

SWD 11.9.95
611

LAW OFFICES
LOSEE, CARSON, HAAS & CARROLL, P. A.

MARY LYNN BOGLE
ERNEST L. CARROLL
JOEL M. CARSON
DEAN B. CROSS
JAMES E. HAAS
A. J. LOSEE

300 YATES PETROLEUM BUILDING
P. O. DRAWER 239
ARTESIA, NEW MEXICO 88211-0239

TELEPHONE
(505) 746-3505
TELECOPY
(505) 746-6316

October 24, 1995

Mr. William J. LeMay
Oil Conservation Division
2040 S. Pacheco
Santa Fe, NM 87504

Re: Application of Mack Energy Corporation for
Water Disposal Well/Big George Well No. 3,
Section 12, Township 17 South, Range 28 East,
N.M.P.M., Eddy County, New Mexico

Dear Mr. LeMay:

I am submitting herewith the Application for Authorization to Inject of Mack Energy Corporation, as captioned above, with the request that it be considered for administrative approval. Enclosed is an original of the application and one copy, with a copy being provided to the Artesia district office. Proof of notice, both by publication and by mail, will be provided once all return receipt cards are returned and the Affidavit of Publication is received.

If you have any questions, do not hesitate to contact me.

Very truly yours,

LOSEE, CARSON, HAAS & CARROLL, P.A.


Ernest L. Carroll

ELC:kth
Encl.

xc w/enc: OCD, Artesia Division
Mr. Jim Brown, Mack Energy Corporation

CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS

Operator: MARK ENERGY CORP. Well: BIG GEORGE No 3
Contact: TIM BROWN Title: eng. Phone: 505-748-1288
DATE IN 10-28-95 RELEASE DATE 11-7-95 DATE OUT 11-27-95

Proposed Injection Application is for: WATERFLOOD Expansion Initial
Original Order: R- Secondary Recovery Pressure Maintenance
 SENSITIVE AREAS SALT WATER DISPOSAL
 WIPP Capitan Reef Commercial Operation

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

AREA of REVIEW WELLS

2 Total # of AOR 1 # of Plugged Wells
YES Tabulation Complete YES Schematics of P & A's
YES Cement Tops Adequate NO AOR Repair Required

INJECTION INFORMATION

Injection Formation(s) CISCO
Source of Water AREA PRODUCTION Compatible YES

PROOF OF NOTICE

Copy of Legal Notice Information Printed Correctly
YES Correct Operators Copies of Certified Mail Receipts
NO Objection Received Set to Hearing _____ Date

NOTES: ON THE WAY

APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL YES

COMMUNICATION WITH CONTACT PERSON:

1st Contact: Telephoned Letter 11-27 Date Nature of Discussion LEGAL & CERT MAIL RECPTS
2nd Contact: Telephoned Letter 12-15 Date Nature of Discussion OBJECTION FROM BLAZER O&G
3rd Contact: Telephoned Letter _____ Date Nature of Discussion _____

OBJECTION - SWD SLID THRU BEFORE PUBLIC NOTICE. NOTIFIED TIM BROWN ON 12-15 - HE WILL CONTACT & GET BACK W/ ME TO SEE IF THEY CAN SATISFY OBJECTION!

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no

II. Operator: Mack Energy Corporation

Address: P.O. Box 960, Artesia, NM 88211-0960

Contact party: Jim Brown Phone: (505)748-1288

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.

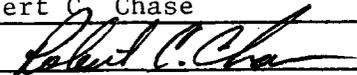
XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

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: Robert C. Chase Title: Field Supervisor

Signature:  Date: 10/17/95

* 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.

III WELL DATA

Mack Energy Corporation

Big George

OPERATOR

LEASE

3 1650 FSL 1650 FEL
WELL NO. FOOTAGE LOCATION

12
SECTION

17S
TOWNSHIP

28E
RANGE

Schematic

Tabular Data

Surface Casing

Size 13 3/8" 300' " Cemented with 350 sx.

TOC Circ feet determined by _____

Hole size 17 1/2"

Intermediate Casing

Size 8 5/8" @ 2670' " Cemented with 1500 sx.

TOC Circ feet determined by _____

Hole size 12 1/4"

Long string

Size 5 1/2" @ 8700' " Cemented with Circ to surface sx.

TOC Circ feet determined by _____

Hole size 8 7/8"

Total depth 8800'

Injection interval

8700 feet to 8800 feet

~~perforated~~ or open-hole, indicate which)

Tubing size 2 7/8" lined with Plastic set in a
(material)
Halliburton Trump packer at 8650 feet
(brand and model)

(or describe any other casing-tubing seal).

Other Data

1. Name of the injection formation Cisco

2. Name of Field or Pool (if applicable) None

3. Is this a new well drilled for injection? Yes No

If no, for what purpose was the well originally drilled? _____

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. Cave San Andres West - 2500'

Empire Abo North Pool - 6949'

East Red Lake Queen - 1780'

V MAP ATTACHED

VI TABULATION OF DATA OF AREA OF REVIEW

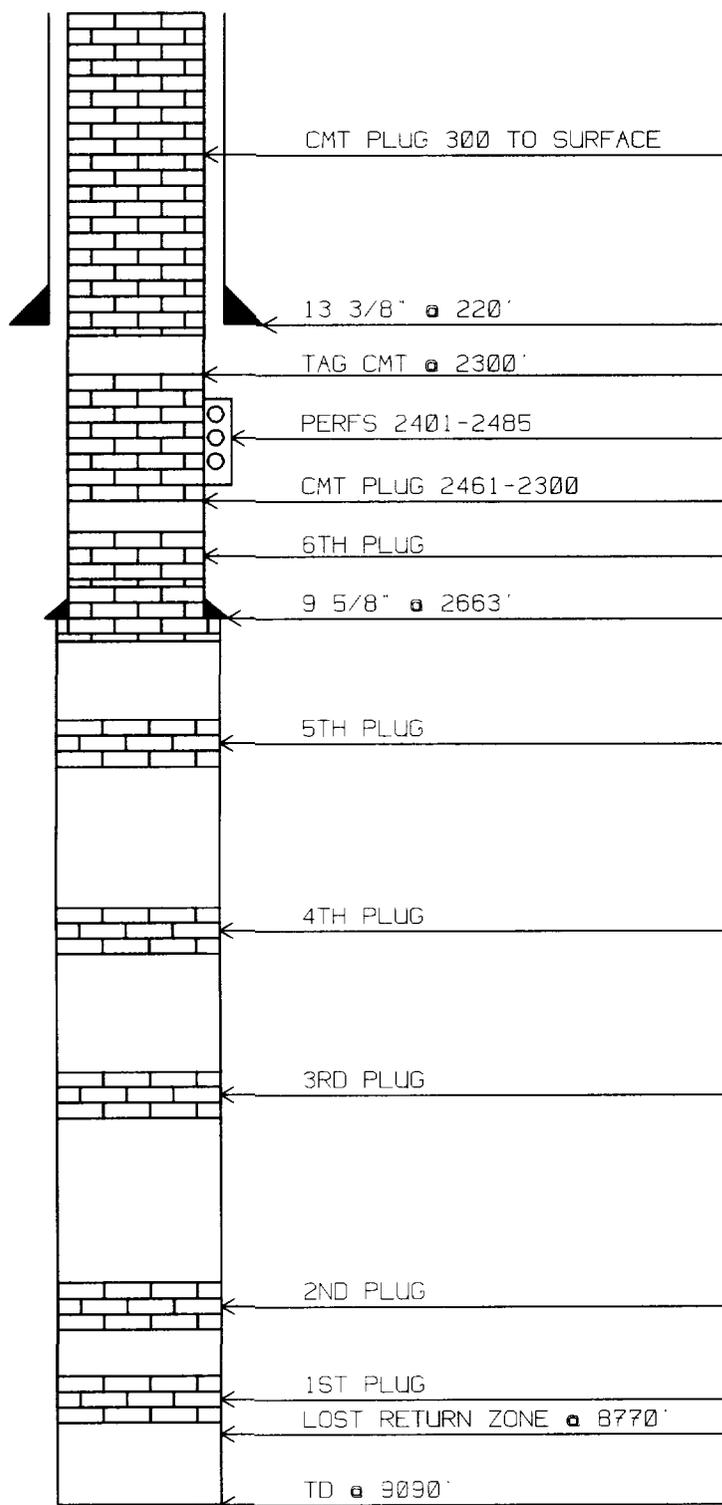
WELL NAME	LOCATION	STATUS	DATE SPUDED	TOTAL DEPTH	COMPLETION INTERVAL	COMPLETION DATE
PPC FEDERAL #1	UNIT E SEC 7 T17S R29E 1980FNL 525FWL	PLUGGED	08/23/86	9090'	2401-2485	09/16/87
BIG GEORGE STATE #2	UNIT J SEC 12 T17S R28E 2080FSL 1980FEL	PROD	04/17/90	10465'	6949-7048	11/15/94

EXXON CORPORATION

PPC FEDERAL COM #1

SEC 7 T17S R29E 1980FNL 525FWL

WELL DIAGRAM



PLUG #1 200SX CLASS C W/2% CC @ 8770-8430

PLUG #2 100SX CLASS H NEAT @ 8254-8104

PLUG #3 100SX CLASS H NEAT @ 7160-7010

PLUG #4 100SX CLASS H NEAT @ 5904-5754

PLUG #5 100SX CLASS H NEAT @ 3794-3644

PLUG #6 100SX CLASS H NEAT @ 2713-2492

PLUG #7 60SX CLASS H NEAT @ 2461-2300

PLUG #8 90SX CLASS H NEAT @ 300-0

EXXON CORPORATION

PPC FEDERAL COM #1
SEC 7 T17S R29E 1980FNL 525'FWL

WELL HISTORY

ELEV: 3690'

PBTD: 2492'

TD: 9097'

SP Csg: 13 3/8" N-80 STC 68# @ 220' C/w 300sx

INT Csg: 9 5/9" N-80 53.5# @ 2663' C/w 700sx Class C w/10% gel and 250sx Class C w/2% CC.

LS Csg:

T SALT: 200'

B SALT: 688'

PERFS:

DRILLING REPORT

08/24/86 Ran 6 jts of 13 3/8" 68# N-80 STC @ 220'. Cemented w/300sx Class C. No Returns. Ran 1" and tag @ 126'. Pump cmt and pea gravel in stages every 2 hrs. Total cmt 600sx w/12 yards pea gravel. Top cmt 80. Ready mix w/12 yards of ready mix to surface.

09/01/86 9 5/9" N-80 53.5# @ 2663' C/w 700sx Class C w/10% gel and 250sx Class C w/2% CC. TOC 50. Ready Mix to surface.

10/03/86 Plugged wellbore back to intermediate csg without setting production csg as follows:

Set 200sx Class H w/2% CC @ 8770-8430 Lost Return Zone 8770'

Set 100sx H Neat @ 8254-8104

Set 100sx H Neat @ 7160-7010

Set 100sx H Neat @ 5904-5754

Set 100sx H Neat @ 3794-3644

Set 100sx H Neat @ 2713-2492

COMPLETION REPORT

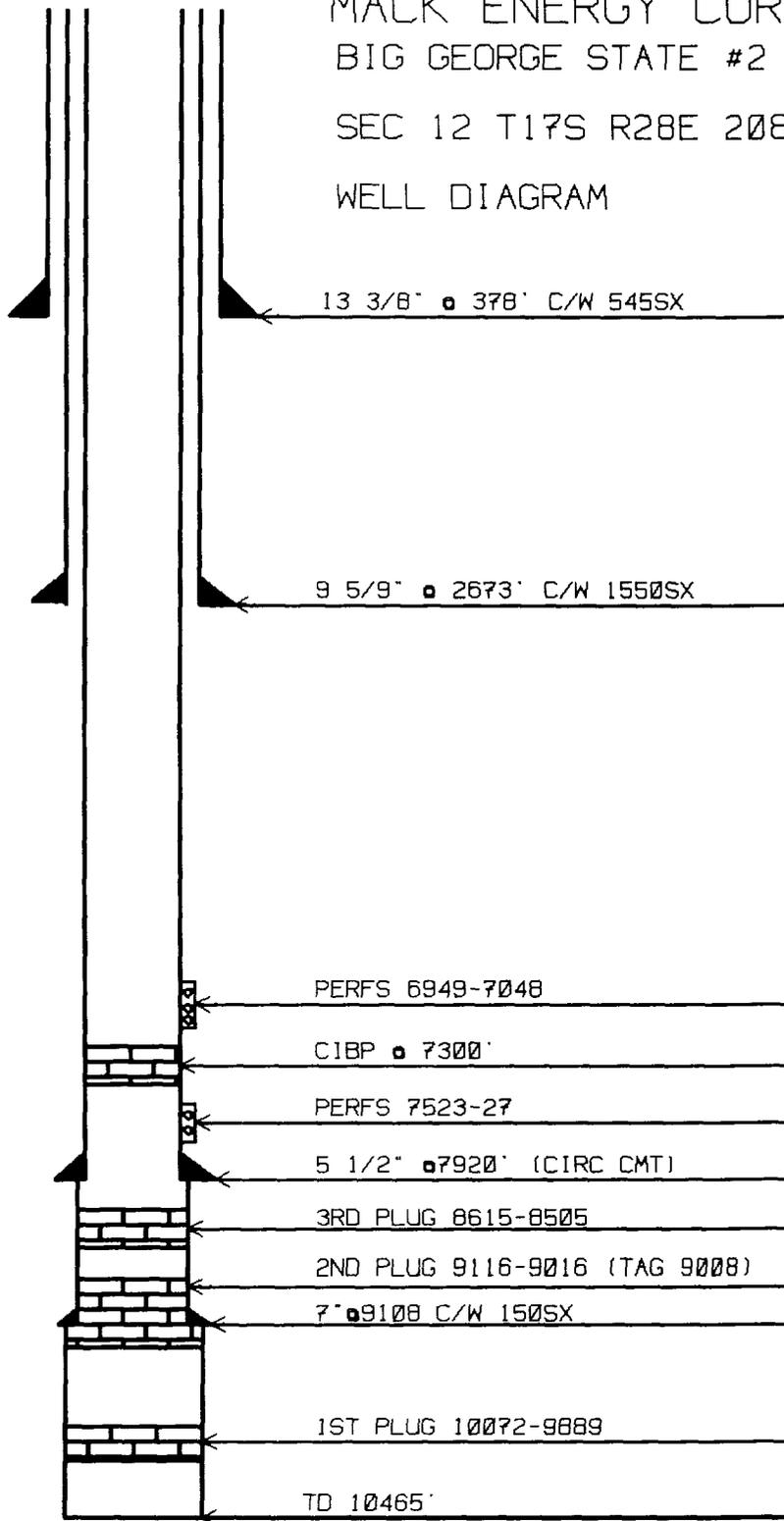
01/20/88 Perfed csg from 2401-2485. Acidized perfs w/1500 gals 15% NE acid. Frac perfs w/40000 gals gelled water and 150sx sand.

WELL REPORT

06/26/90 Plug and abandon as follows:

Set 60sx plug @ 2461'. Tag @ 2300'. Circ hole w/9.5# mud. Set 90sx cmt @ 300' to surface. Dumped 2 yard ready mix cmt to top. Installed dry hole marker.

MACK ENERGY CORPORATION
 BIG GEORGE STATE #2
 SEC 12 T17S R28E 2080FSL 1980FEL
 WELL DIAGRAM



13 3/8" o 378' C/W 545SX

9 5/9" o 2673' C/W 1550SX

PERFS 6949-7048

CIBP o 7300'

PERFS 7523-27

5 1/2" o 7920' (CIRC CMT)

3RD PLUG 8615-8505

2ND PLUG 9116-9016 (TAG 9008)

7" o 9108 C/W 150SX

1ST PLUG 10072-9889

TD 10465'

1ST PLUG 10072-9889 W/60SX

2ND PLUG 9116-9016 W/35SX

3RD PLUG 8615-8505 W/28SX

TAG PLUG #2 o 9008

MACK ENERGY CORPORATION

BIG GEORGE #2

Sec 12 Twp 17-S Rge 28E 2080' FSL 1980' FEL

WELL HISTORY

CIBP: 7300' (10-27-94)

PBTD: 7300'

TD: 10465'

SP Csg: 13 3/8" 42# @ 378' C/w 545sx (cmt to surface with 1")

Int. Csg: 9 5/8" @ 2673' cmt. with 1550 sx. (Circ 150sx)

7" @ 9108 cmt. with 150 sx. Pulled 7915' out of hole.

LS Csg: 5 1/2" 17# N-80 LT&C @ 7920' DV TOOL @ 4962' Cmt 1st Stage w/825sx 50/50 poz w/2.5# salt 4/10 of 1% Halad 322. 2nd Stage C/w 850sx Hali Light w/6# salt 1/4# Flocele & 100sx C neat.

T SALT:

B SALT:

PERFS: 6949-6961'-22holes, 7523'-7527'-10holes 2 Shots per ft. 6994,95,96,7011,13,14,20,34,36,38,46,47,48.

COMPLETION REPORT

WELL REPORT

04/17/90 Spud 17 1/2" hole

04/18/90 Set 13 3/8" H-40 48# @ 378' C/w 370sx Premium Plus w/1/4# flocele and 2% CC. TOC by survey 225'. 1" w/25sx. 1" @110' w/150sx and Circ cmt to surface.

04/26/90 Set 9 5/9" 36# @ 2674' C/w 1300sx Class C Lite. 85% premium plus and 15% Poz w/8% gel 1/4# flocele, w/250sx Class C w/2% CC and 14# flocele. Circ 150sx to surface.

05/21/90 Set 7" J-55 26# @ 9108' C/w 150sx Class H Neat w/1% CC.

06/05/90 Plugging operations with following plugs set. 9889-10072 60sx. 9016-9116 35sx. (tagged at 9008), 8505-8615 28sx., 7850-7950 45sx. 6926-7026 35sx., 5910-6010 35sx., 3690-3790 35sx., 2625-2725 50sx. (tagged at 2620) 450' 35sx. Surface 15sx. (Cut 7" csg off @ 7915 and pulled 7915 out of hole)

10/15/94 Rigged up

10/16/94 Ran 8 3/4" bit and ceaned out to 4700'.

10/18/94 Cleaned out to 7100'

10/19/94 Cleaned out to 7818

10/21/94 Logged well and prep to run csg. Ran 231 jts 5 1/2" 17# N-80 csg. Set at 7920'. Cmt 1st stage from TD back to 4962' w/825sx 50/50 poz w/6# salt and 4/10 of 1% Halad 322. Circ 69sx of ES Cementer. 2nd stage w/850sx Haliburton Lite and tail in w/100sx Class C cmt. Circ 25sx.

10/25/94 Perfed csg 7523-27.

10/26/94 Acidized perms w/500 gals 15% NE acid.

10/27/94 Set CIBP @ 7300'. Perfed csg from 6953-57. Acidized perms w/500 gals 15% NE acid.

10/31/94 Put well on pump.

11/08/94 Perfed csg 6994-7048

11/09/94 Acidized perms 6994-7048 w/1000 gals acid.

11/12/94 Put well back on pump.

V11 DATA SHEET: PROPOSED OPERATIONS

- 1 Proposed average and maximum daily rate and volume of fluids to be injected;
Respectively, 1500 BWPD and 2500 BWPD
- 2 The system is closed or open;
Closed
- 3 Proposed average and maximum injection pressure:;
Vacuum- 100#
- 4 Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water;
WE WILL BE REINJECTING PRODUCED WATER
- 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;
WE WILL BE DRILLING THIS WELL AND INFORMATION IS NOT AVAILABLE

VIII GEOLOGICAL DATA

LITHOLOGIC DETAIL

DOLOMITIC & LIME

GEOLOGICAL NAME

CISCO

THICKNESS

600'

DEPTH

8725-9440

IX PROPOSED STIMULATION PROGRAM

TO BE TREATED WITH 1000 GALLONS 15% ACID

X LOGS AND TEST DATA

WELL WILL BE DRILLED AND INFORMATION WILL BE

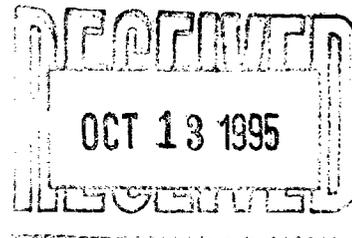
XI CHEMICAL ANALYSIS OF FRESH WATER

THERE IS NO FRESH WATER IN THIS AREA WITHIN ONE MILE OF THIS WELL
See Attached letter from New Mexico State Engineer Office



STATE OF NEW MEXICO

STATE ENGINEER OFFICE



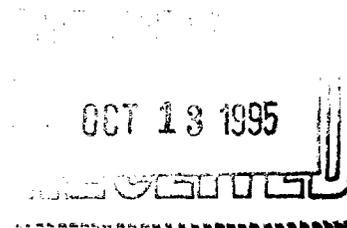
Thomas C. Turney
State Engineer

ROSWELL

October 12, 1995

DISTRICT II
1900 West Second St.
Roswell, New Mexico 88201
(505) 622-6521

Robert Chase
Mack Energy Corp.
P. O. Box 960
Artesia, NM 88211-0960



Dear Sir:

No records were found in the State Engineer Office files for the location, Township 17 South, Range 28 East, Section 12, or the surrounding area.

If you have any other questions or requests, do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Fresquez".

Kenneth Fresquez
Field Engineer

KF/lc
cc: Santa Fe

MACK ENERGY CORPORATION

P.O. Box 960
Artesia, New Mexico 88211-0960
(505) 748-1288 / FAX (505) 746-2362

XII AFFIRMATIVE STATEMENT

RE: Big George State #3

We have examined the available geologic and engineering data and find no evidence of open faults or any other hydrolic connection between the disposal zone and any underground source of drinking water.

Mack Energy Corporation

Date: 10/17/95


Robert C. Chase, Field Supervisor

LAW OFFICES

LOSEE, CARSON, HAAS & CARROLL, P. A.

MARY LYNN BOGLE
ERNEST L. CARROLL
JOEL M. CARSON
DEAN B. CROSS
JAMES E. HAAS
A. J. LOSEE
BARRY D. GEWEKE

300 YATES PETROLEUM BUILDING
P. O. BOX 1720
ARTESIA, NEW MEXICO 88211-1720

TELEPHONE
(505) 746-3505
TELECOPY
(505) 746-6316

December 1, 1995

VIA FACSIMILE AND FIRST CLASS MAIL

Mr. Rand Carroll
Oil Conservation Division
2040 S. Pacheco
Santa Fe, NM 87504

Re: Application of Mack Energy Corporation for
Water Disposal Well/Big George Well No. 3,
Section 12, Township 17 South, Range 28 East,
N.M.P.M., Eddy County, New Mexico - Adminis-
trative Order SWD-611

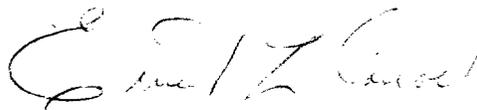
Dear Mr. Carroll:

Our office is in receipt of Administrative Order SWD-611, entered November 27, 1995, in connection with the above-captioned application. Be advised that proof of notice to date has not been provided, and is pending pursuant to our initial conveyance of the application itself.

Mack Energy Corporation hereby agrees not to drill and inject the referenced well until proof of notice has been completed. Thank you for your assistance.

Very truly yours,

LOSEE, CARSON, HAAS & CARROLL, P.A.



Ernest L. Carroll

ELC:kth

xc Mr. Jim Brown, Mack Energy Corporation

Affidavit of Publication

No. 15294

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 November 30, 1995
- Second Publication _____
- Third Publication _____
- Fourth Publication _____

Gary D. Scott

Subscribed and sworn to before me this 1st day of December 19 95

Emmanuel Boasis
Notary Public, Eddy County, New Mexico

My Commission expires September 23, 1999

Copy of Publication

LEGAL NOTICE

NOTICE OF APPLICATION FOR AUTHORIZATION TO INJECT

NOTICE IS HEREBY GIVEN that Mack Energy Corporation, P.O. Box 1359, Artesia, NM, 88211-1359, (505) 748-1288 (Contact Jim Brown) has made application to the Oil Conservation Division of the State of New Mexico Energy and Minerals Department to drill its Big George Well #3, located 1650' FSL, 1650' FEL of Section 12, Township 17 South, Range 28 East, N.M.P.M., Eddy County, New Mexico, as a water disposal well.

The injection formation is the Cisco formation, at 8700' to 8800', with a proposed average and maximum daily rate and volume of fluids to be injected of 1500 BWPD and 2500 BWPD, respectively. The proposed average and maximum injection pressure of vacuum - 100%.

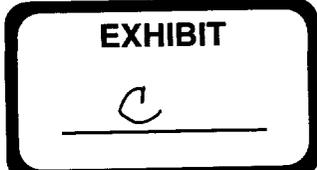
Interested parties must file objections or requests for hearing with the Oil Conservation Division, 2040 S. Pacheco, Santa Fe, New Mexico, 87501 within 15 days of the last date of publication.

LOSEE, CARSON, HAAS & CARROLL, P.A.

by: s-Ernest L. Carroll
Ernest L. Carroll
P.O. Box 1720
Artesia, New Mexico
88211-1720
(505) 746-3505

Attorneys for Applicant
Published in the Artesia Daily Press, Artesia, N.M. November 30, 1995.

Legal 15294



Is your RETURN ADDRESS completed on the reverse side?

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.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Article Addressed to:
 #13 Townhouse Court
 Bellaire, TX 77401-3315

4a. Article Number
 2153498341

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

7. Date of Delivery
 12-5-95

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery
 12/4/95

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

4a. Article Number
 2153498340

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

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:
 Carl C. Beach
 711 N. Carancahua
 Suite 1106
 Corpus Christi, TX 78475

4a. Article Number
 2153498341

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

7. Date of Delivery
 12-5-95

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Neilson Beach Oil Investments
 P. O. Box 29777
 Dallas, TX 75229

4a. Article Number
 2061312801

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)

5. Signature (Addressee)

6. Signature (Agent)

SENDER:

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

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 B & W Oil Co., Inc.
 Route 252 N. Haldeman Rd.
 Artesia, NM 88210

4a. Article Number
 2046532357

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

7. Date of Delivery
 12/2/95

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Ray Powell, Commissioner of
 Public Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148

4a. Article Number
 2064714886

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

7. Date of Delivery
 1995

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

5. Signature (Addressee)

6. Signature (Agent)

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:
 Conoco, Inc.
 10 Deska Drive 100 W.
 Midland, TX 79705-9902

4a. Article Number
 2064714885

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

7. Date of Delivery
 12-7-95

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- 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:
 Ray Powell, Commissioner of
 Public Lands
 P.O. Box 1148
 Santa Fe, NM 87504-1148

4a. Article Number
 2064714886

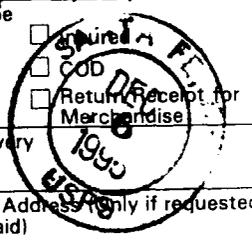
4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 1995

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

5. Signature (Addressee)

6. Signature (Agent)



our 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Brock Resources, Inc.
 225 Baronne Street, Ste 700
 New Orleans, LA 70112-7000

4a. Article Number: **Z 046 532356**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Date of Delivery: **12-5-95**

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

7. Date of Delivery: **12-5-95**

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**



6. Signature (Agent): *[Signature]*

5. Signature (Addressee): *[Signature]*

3. Article Addressed to:
William N. Beach
 800 N. Marienfeld, Suite 200
 Midland, TX 79701

4a. Article Number: **Z 046 532353**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Date of Delivery: **12-4-95**

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

Thank you for using Return Receipt Service.

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Trans-Oil & Gas, Inc.
 Box 418
 Sanger, TX 76266

4a. Article Number: **Z 153 498 330**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-8-95**

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

6. Signature (Agent): *[Signature]*

5. Signature (Addressee): *[Signature]*

3. Article Addressed to:
B. D. Narrell Family Trust
 2311 Maxwell Drive
 Midland, TX 79705-4911

4a. Article Number: **Z 061 312 807**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Date of Delivery: **12-8-95**

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

Thank you for using Return Receipt Service.

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Hunt Oil Co.
 1445 Ross at Field
 Dallas, TX 75202

4a. Article Number: **Z 064 714 887**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **DEC 8 1995**

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

6. Signature (Agent): *[Signature]*

5. Signature (Addressee): *[Signature]*

3. Article Addressed to:
Atlantic Richfield Co.
 P. O. Box 600
 Dallas, TX 75221

4a. Article Number: **Z 153 498 313**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-8-95**

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

Thank you for using Return Receipt Service.

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Atlantic Richfield Co.
 P. O. Box 600
 Dallas, TX 75221

4a. Article Number: **Z 153 498 313**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-8-95**

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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:
Charles L. West
 3103 Auburn
 Midland, TX 79705

4a. Article Number
2 153 498 394

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

7. Date of Delivery
12-4-95

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

5. Signature (Addressee)
Charles L. West

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

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:
Sabre Exploration, Inc.
 P. O. Box 4848
 Wichita Falls, TX 76308
 0848

4a. Article Number
2 153 498 328

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

7. Date of Delivery
12-8-95

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

5. Signature (Addressee)

6. Signature (Agent)
Robin White

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

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:
Anadarko Petroleum
 P. O. Box 2495
 Midland, TX 79702

4a. Article Number
2 061 312 811

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

7. Date of Delivery
DEC - 6 1995

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

5. Signature (Addressee)

6. Signature (Agent)
D. Talley

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

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:
Devon Energy Corp.
 20 North Broadway
 Suite 1500
 Oklahoma, OK 73102

4a. Article Number
2 061 312 810

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

7. Date of Delivery
12-7-95

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

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

1. Signature (Agent) *[Signature]*

2. Signature (Addressee)

3. Article Addressed to:
Love Advertisers, L. P.
 P. O. Box 2923
 Houston, TX 77252

4a. Article Number
153 498 326

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

7. Date of Delivery
12-2-95

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

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.

1 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:
Randy Geiselman
 3301 Stanolind
 Midland, TX 79707

4a. Article Number
2 212 312 406

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

7. Date of Delivery
12-2-95

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

5. Signature (Addressee)
Randy Geiselman

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

1. Signature (Agent) *[Signature]*

2. Signature (Addressee)

3. Article Addressed to:
Albuquerque Corporation
 P. O. Box 1608
 Albuquerque, NM 87103-1608

4a. Article Number
153 498 325

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

7. Date of Delivery
12-2-95

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

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.

1 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:
A. J. Cain
 2606 Fannin
 Midland, TX 79705

4a. Article Number
2 046 532 355

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

7. Date of Delivery
12-02-95

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

5. Signature (Addressee)
A. J. Cain

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

1. Signature (Agent) *[Signature]*

2. Signature (Addressee)

3. Article Addressed to:
Warren Maypole
 2101 Acoma
 Hobbs, NM 88240

4a. Article Number
153 498 325

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

7. Date of Delivery
12-2-95

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

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.
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- 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. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Warren Maypole
 2101 Acoma
 Hobbs, NM 88240

4a. Article Number
2 212 312 409

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

7. Date of Delivery
12-2-95

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

5. Signature (Addressee)
Ramona Maypole

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

1. Signature (Agent) *[Signature]*

2. Signature (Addressee)

3. Article Addressed to:
Roger Freidline
 P. O. Box 1242
 Midland, TX 79702

4a. Article Number
153 498 343

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

7. Date of Delivery
12-13-95

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

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.

1 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:
Roger Freidline
 P. O. Box 1242
 Midland, TX 79702

4a. Article Number
153 498 343

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

7. Date of Delivery
12-13-95

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

5. Signature (Addressee)
Roger Freidline

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
S. W. Crosby III
P.O. Box 2346
Roswell, NM 88201

4a. Article Number
2046 532 350

4b. Service Type

Registered Insured

Certified COD

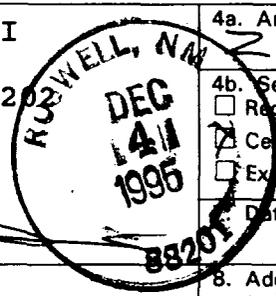
Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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



PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Glenn's Water Well Service, Inc.
P.O. Box 692
Tatum, NM 88267

4a. Article Number
2153 498 317

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
Glenn Glenn

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Blazer Oil & Gas, Inc.
P. O. Box 692
Tatum, NM 88247

4a. Article Number
2153 498 316

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
Glenn Glenn

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

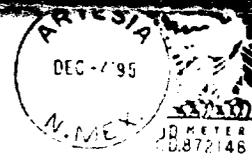
LAW OFFICES

OSSE, CARSON, HAAS & CARROLL, P. A.
300 YATES PETROLEUM BUILDING
P. O. BOX 1720
ARTESIA, NEW MEXICO 88211-1720

CERTIFIED

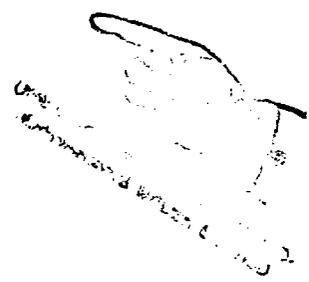
7 682 961 310

MAIL



Pacific Enterprises Oil Co.
P. O. Box 3083
Midland, TX 79702

12-6



Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Explorers Petroleum Corp.
P. O. Box 1933
Roswell, NM 88201

4a. Article Number
2153498398

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

7. Date of Delivery
12-4-95

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

5. Signature (Addressee)

6. Signature (Agent)

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

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:
Damon Truck
P.O. Box 471
Midland, TX 79702

4a. Article Number
2153498398

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

7. Date of Delivery
12-4-95

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

5. Signature (Addressee)

6. Signature (Agent)
Damon Truck

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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:
Ms. Erma Lowe
P.O. Box 832
Midland TX 79702

4a. Article Number
2153498337

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

7. Date of Delivery
DEC - 4 1995

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

5. Signature (Addressee)
Erma Lowe

6. Signature (Agent)

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
Spiral, Inc.
P. O. Box 1933
Roswell, NM 88201

4a. Article Number
2153498324

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

7. Date of Delivery
12-4-95

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

5. Signature (Addressee)

6. Signature (Agent)

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

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:
Parker & Parsley Development
L.P.
P. O. Box 3178
Midland, TX 79702

4a. Article Number
2153498327

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

7. Date of Delivery
DEC - 4 1995

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

5. Signature (Addressee)

6. Signature (Agent)
Parker & Parsley

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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:
Harvey E. Yates Co.
P.O. Box 1933
Roswell, NM 88210

4a. Article Number
2153498320

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

7. Date of Delivery
12-4-95

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

5. Signature (Addressee)

6. Signature (Agent)

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Articles Energy Corporation
 P. O. Box 2323
 Roswell, NM 88208

4a. Article Number: **2153498339**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-4-95**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Fina Oil & Chemical
 P. O. Box 2990
 6 Desta Drive, Ste 4400
 Midland, TX 79705

4a. Article Number: **2153498339**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-4-95**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Articles Energy Corporation
 P. O. Box 2323
 Roswell, NM 88208

4a. Article Number: **2153498331**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-2-95**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Thomas H. Boyd
 Route B Box 103
 Lamesa, TX 79331

4a. Article Number: **2046532354**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-2-95**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Duarte Padilla, Jr.
 1306 S. 9th St.
 Artesia, NM 88210

4a. Article Number: **2153498312**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-4-95**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Noel B. Debnam
 607 N. 23rd
 Lamesa, TX 79331

4a. Article Number: **2212312404**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **DEC 8 1995**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Marato, Inc.
 P.O. Box 832
 Midland TX 79702

4a. Article Number: **2153498338**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **DEC 4 1995**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Marato, Inc.
 P.O. Box 832
 Midland TX 79702

4a. Article Number: **2153498338**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **DEC 4 1995**

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714
5. Signature (Addressee)
6. Signature (Agent)
3. Article Addressed to:
J. Norton Company
5211 Brownfield Hwy, Ste 230
Lubbock, TX 79407-3501

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:
J. H. Baldwin
Box 422
Lamesa, TX 79331

4a. Article Number
Z 046 532 351

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

7. Date of Delivery
DEC - 4 1995

5. Signature (Addressee)
6. Signature (Agent)

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

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

5. Signature (Addressee)
6. Signature (Agent)
3. Article Addressed to:
J. Norton Company
5211 Brownfield Hwy, Ste 230
Lubbock, TX 79407-3501

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:
Mary Swenson Revocable Trust
Attn: Harry Knight Sr. Vice President
Plains National Bank of Lubbock
P. O. Box 271
Lubbock, TX 79408

4a. Article Number
Z 046 532 349

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

7. Date of Delivery

5. Signature (Addressee)
6. Signature (Agent)

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

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

Thank you for using Return Receipt Service

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714
5. Signature (Addressee)
6. Signature (Agent)
3. Article Addressed to:
Huffman Investments
P.O. Box 4976
Odessa, TX 79760

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:
Harrell Spears
2710 Avenue Q
Lubbock, TX 79405

4a. Article Number
Z 046 532 348

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

7. Date of Delivery
12-2-91

5. Signature (Addressee)
6. Signature (Agent)

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

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714
5. Signature (Addressee)
6. Signature (Agent)
3. Article Addressed to:
Huffman Investments
P.O. Box 4976
Odessa, TX 79760

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.
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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.

3. Article Addressed to:
S&M Oil Operations
2575 South Loop 289
Lubbock, TX 79423-1440

4a. Article Number
Z 046 532 346

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

7. Date of Delivery
12-2-95

5. Signature (Addressee)
6. Signature (Agent)

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

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

3. Article Addressed to:
Phillips Petroleum Company
 P.O. Box 1967
 Houston, TX 77001

4a. Article Number: **2153498321**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **DEC 4 1995**

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

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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:
John Angel
 1809 N. Mesa St.
 Carlsbad, NM 88220-8840

4a. Article Number: **2153498315**

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)

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

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:
Angel Energy
 1809 N. Mesa St.
 Carlsbad, NM 88220-8840

4a. Article Number: **2153498314**

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)

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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:
Write Oilfield
 P.O. Box 25723
 Roswell, NM 88201

4a. Article Number: **2153498324**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **DEC 1 1995**

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

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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:
Beach Exploration, Inc.
 800 N. Marienfeld, Ste. 200
 Midland, TX 79701

4a. Article Number: **2153498322**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **12-4-95**

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

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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:
Bonneville Fuels Corporation
 1660 Lincoln, Suite 1800
 Denver, CO 80264

4a. Article Number: **2153498323**

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)

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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:
Bonneville Fuels Corporation
 1660 Lincoln, Suite 1800
 Denver, CO 80264

4a. Article Number: **2153498323**

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)

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service

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:
Bonneville Fuels Corporation
 1660 Lincoln, Suite 1800
 Denver, CO 80264

4a. Article Number: **2153498323**

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)

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse?

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

Signature (Addressee)
Signature (Agent)

3. Article Addressed to:
Estate of Lillie M. Yates
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2046532352

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

DOMESTIC RETURN RECEIPT

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:
O. J. Barron
P.O. Box 10316
Lubbock, TX 79408

4a. Article Number: 2046532352

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

Signature (Addressee)
Signature (Agent)

3. Article Addressed to:
Petroleum Corporation
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498332

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

DOMESTIC RETURN RECEIPT

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:
Petroleum Corporation
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498334

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

Signature (Addressee)
Signature (Agent)

3. Article Addressed to:
Petroleum Corporation
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498336

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

DOMESTIC RETURN RECEIPT

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:
Sharbro
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498333

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

Signature (Addressee)
Signature (Agent)

3. Article Addressed to:
Yates Drilling Company
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498335

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

DOMESTIC RETURN RECEIPT

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:
Yates Drilling Company
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498335

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

Signature (Addressee)
Signature (Agent)

3. Article Addressed to:
Yates Drilling Company
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498335

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

DOMESTIC RETURN RECEIPT

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:
Yates Drilling Company
105 S. Fourth St.
Artesia, NM 88210

4a. Article Number: 2153498335

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: DEC 4 1995

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

BLAZER OIL & GAS, INC.POST OFFICE BOX 692
TATUM, NEW MEXICO 88267PHONE
(505) 398-8530

12/14/95
Re Disposal Well
Mach ENERGY
Sec 12 - T175 - R 20E
ATT BEN STONE

Dear BEN,

I am in receipt of notice that a disposal well will be permitted in a well that adjoins a lease that I have in this same section. I wish to object to this because it might have an adverse effect on my lease. I will contact you by phone later.

Yours Truly
Clark A. Jones