

- ① Any interest owner w/ 1 mile of unit
- ② Unit owners + holder

BEFORE EXAMINER STOGNER

OIL CONSERVATION DIVISION

Marathon EXHIBIT NO. 10

CASE NO. 11163-~~11163~~

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

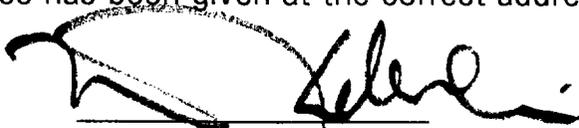
IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 11163 and 11164

Application of MARATHON OIL
COMPANY for an Unorthodox Oil Well
Location and Simultaneous Dedication
Lea County, New Mexico.

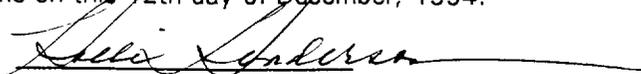
**CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of MARATHON OIL COMPANY states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 18th day of November, 1994 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for December 15, 1994, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 12th day of December, 1994.



Notary Public

My Commission Expires: June 15th, 1998

[Faint stamp]

Is your RETURN ADDRESS completed on the reverse side?

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 **Marathon/Lea-Devonian**
- **T** November 18, 1994

Article number and the date

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Ross Family Trust
 PO Box 86
 Midland, Texas 79702

4a. Article Number
 321 036 968

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

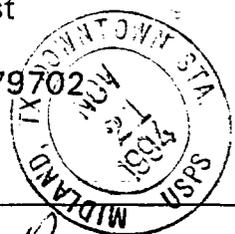
7. Date of Delivery

5. Signature (Addressee)
Lee A. Ross

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**



Thank you for using Return Receipt Service.

P 321 036 968



Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail. (See Reverse)

Ross Family Trust
PO Box 86
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$

June 1991

Is your RETURN ADDRESS completed on the reverse side?

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 **Marathon/Lea-Devonian**
- **T** November 18, 1994

Article number and the date

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 DEVON ENERGY CORPORATION
 1500 Mid-America Tower
 20 North Broadway
 Oklahoma City, OK 73102-8260
 Attn: Steve Blair

4a. Article Number
 321 036 971

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
D Reynolds

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 971



Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail. (See Reverse)

DEVON ENERGY CORPORATION
1500 Mid-America Tower
20 North Broadway
Oklahoma City, OK 73102-8260
Attn: Steve Blair

Special Delivery Fee	
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P 321 036 969



Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail. (See Reverse)

PENNZOIL PETROLEUM COMPANY
POB 2967
Houston, TX 77252-2967
Attn: Wayne Wisniewski

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

800, June 1991

Marathon/Lea-Devonian
November 18, 1994

Is your RETURN ADDRESS completed on the reverse side?

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 **Marathon/Lea-Devonian**
- **T** November 18, 1994

Article number and the date

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 PENNZOIL PETROLEUM COMPANY
 POB 2967
 Houston, TX 77252-2967
 Attn: Wayne Wisniewski

4a. Article Number
 321 034 969

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 NOV 21 1994

5. Signature (Addressee)

6. Signature (Agent)
L Schube

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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.
- Marathon/Lea-Devonian
November 18, 1994

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article number, and the date delivered.

3. Article Addressed to:

Steve Flynn
Hamon Operating Company
8411 Preston Rd. Ste. 800
Lock Box 33
Dallas, Texas 75225

4a. Article Number
321 036 967

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
11-21-94

5. Signature (Addressee)

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

6. Signature (Agent)
Janet Moody

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 967



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Steve Flynn
Hamon Operating Company
8411 Preston Rd. Ste. 800
Lock Box 33
Dallas, Texas 75225

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	Marathon/Lea-Devonian November 18, 1994

100, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
 - 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.
- Marathon/Lea-Devonian
November 18, 1994

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

Article number, and the date delivered.

3. Article Addressed to:

Unocal Energy Resources
Division Unocal Corporation
1004 North Big Spring, Ste 300
Midland, TX 79702
Attn: Scott Gutberlet

4a. Article Number
321 036 970

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
11-21-94

5. Signature (Addressee)
Judy Brown

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 970



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Unocal Energy Resources
Division Unocal Corporation
1004 North Big Spring, Ste 300
Midland, TX 79702
Attn: Scott Gutberlet

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	Marathon/Lea-Devonian November 18, 1994

100, June 1991