFACE COMMINGLING PERMIT NO.
FIELD
ROYALTY/WORKING INTEREST OWNERS**

**BETTY LOU JONES
C/O SALLY BALLOU
210 SW BROADMOOR
TOPEKA, KS. 66606-1259**

**BRUCE P. RIGGS TRUST
LESLIE RIGGS MILLS TRUSTEE
P. O. BOX 230430
ANCHORAGE, AK. 99523-0430**

**CHARLES L. HALL
P. O. BOX 10666
MIDLAND, TX. 79702-7666**

**DAVOIL, INC.
P. O. BOX 200292
DALLAS, TX. 75320-0292**

**DELMAR HUDSON LEWIS
LVG TRUST
BANK OF AMERICA, NA TTEE
P. O. DRAWER 840738
DALLAS, TX. 75284-0738**

**DEVON ENERGY
CORPORATION (NEVEDA)
P. O. BOX 843559
DALLAS, TX. 75284-5339**

**DEVON ENERGY
PRODUCTION CO LP
P. O. BOX 843559
DALLAS, TX. 75284-3559**

**EDWARD R HUDSON JR
616 TEXAS STREET
FT. WORTH, TX. 76102-4612**

**EDWARD R HUDSON TRUST
NOS 1 2 3
616 TEXAS STREET
FT. WORTH, TX. 76102-4612**

**EDWARD R. HUDSON
TRUST NO 4
MARY T. HUDSON ARD, TTEE
2222 W. 4TH ST. PH-5
FT. WORTH, TX. 76102**

**ELYSE S. PATTERSON TRUST B
UW EDWARD T MATHENEY, JR.
C/O BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588**

**ELYSE SAUNDERS
PATTERSON TRUSTS
INVESTMENT LLC
BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588**

**FIDELITY EXPLORATION &
PRODUCTION COMPANY
P. O. BOX 5602
BISMARCK, ND. 58506-5602**

**FIRST ROSWELL CO LTD
P. O. BOX 1797
ROSWELL, NM 88202-1797**

**GREAT WESTERN DRILLING CO.
P. O. BOX 1659
MIDLAND, TX. 79702**

**GULF COAST OIL & GAS CO
P. O. BOX 1684
MIDLAND, TX. 79702-1684**

**JAMES E. HALL
P. O. BOX 10666
MIDLAND, TX. 79702-7666**

**JOE B. SCHUTZ
P. O. BOX 973
SANTA FE, NM. 87504-0973**

**JOHN & HELEN FRANKOT TRUST
HELEN FRANKOT, TTEE
1940 VERBANIA DR.
LAS VEGAS, NV. 89134**

**JOHN & PATRICIA HALAGAN
REVOCABLE FAMILY TRUST
C/O R DANIEL
ISRAEL EDD
70 SHADOWPLAY
IRVINE, CA. 92620**

**JOHN LEWIS VICKERS
3110 GLENGOLD
FARMERS BRANCH, TX. 75234**

**JOSEPH L. DUNIGAN
TESTAMENTARY TRUST
THOMAS DUNIGAN TTEE
P. O. BOX 9846
SANTA FE, NM 87504**

**KATHRYN RAE BRANDENBURG
4243 TERRACE ST.
OAKLAND, CA. 94611**

**KERR-MCGEE CORP.
P. O. BOX 730245
DALLAS, TX. 75373-0245**

LESLIE RIGGS MILLS TRUST
LESLIE RIGGS MILLS TTEE
P. O., BOX 230430
ANCHORAGE, AK. 99523-0430

LINDY'S LIVING TRUST
FRANCIS H. HUDSON, TTEE
6300 RIDGLEA PL, STE. 1005A
FT. WORTH, TX. 76116

MICHAEL SHEARN
P. O. BOX 10151
EL PASO, TX. 79995

MINERALS MANAGEMENT SERVICE
FEDERAL GOVERNMENT ROYALTY
BOXY 5810 TA
DENVER, CO 80217

PAUL SLAYTON
P. O. BOX 2035
ROSWELL, NM 88201

PENNNZENERGY EXPLORATION &
PRODUCTION LLC
NATIONSBANK LOCKBOX
P. O. BOX 277122
ATLANTA, GA. 630384-7122

RICHARD H. COATS
P. O. BOX 2412
MIDLAND, TX. 79706

ROBERT J KILLE
4815 TWIN POST RD
DALLAS, TX. 75244

ROY DUNN &
CONNIE DUNN
5511 N. DELNO
FRESNO, CA. 93711

RUBIE C. BELL
1331 THIRD ST.
NEW ORLEANS, LA. 70130

RUBIE CROSBY BELL FAMILY LTD
PARTNERSHIP #1
RUBIE C. BELL, MANAGING GEN PTN
1331 3RD. ST.
NEW ORLEANS, LA 70130-5743

SOUTHEAST ROYALTIES INC.
111 W. MERMOD
P. O. BOX 1658
CARLSBAD, NM 88221-1658

STANLEY W. CROSBY III
P. O. BOX 2346
ROSWELL, NM 88202-2346

SUE SAUNDERS GRAHAM
P. O. BOX 987
ROSWELL, NM 88201

SWINEHART 1973 FAMILY TRUST
JUDY SWINEHART & LESLIE A. MALLET
SUCC CO-TRS
10713 S. LOGAN CANYON RD.
SOUTH JORDAN, UT. 84095

THE KUNKEL TRUST
ROBERT PAUL KUNKEL TTEE
P. O. 6901
DENVER, CO. 80206

THE RICHARD A HALL
TRUST F0442200
FROST NATIONAL BANK TTEE
P. O. BOX 1600
SAN ANTONIO, TX. 78296-1600

THE RIGGS-MILLS LTD PTNSP
R-M MANAGEMENT LLC
GENERAL PARTNER
P. O. BOX 727
CEDAREGGE, CO 81413-0727

THE TOLES CO.
P. O. DRAWER 1300
ROSWELL, NM 88202-1300

THOMAS HALAGAN
6035 N. MARKS AVE.
FRESNO, CA. 93711

UMC PETROLEUM CORP.
REVENUE
P. O. BOX 4970
HOUSTON, TX. 77210-4970

W T PROBANT
415 W. WALL ST., STE. 2206
MIDLAND, TX. 79701-4442

WA & ER HUDSON INC. AGENT
616 TEXAS ST.
FT. WORTH, TX. 76102-4612

WILLS ROYALTY INC.
P. O. BOX 1658
CARLSBAD, NM 88221-1658

YELLOW RIBBON INC.
P. O. BOX 6901
DENVER, CO. 80206

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:

**BETTY LOU JONES
C/O SALLY BALLOU
210 SW BROADMOOR
TOPEKA, KS. 66606-1259**

2. Article Number
(Transfer from service label)**7005 0390 0002 9895 3587**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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:

**BRUCE P. RIGGS TRUST
LESLIE RIGGS MILLS TRUSTEE
P. O. BOX 230430
ANCHORAGE, AK. 99523-0430**

2. Article Number
(Transfer from service label)**7005 0390 0002 9895 3853**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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.
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- 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:

**CHARLES L. HALL
P. O. BOX 10666
MIDLAND, TX. 79702-7666**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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.

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:

**DAVOIL, INC.
P. O. BOX 200292
DALLAS, TX. 75320-0292**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 3877

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**DELMAR HUDSON LEWIS
LVG TRUST
BANK OF AMERICA, NA TTEE
P. O. DRAWER 840738
DALLAS, TX. 75284-0738**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 3884

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**DEVON ENERGY
CORPORATION (NEVEDA)
P. O. BOX 843559
DALLAS, TX. 75284-5339**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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.

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:

**DEVON ENERGY
PRODUCTION CO LP
P. O. BOX 843559
DALLAS, TX. 75284-3559**

2. Article Number
(Transfer from service)

7005 0390 0002 9895 3907

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**EDWARD R HUDSON JR
616 TEXAS STREET
FT. WORTH, TX. 76102-4612**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 3914

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**EDWARD R HUDSON TRUST
NOS 1 2 3
616 TEXAS STREET
FT. WORTH, TX. 76102-4612**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**EDWARD R. HUDSON
TRUST NO 4
MARY T. HUDSON ARD, TTEE
2222 W. 4TH ST. PH-5
FT. WORTH, TX. 76102**

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3938

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

**ELYSE S. PATTERSON TRUST B
UW EDWARD T MATHENEY, JR.
C/O BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588**

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 3945

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**ELYSE SAUNDERS
PATTERSON TRUSTS
INVESTMENT LLC
BANK OF OKLAHOMA AGENT
P. O. BOX 1588
TULSA, OK. 74101-1588**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**FIDELITY EXPLORATION &
PRODUCTION COMPANY
P. O. BOX 5602
BISMARCK, ND. 58506-5602**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 3969

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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:

**FIRST ROSWELL CO LTD
P. O. BOX 1797
ROSWELL, NM 88202-1797**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 3976

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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:

**GREAT WESTERN DRILLING CO.
P. O. BOX 1659
MIDLAND, TX. 79702**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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:

GULF COAST OIL & GAS CO
P. O. BOX 1684
MIDLAND, TX. 79702-1684

2. Article Number
 (Transfer from service label)

7005 0390 0002 9895 3990

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

JAMES E. HALL
P. O. BOX 10666
MIDLAND, TX. 79702-7666

2. Article Number
 (Transfer from service label)

7005 0390 0002 9895 4003

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

JOE B. SCHUTZ
P. O. BOX 973
SANTA FE, NM. 87504-0973

2. Article Number
 (Transfer from service label)

7005 0390 0002 9895 4070

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**JOHN & HELEN FRANKOT TRUST
HELEN FRANKOT, TTEE
1940 VERBANIA DR.
LAS VEGAS, NV. 89134**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4027

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**JOHN & PATRICIA HALAGAN
REVOCABLE FAMILY TRUST
C/O R DANIEL
ISRAEL EDD
70 SHADOWPLAY
IRVINE, CA. 92620**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4034

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**JOHN LEWIS VICKERS
3110 GLENGOLD
FARMERS BRANCH, TX. 75234**

2. Article Number

7005 0390 0002 9895 4034

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**JOSEPH L. DUNIGAN
TESTAMENTARY TRUST
THOMAS DUNIGAN TTEE
P. O. BOX 9846
SANTA FE, NM 87504**

2. Article Number
(Transfer from service)

7005 0390 0002 9895 4485

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**KATHRYN RAE BRANDENBURG
4243 TERRACE ST.
OAKLAND, CA. 94611**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4492

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**KERR-MCGEE CORP.
P. O. BOX 730245
DALLAS, TX. 75373-0245**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**LESLIE RIGGS MILLS TRUST
LESLIE RIGGS MILLS TTEE
P. O., BOX 230430
ANCHORAGE, AK. 99523-0430**

2. Article Number

(Transfer from service)

7005 0390 0002 9895 4515

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**LINDY'S LIVING TRUST
FRANCIS H. HUDSON, TTEE
6300 RIDGLEA PL, STE. 1005A
FT. WORTH, TX. 76116**

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4522

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**MICHAEL SHEARN
P. O. BOX 10151
EL PASO, TX. 79995**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**MINERALS MANAGEMENT SERVICE
FEDERAL GOVERNMENT ROYALTY
BOXY 5810 TA
DENVER, CO 80217**

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4546

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**PAUL SLAYTON
P. O. BOX 2035
ROSWELL, NM 88201**

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4553

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**PENNNZENERGY EXPLORATION &
PRODUCTION LLC
NATIONSBANK LOCKBOX
P. O. BOX 277122
ATLANTA, GA. 630384-7122**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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.

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:

RICHARD H. COATS
P. O. BOX 2412
MIDLAND, TX. 79706

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4577

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

ROBERT J KILLE
4815 TWIN POST RD
DALLAS, TX. 75244

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4584

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

ROY DUNN &
CONNIE DUNN
5511 N. DELNO
FRESNO, CA. 93711

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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.

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:

**RUBIE C. BELL
1331 THIRD ST.
NEW ORLEANS, LA. 70130**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4607

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**RUBIE CROSBY BELL FAMILY LTD
PARTNERSHIP #1
RUBIE C. BELL, MANAGING GEN PTN
1331 3RD. ST.
NEW ORLEANS, LA 70130-5743**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**SOUTHEAST ROYALTIES INC.
111 W. MERMOD
P. O. BOX 1658
CARLSBAD, NM 88221-1658**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

STANLEY W. CROSBY III
P. O. BOX 2346
ROSWELL, NM 88202-2346

2. Article Number

(Transfer from service)

7005 0390 0002 9895 4638

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

SUE SAUNDERS GRAHAM
P. O. BOX 987
ROSWELL, NM 88201

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4645

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

SWINEHART 1973 FAMILY TRUST
JUDY SWINEHART & LESLIE A. MALLET
SUCC CO-TRS
10713 S. LOGAN CANYON RD.
SOUTH JORDAN, UT. 84095

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**THE KUNKEL TRUST
ROBERT PAUL KUNKEL TTEE
P. O. 6901
DENVER, CO. 80206**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4669

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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:

**THE RICHARD A HALL
TRUST F0442200
FROST NATIONAL BANK TTEE
P. O. BOX 1600
SAN ANTONIO, TX. 78296-1600**

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4676

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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:

**THE RIGGS-MILLS LTD PTNSP
R-M MANAGEMENT LLC
GENERAL PARTNER
P. O. BOX 727
CEDAREGE, CO 81413-0727**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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:

THE TOLES CO.
P. O. DRAWER 1300
ROSWELL, NM 88202-1300

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4706

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

THOMAS HALAGAN
6035 N. MARKS AVE.
FRESNO, CA. 93711

2. Article Number
(Transfer from service label)

7005 0390 0002 9895 4713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

UMC PETROLEUM CORP.
REVENUE
P. O. BOX 4970
HOUSTON, TX. 77210-4970

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

W T PROBANT
415 W. WALL ST., STE. 2206
MIDLAND, TX. 79701-4442

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4737

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

WA & ER HUDSON INC. AGENT
616 TEXAS ST.
FT. WORTH, TX. 76102-4612

2. Article Number

(Transfer from service label)

7005 0390 0002 9895 4744

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

WILLS ROYALTY INC.
P. O. BOX 1658
CARLSBAD, NM 88221-1658

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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:

**YELLOW RIBBON INC.
P. O. BOX 6901
DENVER, CO. 80206**

2. Article Number
(Transfer from service label)

7005 0390 0002 9910 3943

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Domestic Return Receipt

102596-02-M-1540

Catanach, David, EMNRD

From: Catanach, David, EMNRD
Sent: Monday, March 26, 2007 7:37 AM
To: 'david_stewart@oxy.com'
Subject: Surface Commingling

David,

I'm currently reviewing your application to surface commingle production on the Government Leases. Could you please provide me with the following information:

Lease names, lease numbers & lease descriptions
Acreage dedication for each well
Surface & bottomhole well locations for each of the subject wells

I will process your application upon the receipt of the requested data.

Thanks,

David Catanach
Engineer

3/26/2007

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

State of New Mexico
Energy, Minerals & Natural Resources

Form C-102
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|---|--|---|--|---|---------------------------------|
| ¹ API Number 30-015-21242 | | ² Pool Code 73520 | | ³ Pool Name Burton Flat Wolfcamp, North | |
| ⁴ Property Code 8623 | | ⁵ Property Name Government Z | | | ⁶ Well Number 1 |
| ⁷ OGRID No. 192463 | | ⁸ Operator Name OXY USA WTP Limited Partnership | | | ⁹ Elevation 3238' |

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 |
|---------------|---------|----------|-------|----------|---------------|------------------|---------------|----------------|--------|
| K | 23 | 20S | 28E | | 1980 | south | 1980 | west | Eddy |

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 |
|---------------|---------|----------|-------|----------|---------------|------------------|---------------|----------------|--------|
| I | 23 | 20S | 28E | | 1880 | south | 780 | east | Eddy |

| | | | |
|--------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 320 | ¹³ Joint or Infill | 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

| | |
|-------------------|---|
| ¹⁶ | ¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature David Stewart Printed Name Sr. Regulatory Analyst Title and Email Filed 10/25/06 3/26/07 Date Forged to Sign |
| | 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 Surveyor: Certificate Number |

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

State of New Mexico
Energy, Minerals & Natural Resources

Form C-102
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|---|--|---|--|---|---------------------------------|
| ¹ API Number 30-015-21286 | | ² Pool Code 73520 | | ³ Pool Name Burton Flat Wolfcamp, North | |
| ⁴ Property Code 8607 | | ⁵ Property Name Government AA | | | ⁶ Well Number 1 |
| ⁷ OGRID No. 192463 | | ⁸ Operator Name OXY USA WTP Limited Partnership | | | ⁹ Elevation 3227' |

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 | 23 | 20S | 28E | | 660 | north | 1980 | west | Eddy |

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 |
|---------------|---------|----------|-------|----------|---------------|------------------|---------------|----------------|--------|
| A | 23 | 20S | 28E | | 683 | north | 754 | east | Eddy |

| | | | |
|--------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 320 | ¹³ Joint or Infill | 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 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>David Stewart</i> Signature David Stewart Printed Name Sr. Regulatory Analyst Title and Email Filed 10/25/06 3/26/07 Date Forgot to sign</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 style="text-align: center;"> </p> <p>Certificate Number</p> |

DISTRICT I
P.O. Box 1283, Santa Fe, NM 87501-1283

DISTRICT II
P.O. Box 1283, Santa Fe, NM 87501-1283

DISTRICT III
1000 Elva Hayes Rd., Aztec, NM 87410

DISTRICT IV
P.O. Box 1283, Santa Fe, N.M. 87501-1283

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

(D)

Form C-10
Revised February 10, 1994
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

| | | |
|-----------------------|--|--|
| API Number 30-015- | Pool Code 73520 | Pool Name Burton Flat Wolfcamp, North |
| Property Code | Property Name GOVERNMENT AA COM | Well Number 2 |
| OGED No. 192463 | Operator Name OXY U.S.A. W.T.P., LP | Elevation 3231' |

Surface Location

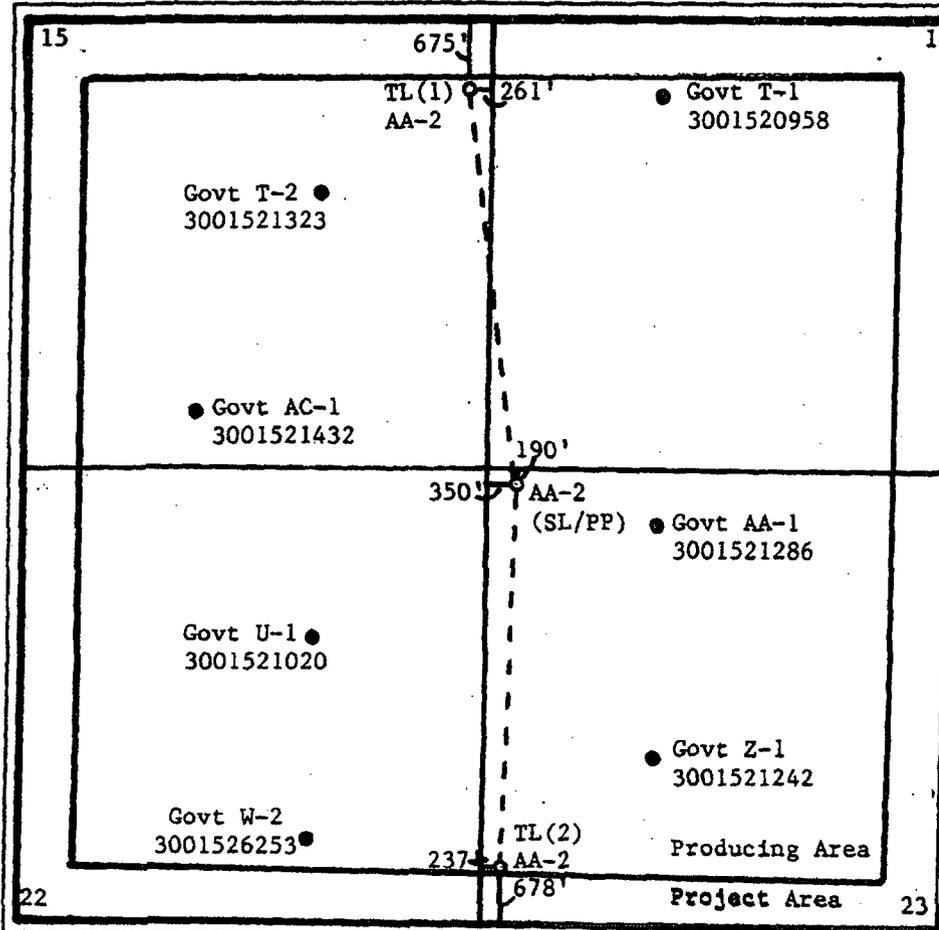
| UL or lot No. | Section | Township | Range | Lot No. | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| D | 23 | 20-S | 28-E | | 190' | NORTH | 350' | WEST | EDDY |

Bottom Hole Location If Different From Surface

| UL or lot No. | Section | Township | Range | Lot No. | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| A | 15 | 20S | 28E | | 675 | north | 261 | east | Eddy |
| M | 23 | 20S | 28E | | 678 | south | 237 | west | Eddy |

| | | | |
|-------------------------|----------------------|--------------------|---|
| Dedicated Acres 2560 | Joint or Infill Y | Consolidation Code | Order No. All interest in the Government AA #2 will be common. |
|-------------------------|----------------------|--------------------|---|

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



OPERATOR CERTIFICATION

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

David Stewart
Signature
David Stewart
Printed Name
Sr. Regulatory Analyst
Title
12/22/03
Date

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.

November 05 2003
Date Surveyed
AWB
Signature
Professional Surveyor
NEW MEXICO
Barry J. Eidsen
12/12/03
0311.1276
Certification No. 5487
12841

EXHIBIT "A"

**Plat of communitized area covering all of
Sections 14, 15, 22 & 23, T 20 S, R 28 E,
N.M.P.M., Eddy County, New Mexico.**

| | | | | | |
|--|---|--|--|--|---|
| Tract No. 12 80 Ac. m/l NM 0554216 | Tract No. 11 120 Ac. m/l NM 0541580 | <h2 style="margin: 0;">15</h2> | Tract No. 12 40 Acres m/l NM 0554216 | Tract No. 11 40 Acres m/l NM 0541580 | <h2 style="margin: 0;">14</h2> |
| | Tract No. 13 40 Ac. m/l NM 0555440 | | Tract No. 2 400 Acres m/l NM 6856 | | Tract No. 1 160 Acres m/l LC 050797 |
| Tract No. 1 160 Ac. m/l LC 050797 | | | Tract No. 12 240 Ac. m/l NM 0554216 | | |
| Tract No. 8 80 Ac. m/l NM 17220 | Tract No. 6 240 Ac. m/l NM 17101 | <h2 style="margin: 0;">22</h2> | OXY Government AA Federal Com #2 | Tract No. 14 120 Ac. m/l NM 18293 | <h2 style="margin: 0;">23</h2> |
| | | | Tract No. 9 40 Ac. m/l LC 067684 | | |
| | | | Tract No. 8 40 Ac. m/l NM 17220 | Tract No. 3 120 Ac. m/l NM 8941 | Tract No. 9 160 Ac. m/l LC 067684 |
| Tract No. 7 80 Ac. m/l NM 17102 | Tract No. 10 40 Ac. m/l NM 0528964 | | Tract No. 15 40 Ac. m/l NM 18219 | Tract No. 10 40 Ac. m/l NM 0528964 | Tract No. 6 40 Ac. m/l NM 17101 |
| | Tract No. 6 40 Ac. m/l NM 17101 | Tract No. 10 40 Ac. m/l NM 0528964 | Tract No. 6 40 Ac. m/l NM 17101 | Tract No. 6 40 Ac. m/l NM 17101 | Tract No. 5 40 Ac. m/l NM 17099 |
| | | Tract No. 6 40 Ac. m/l NM 17101 | Tract No. 6 40 Ac. m/l NM 17101 | | Tract No. 4 40 Ac. m/l NM 15003 |

North Burton Flat Wolfcamp Area

Federal Lease Description (All in T-20-S, R-28-E, Eddy County, NM, unless otherwise indicated)

| <u>Tract</u> | <u>Federal Lease</u> | <u>Date</u> | <u>Royalty</u> | <u>Description</u> |
|--------------|----------------------|-------------|----------------|---|
| 1 | LC-050797 | 1/1/1940 | 0.125 | 12: S/2 SE/4 13: W/2, W/2 E/2, E/2 NE/4, NE/4 SE/4 14: E/2 E/2 15: SW/4 24: N/2 NW/4, NW/4 NE/4, N/2 SW/4 |
| 2 | NM-6856 | 8/1/1968 | 0.125 | 13: SE/4 SE/4 14: W/2 E/2, S/2 NW/4, SW/4 |
| 3 | NM-8941 | 3/1/1969 | 0.125 | 23: SE/4 NW/4, E/2 SW/4 |
| 4 | NM-15003 | 3/1/1972 | 0.125 | 8: SE/4 SW/4 9: SW/4 10: All 11: N/2, SW/4 17: S/2 NE/4, SE/4 NW/4, E/2 SW/4, SE/4 23: SE/4 SE/4 |
| 5 | NM-17099 | 3/1/1964 | 0.125 | 23: SW/4 SE/4 27: W/2 SW/4, SE/4 SE/4 4 (21-27): Lots 2, 10, 15 |
| 6 | NM-17101 | 9/1/1963 | 0.125 | 22: E/2 NW/4, W/2 NE/4, SE/4 NE/4, SE/4 SW/4, SE/4 SE/4, NW/4 SE/4 23: SW/4 SW/4, NW/4 SE/4 |
| 7 | NM-17102 | 9/1/1967 | 0.125 | 22: W/2 SW/4 |
| 8 | NM-17220 | 1/1/1973 | 0.125 | 17: N/2 N/2, SW/4 NW/4, W/2 SW/4 22: W/2 NW/4 23: SW/4 NW/4 |
| 9 | NM-067664 | 1/1/1940 | 0.125 | 22: NE/4 NE/4 23: E/2 NE/4, NE/4 SE/4, SW/4 NE/4 |
| 10 | NM-0528964 | 3/9/1964 | 0.125 | 22: NE/4 SW/4, SW/4 SE/4 23: NW/4 SW/4 |
| 11 | NM-0541580 | 5/1/1964 | 0.125 | 14: NE/4 NW/4 15: W/2 NE/4, NE/4 NW/4 24: NE/4 NE/4, S/2 NE/4, SE/4 SW/4, SE/4 |
| 12 | NM-0554216 | 7/1/1964 | 0.125 | 14: NW/4 NW/4 15: E/2 NE/4, W/2 NW/4, SE/4 |
| 13 | NM-0555440 | 12/1/1964 | 0.125 | 15: SE/4 NW/4 |
| 14 | NM-18293 | 5/1/1973 | 0.125 | 23: N/2 NW/4, NW/4 NE/4 |
| 15 | NM-18219 | 5/1/1973 | 0.125 | 22: NE/4 SE/4 27: NE/4 SW/4 |