

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE  
APPLICATION OF OGS OPERATING  
COMPANY, INC. FOR UNORTHODOX  
LOCATION AND COMPULSORY POOLING,  
ROOSEVELT COUNTY, NM

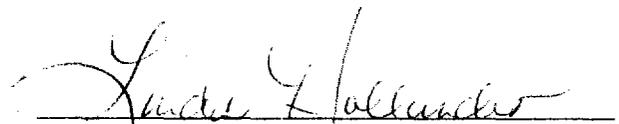
CASE 9531

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054) I hereby certify that on November 1, 1988 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 November 22, 1988, to the parties shown in the Application as evidence by the attached copy of return receipt cards.

  
W. Thomas Kellain

SUBSCRIBED AND SWORN to before me this 2nd day of November, 1988.

  
Notary Public

My Commission Expires:

9-22-90

BEFORE EXAMINER STOGNER Oil Conservation Division <u>OGS</u> Exhibit No. <u>3</u> Case No. <u>9531</u>
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P-755 861 871

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Tom L. Ingram</b>	
Street and No. <b>Box 1757</b>	
P.O. State and ZIP Code <b>Roswell, NM 88202</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <b>11/1/88</b>	

P-484 057 404

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>A.J. Hammer Estate</b>	
Street and No. <b>454 South Main Street</b>	
P.O. State and ZIP Code <b>Springfield, MO 65806</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date <b>11/1/88</b>	

P-484 057 405

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>A.J. Hammer Estate</b>	
Street and No. <b>106 E. Virginia</b>	
P.O. State and ZIP Code <b>Effingham, ILL 62401</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <b>11/1/88</b>	

P-484 057 406

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>A.J. Hammer Estate</b>	
Street and No. <b>Box 482</b>	
P.O. State and ZIP Code <b>Effingham, ILL 62401</b>	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <b>11/1/88</b>	

TOM - OGS Operating 035

● **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: A.J. Hammer Estate Box 482 Effingham, ILL 62401	4. Article Number P 484 057 406
Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X <i>M Baumgarten</i>	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	<i>Fee Not Paid</i>

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

TOM - OGS Operat, 035

● **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: Tom L. Ingram Box 1757 Roswell, NM 88202	4. Article Number P 955 861 871
Type of Service: <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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Ellen St...</i>	<i>Service not paid for</i>
7. Date of Delivery	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT