



Midland Division
Exploration and Production

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

December 5, 1990

REC'D FEB 10 1991 10 05

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.

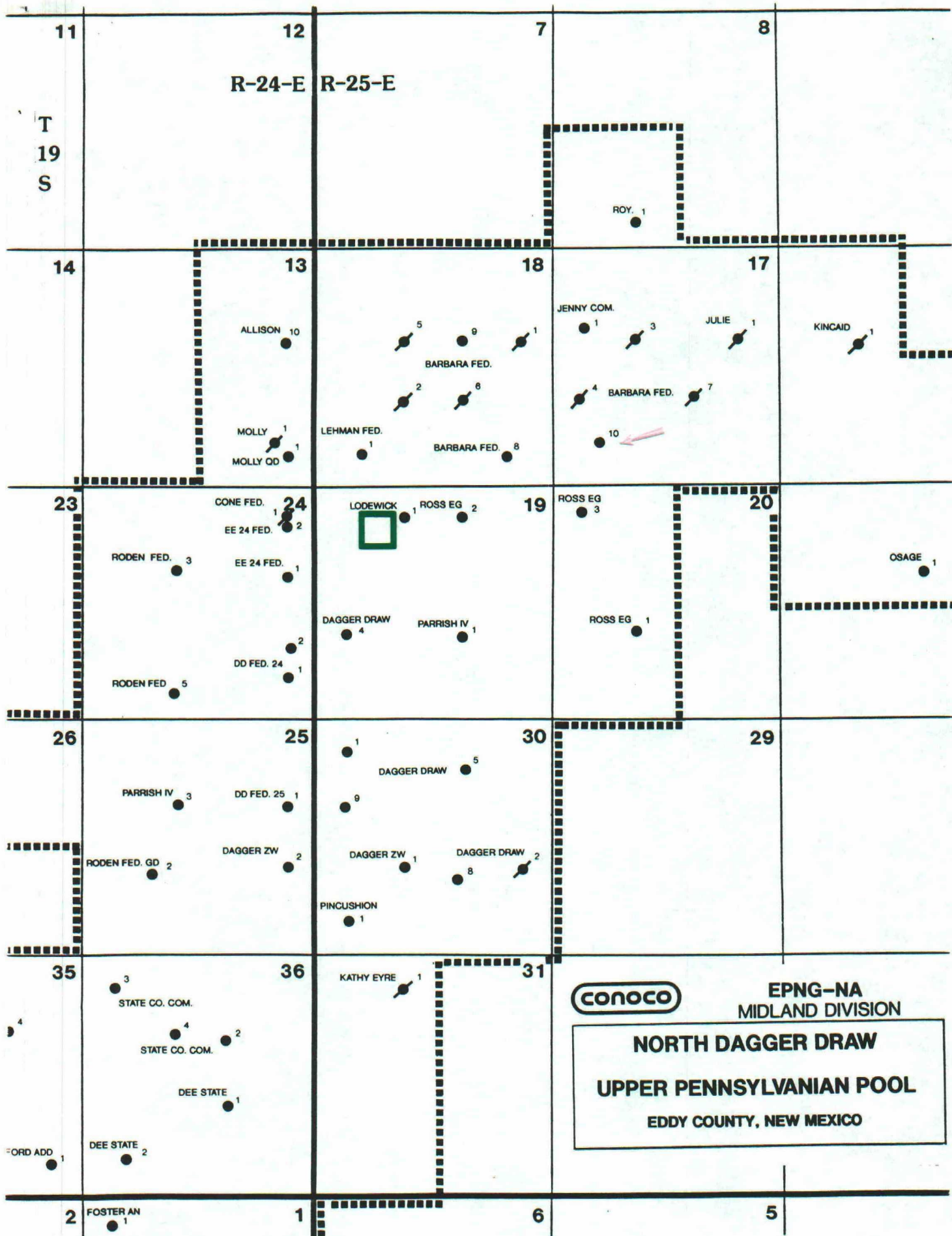
Should you have any questions concerning this matter, please contact Jerry Hoover at (915) 686-6548.

Yours very truly,

Brent D. Meyers
Division Operations Manager

JWH\tm

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





Midland Division
Exploration and Production

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

December 5, 1990

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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,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: _____ DATE: _____
Signature

Company or Name (PRINT or TYPE)

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A LTD PTSP
222 East Carrillo St.
Suite 111
Santa Barbara, CA 93101

B. W. Harper
501 Dallas
Artesia, NM 882102



Midland Division
Exploration and Production

DIVISION

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

'90 DEC 1 10 06

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

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



Midland Division
Exploration and Production

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

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.

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Division Operations Manager

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STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

GARREY CARRUTHERS
GOVERNOR

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: Lodewick "A" Lease
Description: NW/4 Section 19, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico;

Lease: Lehman Federal Lease
Description: SW/4 Section 18, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

Lease: Barbara Federal Lease
Description: E/2 Section 18, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

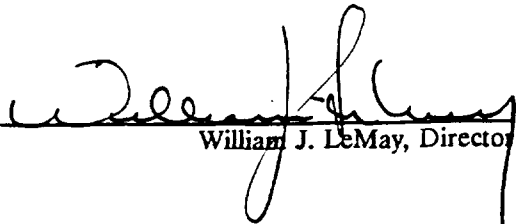
Lease: Jenny Com Lease
Description: NW/4 Section 17, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

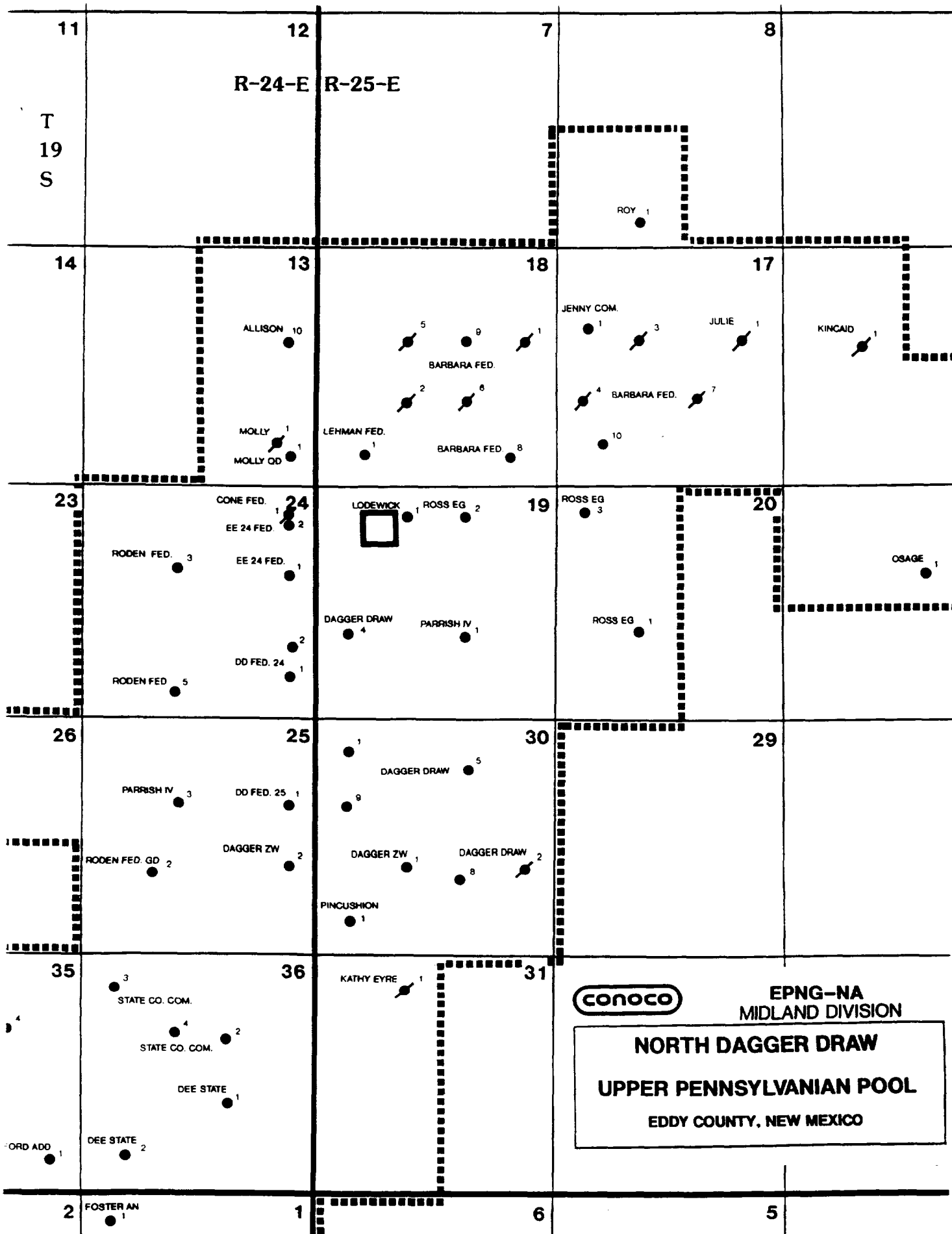
Production from the Barbara Federal Well Nos. 8 and 9 and from the Lodewick "A", Lehman Federal and Jenny Com Leases shall be separately measured prior to commingling.

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.


William J. LeMay, Director





Midland Division
Exploration and Production

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.

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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,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: _____ DATE: _____
Signature

Company or Name (PRINT or TYPE)

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222 East Carrillo St.
Suite 111
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B. W. Harper
501 Dallas
Artesia, NM 882102



Midland Division
Exploration and Production

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,

A handwritten signature in cursive script that reads "Jerry W. Hoover".

Jerry W. Hoover
Regulatory Coordinator

JWH/tm



Midland Division
Exploration and Production

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

December 5, 1990

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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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Madlyn Cauhabe
Star Rt.
Hope, NM 88250

4. Article Number
P 583 520 493

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Mary E. Casabonne*

7. Date of Delivery
12/19/90

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

S Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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3. Article Addressed to:
Robert B. Payne
3700 Renaissance TWR
1201 Elm Street
Dallas, TX 75270

4. Article Number
P 583 520 513

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
DEC 19 1990

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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3. Article Addressed to:
Richard H. Landcheft Jr.
2313 Jim Dent
El Paso, TX 79936

4. Article Number
P 583 520 497

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
DEC 13 1990

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

S 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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Dr. Donald L. Zink
903 Naamans Creek Rd.
Chadds Ford, PA 19317

4. Article Number
P 583 520 498

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Sterling Mark Carter
P.O. Box 97
Winston, NM 87943

4. Article Number
P 583 520 492

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12-10-90

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

S 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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Eddie M. Mahfood
P.O. Box 896
Artesia, NM 88210

4. Article Number
P 583 520 518

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12-13-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Quetico Superior Fon
2200 First Bank PL E
Minneapolis, MN 55402

4. Article Number
P 583 520 525

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *M. Curtis*

7. Date of Delivery
12-11-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Gayle McDonald
2214 Chestnut St.
San Angelo, TX 76901

4. Article Number
P 583 520 521

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Robert Sanchez*

7. Date of Delivery
12-12-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Minerals Mgt. Service
Onshore Federal 17550
P.O. Box 5810
Denver, CO 80217

4. Article Number
P 583 520 532

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *CHAMPION MESSENGER*

6. Signature — Agent
X *BOX 6954*

7. Date of Delivery
DENVER, CO 80206

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Minerals Management Service
P.O. Box 5810
Denver, CO 80217

4. Article Number
P 583 520 499

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *CHAMPION MESSENGER*

6. Signature — Agent
X *BOX 6954*

7. Date of Delivery
DENVER, CO 80206

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Ann F. Freeman
P.O. Box 4143
Wichita Falls, TX 76308

4. Article Number
P 583 520 507

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Grace Jellen*

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
R. E. Chambers
2413 Clayton Lane
Wichita Falls, TX 76308

4. Article Number
P 583 520 494

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *Grace Reynolds*

6. Signature — Agent
X

7. Date of Delivery
DEC 10 1990

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Cordella M. Kincaid
906 Hermosa Drive
Artesia, NM 88210

4. Article Number
P583520514

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
12-8-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

Addressed to:
E. Desper
Montano NW #7
Albuquerque, NM 87120

4. Article Number
P583520515

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12/11/90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Kenna Carter Scott
Rt. 3 Box 329
Big Spring, TX 79720

4. Article Number
P583520529

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
12-8-90 RM

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Thelma May Schafer
906 Hermosa Drive
Artesia, NM 88210

4. Article Number
P583520528

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12-8-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to:
McQuiddy Communications &
Energy Inc.
P.O. Box 2072
Roswell, NM 88201

4. Article Number
P583520522

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12/8/90

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

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 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
B. W. Harper
501 Dallas
Artesia, NM 882102

4. Article Number
P583520534

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery
12-8-90

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

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 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Dr. Roy E. Glass
2303 Douglas Drive
San Angelo, TX 76904

4. Article Number
P 583 520 509

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X Mrs. Roy E. Glass

7. Date of Delivery
12/8/90

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

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 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Claribel Y. Marshall
P.O. Box 1712
Roswell, NM 88202

4. Article Number
P 583 520 512

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X Claribel Y. Marshall

6. Signature — Agent
X

7. Date of Delivery
DEC 8 1990

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Florence M. Essman Curry
No. 1 Deerfield
Midland, TX 79701

4. Article Number
P 583 520 505

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X Florence Curry

6. Signature — Agent
X

7. Date of Delivery
12-8-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Yates Drilling Co.
207 S. 4th Street
Artesia, NM 88210

4. Article Number
P 583 520 500

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X W. Cant Knight

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Lillie M. Yates
207 S 4th St.
Artesia, NM 88210

4. Article Number
P 583 520 495

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

6. Signature — Agent
X W. Cant Knight

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
John A. Yates
207 S. 4th Street
Artesia, NM 88210

4. Article Number
P 583 520 502

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X W. Cant Knight

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Lillie M. Yates
Rep of the Est/Martin
207 S. Fourth
Artesia, NM 88210

4. Article Number
P 583 520 523

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *W. Cant Knight*

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Yates Petroleum Corp.
105 S. 4th St.
Artesia, NM 88210

4. Article Number
P 583 520 501

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *W. Cant Knight*

7. Date of Delivery
12-10-90

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

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 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Yates Brothers A PRTNS
207 S. 4th St.
Artesia, NM 88210

4. Article Number
P 583 520 531

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *W. Cant Knight*

7. Date of Delivery
12-10-90

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

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 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
William J. McCaw
Box 376
Artesia, NM 88210

4. Article Number
P 583 520 520

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *W. Cant Knight*

6. Signature — Agent
X

7. Date of Delivery
12-10-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
James W. Childress
P.O. Box 209
Roswell, NM 88201

4. Article Number
P 583 520 504

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *James W. Childress*

6. Signature — Agent
X

7. Date of Delivery
12-10-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Hugh M. Kincaid
Swope Trust
Queen Route
Carlsbad, NM 88220

4. Article Number
P 583 520 517

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Hugh M. Kincaid*

7. Date of Delivery
12-10-90

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

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Clarence E. Hinkle
P.O. Box 2002
Roswell, NM 88201

4. Article Number
P583520510

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *James Rogers*

7. Date of Delivery
12-10-90

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

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 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
R. R. Hinkle Co. Inc.
P.O. Box 59
Roswell, NM 88201

4. Article Number
P583520511

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *William M. Hinkle*

7. Date of Delivery
12-10-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Floyd Childress II
712 N. Lea St.
Roswell, NM 88201

4. Article Number
P583520503

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Shirley C. Childress*

7. Date of Delivery
12-10-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Dorothy G. Kemper
P.O. Box 1105
Artesia, NM 88210

4. Article Number
P583520514

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *Dorothy G. Kemper*

6. Signature — Agent
X

7. Date of Delivery
12-11-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Mary G. Riddle
P.O. Box 127
Artesia, NM 88210

4. Article Number
P583520526

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *Mary G. Riddle*

7. Date of Delivery
12-11-90

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
A.M. Routh
Box 2004
Midland, TX 79702

4. Article Number
P583520527

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X *A.M. Routh*

6. Signature — Agent
X

7. Date of Delivery

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

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

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

DEC 11 1990

4. Article Number
P 583 520 508

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

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

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

DEC 11

4. Article Number
P 583 520 496

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

William Bryan Landsheft
Route 6
15880 S. Peoria
Bixby, OK 74008

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

12-10-90

4. Article Number
P 583 520 530

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

James H. Essman
P.O. Box 302
Midland, TX

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

12-11-90

4. Article Number

P 583 520 506

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Michael Carter
1021 Plaza Drive
Granbury, TX 76048

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

12-10-90

4. Article Number

P 583 520 491

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Marshall & Winston Inc.
P.O. Box 50880
Midland, TX 797100880

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

12-11-90

4. Article Number

P 583 520 519

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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

PS Form 3811, Apr. 1989

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

W.T. Probandt
415 W. Wall Ste 1608
Midland, TX 79701

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

12-10

4. Article Number

P 583 520 524

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

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

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT



Midland Division
Exploration and Production

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,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: Don Ph. Hays DATE: 12/10/90
Signature

Don Ph. Hays & Associates
Company or Name (PRINT or TYPE)



Midland Division
Exploration and Production

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,

Brent D. Meyers
Division Operations Manager

JWH/tm

APPROVED BY: Ray Hall Beck DATE: 1-04-91
Signature

Company or Name (PRINT or TYPE)