



EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702
(432) 686-3600

May 2, 2011

See Addressee List Attached

Re: Communitization Agreement
Parkway 23 State Com #2H
Township 19 South, Range 29 East
Section 23: N/2 N/2
Eddy County, New Mexico

Gentlemen:

Enclosed please find the State of New Mexico Communitization Agreement for the Parkway 23 State Com #2H well and three (3) sets of signature pages.

Please execute, acknowledge and return the three (3) sets of signature pages to the Communitization Agreement.

We will furnish you with a copy of the approved/recorded Communitization Agreement once available.

If you have questions please feel free to call.

Very truly yours,

EOG RESOURCES, INC.

Douglas W. Hurlbut
Douglas W. Hurlbut
Division Land Specialist

Enclosure

Oil Conservation Division
Case No. _____
Exhibit No. 23

Addressee List

Basin Petroleum Company
P. O. Box 4028
Albuquerque, New Mexico 87198

Chi Energy, Inc.
212 N. Main, Suite 200
Midland, Texas 79701

Mark Chapman
P. O. Box 450
Sealy, Texas 77474

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent to: **Basin Petroleum Company**
 P. O. Box 4028
 Albuquerque, New Mexico 87198

Street or PO Box:
 City, St.

PS Form 3800, August 2006 See Reverse for Instructions

7009 3410 0000 0981 1960

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front, if space permits.

1. Article Addressed to:

Basin Petroleum Company
 P. O. Box 4028
 Albuquerque, New Mexico 87198

2. Article Number (Transit)

PS Form 7009 3410 0000 0981 1960

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *[Date]*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
4. Restricted Delivery? (Extra Fee) Yes