

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

APPLICATION FOR LBO NEW MEXICO, INC.
FOR COMPULSORY POOLING AND UNORTHODOX
GAS WELL LOCATION, LEA COUNTY,
NEW MEXICO

CASE NO. 10305

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on April 24, 1991, 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 May 16, 1991, to the parties shown in the application as evidenced by the attached copies of return receipt cards.


Karen Aubrey

SUBSCRIBED AND SWORN to before me this 9 day
of May, 1991.


Notary Public

My Commission Expires:

7-6-91

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
LBO	EXHIBIT NO. <u>10</u>
CASE NO.	<u>10305</u>

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)

Team Exploration
310 W. Illinois
Suite 220
Midland, TX 79701
LBOPF (KA) 4/24

4. Article Number
P 676 666 252

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
4-26-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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)

Bonny Wilson
10588 Stone Canyon
#182
Dallas, TX 75230-4417
LBOPF (KA) 4/24

4. Article Number
P 676 666 258

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address
X

6. Signature - Agent
X *Bonny Wilson*

7. Date of Delivery
4-26-91

8. Addressee's Address (ONLY if requested and fee paid)

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

BTA Producers
104 S. Pecos
Midland, TX 79701

4. Article Number
P 676 666 248

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
APR 26 1991

8. Addressee's Address (ONLY if requested and fee paid)

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

Fasken Oil & Ranch Ints.
 Attn: Barbard Fasken
 303 W. Wall, Ste 1900
 Midland, TX 79701

4. Article Number
 P 676 666 249

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address
 X

6. Signature - Agent
 X *W. Fasken*

7. Date of Delivery
 4/26/91

8. Addressee's Address (ONLY if requested and fee paid)

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

Greenwood Holdings
 5600 S. Quebec
 Suite 150-C
 Englewood, CO 80111

4. Article Number
 P 676 666 250

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address
 X

6. Signature - Agent
 X *A. Whitman*

7. Date of Delivery
 4/26/91

8. Addressee's Address (ONLY if requested and fee paid)

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

CBAT Corp. Trustee
 Energy Square, #402
 505 N. Big Spring St.
 Midland, TX 79701

4. Article Number
 P 676 666 253

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *Heavis*

7. Date of Delivery
 4/26/91

8. Addressee's Address (ONLY if requested and fee paid)

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. 2. Restricted Delivery (Extra charge)

Kent Cearley P.O. Box 508 Robert Lee, TX 76945 <i>LBO FP (KA) 4/24</i>	4. Article Number <i>P 676 666 254</i>
	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 <u>DATE DELIVERED</u> .	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Kent Cearley</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery <i>4-27-91</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. 2. Restricted Delivery (Extra charge)

Steve Chisick 101 Galax Lane Durham, NC 27703 <i>LBO/FP (KA) 4/24</i>	4. Article Number <i>P 676 666 225</i>
	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 <u>DATE DELIVERED</u> .	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Steve Chisick</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery <i>4-27-91</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. 2. Restricted Delivery (Extra charge)

Robert A. Harris 4550 Gorge Street Skokie, IL 60076 <i>LBO FP (KA) 4/24</i>	4. Article Number <i>P 676 666 231</i>
	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 <u>DATE DELIVERED</u> .	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Robert A. Harris</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery	

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

Annette C. Mills
 1413 W. Michigan
 Midland, TX 79701

4. Article Number
P 676 666 233

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
 X *[Signature]*

6. Signature - Agent
 X

7. Date of Delivery
4-29-91

8. Addressee's Address (ONLY if requested and fee paid)

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

Jim Starrak
 2401 S. County Rd
 #1110
 Midland, TX 79701

4. Article Number
P 676 666 234

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
 X *Pat Starrak*

6. Signature - Agent
 X

7. Date of Delivery
4-27-91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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

Chevron U.S.A., Inc.
 P.O. Box 1150
 Midland, TX 79702
 Attn: Sam Martin

4. Article Number
P 676 666 235

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
APR 26 1991

8. Addressee's Address (ONLY if requested and fee paid)

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

State Land Office
P.O. Box 1148
Santa Fe, NM 87504
Attn: Floyd Prando

4. Article Number
P 676666236

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X **LBO FP (KA) 4/24**

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
4/25/91

8. Addressee's Address (ONLY if requested and fee paid)
SANTA FE NM 87501
25
1991
USPS

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

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

Lt. Co. Michael Chisick
16465 Henerson Pass 624
San Antonio, TX 78232

4. Article Number
P 572125078

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X **LBO FP (KA) 4/24**

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
4/25/91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

Ken K. Kirby
750 E. Mid Cities Blvd.
Suite 1407
Euless, TX 76039

4. Article Number
P 676666232

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X **LBO FP (KA) 4/24**

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
5/7/91

8. Addressee's Address (ONLY if requested and fee paid)
EULESS TX 76039
1991
USPS

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

P 676 666 246



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

Tipperary Oil & Gas
Corp.
500 W. Illinois
Midland, TX 79701

PS Form 3800, June 1990

Postage	\$.52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date	LBO FP 4-24-91 KA

P 676 666 252



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

Don Turner
4201 Monte Drive
Midland, TX 79703

PS Form 3800, June 1990

Postage	\$.52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date	LBO FP 4-24-91 KA

P 676 666 257



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

Susan Turner
2204 Lindor Way
Midland, TX 79707

PS Form 3800, June 1990

Postage	\$.52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date	LBO FP 4-24-91 KA

P 676 666 256



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

MFG
1126 Vaughn Bldg.
Midland, TX 79701

PS Form 3800, June 1990

Postage	\$.52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$2.52
Postmark or Date	LBO FP 4-24-91 KA

P 674 666 247



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail

Tejas Energy Corp.
8333 Douglas
Suite 1072
Dallas, TX 75225

PS Form 3800 June 1990

Postage	\$ 52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$7.52
Postmark or Date	LB0 FP 4-24-91 KA