

offsetting the unit for which the permit to deviate is sought, in securely sealed, certified mail, return receipt requested, postage prepaid envelopes, addressed to the following named parties:

Amoco Production Company
P. O. Box 3092
Houston, Texas 77253

Texaco Producing, Inc.
P. O. Box 3109
Midland, Texas 79702

Marathon Oil Company
P. O. Box 3128
Houston, Texas 77253

State Office
Bureau of Land Management
P. O. Box 1449
Santa Fe, New Mexico 87504-1449

District Office
Bureau of Land Management
P. O. Box 1397
Roswell, New Mexico 88201

on the 2nd day of June, 1988, as reflected by the copies of the letters transmitting such copies of the application and the return receipts executed on behalf of the addressees, attached hereto.

Patti Wier
Patti Wier

SUBSCRIBED AND SWORN TO before me this 2nd day of June, 1988.

My commission expires:
1-2-90

Karen Polow
Notary Public

June 2, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Amoco Production Company
P. O. Box 3092
Houston, Texas 77253

Re: Eland "AFC" Federal Com. No. 1 Well
Township 20 South, Range 29 East, NMPM
Section 12: S/2 SW/4
Section 13: W/2
Eddy County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Directional Drilling and an Unorthodox Well Location, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division on July 6, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER



Chad Dickerson

CD:pvw
Enclosure

cc: Yates Petroleum Corporation

June 2, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Texaco Producing, Inc.
P. O. Box 3109
Midland, Texas 79702

Re: Eland "AFC" Federal Com. No. 1 Well
Township 20 South, Range 29 East, NMPM
Section 12: S/2 SW/4
Section 13: W/2
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Sincerely yours,

DICKERSON, FISK & VANDIVER



Chad Dickerson

CD:pvw
Enclosure

cc: Yates Petroleum Corporation

Chad Dickerson

John Fisk

David R. Vandiver

Rebecca L. Reese

DICKERSON, FISK & VANDIVER

ATTORNEYS AT LAW

Seventh & Mahone / Suite E / Artesia, New Mexico 88210 / (505) 746-9841

June 2, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Marathon Oil Company
P. O. Box 3128
Houston, Texas 77253

Re: Eland "AFC" Federal Com. No. 1 Well
Township 20 South, Range 29 East, NMPM
Section 12: S/2 SW/4
Section 13: W/2
Eddy County, New Mexico

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Sincerely yours,

DICKERSON, FISK & VANDIVER



Chad Dickerson

CD:pvw
Enclosure

cc: Yates Petroleum Corporation

June 2, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

State Office
Bureau of Land Management
P. O. Box 1449
Santa Fe, New Mexico 87504-1449

Re: Eland "AFC" Federal Com. No. 1 Well
Township 20 South, Range 29 East, NMPM
Section 12: S/2 SW/4
Section 13: W/2
Eddy County, New Mexico

Gentlemen:

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Enclosure

cc: Yates Petroleum Corporation

June 2, 1988

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

District Office
Bureau of Land Management
P. O. Box 1397
Roswell, New Mexico 88201

Re: Eland "AFC" Federal Com. No. 1 Well
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Eddy County, New Mexico

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Sincerely yours,

DICKERSON, FISK & VANDIVER



Chad Dickerson

CD:pvw
Enclosure

cc: Yates Petroleum Corporation

P 728 600 568
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Amco Production Company	
Street and No. P. O. Box 3092	
P.O., State and ZIP Code Houston, TX 77253	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

P 728 600 569
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Texaco Producing, Inc.	
Street and No. P. O. Box 3109	
P.O., State and ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

P 728 600 570
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Marathon Oil Company	
Street and No. P. O. Box 3128	
P.O., State and ZIP Code Houston, TX 77253	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

P 728 600 571
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to State Office Bureau of Land Management	
Street and No. P. O. Box 1449	
P.O., State and ZIP Code Santa Fe, NM 87504-1449	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

P 728 600 572
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to District Office Bureau of Land Management	
Street and No. P. O. Box 1397	
P.O., State and ZIP Code Roswell, NM 88201	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

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.

3. Article Addressed to: Amoco Production Company P. O. Box 3092 Houston, Texas 77253	4. Article Number P 728 600 568
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery JUN 06 1988	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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.

3. Article Addressed to: Texaco Producing, Inc. P. O. Box 3109 Midland, Texas 79702	4. Article Number P 728 600 569
	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery 6-3-88	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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.

3. Article Addressed to: Marathon Oil Company P. O. Box 3128 Houston, Texas 77253	4. Article Number P 728 600 570
	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery JUN 6 1988	

PS Form 3811, Feb. 1986

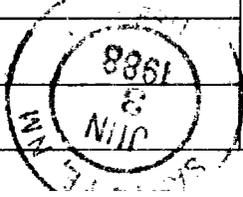
DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery

<p>3. Article Addressed to:</p> <p>State Office Bureau of Land Management P. O. Box 1449 Santa Fe, New Mexico 87504-1449</p>	<p>4. Article Number P 728 600 57</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>
<p>5. Signature — Addressee X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent X</p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT



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.

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<p>3. Article Addressed to:</p> <p>District Office Bureau of Land Management P. O. Box 1397 Roswell, New Mexico 88201</p>	<p>4. Article Number P 728 600 572</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>
<p>5. Signature — Addressee X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent X</p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT