

Conoce Inc.

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10 Desta Drive West

Midland, TX 79705-4514 (915) 686-5400

Midland Division Exploration and Production

December 5, 1990

Mr. William LeMay State of New Mexico New Mexico Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Request For Approval Of Surface Commingling and Off-Lease Storage of the North Dagger Draw Upper Pennsylvanian Production from the Barbara Federal No. 10, SW/4, Section 17, T-19S, R-25E Eddy County, New Mexico

Conoco Inc. requests an additional amendment to the 3rd Amendment of the Commingling Order CTB-338, dated October 18, 1990 (copy attached), by including the proposed Barbara Federal No. 10, Unit M, Section 17, T-19S, R-25E, Eddy County, New Mexico. This well will be completed in the North Dagger Draw Upper Pennsylvanian Pool.

Although the subject well is not completed at this time, it is anticipated that the quality of the crude will be identical to other surrounding wells completed in the North Dagger Draw Pool and that surface commingling will not reduce its commercial value. The production from each lease will be metered separately at the battery using positive displacement, temperature compensated, oil meters and temperature compensated gas meters.

Additionally, Conoco requests approval for off-lease storage for production from the Barbara Federal No. 10. The battery to be used for this proposed surface commingling and storage is located at the Lodewick No. 1 well, Unit C, Section 19, T-19S, R-25E.

A lease plat and battery schematic, showing the addition of this new well are attached. All interest owners of the Barbara Federal No. 10 have been notified as per the attached letter and interest owner listing. Proof of notification will be forwarded to you when the registered mail receipts have been returned. To promote continued timely development of the North Dagger Draw Field, your early consideration of these requests would be appreciated.

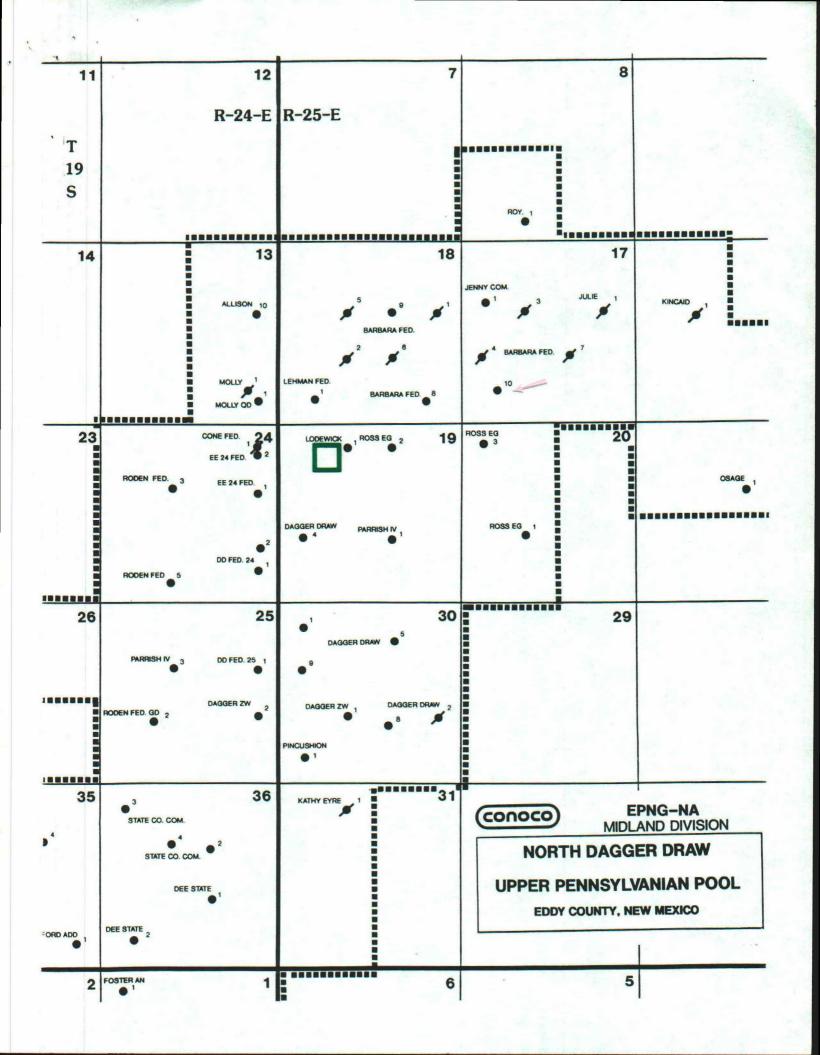
Should you have any questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

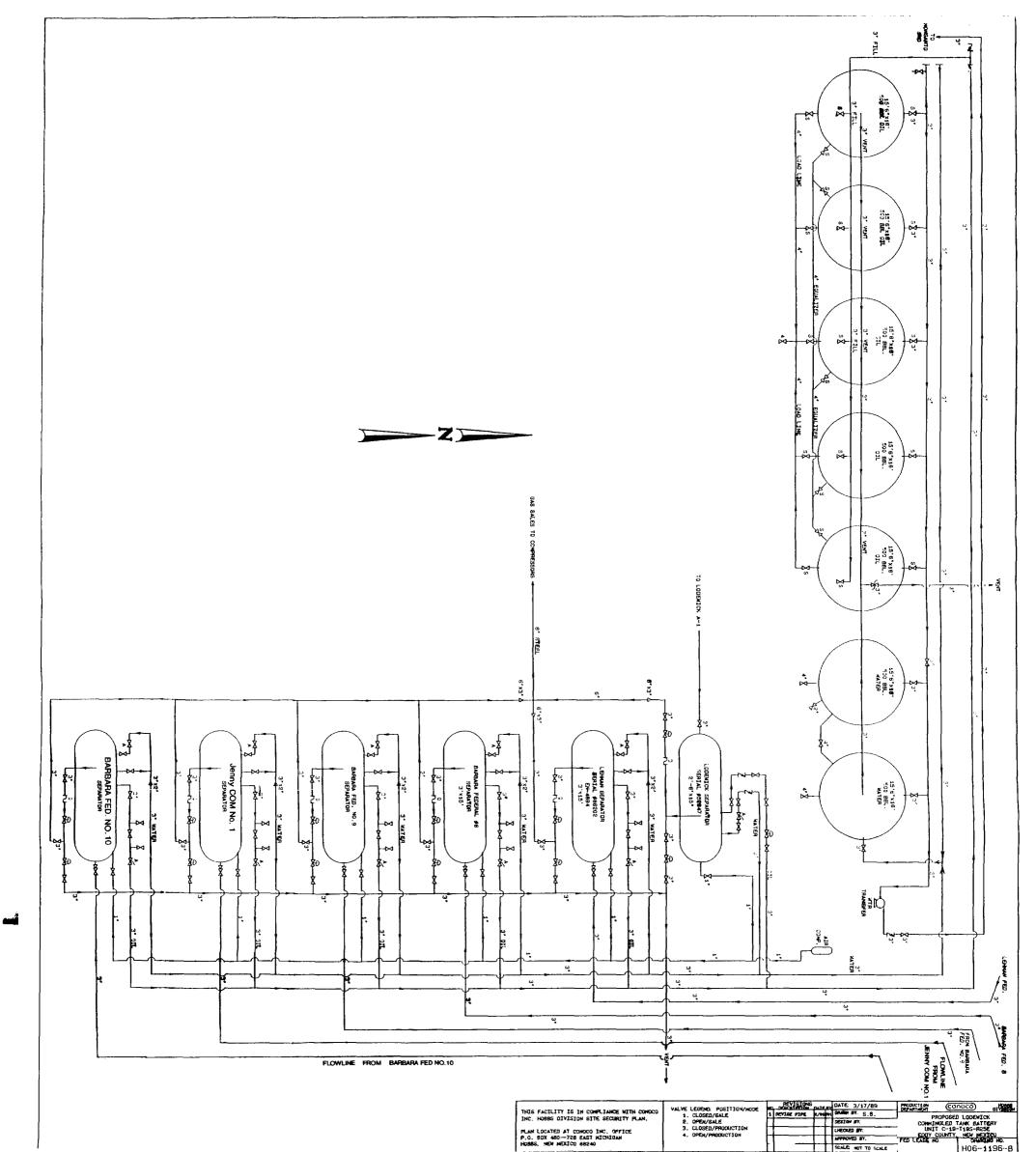
Yours very truly,

Brent D. Meyers / Division Operations Manager

JWH\tm

cc: Bureau of Land Management P.O. Box 1778 Carlsbad, NM 88220







Conoco Inc. 10 Desta Drive West Midland, TX 79705-4514 (915) 686-5400

December 5, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal No. 10 to be located at 780' FSL and 730' FWL in Section 17, T-19S, R-25E, Eddy County, New Mexico.

The purpose of this off-lease storage and surface commingling is to reduce operating costs for storage and treating and thereby extend the economic life of this well. Without approval for utilizing an already existing battery facility on an adjacent lease, separate facilities would have to be constructed just for this one well. This would increase operating costs and shorten the economic life of the well.

Because interests for the proposed well are different from those for the lease where the proposed storage facilities are located, oil from the Barbara Federal No. 10 will be measured by positive displacement, temperature compensated, metering equipment prior to surface commingling. Gas from the well will also be metered separately. This metering will ensure that all production from the Barbara Federal No. 10 is equitably accounted for with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by December 28, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal and will request approval from the New Mexico Oil Conservation Division for this proposed off- lease storage and surface commingling.

Yours very truly,

Bruch.M

Brent D. Meyers Division Operations Manager

JWH/tm

APPROVED BY:

DATE: _____

Signature

Ray Hall Beck 1804 Booker Artesia, NM 88210

Madlyn Cauhape Star Rt. Hope, NM 88250

Robert B. Payne 3700 Renaissance TWR 1201 Elm Street Dallas, TX 75270

Minerals Management Service P.O. Box 5810 Denver, CO 80217

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Florence M. Essman Curry No. 1 Deerfield Midland, TX 79701

Claydesta National Bank A/C Mike Roberts P.O. Box 3090 Midland, TX 79702

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B. W. Harper 501 Dallas Artesia, NM 882102



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Conoco Inc. 10 Desta Drive West Midland, TX 79705-4514 10 06 (915) 686-5400

December 5, 1990

Mr. Richard L. Manus Bureau of Land Management P.O. Box 1778 Carlsbad, NM 88220

Dear Mr. Manus:

Application for Approval of Surface Commingling and Off-Lease Storage of Production from the Barbara Federal No. 10 to be located in Unit M, Sec. 17, T-29S, R-25E, Eddy County, New Mexico

2 2 20

By the attached copy of our application to the New Mexico Oil Conservation Division, we are requesting your approval of our proposed amendment to the subject commingling order.

The BLM has previously approved the NMOCD commingling order CTB- 338 and subsequent amendments to it.

If you have any questions, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers **Division Operations Manager**

JWH/tm

cc: NMOCD, Santa Fe

CONOCO

Midland Division Exploration and Production

December 5, 1990

Conoco Inc. 10 Desta Drive West Midland, TX 79705-4514 (915) 686-5400

Mr. William LeMay State of New Mexico New Mexico Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Request For Approval Of Surface Commingling and Off-Lease Storage of the North Dagger Draw Upper Pennsylvanian Production from the Barbara Federal No. 10, SW/4, Section 17, T-19S, R-25E Eddy County, New Mexico

Conoco Inc. requests an additional amendment to the 3rd Amendment of the Commingling Order CTB-338, dated October 18, 1990 (copy attached), by including the proposed Barbara Federal No. 10, Unit M, Section 17, T-19S, R-25E, Eddy County, New Mexico. This well will be completed in the North Dagger Draw Upper Pennsylvanian Pool.

Although the subject well is not completed at this time, it is anticipated that the quality of the crude will be identical to other surrounding wells completed in the North Dagger Draw Pool and that surface commingling will not reduce its commercial value. The production from each lease will be metered separately at the battery using positive displacement, temperature compensated, oil meters and temperature compensated gas meters.

Additionally, Conoco requests approval for off-lease storage for production from the Barbara Federal No. 10. The battery to be used for this proposed surface commingling and storage is located at the Lodewick No. 1 well, Unit C, Section 19, T-19S, R-25E.

A lease plat and battery schematic, showing the addition of this new well are attached. All interest owners of the Barbara Federal No. 10 have been notified as per the attached letter and interest owner listing. Proof of notification will be forwarded to you when the registered mail receipts have been returned. To promote continued timely development of the North Dagger Draw Field, your early consideration of these requests would be appreciated.

Should you have any questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers Division Operations Manager

JWH\tm

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STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

GARREY CARRUTHERS

POST OFFICE BOX 2088 STATE LAND OFFICE BUILDING SANTA FE, NEW MEXICO 87504 (505) 827-5800

3rd AMENDMENT - COMMINGLING ORDER CTB-338

Conoco, Inc. P.O. Box 460 Hobbs, NM 88240

Attention: Brent D. Meyers

The above-named company is hereby authorized to commingle North Dagger Draw Upper Penn Pool production from the following leases:

Lease: Description:	Lodewick "A" Lease NW/4 Section 19, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico;
Lease: Description:	Lehman Federal Lease SW/4 Section 18, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.
Lease: Description:	Barbara Federal Lease E/2 Section 18, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.
Lease: Description:	Jenny Com Lease NW/4 Section 17, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

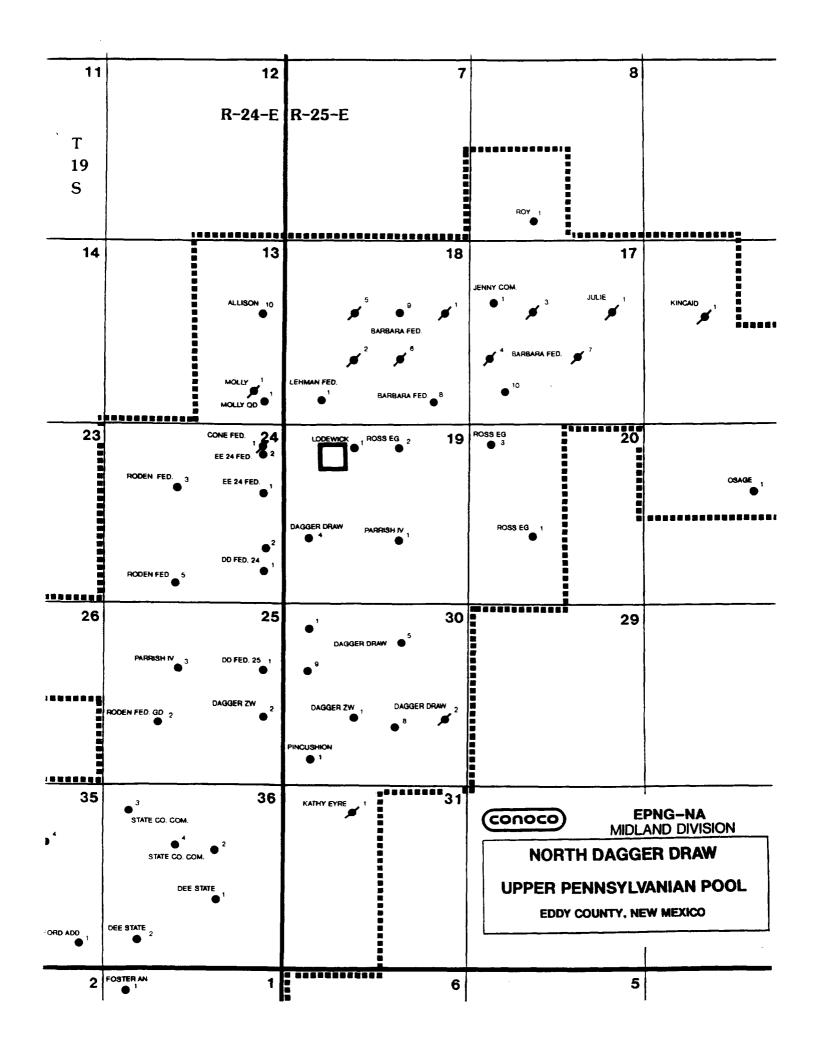
Production from the Barbara Federal Well Nos. 8 and 9 and from the Lodewick "A", Lehman Federal and Jenny Com Leases shall be separately measured prior to commingling.

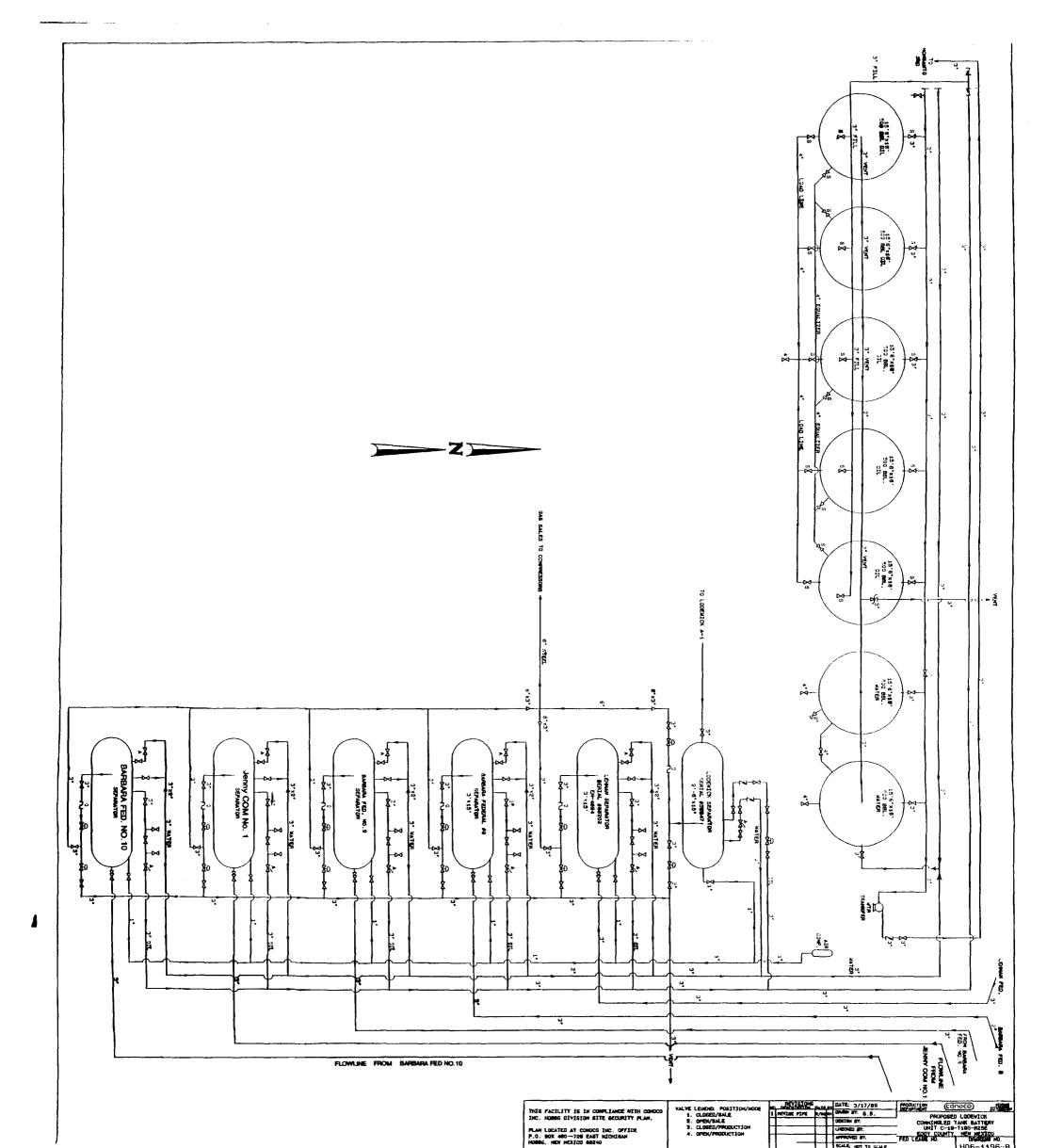
The above-named company is further authorized to store the production from all of the above-described leases at a tank battery located on the Lodewick "A" lease in the NE/4 NW/4 of said Section 19.

NOTE: This installation shall be installed and operated in accordance with the applicable provisions of Rule 309-B of the Division Rules and Regulations and the Division "Manual for the Installation and Operation of Commingling Facilities." It is the responsibility of the producer to notify the transporter of this commingling authority.

DONE at Santa Fe, New Mexico, on this 18th day of October, 1990.

, Jule William J. LeMay, Director







Conoco Inc. 10 Desta Drive West Midland, TX 79705-4514 (915) 686-5400

December 5, 1990

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Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal No. 10 to be located at 780' FSL and 730' FWL in Section 17, T-19S, R-25E, Eddy County, New Mexico.

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Yours very truly,

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Brent D. Meyers Division Operations Manager

JWH/tm

APPROVED BY:

DATE: _____

Signature

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B. W. Harper501 DallasArtesia, NM 882102



Conoco Inc. 10 Desta Drive West Midland, TX 79705-9982 (915) 686-5400

January 23, 1991

Mr. William LeMay New Mexico Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87504-2088

Dear Mr. LeMay:

Proof of Notice to Barbara Fed. No. 10 Interest Owners of Intent to Commingle and Store Production Off-Lease at the Lodewick No. 1 Battery, Unit C, Section 19, T-19S, R-25E. Eddy County, New Mexico

Conoco's December 5, 1990 application for surface commingling and off-lease storage of the North Dagger Draw Upper Pennsylvanian production from the Barbara Federal No. 10 well stated that all interest owners in the Barbara Federal No. 10 had been notified by certified mail of this application. Attached is a (a) copy of the letter they received, (b) a list of the interest owners, and (c) a copy of the certified mail receipts.

Your timely consideration and approval of this application will be appreciated so that there will be no delay in establishing production when the drilling of this well is completed. Should you have any further questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Jerry W. Hoover Regulatory Coordinator

JWH/tm



Conoco Inc. 10 Desta Drive West Midland, TX 79705-4514 (915) 686-5400

December 5, 1990

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Because interests for the proposed well are different from those for the lease where the proposed storage facilities are located, oil from the Barbara Federal No. 10 will be measured by positive displacement, temperature compensated, metering equipment prior to surface commingling. Gas from the well will also be metered separately. This metering will ensure that all production from the Barbara Federal No. 10 is equitably accounted for with no significant effect on your revenue.

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Brent D. Meyers Division Operations Manager

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B. W. Harper 501 Dallas Artesia, NM 882102

■ 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 servicels requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) 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: Article Number 583 520 493 3. Article Addressed to: 4 Article Number P53520 Type of Service: p 513 Robert B. Payne . Madlyn Cauhape Type of Service: 3700 Renaissance TWR Insured COD Return Receipt for Merchandise Insured
COD
Return Receipt
for Merchandise Star Rt. Registered Begistered Certified 1201 Elm Street Hope, NM 88250 Certified Dallas, TX 75270 🗌 Express Mail Express Mail Always obtain signature of addressee Always obtain signature of addressee or agent and DATE DELIVERED. or prent and DATE DELIVERED. 5. Signature - Addressee 8. Addressee's Address (ONLY if requested and fee paid) Addressee's Address (ONLY if requested and fee paid) Signature - Addressee 5. х х ŝ. Signature - Agent 6. Signature - Agent marie asa х banne х Date of Delivery 12 DEC 70 1990 7. Date of Delivery S Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT *U.S.G.P.O. 1989-238-815 ● 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 service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Obstruction of the second s 4. Article Number V 54352 Type of Service: 3. Article Addressed to: Article Number 583520 ype of **Se**rvice: 3. Article Addressed to: 498 497 Dr. Donald L. Zink Richard H. Landcheft Jr. Type of Registered Insured Insured 903 Naamans Creek Rd. 2313 Jim Dent Registered COD Return Receipt for Merchandise Certified Ē COD Return Receipt Certified Chadds Ford, PA 19317 El Paso, TX 79936 Express Mail Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid) 8. Addressee's Address (ONLY ij 5. Signature > Addressee 6. Signature requested and fee paid) Ó u Agent Agent ñ Signature х х 7. Date of Delivery 7. Date of Delivery 12-10-90 DEC 1 3 1990 S Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT + U.S.G.P.O. 1989-238-815 t dat o SENDER: Complete items 1 and 2 when additional services are desired, and complete items SENDER: Complete items 1 and 2 when additional services are desired, and complete items 8 ■ 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 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: 1. Article Number P58353. Article Addressed to: 4. Article Number <u>P58352049</u> Type of Service: 0518 Eddie M. Mahfood Type of Service: Sterling Mark Carter Insured
COD
Return Receipt
for Merchandise P.O. Box 896 Registered Insured Registered P.O. Box 97 Artesia, NM 88210 COD Return Receipt for Merchandise Certified Certified Winston, NM 87943 Express Mail Express Mail Always obtain signature of addressee Always obtain signature of address Addresse Address (ONL) if or agent and DATE DELIVERED i Signature - Address 5 5. 8. Addressee's Address (ONLY if requested and fee paid) х 19 ÷. 6. Signature - Agent х 19 х 7. Date of Delivery, 7 Date of Delivery Ζ 11 12-10-90 PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT S Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT * U.S.G.P.O. 1989-238-815

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Quetico Superior Fon	Type of Service:	Gayle McDonald	Type of Service:
2200 First Bank PL E	Registered insured	2214 Chestnut St.	Begistered Insured
Minneapolis, MN 55402	Certified COD Express Mail Return Receipt	San Angelo, TX 76901	Contified COD Express Mail Return Receipt for Merchandise
1	Express Mail Return Receipt for Merchandise		Always oftain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature – Aldressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee	8. Addresspe's Address (ONLY if requested and fee paid)
X 4 Signature chapt	-	6. Srithnarture / Agent /	
6. Signature – Agent		A Andrew /	
7. Date of Delivery		7. Date of Delivery	4
12-11-90		12-12-90	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT
■ SENDER: Complete items 1 and 2 when additiona and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servid and check boxies! for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's a (Extra charge)	e side. Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees	SENDER: Complete items 1 and 2 when additiona 3 and 4. Put your address in the "RETURN TO" Space on the reversi- from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servic and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a <i>iExtra charge</i>)	e side. Failure to do this will prevent this card <u>e you the name of the person delivered to and</u> es are available. Consult postmaster for fees iddress. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P563 520532-	3. Article Addressed to:	4. Article Number P 583 520 499
Minerals Mgt. Service	Type of Service:	⁻ Minerals Management Service	Type of Service:
Onshore Federal 17550	Registered Insured	.P.O. Box 5810	Certified COD
P.O. Box 5810	Certified COD Express Mail Greater Merchandise	Denver, CO 80217	Express Mail Return Receipt
Denver, CO 80217	Always obtain signature of addressee or egent and BATE DELIVERED.		Always obtain signature of addressee or agent and DATEDECIVERED.
5. Signature - MEREL. OER	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature - Addressee X CHAMPION MEStander	8. Addressee's Address (ALY if requested and fee paid)
6. Signature - Agent	*	6. Signature – AgEnt O. BOX 6934	
X DENVER, CO COL SERVICE			
7. Date of Delivery		7. Date de Celivery	
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-6	15 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-	DOMESTIC RETURN RECEIP
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3. Article Addressed to:	4. Article Number 1958-3520-507	R. E. Chambers	P 583 520 494 Type of Service:
Ann F. Freeman	Type of Service:	2413 Clayton Lane	Begistered Insured
P.O. Box 4143	Registered Insured	Wichita Falls, TX 76308	Certified COD
Wichita Falls, TX 76308	Certified COD Express Mail Return Receipt for Merchandise	Wieman 1 ans, 171 70500	Express Mail Return Receipt
	Always obtain signature of addressee		Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X	requested and fee paid)	6. Signature - Agent	
6. Signature - Agent		X	
× Jole Jellen		7. Date of Delivery DEC 1 0 1990]
7. Date of Delivery			
1 12-10-01/18		PS Form 3811, Apr 1989 + U.S.G.P.O. 1989-23	8-815 DOMESTIC RETURN RECEI

SENDER: Complete items 1 and 2 when additiona 3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servic and check toox(es) for additional service(s) requested 1. Show to whom delivered, date, and addressee's a (Extra charge)	e side, Failure to do this will prevent this card e you the name of the person delivered to and es are available. Consult postmaster for fees	(: Complete items 1 and 2 when additional ress in the "RETURN TO" Space on the reverse eturned to you. The return receipt fee will provide delivery. For additional fees the following service toxics) for additional service(s) requested. 'to whom delivered, date, and addressee's ac (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number	Addressed to:	4. Article Number
Cordella M. Kincaid	P583320514	-	P583 620615
	Type of Service:	i E. Desper	Type of Service:
906 Hermosa Drive		Montano NW #7	Begistered Insured
Artesia, NM 88210	Express Mail Return Receipt	Albuquerque, NM 87120	Contified COD Express Mail
	Always obtain signature of addressee		Express Mail for Merchandise
	or agent and DATE DELIVERED.		Always obtain signature of addressee
5. Signature - Addressee	9. Addressee's Address (ONLY if		or agent and DATE DELIVERED.
x	requested and fee paid)	5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent // /	1	X TRA UKUKE	
× Juhn Scholt		6. Signature – Agent	
X Anne Scholder		X	4
12-8-90		7. Date of Delivery	
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT	14/11/11 //	
		PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional 3 and 4. Ut your address in the "RETURN TO" Space on the reverse rom being returned to you. The return receipt fee will provide he date of delivery. Fot additional fees the following service ind check box(es) for additional service(s) requested. 1. ☐ Show to whom delivered, date, and addressee's ad (Extra charge)	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees	SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi and check boxies) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charger)	se side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	125(3520)29		P 5(3 521 528
Kenna Carter Scott	Type of Service:	Thelma May Schafer	Type of Service:
Rt. 3 Box 329	Registered Insured	906 Hermosa Drive	Registered Insured
Big Spring, TX 79720	Certified COD	Artesia, NM 88210	Certified COD
	Express Mail Return Receipt for Merchandise		Express Mail Return Receipt
	Aiways obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee // / /	8. Addressee's Address (ONLY if
X	requested and fee paid)	× John Ming Alkader	requested and fee paid)
3. Signature - Agent And		6. Signature – Agent	
× Camuna Cost		x	
7. Date of Delivery	1	7. Date of Delivery	7
12-8-90 KM		12-8-90	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238	815 DOMESTIC RETURN RECEIPT
2 N. 9 M			
SENDER: Complete items 1 and 2 when additional 3 and 4. "The sentence of the s	side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees	SENDER: Complete items 1 and 2 when additional and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following servin and check boxies! for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	e side. Failure to do this will prevent this card <u>de you the name of the person delivered to and</u> ces are available. Consult postmaster for fees address. 2. Restricted Delivery <i>(Extra charge)</i>
Article Addressed to:	4. Article Number	3. Article Addressed to:	P 582520524
	P583520522	B. W. Harper	Type of Service:
McQuiddy Communications &	Type of Service:	501 Dallas	Begistered Insured
Energy Inc.	Registered Insured	Artesia, NM 882102	Certified COD
P.O. Box 2072	Certified COD Express Mail For Merchandise	002102	Express Mail Return Receipt
Roswell, NM 88201			Always obtain signature of addressee
RUSWEII, IVIVI - 00201	Always obtain signature of addressee or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
Signature – Addressee	B. Addressee's Address (ONLY if	5. Signature – Addressee	8. Addressee's Address (ONLY if
, Signature – Audressee	requested and fee paid)	× But arper	requested and fee paid)
Signature - Agent		6. Signature – Agent	
		x	
· vy v quit + cq		7. Date of Delivery 12 - 0 Cm	-
Date of Defivery		10-0-70	
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81:	5 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 + U.S.G.PO. 1989-238-	DOMESTIC RETURN RECEIPT

SBUDER: Certificite stams 1 and 2 when additiona	services are desired, and complete items	SENDER: Complete items 1 and 2 when addition	al services are desired, and complete items
9 34404 4. Put your address in the "RETURN TO" Space on the revers		3 and 4. Put your iddress in the "RETURN TO" Space on the rever	se side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servic	le you the name of the nerson delivered to and	from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following serv	de you the name of the person delivered to and ices are available. Consult postmaster for fees
and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a (Extra charge)		and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2.
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
D. D. Cl	P 563 520 509	Claribel Y. Marshall	1000000
Dr. Roy E. Glass	Type of Service: C	P.O. Box 1712	Type of Service:
2303 Douglas Drive	Registered * Insured	Roswell, NM 88202	Certified COD
San Angelo, TX 76904	Express Mail D Return Receipt		Express Mail Return Receipt
	Always obtain signature of addressee		Always obtain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)	x Carrier PAddress et Mysel	Addressee's Address (ONLY if requisited and fee paid)
6 Signature Agent & Thans		6. Signature – Agent // 8	
7. Date of Pelivery	-	7. Date of Delivery	
148190			
>S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-	BIS DOMESTIC RETURN RECEIPT	r PS Form 3811, Apr. 1989 + U.S. 2005 A	DOMESTIC RETURN RECEIPT
		SENDER: Complete items 1 and 2 when addition	
SENDER: Complete items 1 and 2 when additional 3 and 4.		• SENDER: Complete items 1 and 2 when addition 3 and 4.	
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The neturn receipt fee will provide	e you the name of the person delivered to and	Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prov	ide you the name of the person delivered to and
the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	es are available. Consult postmaster for fees	the date of delivery. For additional fees the following serv and check box(es) for additional service(s) requested.	
 Show to whom delivered, date, and addressee's a (Extra charge) 	ddress. 2. Restricted Delivery (Extra charge)	 Show to whom delivered, date, and addressee's (Extra charge) 	address. 2. C Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number P 50352055	3. Article Addressed to:	Article Number
Florence M. Essman Curry	Type of Service:	Yatcs Drilling Co.	Type of Service:
No. 1 Deerfield	Begistered Insured	207 S. 4th Street	Begistered Insured
Midland, TX 79701	Certified COD	Artesia, NM 88210	Certified COD
Midiand, TX 79761	Express Mail Return Receipt for Merchandise		Express Mail Return Receipt
	Always obtain signature of addressee		Always obtain signature of addressee
5. Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature – Addressee	or agent and DATE DELIVERED 8. Addressee's Address (ONLY if
X E GARDING	requested and fee paid)		requested and fee paid)
6. Signature – Agent	-	6. Signature - Agent	
x (1 × W. Gent Kneye	
7. Date of Delerry - 90		7. Date of Delivery	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT	0011	-815 DOMESTIC RETURN RECEIPT
La construction of the land sector of the se			· · · ·
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	SENDER: Complete items 1 and 2 when addition 3 and 4.	nal services are desired, and complete items
3 and 4. at your address in the "RETURN TO" Space on the reverse.	side. Failure to do this will prevent this card	Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prov the date of delivery. For additional foor the following reserve	rse side. Failure to do this will prevent this card
om being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service:	you the name of the person delivered to and sare available. Consult postmaster for fees	the date of delivery. For additional fees the following serv and check boxies) for additional service(s) requested.	ices are available. Consult postmaster for fees
d check box(es) for additional service(s) requested.		1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. Z Restricted Delivery
(Extra charge)	(Extra charge)	3. Article Addressed to:	(Extra charge) 4. Article Number
Article Addressed to:	* 0 66 5 72 (7 495		P 583510 512
Lillie M. Yates	Type of Service:	John A. Yates	Type of Service:
207 S 4th St.	Registered Insured	207 S. 4th Street	Begistered Insured
Artesia, NM 88210	Certified COD	Artesia, NM 88210	
Allesia, Miri 00210	Express Mail Return Receipt for Merchandise		Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee		Aiways obtain signature of addressee or agent and DATE DELIVERED.
Signature - Addressee	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if	5. Signature – Addressee	8. Addressee's Address (ONLY if
aliangia — Vanessee	requested and fee paid)	x	requested and fee paid)
Signature - Agent	1	6. Signature – Agent	
W. Canthangel		7. Date of Delivery	
Date of Delivery	1	,	
12-10-90		PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989.228	
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT	PS Form 38 I I , Apr. 1989 * U.S.G.P.O. 1989-238	815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additio and 4. "TETURN TO" Space on the rev from being returned to you. The return receipt fee will pro the date of cellvery. For additional fees the following see and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee (Extra charge)	erse side. Failure to do this will prevent this card bvide you the name of the person delivered to and rvices are available. Consult postmaster for fees	3 and 4. Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee will	
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Lillie M. Yates	Type of Service:		F 503 525 .001
Rep of the Est/Martin	-Registered Insured	Yates Petroleum Corp.	Type of Service:
207 S. Fourth	Certified COD	105 S. 4th St.	Certified COD
Artesia, NM 88210	Express Mail Return Receipt	Artesia, NM 88210	Express Mail Return Receipt
71103h, 1111 00210	Always obtain signature of addressee or agent and DATE DELIVERED.		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (GNLY if	5. Signature – Addr.ssee	8. Addressee's Address (ONL) if
X	requested and fee paid)	x	requested and fee paid)
6. Signature - Agent		6. Signature – Agent	
K W. Cant hange		× W. Cant hand	
7. Date of Delivery		7. Date of Delivery	
12-10-90		12-10-90	
S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-23 SENDER: Complete items 1 and 2 when addition 3 and 4.	onal services are desired, and complete items	3 and 4.	dditional services are desired, and complete items
Put your address in the "RETURN TO" Space on the rev from being returned to you. The return receipt fee will por the date of delivery. For additional fees the following se and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee (Extra charge)	ovide you the name of the person delivered to and ervices are available. Consult postmaster for fees	I from being returned to you. The return receipt fee w	te reverse side Failure to do this will prevent this card ill provide you the name of the person delivered to and ing services are available. Consult nostmaster for fees ed. (Estra charge) (Extra charge)
3. ••••••••••	4 Article Number P 583520531	3. Article Addressed to:	4. Article Number P5(3) 00520 520
Yates Brothers A PRTNS	Type of Service:	William J. McCaw	Type of Service:
207 S. 4th St.	Registered Insured	Box 376	Registered Insured
Artesia, NM 88210	Certified COD	Artesia, NM 88210	Certified COD Express Mail COD tor Merchandise
	Express Mail Return Receipt for Merchandise Always obtain signature of addressee		Always obtain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature Addresser	8. Addressee's Address (ONLY if requested and fee paid)
Signature – Agent		6. Signature – Agent	——
w. Culling		x	
Date of Delivery		7. Date of Delivery	
12-10-50		12-10-90	
Form 3811, Apr. 1989 +U.S.G.P.O. 1989-2	238-815 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.PO. 1	
SENDER: Complete items 1 and 2 when additi 3 and 4. Put your address in the "RETURN TO" Space on the re from being returned to you. The return receipt fee will pr the date of delivery. For additional fees the following sc and check box(es) for additional service(s) requested. 1. ☐ Show to whom delivered, date, and addresses (Eura charge)	verse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees	Put your address in the "RETURN TO" Space on the from being returned to you. The return receipt fee we the date of delivery. For additional fees the following and check box(es) for additional servicets) request 1. Show to whom delivered, date, and addre (Extra charge)	ssee's address. 2. C Restricted Delivery (Extra charge)
3. Article Addressed to:	P 68 2 520 504	3. Article Addressed to: Hugh M. Kincaid	P 553 520 517
James W. Childress	Type of Service:	Swope Trust	Tγpe of Service:
P.O. Box 209	Begistered Insured	Queen Route	Certified COD
Roswell, NM 88201	Certified COD Express Mail Return Receipt for Merchandise	Carlsbad, NM 88220	Express Mail Return Receipt for Merchandise
•	or agentiago DATE DELIVERED.		Always obtain eignature of addressee or agent and DATE DELIVEDE
5. Signature - Addressee	8. Addresse 's Address (ONLY if	5. Signature – Addressee	 Addressee "Andress (Ov4.)" if requested and ine bud) :
		X	requested and free pud)
x All, MARA HAAN A POSO	requested and fee paid)		
× SIMMANNA 2018	in prequested and fee paid)	6. Signature - Agent	
5. Signature – Addresse X <u>Aurunna</u> 6. Signature – Agent X	Lic prequested and fee paid)	6. Signature - Agent X Trances Ruccard	
Signature Agent	UE prequested and fee paid)	6. Signature - Agent	
Signature - Agent	Lic prequested and fee paid)	6. Signature - Agent X Trances Ruccard	

SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional a	services are desired, and complete items
3 and 4. Put your address in the "RETURN TO" Space on the reverse		3 and 4. But your address in the "BETURN TO" Space on the reverse s	side. Failure to do this will prevent this card
from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service	you the name of the person delivered to and	from being retained to you. The return receipt fee will provide the date of delivery. For additional fees the following services	you the name of the person delivered to and
i and check box(es) for additional service(s) requested.		and check box(es) for additional service(s) requested.	
1. Show to whom delivered, date, and addressee's ac (Extra charge)	Idress. 2. C Restricted Delivery (Extra charge)	1. D Show to whom delivered, date, and addressee's add (Extra charge)	dress. 2. C Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	1582620510	R. R. Hinkle Co. Inc.	P683523511
Clarence E. Hinkle	Type of Service:	P.O. Box 59	Type of Service:
P.O. Box 2002	Begistered Insured	Roswell, NM 88201	Registered Insured
Roswell, NM 88201	Express Mail Return Receipt for Merchandise	Roswell, NWI 88201	Express Mail Return Receipt
	Always obtain signature of addressee	A start of the	Arrays obtain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address 'ONLY if	5. Signature – Addressee	8. Addressee's Address (ONLY if
×	requested and fee paid)	x 1 10	🕏 requested and fee paid)
6. Signature - Agent		6. Signature - Agent // // 1990.	
× Jun Jogen		× Meden M. Himall	
7. Date of Delivery		7. Date of Delivery	
12-10-10			
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT
· · · · · · · · · · · · · · · · · · ·		+	
SENDER: Complete items 1 and 2 when additional	services are desired, and complete items	SENDER: Complete items 1 and 2 when additional s	services are desired, and complete items
3 and 4		3 and 4. Put your address in the "RETURN TO" Space on the reverse :	side. Failure to do this will prevent this card
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service:	you the name of the person delivered to and	Put your address in the "HE I UNIN IO" space on the reverse" from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services	
and check box(es) for additional service(s) requested.		and check box(es) for additional service(s) requested. 1.	
 Show to whom delivered, date, and addressee's ad (Extra charge) 	dress. 2. C Restricted Delivery (Extra charge)	1. Show to whom delivered, date, and addressee's address	(Extra charge)
3. Article Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
	P 583 520 503	Dorothy G. Kemper	1 583510 119
Floyd Childress II	Type of Service:	P.O. Box 1105	Type of Service:
712 N. Lea St.	Registered Insured	Artesia, NM 88210	Certified COD
Roswell, NM 88201	Certified COD Express Mail Return Receipt for Merchandise		Express Mail Return Receipt
Roswell, NMI 86201			Always obtain signature of addressee
	Always obtain signature of addressee or agent and DATE DELIVERED.	4 7	or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if	5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X	requested and fee paid)	× Deratter Semper	requested and see paids
	1 I	6. Signature – Agent	
x Murtu C- Children		x /	
7. Date of Delivery	1	7. Date of Delivery	
1/2/92		12-11-10	
75 5 7811 Anr. 1989 + U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT
		· .	
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items	• SENDER: Complete items 1 and 2 when additioned 3 and 4.	services are desired, and complete items
But your address is the UDETUDE TOURS		Put your address in the "BETURN TO" Space on the reverse	e side. Failure to do this will prevent this card
the date of delivery. For additional food the fallowing	e you the name of the person delivered to and	from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following servic	e you the name of the person delivered to and
and check box(les) for additional service(s) requested. 1.	so are available. Consult postmaster for fees	and check box(es) for additional service(s) requested.	
	(Extra charge)	(Extra charge)	(Extra charge)
3. * siele Addressed to:	4. Article Number	3. Article Addressed to:	4. Article Number
Mary G. Riddle	LP583520520		1 059 520 521
P.O. Box 127	Type of Service:	A.M. Routh	Type of Service:
Artesia, NM 88210	Registered Insured	Box 2004	Registered Insured
	CoD Express Mail COD For Merchandise	Midland, TX 79702	Express Mail Return Receipt
	Always obtain signature of addressee		Always obtain signature of addressee
	or agent and DATE DELIVERED.		or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if	5. Signature – Addressee	8. Addressee's Address (ONL) if
×	requested and fee paid)	× 12 M. Koutt	requested and fee paid)
6. Signature - Agent		6. Signature – Agent	
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7/ Date of Deterry	1	7. Date of Delivery	
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S Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815	DOMESTIC RETURN RECEIPT	PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT

		SENDER: Complete items 1 and 2 when additional s	services are deered and training of
SENDER: Complete items 1 and 2 when additional 3 and 4.	1. C. S	3 and 4. But your address in the "RETURN TO" Space on the reverse s	side. Failure to do this will prevent this card
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following service and the participation of the return requested	you the name of the person delivered to and s are available. Consult postmaster for fees	the date of delivery. For additional tees the following softwork	
 and check box less for additional service (s) requested. Show to whom delivered, date, and addressee's addressee	dress. 2. 🖾 Restricted Delivery	and check boxles) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's add (Eura charge)	
(Extra charge)	(Extra charge)	3. Article Addressed to:	4. Article Number D 58352050(2
3. Article Addressed to:	P 553 520508	James II. Essman	Type of Service:
Claydesta National Bank	Type of Service:	P.O. Box 302	Registered Insured
A/C Mike Roberts	Registered Insured	Midland, TX	Certified COD Express Mail Grow Merchandise
P.O. Box 3090	Express Mail Return Receipt	,	
Midland, TX 79702	Always obtain signature of addressee		Always obtain signature of addressee or agent and DATE DELIVERED
	or agent and DATE DELIVERED.	5. Signature – Addressee	8. Addressee's Address (ONLY if
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	X	requested and fee paid)
X 6. Signature - Agent?		6. Signaturen - Agent A to A A AND	
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7. Date of Delivery		7. Date of Wellivery -/ - 9D	
UEO 11			DOMESTIC BETURN RECEIPT
'S Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	S DOMESTIC RETURN RECEIPT	SENDER:-Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items
	any complete items	Put your address on the "BETLIBN TO" Space on the reverse	side Enilyre to do this will prevent this cord
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the date of delivery. For additional service(s) requested and check boxies) for additional service(s) requested 1.	(Extra charge)		1 583 520 491
3. Article Addressed to:	4. Article Number 0583 h20496	Michael Carter	Type of Service:
	Type of Service:	1021 Plaza Drive	
Robert B. Payne	Registered Insured	Granbury, TX 76048	Certified COD Express Mail COD Express Mail COD
3700 Renaissance TWR	Certified COD		Always obtain signature of addressee
1201 Elm Street			or agent and DATE DELIVERED.
Dallas, TX 75270	Aiways obtain signature of addressee or agent and DATE DELIVERED.	5. Signature – Addressee	8. Addressee's Address (ONLY if
	Addressee's Address (ONLY if	X	requested and fee paid)
5. Signature – Addressee	requested and fee paid)	6. Signature – Agent	
X 6. Signature – Agent		7. Date of Delivery	
X		17-10-90	
7. Date of Delivery DEC 1.		PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81	5 DOMESTIC RETURN RECEIPT
2011 Apr 1989 +U.S.G.P.O. 1989-230	DOMESTIC RETURN RECEIPT		
Be Form 3811. Apr. 1989 +US.G.P.O. 1989-23		SENDER: Complete items 1 and 2 when additio 3 and 4.	nal services are desired, and complete items
SENDER: Complete items 1 and 2 when addition	onal services are desired, and complete items	Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will pro-	vide you the name of the person delivered to and
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DOMESTIC RETURN RECEIPT



Conoco Inc. 10 Desta Drive West Midland, TX 79705-4514 (915) 686-5400

December 5, 1990

Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal No. 10 to be located at 780' FSL and 730' FWL in Section 17, T-19S, R-25E, Eddy County, New Mexico.

The purpose of this off-lease storage and surface commingling is to reduce operating costs for storage and treating and thereby extend the economic life of this well. Without approval for utilizing an already existing battery facility on an adjacent lease, separate facilities would have to be constructed just for this one well. This would increase operating costs and shorten the economic life of the well.

Because interests for the proposed well are different from those for the lease where the proposed storage facilities are located, oil from the Barbara Federal No. 10 will be measured by positive displacement, temperature compensated, metering equipment prior to surface commingling. Gas from the well will also be metered separately. This metering will ensure that all production from the Barbara Federal No. 10 is equitably accounted for with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by December 28, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal and will request approval from the New Mexico Oil Conservation Division for this proposed off- lease storage and surface commingling.

Yours very truly,

Bruch. Muga

Brent D. Meyers Division Operations Manager

JWH/tm

APPROVED BY: pralle Mes m DATE: 12/10/19

Don Dh. 11.03 & 145 Sociates, Company or Name (PRINT or TYPE)



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Dear Interest Owner:

Conoco is requesting your approval for off-lease storage and surface commingling of production from our proposed Barbara Federal No. 10 to be located at 780' FSL and 730' FWL in Section 17, T-19S, R-25E, Eddy County, New Mexico.

The purpose of this off-lease storage and surface commingling is to reduce operating costs for storage and treating and thereby extend the economic life of this well. Without approval for utilizing an already existing battery facility on an adjacent lease, separate facilities would have to be constructed just for this one well. This would increase operating costs and shorten the economic life of the well.

Because interests for the proposed well are different from those for the lease where the proposed storage facilities are located, oil from the Barbara Federal No. 10 will be measured by positive displacement, temperature compensated, metering equipment prior to surface commingling. Gas from the well will also be metered separately. This metering will ensure that all production from the Barbara Federal No. 10 is equitably accounted for with no significant effect on your revenue.

We would appreciate your returning an approved copy of this letter to us by December 28, 1990 in the enclosed postage paid envelope. If we do not hear from you by that date, we will assume that you have no objections to our proposal and will request approval from the New Mexico Oil Conservation Division for this proposed off- lease storage and surface commingling.

Yours very truly,

Bruch. Meyer

Brent D. Meyers Division Operations Manager

JWH/tm

APPROVED BY: <u>Kan stave Beck</u> DATE: <u>1-04-91</u> Signature