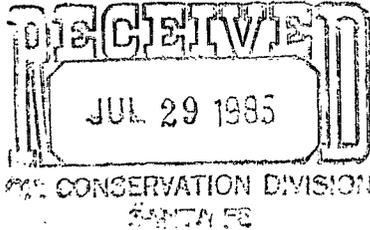




Chevron U.S.A. Inc.
P.O. Box 670, Hobbs, NM 80240

R. C. Anderson
Division Manager
Hobbs Division
Production Department

July 24, 1985



RE: Chevron USA Inc.,
Administrative Application to
Amend Order R-7924

New Mexico Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Attention: Mr. David Catenach

Dear Mr. Catenach:

Please find attached a copy of the return receipts indicating proper notification of offset operators for the subject application. As per your telephone conversation with Mr. M. W. Casey of this office on July 11, 1985, we submit this additional information in the interest of eliminating the need for a hearing on this matter.

If additional information is necessary, please contact M. W. Casey at (505) 393-4121, extension 347.

Yours very truly,


R. C. ANDERSON

MWC/ke
Attachments

cc: Les Munson - Proration - West TX Div.
Kellahin & Kellahin

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Citrus Service Co
P.O. Box 1919
Midland, Texas 79702

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <i>P553368556</i>
--	-------------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Tyaco, Inc
P.O. Box 3109
Midland, Texas 79702

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <i>P553368553</i>
--	-------------------------------------

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *L P Porth*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
P.O. Box 3109
Midland TX 79702



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

MNC R&B BELLINGCO #5

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Amoco
P.O. Box 68
Hobbs, NM 88240

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <i>P553368558</i>
--	-------------------------------------

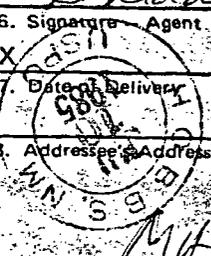
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *S Riddle*

6. Signature - Agent
 X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

MNC

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Conoco, Inc
P.O. Box 460
Hobbs, NM 88240

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <i>P553368559</i>
--	-------------------------------------

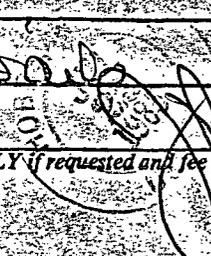
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *John Jones*

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

MWC RR BELCHER

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
*Enxon Co USA
P.O. Box 2180
Houston, Texas 77001*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	<i>P553368554</i>

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

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
JUL 12 1985

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

MWC RR BELCHER

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
*Arco Oil & Gas
P.O. Box 2819
Dallas, Texas 75221*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	<i>P553368557</i>

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

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery
JUL 15 1985

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

DOMESTIC RETURN RECEIPT

