

CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS

Operator: PRONGHORN SWD SYSTEM Well: PRONGHORN SWD Well No. 1

Contact: LARRY SCOTT Title: PRLS Phone: 392-8292

DATE IN 10-6-93 RELEASE DATE 10-20-93 DATE OUT _____

Proposed Injection Application is for: ☐ WATERFLOOD ☐ Expansion ☐ Initial

Original Order: R- _____ ☐ Secondary Recovery ☐ Pressure Maintenance

SENSITIVE AREAS

☒ SALT WATER DISPOSAL

☐ WIPP

☒ Capitan Reef
1000' off

☒ Commercial Operation

Data is complete for proposed well(s)? ☐ Additional Data _____

AREA of REVIEW WELLS

2 Total # of AOR

2 # of Plugged Wells

☒ Tabulation Complete

☒ Schematics of P & A's

☒ Cement Tops Adequate

N/A AOR Repair Required

INJECTION INFORMATION

Injection Formation(s) YATES - SEVEN RIVERS

Source of Water DELAWARE WELLS - SURROUNDING AREA Compatible YES

PROOF OF NOTICE

☐ Copy of Legal Notice

☐ Information Printed Correctly

☐ Correct Operators

☐ Copies of Certified Mail Receipts

☐ Objection Received

☐ Set to Hearing _____ Date

NOTES: _____

APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL _____

COMMUNICATION WITH CONTACT PERSON:

1st Contact:	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Letter	_____	Date	_____	Nature of Discussion	_____
2nd Contact:	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Letter	_____	Date	_____	Nature of Discussion	_____
3rd Contact:	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Letter	_____	Date	_____	Nature of Discussion	_____

SWD RELEASE 10-20-93



PRONGHORN SWD SYSTEM

P.O. Box 1979
3325 Enterprise Drive
Hobbs, New Mexico 88241
(505) 392-8292 Fax: (505) 392-7886

OIL CONSERVATION DIVISION
RECEIVED

SEP 29 1993

September 28, 1993

William J. LeMay, Director
Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87504-2088

Re: Application for Authorization to Inject
Pronghorn Federal SWD No. 1
Lea County, New Mexico

Dear Mr. LeMay:

Enclosed in duplicate is the above referenced application.
The application was prepared in accordance with the provisions of RULE 701(B).

Pronghorn SWD System respectfully requests administrative approval, but if any objection is received, please place this application on the docket for hearing.

Sincerely,

PRONGHORN SWD SYSTEM

Larry R. Scott
Larry R. Scott

Enclosure

LRS/dm

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ yes ☐ no
- II. Operator: Pronghorn SWD System
Address: P.O. Box 1979, Hobbs, NM 88241
Contact party: Larry Scott Phone: 505-392-8292
- 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 _____.
- 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 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
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: Larry Scott Title President
Signature: Larry R. Scott Date: 9/3/93
- * 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.

Oil Conservation 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.

FORM C-108 ATTACHMENT I -- PAGE 1

APPLICATION FOR AUTHORIZATION
TO DRILL

PRONGHORN FEDERAL SWD NO. 1

ITEM III -- A. Well Data:

Exhibit "A" is the proposed disposal wellbore sketch.

- (1) Lease Name: Pronghorn Federal SWD
Well No. : 1
Location : 330' FNL and 1650' FEL
Section 24, T-19S, R-32E
Lea County, New Mexico
- (2) Surface Casing : 13-3/8", 54.5# set at 1100'
Hole Size : 17-1/2"
Cement : 1000 sx.
Cement Top : Surface
Prod. Casing : 8-5/8", 32# set at 3300'
Hole Size : 12-1/4"
Cement : 1300 sx.
Cement Top : Surface
- (3) Tubing : 4 1/2", 11.6#
Internally Plastic Coated
set at 3270'
- (4) Packer : Baker Lokset (Nickel Plated)
set at 3270'

B. Formation Data:

- (1) The name of the injection formation is the Yates-Seven Rivers.
- (2) Injection will be effected through open hole over the interval 3300'-3500'.
- (3) This well is to be drilled for injection.
- (4) There are no previously perforated intervals.
- (5) There are no horizons productive in the area of review either above or below the proposed injection interval.

FORM C-108 ATTACHMENT I -- PAGE 2

ITEM V ---- Map of area with radius of review: See Exhibit "B"

ITEM VI --- Tabulated data on all wells within the area of review is shown as Exhibit "C". Schematics of the two plugged wells within the area of review are Exhibits "D" and "E".

ITEM VII -- Proposed Operation:

- (1) Average daily injection rate = 10,000 BWPB
Maximum daily injection rate = 12,500 BWPB
- (2) System type: Closed
- (3) Average injection pressure anticipated = 0 psig
Maximum injection pressure anticipated = 600 psig
- (4) Source of injection fluid: All water in general area requested to be hauled and disposed by Gandy Corp. and Rowland Trucking Co., Inc., and wells directly connected to the pipeline system. A water analysis from a Delaware well in the area is included as Exhibit "F".
- (5) The Yates-Seven Rivers produces oil and gas within one mile of the proposed well. A water analysis from the Mack Energy Federal No. 2 located in Section 18, T-19S, R-33E is shown as Exhibit "G".

ITEM VIII - The Yates sandstone is very fine grained, gray, red, anhydritic, well cemented to friable, frosted quartz grains. The Seven Rivers dolomite is white to light gray, fine to medium crystalline. The Yates top is expected at 3075'. Injection will be effected in a two hundred foot interval in the basal Yates and the top of the Seven Rivers. There are no known sources of drinking water either overlying or underlying the injection interval in the area of review.

ITEM IX --- The open hole interval will be stimulated with 2000 gals. of 15% HCl-NE-FE acid.

ITEM X ---- Logs will be filed at the time the well is completed.

ITEM XI --- Fresh Water Wells: There are no fresh water wells within one mile of the proposed injection site.

ITEM XII -- Available geological and engineering data indicates that there are no open faults or other hydrologic connection between the proposed injection zone and any fresh water source.

FORM C-108 ATTACHMENT I -- PAGE 3

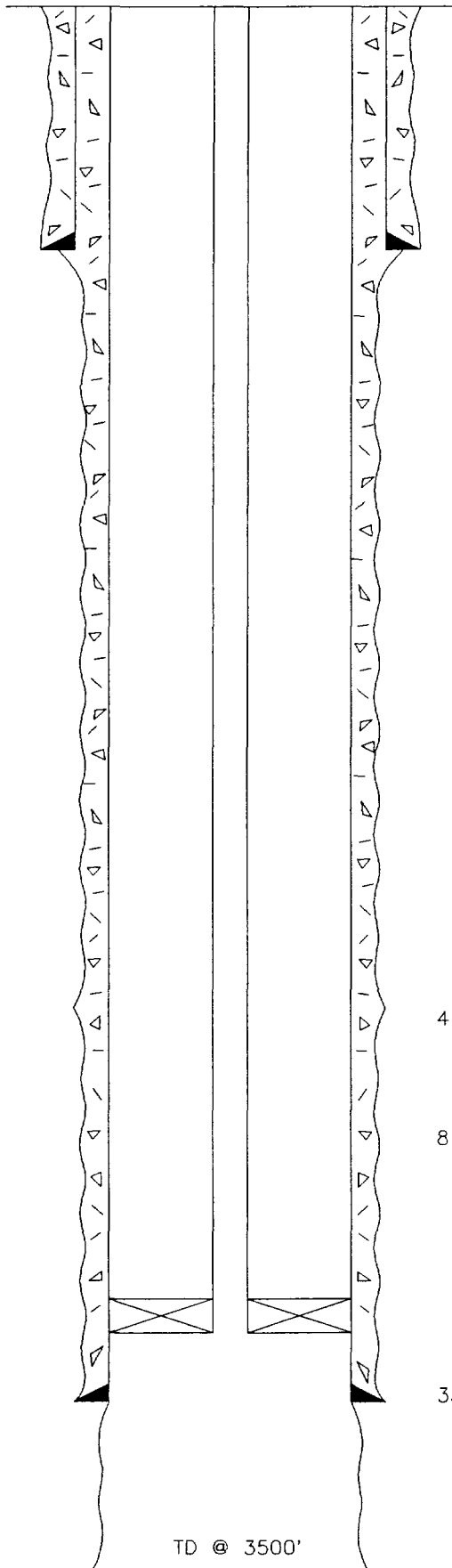
ITEM XIII - Proof of Notice: Proof of notice to the surface owner and offset operators is attached as Exhibit "H".

Exhibit A

PROPOSED DISPOSAL WELLBORE

8/5/93

Elev. 3625' GL



1100' - 13 3/8", 54.5#, casing

Cemented with 1000 sxs Circulated to Surface

4 1/2", 11.6#, Internally plastic coated tubing

8 5/8" Baker Lokset Packer set @ 3270'

3300' - 8 5/8", 32#, casing

Cemented with 1300 sxs Class C. Cement Circulated.

TD @ 3500'

PRONGHORN SWD SYSTEM
Pronghorn Federal SWD No. 1
330' FNL & 1650' FEL
Section 24, T-19S, R-32E
Lea County, NM

EXHIBIT A

Well Name	Operator	Location Unit, Sec, TWP, RNG	Date Drilled	Well Type	Total Depth	Casing & Cement	Completion Record
Bondurant Fed No. 3	Amoco	P, 13, T-19S, R-32E	5/26/61	Dry Hole	3394'	8 5/8", 20#, X-52 set @ 293' cmt. w/200 sx. Class C 4 1/2", 9.5#, J-55 set @ 3394' cmt. w/925 sx. TOC Calc. 714'	Perfs. 3330'-34'. Acid 500 gals. Cmt. ret. @ 3320'. Sqz w/300 sx. Perfs. 3292'-3310' Acid 3000 gals. Cmt. ret. @ 3281'. Sqz w/100 sx. Perfs. 3246'-66', Acid 500 gals. Cmt. ret. @ 3230'. Sqz w/125 sx. Spot 25 sx. @ 3215', 25 sx. @ 325', 10 sx. @ surface Class H cement plugs 35 sx. 3250'-3350'. 75 sx. 3060'-3210' 100 sx. 2700'-2850' 80 sx. 1230'-1360' 50 sx. 295'-395' 10 sx. @ surface
Bondurant Fed No. 4	Amoco	J, 13, T-19S, R-32E	9/3/78	Dry Hole	3350'	8 5/8", 24#, J-55 set @ 345' cmt. w/225 sx. Class C	

BONDURANT FEDERAL No. 3

8/9/93

10 sx. cement plug at surf.

293' - 8 5/8", 20#, X-52 casing

Cemented with 200 sxs Class C.
Circulated to Surface.

25 sx. cement plug at 325'

TOC Calculated at 714'.

25 sx. cement plug at 3215'.

Cement retainer at 3230'.

Perfs: 3246'-66', Sqz. w/125 sx. cement.

Cement retainer at 3281'.

Perfs: 3292'-3310', Sqz. w/100 sx. cement.

Cement retainer at 3320'.

Perfs: 3330'-34', Sqz w/300 sx. cement.

3394' - 4 1/2", 9.5#, J-55 casing

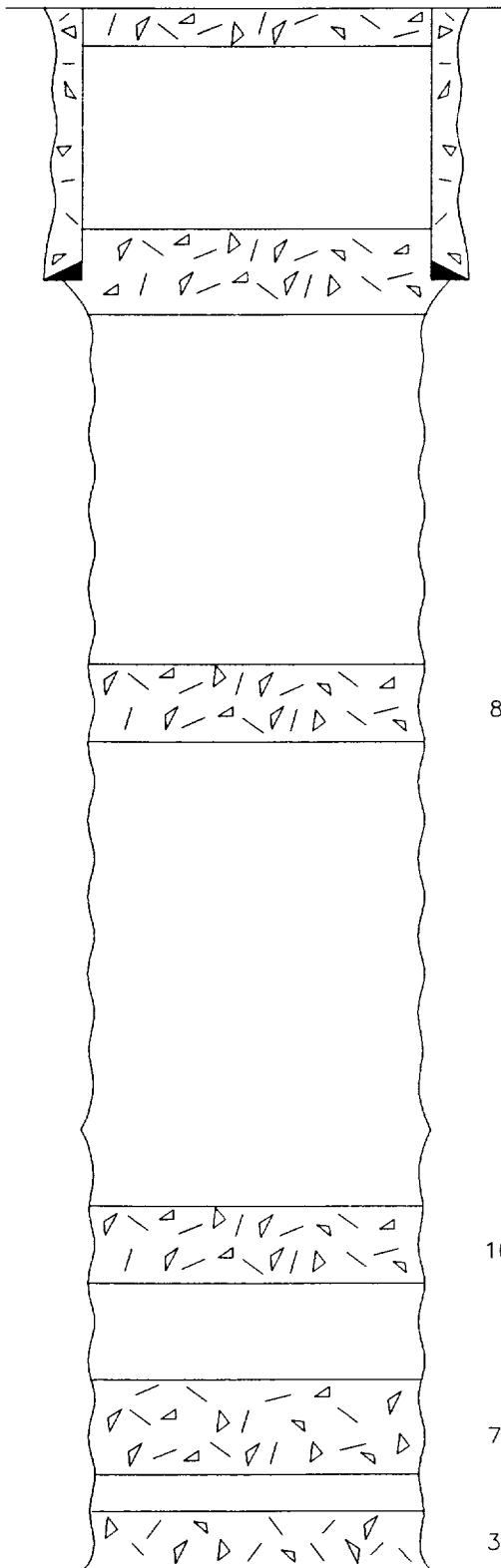
Cemented with 925 sxs. TOC Calc. 714'.

T.D. @ 3394'

Amoco Production Co.
Bondurant Federal No. 3
Unit Letter P
Section 13, T-19S, R-32E
Lea County, NM

BONDURANT FEDERAL No. 4

8/9/93



10 sx. cement plug at surf.

50 sx. cement plug 295'-395'

345' - 8 5/8", 24#, J-55 casing

Cemented with 225 sxs Class C.
Circulated to Surface.

80 sx. cement plug 1230'-1360'

100 sx. cement plug 2700'-2850'

75 sx. cement plug 3060'-3210'

35 sx. cement plug 3250'-3350'.

T.D. @ 3350'

Amoco Production Co.
Bondurant Federal No. 4
Unit Letter J
Section 13, T-19S, R-32E
Lea County, NM

TRETOLITE DIVISION

(915) 682-4301
Fax (915) 684-7873

Reply to:
P.O. Box 60180
Midland, TX 79711-0180

WATER ANALYSIS REPORT

Company : LYNX PETROLEUM Date : 7-13-93
Address : HOBBS, NEW MEXICO Date Sampled : 6-30-93
Lease : ANADARKO EXXON Analysis No. : 2013
Well : FEDERAL #1
Sample Pt. :

ANALYSIS	mg/L	* meq/L
1. pH	6.8	
2. H2S	200 PPM	
3. Specific Gravity	1.150	
4. Total Dissolved Solids	233398.3	
5. Suspended Solids		
6. Dissolved Oxygen		
7. Dissolved CO2	0.0 PPM	
8. Oil In Water		
9. Phenolphthalein Alkalinity (CaCO3)		
10. Methyl Orange Alkalinity (CaCO3)	200.0	
11. Bicarbonate	HC03 244.0	HC03 4.0
12. Chloride	Cl 144747.1	Cl 4083.1
13. Sulfate	SO4 1570.0	SO4 32.7
14. Calcium	Ca 10541.0	Ca 526.0
15. Magnesium	Mg 7147.1	Mg 588.0
16. Sodium (calculated)	Na 69104.0	Na 3005.8
17. Iron	Fe 45.0	
18. Barium	Ba Not Run	
19. Strontium	Sr Not Run	
20. Total Hardness (CaCO3)	55750.1	

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	= mg/L
526 *Ca <----- *HC03	Ca(HC03)2	81.0	324
----- /----->	CaSO4	68.1	2225
588 *Mg -----> *SO4	CaCl2	55.5	27152
----- <----- /	Mg(HC03)2	73.2	
3006 *Na -----> *Cl	MgSO4	60.2	
-----	MgCl2	47.6	27992
Saturation Values Dist. Water 20 C	NaHC03	84.0	
CaCO3 13 mg/L	Na2SO4	71.0	
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	175661
BaSO4 2.4 mg/L			

REMARKS: SWEATT - BENNETT - FILE

Petrolite Oilfield Chemicals Group

Respectfully submitted,
RAY SHAFFNER

EXHIBIT F



Petrolite Corporation
200 North Loraine, Suite 1100
Midland, TX 79701-4736

PETROLITE DIVISION

(915) 682-4301
Fax (915) 684-7873

Reply to:
P.O. Box 60180
Midland, TX 79711-0180

SCALE TENDENCY REPORT

Company	: LYNX PETROLEUM	Date	: 7-13-93
Address	: HOBBS, NEW MEXICO	Date Sampled	: 6-30-93
Lease	: ANADARKO EXXON	Analysis No.	: 2013
Well	: FEDERAL #1	Analyst	: RAY SHAFFNER
Sample Pt.	:		

STABILITY INDEX CALCULATIONS (Stiff-Davis Method) CaCO₃ Scaling Tendency

S.I. = 1.1 at 80 deg. F or 27 deg. C
S.I. = 1.2 at 120 deg. F or 49 deg. C

CALCIUM SULFATE SCALING TENDENCY CALCULATIONS (Skillman-McDonald-Stiff Method) Calcium Sulfate

S = 1541 at 80 deg. F or 27 deg C
S = 1677 at 120 deg. F or 49 deg C

Petrolite Oilfield Chemicals Group

Respectfully submitted,
RAY SHAFFNER

TRETOLITE DIVISION

 (915) 682-4301
 Fax (915) 684-7873

 Reply to:
 P.O. Box 60180
 Midland, TX 79711-0180

WATER ANALYSIS REPORT

Company	: LYNX PETROLEUM	Date	: 7-13-93
Address	: HOBBS, NEW MEXICO	Date Sampled	: 6-30-93
Lease	: MACK ENERGY	Analysis No.	: 2014
Well	: FEDERAL #2		
Sample Pt.	:		

ANALYSIS		mg/L	* meq/L
-----		----	-----
1. pH	7.0		
2. H2S	12 PPM		
3. Specific Gravity	1.020		
4. Total Dissolved Solids		26677.1	
5. Suspended Solids			
6. Dissolved Oxygen			
7. Dissolved CO2		65 PPM	
8. Oil In Water			
9. Phenolphthalein Alkalinity (CaCO3)			
10. Methyl Orange Alkalinity (CaCO3)		100.0	
11. Bicarbonate	HCO3	122.0	HCO3 2.0
12. Chloride	Cl	14001.9	Cl 395.0
13. Sulfate	SO4	2750.0	SO4 57.3
14. Calcium	Ca	1370.7	Ca 68.4
15. Magnesium	Mg	505.6	Mg 41.6
16. Sodium (calculated)	Na	7914.1	Na 344.2
17. Iron	Fe	12.7	
18. Barium	Ba	Not Run	
19. Strontium	Sr	Not Run	
20. Total Hardness (CaCO3)		5504.9	

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	= mg/L
+-----+			
68 *Ca <----- *HCO3	Ca(HCO3)2	81.0	162
----- /----->	CaSO4	68.1	3898
42 *Mg -----> *SO4	CaCl2	55.5	507
----- <----- /	Mg(HCO3)2	73.2	
344 *Na -----> *Cl	MgSO4	60.2	
+-----+	MgCl2	47.6	1980
Saturation Values Dist. Water 20 C	NaHCO3	84.0	
CaCO3 13 mg/L	Na2SO4	71.0	
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	20118
BaSO4 2.4 mg/L			

REMARKS: SWEATT - BENNETT - FILE

Petrolite Oilfield Chemicals Group

 Respectfully submitted,
 RAY SHAFFNER

EXHIBIT G

PETROLITE

Petrolite Corporation
200 North Loraine, Suite 1100
Midland, TX 79701-4736

TRETOLITE DIVISION

(915) 682-4301
Fax (915) 684-7873

Reply to:
P.O. Box 60180
Midland, TX 79711-0180

SCALE TENDENCY REPORT

Company	: LYNX PETROLEUM	Date	: 7-13-93
Address	: HOBBS, NEW MEXICO	Date Sampled	: 6-30-93
Lease	: MACK ENERGY	Analysis No.	: 2014
Well	: FEDERAL #2	Analyst	: RAY SHAFFNER
Sample Pt.	:		

STABILITY INDEX CALCULATIONS
(Stiff-Davis Method)
CaCO₃ Scaling Tendency

S.I. = 0.0 at 80 deg. F or 27 deg. C
S.I. = 0.2 at 120 deg. F or 49 deg. C

CALCIUM SULFATE SCALING TENDENCY CALCULATIONS
(Skillman-McDonald-Stiff Method)
Calcium Sulfate

S = 4167 at 80 deg. F or 27 deg C
S = 4283 at 120 deg. F or 49 deg C

Petrolite Oilfield Chemicals Group

Respectfully submitted,
RAY SHAFFNER

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, Kathi Bearden

General Manager

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 _____

one weeks.

Beginning with the issue dated

Sept. 9, 19 93

and ending with the issue dated

Sept. 9, 19 93

Kathi Bearden

General Manager

Sworn and subscribed to before

me this 15 day of

September, 19 93

Charlene Perrin

Notary Public.

My Commission expires
March 15, 1997

(Seal)

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.

LEGAL NOTICE

September 9, 1993

NOTICE OF WATER
DISPOSAL WELL

Pronghorn SWD System,
P.O. Box 1979, Hobbs, NM
88241, Phone 505-392-
8292, Contact - Larry R.
Scott, has made application
for a water disposal well
with the NMOCD. The
Pronghorn Federal SWD
No. 1 will be drilled at a lo-
cation 330' FNL and 1650'
FEL of Section 24, T-19S, R-
32E, Lea County, NM. Dis-
posal will be into the Yates-
Seven Rivers formation
through an open hole com-
pletion over the interval
3300' to 3500'. Maximum
rate and pressure are antici-
pated to be 12,500 BWPD
and 600 psi. Interested par-
ties must file objections or a
request for a hearing with
the New Mexico Oil Con-
servation Division, P.O. Box
2088, Santa Fe, NM 87504
within 15 days of this notice.

1. Addressee's Address <input type="checkbox"/> Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for fee	
2. Addressee's Address <input type="checkbox"/> Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for fee	
3. Article Addressed to: Exxon Company U.S.A. Box 1600 Midland, TX 79702	
4. Article Number: P 661 749 387	
5. Signature (Addressee) <i>[Signature]</i> Somerville Agent	
6. Addressee's Address (Only if requested and fee is paid)	
7. Date of Delivery SEP - 9 1981	
8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service

SENDER: Complete items 1 and 2 for additional services: <input type="checkbox"/> Complete items 3 and 4a & b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return the card to you. <input type="checkbox"/> Attach this form to the front of the magazine, or on the back if space permits. <input type="checkbox"/> Write "Return Receipt Requested" on the magazine below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		1. also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery 3. <input type="checkbox"/> Postmaster for fee.	
3. Article Addressed to: Amoco Production Company Box 3092 Houston, TX 77253		4a. Article Number: P. 661 749 385	
5. Signature (Addressee): 6. Signature (Agent):		4b. Service Type <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> COD <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Merchandise	
7. Date of Delivery: SEP 10 1993		8. Signature (Sender): SEP 10 1993	
9. Only if requested:			

SENDER

Complete items 1 and 2 for additional services.

• Complete items 3, 4, and 5.

• Print your name and address on the reverse of this form so that we can return the card to you from the mailbox, or on the back of space does not permit.

• Write Return Receipt Requested on the labels below the article number if the Return Receipt will show to whom the article was delivered and the date of receipt.

3. Article Addressed to
Winston Centennial
Box 1837
Roswell, NM 88202-1837

4a. Article Number
P 661 7M9 394

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☒ Registered Mail ☐ Return Receipt for Merchandise

5. Signature (Addressed)

6. Signature (Agent)

7. Date of Delivery

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

1. I also wish to receive the following services for an extra fee:
☐ Addressee's Address
☐ Restricted Delivery
 (Consult postmaster for fee)


9. Form 3811, December 1991

U.S. POSTAL SERVICE

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

[illegible]

SENDER:		I also wish to receive the following services (for an extra fee):	
<ul style="list-style-type: none">• Complete items 1 and 2 for additional services.• Complete items 3 and 4 as to b• Print your name and address on the reverse of this form so that we can return this card to you		<ul style="list-style-type: none">1. Addressee's Address2. <input checked="" type="checkbox"/> Facsimiled Delivery	
<p>Put your name in the blank space on the envelope, or on the back if space does not permit.</p> <p>The return Receipt will show to whom the article was delivered and the date received.</p>		Consult Estimator for fee.	
3. Article Addressed to: Anadarko Petroleum Corp. P.O. Box 2497 Midland, TX 79702		4a. Article Number: P 661 749 386	
4. Service Type: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		5. Date of Delivery: 9-08-93	
5. Signature (addressee)		B. Addressee's Address (Only if requested and fee is paid)	
6. Signature (agent) 			

PS Form 3811, December 1991 *454-000-100-3200

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and 2 for additional services

Complete items 3, 4 and 5 as follows:

Print your name, 1, and address on the reverse of this form so that we can return it to you in the form of the magazine, or on the back if space does not permit.

Write "Return Receipt Requested" on the magazine below the article number.

The Return Receipt will appear to whom the article was delivered and the date.

3 Article Addressed to:
P/O Corporation
P.O. Box 8148
Roswell, NM 88202

4a Article Number:
661 749 391

4b Service Type: ☒ Insured
☐ Registered
☐ Certified

5 Signature (addressee)
[Signature]

6 Signature (agent)
[Signature]

7 Date Delivered
APR 1983

8 Address of recipient
10000 N. 10th Ave.

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

1. ☐ Addressed Service

2. ☒ Restricted Delivery

3. ☐ Return Receipt for fee

4. ☐ Signature Required for fee

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