

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF PRONGHORN SWD SYSTEM FOR SALT-
WATER DISPOSAL, LEA COUNTY,
NEW MEXICO.

CASE NO. 10693

PROOF OF SERVICE

I hereby state that I mailed a copy of the Application filed in the above matter,
by Certified Mail, return receipt requested, on the 16th day of March, 1993 to:

United States of America
Bureau of Land Management
P.O. Box 1778
Carlsbad, New Mexico 88220

J. F. McAdams Trust
c/o Oil Reports and Gas Services
P.O. Box 755
Hobbs, NM 88240

Leroy Sumruld Estate
c/o Merrill L. Norton
P.O. Box 1567
Lovington, NM 88260

Leroy Sumruld Estate
c/o Mark T. Sanchez
P.O. Box 780
Hobbs, NM 88241

Leroy Sumruld Estate
c/o Tommy D. Parker
P.O. Box 1094
Hobbs, NM 88241-1094

R. F. Montgomery
P.O. Box 12714

EXHIBIT *7A*
PRONGHORN SWD CASE NO. 10693
Before Examiner Stogner
May 6, 1993

Dallas, Texas 75225

E. C. Skinner
c/o Valley National Bank
P.O. Box 13779
Tucson, Az 85732-3379

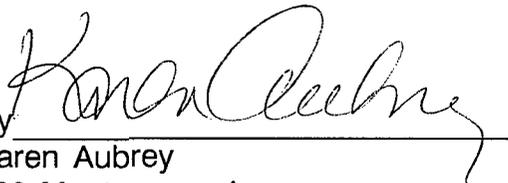
Yates Petroleum Corp.
105 S. 4th
Artesia, NM 88210

Bass Enterprises Production Co.
First City Bank Tower
201 Main Street
Fort Worth, TX 76102

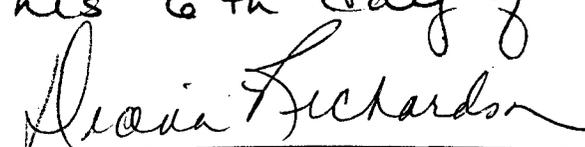
Grace Petroleum Corp
6501 N. Broadway
Oklahoma City, OK 73116-8298

Either the green postal card, or the original envelope marked "Refused" is attached to this Proof of Notice as Exhibit A.

LAW OFFICES OF KAREN AUBREY

By 

Karen Aubrey
236 Montezuma Avenue
Santa Fe NM 87501
Telephone: (505) 982-4287
Telefax: (505) 986-8349

Subscribed and sworn to
before me this 6th day of May
1993

Notary Public

My commission expires:
Oct 28, 1993

EXHIBIT A
PRONGHORN SWD CASE NO.10693
Before Examiner Stogner
May 6, 1993

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

E. C. Skinner
c/o Valley National Bank
P.O. Box 19770
Tucson, AZ 85719-1770

4a. Article Number

P670814358

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

3/18/93

5. Signature (Addressee)**8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Leroy Summell Estate
c/o Tommy D. Parker
P.O. Box 1094
Hobbs, NM 88301-1094

4a. Article Number

P670814361

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

2-18-93

5. Signature (Addressee)**8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

SENDER:

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- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

United States of America
Bureau of Land Management
P.O. Box 1773
Carbondale, New Mexico 88326

4a. Article Number

P670814353

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

3-18

5. Signature (Addressee)**8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

| | | | |
|---|--|---|--|
| SENDER: <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Yates Petroleum Corp. 105 S. 4th Ardmore, OK 73421 </div> | | 4a. Article Number <i>PG70 814 362</i> | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery <i>3-19-93</i> | |
| 5. Signature (Addressee) <i>J. Drugg</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) | | | |
| PS Form 3811 , November 1990 ☆ U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT | | | |

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|---|--|---|--|
| SENDER: <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Bass Enterprises Production Co. First City Bank Tower 201 Main Street Fort Worth, TX 76102 </div> | | 4a. Article Number <i>670 814 354</i> | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery <i>MAR 18 1993</i> | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) <i>Carl</i> | | | |
| PS Form 3811 , November 1990 ☆ U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT | | | |

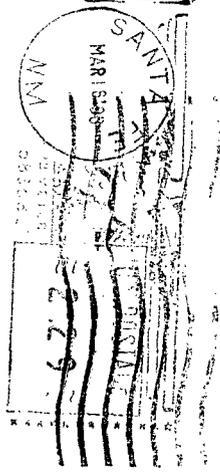
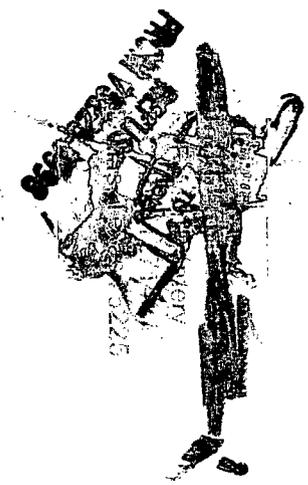
| | | | |
|---|--|---|--|
| SENDER: <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Leroy Sandoval Estate c/o Mark T. Sandoval P.O. Box 700 Hobbs, NM 88240 </div> | | 4a. Article Number <i>PG70 814 362</i> | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery | |
| 5. Signature (Addressee) <i>Michael Coy</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) <i>3/18/93</i> | | | |
| PS Form 3811 , November 1990 ☆ U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT | | | |

KAREN AUBREY
ATTORNEY AT LAW
236 MONTEZUMA
SANTA FE, NEW MEXICO 87501

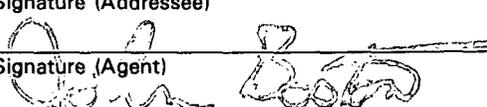
CERTIFIED MAIL
P 670 814 355

MAR 19 1993

1st Notice _____
2nd Notice _____
Return _____



Old at top of envelope
Right of the return address

| | | | |
|---|--|---|--|
| SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Grace Petroleum Corp 6501 N. Broadway Oklahoma City, OK 73116-8298 </div> | | 4a. Article Number P 670 814 356 | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery MAR 22 1993 | |
| 5. Signature (Addressee)  | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent)  | | | |

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

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| 3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> J. F. McArdle Trust c/o Oil Reports and Services P.O. Box 112 Hobbs, Okla. 73451 </div> | | 4a. Article Number P 670 814 357 | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| | | 7. Date of Delivery | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent) | | | |

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

