



ENERGY CORPORATION

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

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

April 25, 1997

Certified Mail No. P 619 404 381

FASKEN OIL & RANCH INTERESTS  
303 W. WALL AVE, SUITE 1900  
MIDLAND, TX 79701-5116

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Gentlemen:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you operate wells within the area of review.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORP.

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

AAI on: Denton SWD #5

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: FASKEN OIL & RANCH INTERESTS 303 W. WALL AVE., SUITE 1900 MIDLAND, TX 79701-5116		4a. Article Number P 619 404 381	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 4-28-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X D: Dawson			

PS Form 3811, December 1994

Domestic Return Receipt

Form 3811  
Postmark or Date  
AAI on:  
Denton SWD #5

Thank you for using Return Receipt Service.



ENERGY CORPORATION

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

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

April 25, 1997

Certified Mail No. P 619 404 380

TEXACO EXPLORATION & PRODUCTION  
4601 DTC Blvd.  
DENVER, CO 80237-2549

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Gentlemen:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you operate wells within the area of review.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

*AAI on: Denton SWD #5*

Yours truly,

DEVON ENERGY CORP.

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: TEXACO EXPLORATION & PROD. 4601 DTC Blvd. DENVER, CO 80237-2549		4a. Article Number <b>P 619 404 380</b>	
			4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	5. Received By: (Print Name)		7. Date of Delivery <b>4-28-97</b>	
	6. Signature: (Addressee or Agent) <b>X <i>EA</i></b>		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

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Postmark or Date  
**AAI on: Denton SWD #5**

Thank you for using Return Receipt Service.



ENERGY CORPORATION

20 North Broadway, Suite 1500

Oklahoma City, Oklahoma 73102-8260

Telephone 405/235-3611

FAX 405/552-4550

April 25, 1997

Certified Mail No. P 619 404 378

CHEVRON USA, INC.  
935 GRAVIER ST.  
NEW ORLEANS, LA 70112-1625

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Gentlemen:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you operate wells within the area of review.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORPORATION

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

*AAI on: Denton SWD #5*

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHEVRON USA, INC. 935 GRAVIER ST. NEW ORLEANS, LA 70112-1625		4a. Article Number <b>P 619 404 378</b> 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <i>[Signature]</i>		7. Date of Delivery <b>APR 28 1997</b>	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

PS Form

FURTHER USE PROHIBITED

*AAI on: Denton SWD #5*

Thank you for using Return Receipt Service.

**devon**

ENERGY CORPORATION

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

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

April 25, 1997

Certified Mail No. P 619 404 377

UMC PETROLEUM CORPORATION  
1201 LOUISIANA, SUITE 1400  
HOUSTON, TX 77002-5603

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Gentlemen:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you operate wells within the area of review.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORP.

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

**AAI on Denton SWD #5**

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: UMC PETROLEUM CORPORATION 1201 LOUISIANA, SUITE 1400 HOUSTON, TX 77002-5603		4a. Article Number <b>P 619 404 377</b>	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <b>29 APR 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X</i>			

PS Form 3811, December 1994

Domestic Return Receipt

Postmark or Date  
**AAI on Denton SWD #5**

Thank you for using Return Receipt Service.

# devon

ENERGY CORPORATION

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

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

April 25, 1997

Certified Mail No. P 619 404 379

POLARIS PRODUCTION CORP.  
P. O. Box 1749  
MIDLAND, TX 79702-1749

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Gentlemen:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you operate wells within the area of review.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORP

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

**Return Receipt for Merchandise**

**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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
POLARIS PRODUCTION CORP.  
P. O. BOX 1749  
MIDLAND, TX 79702-1749

4a. Article Number  
P 619 404 379

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

Form 3  
Postmark or Date  
AAT on: Denton SWD #5

Thank you for using Return Receipt Service.

**devon**

**ENERGY CORPORATION**

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

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

April 25, 1997

**Certified Mail No. P 619 404 382**

MR. DARR ANGELL  
P. O. Box 190  
LOVINGTON, NM 88260

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Mr. Angell:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you lease the surface rights.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORP.

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

**AAI on: Denton SWD #5**

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MR. DARR ANGELL P. O. Box 190 LOVINGTON, NM 88260		4a. Article Number <b>P 619 404 382</b>	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery	
6. Signature: (Addressee or Agent) <b>X</b>		8. Addressee's Address (Only if requested and fee is paid)	

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**Domestic Return Receipt**

Postmark or Date  
**AAI on: Denton SWD #5**

# devon

ENERGY CORPORATION

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

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

April 25, 1997

Certified Mail No. P 619 404 376

PHILLIPS PETROLEUM  
4001 PEMBROOK  
ODESSA, TX 79762

RE: Proposed Denton SWD #5 (formerly State "T" #1)  
Section 2-15S-37E  
Lea County, NM

Gentlemen:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you operate wells within the area of review.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORP

*Karen Byers*

Karen Byers  
Engineering Technician

Enclosures

AAI on <del>State</del> Denton SWD #5	
<b>SENDER:</b> <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, 4a, and 4b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li><li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>	
I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PHILLIPS PETROLEUM 4001 PEMBROOK ODESSA, TX 79762	4a. Article Number P 619 404 376
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 4-28-97 <i>gm</i>
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X <i>Nancy Buck</i>	

PS Form 3811, December 1994

Domestic Return Receipt

PS Form 3811

Postmark or Date

Denton SWD #5  
Authority to  
Inject

Thank you for using Return Receipt Service.



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

4/29/97

GOVERNOR

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC	_____
DHC	_____
NSL	_____
NSP	_____
SWD	<u>X</u> _____
WFX	_____
PMX	_____

Gentlemen:

I have examined the application for the:

Deven Energy Corp	State T	#1-N	2-15s-37e
Operator	Lease & Well No.	Unit	S-T-R

and my recommendations are as follows:

OK

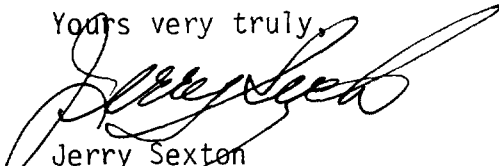
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yours very truly,

  
Jerry Sexton  
Supervisor, District 1

/ed