

**BEFORE THE OIL CONSERVATION DIVISION
NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT**

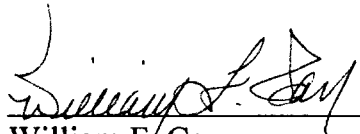
**APPLICATION OF CHI OPERATING INC. FOR
APPROVAL OF OFF-LEASE STORAGE AND
MEASUREMENT, EDDY COUNTY, NEW MEXICO.**

CASE NO. 13788

AFFIDAVIT

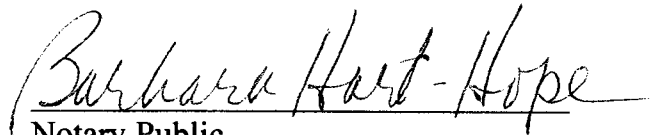
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Chi Operating, Inc., the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 15th day of September 2006.



Notary Public

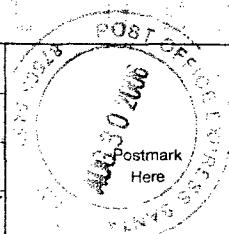
My Commission Expires:

3/28/08

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 1140 0002 9558 9336

Postage	\$ 87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12



Sent To Charles de B. Hagerman
 Street, Apt. No., or PO Box No. P.O. Box 1327
 City, State, ZIP+4 Santa Fe, NM 87504

PS Form 3800, January 2001 See Reverse for Instructions

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:

Charles de B. Hagerman
 P.O. Box 1327
 Santa Fe, NM 87504

2. Article Number (Copy)

7001 1140 0002 9558 9336

COMPLETE THIS SECTION ON DELIVERY

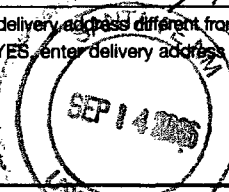
A. Received by (Please Print Clearly) B. Date of Delivery

Charles Hagerman

C. Signature

X Charles Hagerman ☐ Agent ☐ Addressee

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



3. Service Type 87501

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

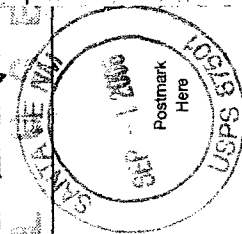
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL

Postage	\$.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To **John W. & Sandra L. Anderson**
 Street, Apt. No., or PO Box No. **68 Heritage Road**
 City, State, ZIP+ **Galeburg, IL 61401**

PS Form 3800



U.S. Postal Service

CERTIFIED MAIL RECEIPT

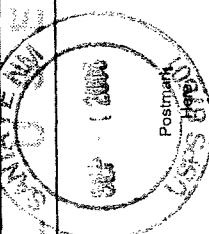
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL

Postage	\$.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To **Donna Bradberry**
 Street, Apt. or PO Box **7000 I-25 E #60**
 City, State, ZIP+ **Aledo, TX 76008**

PS Form 3800



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:

John W. & Sandra L. Anderson
68 Heritage Road
Galeburg, IL 61401

2. Article Number (Copy to)

7001 1140 0002 9558 8681

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery **9-5-06**

C. Signature

X [Signature] ☐ Agent ☐ Addressee

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

Postage	\$ 1.87
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.12

Sent To
 Helen Ellis
 22964 NW Florida Road
 Westphalia, KS 66093

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

Postage	\$ 1.87
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.12

Sent To
 Phyllis Goodell
 16045 SW 300 Road
 Colony, KS 66015

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:
 Helen Ellis
 22964 NW Florida Road
 Westphalia, KS 66093

2. Article Number (Copy from s 7001 1140 0002 9558 8773
 Domestic Return Receipt
 PS Form 3811, July 1999

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:
 Phyllis Goodell
 16045 SW 300 Road
 Colony, KS 66015

2. Article Number (Copy from 7001 1140 0002 9558 8841
 Domestic Return Receipt
 PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Helen Ellis B. Date of Delivery 09-05-06

C. Signature Helen Ellis ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:
22329 NW Florida
Westphalia, KS 66093

3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise

☒ Certified Mail ☐ Registered ☐ C.O.D. ☐ Yes

☐ Insured Mail ☐ Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Phyllis Goodell B. Date of Delivery 09/05/06

C. Signature Phyllis Goodell ☐ Agent ☐ Addressee

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

3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise

☒ Certified Mail ☐ Registered ☐ C.O.D. ☐ Yes

☐ Insured Mail ☐ Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

WFC Chi
 Postage \$.87
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.85
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.12

Sent To
 Madison M. Hinkle
 P. O. Box 2292
 Roswell, NM 88202

PS Form 3800-1

7002 1140 0002 9558 8704

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

WFC Chi
 Postage \$.87
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.85
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.12

Sent To
 Rolla R. Hinkle, III
 P. O. Box 2292
 Roswell, NM 88202

PS Form 3800-1

7002 1140 0002 9558 8698

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:

Madison M. Hinkle
 P. O. Box 2292
 Roswell, NM 88202

2. Article Number (Copy for)

7001 1140 0002 9558 8704

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *[Signature]* Agent Addressee
 D. Is delivery address different from item 2? Yes No
 If YES, enter delivery address below: 2000 Roswell, NM 88202

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

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:

Rolla R. Hinkle, III
 P. O. Box 2292
 Roswell, NM 88202

2. Article Number (Copy for)

7001 1140 0002 9558 8698

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *[Signature]* Agent Addressee
 D. Is delivery address different from item 2? Yes No
 If YES, enter delivery address below: 2000 Roswell, NM 88202

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OF F C A SANIA FE NM

WFC Ch: Postage \$.87

Certified Fee 2.40

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.12

Sent To
 Karen Murphy Linden
 2641 Lobelia Road
 Alpine, CA 91901

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OF F C A SANIA FE NM

WFC Ch: Postage \$.87

Certified Fee 2.40

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.12

Sent To
 Estate of Loren Alan Murphy
 Karen Murphy Linden, Guardian
 2641 Lobelia Road
 Alpine, CA 91901

PS Form 3800

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:

Karen Murphy Linden
 2641 Lobelia Road
 Alpine, CA 91901

2. Article Number (Copy from 4)

7001 1140 0002 9558 8889

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Karen Murphy Linden 9/6/06

C. Signature
 Karen Murphy Linden Agent

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Estate of Loren Alan Murphy
 Karen Murphy Linden, Guardian
 2641 Lobelia Road
 Alpine, CA 91901

2. Article Number (Copy from 4)

7001 1140 0002 9558 8885

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Karen Murphy Linden 9/6/06

C. Signature
 Karen Murphy Linden Agent

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

0 9 5 5 6 2 0 0 0 0 1 1 4 0 7 0 0 2

WFO	Postage \$	1.87
Chi	Certified Fee	2.40
	Return Receipt Fee (Endorsement Required)	1.85
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees \$	5.12

SEP 12 1998
 SANTA FE NM
 Postmark Here

Sent To
 Brett Alan Murphy
 11383 W. Yavapai Street
 Avondale, AZ 85323

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

0 9 5 5 6 2 0 0 0 0 1 1 4 0 7 0 0 2

WFO	Postage \$	1.87
Chi	Certified Fee	2.40
	Return Receipt Fee (Endorsement Required)	1.85
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees \$	5.12

SEP 12 1998
 SANTA FE NM
 Postmark Here

Sent To
 Larry Murphy
 545 Via Del Monte
 Palos Verdes Estate, CA 90274

PS Form 3800

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:

Brett Alan Murphy
 11383 W. Yavapai Street
 Avondale, AZ 85323

2. Article Number (Coi) 7001 1140 0002 9556 8858

PS Form 3811, July 1989

Domestic Return Receipt

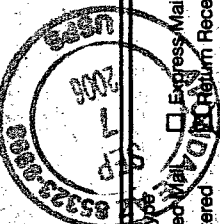
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Heather Holcomb

C. Signature
 [Signature]

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



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

WFC
Ch:

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.83
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

SEP 1 1999
 SANTA FE NM
 Postmark Here

Sent To
 Marvin & Rose Murphy
 116 28th Street, SW
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+
 Mason City, IA 50401

PS Form 3800

7001 1140 0002 9558 8381

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

WFC
Ch:

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.83
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

SEP 1 1999
 SANTA FE NM
 Postmark Here

Sent To
 Steven Murphy
 1641 Borden Road #F46
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+
 Escondido, CA 92026

PS Form 3800

7001 1140 0002 9558 8227

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:

Marvin & Rose Murphy
 116 28th Street, SW
 Mason City, IA 50401

2. Article Number (Copy 1)

7001 1140 0002 9558 9381

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 2? If YES, enter delivery address below.

☒ Agent
☐ Addressee
☐ Yes
☐ No

3. Service Type

☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Pro)

Postage	\$ 1.87
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To
 Steven Murray
 Street, Apt. No. P. O. Box 87650
 or PO Box No.
 City, State, ZIP+4 San Diego, Ca 92138-7650

PS Form 3800

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Pro)

Postage	\$ 1.87
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To
 Cynthia Jolene Spencer Rey
 Street, Apt. No.; 1516 Nevada 23
 or PO Box No.
 City, State, ZIP+4 Prescott, AZ 71857

PS Form 3800

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:
 Steven Murray
 P. O. Box 87650
 San Diego, Ca 92138-7650

2. Article Number (Copy) 7001 1140 0002 9558 8810

PS Form 3811, July 1999 Domestic Return Receipt

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:
 Cynthia Jolene Spencer Reyenga
 1516 Nevada 23
 Prescott, AZ 71857

2. Article Number (Copy) 7001 1140 0002 9558 8742

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *[Signature]*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *[Signature]*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

0188 8556 2000 0141 1002

2428 8556 2000 0141 1002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL

Wife
Chi

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To

Randolph Richardson
P. O. Box 2423
Roswell, NM 88202

PS Form 3811, July 1999

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL

Wife
Chi

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To

Doris Roe
1102 Highway 54 W
LaHarpe, KS 66741

PS Form 3811, July 1999

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL

Wife
Chi

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Sent To

Doris Roe
1102 Highway 54 W
LaHarpe, KS 66741

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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:

Randolph Richardson
P. O. Box 2423
Roswell, NM 88202

2. Article Number (Copy) 7001 1140 0002 9558 8711

PS Form 3811, July 1999

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired 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:

Doris Roe
1102 Highway 54 W
LaHarpe, KS 66741

2. Article Number (Copy fro) 7001 1140 0002 9558 9398

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-0952

9928 8556 2000 04TT T002

8228 8556 2000 0477 7002

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL
 WFC
 Chi
 Postage \$ 1.87
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.85
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.12

Sent To Gerald Wayne Spencer
 Street, Apt. No.; 421 E. Columbia Road
 or PO Box No.
 City, State, ZIP+4 Emerson, AK 71740-9201
 PS Form 3800-2E

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL
 WFC
 Chi
 Postage \$ 1.87
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.85
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.12

Sent To Grayce Spencer
 Street, Apt. No.; 321 W. 1st Street
 or PO Box No.
 City, State, ZIP Moran, KS 66755
 PS Form 3800-2E

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:
 Gerald Wayne Spencer
 421 E. Columbia Road
 Emerson, AK 71740-9201
 48

2. Article Number (C) 7001 1140 0002 9558 8797
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Grayce Spencer 09-06-06
 C. Signature
 X Grayce Spencer
☐ Agent
☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy for) 7001 1140 0002 9558 8803
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:
 Grayce Spencer
 321 W. 1st Street
 Moran, KS 66755

2. Article Number (Copy for) 7001 1140 0002 9558 8803
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL MAIL

WFO	Postage	\$ 1.87
Ch	Certified Fee	\$ 2.40
	Return Receipt Fee (Endorsement Required)	\$ 1.83
	Restricted Delivery Fee (Endorsement Required)	\$ 5.12
	Total Postage & Fees	\$ 10.22

Sent To
 Raymond Spencer
 22964 NW Florida Road
 Westphalia, KS 66093

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, 12-98

7001 1140 0002 9558 8759

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL MAIL

WFO	Postage	\$ 1.87
Ch	Certified Fee	\$ 2.40
	Return Receipt Fee (Endorsement Required)	\$ 1.83
	Restricted Delivery Fee (Endorsement Required)	\$ 5.12
	Total Postage & Fees	\$ 10.22

Sent To
 Glen Weldin
 14121 SW Florida Road
 Colony, KS 66015

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, 12-98

7001 1140 0002 9558 8334

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:
 Raymond Spencer
 22964 NW Florida Road
 Westphalia, KS 66093

2. Article Number (Copy) 7001 1140 0002 9558 8759

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Raymond Spencer B. Date of Delivery 9-12-00
 C. Signature [Signature]
 D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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:
 Glen Weldin
 14121 SW Florida Road
 Colony, KS 66015

2. Article Number (Copy) 7001 1140 0002 9558 8334

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Glen Weldin B. Date of Delivery 09/08/00
 C. Signature [Signature]
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL-RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

09/06/99

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Postmark Here
 SEP 11 2006
 SANTA FE, NM

Sent To
 Katherine Weldin
 12819 SW Delaware
 Colony, KS 66015

PS Form 3800

9688 8556 2000 0111 7002

U.S. Postal Service
CERTIFIED MAIL-RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

09/06/99

Postage	\$ 1.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Postmark Here
 SEP 11 2006
 SANTA FE, NM

Sent To
 Cheryl Rae Wilson
 20939 ECR 157
 Altus, OK 73521

PS Form 3800

2788 8556 2000 0111 7002

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:

Katherine Weldin
 12819 SW Delaware
 Colony, KS 66015

2. Article Number (Copy to) 7001 1140 0002 9558 8876

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 09/06/99

C. Signature
 Katherine Weldin Agent

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

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:

Cheryl Rae Wilson
 20939 ECR 157
 Altus, OK 73521

2. Article Number (Copy to) 7001 1140 0002 9558 8872

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Cheryl Rae Wilson 9-5-99

C. Signature
 Cheryl Rae Wilson Agent

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

102595-00-M-0952



August 30, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Charles de B. Hagerman
Post Office Box 1327
Santa Fe, New Mexico 87504

Re: Application of Chi Operating Inc. for approval of off-lease storage and measurement,
Eddy County, New Mexico.

Dear Mr. Hagerman:

This letter is to advise you that Chi Operating Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order pursuant to the provisions of Oil Conservation Division Rule 303.B authorizing the Off-Lease Storage and Measurement of Delaware production, South Carlsbad-Delaware Pool, from its Hagerman Well No. 1 located at a point 1650 feet from the South line and 2200 feet from the West line of Section 30, Township 22 South, Range 27 East, NMPM, at the well site of its Allen Well No. 3, which is located at a point 660 feet from the North line and 1980 feet from the East line of Section 31, Township 22 South, Range 27 East, NMPM.

This application has been set for hearing before a Division Examiner on September 28, 2006. 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 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505, 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.

Very truly yours,

William F. Carr

ATTORNEY FOR CHI OPERATING INC.

cc: Mr. John W. Qualls

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

**IN THE MATTER OF THE APPLICATION
OF CHI OPERATING INC. FOR APPROVAL
OF OFF-LEASE STORAGE AND MEASUREMENT,
EDDY COUNTY, NEW MEXICO.**

CASE NO. _____

APPLICATION

CHI OPERATING INC. ("Chi") through its undersigned attorneys, hereby makes application pursuant to the provisions of Oil Conservation Division Rule 303.B for an order authorizing the Off-Lease Storage and Measurement of production from the Delaware formation, South Carlsbad-Delaware Pool, and in support of its applications states:

1. Chi Operating Inc. is the operator of the Hagerman Well No. 1 located at a point 1650 feet from the South line and 2200 feet from the West line of Section 30, Township 22 South, Range 27 East, NMPM, Eddy County, New Mexico. Chi also operates the Allen Well No. 3, which offsets the Hagerman location, on a different oil and gas lease, at a point 660 feet from the North line and 1980 feet from the East line of Section 31, Township 22 South, Range 27 East. Both wells are located on fee lands and each produces oil from the Delaware formation, South Carlsbad-Delaware Pool.

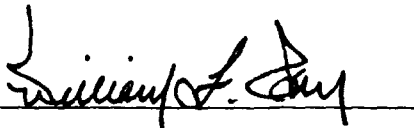
2. Chi has placed separate storage tanks and measurement facilities for the Hagerman Well No. 1 at the Allen Well No. 3 location and by administrative application dated August 2, 2006, sought Division approval for off-lease storage and measurement of the production from the Hagerman Well. No. 1. Chi filed its administrative application for approval of Off-Lease Storage and Measurement on Division Form C-107 and provided notice to all interest owners as required by Division Rule 1207. Thereafter, John de B. Hagerman, a royalty owner in the Hagerman Well No. 1, filed an objection with the Division. Therefore, this application must be set for hearing.

4. Approval of this application will result in efficient production storage and measurement operations for the subject well and is otherwise in the best interest of conservation the prevention of waste and the protection of correlative rights.

WHEREFORE, Chi Operating Inc. requests that this application be set for hearing before an examiner of the Oil Conservation Division on September 28, 2006 and, after notice and hearing, this application be approved.

Respectfully submitted,

HOLLAND & HART LLP

By: 

WILLIAM F. CARR
OCEAN MUNDS-DRY
Post Office Box 2208
Santa Fe, New Mexico 87504
Telephone: (505) 988-4421

ATTORNEYS FOR CHI OPERATING
INC.

CASE _____: Application of Chi Operating Inc. for approval of off-lease storage and measurement, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order pursuant to the provisions of Oil Conservation Division Rule 303.B authorizing the Off-Lease Storage and Measurement of Delaware production, South Carlsbad-Delaware Pool, from its Hagerman Well No. 1 located at a point 1650 feet from the South line and 2200 feet from the West line of Section 30, Township 22 South, Range 27 East, NMPM, at the well site of its Allen Well No. 3, which is located at a point 660 feet from the North line and 1980 feet from the East line of Section 31, Township 22 South, Range 27 East, NMPM. The Hagerman well is located 1650 feet inside the Carlsbad, New Mexico, city limits on the southeastern border of the city.

Affidavit of Publication

NO. 19412

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott

being duly

sworn, says: That he is the Publisher of The

Artesia Daily Press, a daily newspaper of general

circulation, published in English at Artesia, said county

and county and state, and that the here to attached

Legal Notice

was published in a regular and entire issue of the said

Artesia Daily Press, a daily newspaper duly qualified

for that purpose within the meaning of Chapter 167 of

the 1937 Session Laws of the state of New Mexico for

1 Consecutiv week/days on the same

day as follows:

First Publication September 1 2006

Second Publication _____

Third Publication _____

Fourth Publication _____

Subscribed and sworn to before me this

27th Day September 2006Basham
Notary Public, Eddy County, New MexicoMy Commission expires September 23, 2007**Copy of Publication:****NOTICE OF
PUBLICATION
STATE OF NEW
MEXICO
ENERGY, MINERALS
AND NATURAL
RESOURCES
DEPARTMENT
OIL CONSERVATION
DIVISION
SANTA FE,
NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on September 28, 2006, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3456 or through the New Mexico Relay Network, 1-800-659-1779 by September 18, 2006. Public documents, including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW
MEXICO TO:**

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13788:

Application of Chi Operating Inc. for approval of off-lease storage and measurement, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order pursuant to the provisions of Oil Conservation Division Rule 303.B authorizing the Off-Lease Storage and Measurement of Delaware production, South Carlsbad-Deleware Pool, from its Hagerman Well No. 1 located at a point 1650 feet from the South line and 2200 feet from the West line of Section 30, Township 22 South, Range 27 East, NMPM, at the well site of its Allen Well No. 3, which is located at a point 669 feet from the North line and 1980 feet from the East line of Section 31, Township 22 South, Range 27 East, NMPM. The Hagerman well is located 1650 feet inside the Carlsbad, New Mexico, city limits on the south-eastern border of the city. Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 30th day of August 2006.

**STATE OF NEW
MEXICO
OIL CONSERVATION
DIVISION**

Mark E. Fesmire, P.E.,
Director

Published in the Artesia
Daily Press, Artesia,
N.M. September 1, 2006.
Legal 19412