

OIL CONSERVATION DIVISION  
RECEIVED



MIDLAND PARTNERS

CARLTON BEAL  
CARLTON BEAL, JR.  
BARRY BEAL  
SPENCER BEAL  
KELLY BEAL

DENVER PARTNER

BARRY BEAL, JR.

BTA OIL PRODUCERS

104 SOUTH PECOS  
MIDLAND, TEXAS 79701

AC 915-682-3753  
FAX 915-682-1939

ROCKY MOUNTAIN DIVISION

555-17TH STREET  
SUITE 835  
DENVER, CO 80202  
AC 303-292-9299  
FAX 303-297-0666

January 17, 1994

RE: Application for Unorthodox Location  
Amend Administrative Order NSL-3177  
Antelope Ridge, Atoka  
State "2", 8016 JV-P, Well No. 2  
1980' FSL & 990' FWL  
Sec. 2, T23S, R34E  
Lea County, New Mexico

STATE OF NEW MEXICO  
Energy & Minerals Department  
P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

Attn: Mr. Michael Stogner

Dear Mr. Stogner:

Please find attached "proof of notification" PS Forms 3811 for all six of the offset operators for the above referenced application.

Please advise should further information be required to grant this application.

Sincerely,

DOROTHY HOUGHTON  
For BTA Oil Producers

DH/pdi

Attachments

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
  2. ☐ Restricted Delivery
- Consult postmaster for fee.

**3. Article Addressed to:**

Amoco Production Company  
Attn: NM-Unorthodox Location Waiver  
P. O. Box 3092  
Houston, Texas 77253

**4a. Article Number**

P 045 806 985

**4b. Service Type**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

**7. Date of Delivery**

JAN 10 1994

**5. Signature (Addressee)**

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

**6. Signature (Agent)**

*J. Guillory*

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

**DOMESTIC RETURN RECEIPT**

**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:**

Yates Petroleum Corporation, et al  
Attn: Bob Bullock  
105 S. 4th Street  
Artesia, New Mexico 88210

**4. Article Number**

P 045 806 983

**Type of Service:**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

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

**5. Signature (Addressee)**

X *J. Guigo*

**6. Signature (Agent)**

X

**7. Date of Delivery**

JAN - 7 1994

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

PS Form 3811, Apr. 1989

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

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

**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. Anderson Carter II, et al  
Attn: NM Unorthodox Location Waiver  
P. O. Box 998  
Las Cruces, New Mexico 88004

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail  
Article Number: P 237 024 268

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

5. Signature - Addressee  
X *Anderson Carter*

6. Signature - Agent  
X

7. Date of Delivery  
10/10/83

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

983 447-845

DOMESTIC RETURN RECEIPT

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. Maxus Exploration Company  
Attn: Mr. Roy L. Hunter  
NM Unorthodox Location Waiver  
P. O. Box 400  
Amarillo, Texas 79188-0001

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail  
Article Number: P 237 024 266

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

5. Signature - Addressee  
X

6. Signature - Agent  
X *R. Green*

7. Date of Delivery  
JAN 10 1984

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

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

**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. Estoril Production Corporation  
Attn: NM Unorthodox Location Waiver  
400 W. Illinois, Suite 1600  
Midland, Texas 79701

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail  
Article Number: P 237 024 269

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

5. Signature - Addressee  
X *Donald J. Davis*

6. Signature - Agent  
X

7. Date of Delivery  
1-7-84

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

1983 447-845

DOMESTIC RETURN RECEIPT

1. ☐ Show to whom, date and address of delivery.

2. ☐ Restricted Delivery.

3. TIPCO Corporation  
6525 N. Meridian, No. 102  
Oklahoma City, Oklahoma 73116

4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail  
Article Number: P 237 024 267

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

5. Signature - Addressee  
X *Wanda H. Helt*

6. Signature - Agent  
X

7. Date of Delivery

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