

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. 10522

APPLICATION OF SOUTHLAND ROYALTY  
COMPANY FOR AN UNORTHODOX GAS  
WELL LOCATION, LEA COUNTY, NEW  
MEXICO

CERTIFICATE OF MAILING

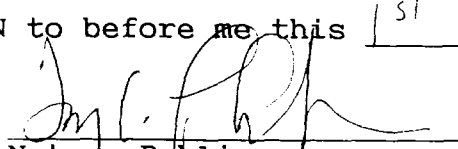
AND

COMPLIANCE WITH ORDER R-8054

W. THOMAS KELLAHIN, attorney in fact and authorized representative of SOUTHLAND ROYALTY 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 JULY 13, 1992, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for SEPTEMBER 3, 1992 to all parties shown in the application as evidenced by the attached copies of return 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 this 1<sup>ST</sup> day of  
SEPTEMBER, 1992.

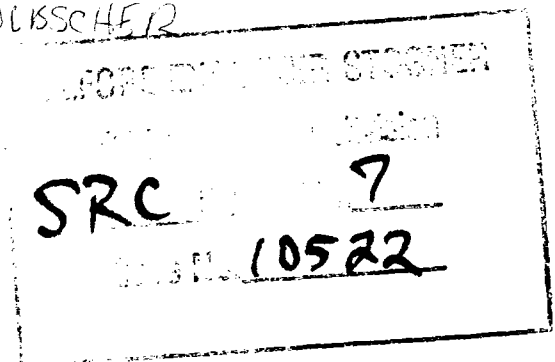
  
Notary Public

My Commission Expires:

10/7/95

JAY C. LAUBSCHER

cert901.330



**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:

Harey E. Yates Compan  
Box 1933  
Roswell, NM 88202

4a. Article Number

P 676 666 494

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

7-17-92

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

5. Signature (Addressee)

6. Signature (Agent)

*[Signature]*

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

**DOMESTIC RETURN RECEIPT**

WTK - APP S.L. Royalty

**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.
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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:

Heyco Employees, LTD.  
P.O. Box 1933  
Roswell, NM 88202

4a. Article Number

P 676 666 495

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

7-17-92

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6. Signature (Agent)

*[Signature]*

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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:

Amoco Production Comp  
Box 3092  
Houston, TX 77253

4a. Article Number

P 676 666 493

4b. Service Type

- Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

JUL 16 1992

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

5. Signature (Addressee)

6. Signature (Agent)

*[Signature]*

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

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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:

James H. Yates, Inc.  
 P.O. Box 2323  
 Roswell, NM 83202-232

4a. Article Number

P 676 666 465

4b. Service Type

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

7. Date of Delivery

7-20-92

5. Signature (Addressee)

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

6. Signature (Agent)

*Che Lynn Jones*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

WTK - App. S.L. Royalty

**SENDER:**

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- 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:

Matador Operating Co.  
 400 W. Texas Avenue  
 Suite 1100-A  
 Midland, TX 79101

4a. Article Number

P 670 689 126

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  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)

*Cathy Osborn*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

WTK - App. S.L. Royalty

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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:

Pennzoil Explor. & Pr  
 P.O. Drawer 1823  
 Midland, TX 79702-182

4a. Article Number

P 670 689 127

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

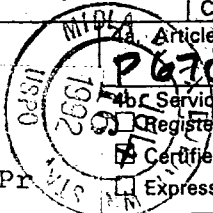
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

*[Signature]*

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**



|  |   |   |  |                                     |                                  |   |                              |                                       |   |
|--|---|---|--|-------------------------------------|----------------------------------|---|------------------------------|---------------------------------------|---|
| <b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul> |   | I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.  |  |                                     |                                  |   |                              |                                       |   |
| 3. Article Addressed to:<br><br>Read & Stevens, Inc.<br>Box 1518<br>Roswell, NM 88202  |   | 4a. Article Number<br>P 670 689 128   |  |                                     |                                  |   |                              |                                       |   |
|  |   | 4b. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> |  | <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 |
| <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<br>7-17-92  |  |                                     |                                  |   |                              |                                       |   |
| 5. Signature (Addressee)   |   | 8. Addressee's Address (Only if requested and fee is paid)  |  |                                     |                                  |   |                              |                                       |   |
| 6. Signature (Agent)<br><i>Shannon Berambla</i>  |   |   |  |                                     |                                  |   |                              |                                       |   |
| PS Form 3811, November 1990 *U.S. GPO: 1991-287-066  |   | <b>DOMESTIC RETURN RECEIPT</b><br>WTK - App. SL Royalty   |  |                                     |                                  |   |                              |                                       |   |

|  |   |   |  |                                     |                                  |   |                              |                                       |   |
|--|---|---|--|-------------------------------------|----------------------------------|---|------------------------------|---------------------------------------|---|
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| 3. Article Addressed to:<br><br>Spiral, Inc.<br>P.O. Box 1933<br>Roswell, NM 88202   |   | 4a. Article Number<br>P 670 689 129   |  |                                     |                                  |   |                              |                                       |   |
|  |   | 4b. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> |  | <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 |
| <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<br>7-17-92  |  |                                     |                                  |   |                              |                                       |   |
| 5. Signature (Addressee)   |   | 8. Addressee's Address (Only if requested and fee is paid)  |  |                                     |                                  |   |                              |                                       |   |
| 6. Signature (Agent)<br><i>Stuel</i>   |   |   |  |                                     |                                  |   |                              |                                       |   |
| PS Form 3811, November 1990 *U.S. GPO: 1991-287-066  |   | <b>DOMESTIC RETURN RECEIPT</b><br>WTK - App. S.L. Royalty   |  |                                     |                                  |   |                              |                                       |   |