OL CONSCR. - UN BRIGHT & COMPANY

OIL & GAS PRODUCERS

2911 TURTLE CREEK BLVD., SUITE 700
293 MAR 31 AM 8 DALLAS, TEXAS 75219-6241 (214) 559-0889 FAX: (214) 559-0021

March 25, 1993

State of New Mexico Energy, Minerals & Natural Resources Dept. Oil Conservation Division P.O. Box 2888 Santa Fe, NM 87504

ATTN: Mr. Michael Stogner

RE: Administrative Application for Unorthodox Gas Well Location Atoka Wildcat (New Pool) 1650' FNL and 990; FWL Section 5, T-9-W, R-34-E Lea County, New Mexico

Gentlemen:

Bright & Company respectfully requests your approval of our administrative approval for the subject Unorthodox Gas Well Location recently completed as an Atoka Wildcat.

Bright & Company has re-completed its Apache #1 as an Atoka Wildcat and recent tests indicate this well should be a gas well. Therefore, it is necessary to assign a standard 320 acre gas proration unit comprising the N/2 of Section 5, T-9-S, R-34-E to this well. As a result, the location of the Apache #1 is unorthodox in that it is less than 1980' from the West end boundary of the proration unit, the location being set out above.

In order to prevent waste, Bright & Company has requested approval of this administrative application for an unorthodox gas well location under the provisions of Rule 104 (F). Attached is a map showing offset operators and a form C-102. A copy of this letter and attachments are being furnished to the offset operators and unleased mineral owners by Certified Mail, as notice of this application. This application is also being published in the Lovington Daily Leader as public notice.

State of New Mexico Page 2 March 25, 1993

If you have any questions or require any further information concerning this application, please contact the undersigned at the number provided above or Tracy Tenison in our Midland office at (915) 686-0072.

Yours very truly,

J. Wallace Manaugh

Landman

cc: NMOCD

Energy & Minerals Department

P.O. Box 1890

Hobbs, New Mexico 88240

OFFSET OPERATORS

S/2SE/4 Section 31, T-8-S, R-34-E, Roosevelt County, New Mexico

Brenda Stewart 1628 Steven Dr.

Hobbs, New Mexico 88240

Roy G. Barton, Jr. P.O. Box 278

Hobbs, New Mexico 88241

Roy G. Barton, Sr. & Opal Barton Revocable Trust P.O. Box 978 Hobbs, New Mexico 88241

S/2 Section 32, T-8-S, R-34-E, Roosevelt County, New Mexico

Union Pacific Resources P.O. Box 7 Ft. Worth, Texas 76101-0007

SE/4 Section 5, T-9-S, R-34-E, Lea County, New Mexico

Coastal Oil & Gas Corp. 211 N. Robinson #1700 Oklahoma City, OK 73102

SW/4 Section 5, T-9-S, R-34-E, Lea County, New Mexico

Petroleum Production Management, Inc. P.O. Box 1130 Kansas City, MO 64112

UNLEASED MINERAL OWNERS

W/2 Section 4, T-9-S, R-34-E, Lea County, New Mexico

Fina Oil & Chemical Company P.O. Box 2159 Dallas, Texas 75221

Pete Proctor 2506 Redbud Odessa, TX 79761

Ethel Markham 3105 38th St. Lubbock, Texas 79413 Lucile Rives, et vir Carmen M. Rives 148 N. Dey St. Virden, IL 62690

Gay M. Warren 1928 Westchester Dr. Oklahoma City, OK 73120

Manon Markham McMullen 2200 Berkley Wichita Falls, TX 76308 Roderick Allen Markham 1500 Broadway, Suite 1212 Lubbock, TX 79401

Bessie Markham & Verna Mae Nordan, Co-Trustees of the C.B. Markham, Jr. Estate Trust as Tennants-In-Common not as Joint Tennant 5090 Coors SW Albuquerque, NM 87105

Bill J. Markham & Rosemarie Markham, Co-Trustees of the Bill J. Markham, Estate Trust 6524 E. Julep Mesa, AZ 85202

Edna Hall Living Trust, by Edna Hall Trustee P.O. Box 1355 Roswell, NM 88201

Robert Dale Evans 27 J Marty Circle Rockwall, TX 75087

Lorene Longwell 1204 Parkland Dr. Aztec, NM 87410

Dixie Eileen Wilda RR. 3, Box 18 Perry, OK 73077

Elizabeth McMahan Tolbert, et vir James R. Tolbert, III 2321 Bellview Terrace Oklahoma City, OK 73112

S. Robert Lemmon, et ux Norma M. 2436 NW 36 Terrace Oklahoma City, OK 73112

Sallie Mae Markham White 3418 36th St. Lubbock, TX 79413

Gae Ratcliff & Bill J. Markham, Co-Trustees of the Gae Ratcliff Estate Trust dated 6-04-87 as Tennants-In-Common, not as Joint Tennant 6524 E. Julep Mesa, AZ 85202

Ella B Lemmon, Guardian of the Estate of John W Lemmon & George W Lemmon, minors 2436 NW 36 Terrace Oklahoma City, OK 73112

Frank O. Elliott Trust, by Frank O. Elliott and Clarence Hinkle Co-Trustees P.O. Box 1355
Roswell, NM 88201

Thomas William Evans Route 9, Box 35 Lubbock, TX 79423

Larry Dale Whitley P.O. Box 214 Tatum, NM 88267

Loretta Mildred Wilson 2310 New Hampshire Dr. Green River, WY 82935

Theresa Arliss Smith (No Address)

Custer W. Sandlin, et ux Eulah G. 2201 First National Bank Bldg. Oklahoma City, OK 73112

Page 3

S/2 Section 33, T-8-S, R-33-E, Roosevelt Co., New Mexico

Alice Myrl Miller Rose

P.O. Box 688

Ruidoso, NM 88345

Linda Miller

P.O. Box 688

Ruidoso, NM 88345

Brad E. Miller

809 Rio Grande

Bryan, TX 77802

Estate of Kathleen Cone, Dec'd

P.O. Box 1509

Lovington, NM 88260

Tom R. Cone

P.O. Box 778

Jat, OK 74346-0778

Clifford Cone

P.O. Box 6010

Lubbock, TX 79493

Bonnie Miller Stoker

P.O. Box 118

Abilene, TX 79604

R. Allan Miller

P.O. Box 65

Ropesville, TX 79358

J. Chris Miller

Rt. 4, Box 50

Dimmitt, TX 79027

Marilyn Cone, Trustee for the D.C. Trust

P.O. Box 64244

Lubbock, TX 79464

Kenneth G. Cone

P.O. Box 11310

Midland, TX 79702

Cathie Cone Auvenshine

P.O. Box 658

Dripping Springs, TX 78620

NE/4 Section 6, T-8-S, R-38-E, Lea County, New Mexico

James Petroleum Trust

P.O. Box 4648

Tulsa, OK 74159

Submit to Appropriate District Office State Lesse - 4 copies For Lesse - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II
P.O. Deswer DD, Artesia, NM \$8210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

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BRIGHT & COMPANY

OIL & GAS PRODUCERS

2911 TURTLE CREEK BLVD., SUITE 700 DALLAS, TEXAS 75219-6241 (214) 559-0889 FAX: (214) 559-0021 OIL CONSERVATION DIVISI RECEIVED

100 APR PA AM 8 54

April 26, 1993

State of New Mexico Energy, Minerals & Natural Resources Dept. Oil Conservation Division P.O. Box 2888 Santa Fe, NM 87504

ATTN: Mr. Michael Stogner

RE: Administrative Application for

Unorthodox Gas Well Location Atoka Wildcat (New Pool) 1650' FNL and 990; FWL Section 5, T-9-W, R-34-E Lea County, New Mexico

Gentlemen:

By letter dated March 25, 1993, Bright & Company requested approval of the referenced unorthodox location, a copy of said letter being sent as notice to offset operators and unleased mineral owners. The notice was also published in the Lovington Daily Leader for three (3) days (Affidavit of Publication attached). To date we have received no protests to this application, therefore it is requested that you approve the application as requested.

Should you have any questions, please let me know.

Yours very truly

/Wallace Manaugh

Landman

JWM/ldm

cc: NMOCD

Energy & Minerals Department

P.O. Box 1890

Hobbs, New Mexico 88240

Affidavit of Publication

STATE	OF	NEW	MEXICO)	
)	SS.
COUNT	v o	E LEA	Δ.)	

JOyce Clemens being first duly sworn on oath deposes and says that he is Adv. Director of THE LOVINGTON DAILY LEADER, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

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That the notice which is hereto attached, entitled
Notice
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County X New X Maxicox was published in a regular and
entire issue of THE LOVINGTON DAILY LEADER and
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March 31 19 93
and ending with the issue of
April 2 19 93
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And that the cost of publishing said notice is the
sum of \$43.84
which sum has been (Paid) (Assessed) as Court Costs
Copce Clemens
Subscribed and sworn to before me this20th
day of, 19_93
Mrs Jean Serie

Notary Public, Lea County, New Mexico Sept. 28 94

My Commission Expires

LEGAL NOTICE

RE: Administrative Application for Unorthodox Gas Well Location

Atoka Wildcat (New Pool), 1650' FNL and 990' FWL Section 5, T-9-S, R-34-E, Lea County, New Mexico

Application has been made to the State of New Mexico, Oil Conservation Division wherein Bright & Company has requested approval of an administrative application for the subject Unorthodox Gas Well Location recently completed as an Atoka Wildcat.

Bright & Company has recompleted its Apache #1 as an Atoka Wildcat and recent tests indicate this well should be a gas well. Therefore, it is necessary to asign a standard 320 acre gas proration unit comprising the N/2 of Section 5, T-9-S, R-34-E to this well. As a result, the location of the Apache #1 is unorthodox in that it is less than 1980' from the West end boundary of the proration unit, the location being set out above.

In order to prevent waste, Bright & Company has requested approval of this administrative application for an unorthodox gas well location under the provisions of Rule 104 (F).

Interested parties contesting this application should contact the State of New Mexico, Energy, Materials & Natural Resources Dept. OCD, P.O. Box 2888, Santa Fe, NM 87504

ATTN: Michael Stogner.
Published in the Lovington
Daily Leader March 31, April
1 & 2, 1993.

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SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so return this card to you. Attach this form to the front of the mailpiece, or on the bac does not permit.	that we can fee): k if space 1. Addressee's Address
 Write "Return Receipt Requested" on the mailpiece below the The Return Receipt Fee will provide you the signature of the peto and the date of delivery. 	consult postmaster for fee.
3. Article Addressed to: NMOCD (ENERGY & MINERALS DEPT)	P 399 211 239
P O BOX 1890 HOBBS NM 82240	4b. Service Type ☐ Registered ☐ Insured
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5. Sighature (Addressee)	8. Addressee's Address (Only if request and fee is paid)
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DOMESTIC RETURN RECEIPT	PS Form 3811, November, 1990 . *u.s. GPO: 1991–287-
	(Single (Agent)) (Angle) (Angl
S. Addresse's Address (Only if requested	5. Signature (Addressee)
7. Date of Delivering 7.	
☐ Certified ☐ ☐ COD ☐ Express Mail E, ☐ Receipt for ☐ Express Mail E, ☐ Merchandise	OIL CONSERVATION DIVISION SAUTA FE NM 87504
4b. Service Type	ENERGY, MINERALS & NATURAL RES
4a. Article Number P 399 556 329	STATE OF NEW MEXICO
space 1.	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Phint your name and address on the reverse of this form so that return this tend to you. Attach this form to the front graffe mailpiece, or on the back if white "Return Receipt Requested" on the mailpiece below the article will provide you the signature of the person to and the date of delivery.

Certified Mail Receipt

No Insurance Co	ternational Mail
UNITED STATES (See Reverse)	
Sent to	
BESSIE MARKHAM,	ET AL CO-III
Street & No.	
5090 COORS SW	
P.O., State & ZIP Code	
ALBUQUERQUE NM	87105
Postage	\$
Certified Fee	
W1R2 5'83	SPOSIAGE

SENDER	at we can	I also wish to receive the following services (for an extra
 Attach this form to the front of the mailpiece, or on the back is does not permit. 	f space	fee): 1. Addressee's Address
 Write "Return Receipt Requested" on the mailpiece below the arti- e. The Return Receipt Fee will provide you the signature of the personand the date of delivery. 	cle number. on delivered	2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: BESSIE MARKHAM & VERNA MAE NORDA		cle Number P 873 505 304
CO-TRUSTEES OF THE C.B. MARKHAM JR ESTATE TRUST AS TENNANT-IN- COMMON NOT AS JOINT TENNANTS	L Regis	vice Type stered Insured
5090 COORS SW ALBUQUERQUE NM 87105		fied COD sss Mail □ Return Receipt for Merchandise
Sec, 4: W/2; Lea Co., NM	7. Date	of Delivery
5. Signature (Addiessee) Lucker Greece	8. Addr	essee's Address (Only if requested ee is paid)
6. Signature (Agent)		

873 505 281



PS Form 3800,

Sec. 4:

W/2; Lea Co., NM

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

POSTAL SERVICE (SEE	Hevers	<u>e, </u>	
Sent to			
CLIFFORD	CONE		
Street & No.			
PO BOX 6	010		
P.O., State & ZIP Co			
1.0., 51810 4 211 60	46		
LUBBOCK	TX	79493	
		- /////	
Postage		\$	
		Ψ	
Certified Fee			
1		ı	



0	a rees 1 To					
380	Postmark o	r Date				
Form	Sec.	33:	S/2;	Lea	Co.,	NM

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 tha return this card to you. • Attach this form to the front of the mailpiece, or on the back if does not permit. • Write "Return Receipt Requested, on the mailpiece below the artic. • The Return Receipt Fee will previde you the signature of the person to and the date of delivery.	t we can fee): space 1. Addressee's Address
3. Article Addressed to:	4a. Article Number
CLIFFORD CONE	P 873 505 281
P 0 BOX 6010	4b. Service Type
LUBBOCK TX 79493 666 6	☐ Registered ☐ Insured
TO LE	X Certified COD
1 NAA /2	Express Mail Return Receipt for Merchandise
Sec. 33+ S/2; Lea Co., NM	7. Date of Delivery 4-16-93
5. (Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature Agenti	

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11 11 11 11 11 11 11 11 11 11 11 11 11
(10)
04279
2700
A600300
A37074
TM TM
IM

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail UNITED STATES (See Reverse)

Sent to	
ROY G BARTON, JR	·
Street & No.	
P O BOX 278	
P.O., State & ZIP Code	
HOBBS NM 88241	
Postage	\$



TOTAL Postage & Fees Postmark or Date

Sec. 31; Lea Co., NM

873 505 317



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail INTED STATES (See Reverse)

Certified Fee	
Postage	\$
GREEN RIVER W	7 82935
P.O., State & ZIP Code	
2310 NEW HAMPSH	HIRE DR
Street & No.	
LORETTA MILDREI	WILSON
Sent to	



0	& Fees			_ Ψ	JΨ		
380	Postmark or Da	ate					
orm	Sec. 4	:	W/2;	Lea	Co.,	NN	

Control of the contro	
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 the return this card to you.	I also wish to receive the following services (for an extra fee):
Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the artist The Return Receipt Fee will provide you the signature of the persu	cle number 2. Restricted Delivery
to and the date of delivery.	Consult postmaster for fee.
3. Article Addressed to: ROY G BARTON, JR	4a. Article Number P 873 505 284
P O BOX 278 HOBBS - NM 88241	4b. Service Type ☐ Insured
	X Certified □ COD □ Express Mail □ Return Receipt for Merchandise
Sec. 31; Lea Co., NM	7 Date of Delivery
5. Signature (Addressee)	8 Addressee's Address (Only if requested
6. Signature (Agent) Uake Turnel	
PS Form 3811, November 1990 ± U.S. GPO: 1991-281	MACHINE TO THE PROPERTY OF THE

	A THE STREET OF
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so that return this card to you.	
 Attach this form to the front of the mailpiece, or on the back it does not permit. 	f space 1. □ Addressee's Address
 Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt Fee will provide you the signature of the person 	on delivered
to and the date of delivery: 3. Article Addressed to:	Consult postmaster for fee.
•	4a. Article Number
LORETTA MILDRED WILSON	P 873 505 317
2310 NEW HAMPSHIRE DR	4b. Service Type
GREEN RIVER WY 82935	☐ Registered ☐ Insured
	X Certified ☐ COD
	Express Mail Return Receipt for Merchandise
	7. Date of Delivery ScS
Sec. 4: W/2; Lea Co., NM	(3) Maria
5. Signature (Addressee)	8. Addressee's Address (Only4f requested
Foretta Milson	and fee is paid o
6. Signature (Agent)	12/41/2/

PS Form 3811, November 1990

P 873 505 279

UNITED STATES POSTAL SERVICE

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

POSTAL SERVICE	
Sent to	
TOM R CONE	
Street & No.	
P O BOX 778	
P.O., State & ZIP Code	
JAT <u>OK 7</u>	4346-0778
Postage	\$
	
Certified Fee	1



, ,						
	Postmark	or Date				
	Sec.	33:	s/2;	Lea	Co.,	NM

P 873 505 320

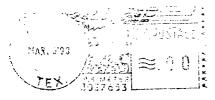


Sec. 4:

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

POSTAL SERVICE (SEE MEVELS	e)	
Sent to		
LUCILE RIVES,	ET VIR	CARME
Street & No.		1
148 N DEY ST		



TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Address of Delivery	
to Whom & Date Delivered	

W/2; Lea Co., NM

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	I also wish to receive the following services (for an extra
return this card to you.	
Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the artiful The Return Receipt Fee will provide you the signature of the person	icle number. 2. Restricted Delivery
3. Article Addressed to: TOM R CONE P O BOX 778	4a. Article Number P 873 505 279 4b. Service Type
JAT OK 74346-0778	Registered Insured COD Express Mail Return Receipt for
Sec. 33: S/2; Lea Co., NM	7. Date of Delivery 3-31-93
5. Signature (Addressee) 6. Signature (Agent)	8. Addressee's Address (Only if requeste and fee is paid)

	建筑在15年,16年
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4e & b.	following services (for an extra
Print your name and address on the reverse of this form so the return this card to you. • Attach this form to the front of the mailpiece, or on the back i does not permit.	160.
Write "Return Receipt Requested" on the mailpiece below the artiful The Return Receipt Fee will provide you the signature of the person to and the date of delivery.	consult postmaster for fee.
3. Article Addressed to: LUCILE RIVES, ET VIR CARMEN M RIV 148 N DEY ST	となって、 これには、 は、 は
VIRDEN IL	4b. Service Type ☐ Registered ☐ Insured Certified ☐ COD
	Express Mail Return Receipt for Merchandise
Sec. 4: W/2; Lea Co., NM	7. Date of Delivery 3 - 31-93
5. Signature (Addressee) 4. Cycle Muller	8. Addressee's Address (Only if requested and fee is paid)
յճ. Signature (Agent)	

ACCE	
AND THE TM	

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

POSTAL SERVICE	
Sent to	
GAE RATLCLIFF, I	ET AL CO-TI
Street & No.	
6524 E JULEP	
P.O., State & ZIP Code	
MESA AZ 85202	
Postage	\$
Cartified Foo	



	& Fees			3)	
8	Postmark or	Date				
Form			W/2;	Lea	Co.,	NM

873 505 274



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail

	UNITED STATES (See Reverse)	
ſ	Sent to	
L	R ALLAN MILLER	
- 1:	Street & No.	
	P O BOX 65	
П	P.O., State & ZiP Code	
	RUIDOSO NM 88345	
	Postage \$	
	-	
- Common of the	MAR29'93 ≈ 0 0 1 = 3037653	distribused assets
ار (0	TOTAL Postage & Fees \$	-
380	Postmark or Date	
S Form 3800 , Ju	Sec. 33: S/2; Lea Co., N	M

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 return this card to you. Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt Fee will provide you the signature of the perso to and the date of delivery.	space 1. Addressee's Address
3. Article Addressed to: GAE RATCLIFF & BILL J MARKHAM, CO-TRUSTEES OF THE GAE RATCLIFF ESTATE TRUST DATED 6-04-87 as TENNANTS-IN-COMMON NOT AS JOINT TENNANTS 6524 E JULEP	4a. Article Number P 873 505 311 4b. Service Type ☐ Registered ☐ Insured X Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
MESA AZ 85202 Sec. 4: W/2; Lea Co., NM Signature (Addressea) K.M. Makkam 6. Signature (Agent)	7. Date of Delivery 8. Addressee's Address (Only if requeste and fee is paid)
PS Form 3811 , November 1990 ± U.S. GPO: 1991–287	OMESTIC RETURN RECEIP

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 the return this card to you. Attach this form to the front of the mailpiece, or on the back is	following services (for an extra
does not permit.	A space of the space of Address of the space of Address of the space o
Write "Return Receipt Requested" on the mailpiece below the art	icle number. 2. Restricted Delivery
• The Return Receipt Fee will provide you the signature of the pers to and the date of delivery.	on delivered Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
R ALLAN MILLER	P 873 505 274
P O BOX 65	4b. Service Type
RUIDOSO NM 88345	Registered Insured
	☑ Certified ☐ COD
STILLE	☐ Express Mail ☐ Return Receipt for Merchandise
Sec. 33: S/2; Lea Co NM	7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
(6: Signature (Agent) US	

*U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

TM

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail united states (See Reverse)

Cartified Fee	•								
Postage						\$			
PO., State & MESA		Code AZ		85	20	2			,
Street & No. 6524		JUL	EΡ						
BILL		& R	<u>)S</u>	EM	AR	ΙE	MA	RK	HAI
Sent to									



o	& Fees	-		D	
800	Postmark or	Date			
S Form 3	Sec.	4:	W/2		

SENDER: I also wish to receive the · Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. following services (for an extra · Print your name and address on the reverse of this form so that we can fee): Addressee's Address Restricted Delivery · Attach this form to the front of the mailpiece, or on the back if space 14年19日,其中1980年的日本海拔斯山村 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 Consult postmaster for fee. to and the date of delivery. 3. Article Addressed to: 4a. Article Number கருதி ் சிச்சு சிர "一点"中心的重要点: P 873 505 305 (1997) BILL J MARKHAM & ROSEMARIE MARKHAM, CO-TRUSTEES OF THE 4b. Service Type MATE TO Registered Insured BILL J MARKHAM ESTATE TRUST 6524 E JULEP Certified COD AZ 85202 MESA Return Receipt for ☐ Express Mail Merchandise 7. Date of Delivery

PS Form 3811, November 1990 ± U.S. GPO: 1991-287-066

Sec. 4: W/2; Lea Co., NM

Signature (Addressee)

6. Signature (Agent)

DOMESTIC RETURN RECEIPT

8. Addressee's Address (Only if requested

and fee is paid)

P 873 505 286



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail MITED STATES (See Reverse)

POSTAL SCATOL 1	
Sent to	
UNION PACIFIC	RESOURCES
Street & No.	
P O BOX 7	
P.O., State & ZIP Code	
FT WORTH TX	76101-0007
Postage	\$
B.	, •



Ŏ	TOTAL Pos & Fees	stage			\$	
380	Postmark	or Date				
Form 3	Sec.	32;	Lea	Co.,	NM	

(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	i also wish to receive the
 Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back in the second of the mailpiece. 	at we can fee):
 does not permit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt Fee will provide you the signature of the pers 	icle number. 2. Restricted Delivery
to and the date of delivery. 3. Article Addressed to:	Consult postmaster for fee. 4a. Article Number
UNION PACIFIC RESOURCES	P 873 505 286
P O BOX 7 FT WORTH TX 76101-0007	4b. Service Type ☐ Registered ☐ Insured
	☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Sec. 32: Lea Co., NM	7. Date of Delivery
5. Signature (Addressee)	8. Addressee Address (Only if requested and fee is paid)
6. Signature (Agent)	

± U.S. GPO: 1991-287-068

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail united states (See Reverse)

Sent to		
MARILYN CONE, TT	FOR D.C. T	'RS
Street & No.		
P O BOX 64244		
P.O., State & ZIP Code		
LUBBOCK TX 794	64	
Postage	\$	
Certified Fee	Ψ	



Ō,	& Fees	.		15		
380	& Fees Postmark	or Date				
PS Form	Sec.	33:	S/2;	Lea,	NM	

SENDEK:	also wish to receive the
 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 	following services (for an extra
 Print your name and address on the reverse of this form so that 	t we can fee).
return this card to you.	
Attach this form to the front of the mailpiece, or on the back if does not permit.	
 Write "Return Receipt Requested" on the mailpiece below the arti- 	cle number. 2. Restricted Delivery
 The Return Receipt Fee will provide you the signature of the person 	on delivered Consult postmaster for fee.
to and the date of delivery.	
3. Article Addressed to:	4a. Article Number
MARILYN CONE, TRUSTEE FOR D.C.	P 873 505 278
TRUST	4b. Service Type
P O BOX 64244	☐ Registered ☐ Insured
LUBBOCK TX 79464	☑ Certified □ COD
LODDOCK IA	Express Mail Return Receipt for
	Merchandise Merchandise
	7. Date of Delivery
C 22. C/2. Log Co. MM	
Sec. 33: S/2; Lea Co., NM	8. Addressee's Address (Only if requested
5. Signature (Addressee)	and fee is paid)
6. Signature (Agent)	\339 /6/
Seen Joelner	
/PS Form 3811, November 1990 ± U.S. GPO: 1991-287	OSS DOMESTIC RETURN RECEIPT
WALLS LOUIN 30 I I' MONEUMER 1330 - 80'2' GEO' 1331-50	POMESTIC RETORITY AFOCH I

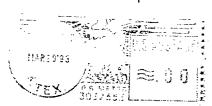
873 505 313



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail SEASE (See Reverse)

POSTAL SERVICE (GGG TTGTGTGG)	
Sent to THOMAS WILLIAM E	VANS
Street & No. ROUTE 9 BOX 35	
P.O., State & ZIP Code	
LUBBOCK TX 7942	23
Postage	\$
Certified Fee	
ŀ	



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380	Postmark	or Date
Form 3	Sec.	4:
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Sec. 4: W/2; Lea Co., NM

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SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back it.	at we can fee):
does not permit. • Write "Return Receipt Requested" on the mailpiece below the art	icle number. 2 Restricted Delivery
 The Return Receipt Fee will provide you the signature of the pers to and the date of delivery. 	on delivered Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
THOMAS WILLIAM EVANS	P 873 505 313
ROUTE 9, BOX 35 LUBBOCK TX 79423	4b. Service Type ☐ Registered ☐ Insured
	☑ Certified ☐ COD
	☐ Express Mail ☐ Return Receipt for Merchandise
Sec. 4: W/2; Lea Co., NM	7. Date of Delivery 3-3(-93)
5 Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6 Signature (Agent)	

P 873 505 287



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail

Postage	\$			
OKLAHOMA CITY O	K 73102			
P.O., State & ZIP Code				
211 N ROBINSON #	1700			
Street & No.				
COASTAL OIL & GA	S CORP			
Sent to				
POSTAL SERVICE (SEE FIEVE1SE)				



5 5	TOTAL Pos & Fees	stage			\$	
200	Postmark	or Date	9			
- 1	Sec.	5;	Lea	Co.,	NM	

SENDER: I also wish to receive the Complete items 1 and/or 2 for additional services. · Complete items 3, and 4a & b. following services (for an extra . Print your name and address on the reverse of this form so that we can return this card to you. ---1. Addressee's Address . 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 2. Restricted Delivery The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number P 873 505 287 COASTAL OIL & GAS CORP 211 N ROBINSON #1700 4b. Service Type OKLAHOMA CITY OK 73102 ☐ Registered ☐ Insured X Certified COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery MAR 3 1 1993 Sec. 5: Lea Co., 5. Signature (Addressee) 8. Addressee's Address (Only if requested and fee is paid) Committee of their principle

± U.S. GPO: 1991-287-066

Gignature (Agent)

PS Form 3811, November 1990

PS Form **3811**, November 1990

80E 205 E78 9



Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

TOURS SERVICE T	
Sent to	
MANON MARKHAM MC	MULLEN
Street & No.	
2200 BERKLEY	
P.O., State & ZIP Code	
WICHITA FALLS T	X 76308
Postage	\$
Certified Fee	<u> </u>
·	



O	& Fees	-		3	Š	
3800,	Postmark o	r Date				
S Form		4:	W/2;	Lea	Co.,	NM

	· · · · · · · · · · · · · · · · · · ·
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so the return this card to you.	at we can fee):
Attach this form to the front of the mailpiece, or on the back does not permit. Write (Paris Backing Backing Backing and Backing Bac	
 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt Fee will provide you the signature of the pers to and the date of delivery. 	on delivered
3. Article Addressed to:	Consult postmaster for fee. 4a. Article Number
MANON MARKHAM MCMULLEN 2200 BERKLEY	P 873 505 308 4b. Service Type
WICHITA FALLS TX 76308	Registered Insured
[12] : 10 15 - 10 15 - 10 15 15 15 15 15 15 15 15 15 15 15 15 15	☐ COD ☐ Express Mail ☐ Return Receipt for
	Merchandise
Sec. 4: W/2; Lea Co., NM	7. Dete of Delivery APR 1 1993
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	

±U.S. GPO: 1991-287-066



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

POSTAL SERVICE (SEE NEVELSE)	
Sent to	
JAMES PETROLEUM I	RUST
Street & No.	
P O BOX 4648	
P.O., State & ZIP Code	
TULSA OK 74159_	
Postage	\$
	Ψ
	1



,	& Fees	~uug-		_	Ψ	
	Postmark	or Da	te			
	Sec.	6;	Lea	Co.,	NM	

P 873 505 280



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
WHERSTAMES (See Reverse)

PUSTAL SERVICE 1			
Sent to			
KENNETH	G CON	Ξ	
Street & No.			
P O BOX	11310		
P.O., State & ZIP (Code	<u> </u>	
MIDLAND	TX	79702	
Postage		\$	
•		1 🕶	



0, ال	TOTAL Pos & Fees	stage	•	\$	****	·
380	Postmark (or Date	•			Ì
S Form	Sec.	33:	S/2;	Lea	Co.,	NM

N. C.	And the second s
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 the return this card to you.	following services (for an extra
Attach this form to the front of the mailpiece, or on the back it does not permit.	
Write "Return Receipt Requested" on the mailpiece below the arti	
The Return Receipt Fee will provide you the signature of the person to and the date of delivery.	Consult postmaster for fee.
, · <u>,</u>	4a. Article Number
3. Article Addressed to: JAMES PETROLEUM TRUST	P 873 505 289
P 0 BOX 4648 TULSA OK 74159	4b. Service Type ☐ Registered ☐ Insured
	☑ Certified ☐ COD
	☐ Express Mail ☐ Return Receipt for Merchandise
Sec 6 Lea Co. NM	7. Date of Delivery
5. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	
PS Form 3811 November 1990 +US GPO: 1991 - 287	ASS DOMESTIC PETUDAL DECEIDT

	· · · · · · · · · · · · · · · · · · ·
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 the return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt Fee will provide you the signature of the persistence.	I also wish to receive the following services (for an extra fee): If space 1. Addressee's Address icle number on delivered
to and the date of delivery. 3. Article Addressed to:	Consult postmaster for fee.
KENNETH G CONE	P 873 505 280
P O BOX 11310	4b. Service Type
MIDLAND TX 79702	☐ Registered ☐ Insured
	X☐ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Sec. 33: S/2; Lea Co; NM	7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (Only if requested
Kennth / We	and fee is paid)
6. Signature (Agent)	
PS Form 3811. November 1990 +US GPO: 1991-287	ARE DOMESTIC DETUDAL DECEIDT

P 873 505 310

INSTER STATES	

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

POSTAL SERVICE
Sent to
SALLIE MAE MARKHAM WHITE
Street & No.
3418 36TH ST
P.O., State & ZIP Code
LUBBOCK TX 79413
Postage
Ι



=	& Fees	 \$			
380	Postmark or Date				
Form	Sec. 4:	W/2;	Lea	Co.,	NM

SENDER: 65. • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	:	I also wish to receive the following services (for an extra
 Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the mailpiece below the art to and the date of delivery. 	f space icle number.	fee): 1.
3. Article Addressed to: SALLIE MAE MARKHAM WHITE 3418 36TH ST	P 873	icle Number 505 310
LUBBOCK TX 79413	☐ Regi M Cert	ified COD
Sec. 4: W/2; Lea Co., NM		ess Mail Merchandise
5. Signature (Addressee)	8. Add and	ressee's diffess (Only it for uester fee is paid)

±U.S. GPO: 1991—287-066

6. Signature (Agent)

PS Form **3811**, November 1990

3811, November 1990

P 873 505 277



S

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Laciu (O	
estate of kathleen cone, de Street & No. P O BOX 1509	ec.
P.O., State & ZIP Code	
LOVINGTON NM 88260	
Postage \$	



ر کر کر	TOTAL Pos & Fees	stage		\$		
3800,	Postmark	or Date				
S Form 3	Sec.	33:	s/2;	Lea	Co.,	NM

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SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	1 also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so the return this card to you.	
Attach this form to the front of the mailpiece, or on the back	
does not permit.	
Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt Requested on the mailpiece below the art	
 The Return Receipt Fee will provide you the signature of the pers to and the date of delivery. 	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
ESTATE OF KATHLEEN CONE, DEC'D	P 873 505 277
P. O BOX 1509	4b. Service Type
LOVINGTON NM 88260	☐ Registered ☐ Insured
	☐ COD ☐ COD
	☐ Express Mail ☐ Return Receipt for Merchandise
	7. Date of Delivery
Sec. 33: S/2; Lea Co., NM	4-1-93
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	

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AND U TM	
UNITED STATES POSTAL SERVICE	(
Sent to	

Certified Fee

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail

See Reverse) LORENE LONGWELI Street & No 1204 PARKLAND DR P.O. State & ZIP Code 87410



Postmark or Date

W/2; Lea Co., NM Sec. 4:

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- 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
- 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.
 - 3. Article Addressed to: 1204 PARKLAND DR AZTEC 87410
- 5. Signature (Addressee) 6. Signature (Agent)

PS Form 3811, November 1990 ± u.s. GPO: 1991-287-066

- I also wish to receive the following services (for an extra

 - 2.

 Restricted Delivery
- Consult postmaster for fee.
- 4a. Article Number P 873 505 314
- 4b. Service Type Registered Insured
 Certified COD
- Return Receipt for ☐ Express Mail Merchandise 7. Date of Delivery
- in application of the
- 8. Addressee's Address (Only if requested

and fee is paid)

873 505 285



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to	
ROY G BARTON, SR	& OPAL
Street & No.	
P O BOX 978	
P.O., State & ZIP Code	
HOBBS NM 88241	
Postage	\$



οÌ	TOTAL Postage & Fees	\$	
380	Postmark or Date .		
	BARTON REVOCABLE	TRUST	
E I	Sec 31. Lea Co	NM·	

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
 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.

☐ Insured

3. Article Addressed to: 4a. Article Number

ROY G BARTON, SR & OPAL BARTON REVOCABLE TRUST P O BOX 978

- HOBBS
- P 873 505 285 🖟
- 4b. Service Type □ Registered
 - ☑ Certified ☐ COD
 - ☐ Express Mail ☐ Return Receipt for Merchandise - ***
 - 7. Date of Delivery

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

PS Form 3811, November 1990 ± U.S. GPO: 1991--28

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail

POSTAL SERVICE	
Sent to	
GAY M WARREN	
Street & No.	
1928 WESTCHESTER I)R
P.O., State & ZIP Code	
OKLAHOMA CITY OK	
Postage	
1 1 4	,



\$ & Fees PS Form 3800, Postmark or Date W/2; Lea Co., NM

873 505 315



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

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380	Postmark o	r Date				
S Form	Sec.	4:	W/2;	Lea	Co.,	NM

SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to receive the following services (for an extra
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the second secon	at we can fee):
return this card to you. • Attach this form to the front of the mailpiece, or on the back	if space 1. Addressee's Address
does not permit. Write "Return Receipt Requested" on the mailpiece below the ar	The state of the s
 The Return Receipt Fee will provide you the signature of the per 	son delivered Consult postmaster for fee.
to and the date of delivery. 3. Article Addressed to:	4a. Article Number
GAY M WARREN	P 873 505 321
1928 WESTCHESTER DR	4b. Service Type
OKLAHOMA CITY OK	Registered Insured
AND THE CONTRACT OF THE CONTRA	☐ COD ☐ COD
	☐ Express Mail ☐ Return Receipt for Merchandise
	7. Date of Delivery
Sec. 4: W/2: Lea Co., NM	02-93
Sec. 4: W/2; Lea Co., NM (5-Signature (Addressee)	8. Addressee's Address (Only if requeste
Jan Marven	and fee is paid)
6. Signature (Agent)	
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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 the return this card to you. • Attach this form to the front of the mailpiece, or on the back i	
 does not permit. Write "Return Receipt Requested" on the mailpiece below the arti The Return Receipt Fee will provide you the signature of the personant to and the date of delivery. 	cle number on delivered Consult postmaster for fee.
3. Article Addressed to: LARRY DALE WHITLEY	4a. Article Number P 873 505 315
P O BOX 214 TATUM NM 88267	4b. Service Type ☐ Registered ☐ Insured Certified ☐ COD
_Sec. 4: W/2; Lea Co., NM	Merchandise 7. Date of Delivery 9-/-9-3
5. Signature (Addressed)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) Lanfull	
PS Form 3811 November 1990 # U.S. GPO: 1991-287	1066 S DOMESTIC RETURN RECEIPT



Certified Mail Receipt No Insurance Coverage Provided

Do not use for International Mail ANTED STATES (See Reverse)

Sent to	
FRANK O ELLIOTT.	TRUST
Street & No.	
P O BOX 1355	
P.O., State & ZIP Code	
ROSWELL NM 88	201
Postage	\$
0.000	<u> </u>



O	& Fees		\$	
380	Postmark or Date			
S Form	Sec. 4:	W/2;	Lea (Co., NM

25E 205 E78 P



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

POSTAL SERVICE (CCC)
Sent to
1
ELIZABETH MCMAHAN TOLBERT
Street & No.
2321 BELLVIEW TERRACE
P.O., State & ZiP Code
OKI VHOWY CLLAN OK 23115
Postage
. sorage



0	TOTAL Pos & Fees	tage	•		\$	
S Form 380 (Sec.		W/2;	Lea	a Co.,	NM

SENDER:	I also wish to receive the
Complete items 1 and/or 2 for additional services.	S. British State of the same o
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that	
return this card to you.	1000 1000 1000 1000 1000 1000 1000 100
 Attach this form to the front of the mailpiece, or on the back it 	
does not permit. • Write "Return Receipt Requested" on the mailpiece below the arti	
The Return Receipt Fee will provide you the signature of the personal state.	
to and the date of delivery.	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
FRANK O ELLIOTT TRUST, BY FRANK	P 873 505 302
0 ELLIOTT AND CLARENCE HINKLE	4b. Service Type
CO-TRUSTEES	4b. Service Type ☐ Registered ☐ Insured ☐ COD
P O BOX 1355	☐ COD ☐ COD
ROSWELL NM 88201	Express Mail Return Receipt for
	Merchandise Merchandise
S. S	7. Date of Delivery
Sec. 4: W/2; Lea Co., NM	(4) 为生命 一个一个一个一个
5. Signature (Addressee)	8 Addressee's Address (Only if requested
	and fee is paid)
6. Signature (Agent) //	
allow the there	
PS Form 3811, November 1990 + U.S. GPO: 1991-287	7-066 DOMESTIC RETURN RECEIPT
Account of the second of the s	the same of the sa

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 the services.	I also wish to receive the
PRIDT VOLLE name and address on the severes of this form so the	following services (for an extra
return this card to you.	hat we can fee):
Attach this form to the front of the mailpiece, or on the back	
does not permit.	· · · · · · · · · · · · · · · · · · ·
 Write "Return Receipt Requested" on the mailpiece below the a 	
 The Return Receipt Fee will provide you the signature of the per to and the date of delivery. 	consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
ELIZABETH MCMAHAN TOLBERT, ET V	IR P 873 505 325
JAMES R TOLBERT VIII	4b. Service Type
2321 BELLVIEW TERRACE	☐ Registered ☐ Insured
OKLAHOMA CITY OK 73112	
	│ K Certified □ COD
	Express Mail Receipt for
The state of the s	7. Date of Delivery
	1. Date of Delikery
Sec. 4: W/2; Lea Co., NM	15/ 14PR121
5. Signature (Addressee)/	8. Addressed Address (Only if requested
10-MTalled	and fee s paid 7000
6 Signature (Agent)	-
6. Signature (Agent)	
PS Form 3811 , November 1990 + U.S. GPO: 1991-2	USPO

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4		7	<u>Z</u>	TM

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail ATES (See Reverse)

POSTAL SERVICE	
Sent to	
ETHEL MARKHAM	
Street & No.	_
3105 38TH ST	
P.O., State & ZIP Code	
TUBBOCK TX 794	.13
Postage	\$
	Ψ
Certified Fee	



PS Form **380**(Postmark or Date W/2; Lea Co., NM Sec. 4:

873 505 301



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail UNITED STATES (See Reverse)

Sent to			
FINA OII	L & CF	HEMICAL_	CO
Street & No.			
P O BOX	2159		
P.O., State & ZIP	Code		
DALLAS	TX	75221	
Postage		S	
		Ψ_	



O	TOTAL Postage & Fees				\$	
380	Postmark or	Date		-		
S Form	Sec.	4:	W/2;	Lea	Co.,	NM

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SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit.	if space Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt Fee will provide you the signature of the pers to and the date of delivery.	Consult postmaster for fee.
3. Article Addressed to: ETHEL MARKHAM	4a. Article Number P 873 505 307
3105 38TH ST	4b. Service Type ☐ Registered ☐ Insured
.Pc	COD Express Me
Sec. 4: W/2: Lea Co., NM	7. Date of Delivery 3-31-92
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent).	
PS Form 3811 , November 1990 ± U.S. GPO: 1991–26	DOMESTIC RETURN RECEIPT

SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to receive the
• Complete items 3, and 4a & b.	following services (for an extra
Print your name and address on the reverse of this form so the	at we can feet.
 return this card to you. Attach this form to the front of the mailpiece, or on the back it 	
does not permit.	A Additional Control of the Control
Write "Return Receipt Requested" on the mailpiece below the art	
 The Return Receipt Fee will provide you the signature of the pers to and the date of delivery. 	Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number
FINA OIL & CHEMICAL CO	P 873 505 301
P O BOX 2159	4b. Service Type
DALLAS TX 75221	☐ Registered ☐ Insured
	★ Certified □ COD ★ Code ■ Code ■ Code ■ Co
	Express Mail Return Receipt for Merchandise
	7. Date of Delivery
Sec. 4: W/2; Lea Co., NM	31 1993
5. Signature (Addressee)	8 Addresses Address (Only if requested

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6. Signature (Agent)

PS Form **3811**, November 1990 DOMESTIC RETURN RECEIPT

Certified Fee

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail See Reverse)

POSTAL SERVICE (GEE I TEVETGE)	_
Sent to	
RODERICK ALLEN MARKHAM	
Street & No.	
1500 BROADWAY STE 1212	
P.O., State & ZIP Code	
LUBBOCK TX 79401	
Postage	_
i Φ	



Postmark or Date

W/2; Lea Co., NM Sec. 4:

SENDE	R	
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- Complete items 1 and/or 2 for additional services. 是是特殊的
- Complete items 3, and 4a & b.

3. Article Addressed to:

- 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
- 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.
- 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 873 505 309

I also wish to receive the

following services (for an extra

1. Addressee's Address

- RODERICK ALLEN MARKHAM 4b. Service Type 1500 BROADWAY STE 1212 ☐ Registered ☐ Insured LUBBOCK
 - ☐ CoD ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise

33.0

- Date of Delivery **№/2;** Lea Co., NM Addressee's Address (Only if requested
- and fee is paid) Signature (Agent)

PS Form 3811, November 1990 ± U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

873 505 303



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail

POSTAL SERVICE (OUD 110101)	
Sent to	
EDNA HALL LIVING	G TRUST
Street & No.	
P O BOX 1355	
P.O., State & ZIP Code	
ROSWELL NM 882	201
Postage	©
	Ψ
Certified Fee	



Postmark or Date			1
Section 4:	W/2; L	ea Co.,	. NM

SENDER:	the first of the state of the
Complete items 1 and/or 2 for additional	services.
 Complete items 3, and 4a & b. 	
 Print your name and address on the reve 	erse of this form so that we can
return this card to you.	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
 Attach this form to the front of the mail 	piece, or on the back if space

- 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. Article Number

3. Arti	cie Adar	essed to:			•	4a.
EDNA	HALL	LIVING	TRUST	, BY	EDNA	P
HALL	TRUST	TEE	. 17-0a in		San / 1	4b.

88201

P O BOX 1355

873 505 303 Service Type

Registered A Insured

Contified COD

The state of the s

☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery

5. Signature (Addressee)

orm 3811, November (1990

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

Signature (Agent)

± U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

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	1
- Tu	1

Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail UNITED STATES (See Reverse)

POSTAL SERVICE	
Sent to	
CATHIE CONE	AUVENSHINE
Street & No.	
P O BOX 658	
P.O., State & ZIP Code	7 066

O., State & ZIP Code DRIPPING SPRINGS	XT	78620
Postage	\$	
Certified Fee		



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<u>ق</u> ا	Postmark o	r Date				
Form 3	Sec.	33:	s/2;	Lea	Co.,	NM

- SENDER:

 Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

3. Article Addressed to:

P O BOX 658 DRIPPING SPRINGS

Signature (Addressee)

CATHIE CONE_AUVENSHINE

- 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.

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folio	wina	servic	ces ·	(for	an e	xtre
feel		电影	بارتيان	1811		4
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- 1. Addressee's Address
- California and Market 2.

 Restricted Delivery Consult postmaster for fee.

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873	505: 28	32	Sec. (4) Sec.	
. Serv	/ice Type	47 F.	Sold artists	

4b. Service Lype	#1 4 V 1
□ Registered S	Insure
TY Control Sales	
I Y Camidian Subbleation	COD

L&Certified COD	1999
Express Mail Return Rec	eipt fo
7. Date of Delivery	40 th

	Addressee's			
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and fee is paid)

DOMESTIC RETURN RECE

PS Form 3811, November 1990 DOMESTIC RETURN RECEIPT

873 505 312



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail STATES (See Reverse)

POSTAL SERVICE
Sent to
DATE EVANS
ROBERT DALE EVANS
Street & No.
27 J MARTY CIRCLE
P.O., State & ZIP Code
P.O., State & ZIP Code
- 75007
ROCKWALL TX 75087
Postage
1,



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0, ک	TOTAL Postage & Fees .		\$		
380	Postmark or Date				
Ē	Sec. 4:	W/2;	Lea Co.,	NM	ŀ

SENDER: Complete items 1 and/or 2 for additiona Complete items 3, and 4a & b. Print your name and address on the reveretum this card to you.		I also wish to receive t following services (for an ex fee):
Attach this form to the front of the mai does not permit. Write "Return Receipt Requested" on the The Return Receipt Fee will provide you to and the date of delivery.	ilpiece, or on the back if space mailpiece below the article number.	
3. Article Addressed to: ROBERT DALE EVANS 27 J MARTY CIRCLE		P 873 505 312 vice Type
ROCKWALL TX 75087	∏ Regi	stered Insured

 Write "Return Receipt Requested" on the The Return Receipt Fee will provide you to and the date of delivery. 	on delivered	
3. Article Addressed to: ROBERT DALE EVANS	1230	cle Number P 873 505 312
27 J MARTY CIRCLE ROCKWALL TX 75087	Regi:	vice Type stered Insured
	☐ Expr	ess Mail Return Receip Merchandise
P 873 505 312	7.00	of Delivery
5. Signature (Addressee)		essee's Address (Only if req fee is paid)
6. Signature (Agent)		

No Insurance Coverage Provided
Do not use for International Mail
MILESPINE (See Reverse)

P.O., State & ZIP Code RHODOSO M, P 0 BOX 688 ALICE MYRL MILLER ROSE 88345 4

PS Form **3800**, Jui

SEC. 33: Poslmark or Date TOTAL Postage

S/2; Lea Co., NM

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RUIDOSO P O BOX 688 ALICE MYRL MILLER ROSE Z Z 88345

BONNIE MILLER STOKER ATTEMPTED, NOT KNOWN

2nd Notice

79604

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P O BOX 118 ABILENE Relum

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

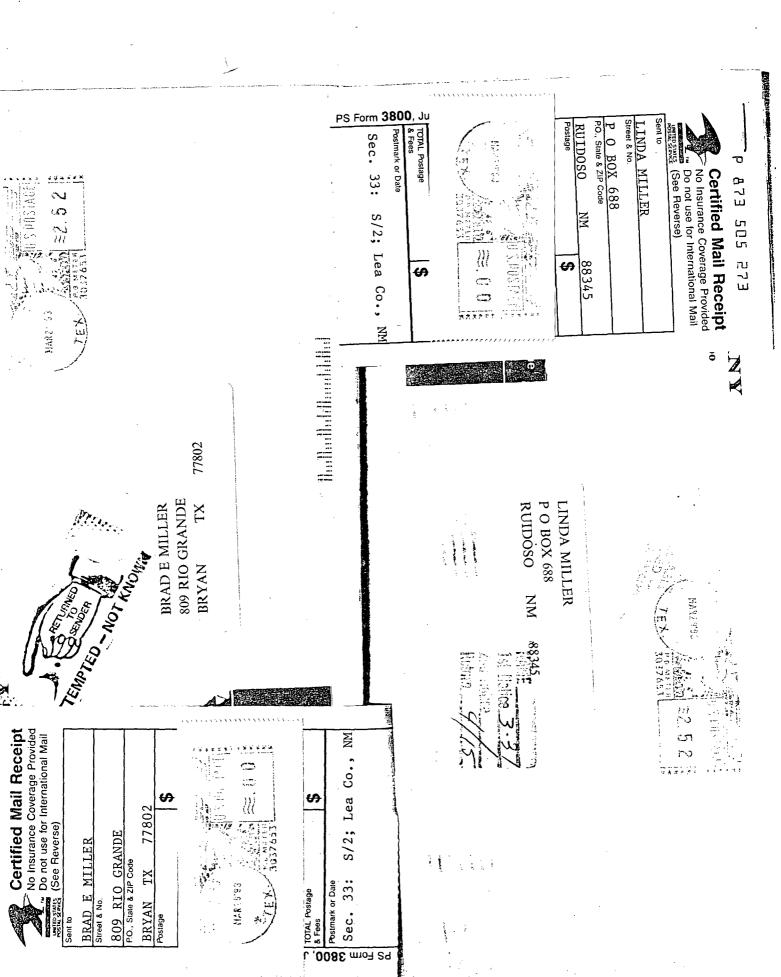
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0/3 2N2 5/5

79604 BONNIE MILLER STOKER 6 P O BOX 118 ABILENE Postage Street & No.

S/2; Lea Co., NM Sec. 33: O & Fees Postmark or Date PS Form **3800**,

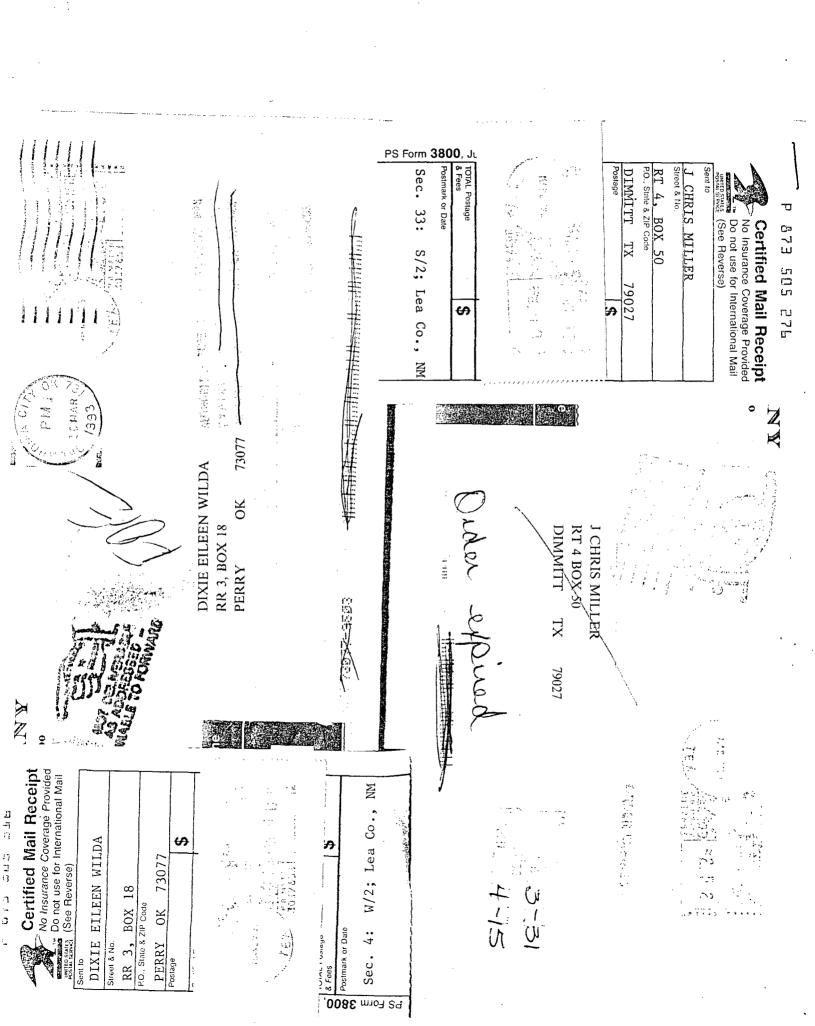
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Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

1628 STEVEN DR PO., State & ZIP Code

HOBBS

3

88240

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Street & No

BRENDA STEWART

& Fees Sec. Postmark or Date 31; Lea Co., NM

¥

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PS Form **3800**,

FAR29'53

Ella B Lemmon, Guardian of the Est o

73112

OK

OKLAHOMA CITY

Lemmon, 2436 NW 36 TERRACE John W Lemmon & George W

W/2; Lea Co., NM

Sec. 4:

Postmark or Date

S Form 3800,

& Fees

STEWART 1128 7 HOBBS 7 ZUNI ST NM 88240-0928 RETURN TO SENDER

STEW628 882402005 1392 04/03/93 FORWARDING TIME EXPIRED

BRENDA STEWART 1628 STEVEN DR Z 88240

HOBBS

2436 NW 36 TERRACE

0K

OKLAHOMA CITY

Postage

P.O., State & ZIP Code

ELLA B LEMMON, GUARDIAN

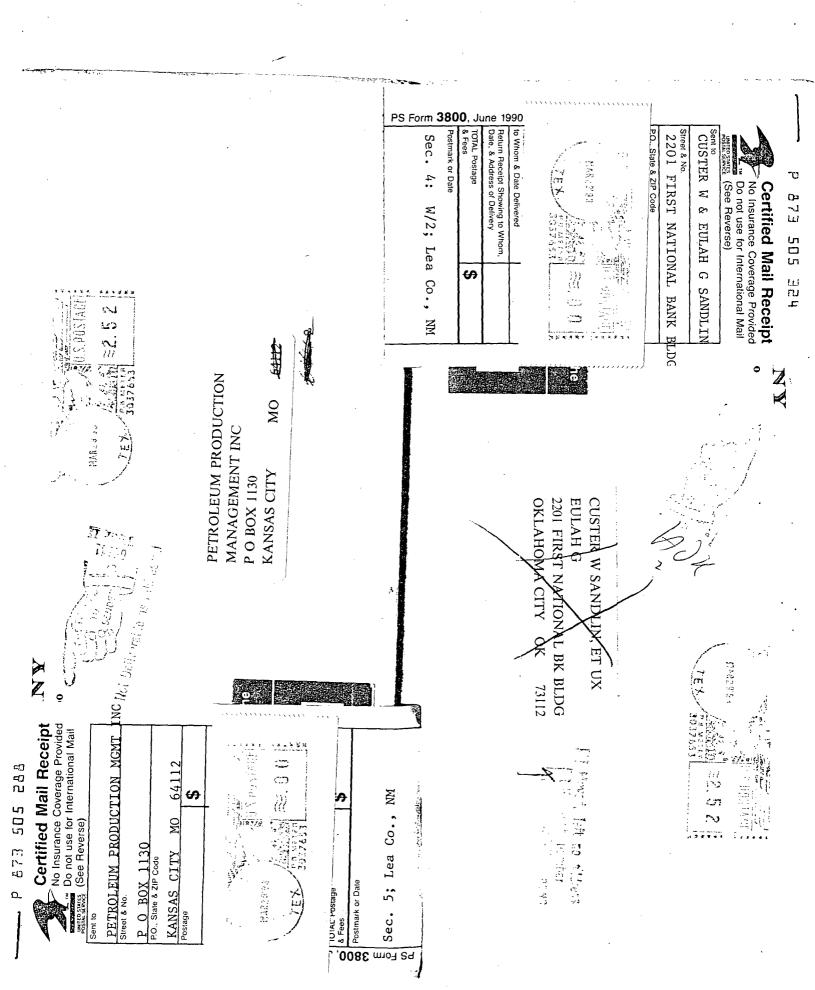
No Insurance Coverage Provided Do not use for International Mail

Certified Mail Receipt

505 B73

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Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

SENDER

2506 REDBUD PETE PROCTOR

XT

2506 REDBUD PO., State & ZIP Code PETE PROCTOR

Street & No.

ODESSA TX

79761

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ACTAIN/ED

ODESSA 79761

PS Form **3800**, Jun

Sec. 4: W/2; Lea Co., NM

TOTAL Postage & Fees Postmark or Date

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STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

RECEIVED

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

'93 APR 5 AM 9 45

BRUCE KING GOVERNOR

4-2-93

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		
RE: Proposed: MC DHC NSL NSP SWD WFX PMX		
Gentlemen:		
I have examined the application		
Bright & Co.	Opache #1-E Lease & Well No. Unit	5-9-34
Operatør	⊈ease & Well No. Unit	S-T-R
and my recommendations are	as follows:	
OX		
Yours very truly,		
Jerushy		
Serry Sexton Supervisor, District 1		