

FILED
PNX 6/5/70 Revised 7-1-81
Hyung

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no
- II. Operator: SOUTHWEST ROYALTIES, INC.
Address: P.O. DRAWER 11390 MIDLAND, TX 79702
Contact party: JAMES BLOUNT Phone: 1-800-433-7945
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project R-3229 + R-3033
CS 3555
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging details.
- VII. Attach data on the proposed operation, including:
 1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- * VIII. — Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification

MAY 2 1998
OIL CONSERVATION DIVISION

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
Name: JAMES BLOUNT Title: AREA SUPERVISOR
Signature: James Blount Date: 5-6-98

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

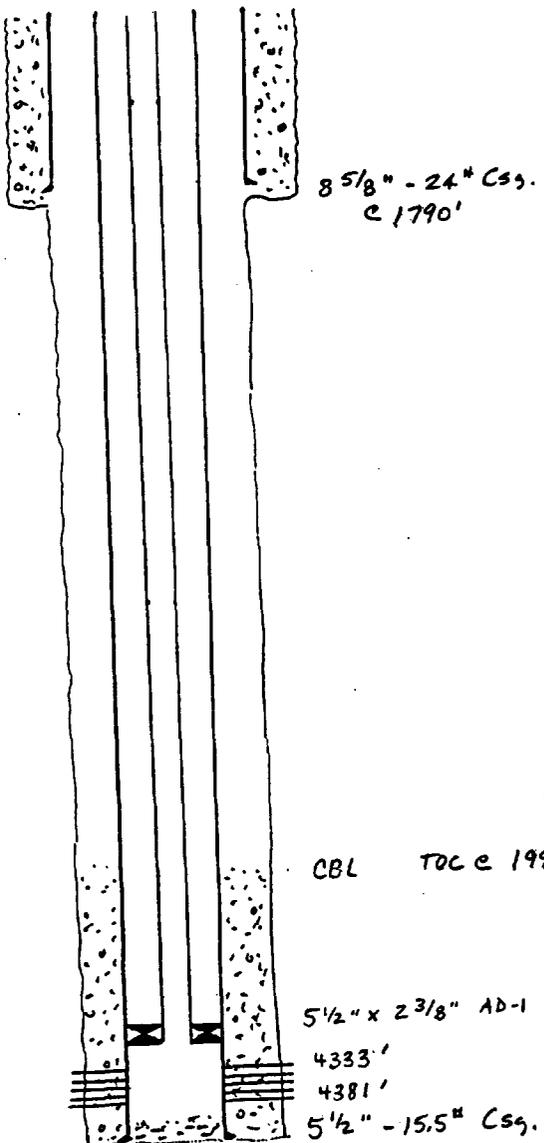
South West Royalties, Inc.

FLYING M UNIT

OPERATOR	LEASE			
34 #2	660' FSL: 660' FWL	29	T-9-S	R-33-E
WELL NO.	FOOTAGE LOCATION	SECTION	TOWNSHIP	RANGE

Schematic

Tabular Data



Surface Casing

Size 8 5/8 " Cemented with 900 ex.
 TOC Surface feet determined by visual
 Hole size 12 1/4"

Intermediate Casing

Size _____ " Cemented with _____ ex.
 TOC _____ feet determined by _____
 Hole size _____

Long string

Size 5 1/2 " Cemented with 775 ex.
 TOC 1990' feet determined by CBL
 Hole size 7 7/8"
 Total depth 4404'

Injection interval

4333' feet to 4381 feet
 (perforated) or open-hole, indicate which)

Tubing size 2 3/8" 4.7 #1 lined with Internal Plastic coating set in a
 (material)
Baker Model AD1 (Tension) packer at 4250' feet
 (brand and model)

(or describe any other casing-tubing seal).

Other Data

- Name of the injection formation SAN ANDRES
- Name of Field or Pool (if applicable) Flying M. (SA)
- Is this a new well drilled for injection? Yes No
 If no, for what purpose was the well originally drilled? Oil production
- Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used) No
- Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. All wells within the Flying M Unit are San Andres producers or injectors. The ABO formation @ a depth of 8600' is productive in the area.

Wells in Area of Review
Application for Authorization to Inject
Southwest Royalties, Inc.

McGuffin #2

Location: 1980' FNL & 660' FWL
Type: Oil

Sec 29, T9S, R33E
Date Drilled: 5/74
Total Depth: 4440'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	407'	350
4 1/2"	4440'	250

Completion:

5/74 Perforated 4340-74'. Acidized well w/4500 gal acid.
5/74 Squeezed perms w/32 bbls Injectrol + 40 sx cmt.
1/67 Reperforated 4340-64'. Acidized w/2000 gal acid.

Flying M Unit #34-1

Location: 2112' FSL & 796' FWL
Type: Oil

Sec 29, T9S, R33E
Date Drilled: 7/67
Total Depth: 4465'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	288'	200
4 1/2"	4465'	250

Completion:

7/67 Perf 4348-83'.
7/67 Acidized well w/5000 gal acid. Put well on pump.

Flying M Unit #24-2

Location: 794' FSL & 1857' FWL
Type: Oil

Sec 29, T9S, R33E
Date Drilled: 7/67
Total Depth: 4459'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	279'	200
4 1/2"	4459'	250

Completion:

8/67 Perf 4367-4406'.
8/67 Acidized well. Put well on pump.

Wells in Area of Review
Application for Authorization to Inject
Southwest Royalties, Inc.

Flying M Unit #24-1

Location: 1980' FSL & 1980' FWL

Type: Oil

Sec 29, T9S, R33E

Date Drilled: 3/74

Total Depth: 4450'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	404'	300
4 1/2"	4450'	250

Completion:

4/74 Perf 4346-84'.
4/74 Acidized well. Put well on pump.

Flying M Unit #1A-7

Location: 659' FSL & 1991' FEL

Type: Oil

Sec 29, T9S, R33E

Date Drilled: 5/74

Total Depth: 4429'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	342'	300
4 1/2"	4429'	250

Completion:

6/74 Perf 4356-4427'.
6/74 Acidized well w/4500 gal acid. Put well on pump.

SOUTHWEST ROYALTIES

PROJECT MILDRED WRIGHT #1
659' FSL + 659' FEL

PAGE _____ OF _____
BY _____ DATE _____

SEC 30, T9S, R33E

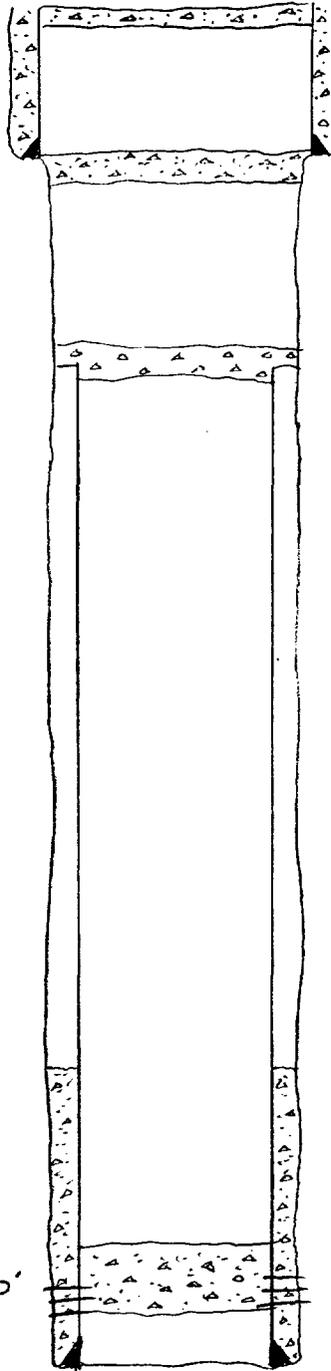
P+A'd 6/73

5 SX SURF PLUG

35 SX PLUG 325-425'

4 1/2" CUT @ 1209'
30 SX PLUG 1160-1260'

25 SX PLUG 4110-4360'



8 5/8" @ 375' CMTD w/275 SX

PERFS: 4317-60'

4 1/2" @ 4413' CMTD w/250 SX

TD: 4425'

SOUTHWEST ROYALTIES

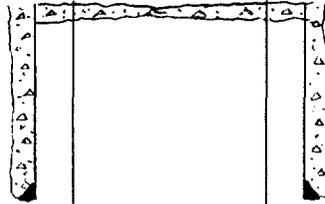
PROJECT WRIGHT # 1-Y
1880' FSL + 660' FEL

PAGE _____ OF _____
BY _____ DATE _____

SEC 30, T9S, R33E

P+A'd 9/86

10 SX SURF PLUG



8 5/8" @ 425' CMTD w/ 500 SX

25 SX PLUG @ 1500'

CIBP @ 4250' w/ 35' CMT

PERFS: 4329-4408

4 1/2" @ 4500' CMTD w/ 500 SX

TD: 4500'

SOUTHWEST ROYALTIES

PROJECT WARREN AMERICAN #2 (AKA FMU 35-2) PAGE _____ OF _____
469' FNL + 660' FWL BY _____ DATE _____

SEC 32, T9S, R33E

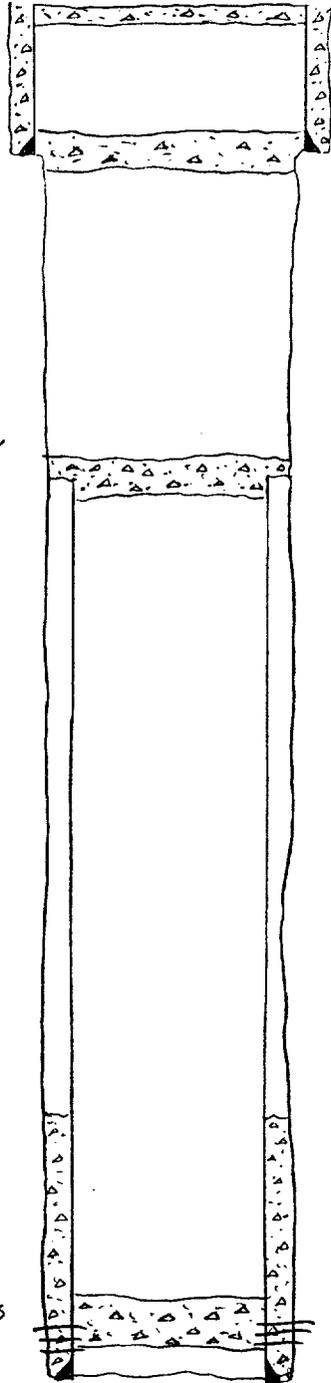
P+A'd 5/69

10 SX SURF PLUG

30 SX @ 286'

30 SX PLUG 1360-1460'
4 1/2" CUT @ 1494'

30 SX PLUG ACROSS PERFS



8 5/8" @ 286' CMTD w/200 SX

PERFS: 4344-83'

4 1/2" @ 4438' CMTD w/250 SX

TD: 4440'

VII. Proposed Operation

This well will be used to inject produced water from other wells in the Flying M (SA) Field via a closed system. The anticipated average injection rate and pressure is 500 BWPD @ 800 psi. The anticipated maximum rate and pressure is 1000 BWPD @ 2100 psi.

VIII. Geological Data

The produced water will be injected into the San Andres formation from 4333' to 4381'. The San Andres consists of dolomite.

The source of underground drinking water in the area is the Ogallala formation (base 400').

VIII. Proposed Stimulation

We will clean out the wellbore to PBTD. Set Model AD-1 packer at 4250' and acidize with 2000 gal 20% NEFE acid.

XII. I have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the injection zone and any underground source of drinking water.



PHONE (915) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
 SOUTHWEST ROYALTIES, INC.
 ATTN: JAMES BLOUNT
 P.O. BOX 11390
 MIDLAND, TX 79702-8390
 FAX TO:

Receiving Date: 04/24/98
 Reporting Date: 04/30/98
 Project Number: NOT GIVEN
 Project Name: NOT GIVEN
 Project Location: 14 MILES W. OF CROSSROADS, NM

Sampling Date: NOT GIVEN
 Sample Type: GROUNDWATER
 Sample Condition: COOL & INTACT
 Sample Received By: JS
 Analyzed By: AH

w/2 W NW/4, SEC 29, T 4 S, R 33 E

LAB NUMBER	SAMPLE ID	Na (mg/L)	Ca (mg/L)	Mg (mg/L)	K Conductivity (mg/L) (μ mhos/cm)	T-Alkalinity (mgCaCO ₃ /L)
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ANALYSIS DATE:	04/30/98	04/28/98	04/28/98	04/28/98	04/28/98	04/28/98
H3606-1 WINDMILL H2O	234	776	175	10.1	6208	116
Quality Control	NR	42	53	NR	1445	NR
True Value QC	NR	50	50	NR	1413	NR
% Accuracy	NR	84	106	NR	102	NR
Relative Percent Difference	NR	16.0	6.0	NR	0.3	NR

METHODS:	SM3500-Ca-D	3500-Mg E	8049	120.1	310.1
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Cl ⁻ (mg/L)	SO ₄ (mg/L)	CO ₃ (mg/L)	HCO ₃ (mg/L)	pH (s.u.)	TDS (mg/L)
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ANALYSIS DATE:	04/30/98	04/28/98	04/28/98	04/28/98	04/28/98	04/28/98
H3606-1 WINDMILL H2O	1185	1342	0	142	7.70	4500
Quality Control	476	50.2	NR	NR	6.95	NR
True Value QC	500	50.0	NR	NR	7.00	NR
% Accuracy	95	100	NR	NR	99.3	NR
Relative Percent Difference	0.8	0.3	NR	NR	0.8	0.8

METHODS:	SM4500-Cl-B	375.4	310.1	310.1	150.1	160.1
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Gayle A. Potter, Chemist

04/30/98
 Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

SURFACE OWNER

1864 – GONZAES FED 31

E/2 SECTION 31-9S-33E
LEA CO., NM

ANNETTE O. MARTIN TRUST
8516 STONE HARBOR CT
LAS VEGAS, NV 89128

1865 – FLYING “M” 34-2

“ “ “

SWSW SECTION 29-9S-33E
LEA CO., NM

1869 – MCGUFFIN #2

SWNW SECTION 29-9S-33E
LEA CO., NM

MARGART MCGUFFIN
BOX 344
CAPROCK, NM 88213

1865

Flying M SWD/Injection Prospect

OFFSET OPERATORS REPORT

Based on a cursory review of the records of Lea County, New Mexico and the Oil Conservation Division

ELLIS & ELLIS
P. O. Box 2522
Midland, Texas 79702
Telephone: 915-685-3863
Fax: 915-685-0955

*Flying M
34-2*

April 24, 1998

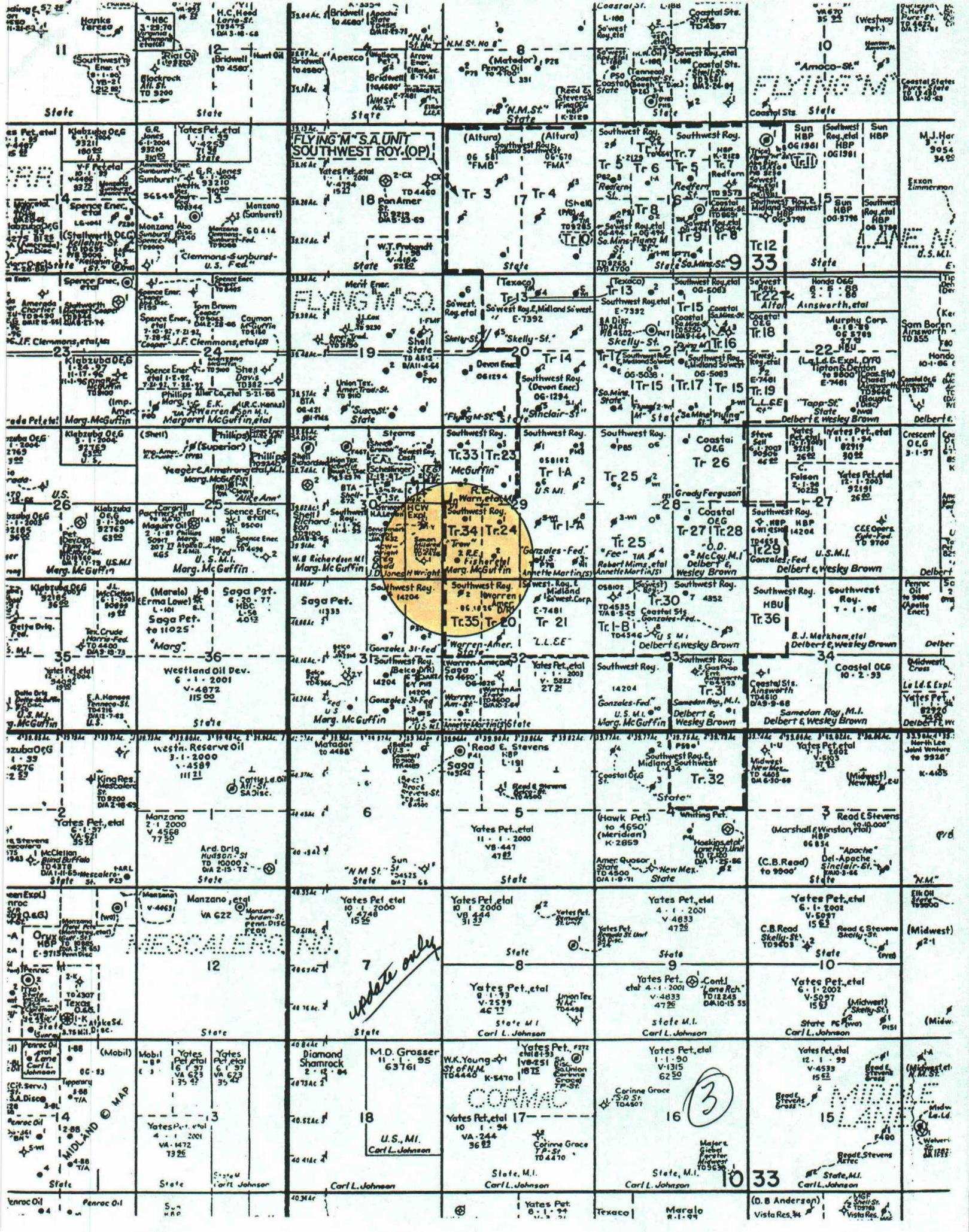
Lands offsetting Proposed Injection well located in the W/2 SW/4 of Section 29, T-9-S, R-33-E, NMPM, Lea County, New Mexico, and not operated by Southwest Royalties (Plat attached).

Land	Operator	Comments
W/2 NE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM	John R. Stearns, et ux Lou Ann Stearns, d/b/a Stearns PO Box 988 Crossroads, NM 88114	
E/2 SE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM	Joseph E. & Twila M. Goodding Living Trust dated 7/12/89, Twila M. Goodding, Trustee (3/4 interest) 1009 Crestview Circle Farmington, NM 87401 and Laura Kaempf, ssp (1/4 interest) 1325 Valley View Road, Apt. 302 Glendale, CA 91202	Unleased Mineral Interest

Flying M SWD/Injection Prospect

<p>W/2 SE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM</p>	<p>Dale Todd or Vanica Todd PO Box 310 Bosque, NM 87006</p>	<p>Unleased Mineral Interest. This tract was formerly produced and the last Operator of record was Hulen H. Lemon, PO Box 485, Midland, Texas. Apparently, the well located on this tract has never been plugged and the well's allowable has been canceled for more than ten (10) years. Therefore, we are assuming the lease has expired and your offset operator notification should be directed to the mineral owner -- see NOTE below.</p>
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NOTE: Dale Todd or Vanica Todd acquired this tract of land from the Property Tax Division of the Taxation and Revenue Department of the State of New Mexico. We cannot ascertain if the deed conveys all or any part of the mineral estate under the subject tract. The mineral estate prior to this Tax Deed was vested in J. D. Jones, et ux Alice Jones as to 1/16 interest and Gregg Dodd and Monte Sue Dodd as to 15/16 interest. In 1989, a Suit to Quiet Title styled Dale Todd and Vanica Todd vs J. D. Jones, Alice Jones, Gregg Dodd and Monta Sue Dodd, all if living and if not, then their unknown heirs and all unknown claimants of interest adverse to the plaintiffs. This suit was dismissed prior to any of the defendants being served. Verification of what interest in the mineral estate, if any, passed under the subject Tax Deed should be obtained from the State of New Mexico Department of Taxation and Revenue — Property Tax Division.



FLYING M S.A. UNIT
SOUTHWEST ROY. (OP)

FLYING M SO

FLYING M SO

Saga Pat.

King Res.

Yates Pet. etal

M.D. Grosser

Yates Pet. etal

(Aituro)

(Texasco)

Southwest Roy.

Southwest Roy.

Yates Pet. etal

Yates Pet. etal

Yates Pet. etal

Yates Pet. etal

Southwest Roy.

Southwest Roy. etal

Southwest Roy.

Southwest Roy.

Southwest Roy.

Yates Pet. etal

Yates Pet. etal

Yates Pet. etal

Sun HBP

Coastal O.G.

Coastal O.G.

Coastal O.G.

Coastal O.G.

Yates Pet. etal

Yates Pet. etal

Yates Pet. etal

update only

3

MIDLAND

33

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

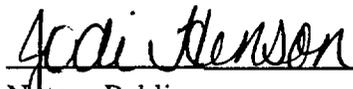
of 1 weeks.

Beginning with the issue dated April 23 1998 and ending with the issue dated April 23 1998


Publisher

Sworn and subscribed to before

me this 23rd day of April 1998


Notary Public.

My Commission expires
October 18, 2000
(Seal)

LEGAL NOTICE
April 23, 1998

Southwest Royalties, Inc., intends to convert to water injection (3) wells in the Flying "M" (SA) Field. The wells involved are as follows:

Flying "M" (SA) Unit Tract 34 Well #2, located 660' FSL & 660' FWL of Section 29, T-9-S, R-33-E, Unit Letter M, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4333' - 4381' at a maximum rate and pressure of 1200 BWPD and 2100 PSI.

McGuffin #2, located 1980 FNL & 660 FWL of section 29, T-9-S, R-33-E, Unit Letter E, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4340-64' at a maximum rate and pressure of 1200 BWPD and 2100 PSI.

Gonzales 31 Federal #6Y, located 1980 FSL & 860 FEL or Section 31, T-9-S, R-33-E, Unit Letter I, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4239-4282' at a maximum rate and pressure of 1200 BWPD and 2100 PSI.

Interested parties must file objections or requests for hearings within 15 days to the following:

Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87501

If you have any questions concerning this application, please contact the following:

Southwest Royalties, Inc.
P.O. Box 11390
Midland, Tx 79702
Attention: Jim Blount

#15879

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

01101469000 02515156
Southwest Royalties, Inc.
P.O. Box 11390
a/c# 476043
Midland, TX 79702

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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.

Thank you for using Return Receipt Service.

3. Article Addressed to:

 ANNETTE O. MARTIN TRUST
 8516 STONE HARBOR CT.
 LAS VEGAS, NV 89128

4a. Article Number
P329365308
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
5/11/98

5. Received By: (Print Name)
Annette O Martin
 6. Signature: (Addressee or Agent)
X

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ 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.

Thank you for using Return Receipt Service.

3. Article Addressed to:

 STEARNS
 BOX 988
 CROSSROADS, NM 88114

4a. Article Number
P329365269
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
5-9-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
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 ■ 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.

Thank you for using Return Receipt Service.

3. Article Addressed to:
Joseph E. & Twila Goodding
1009 Crestview Circle
Farmington, NM 87401

4a. Article Number
P329365274
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
5-8

5. Received By: (Print Name)
Twila Goodding

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:
Dale Todd or V. Todd
Po Box 310
Bosque, NM
87006

4a. Article Number
P329365273
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery

5. Received By: (Print Name)
DALE TODD

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

P 329 365 275

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Laura Krampf, SS
Street & Number	1325 Valley View Rd
Post Office, State, & ZIP Code	Glendale CA 91202
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	5/11/98



PS Form 3800, April 1995

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no
- II. Operator: SOUTHWEST ROYALTIES, INC.
Address: P.O. DRAWER 11390 MIDLAND, TX 79702
Contact party: JAMES BLOUNT Phone: 1-800-433-7945
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? yes no
If yes, give the Division order number authorizing the project R-3229 + R-3033.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
 1. Proposed average and maximum daily rate and volume of CONSERVATION DIVISION injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- * VIII. ~~Attach~~ appropriate geological data on the injection zone including appropriate hydrologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
Name: JAMES BLOUNT Title: AREA SUPERVISOR
Signature: James Blount Date: 5-6-98
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

RECEIVED
MAY 20 1998
OIL CONSERVATION DIVISION

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

South West Royalties, Inc.

McGuffin

OPERATOR

LEASE

2 1980' FNL: 660' FWL 29 T-9-S R-33-E

WELL NO.

FOOTAGE LOCATION

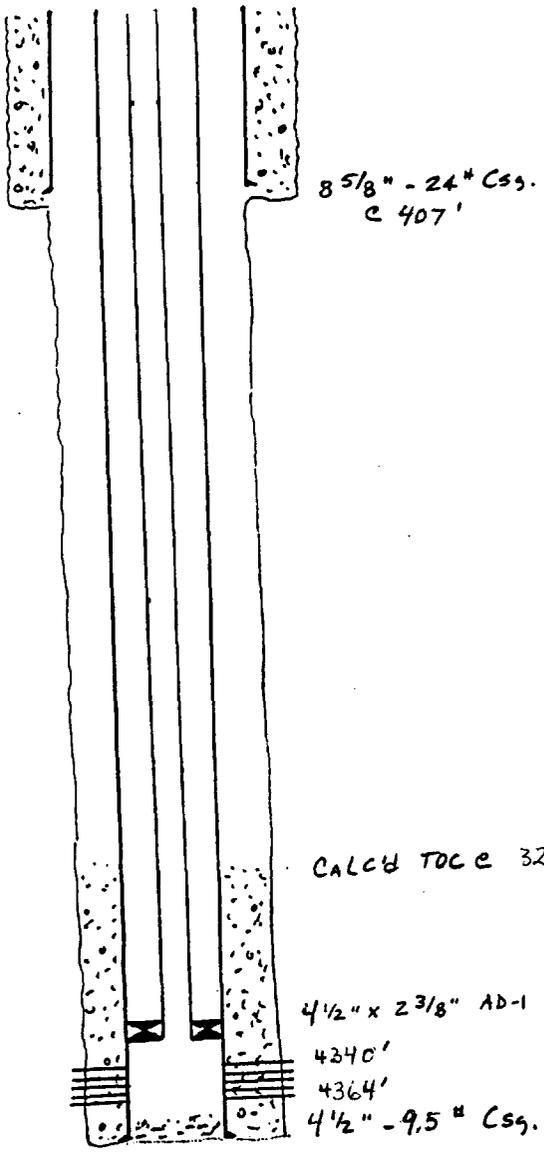
SECTION

TOWNSHIP

RANGE

Schematic

Tabular Data



Surface Casing

Size 8 5/8 " Cemented with 350 ex.
 TOC SURFACE feet determined by VISUAL
 Hole size 11 "

Intermediate Casing

Size _____ " Cemented with _____ ex.
 TOC _____ feet determined by _____
 Hole size _____ "

Long string

Size 4 1/2 " Cemented with 250 ex.
 TOC 3200' feet determined by CALCULATION
 Hole size 7 7/8 "
 Total depth 4440'

Injection interval

4340' feet to 4364 feet
 (perforated) or open-hole, indicate which)

CALC'D TOC @ 3200'

4 1/2" x 2 3/8" AD-1 PKR. @ 4' 3'

4340'

4364'

4 1/2" - 9.5" Csg. @ 4440'

Tubing size 2 3/8" 4.7 #/ft lined with Internal Plastic Coating set in a
BAKER Model AD-1 (Tension) packer at 4250' feet
 (brand and model)

(or describe any other casing-tubing seal).

Other Data

- Name of the injection formation SAN ANDRES
- Name of Field or Pool (if applicable) Flying M. (SA)
- Is this a new well drilled for injection? Yes No
 If no, for what purpose was the well originally drilled? OIL PRODUCTION

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used) No

5. Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. All wells within the Flying M Unit are SAN ANDRES producers or injectors. The ABO formation @ a depth of 8600' is productive in the area.

Wells in Area of Review
Application for Authorization to Inject
Southwest Royalties, Inc.

McGuffin #1

Location: 1980' FNL & 2155' FWL

Sec 29, T9S, R33E

Type: Oil

Date Drilled: 8/66

Total Depth: 4480'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	271'	150
4 1/2"	4480'	250

Completion:

8/66 Perforated 4354-81'
9/66 Acidized well w/1000 gal BDA acid. Put well on pump.
1/67 Perforated 4395-4404'. Acidized w/4000 gal 28% acid.

McGuffin #3

Location: 660' FNL & 1980' FWL

Sec 29, T9S, R33E

Type: Oil

Date Drilled: 5/74

Total Depth: 4449'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	377'	300
4 1/2"	4449'	250

Completion:

5/74 Perforated 4354-4422'.
5/74 Acidized well w/4500 gal acid. Put well on pump.

McGuffin #4

Location: 660' FNL & 660' FWL

Sec 29, T9S, R33E

Type: Oil

Date Drilled: 4/76

Total Depth: 4456'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	364'	250
4 1/2"	4456'	230

Completion:

5/76 Perforated 4309-82'.
5/76 Acidized well w/5000 gal acid. Put well on pump.

Wells in Area of Review
Application for Authorization to Inject
Southwest Royalties, Inc.

Flying M Unit #34-1

Location: 2112' FSL & 796' FWL

Type: Oil

Sec 29, T9S, R33E

Date Drilled: 7/67

Total Depth: 4465'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	288'	200
4 1/2"	4465'	250

Completion:

7/67 Perf 4348-83'.
7/67 Acidized well w/5000 gal acid. Put well on pump.

Flying M Unit #34-2

Location: 660' FSL & 660' FWL

Type: Oil

Sec 29, T9S, R33E

Date Drilled: 12/85

Total Depth: 4404'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	1790'	700
5 1/2"	4404'	775

Completion:

12/85 Perf 4333-81'.
12/85 Acidized well w/9000 gal gelled acid. Put well on pump.
2/86 Frac'ed well w/51,000# sand.

Flying M Unit #24-1

Location: 1980' FSL & 1980' FWL

Type: Oil

Sec 29, T9S, R33E

Date Drilled: 3/74

Total Depth: 4450'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	404'	300
4 1/2"	4450'	250

Completion:

4/74 Perf 4346-84'.
4/74 Acidized well. Put well on pump.

Wells in Area of Review
Application for Authorization to Inject
Southwest Royalties, Inc.

Flying M Unit #1A-6

Location: 1980' FNL & 1980' FEL

Type: Oil

Sec 29, T9S, R33E

Date Drilled: 4/74

Total Depth: 4450'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	366'	300
4 1/2"	4450'	250

Completion:

4/74 Perf 4361-4412'.
4/74 Acidized well. Put well on pump.

Cash #1

Location: 660' FNL & 460' FEL

Type: Oil

Sec 30, T9S, R33E

Date Drilled: 2/78

Total Depth: 4463'

Casing Record:

Size	Depth	Sacks Cement
7 5/8"	1818'	750
4 1/2"	4463'	200

Completion:

2/78 Perf 4329-74'. Acidized w/5000 gal 15% acid. Put well on pump.
11/94 Add perfs 4393-4415'. Acidized w/1000 gal 15% NEFE.

Cash #2

Location: 1839' FNL & 519' FEL

Type: Oil

Sec 30, T9S, R33E

Date Drilled: 8/80

Total Depth: 4416'

Casing Record:

Size	Depth	Sacks Cement
8 5/8"	1805'	900
4 1/2"	4416'	450

Completion:

9/80 Perf 4329-69'.
9/80 Acidized w/5000 gal Mod 303 acid. Put well on pump.

SOUTHWEST ROYALTIES

PROJECT SHELL 672 LTD. #1
1955' FNL + 1955' FEL

PAGE _____ OF _____
BY _____ DATE _____

SEC 30, T9S, R33E

P + A'd 10/67

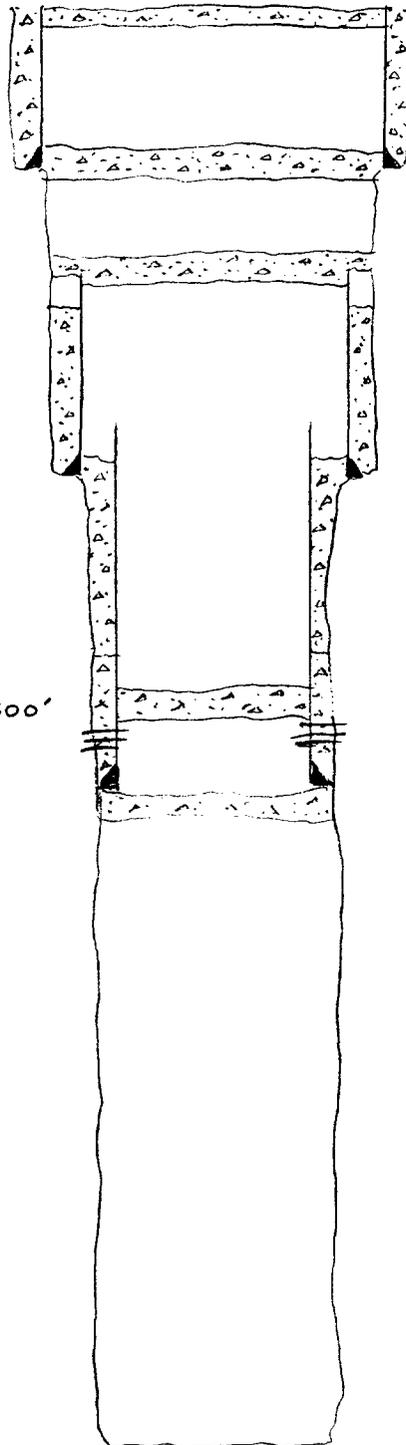
10 SX SURF PLUG

50 SX PLUG 335-405'

25 SX PLUG 1150-1210'
8 5/8" CUT @ 1210'

4 1/2" CUT @ 3353'

25 SX PLUG 4120-4300'



12 3/4" @ 370' CMTD w/150 SX

8 5/8" @ 3670' CMTD w/300 SX

PERFS: 4305-40'

4 1/2" @ 4487' CMTD w/275 SX

TD: 9150'

SOUTHWEST ROYALTIES

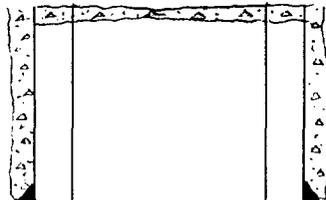
PROJECT WRIGHT # 1-Y
1880' FSL + 660' FEL

PAGE _____ OF _____
BY _____ DATE _____

SEC 30, T9S, R33E

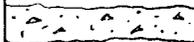
P+A'd 9/86

10 sx SURF PLUG

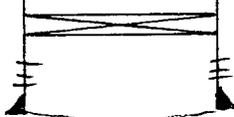


8 5/8" @ 425' CMTD w/500 SX

25 sx PLUG @ 1500'



CIBP @ 4250' w/35' CMT



PERFS: 4329-4408

4 1/2" @ 4500' CMTD w/500 SX

TD: 4500'

VII. Proposed Operation

This well will be used to inject produced water from other wells in the Flying M (SA) Field via a closed system. The anticipated average injection rate and pressure is 500 BWPD @ 800 psi. The anticipated maximum rate and pressure is 1000 BWPD @ 2100 psi.

VIII. Geological Data

The produced water will be injected into the San Andres formation from 4340' to 4364'. The San Andres consists of dolomite.

The source of underground drinking water in the area is the Ogallala formation (base 400').

VIII. Proposed Stimulation

We will clean out the wellbore to PBTD. Set Model AD-1 packer at 4250' and acidize with 2000 gal 20% NEFE acid.

XII. I have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the injection zone and any underground source of drinking water.



PHONE (915) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
 SOUTHWEST ROYALTIES, INC.
 ATTN: JAMES BLOUNT
 P.O. BOX 11390
 MIDLAND, TX 79702-8390
 FAX TO:

Receiving Date: 04/24/98
 Reporting Date: 04/30/98
 Project Number: NOT GIVEN
 Project Name: NOT GIVEN
 Project Location: 14 MILES W. OF CROSSROADS, NM

Sampling Date: NOT GIVEN
 Sample Type: GROUNDWATER
 Sample Condition: COOL & INTACT
 Sample Received By: JS
 Analyzed By: AH

W/2 of NW/4, SEC 29, T45, R33E

LAB NUMBER	SAMPLE ID	Na (mg/L)	Ca (mg/L)	Mg (mg/L)	K Conductivity (mg/L) (umhos/cm)	T-Alkalinity (mgCaCO ₃ /L)
ANALYSIS DATE:		04/30/98	04/28/98	04/28/98	04/28/98	04/28/98
H3606-1	WINDMILL H2O	234	776	175	10.1	6208
Quality Control		NR	42	53	NR	1445
True Value QC		NR	50	50	NR	1413
% Accuracy		NR	84	106	NR	102
Relative Percent Difference		NR	16.0	6.0	NR	0.3

METHODS:	SM3500-Ca-D	3500-Mg E	8049	120.1	310.1
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	Cl ⁻ (mg/L)	SO ₄ (mg/L)	CO ₃ (mg/L)	HCO ₃ (mg/L)	pH (s.u.)	TDS (mg/L)
ANALYSIS DATE:	04/30/98	04/28/98	04/28/98	04/28/98	04/28/98	04/28/98
H3606-1	WINDMILL H2O	1185	1342	0	142	7.70
Quality Control		476	50.2	NR	NR	6.95
True Value QC		500	50.0	NR	NR	7.00
% Accuracy		95	100	NR	NR	99.3
Relative Percent Difference		0.8	0.3	NR	NR	0.8

METHODS:	SM4500-Cl-B	375.4	310.1	310.1	150.1	160.1
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Gayle A. Potter, Chemist

04/30/98
 Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

SURFACE OWNER

1864 – GONZAES FED 31

**E/2 SECTION 31-9S-33E
LEA CO., NM**

**ANNETTE O. MARTIN TRUST
8516 STONE HARBOR CT
LAS VEGAS, NV 89128**

1865 – FLYING “M” 34-2

“ “ “

**SWSW SECTION 29-9S-33E
LEA CO., NM**

1869 – MCGUFFIN #2

**SWNW SECTION 29-9S-33E
LEA CO., NM**

**MARGART MCGUFFIN
BOX 344
CAPROCK, NM 88213**

1865

Flying M SWD/Injection Prospect

OFFSET OPERATORS REPORT

Based on a cursory review of the records of Lea County, New Mexico and the Oil Conservation Division

ELLIS & ELLIS
P. O. Box 2522
Midland, Texas 79702
Telephone: 915-685-3863
Fax: 915-685-0955

Mc Geffin #2

April 24, 1998

Lands offsetting Proposed Injection well located in the W/2 NW/4 of Section 29, T-9-S, R-33-E, NMPM, Lea County, New Mexico, and not operated by Southwest Royalties (Plat attached).

Land	Operator	Comments
SW/4 of Section 20, T9S, R33E, NMPM, Lea County, NM	Devon Energy Corporation (Nevada) 20 N. Broadway, Suite 1500 Oklahoma City, OK 73102	
SE/4 of Section 19, T9S, R33E, NMPM, Lea County, NM	Merit Energy Company Merit Energy Partners, L.P. Merit Energy Partners, II, L.P. Merit Energy Partners, III, L.P. Merit Energy Partners, VII, L.P. Meritnet Partners, L.P. 12221 Merit Dr. Dallas, Texas 75251	Merit Energy Company is the operator indicated on Oil Conservation District records while the county records reflect leasehold ownership in the various Limited Partnerships.
W/2 NE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM	John R. Stearns, et ux Lou Ann Stearns, d/b/a Stearns PO Box 988 Crossroads, NM 88114	
E/2 SE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM	Joseph E. & Twila M. Goodding Living Trust dated 7/12/89, Twila M. Goodding, Trustee (3/4 interest) 1009 Crestview Circle Farmington, NM 87401 and Laura Kaempf, ssp (1/4 interest) 1325 Valley View Road, Apt. 302 Glendale, CA 91202	Unleased Mineral Interest

Flying M SWD/Injection Prospect

<p>W/2 SE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM</p>	<p>Dale Todd or Vanica Todd PO Box 310 Bosque, NM 87006</p>	<p>Unleased Mineral Interest. This tract was formerly produced and the last Operator of record was Hulen H. Lemon, PO Box 485, Midland, Texas. Apparently, the well located on this tract has never been plugged and the well's allowable has been canceled for more than ten (10) years. Therefore, we are assuming the lease has expired and your offset operator notification should be directed to the mineral owner -- see NOTE below.</p>
--	---	---

NOTE: Dale Todd or Vanica Todd acquired this tract of land from the Property Tax Division of the Taxation and Revenue Department of the State of New Mexico. We cannot ascertain if the deed conveys all or any part of the mineral estate under the subject tract. The mineral estate prior to this Tax Deed was vested in J. D. Jones, et ux Alice Jones as to 1/16 interest and Gregg Dodd and Monte Sue Dodd as to 15/16 interest. In 1989, a Suit to Quiet Title styled Dale Todd and Vanica Todd vs J. D. Jones, Alice Jones, Gregg Dodd and Monta Sue Dodd, all if living and if not, then their unknown heirs and all unknown claimants of interest adverse to the plaintiffs. This suit was dismissed prior to any of the defendants being served. Verification of what interest in the mineral estate, if any, passed under the subject Tax Deed should be obtained from the State of New Mexico Department of Taxation and Revenue — Property Tax Division.

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of 1 weeks.

Beginning with the issue dated

April 23 1998

and ending with the issue dated

April 23 1998

Kathi Bearden

Publisher

Sworn and subscribed to before

me this 23rd day of

April 1998

Jodi Henson

Notary Public.

My Commission expires
October 18, 2000
(Seal)

LEGAL NOTICE

April 23, 1998

Southwest Royalties, Inc., intends to convert to water injection, (3) wells in the Flying "M" (SA) Field. The wells involved are as follows:

Flying "M" (SA) Unit Tract 34 Well #2, located 660' FSL & 660' FWL of Section 29, T-9-S, R-33-E, Unit Letter M, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4333' - 4381' at a maximum rate and pressure of 1200 BWPD and 2100 PSI.

McGuffin #2, located 1980 FNL & 660 FWL of section 29, T-9-S, R-33-E, Unit Letter E, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4340-64' at a maximum rate and pressure of 1200 BWPD and 2100 PSI.

Gonzales 31 Federal #6Y, located 1980 FSL & 880 FEL or Section 31, T-9-S, R-33-E, Unit Letter I, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4239-4282' at a maximum rate and pressure of 1200 BWPD and 2100 PSI.

Interested parties must file objections or requests for hearings within 15 days to the following:

Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87501

If you have any questions concerning this application, please contact the following:

Southwest Royalties, Inc.
P.O. Box 11390
Midland, Tx 79702
Attention: Jim Blount

#15879

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

01101469000 02515156
Southwest Royalties, Inc.
P.O. Box 11390
a/c# 476043
Midland, TX 79702

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

 MARGART MCGUFFIN
 BOX 344
 CAPROCK, NM 88213

4a. Article Number
P329365266
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery

5. Received By: (Print Name)

 6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
P329365274
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)
 5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
[Signature]

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

Article Addressed to:

 DEVON ENERGY
 20 N. BROADWAY, STE. 1500
 OKLAHOMA CITY, OK 73102

4a. Article Number
P329365268
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
5-11-98

5. Received By: (Print Name)

 6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Joseph E. Twila Gooding
 1009 Crestview Circle
 Farmington, Nm 87401
 4a. Article Number
P329365273
 4b. Service Type
 Certified
 Registered Insured
 Express Mail COD
 Return Receipt for Merchandise
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)
 5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
[Signature]

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

Article Addressed to:

 MERIT ENERGY
 12222 MERIT DR. STE. 1500
 DALLAS, TX 75251

4a. Article Number
P329365267
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
5-8-98

5. Received By: (Print Name)
Tyra Jones
 6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Dale Toddor V. Todd
 PO Box 310
 Bosque, NM 87006
 4a. Article Number
P329365275
 4b. Service Type
 Registered Insured
 Express Mail COD
 Return Receipt for Merchandise
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)
 5. Received By: (Print Name)
DALE TODD
 6. Signature: (Addressee or Agent)
[Signature]

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

Article Addressed to:

 STEARNS
 BOX 988
 CROSSROADS, NM 88114

4a. Article Number
P329365269
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
5-9-98

5. Received By: (Print Name)

 6. Signature: (Addressee or Agent)
[Signature]

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

102595-97-B-0179
 P 329 365 275
 US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Sent to
 Recipient's Name & Number
Laura Kaempfer
 Post Office, State, & ZIP Code
1325 Valley View Rd Apt 302
Glendale CA 91202
 Postage \$
 Certified Fee
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered
 MIDLAND, TX DOWNTOWN
 MAY 6 1998
 PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt
 PS Form 3811, December 1994
 102595-97-B-0179 Domestic Return Receipt
 PS Form 3811, December 1994
 102595-97-B-0179 Domestic Return Receipt
 PS Form 3811, December 1994

County, _____

Township _____ Range _____

Township _____ Range _____

Township _____ Range _____

Township _____ Range _____

Form 104—(Four on Township)

6	5	4	3	2	1	6	5	4	3	2	1
7	8	9	10	11	12	7	8	9	10	11	12
18	17	16	15	14	13	18	17	16	15	14	13
19	20	21	22	23	24	19	20	21	22	23	24
30	29	28	27	26	25	30	29	28	27	26	25
31	32	33	34	35	36	31	32	33	34	35	36
6	5	4	3	2	1	6	5	4	3	2	1
7	8	9	10	11	12	7	8	9	10	11	12
18	17	16	15	14	13	18	17	16	15	14	13
19	20	21	22	23	24	19	20	21	22	23	24
30	29	28	27	26	25	30	29	28	27	26	25
31	32	33	34	35	36	31	32	33	34	35	36

9S

33E