

KELLAHIN, KELLAHIN AND AUBREY

Attorneys at Law

El Patio - 117 North Guadalupe

Post Office Box 2265

Santa Fe, New Mexico 87504-2265

Telephone 982-4285

Area Code 505

W. Thomas Kellahin
Karen Aubrey

Jason Kellahin
Of Counsel

January 19, 1988

RECEIVED

JAN 19 1988

OIL CONSERVATION DIVISION

Mr. Michael E. Stogner
Examiner
Oil Conservation Division
310 Old Santa Fe Trail
Santa Fe, New Mexico 87501

Re: Application of Sun Exploration & Production
Company for Administrative Approval of Non-
Standard Proration Unit, Lots 13 and 14,
Section 6, Township 16 South, Range 37 East,
Lea County, New Mexico

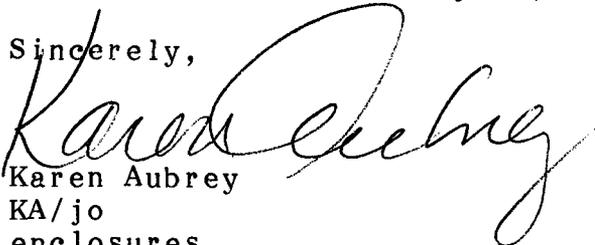
Dear Mr. Stogner:

This letter will constitute the application of Sun
Exploration and Production Company for administrative
approval of a non-standard proration unit consisting of
Lots 13 and 14, Section 6, Township 16 South, Range 37
East, Lea County, New Mexico. Lots 13 and 14 total
91.65 acres. Sun proposes to drill a well to the base
of the Lower Strawn at a standard location in this
proration unit. A standard proration unit would be 80
acres. This case is presently docketed as Case No.
9296 for hearing on January 20, 1988.

As we have discussed, all off-setting operators were
notified by certified mail on December 29, 1987 of
Sun's application for the non-standard unit. To our
knowledge no objections have been received. We enclose
copies of the certified mail return receipts, the
application which was sent to the off-set operators and
plats showing the proposed non-standard unit.

We would appreciate it if you would administratively
approve this application. Sun has a drilling deadline
for this well of January 28, 1988.

Sincerely,


Karen Aubrey
KA/jo
enclosures

copy to: Charles A. Gray, Esq.
Allan Beers

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

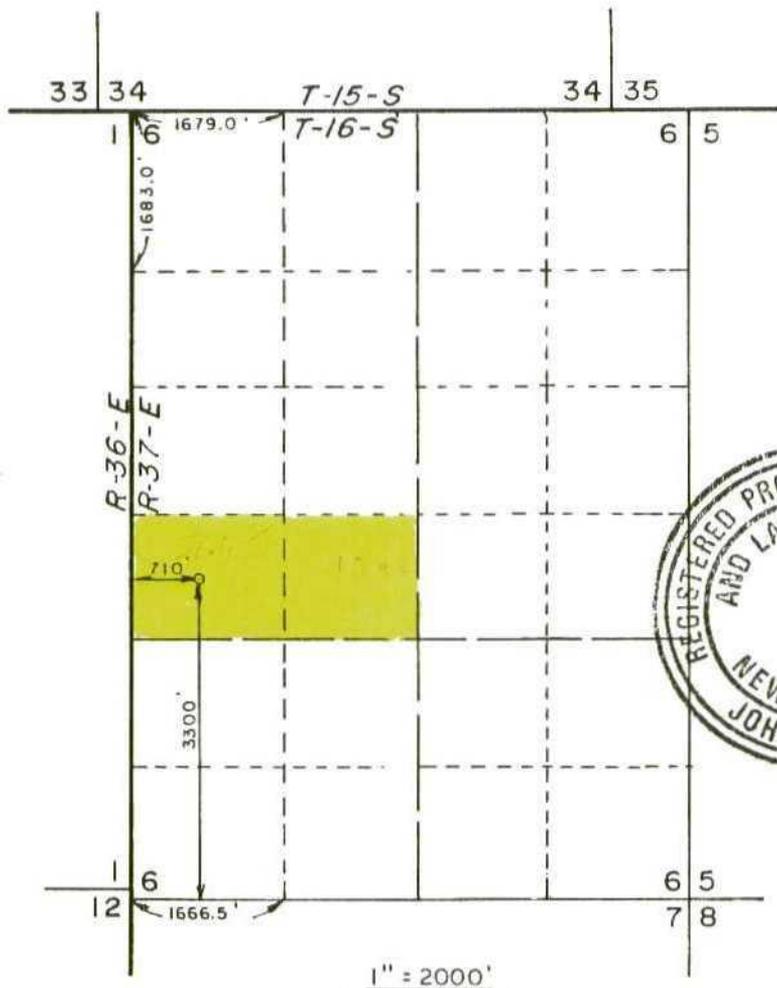
Operator Sun Exploration & Production Company			Lease Anderson A		Well No. 1
Unit Letter M	Section 6	Township 16 South	Range 37 East	County Lea	
Actual Footage Location of Well: 3300 feet from the South line and 710 feet from the West line					
Ground Level Elev. 3866.4	Producing Formation		Pool	Dedicated Acreage: Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

Company _____

Date _____

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

January 8, 1988

Registered Professional Engineer and/or Land Surveyor

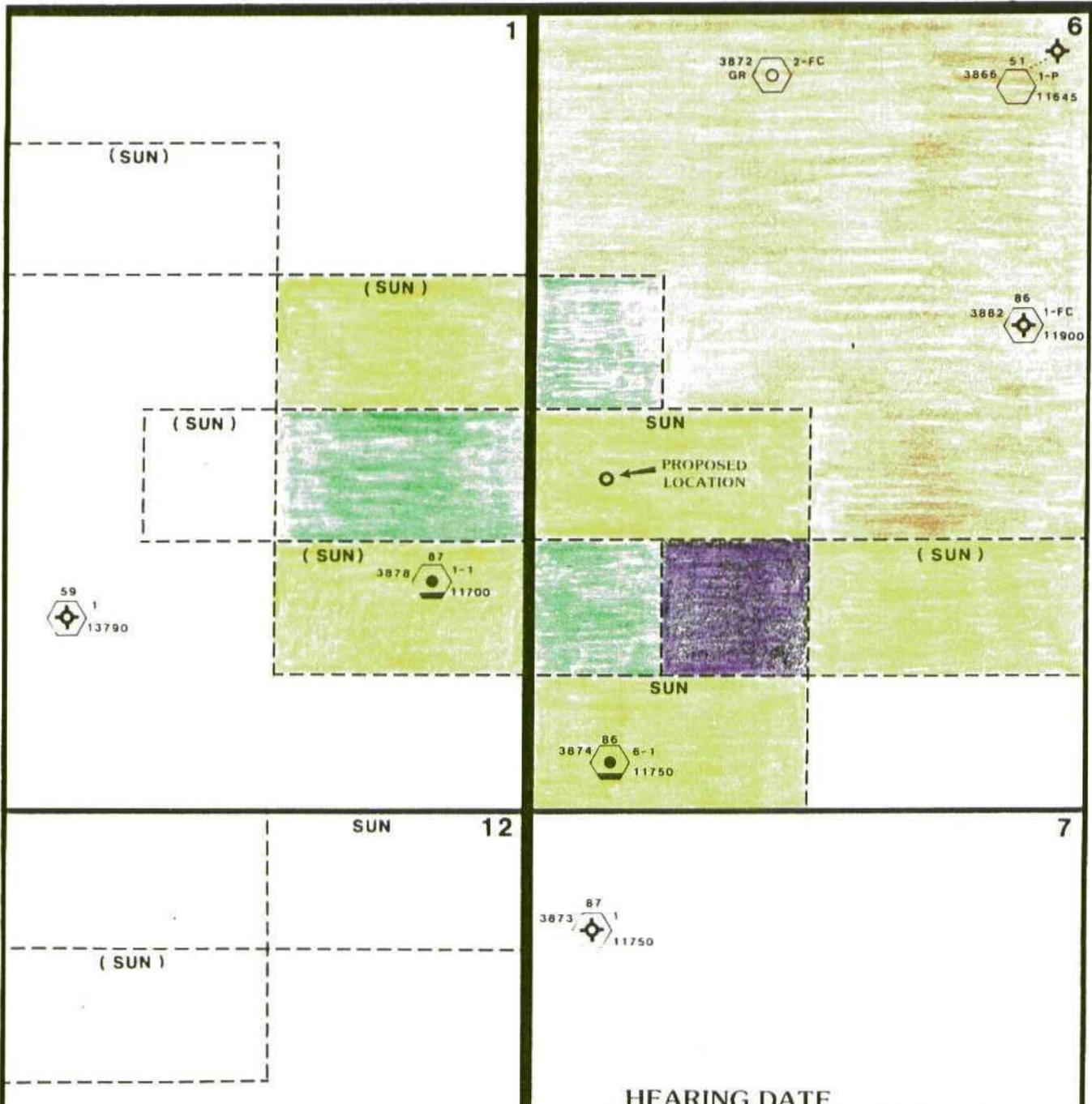
John W. West
Certificate No. JOHN W. WEST 676

Ronald J. Eidson 3239

R 36 E

R 37 E

T
16
S



-  Sun - 50%
 Estoril, et.al.- 25%
 Texaco - 25%
 -  Mesa - 65%
 Texaco - 25%
 Sequoia - 10%
 -  Exxon - 100%
 -  BHP Petroleum Co.,Inc.- 100%
- } Mesa-Sequoia F/I
 } MTS

HEARING DATE _____
 EXHIBIT # _____
 DOCKET # _____

COUNTRY CLUB HILLS PROSPECT



DATUM:			
COUNTY	LEA	STATE	N.MEXICO
CONTOUR INTERVAL			SCALE 1" = 1000'
BY	A. BEERS	DATE	1-12-88
DRAFTING BY	MLP	REVISED BY	DATE 1-88

P-484 057 454

P-484 057 454

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	484057454
Direct and No.	
P. O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark of Date	

3. Article Addressed to:

Exxon Company USA
Post Office Box 1600
Midland, Texas
79702-1600

4. Signature of Addressee

5. Signature of Sender

6. Signature of Agent

7. Date of Delivery

81 Feb 1986

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-484 057 459

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	<i>Sequoia</i>
Street and No.	<i>Conoco</i>
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, at Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

U.S.G.P.O. 153-506

PS Form 3800, June 1985

MEMBER OF THE RETURN RECEIPT SERVICE

SEQUOIA ASSOC'S. LTD.
c/o Bechtel Investments, Inc.
5400 Westheimer Court
Houston, Texas 77056

INSURED \$1000

DATE DELIVERED

POSTAGE PAID

DATE

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT
DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

P-484 057 455

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	<i>Texaco</i>
Street and No.	
P.O., State and ZIP Code	
Postage	\$ 1
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark of Date	

PS Form 3800, June 1985 U.S.G.P.O. 153-506

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" card from delivered to postmaster

SENDER'S ADDRESS

Put your address in the "RETURN TO" card from delivered to postmaster for use if the mail is undeliverable. If you are not the addressee, you must sign for the mail and pay for postage for return to sender (see instructions on back of envelope).

Signature of addressee
 Signature of sender

RECIPIENT'S ADDRESS

Put your address in the "RETURN TO" card from delivered to postmaster for use if the mail is undeliverable. If you are not the addressee, you must sign for the mail and pay for postage for return to sender (see instructions on back of envelope).

Signature of addressee
 Signature of sender

POSTAGE AND FEES

Put your address in the "RETURN TO" card from delivered to postmaster for use if the mail is undeliverable. If you are not the addressee, you must sign for the mail and pay for postage for return to sender (see instructions on back of envelope).

Signature of addressee
 Signature of sender

DATE OF DELIVERY

Put your address in the "RETURN TO" card from delivered to postmaster for use if the mail is undeliverable. If you are not the addressee, you must sign for the mail and pay for postage for return to sender (see instructions on back of envelope).

Signature of addressee
 Signature of sender

Texaco, Inc.
Post Office Box 3109
Midland, Texas 79702

RECEIVED
MIDLAND TEXAS
JUN 10 1985

1. Signature of addressee
2. Signature of sender

3. Article
Tex
Pos
Mid

5. Signature
X

6. Signature
X

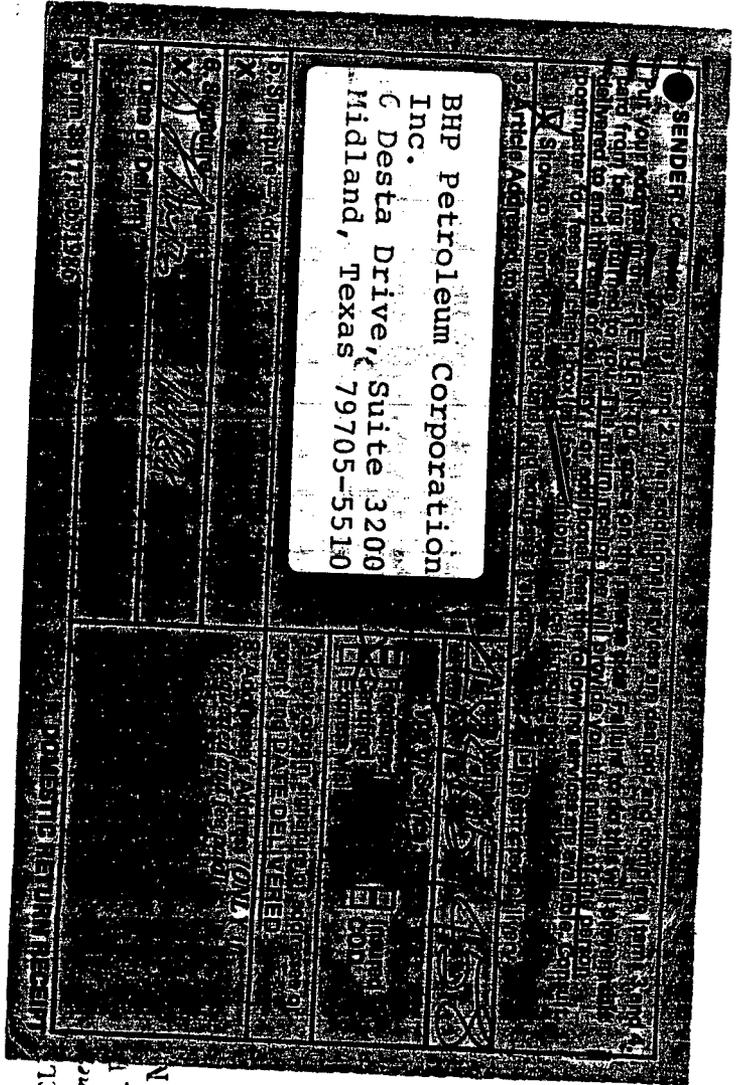
7. Date of

PS Form 38

P-484 057 458
P-484 057 458

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent To	BHT
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.30
Postmark or Date	JUN 11 1985 SANTA FE NM 86823

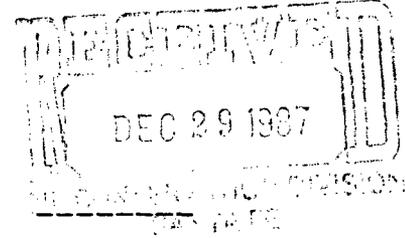


KELLAHIN, KEL
Attorney
P.O. Box
Santa Fe, New Mexico

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF SUN EXPLORATION AND PRODUCTION
COMPANY FOR COMPLUSORY POOLING
AND NON-STANDARD PRORATION UNIT,
LEA COUNTY, NEW MEXICO

CASE NO.



APPLICATION

COMES NOW, Sun Exploration and Production Company and applies to the Oil Conservation Division of the State of New Mexico for an order pooling all mineral interests from the surface to the base of the Lower Strawn member of the Penn formation (Northeast Lovington Penn Pool), Lea County, New Mexico underlying Lots 13 and 14, Section 6, Township 16 South, Range 37 East, Lea County, New Mexico for the formation of a non-standard proration and spacing unit consisting of 91.65 acres and in support thereof would show the Division:

1. Applicant is the owner of the the right to drill and develop Lots 13 and 14 of Section 6, Township 16 South, Range 37 East, Lea County, New Mexico.

2. Applicant proposes to drill a well at a standard location in the Northeast Lovington Penn Pool and to dedicate Lots 13 and 14 of said Section to the well.

3. Applicant sought to obtain the cooperation and voluntary participation of all parties.

4. In order to obtain its just and equitable share of production underlying the above lands, Applicant needs an order pooling the mineral interests involved.

5. Those who have not consented to join in the drilling of the well, with their addresses, to the best of Applicant's knowledge and belief, are as follows:

Texaco, Inc.
Post Office Box 3109
Midland, Texas 79702

The foregoing interest totals 25% working interest.

6. Applicant proposes to form a non-standard proration unit consisting of 91.65 acres to be dedicated to said well. Said non-standard proration unit will consist of Lot 13 (51.65 acres) and Lot 14 (40 acres) and is due to a variation in the legal subdivision of the United States Public Land Survey. Those operators or owners of undrilled tracts entitled to notice under N.M.O.C.D. Rule 1207(a)3 are:

Texaco, Inc.
Post Office Box 3109
Midland, Texas 79702

DEC 29 1997

BHP Petroleum Corporation, Inc.
6 Desta Drive, Suite 3200
Midland, Texas 79705-5510

Estroil Producing Corporation
400 West Illinois, Suite 1600
Midland, Texas 79701

Mesa Operating Limited Partnership
One Mesa Square
Amarillo, Texas 79189

Sequoia Associates Limited
c/o Bechtel Investments, Inc.
5400 Westheimer Court
Houston, Texas 77056

Exxon Company USA
Post Office Box 1600
Midland, Texas 79702-1600

WHEREFORE, Applicant requests that this matter be set for hearing on January 20, 1988, before the Division's duly appointed examiner, and that, after notice and hearing, the Division enter its order pooling the above interests and approving the non-standard proration unit described above. Applicant further prays that it be named operator of said well, that the order make provision for Applicant to recover, out of production; its costs of drilling the subject well, completing and equipping it, for all costs of operation, including costs of supervision and a risk factor in the amount of 200% for the drilling of the

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DEC 20 1987
ALL CONTAINERS

well and for such other and further relief as may be appropriate.

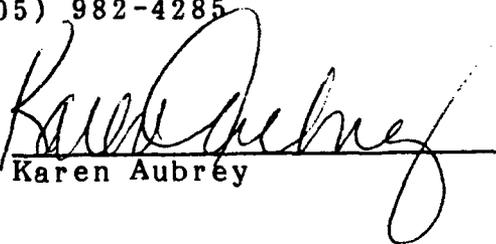
Respectfully submitted,

Sun Exploration & Production
Company

By:

KELLAHIN, KELLAHIN & AUBREY
Post Office Box 2265
Santa Fe, New Mexico 87504
(505) 982-4285

By



Karen Aubrey

RECEIVED
DEC 29 1987

CERTIFICATE OF SERVICE

I hereby certify that I caused a true and correct copy of the foregoing Application to be mailed to the following operators or owners of undrilled tracts:

Texaco, Inc.
Post Office Box 3109
Midland, Texas 79702

BHP Petroleum Corporation, Inc.
6 Desta Drive, Suite 3200
Midland, Texas 79705-5510

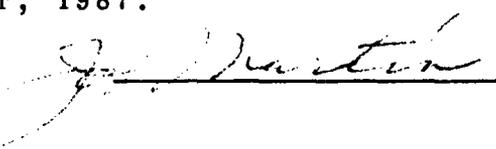
Estroil Producing Corporation
400 West Illinois, Suite 1600
Midland, Texas 79701

Mesa Operating Limited Partnership
One Mesa Square
Amarillo, Texas 79189

Sequoia Associates Limited
c/o Bechtel Investments, Inc.
5400 Westheimer Court
Houston, Texas 77056

Exxon Company USA
Post Office Box 1600
Midland, Texas 79702-1600

by certified mail, return receipt requested on this 29th day of December, 1987.



DEC 29 1987
SANTA FE

P-484 057 454

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to <i>Eyden</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	DEC 29 1987

P-484 057 459

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to <i>Sequoia</i>	
Street and No. <i>Arsoos</i>	
P.O., State and ZIP Code	
Postage	\$ 3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	DEC 29 1987

P-484 057 457

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to <i>Estroil</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	DEC 29 1987

P-484 057 455

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to <i>Jaxaco</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	DEC 29 1987

P-484 057 456

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to <i>Mesa</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	DEC 29 1987

P-484 057 458

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to <i>BHT</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	DEC 29 1987

● **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: Exxon Company USA Post Office Box 1600 Midland, Texas 79702-1600	4. Article Number P484057454 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD 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>Craig Perry</i>	
7. Date of Delivery 12-31-87	

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: Sequoia Assocs. Ltd. c/o Bechtel Investments, Inc. 5400 Westheimer Court Houston, Texas 77056	4. Article Number P484057459 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD 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>T. T. J. J.</i>	
7. Date of Delivery 11/4/88	

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: Mesa Operating Ltd. Partnership One Mesa Square Amarillo, Texas 79189	4. Article Number P484057456 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid) Box 2009
6. Signature — Agent X	
7. Date of Delivery JAN - 4 1988	

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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Estroil Producing Corp. 400 West Illinois Suite 1600 Midland, Texas 79701		4. Article Number P484051451	
		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X <i>C. Burns</i>		8. Addressee's Address (ONLY if requested and fee paid) 400 W. Ill.	
6. Signature - Agent X		Suite 1600	
7. Date of Delivery 12-31-87			

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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: BHP Petroleum Corporation Inc. C Desta Drive, Suite 3200 Midland, Texas 79705-5510		4. Article Number P484051458	
		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
		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>D. Davis</i> 1/4/88			
7. Date of Delivery			

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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Texaco, Inc. Post Office Box 3109 Midland, Texas 79702		4. Article Number P484051455	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
		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>L. P.</i>			
7. Date of Delivery 12-31-87			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-484 057 457

● **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:

Estroil Producing Corp.
 400 West Illinois
 Suite 1600
 Midland, Texas 79701

4. Article Number
 18405457

Type of Service:
 Registered
 Certified
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

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

KELLAHN, KELLAHN & AUBREY

Attorneys at Law

P. O. Box 2265

Santa Fe, New Mexico 87504-2265

P-484 057 458

BHP Petroleum Corp., Inc
6 Desta Drive
Suite 3200
Midland, Texas 79705-
5510

Sent to BHP	
Street and No.	
City, State and Zip	
Postage	
Confused Fee	
Special Delivery Fee	
Restricted and Certified	
Registered Mail	
Insured (if not otherwise indicated)	
Postmark	

U.S.G.P.O. 153-506

U.S. POSTAGE, June 1985

RECEIPT FOR CERTIFIED MAIL

854 250 484-D

PS Form 3811, Feb. 1986

● **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 boxes for additional service(s) requested.

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

3. Article Addressed to:

Mesa Operating Ltd.
Partnership
One Mesa Square
Amarillo, Texas 79189

4. Article Number

189057458

Type of Service:

Registered Insured

Certified COD

Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

P-484 057 455

● **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:
Texaco, Inc.
Post Office Box 3109
Midland, Texas 79702

4. Article Number
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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P-484 057 457

● **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: Sequoia Assocs. Ltd. c/o Bechtel Investments, Inc. 5400 Westheimer Court Houston, Texas 77056		4. Article Number 12484057457
5. Signature -- Addressee X		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature -- Agent X		
7. Date of Delivery		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: Exxon Company USA Post Office Box 1600 Midland, Texas 79702-1600	4. Article Number PD89057454 Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD 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	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

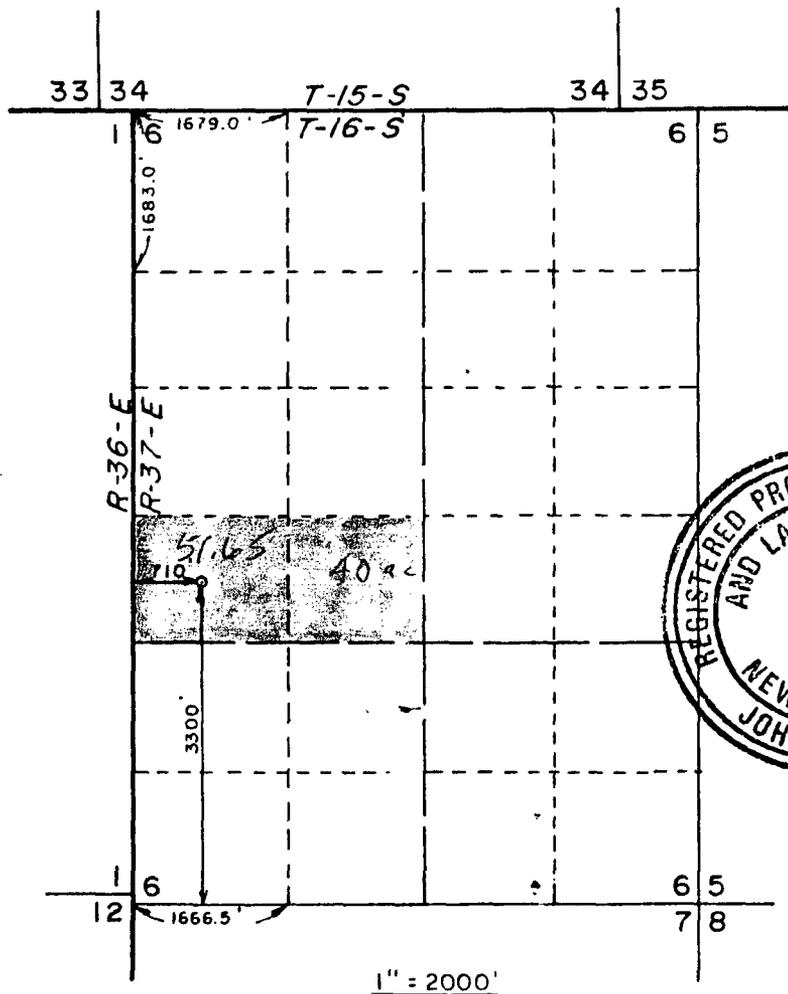
Operator Sun Exploration & Production Company			Lease Anderson A		Well No. 1
Unit Letter M	Section 6	Township 16 South	Range 37 East	County Lea	
Actual Footage Location of Well: 3300 feet from the South line and 710 feet from the West line					
Ground Level Elev. 3866.4	Producing Formation		Pool	Dedicated Acreage: Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name

Position

Company

Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

January 8, 1988

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No. **JOHN W. WEST 676**

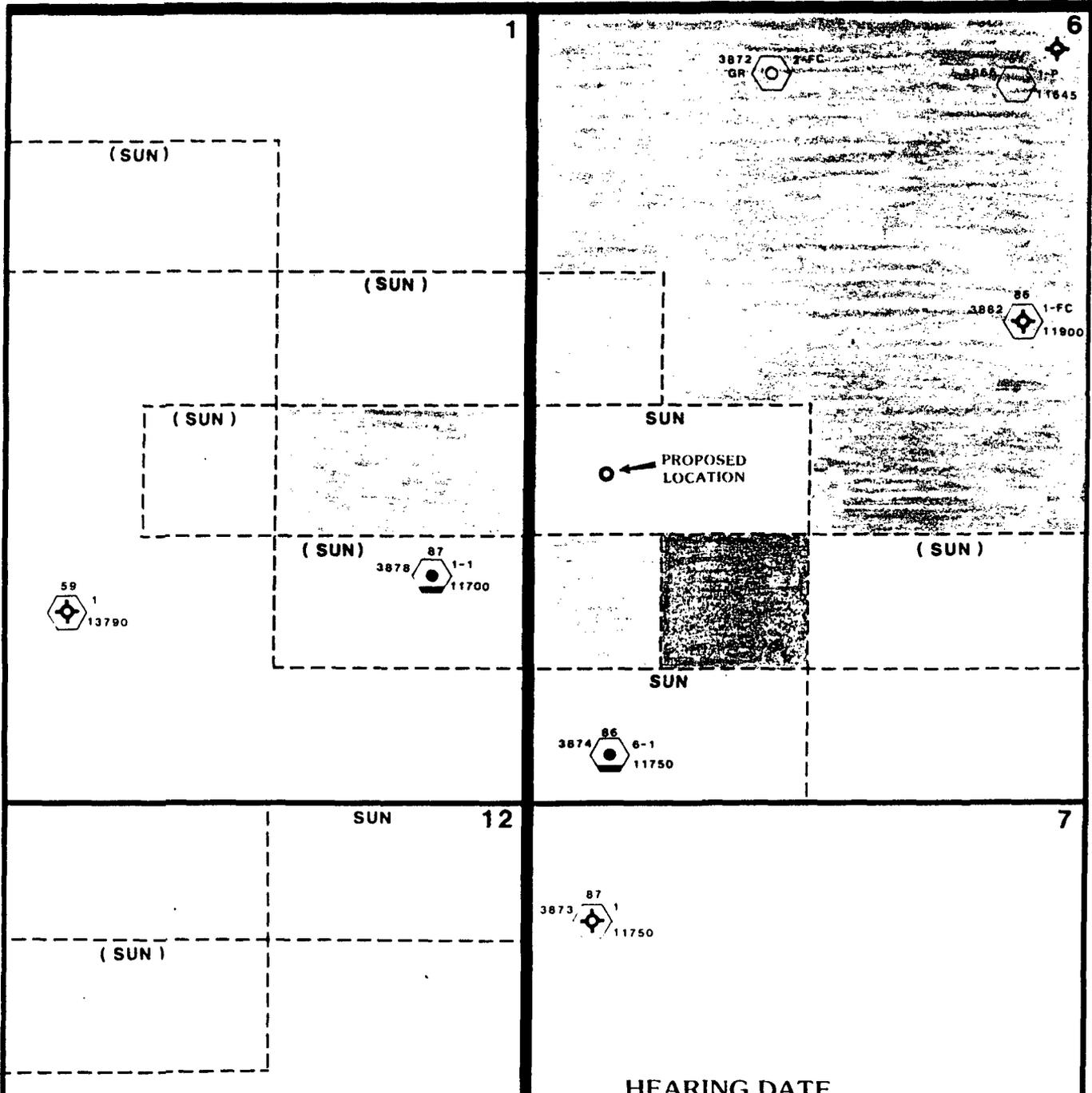
Ronald J. Eidson 3239



R 36 E

R 37 E

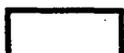
T
16
S



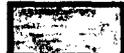
HEARING DATE

EXHIBIT #

DOCKET #

 Sun - 50%
 Estoril, et.al.- 25% } Mesa-Sequoia F/I
 Texaco - 25%

 Mesa - 65%
 Texaco - 25% } MTS
 Sequoia - 10%

 Exxon - 100%

 BHP Petroleum Co.,Inc.- 100%

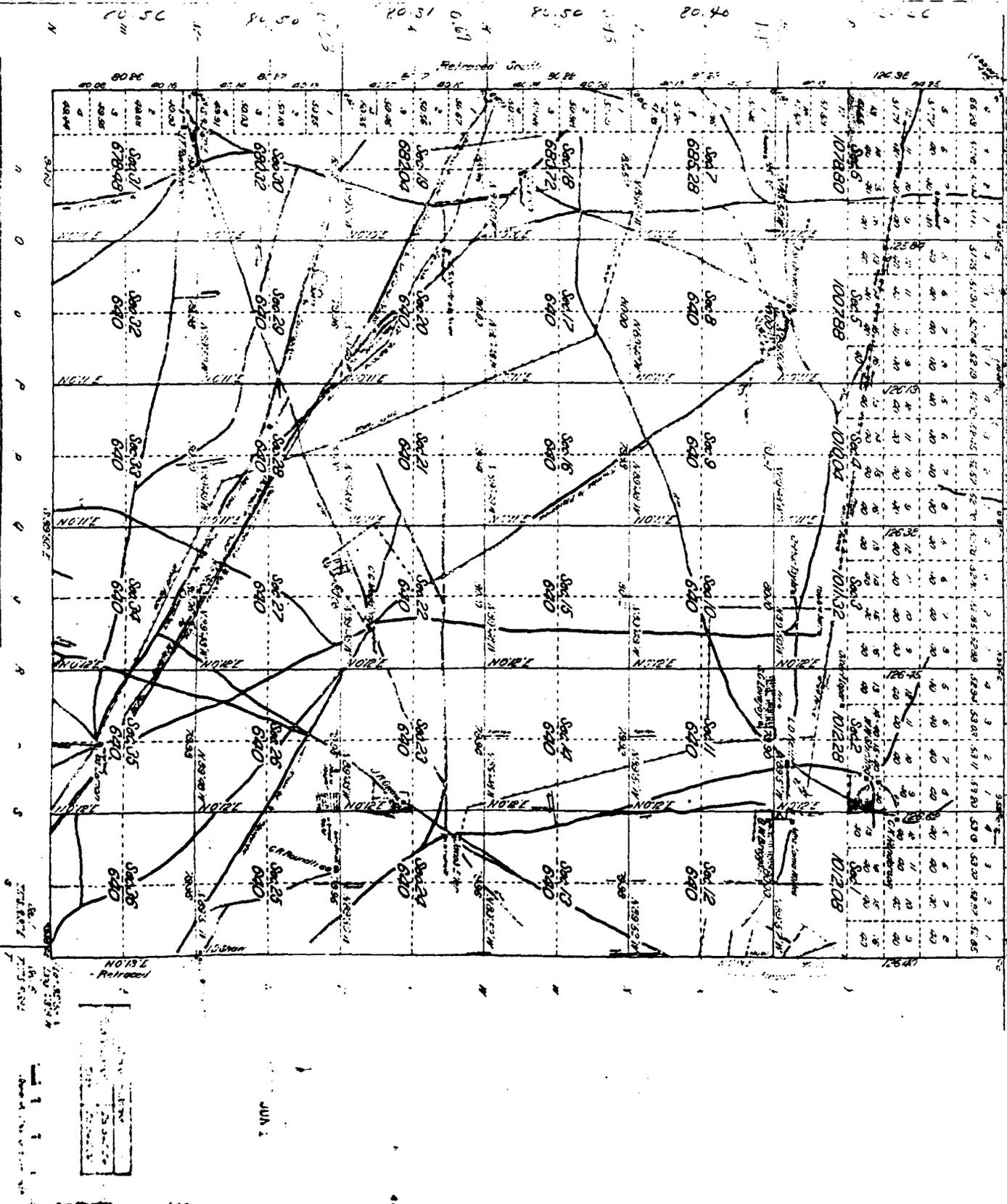


COUNTRY CLUB HILLS PROSPECT

DATUM:

COUNTY	I.A.	STATE	N.MEXICO	TYPE
CONTOUR INTERVAL				SCALE 1" = 1000'
BY	A.BILLERS	DATE	1-12-88	
DRAFTING BY	MLP	REVISED BY	DATE 1-88	

Property Description	Acres	Assessed Value					
1. 1/2 Section 1	1.00	100.00	100.00	100.00	100.00	100.00	100.00
2. 1/2 Section 2	1.00	100.00	100.00	100.00	100.00	100.00	100.00
3. 1/2 Section 3	1.00	100.00	100.00	100.00	100.00	100.00	100.00
4. 1/2 Section 4	1.00	100.00	100.00	100.00	100.00	100.00	100.00
5. 1/2 Section 5	1.00	100.00	100.00	100.00	100.00	100.00	100.00
6. 1/2 Section 6	1.00	100.00	100.00	100.00	100.00	100.00	100.00
7. 1/2 Section 7	1.00	100.00	100.00	100.00	100.00	100.00	100.00
8. 1/2 Section 8	1.00	100.00	100.00	100.00	100.00	100.00	100.00
9. 1/2 Section 9	1.00	100.00	100.00	100.00	100.00	100.00	100.00
10. 1/2 Section 10	1.00	100.00	100.00	100.00	100.00	100.00	100.00
11. 1/2 Section 11	1.00	100.00	100.00	100.00	100.00	100.00	100.00
12. 1/2 Section 12	1.00	100.00	100.00	100.00	100.00	100.00	100.00
13. 1/2 Section 13	1.00	100.00	100.00	100.00	100.00	100.00	100.00
14. 1/2 Section 14	1.00	100.00	100.00	100.00	100.00	100.00	100.00
15. 1/2 Section 15	1.00	100.00	100.00	100.00	100.00	100.00	100.00
16. 1/2 Section 16	1.00	100.00	100.00	100.00	100.00	100.00	100.00
17. 1/2 Section 17	1.00	100.00	100.00	100.00	100.00	100.00	100.00
18. 1/2 Section 18	1.00	100.00	100.00	100.00	100.00	100.00	100.00
19. 1/2 Section 19	1.00	100.00	100.00	100.00	100.00	100.00	100.00
20. 1/2 Section 20	1.00	100.00	100.00	100.00	100.00	100.00	100.00
21. 1/2 Section 21	1.00	100.00	100.00	100.00	100.00	100.00	100.00
22. 1/2 Section 22	1.00	100.00	100.00	100.00	100.00	100.00	100.00
23. 1/2 Section 23	1.00	100.00	100.00	100.00	100.00	100.00	100.00
24. 1/2 Section 24	1.00	100.00	100.00	100.00	100.00	100.00	100.00
25. 1/2 Section 25	1.00	100.00	100.00	100.00	100.00	100.00	100.00
26. 1/2 Section 26	1.00	100.00	100.00	100.00	100.00	100.00	100.00
27. 1/2 Section 27	1.00	100.00	100.00	100.00	100.00	100.00	100.00
28. 1/2 Section 28	1.00	100.00	100.00	100.00	100.00	100.00	100.00
29. 1/2 Section 29	1.00	100.00	100.00	100.00	100.00	100.00	100.00
30. 1/2 Section 30	1.00	100.00	100.00	100.00	100.00	100.00	100.00
31. 1/2 Section 31	1.00	100.00	100.00	100.00	100.00	100.00	100.00
32. 1/2 Section 32	1.00	100.00	100.00	100.00	100.00	100.00	100.00
33. 1/2 Section 33	1.00	100.00	100.00	100.00	100.00	100.00	100.00
34. 1/2 Section 34	1.00	100.00	100.00	100.00	100.00	100.00	100.00
35. 1/2 Section 35	1.00	100.00	100.00	100.00	100.00	100.00	100.00
36. 1/2 Section 36	1.00	100.00	100.00	100.00	100.00	100.00	100.00
37. 1/2 Section 37	1.00	100.00	100.00	100.00	100.00	100.00	100.00
38. 1/2 Section 38	1.00	100.00	100.00	100.00	100.00	100.00	100.00
39. 1/2 Section 39	1.00	100.00	100.00	100.00	100.00	100.00	100.00
40. 1/2 Section 40	1.00	100.00	100.00	100.00	100.00	100.00	100.00
41. 1/2 Section 41	1.00	100.00	100.00	100.00	100.00	100.00	100.00
42. 1/2 Section 42	1.00	100.00	100.00	100.00	100.00	100.00	100.00
43. 1/2 Section 43	1.00	100.00	100.00	100.00	100.00	100.00	100.00
44. 1/2 Section 44	1.00	100.00	100.00	100.00	100.00	100.00	100.00
45. 1/2 Section 45	1.00	100.00	100.00	100.00	100.00	100.00	100.00
46. 1/2 Section 46	1.00	100.00	100.00	100.00	100.00	100.00	100.00
47. 1/2 Section 47	1.00	100.00	100.00	100.00	100.00	100.00	100.00
48. 1/2 Section 48	1.00	100.00	100.00	100.00	100.00	100.00	100.00
49. 1/2 Section 49	1.00	100.00	100.00	100.00	100.00	100.00	100.00
50. 1/2 Section 50	1.00	100.00	100.00	100.00	100.00	100.00	100.00



The above map is a copy of the original map of the property shown in the office of the County Clerk of the County of ... in the office of the County Clerk of the County of ...

1/16. 10/16

1/16. 10/16