

UNITED BANK PLAZA  
400 N. PENN. SUITE 1000

CHARLES B. READ  
PRESIDENT

*Read & Stevens, Inc.*

*Oil Producers*

*P. O. Box 1518*

*Roswell, New Mexico 88202*

PHONE 505 622-3770  
FAX: 505 622-8643

OIL CONSERVATION DIVISION  
RECEIVED

'93 JU 2 AM 8 37

June 30, 1993

Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

RE: Application for Permit to Convert to Salt Water Disposal  
Whitten Federal #1  
960' FSL & 660' FEL  
Section 14 T20S-R34E  
Lea County, New Mexico

Gentlemen:

Enclosed please find copies of signed returned receipts from Marathon Oil Company and Mr. Kenneth Smith. These receipts are proof that a copy of the subject application has been furnished by certified mail to the owner of the surface of the land on which the well is located and to each leasehold operator within one half mile of the well location. Please attach these to the subject application which was dated June 9, 1993.

If you have any questions, please advise.

Sincerely,

READ & STEVENS, INC.



John C. Maxey, Jr.  
Petroleum Engineer

JCM/sr/ocdsrpt.swd

Enclosure

xc: Well file  
Bob Watson

P 423 635 606

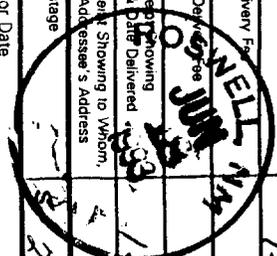
Marathon-App SMD



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

PS Form 3800, June 1991

Sent to		Marathon Oil Company
Street and No.		P. O. Box 552
P. O. State and ZIP Code		Midland, TX 79702
Postage		\$ .98
Certified Fee		1.00
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom, Date, and Addressee's Address		1.00
TOTAL Postage & Fees		\$ 2.98
Postmark or Date		



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.

3. Article Addressed to:

Marathon Oil Company  
P. O. Box 552  
Midland, TX 79702

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P 423 635 606

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
JUN 21 1993

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

Thank you for using Return Receipt Service.

P 423 635 583

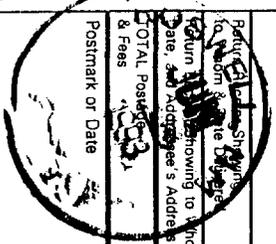
Smith-App SMD



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

PS Form 3800, June 1991

Sent to		Mr. Kenneth Smith, Inc.
Street and No.		P. O. Box 764
P. O. State and ZIP Code		Carlsbad, NM 88220
Postage		\$ .98
Certified Fee		1.00
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom, Date, and Addressee's Address		1.00
TOTAL Postage & Fees		\$ 2.98
Postmark or Date		



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.

3. Article Addressed to:

Mr. Kenneth Smith, Inc.  
P. O. Box 764  
Carlsbad, NM 88220

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
P 423 635 583

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

