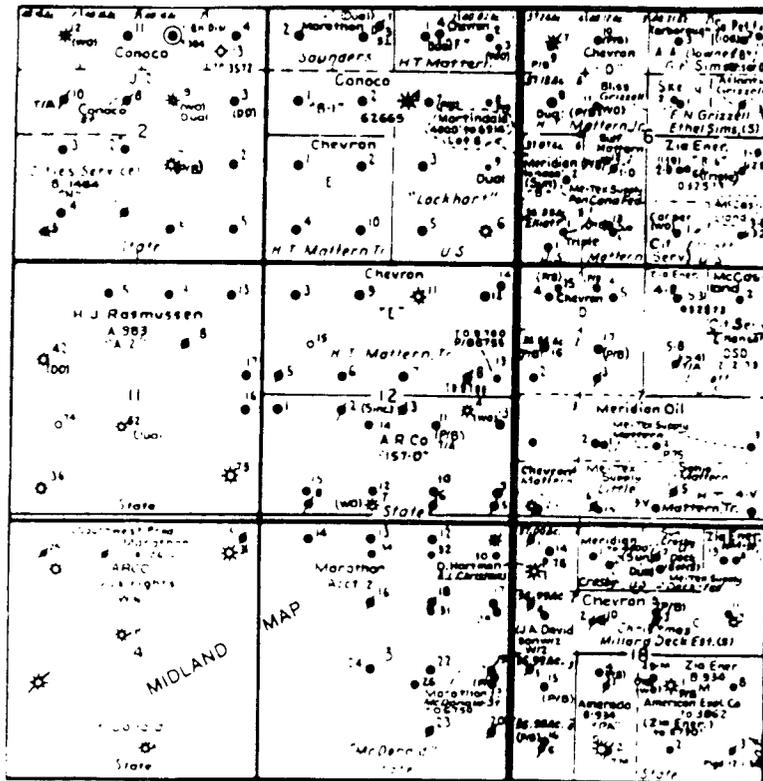


ARCO OIL AND GAS COMPANY
 Application for an
 Unorthodox Eumont Gas Well Location
 State 157-D #9

Simultaneous Dedication of Eumont Gas Production
 State 157-D #4, #7 and #15 (existing)
 State 157-D #9 (new)
 Eumont Gas Pool
 S/2 Section 12, T22S, R36E
 Lea County, New Mexico



OFFSET OPERATORS

- Conoco, Inc.
- Marathon Oil Co.
- W. B. Yarborough
- Meridian Oil, Inc.
- Amerada Hess Corp.
- Chevron, USA
- Dallas McCasland

SENDER: <ul style="list-style-type: none"> • 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 Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Conoco, Inc. Attn: J. W. Hoover 10 Desta Drive, Suite 100W Midland, Texas 79705-4500		4a. Article Number P 322 151 823	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 3-29-93	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Aruta Gonzalez</i>			
PS Form 3811, November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

SENDER: <ul style="list-style-type: none"> • 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 Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Marathon Oil P. O. Box 552 Midland, Texas 79702		4a. Article Number P 322 151 827	
		4b. Service Type <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	
		7. Date of Delivery MAR 29 1993	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>John Taylor</i>			
PS Form 3811, November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

SENDER: <ul style="list-style-type: none"> • 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 Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input checked="" type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: W. B. Yarborough Briercroft Bldg. 200 N. Loraine, Suite 1400 Midland, Texas 79701		4a. Article Number P 322 151 833	
		4b. Service Type <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	
		7. Date of Delivery 3-29-93	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Nichelle Lollar</i>			
PS Form 3811, November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

SENDER: <ul style="list-style-type: none"> • 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 Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Dallas McCasland P. O. Box 206 2100 Avenue "O" Eunice, New Mexico 88231		4a. Article Number P 322 151 830 4b. Service Type <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 (Addressee)		7. Date of Delivery MAR 29 1993	
6. Signature (Agent) <i>Karen Howell</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 * U.S. GPO: 1991-287-068		DOMESTIC RETURN RECEIPT	

SENDER: <ul style="list-style-type: none"> • 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 Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Chevron USA, Inc. Attn: A. W. Bohling P. O. Box 1150 Midland, Texas 79702		4a. Article Number P 322 151 826 4b. Service Type <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 (Addressee)		7. Date of Delivery MAR 29 1993	
6. Signature (Agent) <i>A. W. Bohling</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 * U.S. GPO: 1991-287-068		DOMESTIC RETURN RECEIPT	

SENDER: <ul style="list-style-type: none"> • 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 Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Amerada Hess Corporation Attn: Regulatory Affairs 1200 Milam St. Houston, Texas 77002		4a. Article Number P 322 151 822 4b. Service Type <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 (Addressee)		7. Date of Delivery MAR 30 1993	
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 * U.S. GPO: 1991-287-068		DOMESTIC RETURN RECEIPT	

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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:

Meridian Oil Inc.
Attn: Connie L. Malik
P. O. Box 51810
Midland, Texas 79710-1810

4a. Article Number

P 322 151 825

4b. Service Type

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

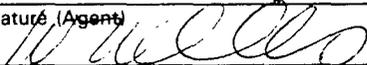
7. Date of Delivery

MAR 29 1990

5. Signature (Addressee)

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

6. Signature (Agent)



Offset Operators:

Please indicate your approval for our request as detailed in the attached package by signing the waiver form below. Please return the signed waiver in the enclosed self-addressed, stamped envelope.

Thank you for your cooperation in this matter.

WAIVER TO OBJECTION

ARCO OIL AND GAS COMPANY

Application for an
Unorthodox Eumont Gas Well Location
State 157-D #9
and

Simultaneous Dedication of Eumont Gas Production
State 157-D #4, #7 and #15 (existing)
State 157-D #9 (new)
Eumont Gas Pool
S/2 Section 12, T-22S, R-36E
Lea County, New Mexico

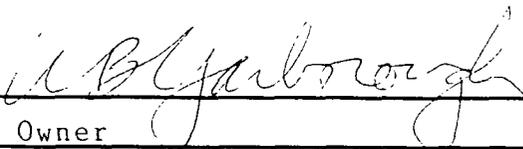
I/We do hereby waive any objection to ARCO Oil and Gas Company's request for NMOCD Administrative Approval of an unorthodox well location for the State 157-D #9, and simultaneous dedication of Eumont gas production from the State 157-D #4, #7, #9, #15 to an existing 320-acre proration unit.

Signed:

Title:

Company:

Date:



Owner

W. B. Yarborough

4-12-93
