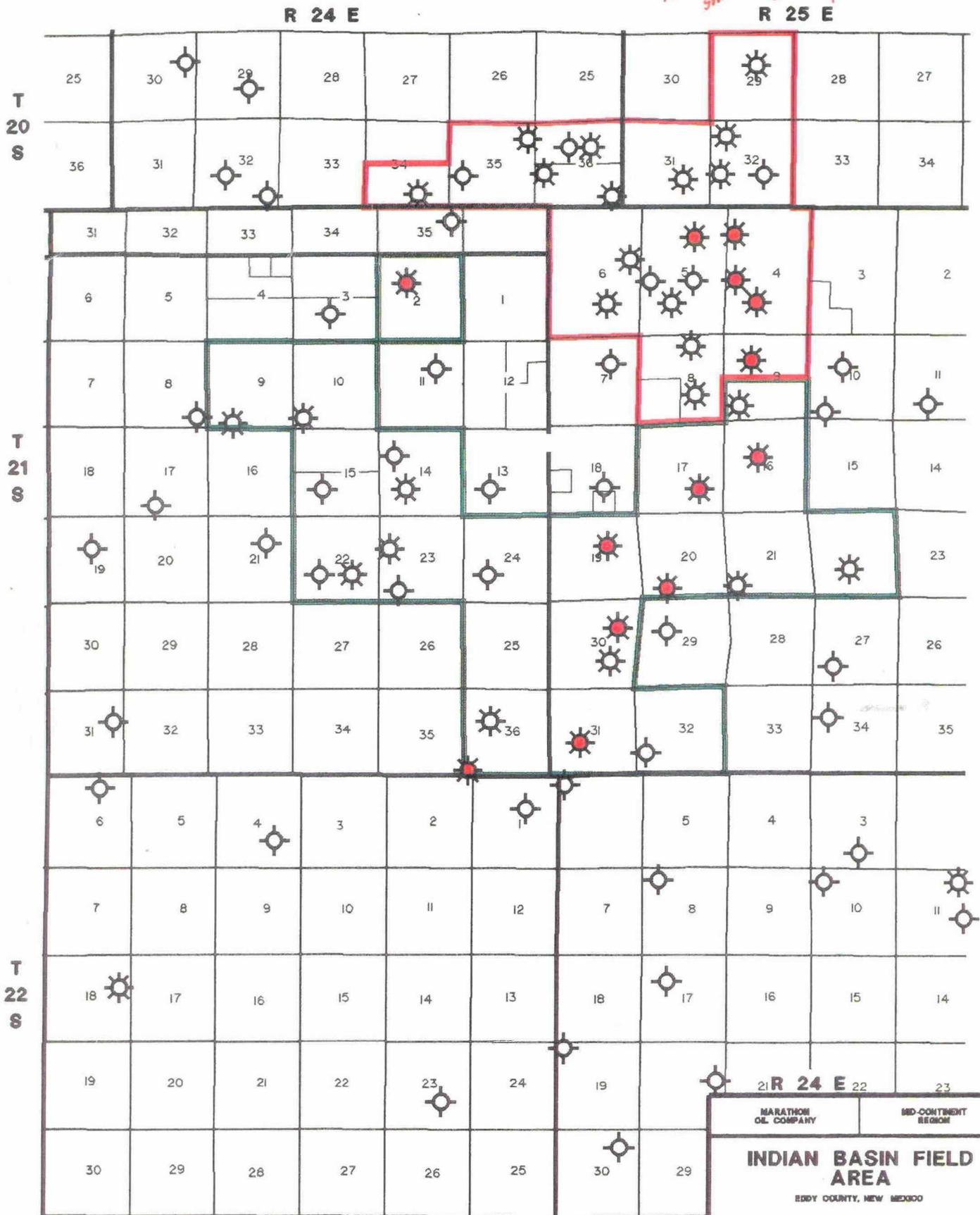


*All wells shown are Morrow penetrations*



- MORROW GAS PRODUCING
- MORROW GAS DEPLETED
- MORROW PENETRATION (DRY)

**—** CEMETERY MORROW  
**—** INDIAN BASIN MORROW

BEFORE THE  
 OIL CONSERVATION DIVISION  
 SANTA FE, NEW MEXICO  
 MARATHON OIL CO. EXHIBIT NO. 1  
 CASE NO. 11333  
 JULY 13, 1995

MARATHON OIL COMPANY	MID-CONTINENT REGION
<b>INDIAN BASIN FIELD AREA</b>	
EBBY COUNTY, NEW MEXICO	
<b>MORROW PRODUCTION</b>	
ORIGINAL SCALE: 1" = 1000'	DATE: 4/84
AUTHOR:	REVISED:
DRAFTED BY:	PROJECT:
FILE LOC: I\B\FBASE.BMP EXPL	

DGN - I\B\MORP.D\BMP EXPL

R 23 E

R 24 E

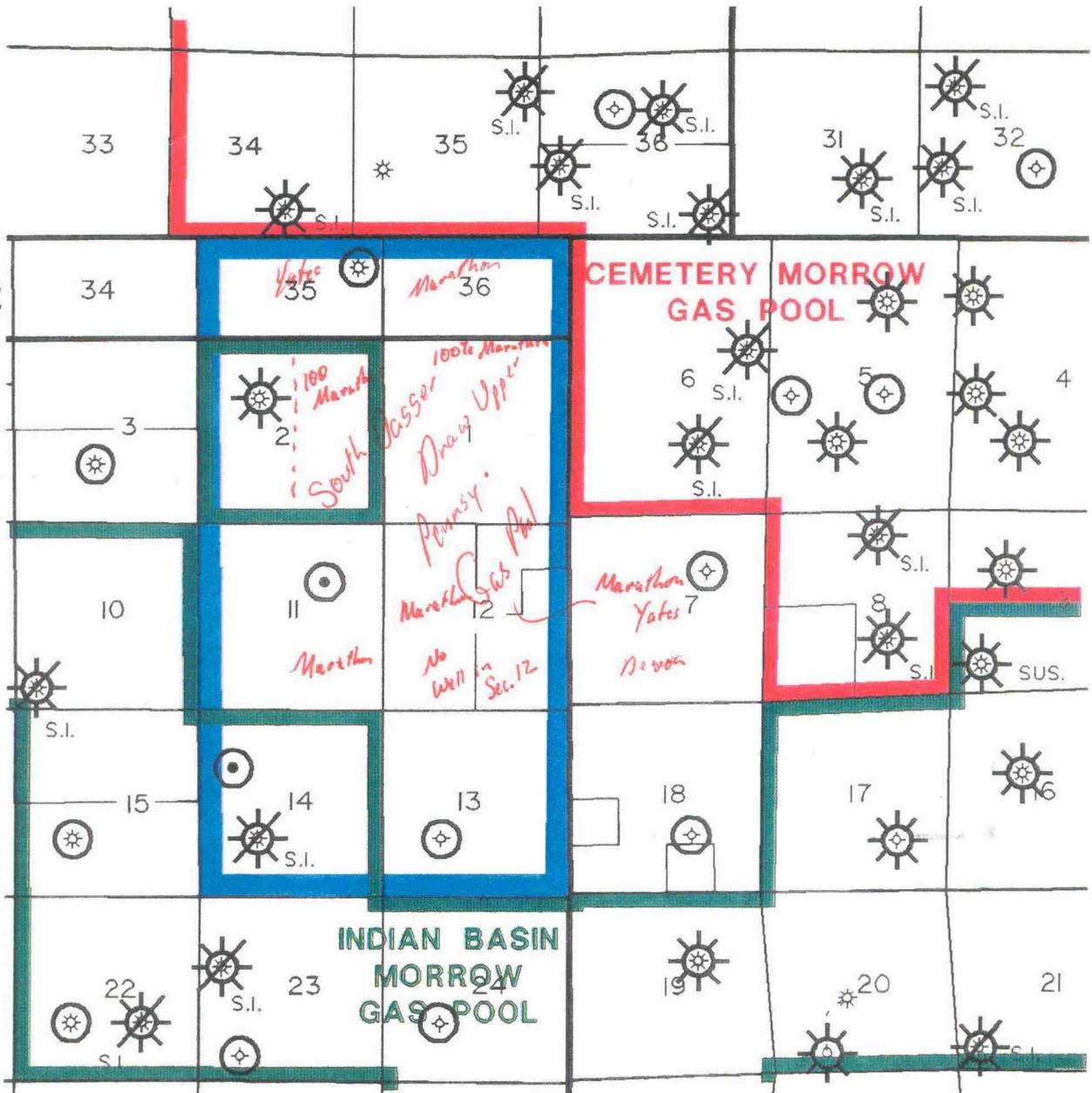
T 20 S

20-1/2

T 21 S

R 23 E

R 24 E



MARATHON OIL COMPANY  
MID-CONTINENT REGION

### INDIAN BASIN, S. DAGGER DRAW & CEMETERY FIELD AREAS EDDY COUNTY, NEW MEXICO

### MORROW PRODUCTION

- AREA OF PROPOSED RULE CHANGE
- MORROW PENETRATION COMPLETED IN A SHALLOWER ZONE
- ☼ MORROW PRODUCER
- ☼ S.I. MORROW PRODUCER SHUT-IN

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. 2  
CASE NO. 11333  
JULY 13, 1995

K. MILLER  
6/95

R 23 E

R 24 E

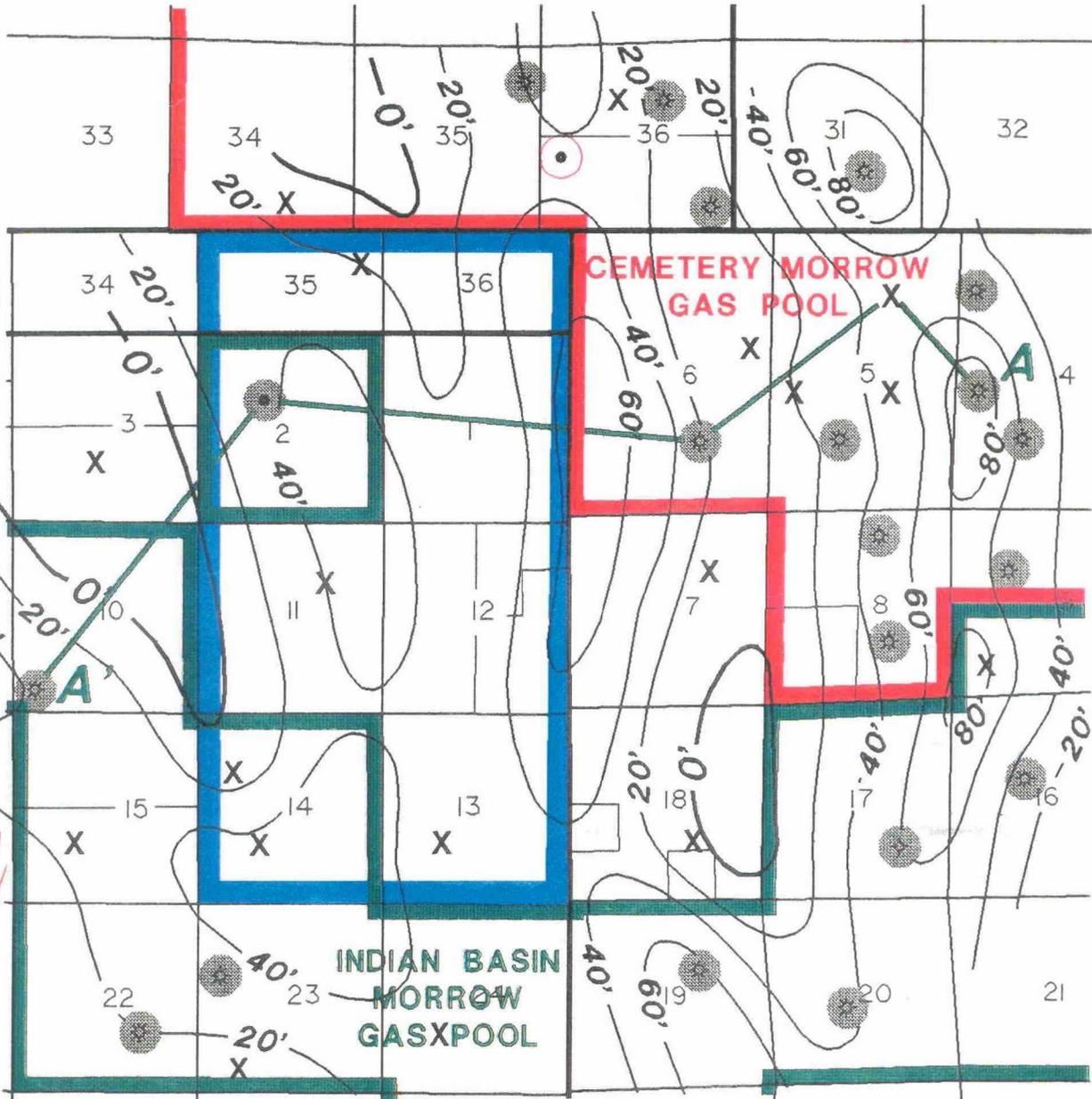
T 20 S

20-1/2

T 21 S

R 23 E

R 24 E



*discontinuity  
aluminum sand*



MILES

MARATHON OIL COMPANY  
MID-CONTINENT REGION

# CEMETERY FIELD

EDDY COUNTY, NEW MEXICO

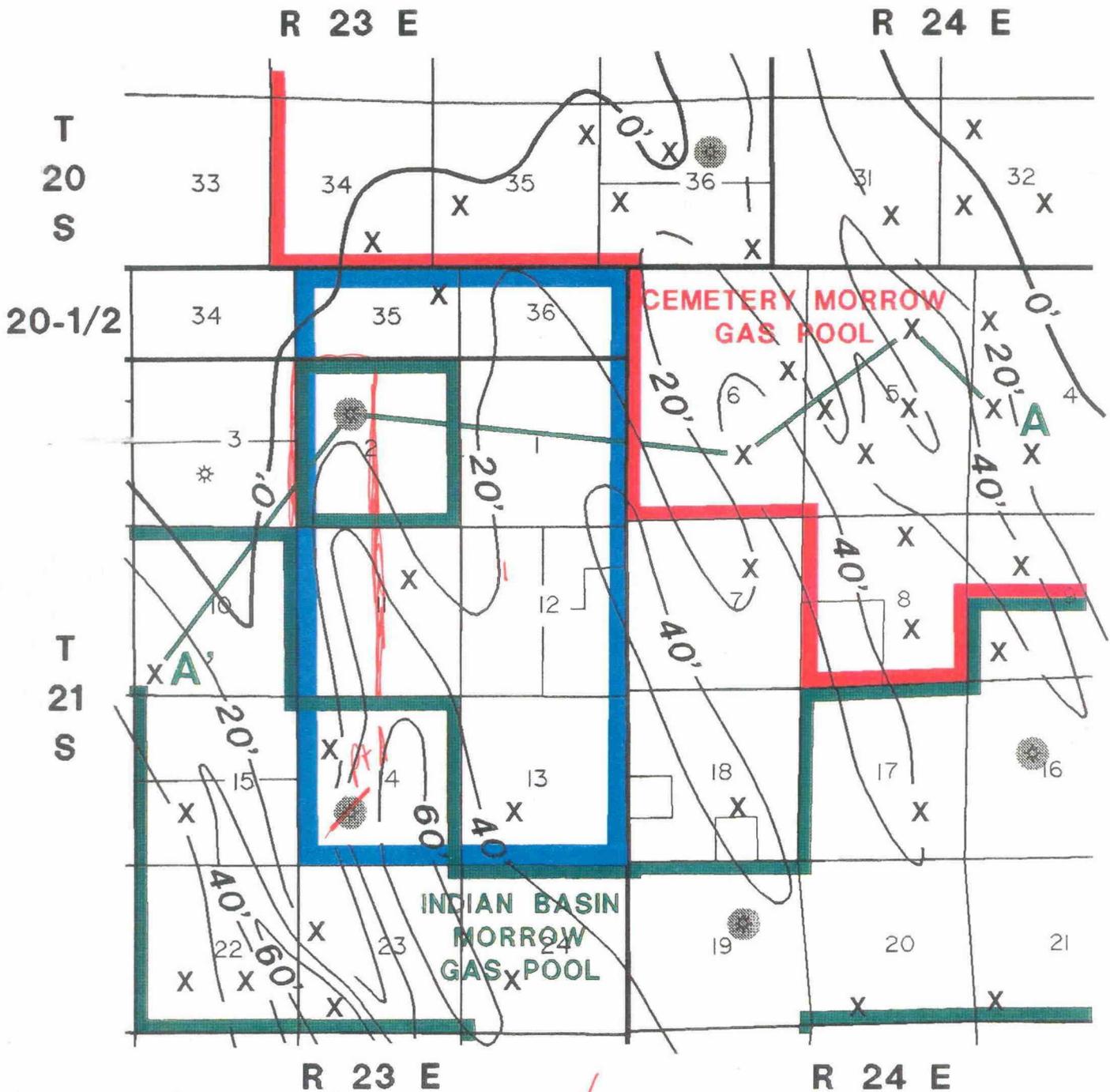
## MIDDLE MORROW TOTAL SAND ISOPACH

C.I. 20'

- AREA OF PROPOSED RULE CHANGE
- X MIDDLE MORROW PENETRATION
- MIDDLE MORROW PRODUCER

W. DEMIS  
K. MILLER  
6/95

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. 3  
CASE NO. 11333  
JULY 13, 1995



- AREA OF PROPOSED RULE CHANGE
- X LOWER MORROW PENETRATION
- LOWER MORROW PRODUCER

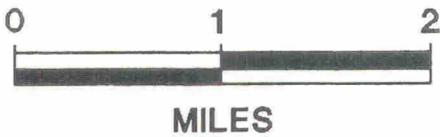
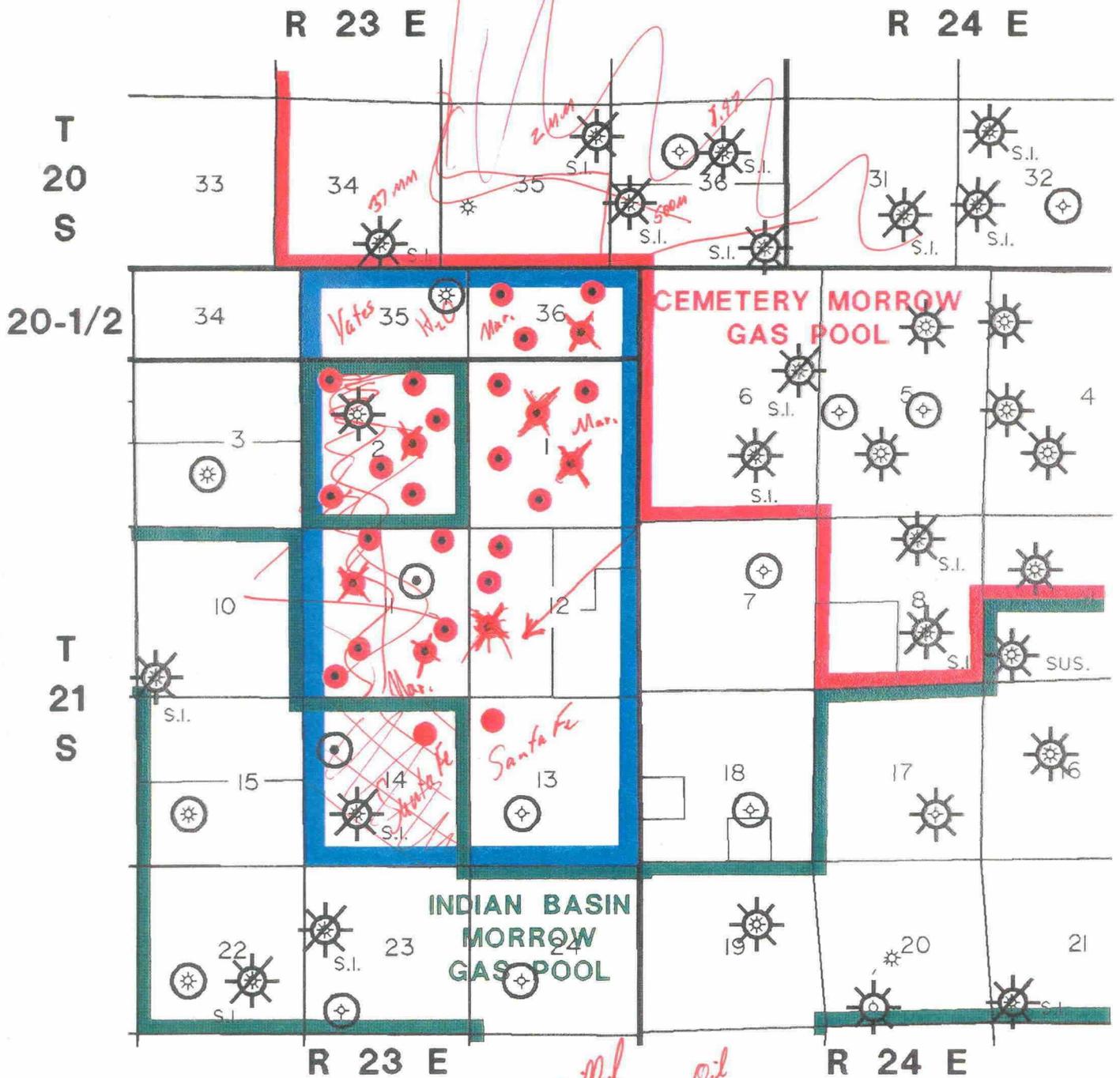
*Middle/Lower Morrow any block always deposits*

MARATHON OIL COMPANY  
 MID-CONTINENT REGION  
**INDIAN BASIN,  
 S. DAGGER DRAW &  
 CEMETERY FIELD AREAS**  
 EDDY COUNTY, NEW MEXICO  
**LOWER MORROW SAND  
 ISOPACH MAP**  
 C.I. 20'

W. DEMIS  
 K. MILLER  
 6/95

BEFORE THE  
 OIL CONSERVATION DIVISION  
 SANTA FE, NEW MEXICO  
 MARATHON OIL CO. EXHIBIT NO. 4  
 CASE NO. 11333  
 JULY 13, 1995

LARGE FORMAT  
EXHIBIT HAS  
BEEN REMOVED  
AND IS LOCATED  
IN THE NEXT FILE



AREA OF PROPOSED RULE CHANGE

MORROW PENETRATION COMPLETED IN A SHALLOWER ZONE

MORROW PRODUCER

MORROW PRODUCER SHUT-IN

UPPER PENN OIL DEVELOPMENT WELL

*30 wells drilled to the Upper Penn Dev.*

MARATHON OIL COMPANY  
MID-CONTINENT REGION

**INDIAN BASIN,  
S. DAGGER DRAW &  
CEMETERY FIELD AREAS**

EDDY COUNTY, NEW MEXICO

**MORROW PRODUCTION  
PLUS UPPER PENN  
DEVELOPMENT ACTIVITY**

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. **6**  
CASE NO. 11333  
JULY 13, 1995

K. MILLER  
6/95  
CEM695E.AFE EXPL

# MARATHON OIL COMPANY

## MORROW FORMATION

### CUMULATIVE GAS RECOVERY SAMPLE OF WELLS

WELL	LOCATION	CUM GAS MMCF	WELL LIFE, YRS
<b>CEMETERY FIELD</b>			
ROSS FEDERAL COM #1	4,T21S,R24E-S	13,646	30
ROSS FEDERAL COM #2	4,T21S,R24E-M	7,177	15
ROSS FEDERAL COM #3	4,T21S,R24E-E	1,964	15
SHELL FEDERAL COM #1	5,T21S,R24E-S	10,175	27
SHELL FEDERAL COM #5	5,T21S,R24E-G	1,653	15
FEDERAL 6 #1	6,T21S,R24E-I	4,762	16
DEPCO SHELL FEDERAL #1	6,T21S,R24E-R	75	2
AVERAGE PER WELL		----- 5,636	

### INDIAN BASIN FIELD

NORTH INDIAN BASIN UNIT #1	10,T21S,R23E-M	269	7
NORTH INDIAN BASIN UNIT #8	9,T21S,R23E-N	1,307	3
INDIAN BASIN B GAS COM #1	14,T21S,R23E-K	5,727	21
NORTH INDIAN BASIN UNIT #15	2,T21S,R23E-P	** 720	2
AVERAGE PER WELL		----- 2,006	

\*\* ESTIMATED

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. 7  
CASE NO. 11333  
JULY 13, 1995

# MARATHON OIL COMPANY

## MORROW FORMATION

### WELL DRAINAGE CALCULATIONS

WELL	LOCATION	POR.	Sw	PAY	CUM GAS MMCF	B <sub>gi</sub> SCF/CF	ACRES OF DRAINAGE	P <sub>i</sub> PSIA	P <sub>a</sub> PSIA
INDIAN BASIN FIELD									
NORTH INDIAN BASIN UNIT #1	10,T21S,R23E-M	9%	25%	19'	269	226	21	3650	400
NORTH INDIAN BASIN UNIT #8	9,T21S,R23E-N	9%	25%	17'	1,307	226	114	3650	400
INDIAN BASIN B GAS COM #1	14,T21S,R23E-K	15%	25%	28'	5,727	233	179	3795	400
NORTH INDIAN BASIN UNIT #15	2,T21S,R23E-F	7%	40%	12'	** 720	228	168	3675	

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. **8**  
CASE NO. 11333  
JULY 13, 1995

# MARATHON OIL COMPANY

## MORROW FORMATION

### ECONOMIC EVALUATION (UNINFLATED DOLLARS)

#### INDIAN BASIN FIELD

DRILL & COMPLETE MORROW WELL	\$750,000
NIBU #15 RESERVE BASE	720 MMCF
NET REVENUE AT \$1.25/MCF	\$787,500
OPERATING COSTS	\$130,000
	-----
NET CASHFLOW	(\$92,500)

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. 9  
CASE NO. 11333  
JULY 13, 1995

# MARATHON OIL COMPANY

## MORROW FORMATION

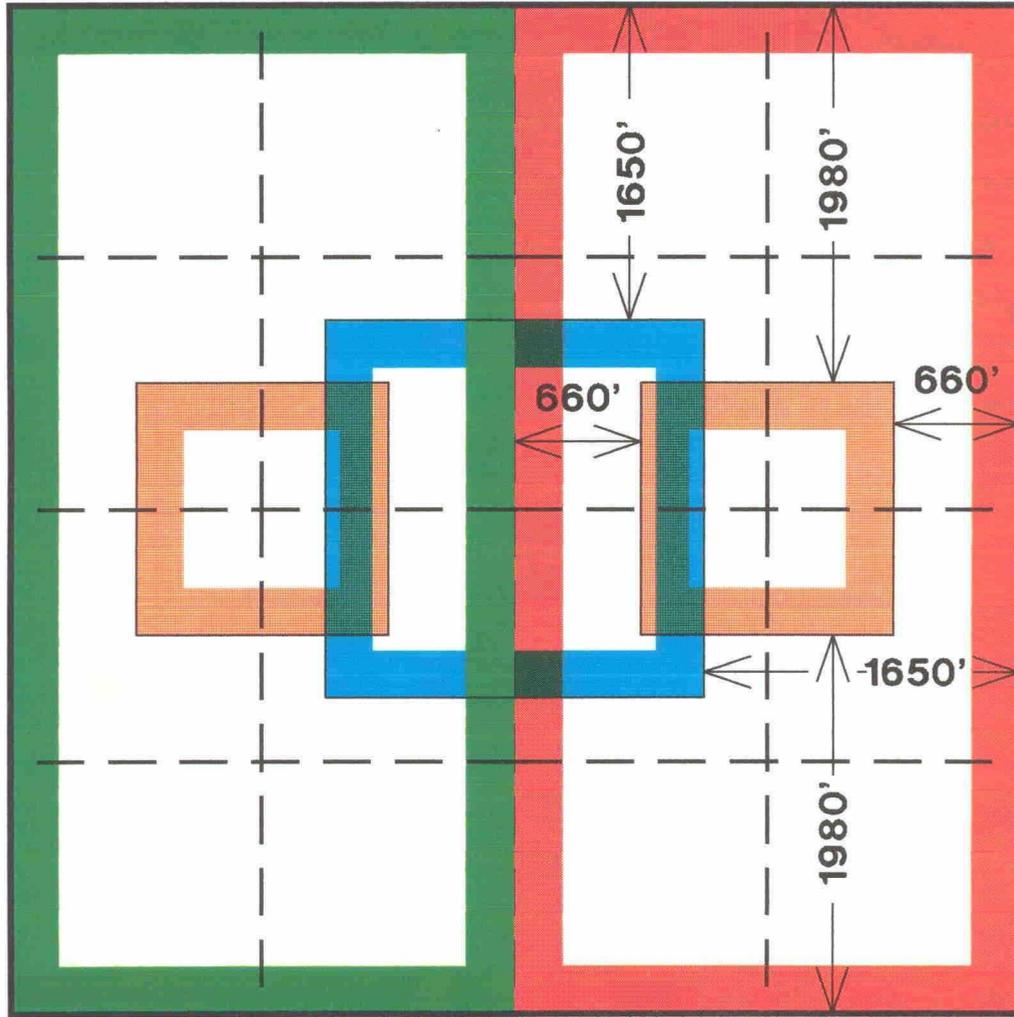
### ECONOMIC EVALUATION (UNINFLATED DOLLARS)

#### INDIAN BASIN FIELD

DRILL & COMPLETE MORROW WELL	\$750,000
TYPICAL WELL RESERVE BASE	1000 MMCF
NET REVENUE AT \$1.25/MCF	\$1,095,000
OPERATING COSTS	\$187,000
	-----
NET CASHFLOW	\$158,000

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. 10  
CASE NO. 11333  
JULY 13, 1995

# ONE SQUARE MILE SECTION ORTHODOX WELL AREAS



-  W/2 PRORATION UNIT
-  E/2 PRORATION UNIT
-  640 ACRE ORTHODOX WELLS BOX
-  320 ACRE ORTHODOX WELLS BOX

## INDIAN BASIN/CEMETERY MORROW PRORATION COMPARISON

BEFORE THE  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO  
MARATHON OIL CO. EXHIBIT NO. 11  
CASE NO. 11333  
JULY 13, 1995

R.FOLSE  
7/95

BEFORE EXAMINER STOGNER  
OIL CONSERVATION DIVISION  
*Marathon* EXHIBIT NO. 12  
STATE OF NEW MEXICO NO. 11333  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

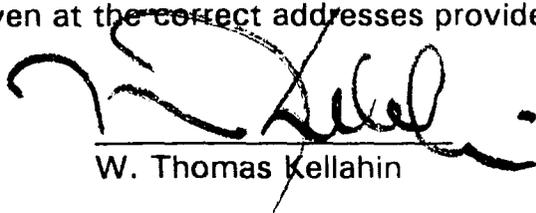
In the matter of the hearing called  
by the Oil Conservation Division  
for the purpose of considering:

**CASE NO. 11333**

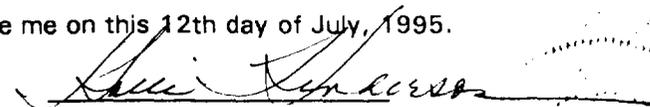
Application of Marathon Oil Company  
for the Expansion of Cemetery-Morrow  
and the Contraction of Indian Basin-Morrow,  
Eddie County, New Mexico.

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

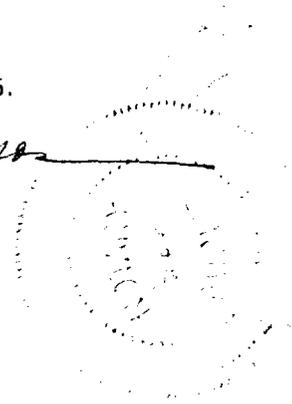
W. THOMAS KELLAHIN, attorney in fact and authorized representative of Marathon Oil Company states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 19th day of June, 1995 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 July 13, 1995, 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 July, 1995.

  
Notary Public

My Commission Expires: June 15th, 1998



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/Cemetery(071395)  
 June 19, 1995

Article number and the date delivered.

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:  
 Myco Industries Inc.  
 105 South Fourth Street  
 Artesia, NM 88210

4a. Article Number  
 091 494 859

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

7. Date of Delivery  
 JUN 22 1995

5. Signature (Addressee)  
 J. Cadenar

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.

Z 091 494 859



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

Sent to  
 Myco Industries Inc.  
 105 South Fourth Street  
 Artesia, NM 88210

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

1993

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/Cemetery(071395)  
 June 19, 1995

Article number and the date delivered.

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:  
 Yates Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210

4a. Article Number  
 091 494 857

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

7. Date of Delivery  
 JUN 22 1995

5. Signature (Addressee)  
 J. Cadenar

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.

Z 091 494 857



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

Sent to  
 Yates Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210

1993

Z 091 494 860



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

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/Cemetery(071395)  
 June 19, 1995

Article number and the date delivered.

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:  
 Robert G Hanagan  
 Hugh E Hanagan  
 POB 1737  
 Roswell, NM 88201

4a. Article Number  
 091 494 860

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

7. Date of Delivery  
 6.22.95

5. Signature (Addressee)  
 Robert G Hanagan

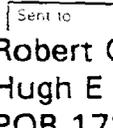
6. Signature (Agent)

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.

100, March 1993



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

Sent to  
 Robert G Hanagan  
 Hugh E Hanagan  
 POB 1737  
 Roswell, NM 88201

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/Cemetery(071395)  
 June 19, 1995

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 to the mailpiece, or on the back if space does not permit, a return address, or on the back if space does not permit, a return address, or on the back if space does not permit, a return address.

Marathon/Cemetery(071395)  
 June 19, 1995

Article Addressed to:  
 General Atlantic Resources  
 1300 Main Street  
 Ste 512  
 Houston, TX 77002

4a. Article Number  
 091 494 776

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

7. Date of Delivery  
 6/22/95

5. Signature (Addressee)  
 Laura Waver

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

Z 091 494 776



Sent to  
 General Atlantic Resources  
 1300 Main Street  
 Ste 512  
 Houston, TX 77002

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

March 1993

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 to the mailpiece, or on the back if space does not permit, a return address, or on the back if space does not permit, a return address.

Marathon/Cemetery(071395)  
 June 19, 1995

Article Addressed to:  
 Vivian Kral  
 1527 Hillside Road  
 Fairfield, Connecticut 06490

4a. Article Number  
 091 494 778

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

7. Date of Delivery  
 6-25-95

5. Signature (Addressee)  
 Vivian Kral

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

Z 091 494 778



Sent to  
 Vivian Kral  
 1527 Hillside Road  
 Fairfield, Connecticut 06490

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

March 1993

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 to the mailpiece, or on the back if space does not permit, a return address, or on the back if space does not permit, a return address.

Marathon/Cemetery(071395)  
 June 19, 1995

Article Addressed to:  
 Merle Kelce  
 301 N. Memorial Drive  
 St. Louis, Missouri 63102

4a. Article Number  
 091 494 779

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

7. Date of Delivery  
 6-22-95

5. Signature (Addressee)  
 M. Blew

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

Z 091 494 779



Sent to  
 Merle Kelce  
 301 N. Memorial Drive  
 St. Louis, Missouri 63102

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

March 1993

Marathon/Cemetery(071395)  
June 19, 1995

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 card to the mailpiece, or on the back if space is available.  
 • Write in block letters on the front of the mailpiece, or on the back if space is available.

we can return this card to you if space is available. Article number and the date delivered.

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:  
 Nolan H Brunson, Jr  
 POB 1039  
 Hobbs, NM 88241

4a. Article Number  
 091 494 780

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

7. Date of Delivery  
 6/23

5. Signature (Addressee)  
*Nolan H Brunson, Jr*

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.

Z 091 494 780



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

Sent to  
 Nolan H Brunson, Jr  
 POB 1039  
 Hobbs, NM 88241

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

March 1993

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 card to the mailpiece, or on the back if space is available.  
 • Write in block letters on the front of the mailpiece, or on the back if space is available.

we can return this card to you if space is available. Article number and the date delivered.

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:  
 Meridian Oil Inc  
 POB 51810  
 Midland, TX 79710  
 Attn: Mo Gaddis

4a. Article Number  
 091 494 781

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

7. Date of Delivery  
 6-22

5. Signature (Addressee)

6. Signature (Agent)  
*Mo Gaddis*

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.

Z 091 494 781



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

Sent to  
 Meridian Oil Inc  
 POB 51810  
 Midland, TX 79710  
 Attn: Mo Gaddis

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	

March 1993

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 card to the mailpiece, or on the back if space is available.  
 • Write in block letters on the front of the mailpiece, or on the back if space is available.

we can return this card to you if space is available. Article number and the date delivered.

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:  
 Frank W. Podpechan  
 POB 549  
 Claremore, OK 74018

4a. Article Number

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

7. Date of Delivery  
 6-19

5. Signature (Addressee)  
*Frank W. Podpechan*

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.

Z 091 494 782



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

Sent to  
 Frank W. Podpechan  
 POB 549  
 Claremore, OK 74018

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	

March 1993  
Marathon/Cemetery(071395)  
June 19, 1995

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.  
 • At does **Marathon/Cemetery(071395)**  
 • W June 19, 1995  
 • Th delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

2 091 494 783



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

3. Article Addressed to:  
**Merit Group II Partnership  
 POB 351  
 Midland, TX 79702**

4a. Article Number  
**091 494 783**  
 4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
 7. Date of Delivery  
**6-23-95**

5. Signature (Addressee)  
 6. Signature (Agent)  
*Sam Culp*

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

Thank you for using Return Receipt Service.

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

Sent to  
**Merit Group II Partnership  
 POB 351  
 Midland, TX 79702**

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

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.  
 • At does **Marathon/Cemetery(071395)**  
 • W June 19, 1995  
 • Th delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

2 091 494 784



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

3. Article Addressed to:  
**Conoco Inc.  
 10 Desta Drive  
 Ste. 100 W  
 Midland, TX 79705  
 Attn: Jerry Hoover**

4a. Article Number  
**091 494 784**  
 4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
 7. Date of Delivery  
**6-22-95**

5. Signature (Addressee)  
*Arita Gonzalez*  
 6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

Sent to  
**Conoco Inc.  
 10 Desta Drive  
 Ste. 100 W  
 Midland, TX 79705  
 Attn: Jerry Hoover**

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

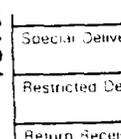
Is your RETURN ADDRESS completed on the reverse side?

**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.  
 • At does **Marathon/Cemetery(071395)**  
 • W June 19, 1995  
 • Th delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

1993

Sent to  
**Columbia Gas Development  
 POB 1350  
 Houston, TX 77251**



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

3. Article Addressed to:  
**Columbia Gas Development Corp  
 POB 1350  
 Houston, TX 77251**

4a. Article Number  
**194 406 565**  
 4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
 7. Date of Delivery  
**JUN 23 1995**

5. Signature (Addressee)  
 6. Signature (Agent)  
*[Signature]*

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

Thank you for using Return Receipt Service.

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

Sent to  
**Columbia Gas Development  
 POB 1350  
 Houston, TX 77251**

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/Cemetery(071395)  
 June 19, 1995**

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 back of the envelope if space does not permit.  
 • Write in the space provided.  
 • The date delivered.

Marathon/Cemetery(071395)  
 June 19, 1995

3. Article Addressed to:  
 Southwest Royalties, Inc  
 POB 11390  
 Midland, TX 79702

4a. Article Number  
 194 406 566

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

5. Date of Delivery  
 JUN 22 1995

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.



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

Thank you for using Return Receipt Service.

Z 194 406 566

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

Sent to  
 Southwest Royalties, Inc  
 POB 11390  
 Midland, TX 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	\$

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 back of the envelope if space does not permit.  
 • Write in the space provided.  
 • The date delivered.

Marathon/Cemetery(071395)  
 June 19, 1995

3. Article Addressed to:  
 Parker&Parsley Development Company  
 POB 3178  
 Midland, TX 79702

4a. Article Number  
 194 406 567

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

5. Date of Delivery  
 JUN 22 1995

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

Z 194 406 567

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

Sent to  
 Parker&Parsley Development Company  
 POB 3178  
 Midland, TX 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	\$

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 back of the envelope if space does not permit.  
 • Write in the space provided.  
 • The date delivered.

Marathon/Cemetery(071395)  
 June 19, 1995

3. Article Addressed to:  
 Devon Energy Corporation  
 20 North Broadway,  
 Ste 1500  
 Oklahoma City, OK 73102

4a. Article Number  
 194 406 568

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

5. Date of Delivery  
 6/22/95

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

Z 194 406 568

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

Sent to  
 Devon Energy Corporation  
 20 North Broadway,  
 Ste 1500  
 Oklahoma City, OK 73102

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	\$

Marathon/Cemetery(071395)  
 June 19, 1995

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.  
 return **Marathon/Cemetery(071395)**  
 • Att: **June 19, 1995**  
 • Write the date  
 • The date delivered.

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:  
**Santa Fe Energy Resources, Inc**  
**550 West Texas \**  
**Ste 1330**  
**Midland, TX 79701**

4a. Article Number  
**194 406 569**

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

7. Date of Delivery  
**6/22**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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.

2 194 406 569  
  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

93 Sent to  
**Santa Fe Energy Resources, Inc**  
**550 West Texas \**  
**Ste 1330**  
**Midland, TX 79701**

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	

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.  
 return **Marathon/Cemetery(071395)**  
 • Att: **June 19, 1995**  
 • Write the date  
 • The date delivered.

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:  
**Kerr McGee Corporation**  
**POB 25861**  
**Oklahoma City, OK 73103**  
*Delivered to 73125*

4a. Article Number  
**194 406 570**

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

7. Date of Delivery  
**7/2**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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.

2 194 406 570  
  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

93 Sent to  
**Kerr McGee Corporation**  
**POB 25861**  
**Oklahoma City, OK 73103**

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	

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.  
 return **Marathon/Cemetery(071395)**  
 • Att: **June 20, 1995**  
 • Write the date  
 • The date delivered.

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:  
**Citation Oil & Gas Corp.**  
**8223 Willow Place South**  
**Ste 250**  
**Houston, TX 77070**

4a. Article Number  
**194 406 571**

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

7. Date of Delivery  
**6-22-95**

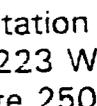
5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

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.

2 194 406 571  
  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

93 Sent to  
**Citation Oil & Gas Corp.**  
**8223 Willow Place South**  
**Ste 250**  
**Houston, TX 77070**

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/Cemetery(071395)  
June 20, 1995

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.  
 • W  
 • T  
 delivered.

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

3. Article Addressed to:  
 Central Resources, Inc.  
 2600 Mellon Center  
 1775 Sherman Street  
 Denver, CO 80203

4a. Article Number  
 194 406 572

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

7. Date of Delivery  
 6-23-95

5. Signature (Addressee)  
*Central Resources*

6. Signature (Agent)  
*John Miller*

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.

2 194 406 572



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

Sent to  
 Central Resources, Inc.  
 2600 Mellon Center  
 1775 Sherman Street  
 Denver, CO 80203

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

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.  
 • W  
 • T  
 delivered.

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

3. Article Addressed to:  
 Landmark Oil & Gas Corp.  
 5080 Spectrum Drive  
 Ste 805 West  
 Dallas, TX 75248

4a. Article Number  
 194 406 573

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

7. Date of Delivery  
 6/22

5. Signature (Addressee)

6. Signature (Agent)  
*J. Lopez*

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.

2 194 406 573



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

Sent to  
 Landmark Oil & Gas Corp.  
 5080 Spectrum Drive  
 Ste 805 West  
 Dallas, TX 75248

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	

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.  
 • W  
 • T  
 delivered.

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

3. Article Addressed to:  
 Yates Petroleum Corporation  
 105 South Fourth Street  
 Artesia, NM 88210

4a. Article Number  
 091 494 856

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

7. Date of Delivery  
 JUN 22 1995

5. Signature (Addressee)  
*J. Cardenas*

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.

2 091 494 856



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

Sent to  
 Yates Petroleum Corporation  
 105 South Fourth Street  
 Artesia, NM 88210

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	

300, March 1993  
 Marathon/Cemetery(071395)  
 June 19, 1995

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 in ink.  
 • The recipient must be notified of 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:  
**Marathon/Cemetery(071395)**  
**June 19, 1995**

4a. Article Number  
**091 494 858**

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

7. Date of Delivery  
**JUN 22 1995**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Z 091 494 858



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

Sent to  
**Abo Petroleum Corporation**  
**105 South Fourth Street**  
**Artesia, NM 88210**

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	

March 1993

Z 091 494 777

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 in ink.  
 • The recipient must be notified of 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:  
**Marathon/Cemetery(071395)**  
**June 19, 1995**

4a. Article Number  
**091 494 777**

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

7. Date of Delivery  
**6-22-95**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.



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

Sent to  
**William J Graham**  
**Rosalynn S Graham**  
**3612 Pennsylvania Lane**  
**Plano, TX 75075**

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	

March 1993

Z 091 494 861



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

Sent to  
**BHP Petroleum(Americas)Inc**  
**5847 San Felipe Stret**  
**Ste 3600**  
**Houston, TX 77057**

**Marathon/Cemetery(071395)**  
**June 19, 1995**