



Midland Division
Exploration and Production

CONOCO
10 Desta Drive West
Midland, TX 79705-9982
(915) 686-5400

30 SEP 7 AM 8 29

September 5, 1990

Mr. William LeMay
State of New Mexico
New Mexico Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Request For Approval Of Surface Commingling
and Off-Lease Storage of the North Dagger Draw
Upper Pennsylvanian Production from the Dagger
Draw No. 9, NW/4, Section 30, T-19S, R-25E,
Eddy County, New Mexico

Conoco Inc. requests an additional amendment to the Amended Commingling Order CTB-332, dated January 6, 1988 (copy attached), by including the proposed Dagger Draw No. 9, Unit E, NW/4 Section 30, T-19S, R-25E, Eddy County, New Mexico. This well will be completed in the North Dagger Draw Upper Pennsylvania Pool.

Although the subject well is not completed at this time, it is anticipated that the quality of the crude will be identical to other surrounding wells completed in the North Dagger Draw Pool and that surface commingling will not reduce its commercial value. The production from each lease will be metered separately at the battery using positive displacement, temperature compensated oil meters and temperature compensated gas meters.

Additionally, Conoco requests approval for off-lease storage for production from the Dagger Draw No. 9. The battery to be used for this proposed surface commingling and storage is located at the Dagger Draw No. 4 well, Unit L, Section 19, T-19S, R-25E.

A lease plat and battery schematic, showing the addition of this new well are attached. All interest owners of the Dagger Draw No. 9 have been notified as per the attached letter and interest owner listing. Proof of notification will be forwarded to you when the registered mail receipts have been returned. To promote continued timely development of the North Dagger Draw Field, your early consideration of these requests would be appreciated.

Should you have any questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers
Division Operations Manager

cc: Bureau of Land Management
P.O. Box 1778
Carlsbad, NM 88220

Midland Division
Exploration and Production

Conoco Inc.
10 Desta Drive West
Midland, TX 79705-9982
(915) 686-5400

September 5, 1990

Mr. Richard L. Manus
Bureau of Land Management
P.O. Box 1778
Carlsbad, NM 88220

Dear Mr. Manus:

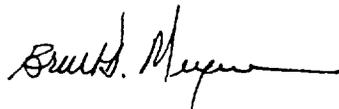
Application for Approval of Surface Commingling
and Off-Lease Storage of Production from the
Dagger Draw No. 9, to be located in Unit E,
Sec. 19, T-19S, R-25E, Eddy County, New Mexico

By the attached copy of our application to the New Mexico Oil Conservation Division, we are requesting your approval of our proposed amendment to the subject commingling order.

The BLM approved the last amendment of the NMOCD commingling order CTB-332 on April 6, 1988 as shown by the attached copy.

If you have any questions, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,



Brent D. Meyers
Division Operations Manager

JWH/tm

cc: NMOCD, Santa Fe



OIL SERVICE DIVISION
RECEIVED

Midland Division
Exploration and Production

'90 SEP 24 AM 9 44

Conoco Inc.
10 Desta Drive West
Midland, TX 79705-4514
(915) 686-5400

September 19, 1990

Mr. William LeMay
New Mexico Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87504-2088

Dear Mr. LeMay:

**Proof of Notice to Dagger Draw No. 9
Interest Owners of Intent to Commingle
and Store Production Off-Lease at the
Dagger Draw No. 4 Battery,
Unit L, Section 19, T-19S, R-25E
Eddy County, New Mexico**

Conoco's September 5, 1990 application for surface commingling and off-lease storage of the North Dagger Draw Upper Pennsylvanian production from the Dagger Draw No. 9 well stated that all interest owners in the Dagger Draw NO. 9 had been notified by certified mail of this application. Attached is a (a) copy of the letter they received, (b) a list of the interest owners, and (c) a copy of the certified mail receipts.

Your timely consideration and approval of this application will be appreciated so that there will be no delay in establishing production when the drilling of this well is completed. Should you have any further questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers
Division Operations Manager

JWH/tm



Midland Division
Exploration and Production

Conoco Inc.
10 Desta Drive West
Midland, TX 79705-9982
(915) 686-5400

September 4, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Dagger Draw Well No. 9 to be located at 1980' FNL and 660' FWL in Section 30, T-19S, R-25E, Eddy County, New Mexico.

The purpose of this off-lease storage and surface commingling is to reduce operating costs for storage and treating and thereby extend the economic life of this well. Without approval for utilizing the already existing battery facilities on an adjacent lease, separate facilities would have to be constructed just for this one well. This would increase operating costs and shorten the economic life of the well.

Because interests for the proposed well are different from the those for the lease where the proposed storage facilities are located, oil from the Dagger Draw No. 9 will be measured by positive displacement, temperature compensated, metering equipment prior to surface commingling. Gas from the well will also be metered separately. This metering will ensure that all production from the Dagger Draw No. 9 is equitably accounted for with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by September 25, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal and will request approval from the Bureau of Land Management and the New Mexico Oil Conservation Division for this proposed off-lease storage and surface commingling.

Yours very truly,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: _____ DATE: _____

Cathie Cone Auvenshine
P.O. Box 658
Dripping Springs, TX 786200658

R. E. Chambers
2413 Clayton Lane
Wichita Falls, TX 76308

OXY USA Inc.
P.O. Box 845541
Dallas, TX 752845541

Clifford Cone
P.O. Box 6010
Lubbock, TX 794936010

Kathleen Cone
P.O. Box 1509
Lovington, NM 88260

Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702

Tom R. Cone
P.O. 778
Jay, OK 74346

Hettie Jewel Page
407 Tierra Berrenda
Roswell, NM 88201

**Dekalb Energy
Company**
Department 155
Denver, CO 802910155

Esther Fell Ellis
227 Beechwood Rd.
New Wilmington, PA 16142

Ann F. Freeman
P.O. Box 4143
Wichita Falls, TX 76308

Midland American Bank
A/C W.T. Probandt
P.O. Box 11156
Midland, TX 79702

Hanson-McBride Petro Co.
P.O. Box 1515
Roswell, NM 882021515

William H. Aspden
1595 S. Wasatch Dr.
Salt Lake City, UT 84108

R.R. Hinkle Co.
1213 W. 3rd St.
Roswell, NM 88201

John & Jean Gates S.
Trustees of John W. & Jean M.
Gates Rev. Trust
706 W. Grand
Artesia, NM 88210

Marilyn Cone, Trustee of D.C.
Trust
P.O. Box 64244
Lubbock, TX 79464

Marathon Oil Company
P.O. Box 88322
Dallas, TX 75388

Jack W. McCaw
Box 127
Artesia, NM 882110127

Virginia Fell McComb
403 Euclio
Leesburg, FL 32748

Frances Fell McElrath
85 Baldwin Rd.
Manchester, CT 06040

James H. McGivney
234 Abbey Rd.
Manhasset, NY 110302746

John C. McGivney
14 Stratford Ct.
Staten Island, NY 10314

**McQuiddy Communications
& Energy Inc.**
P.O. Box 2072
Roswell, NM 88201

Nancy Joy Parsons
3814 Nassau Dr.
Midland, TX 79707

Jack W. McCaw
P.O. Box 127
Artesia, NM 882110127

Yates Petroleum Corp.
105 S. 4th St.
Artesia, NM 88210

Harvey E. Yates
P.O. Box 1933
Roswell, NM 88201

S. P. Yates
105 South 4th St.
Artesia, NM 88210

Minerals Mgt. Service
Onshore Federal #17555
P.O. Box 5810
Denver, CO 80217

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
Maureen Cone
PO Box 64244
Dubbock, TX 79464

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail P264539732

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X Maureen Cone

7. Date of Delivery
9-5-90

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
HEATHER JEWEL PAGE
407 TIERRA BERRENDA
ROSWELL, N.M. 88001

4. Article Number: P264539834
Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Heather Jewel Page

6. Signature - Agent
X

7. Date of Delivery
9-5-90

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

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
Nancy Yates
PO Box 1933
Roswell, NM 88201

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail P26453924

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Nancy Yates

6. Signature - Agent
X

7. Date of Delivery
9-5-90

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

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
Virginia McComb
4033 Euclid
Mesquite, TX 75248

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail P264539731

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Virginia McComb

6. Signature - Agent
X

7. Date of Delivery
9-7-90

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
Ann Johnson
PO Box 4143
Wichita Falls, TX 76308

4. Article Number: P264539848
Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Ann Johnson

6. Signature - Agent
X

7. Date of Delivery
9-6-90

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
R.E. Chambers
2413 Clayton Lane
Wichita Falls, TX 76308

4. Article Number: P264539841
Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X R.E. Chambers

6. Signature - Agent
X

7. Date of Delivery
9-6-90

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

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
John C. McGinney
14 Stratford Ct.
Staten Island NY 10314

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail P264539725

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X John C. McGinney

6. Signature - Agent
X

7. Date of Delivery
9-7-90

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

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
William Asper
1575 S. Wasatch Ln.
Salt Lake City UT 84103

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail P264539721

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X William Asper

6. Signature - Agent
X

7. Date of Delivery
9-7-90

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
Kathleen Cone
PO Box 1509
Burlington, NM 88600

4. Article Number: P264539838
Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Kathleen Cone

6. Signature - Agent
X

7. Date of Delivery
9-7-90

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
Marathon
PO Box 88322
Dallas TX 75388

4. Type of Service: Registered Insured Certified COD Express Mail Article Number: P264539723

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: SEP 06 1990
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
Grimes Inc
85 Baldwin Rd.
Manchester CT 06040

4. Type of Service: Registered Insured Certified COD Express Mail Article Number: P264539729

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9/7/90
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
Ken Crag
PO Box 1190
Midland TX 79702

4. Article Number: P264539847
Type of Service: Registered Insured Certified COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-5-90

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
Midland American Bank
A/C W.T. Probandt
PO Box 11156
Midland TX 79702

4. Type of Service: Registered Insured Certified COD Express Mail Article Number: P264539726

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-5-90
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
2. Restricted Delivery.

3. Article Addressed to:
S.P. Yates
105 Santa 4th
Artesia NM 88210

4. Type of Service: Registered Insured Certified COD Express Mail Article Number: P264539727

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-5-90
8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
OKY USA Inc
PO Box 845541
DALLAS, TX 75284-5541

4. Article Number: P264539845
Type of Service: Registered Insured Certified COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-6-90

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
RR Think Co
1213 W. 3rd St
Russell NM

4. Article Number: P264539892
Type of Service: Registered Insured Certified COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9/9/90

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
Ken Crag
PO Box 1190
Midland TX 79702

4. Article Number: P264539847
Type of Service: Registered Insured Certified COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-5-90

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address.
2. Restricted Delivery.

3. Article Addressed to:
OKY USA Inc
PO Box 845541
Artesia NM 88210

4. Article Number: P264539892
Type of Service: Registered Insured Certified COD Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: X
6. Signature - Agent: X
7. Date of Delivery: 9-6-90

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: McDuddy Communications Energy Inc. P.O. Box 2012 Roswell, NM 88201	4. Article Number P 264 539 843
5. Signature - Addressee X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-5-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Yates Retro 105 S 4th St. Antonia NM 88210	4. Article Number P 264 539 844
5. Signature - Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9-5-90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RE

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery. 2. Restricted Delivery.

3. Article Addressed to: Minerals Mgt. Service Onshore Federal # 17555 PO Box 5810 Denver, CO 80217	4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P 264 539 726
Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature - Addressee X CHAMPION MESSENGER	6. Signature - Agent X O. BOX 6954	
7. Date of Delivery DENVER FOR MINERALS MGT. SERVICE		
8. Addressee's Address (ONLY if requested and fee paid)		

PS Form 3811, July 1983 447-946 DOMESTIC RETURN RECEIPT