

MERIDIAN OIL

OIL CONSERVATION DIVISION
RECEIVED

'91 AUG 29 AM 8 53

August 27, 1991

State of New Mexico
Energy, Minerals and Natural Resources Dept.
Oil Conservation Commission
P. O. Box 2088
Santa Fe, NM 87504

ATTN: WILLIAM J. LEMAY, DIRECTOR

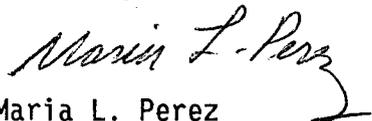
RE: REGISTERED RETURN - RECEIPTS
APPLICATION FOR SIMULTANEOUS DEDICATION
EMERY KING NW NO. 1
E, 1980' FNL & 660' FWL
EMERY KING NW NO. 2
D, 660' FWL & 330' FNL
EMERY KING NW NO. 4
F, 1650' FNL & 2310' FWL
SEC. 1, T23S, R36E
JALMAT-TANSILL-YATES-7 RIVERS POOL
LEA COUNTY, NEW MEXICO
NMJ549

Dear Mr. Lemay:

Enclosed are the registered return-receipts that have come in for the offset operators notification on the captioned application.

Should you require additional information, please contact me at 915-686-5767.

Sincerely,



Maria L. Perez
MLP/sm

cc: Well File
D. D. McBee

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|---|---|
| 3. Article Addressed to: AMERADA HESS CORPORATION ATTN: IRA JOHNSON P. O. BOX 840 SEMINOLE, TEXAS 79360 | 4. Article Number P 154 362 405 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Norma Flores</i> | |
| 7. Date of Delivery <i>8-20-91</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|--|---|
| 3. Article Addressed to: ARCO OIL & GAS COMPANY ATTN: LIZ BUSH P. O. BOX 1610 MIDLAND, TEXAS 79702 | 4. Article Number P 154 362 401 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| 5. Signature - Address X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery AUG 20 1991 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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|---|---|
| 3. Article Addressed to: AMOCO PRODUCTION COMPANY ATTN: J. C. ALLEN ROOM 3.248 BOX 3092 HOUSTON, TEXAS 77253 | 4. Article Number P 154 362 404 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery AUG 22 1991 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
 (Extra charge) (Extra charge)

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|--|---|
| 3. Article Addressed to: LEWIS B. BURLERSON, INC. P. O. BOX 2479 MIDLAND, TEXAS 79702 | 4. Article Number P 154 362 398 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Marie Sutherland</i> | |
| 7. Date of Delivery 8-20-91 | |

PS Form 3811, Apr. 1989

* U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

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| 3. Article Addressed to: CHEVRON U.S.A. INC. ATTN: AL BOHLING PRORATION ENGINEER P. O. BOX 1150 MIDLAND, TEXAS 79702 | 4. Article Number P 154 362 391 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Al Bohling</i> | |
| 7. Date of Delivery MAY 20 1991 | |

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

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| 3. Article Addressed to: CITATION OIL & GAS CORP. ATTN: STEVE ROBINSON 8223 WILLOW PLACE SOUTH SUITE 250 HOUSTON, TEXAS 77070-5623 | 4. Article Number P 154 362 393 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Addressee X <i>Steve Robinson</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery 8-21-91 | |

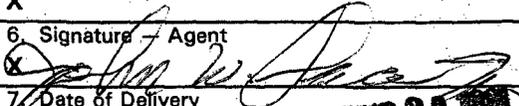
PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

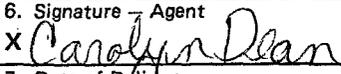
1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
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| 3. Article Addressed to: CONOCO, INC. ATTN: BILL KEATHLY P. O. BOX 1959 MIDLAND, TEXAS 79705 | 4. Article Number P 154 362 402 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X  | |
| 7. Date of Delivery  | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: ESTORIL PRODUCING CORP. ATTN: JIMMY WALKER 400 WEST ILLINOIS SUITE 1600 MIDLAND, TEXAS 79702 | 4. Article Number P 154 362 396 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X  | |
| 7. Date of Delivery AUG 25 8/20 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|--|--|
| 3. Article Addressed to: EXXON COMPANY USA ATTN: SHARON HALL REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TEXAS 79702 | 4. Article Number P 154 362 399 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X  | |
| 7. Date of Delivery AUG 20 1989 | |

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|---|--|
| 3. Article Addressed to: OXY USA INC. ATTN: BOB HUNT P. O. BOX 50250 MIDLAND, TEXAS 79710 | 4. Article Number P 154 362 406 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED . |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>K. Woodard</i> | |
| 7. Date of Delivery <i>8/20/91</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|--|--|
| 3. Article Addressed to: HAL J. RASMUSSEN OPERATING INC. ATTN: SCOTT RAMSEY 6 DESTA DRIVE SUITE 2700 MIDLAND, TEXAS 79705 | 4. Article Number P 154 362 397 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED . |
| 5. Signature - Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Heather Green</i> | |
| 7. Date of Delivery <i>8-20-91</i> | |

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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| | |
|---|--|
| 3. Article Addressed to: TEXACO INC. ATTN: R. S. LANE P. O. BOX 3109 MIDLAND, TEXAS 79701 | 4. Article Number P 154 362 392 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED . |
| 5. Signature - Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Tab Leon</i> | |
| 7. Date of Delivery AUG 20 1991 | |

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

| | |
|---|---|
| 3. Article Addressed to: V. H. WESTBROOK OIL OPERATOR ATTN: V. H. WESTBROOK P. O. BOX 2264 HOBBS, NEW MEXICO 88240 | 4. Article Number P 154 362 395 |
| Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| Date of Delivery 9-21-91 | |

Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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 ↑(Extra charge)↑ ↑(Extra charge)↑

| | |
|---|---|
| 3. Article Addressed to: CLAYTON W. WILLIAMS, JR. INC. ATTN: MATT SWIERC 6 DESTA DRIVE SUITE 3000 MIDLAND, TEXAS 79705 | 4. Article Number P 154 362 394 |
| Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail | |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery 5-20-91 | |

PS Form 3811, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**