



Resources, Inc. OIL CONSERVATION DIVISION  
RECEIVED

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October 22, 1990

518 17th St., Suite 1030  
Denver, Colorado 80202  
(303) 571-4220

State of New Mexico  
Energy, Minerals and Natural Resources Dept.  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87504

Attn: William J. Lemay

Re: Unorthodox Locations

~~Hammond W.N. Fed No. 9~~

Hammond W.N. Fed No. 10

Hammond W.N. Fed No. 11

Oxnard W.N. Fed No. 9

Oxnard W.N. Fed No. 10

Marron W.N. Fed No. 8

Marron W.N. Fed Com No. 9

Township 27 North, Range 8 West  
San Juan County, NM

Gentlemen:

Maralex Resources, Inc. (Maralex) as stated in our applications for unorthodox locations dated October 5, 1990, hereby submits the return receipt cards signifying receipt by the offset operators of notification of our applications.

As with the applications, the notifications for the different wells were submitted in one package to each of the operators. Therefore, there is only one card per operator. Copies of the applications were hand delivered to the Bureau of Land Management on October 10, 1990.

Please let us know at your earliest convenience the status of our applications so that we may proceed with the drilling and completion of our wells prior to expiration of the Section 29 tax credit.

Sincerely,

A. M. O'Hare, P.E.  
President  
Maralex Resources, Inc.

● **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:

4. Article Number  
P 712 015 284

5. Signature — Addressee

6. Signature — Agent

7. Date of Delivery  
10-11-90

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

9. Type of Service:  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

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

PS Form 3811, Apr. 1989

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