

OIL CONSERVATION DIVISION  
REC'D 750

**MEWBOURNE OIL COMPANY**

P.O. BOX 5270

1993 JUN 23 011 9 12

HOBBS, NEW MEXICO 88241

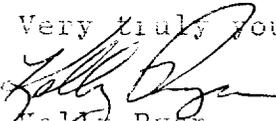
(505) 393-5905

June 23, 1993

Ben Stone  
State of New Mexico  
Oil Conservation Commission  
P.O. Box 2088  
Santa Fe, New Mexico 87504

Mr. Stone

Enclosed is the information you requested concerning our Application for Authorization to inject in the Federal "V" #3. If any other information is needed, please feel free to contact me.

Very truly yours,  
  
Kelly Ryan  
Petroleum Engineer

HR/mj

# Affidavit of Publication

No. 14347

STATE OF NEW MEXICO,

County of Eddy:

Gary D. Scott being duly sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and state, and that the hereto attached Legal Notice

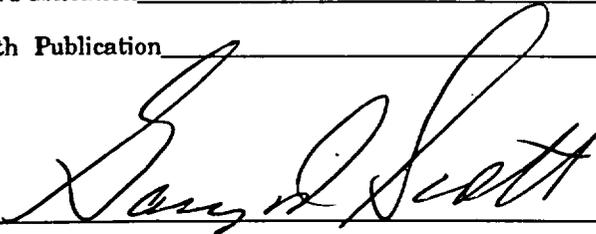
was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 consecutive weeks on the same day as follows:

First Publication June 9, 1993

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_



Subscribed and sworn to before me this 9th day

of June 19 93

  
Notary Public, Eddy County, New Mexico

My Commission expires September 23, 1996

# Copy of Publication

## LEGAL NOTICE

Press, Artesia, N.M. June 9, 1993.

Legal 14347

**NOTICE OF APPLICATION FOR FLUID INJECTION WELL PERMIT**  
**MEWBOURNE OIL COMPANY**  
**P.O. BOX 5270**  
**HOBBS, NEW MEXICO 88240**

has applied to the State of New Mexico, Oil Conservation Division, Santa Fe, New Mexico, for a permit to inject fluid into a formation that is not productive of oil or gas. The application proposes to inject produced Bone Spring water in the Delaware formation in the Federal "V" #3. The proposed injection well is located in Section 8, T20S, R28E, 11 miles North of Carlsbad in the Old Millman Ranch Field, Eddy County, New Mexico. Fluid will be injected into strata in the subsurface depth interval 2738 feet to 2772 feet.

A request for further information concerning any aspect of the application should be submitted in writing within 15 days of publication to the State of New Mexico, Oil Conservation Division, P.O. Box 2088, Santa Fe, New Mexico 87504. Telephone (505) 827-5807.

Published in the Artesia Daily

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

State of New Mexico  
 Oil Conservation Commission  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504

4a. Article Number

P369421351

4b. Service Type

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

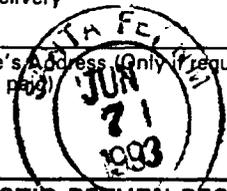
7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

*[Handwritten signatures]*

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



PS Form 3811, December 1991 \* U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 369 421 351

**Receipt for Certified Mail**

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



Send to:	Oil Conservation Commission
Street and City:	P.O. Box 2088
P.O. State and ZIP Code:	Santa Fe, New Mexico 87504
Postage:	\$
Certified Fee:	
Special Delivery Fee:	
Restricted Delivery Fee:	
Return Receipt (See copy to Whom & Date Delivered)	
Return Receipt (See copy to Whom, Date, and Addressee's Address)	
TOTAL Weight & Fee:	\$
Postmark for Date:	Santa Fe, NM JUN 21 1993

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Robert Elliott  
OXY USA Inc.  
P.O. Box 50250  
Midland, Texas 79710

**4a. Article Number**

369421353

**4b. Service Type**

- Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

**7. Date of Delivery**

6-7-93

**5. Signature (Addressee)**

**6. Signature (Agent)**

*K. [Signature]*

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. P.O. 1992-307-530

**DOMESTIC RETURN RECEIPT**

P 369 421 353

**Receipt for Certified Mail**



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

Sent by	Robert Elliott
Article No.	OXY USA Inc. P.O. Box 50250
P.O. State and Zip Code	Midland, Texas 79710
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Forwarding to Whome & Date Delivered	
Return Receipt Forwarding Amount, Date, and Addressee's Address	
TOTAL AMOUNT PAID	\$3.21
Postmark for Date	6-7-93

PS Form 3800, June 1991

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert Boling  
 Robert Boling Exploration  
 305 S. 5th Street  
 Artesia, New Mexico 88210

4a. Article Number

P369 421 352

4b. Service Type

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

7. Date of Delivery

06-07-93

5. Signature (Addressee)

*Robert Boling*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

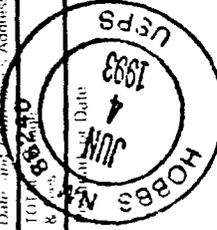
P 369 421 352

**Receipt for Certified Mail**

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



Send to	Robert Boling Exploration
Street and No.	305 S. 5th Street
City, State and ZIP Code	Artesia, New Mexico 88210
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date and ZIP Code of Address	
TO: (City, State and ZIP Code)	88210
Date	6/7/93



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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.

3. Article Addressed to:

Donna Neel  
P.O. Box 179  
Artesia, New Mexico 88211

4a. Article Number

369 421 340

4b. Service Type

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

7. Date of Delivery

6-7-93

5. Signature (Addressee)

6. Signature (Agent)

*[Handwritten Signature]*

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

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 369 421 340

**Receipt for Certified Mail**

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

Send to	Donna Neel
Subject and Re	P.O. Box 179
P.O., State and ZIP Code	Artesia, New Mexico 88211
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	2.40
Postmark or Date	JUN 7 1993

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

Bureau of Land Management  
P.O. Box 1778  
Carlsbad, New Mexico 88220

4a. Article Number

P369421350

4b. Service Type

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

7. Date of Delivery

NOV 4 1991

5. Signature (Addressee)

6. Signature (Agent)

*Lina Silva*

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

P 369 421 350

**Receipt for Certified Mail**



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

Sent to	Bureau of Land Management
Street and No.	P.O. Box 1778
City, State and Zip Code	Carlsbad, New Mexico 88220
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Showing to Whom & Date Delivered)	
Return Receipt (Showing to Whom, Date, and Addressee's Address)	
TOTAL TO POSTAGE & FEES	\$ 3.44
Postmark of Date & Place	NOV 4 1991

PS Form 3800, June 1991