



MIDLAND PARTNERS  
CARLTON BEAL  
CARLTON BEAL, JR.  
BARRY BEAL  
SPENCER BEAL  
KELLY BEAL

DENVER PARTNER  
BARRY BEAL, JR.

BTA OIL PRODUCERS  
104 SOUTH PECOS  
MIDLAND, TEXAS 79701  
AC 915-682-3753

OIL CONSERVATION DIVISION  
RECEIVED  
ROCKY MOUNTAIN DIVISION  
'91 MAR 14 10 19 20  
555-17TH STREET  
SUITE 1833  
DENVER, CO 80202  
AC 303-292-9299

February 28, 1991

12-9147-C  
10268

RE: Application for Salt Water Disposal  
Set for Hearing 3/21/91  
BTA - Pardue -C-, 8808 JV-P, Well No. 1-D  
Unit N, 176' FSL & 1550' FWL  
Sec. 11, T23S, R28E  
Eddy County, New Mexico

STATE OF NEW MEXICO  
Energy & Minerals Department  
Oil Conservation Commission  
P. O. Box 2088  
Santa Fe, NM 87504-2088

Attn: Mr. David Catanach

Dear Mr. Catanach:

Enclosed please find our PS Form 3811's, the "Proof of Notification" for the surface owner and all offset operators on the above referenced application.

Please advise if further information is required prior to the hearing.

Sincerely,

DOROTHY HOUGHTON  
For BTA Oil Producers

DH/pdi

Enclosures

● **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: Mississippi Chemical Corp. P. O. Box 101 Carlsbad, NM 88220	4. Article Number P 477 957 597
	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 <b>DATE DELIVERED.</b>
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>John Starn</i>	
7. Date of Delivery <i>2-25-98</i>	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Bird Creek Resources 1412 S. Boston, Suite 550 Tulsa, Oklahoma 74119	4. Article Number P 477 957 624
	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 <b>DATE DELIVERED.</b>
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Susan Charens</i>	
7. Date of Delivery <i>2/25/91</i>	

PS Form 3811, Apr. 1989 ★ U.S.G.P.O. 1989-238-815 **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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <b>Oryx Energy Company P. O. Box 2880 Dallas, Texas 75221</b>	4. Article Number <b>P 477 957 623</b>
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 — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>FEB 25 1991</b>	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <b>Pogo Producing Company P. O. Box 10340 Midland, TX 79702-7340</b>	4. Article Number <b>P 477 957 622</b>
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 — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>M. D. Chua</i>	
7. Date of Delivery <b>FEB 22 1991</b>	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <b>RB Operating Company Two Warren Place 6120 South Yale, Ste. 1700 Tulsa, Oklahoma 74136</b>	4. Article Number <b>P 477 957 621</b>
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 — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>FEB 25 1991</b>	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT