



Midland Division
Exploration and Production

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

December 5, 1990

REC'D FEB 13 1991 10 05

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 Barbara
Federal No. 10, SW/4, Section 17, T-19S, R-25E
Eddy County, New Mexico

Conoco Inc. requests an additional amendment to the 3rd Amendment of the Commingling Order CTB-338, dated October 18, 1990 (copy attached), by including the proposed Barbara Federal No. 10, Unit M, Section 17, T-19S, R-25E, Eddy County, New Mexico. This well will be completed in the North Dagger Draw Upper Pennsylvanian 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 Barbara Federal No. 10. The battery to be used for this proposed surface commingling and storage is located at the Lodewick No. 1 well, Unit C, 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 Barbara Federal No. 10 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.

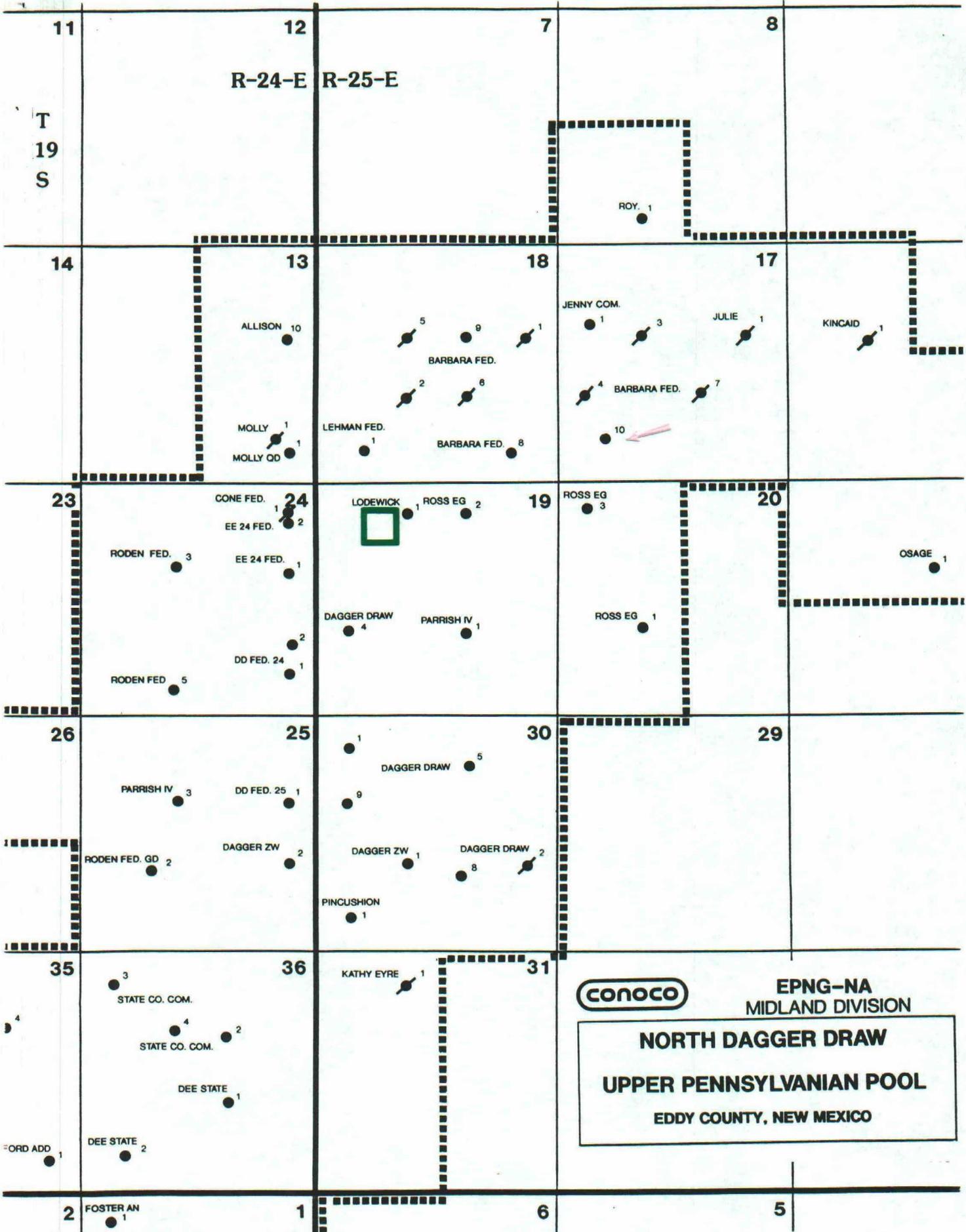
Should you have any questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

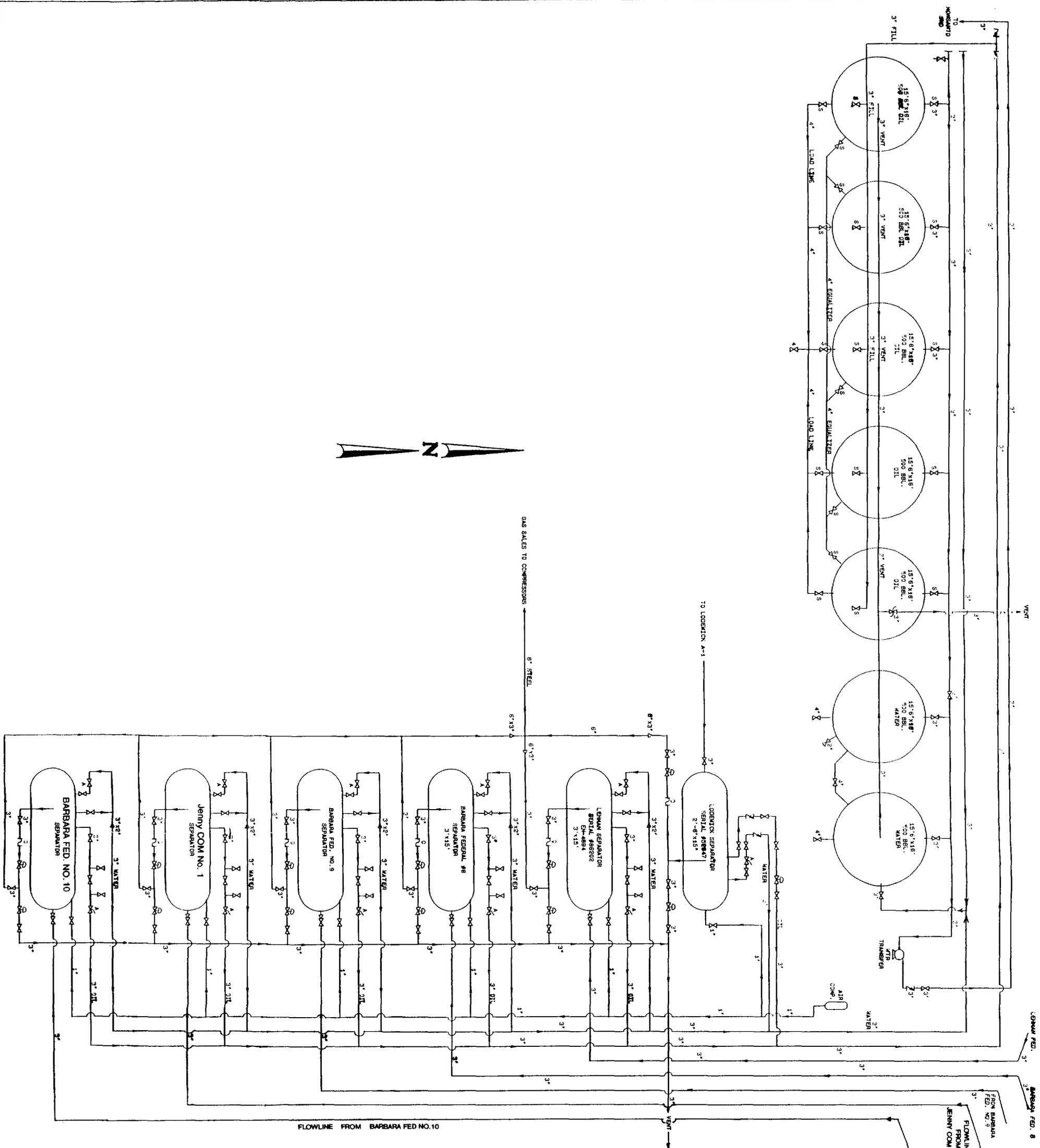
Yours very truly,

Brent D. Meyers
Division Operations Manager

JWH\tm

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





THIS FACILITY IS IN COMPLIANCE WITH COMOCO INC. HOBBS DIVISION SITE SECURITY PLAN.
 PLAN LOCATED AT COMOCO INC. OFFICE
 P.O. BOX 480-1728 EAST MICHIGAN
 HOBBS, NEW MEXICO 88240

VALVE LEGEND: POSITION/MODE
 1. CLOSED/SALE
 2. OPEN/SALE
 3. CLOSED/PRODUCTION
 4. OPEN/PRODUCTION

REVISIONS	DATE	BY	REASON
1	3/17/89	S.B.	REVISE PIPE

DATE: 3/17/89
 DRAWN BY: S.B.
 DESIGNED BY:
 CHECKED BY:
 APPROVED BY:
 SCALE: NOT TO SCALE

PROJECT: PROPOSED LODOWICK
 COMMINGLED TANK BATTERY
 UNIT C-13-1585-ROSE
 EDWY COUNTY, NEW MEXICO
 FED LEASE NO. _____
 DRAWING NO. H06-1196-B



Midland Division
Exploration and Production

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

December 5, 1990

Dear Interest Owner:

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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 an already existing battery facility 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 those for the lease where the proposed storage facilities are located, oil from the Barbara Federal No. 10 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 Barbara Federal No. 10 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 December 28, 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 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: _____
Signature

Company or Name (PRINT or TYPE)

Ray Hall Beck
1804 Booker
Artesia, NM 88210

Michael Carter
1021 Plaza Drive
Granbury, TX 76048

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P.O. Box 97
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Artesia, NM 88210

Minerals Mgt. Service
Onshore Federal 17550
P.O. Box 5810
Denver, CO 80217

Don Phillips & Assoc.
A LTD PTSP
222 East Carrillo St.
Suite 111
Santa Barbara, CA 93101

B. W. Harper
501 Dallas
Artesia, NM 882102



Midland Division
Exploration and Production

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DIVISION
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'90 DEC 13 10 10 06

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

December 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
Barbara Federal No. 10 to be located in Unit M,
Sec. 17, T-29S, 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 has previously approved the NMOCD commingling order CTB- 338 and subsequent amendments to it.

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



Midland Division
Exploration and Production

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

December 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:

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and Off-Lease Storage of the North Dagger Draw
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Division Operations Manager

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STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

3rd AMENDMENT - COMMINGLING ORDER CTB-338

Conoco, Inc.
P.O. Box 460
Hobbs, NM 88240

Attention: Brent D. Meyers

The above-named company is hereby authorized to commingle North Dagger Draw Upper Penn Pool production from the following leases:

Lease: Lodewick "A" Lease
Description: NW/4 Section 19, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico;

Lease: Lehman Federal Lease
Description: SW/4 Section 18, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

Lease: Barbara Federal Lease
Description: E/2 Section 18, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

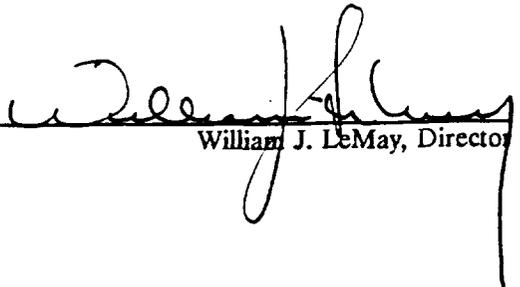
Lease: Jenny Com Lease
Description: NW/4 Section 17, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

Production from the Barbara Federal Well Nos. 8 and 9 and from the Lodewick "A", Lehman Federal and Jenny Com Leases shall be separately measured prior to commingling.

The above-named company is further authorized to store the production from all of the above-described leases at a tank battery located on the Lodewick "A" lease in the NE/4 NW/4 of said Section 19.

NOTE: This installation shall be installed and operated in accordance with the applicable provisions of Rule 309-B of the Division Rules and Regulations and the Division "Manual for the Installation and Operation of Commingling Facilities." It is the responsibility of the producer to notify the transporter of this commingling authority.

DONE at Santa Fe, New Mexico, on this 18th day of October, 1990.


William J. LeMay, Director

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R-24-E R-25-E

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ALLISON 10

5 9 1

JENNY COM. 1 3

JULIE 1

KINCAID 1

BARBARA FED.

MOLLY 1
MOLLY OD 1

LEHMAN FED. 1

BARBARA FED. 8

4 BARBARA FED. 7

10

23

CONE FED. 1
EE 24 FED. 2

LODEWICK 1

ROSS EG 2

19

ROSS EG 3

20

RODEN FED. 3

EE 24 FED. 1

OSAGE 1

DAGGER DRAW 4

PARRISH IV 1

ROSS EG 1

DD FED. 24 2
1

RODEN FED. 5

26

25

30

29

PARRISH IV 3

DD FED. 25 1

1 5

DAGGER DRAW

RODEN FED. GD 2

DAGGER ZW 2

9

DAGGER ZW 1

DAGGER DRAW 2

PINCUSHION 1

35

36

31

3 STATE CO. COM.

KATHY EYRE 1

4 STATE CO. COM. 2

DEE STATE 1



EPNG-NA
MIDLAND DIVISION

NORTH DAGGER DRAW

UPPER PENNSYLVANIAN POOL

EDDY COUNTY, NEW MEXICO

4
FORD ADD 1
DEE STATE 2

DEE STATE 2

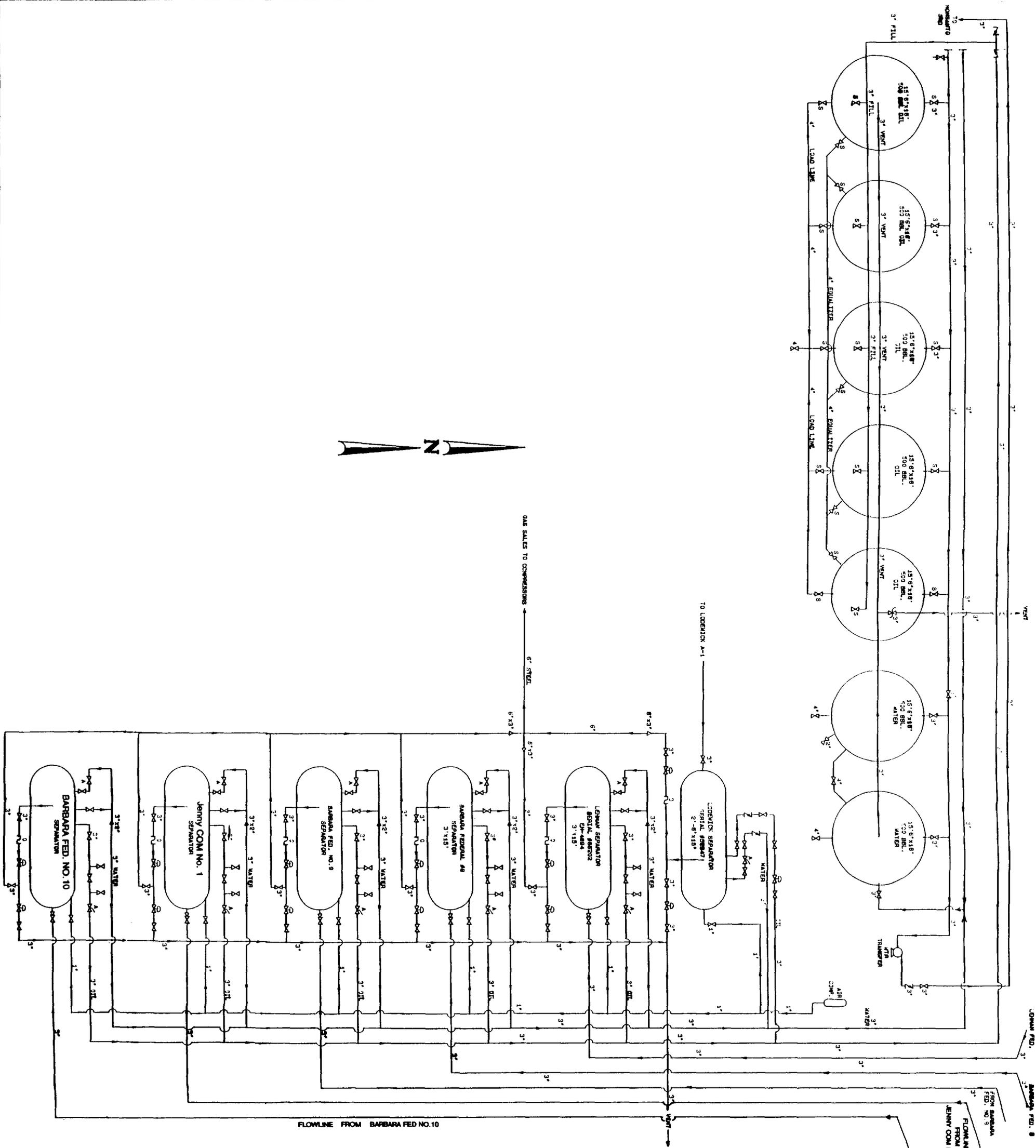
2

FOSTER AN 1

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5



THIS FACILITY IS IN COMPLIANCE WITH CONOCO INC. HOBBS DIVISION SITE SECURITY PLAN.
 PLAN LOCATED AT CONOCO INC. OFFICE
 P.O. BOX 460-728 EAST MICHIGAN
 HOBBS, NEW MEXICO 88240

- VALVE LEGEND POSITION/MODE
1. CLOSED/SALE
 2. OPENED/SALE
 3. CLOSED/PRODUCTION
 4. OPENED/PRODUCTION

NO. OF REVISIONS	DATE: 3/17/88	PROJECT NO.
1	DESIGNED BY: S. B.	CONOCO
	DRAWN BY:	PROPOSED LOCKWICK
	CHECKED BY:	UNIT C-19-1185-R256
	APPROVED BY:	CONTO COUNTY, NEW MEXICO
		FED. LEAD NO.
	SCALE: NET TO SCALE	NO. OF SHEETS
		HOB-1496-R



Midland Division
Exploration and Production

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

December 5, 1990

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Yours very truly,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: _____ DATE: _____
Signature

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222 East Carrillo St.
Suite 111
Santa Barbara, CA 93101

B. W. Harper
501 Dallas
Artesia, NM 882102



Midland Division
Exploration and Production

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

January 23, 1991

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

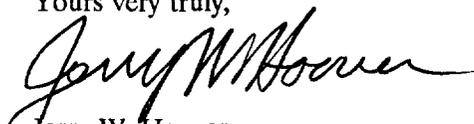
Dear Mr. LeMay:

Proof of Notice to Barbara Fed. No. 10
Interest Owners of Intent to Commingle
and Store Production Off-Lease at the
Lodewick No. 1 Battery,
Unit C, Section 19, T-19S, R-25E.
Eddy County, New Mexico

Conoco's December 5, 1990 application for surface commingling and off-lease storage of the North Dagger Draw Upper Pennsylvanian production from the Barbara Federal No. 10 well stated that all interest owners in the Barbara Federal No. 10 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,


Jerry W. Hoover
Regulatory Coordinator

JWH/tm



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Thelma May Schafer
906 Hermosa Drive
Artesia, NM 88210

Kenna Carter Scott
Rt. 3 Box 329
Big Spring, TX 79720

William Bryan Landsheft
Route 6
15880 S. Peoria
Bixby, OK 74008

Yates Brothers A PRTNS
207 S. 4th St.
Artesia, NM 88210

Minerals Mgt. Service
Onshore Federal 17550
P.O. Box 5810
Denver, CO 80217

Don Phillips & Assoc.
A LTD PTSP
222 East Carrillo St.
Suite 111
Santa Barbara, CA 93101

B. W. Harper
501 Dallas
Artesia, NM 882102

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 (Extra charge)

3. Article Addressed to:
Madlyn Cauhabe
Star Rt.
Hope, NM 88250

4. Article Number: P 583 520 493
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Mario E. Casabonne*

7. Date of Delivery: 12/19/90

S Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Robert B. Payne
3700 Renaissance TWR
1201 Elm Street
Dallas, TX 75270

4. Article Number: P 583 520 513
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery: DEC 17 1990

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Richard H. Landcheft Jr.
2313 Jim Dent
El Paso, TX 79936

4. Article Number: P 583 520 497
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery: DEC 13 1990

S Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Dr. Donald L. Zink
903 Naamans Creek Rd.
Chadds Ford, PA 19317

4. Article Number: P 583 520 498
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery: 12-10-90

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Sterling Mark Carter
P.O. Box 97
Winston, NM 87943

4. Article Number: P 583 520 492
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery: 12-10-90

S Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Eddie M. Mahfood
P.O. Box 896
Artesia, NM 88210

4. Article Number: P 583 520 518
Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery: 12-13-90

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Quetico Superior Fon 2200 First Bank PL E Minneapolis, MN 55402	4. Article Number P 583 920525 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>M. Curtis</i>	
7. Date of Delivery 12-11-90	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Gayle McDonald 2214 Chestnut St. San Angelo, TX 76901	4. Article Number P 583 920521 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Alfred Sanchez</i>	
7. Date of Delivery 12-12-90	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Minerals Mgt. Service Onshore Federal 17550 P.O. Box 5810 Denver, CO 80217	4. Article Number P 583 520532 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>CHAMPION MESSENGER</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>CHAMPION MESSENGER</i>	
7. Date of Delivery DENVER, CO 80206	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Minerals Management Service P.O. Box 5810 Denver, CO 80217	4. Article Number P 583 520 499 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>CHAMPION MESSENGER</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>CHAMPION MESSENGER</i>	
7. Date of Delivery DENVER, CO 80206	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Ann F. Freeman P.O. Box 4143 Wichita Falls, TX 76308	4. Article Number P 583 520 507 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Grace Jellen</i>	
7. Date of Delivery 12-10-90	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: R. E. Chambers 2413 Clayton Lane Wichita Falls, TX 76308	4. Article Number P 583 520 494 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>Yvonne Reynolds</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery DEC 10 1990	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Cordella M. Kincaid
906 Hermosa Drive
Artesia, NM 88210

4. Article Number
P583520514

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Edmund Scott*

7. Date of Delivery
12-8-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

Addressed to:
E. Desper
Montano NW #7
Albuquerque, NM 87120

4. Article Number
P583520515

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *E. Desper*

6. Signature - Agent
X

7. Date of Delivery
12/11/90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Kenna Carter Scott
Rt. 3 Box 329
Big Spring, TX 79720

4. Article Number
P583520529

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Edmund Scott*

7. Date of Delivery
12-8-90 RM

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Thelma May Schafer
906 Hermosa Drive
Artesia, NM 88210

4. Article Number
P583520528

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Thelma May Schafer*

6. Signature - Agent
X

7. Date of Delivery
12-8-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

Article Addressed to:
McQuiddy Communications &
Energy Inc.
P.O. Box 2072
Roswell, NM 88201

4. Article Number
P583520522

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *B.W. Harper*

6. Signature - Agent
X

7. Date of Delivery
12/8/90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
B. W. Harper
501 Dallas
Artesia, NM 882102

4. Article Number
P583520534

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *B.W. Harper*

6. Signature - Agent
X

7. Date of Delivery
12-8-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Dr. Roy E. Glass
2303 Douglas Drive
San Angelo, TX 76904

4. Article Number
P 583 520 509

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X Mrs. Roy E. Glass

7. Date of Delivery
12/8/90

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

Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Claribel Y. Marshall
P.O. Box 1712
Roswell, NM 88202

4. Article Number
P 583 520 512

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Claribel Y. Marshall

6. Signature - Agent
X

7. Date of Delivery

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

Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Florence M. Essman Curry
No. 1 Deerfield
Midland, TX 79701

4. Article Number
P 583 520 505

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Florence Curry

6. Signature - Agent
X

7. Date of Delivery
12-8-90

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

Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Yates Drilling Co.
207 S. 4th Street
Artesia, NM 88210

4. Article Number
P 583 520 500

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X W. Grant Knight

7. Date of Delivery
12-10-90

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

Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Lillie M. Yates
207 S 4th St.
Artesia, NM 88210

4. Article Number
P 583 520 495

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent
X W. Grant Knight

7. Date of Delivery
12-10-90

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

Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
John A. Yates
207 S. 4th Street
Artesia, NM 88210

4. Article Number
P 583 520 502

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X W. Grant Knight

7. Date of Delivery
12-10-90

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

Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 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 (Extra charge)

3. Article Addressed to:
Lillie M. Yates
Rep of the Est/Martin
207 S. Fourth
Artesia, NM 88210

4. Article Number
P 583 520 523

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *W. Cant Knight*

7. Date of Delivery
12-10-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
Yates Petroleum Corp.
105 S. 4th St.
Artesia, NM 88210

4. Article Number
P 583 520 501

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *W. Cant Knight*

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to:
Yates Brothers A PRNTS
207 S. 4th St.
Artesia, NM 88210

4. Article Number
P 583 520 531

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *W. Cant Knight*

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to:
William J. McCaw
Box 376
Artesia, NM 88210

4. Article Number
P 583 520 520

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *W. Cant Knight*

6. Signature - Agent
X

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to:
James W. Childress
P.O. Box 209
Roswell, NM 88201

4. Article Number
P 583 520 504

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *James W. Childress*

6. Signature - Agent
X

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to:
Hugh M. Kincaid
Swope Trust
Queen Route
Carlsbad, NM 88220

4. Article Number
P 583 520 517

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Dorcas Kincaid*

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to: Clarence E. Hinkle P.O. Box 2002 Roswell, NM 88201	4. Article Number P 583 520 510 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Jerry Rogers</i>	
7. Date of Delivery <i>12-10-90</i>	

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

3. Article Addressed to: R. R. Hinkle Co. Inc. P.O. Box 59 Roswell, NM 88201	4. Article Number P 583 520 511 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Clarence E. Hinkle</i>	
7. Date of Delivery <i>12-10-90</i>	

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

3. Article Addressed to: Floyd Childress II 712 N. Lea St. Roswell, NM 88201	4. Article Number P 583 520 503 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Shirley C. Childress</i>	
7. Date of Delivery <i>12/10/90</i>	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Dorothy G. Kemper P.O. Box 1105 Artesia, NM 88210	4. Article Number P 583 520 514 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>Dorothy G. Kemper</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>12-11-90</i>	

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: Mary G. Riddle P.O. Box 127 Artesia, NM 88210	4. Article Number P 583 520 526 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Mary G. Riddle</i>	
7. Date of Delivery <i>12-11-90</i>	

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

3. Article Addressed to: A.M. Routh Box 2004 Midland, TX 79702	4. Article Number P 583 520 527 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 <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>A.M. Routh</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

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

3. Article Addressed to:
Claydesta National Bank
A/C Mike Roberts
P.O. Box 3090
Midland, TX 79702

4. Article Number
P 583 520 508

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *J. B. Riggs*

7. Date of Delivery
DEC 11 1990

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

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

3. Article Addressed to:
Robert B. Payne
3700 Renaissance TWR
1201 Elm Street
Dallas, TX 75270

4. Article Number
P 583 520 496

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Sue Carter*

7. Date of Delivery
DEC 11 1990

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

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

3. Article Addressed to:
William Bryan Landsheft
Route 6
15880 S. Pcoria
Bixby, OK 74008

4. Article Number
P 583 520 530

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *William Landsheft*

6. Signature - Agent
X

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to:
W.T. Probandt
415 W. Wall St 1608
Midland, TX 79701

4. Article Number
P 583 520 524

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *W.T. Probandt*

6. Signature - Agent
X

7. Date of Delivery
12-10

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

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

3. Article Addressed to:
James H. Essman
P.O. Box 302
Midland, TX

4. Article Number
P 583 520 506

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *J. H. Essman*

7. Date of Delivery
12-11-90

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

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

3. Article Addressed to:
Michael Carter
1021 Plaza Drive
Granbury, TX 76048

4. Article Number
P 583 520 491

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Sue Carter*

7. Date of Delivery
12-10-90

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

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

3. Article Addressed to:
Marshall & Winston Inc.
P.O. Box 50880
Midland, TX 797100880

4. Article Number
P 583 520 519

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *P. Walters*

7. Date of Delivery
12-11-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT



Midland Division
Exploration and Production

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

December 5, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal No. 10 to be located at 780' FSL and 730' FWL in Section 17, 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 an already existing battery facility 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 those for the lease where the proposed storage facilities are located, oil from the Barbara Federal No. 10 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 Barbara Federal No. 10 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 December 28, 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 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: Don Ph. Ho... DATE: 12/10/90
Signature

Don Ph. Ho... & Associates
Company or Name (PRINT or TYPE)



Midland Division
Exploration and Production

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

December 5, 1990

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Yours very truly,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: Ray Hall Beck DATE: 1-04-91
Signature

Company or Name (PRINT or TYPE)