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SUITE I - 110 NORTH GUADALUPE
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TELEPHONE: (505) 988-4421
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November 11, 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

R. Howard Olson Post Office Box 32279 Phoenix, Arizona 85018 BEFORE EXAMINER STOGNER
Oil Conservation Division
HARMAN Exhibit No. 7
Case No. 8769

Re: Case 8769: Application of Doyle Hartman for Compulsory Pooling, Lea County, New Mexico.

Dear Mr. Olson:

Enclosed is a copy of the docket for the Oil Conservation Division Examiner hearings scheduled for Thursday, November 21, 1985. You have an interest which may be affected by the above-referenced case.

Very truly yours,

William F. Carr

WFC/cv enclosure

	•	**************************************	
PS Form 3811. July 1983 447-845	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this eard 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 service(s) requested.		
8	1. Show to whom, date and address of delivery.		
44	2. Restricted Delivery.	A	
2	3. Article Addressed to:	į	
	R. Howard Olson P. O. Box 32279 Phoenix, Arizona 85018		
1	4. Type of Service:	Article Number	
	Registered Insured KCertified COD Express Mail	P 176 152 392	
	Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addresses X 6. Signature - Agent X 7. Date of Delivery		
3			
1135			
PRETU			
DOMESTIC RETURN RECEIPT	8. Addressee's Address (ONL	Y if requested and fee paid)	

P 176 152 392

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVICED NOT FOR INTERNATIONAL MAIL

(See Reverse)

6-014	Sent to R. Howard Olson			
84-44	Street and No. P. O. Box 32279 P.O. State and ZIP Gode Phoenix, AZ 85018			
U.S.G.P.O. 1984-446-014				
I.S.G.I	Postage	\$		
*	Certified Fee			
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	Restricted Delivery Fee			
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1982	Return receipt showing to whom- Date, and Address of Delivery			
Form 3800, Feb. 1982	T⊝TAL Postage and Fees	\$		
800,	Pristmark of Care			
rm 3	11/11/85			
7.7.				