

DOC# 2584
EXHIBIT # 3
CASE# 8218,19,20,21

DINERO OPERATING COMPANY, DUBLIN RANCH MORROW WELLS,
EDDY COUNTY, NEW MEXICO, OFFSET OPERATORS AND PURCHASER:

OFFSET OPERATORS:

1. Bass Enterprises Production Company
First City National Bank Tower
201 Main Street
Ft. Worth, Texas 76102
2. Amoco Production Company & Amoco Production Company
P. O. Drawer A P. O. Box 3092
Levelland, Texas 79336 Houston, Texas 77001
3. Santa Fe Minerals
731 W. Wadley
Midland, Texas 79701
4. Exxon Company, U.S.A.
P. O. Box 1547
Houston, Texas 77001
5. Union Oil Company of California
P. O. Box 671
Midland, Texas 79702
6. HCW Exploration Company
601 N. Loraine
Midland, Texas 79701

TRANSPORTER & PURCHASER:

1. El Paso Natural Gas Company
P. O. Box 1492
El Paso, Texas 79978

FROM:

DINERO OPERATING COMPANY
ATTN: LAVONDA NORMAN
P. O. DRAWER 10505
MIDLAND, TEXAS 79702

Customer Number, if any:

TO:

STATE OF NEW MEXICO
ENERGY & MINERALS DEPT.
OIL CONSERVATION COMMISSION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

* U.S.G.P.O. 1983-400-104 Label 11-B, Apr. 1983

EXPRESS MAIL
NEXT DAY SERVICE

POST OFFICE
TO ADDRESSEE



B 40424251

ORIGIN	
Initials of Receiving Clerk	<i>BDM</i>
P.O. ZIP Code	79702
Date in	5/10/84
Time in	1645
Return Receipt Service	
<input type="checkbox"/> To Whom & Date Del	
<input type="checkbox"/> To Whom, Date & Address of Del	
Weight	1 Lbs
Postage & Fees \$	9 35

SERVICE GUARANTEE:
Domestic mailings under this service made at designated USPS facilities on or before a specified deposit time will be accepted for express shipment to a designated USPS delivery area having Express Mail Service for next day delivery to an addressee or agent on or before the time specified by the USPS at mailing. USPS will refund upon application to originating office the postage for any shipments mailed under this service and not meeting the Service standard except for those delayed by strike or work stoppage. See USPS Notice 43 for details.

INSURANCE COVERAGE:
See USPS Notice 7 or Notice 63 for exclusions of coverage.
(1) Document Reconstruction Insurance: Non-negotiable documents are insured against loss, damage, or rifling up to \$50,000 per piece, subject to a limit of \$500,000 per occurrence.
(2) Merchandise Insurance: Parcels are insured against loss, damage, or rifling up to a maximum of \$500.

• Signature is required upon delivery
• Claims for delay, loss, damage or rifling must be made within 90 days. Claim forms may be obtained at the post office of mailing.
• This receipt must be presented when a claim is filed.

EXPRESS MAIL SERVICE
Customer Receipt

FROM:

DINERO OPERATING COMPANY
ATTN: LAVONDA NORMAN
P. O. DRAWER 10505
MIDLAND, TEXAS 79702

Customer Number, if any:

TO:

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
P. O. DRAWER DD
ARTESIA, NEW MEXICO 88210

* U.S.G.P.O. 1983-400-104 Label 11-B, Apr. 1983

EXPRESS MAIL
NEXT DAY SERVICE

POST OFFICE
TO ADDRESSEE



B 40424250

ORIGIN	
Initials of Receiving Clerk	<i>BDM</i>
P.O. ZIP Code	79702
Date in	5/10/84
Time in	1645
Return Receipt Service	
<input type="checkbox"/> To Whom & Date Del	
<input type="checkbox"/> To Whom, Date & Address of De.	
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• This receipt must be presented when a claim is filed.

EXPRESS MAIL SERVICE
Customer Receipt

1. Complete items 1, 2, and 3.
 2. Your address in the "RETURN TO" space on
 the back of the envelope.
 3. Service is requested (check one):
 a. Home and date delivered: _____
 b. Home, date and address of delivery: _____
 c. **CERTIFIED DELIVERY** _____
 d. Home and date delivered: _____
 e. **CERTIFIED DELIVERY** _____
 f. Home, date, and address of delivery: _____
 4. **POSTMASTER FOR FEES**
 5. **RECEIVED TO:**
 NATURAL GAS COMPANY
 1492
 TEXAS 79978
 6. **DESCRIPTION:**
 a. CERTIFIED NO. 847889
 b. INSURED NO. _____
 7. Signature of addressee or agent: *[Signature]*
 8. Article described above: _____
 9. Address: _____
 10. ☐ Addressee ☐ Authorized agent
 11. *[Signature]*
 12. **POSTMARK**
 13. **EL PASO, TX**
 14. **DELIVERED**
 15. **MARK'S INITIALS**

☆ GPO : 1979-300-459

P 202 847 889 RECEIPT FOR CERTIFIED MAIL

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

SENT TO		El Paso Nat. Gas Co.	
STREET AND NO.		P.O. Box 1492	
P.O. STATE AND ZIP CODE		El Paso, Tx. 79978	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	¢
		SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

Complete Item 1, unless otherwise indicated. Add postage in the "POSTAGE" space on reverse.

By check or money order, attach receipt. ☒
 e when and date delivered ☒
 e whom, date and address of delivery ☒
 CTED DELIVERY ☒
 e whom and date delivered ☒
 CTED DELIVERY ☒
 e whom, date and address of delivery ☒
 ULT POSTMASTER FOR FEES ☒
 ADDRESS TO: ☒
 PRODUCTION COMPANY
 OX 3092
 N TEXAS 77001
 DESCRIPTION:
 NO. CERTIFIED NO. RETURNED NO.
 847884
 Obtain signature of addressee or agent
 at the article described above.
☐ Addressee ☐ Authorized agent
 ? *M. M. M.*
 DELIVERY ☒
 MAY 14 1984
 (Complete only, if requested)
 TO DELIVER BECAUSE:
 HOUSTON, TX 77001
 MAY 14 1984
 PS Form 3800, Apr. 1976

P 202 847 884

RECEIPT FOR CERTIFIED MAIL

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

SENT TO		Amoco Prod. Co.	
STREET AND NO.		P.O. Box 3092	
P.O. STATE AND ZIP CODE		Houston, Tx. 77001	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	\$
		SPECIAL DELIVERY	\$
		RESTRICTED DELIVERY	\$
		RETURN RECEIPT SERVICE	\$
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	\$
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	\$
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

Page 1 of 2
 Address to be RETURNED TO space on
 is requested (check one)
 and date delivered.....
 date and address of delivery.....
DELIVERY
 and date delivered.....
DELIVERY
 date and address of delivery.....
STANDARD FOR FEES
 REF TO:
 NY U.S.A.
 47
 XAS 77001
 FROM:
 CERTIFIED NO. 847886
 INSURED NO.
 Signature of addressee or agent
 As described above.
 [] As described above
 MAY 14 1984
 U.S. POSTAL SERVICE
 GPO MAIL
 INITIALS

☆ GPO : 1979-388-467

P 202-847 886 RECEIPT FOR CERTIFIED MAIL

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

SENT TO		Exxon U.S.A.	
STREET AND NO.		P.O. Box 1547	
P.O., STATE AND ZIP CODE		Houston, Tx 77001	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	¢
		SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

SENDER: Complete item 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

1. The following service is requested (check one)

☒ Show to whom and date delivered.....✓

☐ Show to whom, date and address of delivery.....

☐ RESTRICTED DELIVERY

Show to whom and date delivered.....✓

☐ RESTRICTED DELIVERY.

Show to whom, date, and address of delivery \$.....

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

BASS ENTERPRISES PRODUCTION
FIRST CITY NATIONAL BANK TOWER
FT. WORTH, TEXAS 76102

3. ARTICLE DESCRIPTION:

REGISTERED NO. CERTIFIED NO. INSURED NO.

847882

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE *[Signature]* **DATE OF DELIVERY** 5-19-84

POSTMARK *[Postmark: FT. WORTH, TX GEN. DEL. MAY 19 1984]*

4. ADDRESS (Complete only if requested)

5. UNABLE TO DELIVER BECAUSE:

☆ GPO : 1978-288-468

P 202 047 882

RECEIPT FOR CERTIFIED MAIL

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

SENT TO

Bass Enterprises

STREET AND NO.

First City Nat'l Bank

P.O., STATE AND ZIP CODE

Ft. Worth, Tx.

POSTAGE \$ *✓*

CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	<i>✓</i>	¢
		SPECIAL DELIVERY		¢
		RESTRICTED DELIVERY		¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	<i>✓</i>	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

sent 5/9/84

[Signature]

PS Form 3800, Apr. 1976

ENDER: Complete Items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

The following service is requested (check one.)

☐ Show to whom and date delivered.....✓

☐ Show to whom, date and address of delivery.....✓

☐ **RESTRICTED DELIVERY**
Show to whom and date delivered.....✓

☐ **RESTRICTED DELIVERY**
Show to whom, date, and address of delivery.....✓

(CONSULT POSTMASTER FOR FEES)

ARTICLE ADDRESSED TO:
SANTA FE MINERALS
731 W. WADLEY
MIDLAND, TEXAS 79701

ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	847885	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

C. Shelly

DATE OF DELIVERY
5-11-84

ADDRESS (Complete only if requested)

UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO : 1979-300-459

P 202 847 885

RECEIPT FOR CERTIFIED MAIL

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

SENT TO		SANTA FE MINERALS	
STREET AND NO.		731 W. WADLEY	
P.O., STATE AND ZIP CODE		MIDLAND, TX. 79701	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	¢
		SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

PS Form 3811, Jan. 1976

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Jan. 1976

1. The following service is requested (check one):

☒ Show to whom and date delivered.....

☐ Show to whom, date and address of delivery.....

☐ RESTRICTED DELIVERY

.....

☐ RESTRICTED DELIVERY

Show to whom, date and address of delivery.....

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

HCV EXPLORATION COMPANY
601 N. LORAIN
MIDLAND, TEXAS 79701

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	847888	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☒ Authorized agent

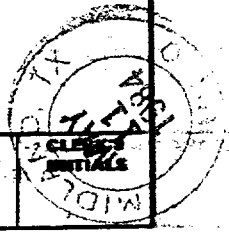
DATE OF DELIVERY

5-11-84

POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:



GPO : 1975-380-400

P 202 847 888
RECEIPT FOR CERTIFIED MAIL

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

SENT TO		HCV Exploration	
STREET AND NO.		601 N. LORAIN	
P.O., STATE AND ZIP CODE		Midland 79701	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	\$
		SPECIAL DELIVERY	\$
		RESTRICTED DELIVERY	\$
		SHOW TO WHOM AND DATE DELIVERED	\$
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	\$
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	\$	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	\$	
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

Form 3800, Apr. 1976

1. Add your address in the "RETURN TO" space on reverse.

2. The following services are provided (check one):
☒ Registered mail
☐ Restricted delivery
☐ Return receipt
☐ Signature required
☐ Insured
☐ Certified mail
☐ Registered mail and restricted delivery

3. (CONSULT POSTMASTER FOR FEES)

4. ARTICLE ADDRESS TO:
 UNION OIL COMPANY OF CALIFORNIA
 P.O. BOX 671
 MIDLAND, TEXAS 79702

5. ARTICLE DESCRIPTION:
 REGISTERED NO. 847887 INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent
Sue Smith

6. DATE OF DELIVERY POSTMARK
 MIDLAND, TX
 MAY 7 1984
 1984
 1984

7. ADDRESS (Complete only if requested)

8. UNABLE TO DELIVER BECAUSE:

☆ GPO: 1979-300-450

RECEIPT FOR CERTIFIED MAIL

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

SENT TO:
 Union Oil Co.
 STREET AND NO.
 P.O. Box 671
 P.O., STATE AND ZIP CODE
 Midland 79702

POSTAGE \$

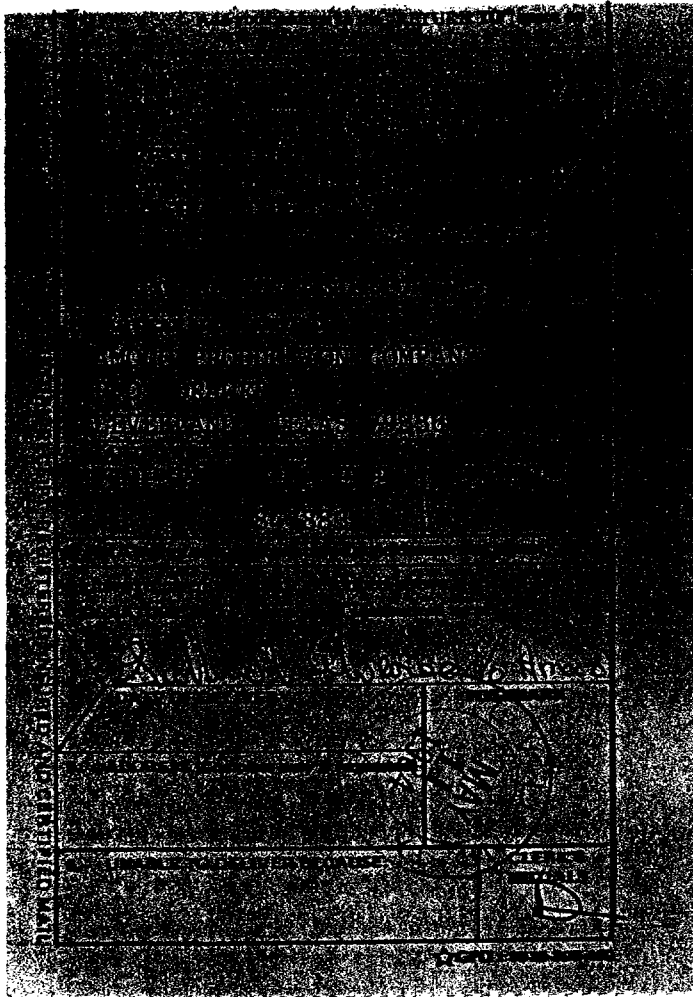
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	\$
		SPECIAL DELIVERY	\$
		RESTRICTED DELIVERY	\$
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	\$
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	\$
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	\$
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	\$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

PS Form 3800, Apr. 1976

ILLEGIBLE



1 202 041 000
RECEIPT FOR CERTIFIED MAIL

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

SENT TO		Amoco Production	
STREET AND NO.		P.O. Drawer A	
P.O., STATE AND ZIP CODE		Levelland, Tx. 79334	
POSTAGE		\$	
CERTIFIED FEE		€	
SPECIAL DELIVERY		€	
RESTRICTED DELIVERY		€	
OPTIONAL SERVICES	SHOW TO WHOM AND DATE DELIVERED	€	
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	€	
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	€	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	€	
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

ILLEGIBLE