

VIA CERTIFIED MAIL. RRR

Bureau of Land Management
Carlsbad Resource Area Headquarters
P.O. Box 1778
Carlsbad, New Mexico 88220

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

This is to notify you that the New Mexico Oil Conservation Division has scheduled a hearing on my application for authority to inject into the following wells:

- Saladar Unit No. 002 30-015-02450 L-33-20S-28E
- Saladar Unit No. 004 30-015-02446 K-33-20S-28E
- Saladar Unit No. 006 30-015-02448 K-33-20S-28E
- Saladar Unit No. 007 30-015-10468 N-33-20S-28E
- Saladar Unit No. 008 30-015-02449 N-33-20S-28E
- Saladar Unit No. 012 30-015-24179 K-33-20S-28E

The wells are located eight (8) miles northeast of Carlsbad in Eddy County, New Mexico. I am seeking authorization to inject into the Yates Formation.

The hearing on the application will be conducted on October 16, 2008 at 8:15 a.m. at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505.

As an interest owner in the affected lands, you are required to notify (in writing) the Division and me no later than October 9, 2008, if you intend to participate in the hearing. If you do not appear at the hearing, you will be precluded from contesting the matter at a later date.

Should you have any questions about the application, contact me at 1425 S. Country Club Circle, Carlsbad, NM 88220, 575.361.8259.

Sincerely,


Dennis Langlitz

Case No. 14,190
Dennis Langlitz
Exhibit #10

VIA CERTIFIED MAIL. RRR

Mr. Trent Nielson
P.O. Box 685
Carlsbad, New Mexico 88221-0685

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

Mr. Nielson,

This is to notify you that the New Mexico Oil Conservation Division has scheduled a hearing on my application for authority to inject into the following wells:

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

Devon Energy Corp.
20 N. Broadway, Suite 1500
Oklahoma City, OK 78102

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

CML Exploration LLC
P.O. Box 890
Snyder, TX 79550

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

BPH Petroleum Co., Inc.
1360 Post Oak Blvd., Suite 500
Houston, TX 77056-3020

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

This is to notify you that the New Mexico Oil Conservation Division has scheduled a hearing on my application for authority to inject into the following wells:

- | | | |
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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL, RRR

Mewbourne Oil Co.
P.O. Box 5270
Hobbs, NM 88241

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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- Saladar Unit No. 008 30-015-02449 N-33-20S-28E
- Saladar Unit No. 012 30-015-24179 K-33-20S-28E

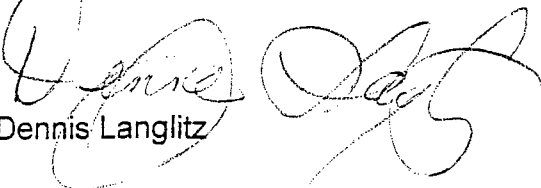
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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

Cimerex Energy Co.
15 E. 5th Street, Suite 1000
Tulsa, OK 74103

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, OK 73154-0496

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

Exxon Mobil Corp.
P.O. Box 4358
Houston, TX 77210-1792
Attn: Dolores O. Howard, Sr. Regulatory Sepc.

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

Dear Ms. Howard:

This is to notify you that the New Mexico Oil Conservation Division has scheduled a hearing on my application for authority to inject into the following wells:

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

Merit Energy Co.
13727 Noel Road, Suite 500
Dallas, TX 75240

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL. RRR

Tom Brown, Inc.
P.O. Box 2608
Midland, TX 79702

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

VIA CERTIFIED MAIL, RRR

Yates Petroleum Corp.
105 South 4th Street
Artesia, NM 88210

RE: *Hearing on Application of Dennis Langlitz for Authority to Inject*

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Sincerely,


Dennis Langlitz

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

B.K.M.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Joe Salgado C. Date of Delivery 9-23
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Trans) 7007 2680 0002 8258 9794

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Newbourne Oil Co.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Joe Salgado C. Date of Delivery 9-23-08
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Trans) 7007 2680 0002 8258 9749

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YATES PETROLEUM
105 S. 4th St
Avondale NM 88210

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Mark Contreras ☐ Agent ☐ Addressee
- B. Received by (Printed Name) MARK CONTRERAS C. Date of Delivery 9-23-08
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Trans) 7007 2680 0002 8258 9671

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Exxon Mobil Corp

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
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- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Trans) 7007 2680 0002 8258 9701

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEVON ENERGY CORP.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article (Transfer) 7007 2680 0002 8258 9770

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BPH PETRO CO INC.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 29 September
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article (Transfer from service label) 7007 2680 0002 8258 9756

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HERIT ENERGY CO.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article (Transfer) 7007 2680 0002 8258 9718

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

TRENT NIELSON

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article (Transfer from service label) 7007 2680 0002 8258 9787

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

CHESAPEAKE OPER. INC.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer) 7007 2680 0002 8258 9732

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MINERALS MANAGEMENT SERVICES

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer) 7007 2680 0002 8258 9688

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHESAPEAKE OPER. INC.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer) 7007 2680 0002 8258 9725

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CMC EXPLORATION LLC

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer) 7007 2680 0002 8258 9763

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
PIEGGS PLUS LIMITED PART

2. Article Number
(Trans) **7007 2680 0002 8258 9596**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Williams

B. Received by (Printed Name)
SEP 26 2004

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
AGNES DUNIGAN

2. Article Number
(Tr) **7007 2680 0002 8258 9602**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature]

B. Received by (Printed Name)
SEP 26 2004

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
SINGER BAOS

2. Article Number
(Transfer from Service Receipt) **7007 2680 0002 8258 9601**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature]

B. Received by (Printed Name)
SEP 26 2004

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
COMBINE 11 LTD PART

2. Article Number
(Trans) **7007 2680 0002 8258 9626**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature]

B. Received by (Printed Name)
A. Calmeyer

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SABINE ROYALTY TRUST

2. Article Numl
(Transfer fro)

7007 2680 0002 8258 9664

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVIS BAOS LLC

2. Artic
(Tra)

7007 2680 0002 8258 9619

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Warden* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Warden* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes