



HOLLAND & HART<sup>LLP</sup>



**Jordan L. Kessler**  
**Associate**  
**Phone** (505) 988-4421  
**Fax** (505) 983-6043  
JKessler@hollandhart.com

September 25, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: OFFSET PARTIES**

**Re: Application Of Chevron U.S.A. Inc. For Approval Of A 474.71 Acre Non-Standard Project Area And To Amend Administrative Orders CTB-760 And OLM-97 To Add Production From This Project Area To The Authorized Surface Commingling, Lea County, New Mexico.**

Ladies & Gentlemen:

This letter is to advise you that Chevron U.S.A., Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 15, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact India Isbell, at (713) 372-1288 or [IndiaIsbell@chevron.com](mailto:IndiaIsbell@chevron.com).

Sincerely,

Jordan L. Kessler  
**ATTORNEYS FOR CHEVRON U.S.A. INC.**

**Holland & Hart LLP**

**Phone** (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☉

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**Associate**  
Phone (505) 988-4421  
Fax (505) 983-6043  
JLKessler@hollandhart.com

September 25, 2015

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**CERTIFIED RECEIPT REQUESTED**

**TO: AFFECTED PARTIES**

**Re: Application Of Chevron U.S.A. Inc. For Approval Of A 474.71 Acre Non-Standard Project Area And To Amend Administrative Orders CTB-760 And OLM-97 To Add Production From This Project Area To The Authorized Surface Commingling, Lea County, New Mexico.**

Ladies and Gentlemen:

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Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact India Isbell, at (713) 372-1288 or [IndiaIsbell@chevron.com](mailto:IndiaIsbell@chevron.com).

Sincerely,

Jordan L. Kessler

**ATTORNEYS FOR CHEVRON U.S.A. INC.**

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☪

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BLM-Carlsbad Field Office  
 620 E. Greene Street  
 Carlsbad, NM 88220

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State of New Mexico  
 P.O. Box 1148  
 Santa Fe, NM 87504

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION** **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

1. Complete items 1, 2, and 3.  
 2. Print your name and address on the reverse so that we can return the card to you.  
 3. Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:  
 State of New Mexico  
 P.O. Box 1148  
 Santa Fe, NM 87504

2. Tracking Number: **9590 9403 0643 5183 8032 46**

3. Service Type:  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

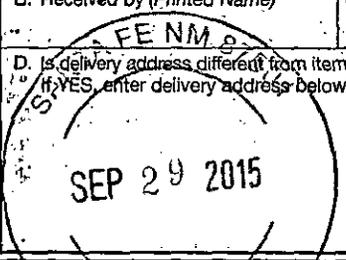
A. Signature: **X**  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_

C. Date of Delivery: 9/29

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_



Edna Brown Hibbits  
2101 Oaklawn Drive  
Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 6804

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_



Sandi Miller  
1015 Fern  
Roswell, NM 88203

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE

ACTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

Edna Brown Hibbits  
2101 Oaklawn Drive  
Midland, TX 79705

9590 9403 0643 5183 8032 60

7015 0640 0006 1646 6811

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature  Agent  Addressee  
Edna B. Hibbits

B. Received by (Printed Name) Edna B. Hibbits C. Date of Delivery 9/29/15

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

SENDER: COMPLETE

ACTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

Sandi Miller  
1015 Fern  
Roswell, NM 88203

9590 9403 0643 5183 8032 77

7015 0640 0006 1646 6804

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature  Agent  Addressee  
S Miller

B. Received by (Printed Name) S Miller C. Date of Delivery 9-30-15

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

7015 0640 0006 1646 6972

U.S. Postal Service  
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OFFICIAL MAIL 5434

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.87

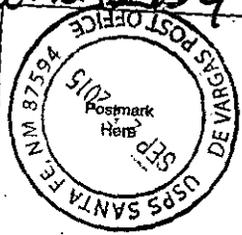
Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$



ConocoPhillips  
330 Barker Cypress, BKC-2096  
Houston, TX 77094

For instructions

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL MAIL 5474

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.80

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$



Miller Family Mineral Interest,  
LLC 100412 E. Vaca Road  
Kennewick, WA 99338

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions

7015 0640 0006 1646 6996

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.

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.

Article Addressed to:  
ConocoPhillips  
330 Barker Cypress, BKC-2096  
Houston, TX 77094

9590 9403 0643 5183 8032 84

7015 0640 0006 1646 6972

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *D. Johnson* C. Date of Delivery: *9/28*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.

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.

Article Addressed to:  
Miller Family Mineral Interest,  
LLC 100412 E. Vaca Road  
Kennewick, WA 99338

9590 9403 0643 5183 8033 07

7015 0640 0006 1646 6996

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Kenn S. Hudgins* C. Date of Delivery: *10-1-15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(over \$500)

Domestic Return Receipt



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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.80  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



Hazelwood Partners, LP  
120 Hazelwood Drive  
Fort Worth, TX 76107

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**SENDER: COMPLETE THIS SECTION** (mirrored text)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SECTION ON DELIVERY**

■ Complete items 1, 2, and 3.  
■ 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.

A. Signature  Agent  Addressee  
X *[Signature]*

B. Received by (Printed Name) *Rick Sevat* C. Date of Delivery *10-1-15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8032 53

7015 0640 0006 1646 6828

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



EOG Resources  
5509 Champions Dr.  
Midland, TX 79706

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**SENDER: COMPLETE THIS SECTION** (mirrored text)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SECTION ON DELIVERY**

■ Complete items 1, 2, and 3.  
■ 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.

A. Signature  Agent  Addressee  
X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9-25-10*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8032 91

7015 0640 0006 1646 6989

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