

AMERIND OIL COMPANY, LTD.

ROBERT M. LEIBROCK
ROBERT C. LEIBROCK

SUITE 500, WILCO BUILDING
415 WEST WALL STREET
MIDLAND, TEXAS 79701-4467

TELEPHONE (915) 682-8217
FACSIMILE (915) 686-0747

June 11, 1997

Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

JUN 16 1997

Case 11754

RE: Order No. R-10791

Gentlemen:

One May 6, 1997 Amerind forwarded by certified mail a copy of Order No. R-10791 and AFE for the Field No. 1 well to the following:

- | | |
|--|--|
| 1. Mr. Kenneth G. Cone
400 West Illinois Avenue
Midland, Texas 79701 | 2. Estate of Reita Schnaubert
c/o Mary A. Irwinski
4404 Odessa Avenue
Fort Worth, Texas 76110 |
| 2. A. L. Cone Partnership
Attn: Mr. Larry Petree
P. O. Box 3457
Lubbock, Texas 79452 | 7. Ameristate Oil and Gas
Attn: Mr. Mark Nearburg
1211 West Texas Avenue
Midland, Texas 79701 |
| 3. Ms. Elva Moad
P. O. Box 456
Crosbyton, Texas 79322 | 8. John F. Herbig, Jr.
110 N. Marienfeld, Suite 110
Midland, Texas 79701 |
| 4. Ms. Lavena Howard, Individually &
as Independent Executrix of the
Estate of L. W. Howard
c/o Mary A. Irwinski
4404 Odessa Avenue
Fort Worth, Texas 76110 | 9. Fuel Products, Inc.
Attn: Mr. Thomas M. Bell
P. O. Box 3098
Midland, Texas 79702 |
| 5. Ms. Joan Garrison
c/o Mary A. Irwinski
4404 Odessa Avenue
Fort Worth, Texas 76110 | |

Pursuant to the above order, 30 day notice was given to the above parties, all of whom have now failed to pay the proportionate share of well costs within the 30 day period. We now consider these parties to be compulsory pooled.

AMERIND OIL COMPANY, LTD.

Oil Conservation Division
Order No. R-10791

-2-

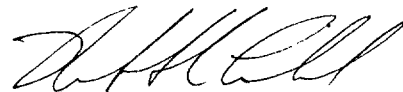
June 11, 1997

Actual well costs will be forwarded to you within the required time period.

The copy of the AFE submitted at the April 3, 1997 hearing and forwarded to each party on May 6, 1997 is enclosed, along with proof of mailing.

Very truly yours,

AMERIND OIL COMPANY, LTD.

A handwritten signature in black ink, appearing to read 'R. Leibrock', written in a cursive style.

Robert C. Leibrock
General Partner

RCL/mab

Enclosures

AMERIND OIL COMPANY, LTD.

AUTHORIZATION FOR EXPENDITURE

Field No. 1 Well
725' FEL & 1650' FSL
Section 3, T16S, R35E
West Lovington Strawn Field
Lea County, New Mexico

To drill and complete in the Strawn formation:

<u>INTANGIBLE</u>	<u>Casing Point</u>	<u>Pumping Completion</u>	<u>Total</u>
Drilling 11,700' @ \$20.79/ft.	\$243,000	\$	\$
Daywork - 4 @ \$4,900	20,000		
Drilling mud and water	25,000		
Location and surface damages	25,000		
Drill stem test (1)	5,000		
Log and perforate	25,000	5,000	
Cementing - surface 400 sx	7,000		
- inter. 800 sx	10,000		
- prod. 500 sx		15,000	
Supervision	6,000	5,000	
Mud logging	5,000		
Contract services & equipment rentals	15,000	25,000	
Completion unit - 4 days		8,000	
Acid treatment - cleanup		7,000	
Drilling and completion overhead	5,000	2,000	
Title opinion	3,000		
Insurance	3,000		
TOTAL INTANGIBLE	\$397,000	\$ 67,000	\$464,000
<u>TANGIBLE</u>			
Casing			
Surface 400' 12-3/4" 35.0# J55 ST&C	\$ 6,000		
Inter. 4,750' 8-5/8" 32.0# J55 ST&C	65,000		
Prod. 11,000' 5-1/2" 17.0# N80 LT&C		85,000	
700' 5-1/2" 20.0# N80 LT&C		7,000	
Tubing 11,300' 2-7/8" 6.5# N80 T&C		45,000	
Pumping equipment		60,000	
Wellhead and packer	6,000	7,000	
Tank battery & misc.		30,000	
TOTAL TANGIBLE	\$ 77,000	\$234,000	\$311,000
Contingencies/P&A	16,000	9,000	25,000
TOTAL AFE AMOUNT	\$490,000	\$310,000	\$800,000

RECOMMENDED BY:

APPROVED BY:

AMERIND OIL COMPANY, LTD.



ROBERT C. LEIBROCK

DATE: February 26, 1997

DATE: _____

P 198 931 775



Receipt for Certified Mail

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

Sent to ATTN MR LARRY PETREE	
A L CONE PARTNERSHIP	
Street and No. P O BOX 3457	
P.O. State and ZIP Code LUBBOCK TX 79452	
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date 5/6/97	

PS Form 3800, June 1991

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

ATTN MR LARRY PETREE
A L CONE PARTNERSHIP
P O BOX 3457
LUBBOCK TX 79452

4. Article Number

P 198 931 775

Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee
agent and DATE DELIVERED.

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

5. Signature - Addressee

X *Annie L. Cooke*

6. Signature - Agent

X *Annie L. Cooke*

7. Date of Delivery

PS Form 3811, Apr. 1989

*U.S.G.P.O. 1989-238-515

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 5, a & 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MS JOAN GARRISON
C/O MARY A IRWINSKI
4404 ODESSA AVE
FORT WORTH TX 76110

AMERIND

MAY 13 1997

OIL CO. LTD.

4a. Article Number

P 198 931 779

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5-9-97

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S.G.P.O. 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 198 931 779



Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to JOAN GARRISON	
C/O MARY IRWINSKI	
Street and No. 4404 ODESSA AVE	
P.O. State and ZIP Code FORT WORTH TX 76110	
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date 5/6/97	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, 4b, 5, 6, 7, and 8.
- 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 will show to whom the article was delivered and the date delivered.

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: **MAY 12 1997**

MARY A IRWINSKI, INDEPENDENT
ADMINISTRATOR OF THE ESTATE OF
RIETA SCHNAUBERT DECEASED
4404 ODESSA AVE
FORT WORTH TX 76110

4a. Article Number

P 198 931 782

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5-9-97

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

5. Signature (Addressee)

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 198 931 782



Receipt for Certified Mail

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

provided al Mail

Sent to: MARY A IRWINSKI IND	
ADMIN EST OF RIETA SCHNAUBERT	
Street and No: BERT	
4404 ODESSA AVE	
P.O. State and ZIP Code: FORT WORTH TX 76110	
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date: 5/6/98	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, 4b, 5, 6, 7, and 8.
- 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 will show to whom the article was delivered and the date delivered.

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: **MAY 12 1997**

LAVENA HOWARD, INDIVIDUALLY AND
AS INDEPENDENT EXECUTOR OF THE
ESTATE OF L. L. HOWARD DEC
C/O MARY A IRWINSKI
4404 ODESSA AVE
FORT WORTH TX 76110

4a. Article Number

P 198 931 778

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5-9-97

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

5. Signature (Addressee)

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 198 931 778



Receipt for Certified Mail

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

provided al Mail

PS Form 3800, June 1991

Sent to: LAVENA HOWARD, IND & AS	
IND EXEC L A HOWARD DEC	
Street and No: C/O MARY IRWINSKI	
P.O. State and ZIP Code: 4404 ODESSA AVE 76110	
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date: 5/6/97	

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 "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:
ATTN MR MARK NEARBURG
AMERISTATE OIL & GAS
1211 W TEXAS AVE
MIDLAND TX 79701

4a. Article Number
P 198 931 783

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

7. Date of Delivery
MAY 9 1997

5. Signature (Addressee)
MARK NEARBURG

8. Addressee's Address (Only if requested and fee is paid)
OIL CO., LTD.

6. Signature (Agent)
May Deaver

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

Thank you for using Return Receipt Service.

P 198 931 783



Receipt for Certified Mail

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

Sent to ATTN MARK NEARBURG
AMERISTATE OIL & GAS

Street and No
1211 W TEXAS AVE

P.O., State and ZIP Code
MIDLAND TX 79701

Postage	\$.78
Certified Fee		1.10
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		1.10
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees	\$	2.98

Postmark or Date
5/6/97

PS Form 3800, 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 "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:
ATTN MR THOMAS M BELL
FUEL PRODUCTS INC
P O BOX 3098
MIDLAND TX 79702

4a. Article Number
P 198 931 784

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

7. Date of Delivery
MAY 10 1997

5. Signature (Addressee)
OIL CO., LTD.

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

6. Signature (Agent)
Thomas M Bell

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

Thank you for using Return Receipt Service.

P 198 931 784



Receipt for Certified Mail

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

Sent to ATTN THOMAS M BELL
FUEL PRODUCTS INC

Street and No
P O BOX 3098

P.O., State and ZIP Code
MIDLAND TX 79702

Postage	\$.78
Certified Fee		1.10
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		1.10
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees	\$	2.98

Postmark or Date
5/6/97

PS Form 3800, June 1991

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
MR JOHN F HERBIG JR
110 N MARIENFELD ST
MIDLAND TX-79701
MAY 9 1997
OIL CO., LTD.

4. Article Number
P 198 931 785

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
5-8-97

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

PS Form 3811, Apr. 1989

★ U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

P 198 931 785



Receipt for Certified Mail

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

Sent to
JOHN F HERBIG JR

Street and No.
110 N MARIENFELD STE 110

P.O., State and ZIP Code
MIDLAND TX 79701

Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98

Postmark or Date
5/6/97

PS Form 3800, June 1991

P 198 931 777



Receipt for Certified Mail

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

Sent to ELVA MOAD	
Street and No. P O BOX 456	
P.O., State and ZIP Code CROSBYTON TX 79322	
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date 5/6/97	

PS Form 3800, June 1991

P 198 931 774



Receipt for Certified Mail

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

Sent to KENNETH G CONE	
Street and No. 400 W ILLINOIS AVE	
P.O., State and ZIP Code MIDLAND TX 79701	
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date 5/6/97	

PS Form 3800, June 1991