

C. W. Trainer Operating Account
P. O. Box 755 Hobbs, New Mexico 88241 [505] 393-2727

May 21, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jack H. Mayfield, Jr., J. Neal Garland,
Margaret Bell, John J. Mitchell & Dorothy
Rice Cooper, co-Independent Executors of
Iris Goldston Estate
c/o Byrnes, Lazor & Fischer Attorneys
2603 August Suite 711
Houston, Texas 77057

Re: Request for Oil and Gas Lease to Reestablish Gladiola
Devonian Oil Production - NW/4 SE/4 Sec. 31-11S-38E
Lea County, New Mexico - Reentry.

We plan to start this reentry by July 5 utilizing our 1/8 royalty leases covering 75% of the mineral estate. We are repeating our offer to lease your interest for a primary term of 60 days at a 1/8 royalty. In the alternative, you may participate by agreeing to pay your share of the well costs pursuant to the enclosed AFE for \$300,000.00. Operations will be subject to AAPL 1982 form Joint Operating Agreement providing for 100%-300% nonconsent penalties and a COPAS providing for a daily rate of \$5,500.00 during drilling operations and a monthly rate of \$550.00 for monthly operating expenses.

Due to the economics of this prospect, we cannot offer more than a 1/8 royalty. Due to the large amounts of water which will be produced from this well, a lower royalty means a longer well life with greater returns for all.

Please let us know within ten days of receipt of this letter if you wish to lease or execute the operating agreement.

We are commencing forced pooling proceedings for this prospect before the Oil Conservation Division for those interests for which we are unable to reach agreement.

Thanks for your consideration. I hope we get a good well.

Sincerely,

C. W. Trainer

C. W. Trainer

CASE NO. 9957

C. W. TRAINER EXHIBIT # 8

BEFORE EXAMINER STOGNER

P 243 010 478
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
E. M. Anderson
STREET AND NO
P. C. Box 701
P.O. STATE AND ZIP CODE
Magnolia, Ar. 71753

P 243 010 468
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
C. E. S. Fellows III
STREET AND NO
6 Ashline Drive
P.O. STATE AND ZIP CODE
Midland, Texas 79705

P 243 010 470
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
T. J. Brown
STREET AND NO
P. C. Box 1251
P.O. STATE AND ZIP CODE
Midland, Texas 79702

P 243 010 479
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Terry Anderson Curry
STREET AND NO
415 S. 23rd
P.O. STATE AND ZIP CODE
Hattiesburg, Ms. 39401

P 243 010 472
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Thomas Grier Fischer
STREET AND NO
1911 Sedgie
P.O. STATE AND ZIP CODE
Houston, Texas 77090

P 243 010 469
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Hugh N. Frenzel
STREET AND NO
1118 Mogford
P.O. STATE AND ZIP CODE
Midland, Texas 79701

P 243 010 476
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Edward Graham Gallagher
STREET AND NO
730 15th Street NW, S.800
P.O. STATE AND ZIP CODE
Washington, D.C. 20005

P 243 010 464
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Nancy Zoe Goldston Herpin
STREET AND NO
Route 4, Box 297
P.O. STATE AND ZIP CODE
Covington, La. 70433

P 243 010 466
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
W. C. Hubbard
STREET AND NO
602 First Natl. Bank Bldg
P.O. STATE AND ZIP CODE
Midland, Texas 79701

P 243 010 467
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Betty S. King
STREET AND NO
909 Ventura
P.O. STATE AND ZIP CODE
Midland, Texas 79705

P 243 010 473
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Dorothy Looney
STREET AND NO
6317 Crab Orchard
P.O. STATE AND ZIP CODE
Houston, Texas 77057

P 243 010 465
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Jack H. Mayfield, Jr.
STREET AND NO
P. O. Box 22568
P.O. STATE AND ZIP CODE
Houston, Texas 77227

P 243 010 481
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Jack H. Mayfield, Jr.
STREET AND NO
P.O. Box 200692
P.O. STATE AND ZIP CODE
Houston, Texas 77216-0692

P 243 010 463
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Jack H. Mayfield, Jr.
STREET AND NO
P.O. Box 200692
P.O. STATE AND ZIP CODE
Houston, Texas 77057

P 243 010 475
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
W. C. Partee
STREET AND NO
P. O. Box 667
P.O. STATE AND ZIP CODE
Magnolia, Arkansas 71753

P 243 010 477
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Marguerite M. Richardson
STREET AND NO
2365 Stanley Hills Drive
P.O. STATE AND ZIP CODE
Hollywood, California 91603

P 243 010 474
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Stephens Production Co.
STREET AND NO
P. O. Box 2407
P.O. STATE AND ZIP CODE
Fort Smith, Arkansas 72902

P 243 010 480
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Margaret Anderson Stokes
STREET AND NO
17 Salisbury Road
P.O. STATE AND ZIP CODE
Delmar, New York 12054

POSTAGE \$0.25
CERTIFIED MAIL
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SPECIAL DELIVERY
RESTRICTED DELIVERY
POSTAGE \$0.25

POSTAGE \$0.25
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SPECIAL DELIVERY
RESTRICTED DELIVERY
POSTAGE \$0.25

POSTAGE \$0.25
CERTIFIED MAIL
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SPECIAL DELIVERY
RESTRICTED DELIVERY
POSTAGE \$0.25

SENT TO
William K. Warren Four
STREET AND NO
P. O. Box 971
P.O. STATE AND ZIP CODE
Midland, Texas 79702

SENT TO
William K. Warren Four
STREET AND NO
P. O. Box 971
P.O. STATE AND ZIP CODE
Midland, Texas 79702

SENT TO
William K. Warren Four
STREET AND NO
P. O. Box 971
P.O. STATE AND ZIP CODE
Midland, Texas 79702

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. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to: E. M. Anderson P. O. Box 701 Magnolia, Arkansas 71753	4. Article Number P 243 010 478
	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
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery E. M. Anderson	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**
 5-24-90

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. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to: C. E. S. Bellows III 6 Ashland Drive Midland, Texas 79705	4. Article Number P 243 010 468
	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
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X C. E. S. Bellows III	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-23-90	

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. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to: I. J. Brown, Anc. Per. Rep. Ellen DeChicchis Pittman Marshall Estate P. O. Box 1251 Midland, Texas 79702	4. Article Number P 243 010 470
	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
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X I. J. Brown	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery MAY 29 1990	

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. Restricted Delivery
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to: Hugh N. Frenzel 1118 Mogford Midland, Texas 79701	4. Article Number P 243 010 469
	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
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X Hugh N. Frenzel	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-23-90	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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.

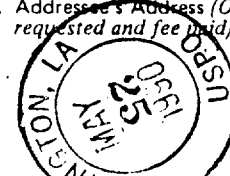
1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Edward Graham Gallagher Testamentary Trustee u/w of Elmer E. Batzell 730 15th street NW, Suite 800 Washington, D.C. 20005	4. Article Number p 243 010 476 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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Q. Hicks</i>	
7. Date of Delivery <i>5/29/90</i>	

Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Nancy Zoe Goldston Herpin Route 4, Box 297 Covington, La. 70433	4. Article Number P 243 010 464 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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>R. Smith</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery	

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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: W. C. Hubbard 602 First Natl. Bank Bldg Midland, Texas 79701 <i>W. C. Hubbard</i>	4. Article Number 0 243 010 466 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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>5-23-90</i>	

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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Betty S. King 909 Ventura Midland, Texas 79705	4. Article Number P 243 010 467 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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>Betty S. King</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Dorothy Looney 6317 Crab Orchard Houston, Texas 77057	4. Article Number P 243 010 473 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 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>Dorothy Looney</i>	
7. Date of Delivery <i>5/9/90</i>	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Jack H. Mayfield, Jr., J. Neal Garland, Margaret Bell, John J. Mitchell & Dorothy Rice, Co-Ind. Exec. Iris Goldston Estate 2603 August, Suite 711 Houston, Texas 77057	4. Article Number P 243 010 463 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 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>Wendy Williams</i>	
7. Date of Delivery <i>5/21</i>	

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)↑ ↑(Extra charge)↑

3. Article Addressed to: W. C. Partee P. O. Box 667 Magnolia, Arkansas 71753	4. Article Number P 243 010 475 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 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>Bernie Estes</i>	
7. Date of Delivery <i>5-24-90</i>	

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)↑ ↑(Extra charge)↑

3. Article Addressed to: Stephens Production Co. P. O. Box 2407 Fort Smith, Arkansas 72902	4. Article Number P 243 010 474 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 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>Ann Cravens</i>	
7. Date of Delivery <i>5-24-90</i>	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to: The William K. Warren Foundation P. O. Box 971 Midland, Texas 79702	4. Article Number P 243 010 471 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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5/24/90	MAY 24 1990

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

C. W. Trainer Operating Account
P.O. Box 755
Hobbs, New Mexico 88241

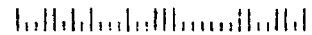
NAME
1st Notice
2nd Notice
Return



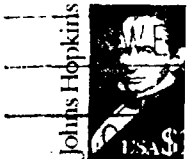
CERTIFIED MAIL
P 243 010 479

Att. Unknown
ATTEMPTED - NOT KNOWN

Terry Anderson Curry
415 South 23rd
Hattiesburg, Mississippi 39401



C. W. Trainer Operating Account
P.O. Box 755
Hobbs, New Mexico 88241



CERTIFIED MAIL
P 243 010 480

JUN 4 1990

Margaret Anderson Stokes
17 Salisbury Road
Belmar, New York 11714

FWD EXP

