

MERIDIAN OIL

OIL CONSERVATION DIVISION  
RECEIVED

'91 AUG 28 AM 8 54

August 27, 1991

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

ATTN: WILLIAM J. LEMAY, DIRECTOR

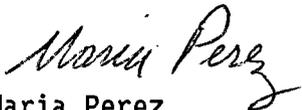
RE: REGISTERED RETURN-RECEIPT  
APPLICATION FOR SIMULTANEOUS DEDICATION  
EMERY KING SE NO. 1  
O, 660' FSL & 1980' FEL  
EMERY KING SE NO. 3  
J, 2310' FSL & 1650' FEL  
SEC. 1, T23S, R36E  
LEA COUNTY, NEW MEXICO  
FEE LEASE

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 Perez  
Production Assistant

MP/sm

cc: Well File  
Don McBee  
Reading File

**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:<br><b>HAL J. RASMUSSEN OPERATING INC.<br/>ATTN: SCOTT RAMSEY<br/>6 DESTA DRIVE<br/>SUITE 1600<br/>MIDLAND, TX 79705</b>  | 4. Article Number<br><b>P 154 362 024</b>               |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |   |
| Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .   |   |
| 5. Signature — Addressee<br><b>X</b>  | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent<br><b>X</b> <i>Scott Ramsey</i>  |   |
| 7. Date of Delivery<br><i>8/19/91</i>   |   |

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.  
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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:<br><b>TEXACO INC.<br/>ATTN: R. S. LAND<br/>P. O. BOX 3109<br/>MIDLAND, TX 79701</b>  | 4. Article Number<br><b>P 154 362 018</b>               |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |   |
| Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .   |   |
| 5. Signature — Addressee<br><b>X</b>  | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent<br><b>X</b> <i>Tabby Leone</i>   |   |
| 7. Date of Delivery<br><b>AUG 19 1991</b>   |   |

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

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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:<br><b>V.H. WESTBROOK OIL OPERATOR<br/>ATTN: V.H. WESTROOK<br/>P. O. BOX 2264<br/>HOBBS, NM 88240</b>   | 4. Article Number<br><b>P 154 362 022</b>               |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |   |
| Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .   |   |
| 5. Signature — Addressee<br><b>X</b>  | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent<br><b>X</b> <i>V.H. Westbrook</i>  |   |
| 7. Date of Delivery<br><b>8-19-91</b>   |   |

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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:<br><br>AMERADA HESS CORP.<br>ATTN: IRA JOHNSON<br>P. O. BOX 840<br>SEMINOLE, TX 79360 | 4. Article Number<br>P 154 362 033  |
|  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br>X  | 8. Addressee's Address (ONLY if requested and fee paid)   |
| 6. Signature — Agent<br>X <i>Norma Flores</i>  |   |
| 7. Date of Delivery<br>8-20-91   |   |

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|   |   |
|---|---|
| 3. Article Addressed to:<br><br>AMOCO PRODUCTION COMPANY<br>ATTN: J.C. ALLEN<br>ROOM 3.248<br>BOX 3092<br>HOUSTON, TX 77253 | 4. Article Number<br>P 154 362 031  |
|   | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)   |
| 6. Signature — Agent<br>X <i>J. Saul</i>  |   |
| 7. Date of Delivery<br>AUG 19 1991  |   |

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|   |   |
|---|---|
| 3. Article Addressed to:<br><br>ARCO OIL & GAS CO.<br>ATTN: LIZ BUSH<br>P. O. BOX 1610<br>MIDLAND, TX 79702 | 4. Article Number<br>P 154 362 028  |
|   | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)   |
| 6. Signature — Agent<br>X <i>Liz Bush</i>   |   |
| 7. Date of Delivery<br>AUG 19 1991  |   |

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|   |  |
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| 3. Article Addressed to:<br><br>CHEVRON USA INC.<br>ATTN: AL BOHLING<br>PRORATION ENGINEER<br>P. O. BOX 1150<br>MIDLAND, TX 79702 | 4. Article Number<br>P 154 362 017<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature - Addressee<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X <i>[Signature]</i>  |  |
| 7. Date of Delivery<br>AUG 19 1997  |  |

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| 3. Article Addressed to:<br><br>CITATION OIL & GAS<br>ATTN: STEVE ROBINSON<br>8223 WILLOW PLACE SOUTH<br>SUITE 250<br>HOUSTON, TX 77070-5623 | 4. Article Number<br>P 154 362 019<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature - Addressee<br>X  | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X <i>[Signature]</i>   |  |
| 7. Date of Delivery  |  |

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|   |  |
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| 3. Article Addressed to:<br><br>CONOCO INC.<br>ATTN: BILL KEATHLY<br>#10 DESTA DRIVE<br>MIDLAND, TX 79705 | 4. Article Number<br>P 154 362 029<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature - Addressee<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X <i>[Signature]</i>  |  |
| 7. Date of Delivery<br>AUG 20 1991  |  |

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|   |  |   |  |
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| 3. Article Addressed to:<br><br>ESTORIL PRODUCING CORP.<br>ATTN: JIMMY WALKER<br>400 W. ILLINOIS<br>SUITE 1600<br>MIDLAND, TX 79702 |  | 4. Article Number<br><br>P 154 362 023  |  |
|   |  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br>X <i>Cathy Mullie</i>   |  | 8. Addressee's Address (ONLY if requested and fee paid)   |  |
| 6. Signature - Agent<br>X   |  |   |  |
| 7. Date of Delivery<br>8-19-89  |  |   |  |

PS Form 3811, Apr. 1989

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

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|   |  |   |  |
|---|--|---|--|
| 3. Article Addressed to:<br><br>EXXON COMPANY USA<br>ATTN: SHARON HALL<br>REGULATORY AFFAIRS<br>P. O. BOX 1600<br>MIDLAND, TX 79702 |  | 4. Article Number<br><br>P 154 362 026  |  |
|   |  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br>X   |  | 8. Addressee's Address (ONLY if requested and fee paid)   |  |
| 6. Signature - Agent<br>X <i>[Signature]</i>  |  |   |  |
| 7. Date of Delivery<br>AUG 19 1991  |  |   |  |

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|   |  |   |  |
|---|--|---|--|
| 3. Article Addressed to:<br><br>GREAT WESTERN DRILLING CO.<br>ATTN: B.C. MAHANAY<br>P. O. BOX 1659<br>MIDLAND, TX 79702 |  | 4. Article Number<br><br>P 154 362 021  |  |
|   |  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br>X   |  | 8. Addressee's Address (ONLY if requested and fee paid)   |  |
| 6. Signature - Agent<br>X <i>[Signature]</i>  |  |   |  |
| 7. Date of Delivery<br>8/20/89  |  |   |  |

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|  |   |
|--|---|
| 3. Article Addressed to:<br><br>DOYLE HARTMAN<br>ATTN: PATRICK WORRELL<br>P. O. BOX 10426<br>MIDLAND, TX 79702 | 4. Article Number<br><b>P 154 362 027</b>   |
|  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br><b>X</b>   | 8. Addressee's Address (ONLY if requested and fee paid)<br><b>M2</b>  |
| 6. Signature — Agent<br><b>X</b> <i>L Rossler</i>  |   |
| 7. Date of Delivery<br><b>8/19/91</b>  |   |

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|  |   |
|--|---|
| 3. Article Addressed to:<br><br>KERN COMPANY<br>ATTN: WILLIAM G. KERN<br>3005 N. BIG SPRING<br>MIDLAND, TX 79705 | 4. Article Number<br><b>P 154 362 030</b>   |
|  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br><b>X</b> <i>Laura Bartley</i>  | 8. Addressee's Address (ONLY if requested and fee paid)   |
| 6. Signature — Agent<br><b>X</b>   |   |
| 7. Date of Delivery<br><b>8/19</b>   |   |

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|  |   |
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| 3. Article Addressed to:<br><br>OXY USA INC.<br>ATTN: Bob Hunt<br>P. O. BOX 50250<br>MIDLAND, TX 79710 | 4. Article Number<br><b>P 154 362 032</b>   |
|  | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br><b>X</b>   | 8. Addressee's Address (ONLY if requested and fee paid)   |
| 6. Signature — Agent<br><b>X</b> <i>K Woodard</i>  |   |
| 7. Date of Delivery<br><b>8/19/91</b>  |   |

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|  |  |
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| 3. Article Addressed to:<br><br>CLAYTON W. WILLIAMS, JR. INC.<br>ATTN: MATT SWIERC<br>6 BESTA DRIVE<br>MIDLAND, TX 79705 | 4. Article Number<br>P 154 362 020<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Addressee<br>X <i>J. Bann</i>   | 8. Addressee's Address (ONLY if requested and fee paid)<br><br>EN  |
| 6. Signature - Agent<br>X  |  |
| 7. Date of Delivery<br><i>8/19</i>   |  |

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|   |  |
|---|--|
| 3. Article Addressed to:<br><br>LEWIS B. BURLERSON, INC.<br>P. O. BOX 2479<br>MIDLAND, TX 79702 | 4. Article Number<br>P 154 362 025<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Addressee<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X <i>Robin Swisher</i>  |  |
| 7. Date of Delivery<br><i>8-20-91</i>   |  |

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