

DHC-2330

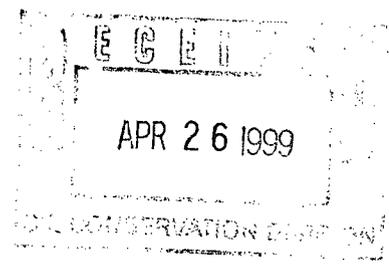
**devon**  
ENERGY CORPORATION

20 North Broadway, Suite 1500  
Oklahoma City, Oklahoma 73102-8260

Telephone 405/235-3611  
FAX 405/552-4550

April 23, 1999

**Certified Mail No. Z 068 588 926**



STATE OF NEW MEXICO  
Energy, Minerals and Natural Resources Dept.  
Oil Conservation Division  
2040 S. Pacheco  
Santa Fe, NM 87505-6429

RE: ( Downhole Commingling  
Eagle 33 N Federal #9  
Section N-33-17S-27E  
API #30-015-29080  
Red Lake (Q-GB-SA) and  
NE Red Lake (Glorieta-Yeso) Fields  
Eddy County, NM

Gentlemen:

Devon Energy Corporation filed the above-referenced downhole commingling application (Form C-107-A) on April 7, 1999. The offset operators and surface owner were sent copies of the application. Attached please find proof of notification.

If you have any questions, please call me at (405) 552-4515.

Yours truly,

DEVON ENERGY CORPORATION (NEVADA)

Tonja Rutelonis  
Engineering Tech.

/trr  
Attachment

Eagle 33N-9 Downhole Commingling Appl. (offset operator notif.)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**Yates Petroleum Corporation**  
**105 S. 4<sup>th</sup>, Yates Building**  
**Artesia, NM 88210**

4a. Article Number  
**Z 068 588 921**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**4-12-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**JOANN GRIGGS**

X *Joann Griggs*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Eagle 33N-9 Downhole Commingling Appl. (offset operator notif.)

**SENDER:**

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- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

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2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**Altura Energy, Ltd.**  
**P.O. Box 4294**  
**Houston, TX 77210-4294**

4a. Article Number  
**Z 068 588 919**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**APR 12 1999**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Goen*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Eagle 33N-9 Downhole Commingling Appl. (offset operator notif.)

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**ARCO Permian**  
**P.O. Box 1610**  
**Midland, TX 79702**

4a. Article Number  
**Z 068 588 920**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**APR 12 1999**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

Thank you for using Return Receipt Service.

*Eagle 33 N-9 Dewshole Commingling Sundry*

Is your RETURN ADDRESS completed on the reverse side?

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**Bureau of Land Management  
2909 West Second Street  
Roswell, NM 88201**

4a. Article Number  
**Z 068 588 918**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**12 APR 99**

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
*[Handwritten Signature]*