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
   P. O. Drawer A
   Levelland, Texas 79336

   &

   Amoco Production Company
   P. O. Box 3092
   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

ORIGIN

Initials of Receiving Clerk: BDM

P O ZIP Code: 79702

Date in: 5/10/84 Time in: 1645

Return Receipt Service
- [ ] To Whom & Date Del
- [ ] To Whom Date & Address of Del

Weight: 1 Lbs

Postage & Fees $ 9 | 35

B 40424251

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

ORIGIN

Initials of Receiving Clerk: BDM

P O ZIP Code: 79702

Date in: 5/10/84 Time in: 1645

Return Receipt Service
- [ ] To Whom & Date Del
- [ ] To Whom Date & Address of Del

Weight: 1 Lbs

Postage & Fees $ 9 | 35

B 40424250

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.
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(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

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

...ing 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)

3. ARTICLE ADDRESSED TO:

SO NATURAL GAS COMPANY
BOX 1492
SO, TEXAS 79978

ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	847889	

(Always obtain signature of addressee or agent)

I have received the articles described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY — POSTMARK

5. ADDRESSEE'S ADDRESS (ONLY if requested)

6. UNABLE TO DELIVER BECAUSE: — CLERK'S INITIALS

USPO EL PASO, TX DOWNTOWN STATION MAY 4 1984 AM

☆GPO : 1979-300-450

P 202 847 889

RECEIPT FOR CERTIFIED MAIL

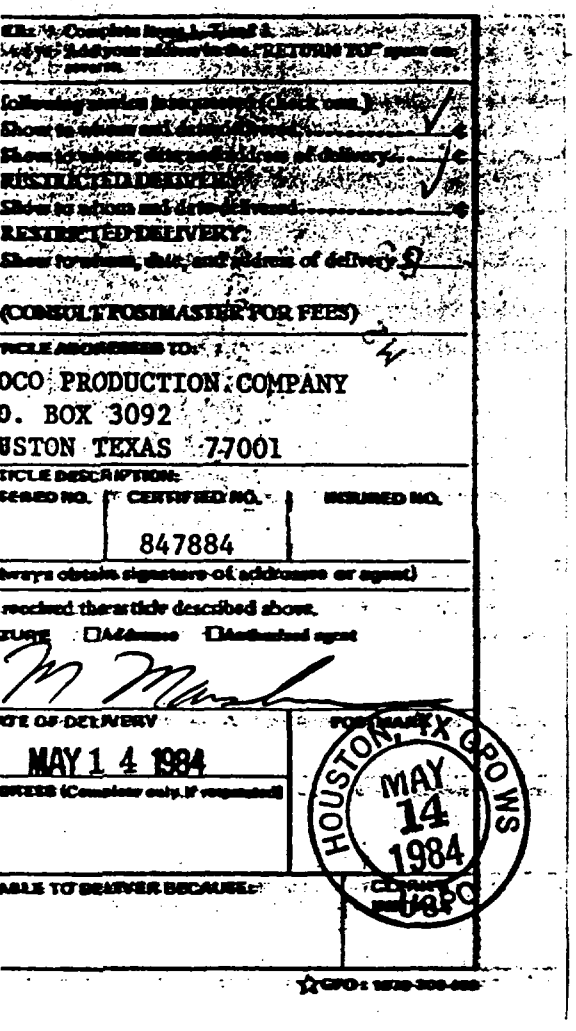
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

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	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES — RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

PS Form 3800, Apr. 1976



OCO PRODUCTION COMPANY
O. BOX 3092
USTON TEXAS 77001

CERTIFIED NO.
847884

INSURED NO.

MAY 1 4 1984

HOUSTON, TX
MAY 14 1984

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 — CERTIFIED FEE	¢
OPTIONAL SERVICES — SPECIAL DELIVERY	¢
OPTIONAL SERVICES — RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$
POSTMARK OR DATE	

PS Form 3800, Apr. 1976

...ipt is requested (check one).
...shown and date delivered.... ¢
...shown, date and address of delivery.... ¢
...TED DELIVERY.
...shown and date delivered.... ¢
...TED DELIVERY.
...shown, date, and address of delivery.$ 68
...T POSTMASTER FOR FEES)
...RESSED TO:
MPANY U.S.A.
1547
TEXAS 77001
...CRIPTION:
CERTIFIED NO. | INSURED NO.
847886
...ture of addressee or agent)
...e article described above.
...Authorized agent
...LIVERY
1 4 1984
...ipt only if requested)
...LIVER RECEIVED
CLERK'S INITIALS
☆GPO : 1979-289-469

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	CERTIFIED FEE			¢
	OPTIONAL SERVICES	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

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

Form 3811, July 1978

REMEMBER—1. Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

2. 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 ☐ Addressee ☐ Authorized agent

X [signature]

4. DATE OF DELIVERY: 5-1984

POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

FT. WORTH, TX CENTRAL STA. MAY 10 1984 CLERK'S INITIALS USPO

☆GPO: 1978-266-456

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	CERTIFIED FEE		✓ ¢
	OPTIONAL SERVICES: SPECIAL DELIVERY		¢
	OPTIONAL SERVICES: RESTRICTED DELIVERY		¢
	RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED		✓ ¢
	RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢
	RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
	RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢
TOTAL POSTAGE AND FEES			$

POSTMARK OR DATE
Sent 5/9/84
Fe

PS Form 3800, Apr. 1976

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

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 $ 50

(CONSULT POSTMASTER FOR FEES)

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

3. 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

4. DATE OF DELIVERY
5-11-84

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

MIDLAND, TX MAY 11 1984

☆GPO : 1979-300-459

P 202 847 885

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Sante Fe Mineals
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	¢
	RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
	RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$
POSTMARK OR DATE		

PS Form 3800, Apr. 1976

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☐ 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:

HCW EXPLORATION COMPANY
601 N. LORAINE
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

Teresa Chandola

4. DATE OF DELIVERY: 5-11-84

POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

MIDLAND TEXAS

☆GPO : 1978-269-406

PS Form 3811, JAN. 1979

P 202 847 888

RECEIPT FOR CERTIFIED MAIL

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

SENT TO: HCW Exploration

STREET AND NO.: 601 N. Loraine

P.O. STATE AND ZIP CODE: Midland 79701

POSTAGE			$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		¢
	OPTIONAL SERVICES: SPECIAL DELIVERY		¢
	OPTIONAL SERVICES: RESTRICTED DELIVERY		¢
	OPTIONAL SERVICES: 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

Form 3811, Jan. 1979 — RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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

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 $ ..... ¢

3. (CONSULT POSTMASTER FOR FEE)

2. ARTICLE ADDRESSED TO:

UNION OIL COMPANY OF CALIFORNIA
P.O. BOX 671
MIDLAND, TEXAS 79702

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	847887	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

4. Sue Smith

DATE OF DELIVERY

POSTMARK

MIDLAND, TX
MAY 7
1983

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO: 1979-300-459

P 202 041 001

RECEIPT FOR CERTIFIED MAIL

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

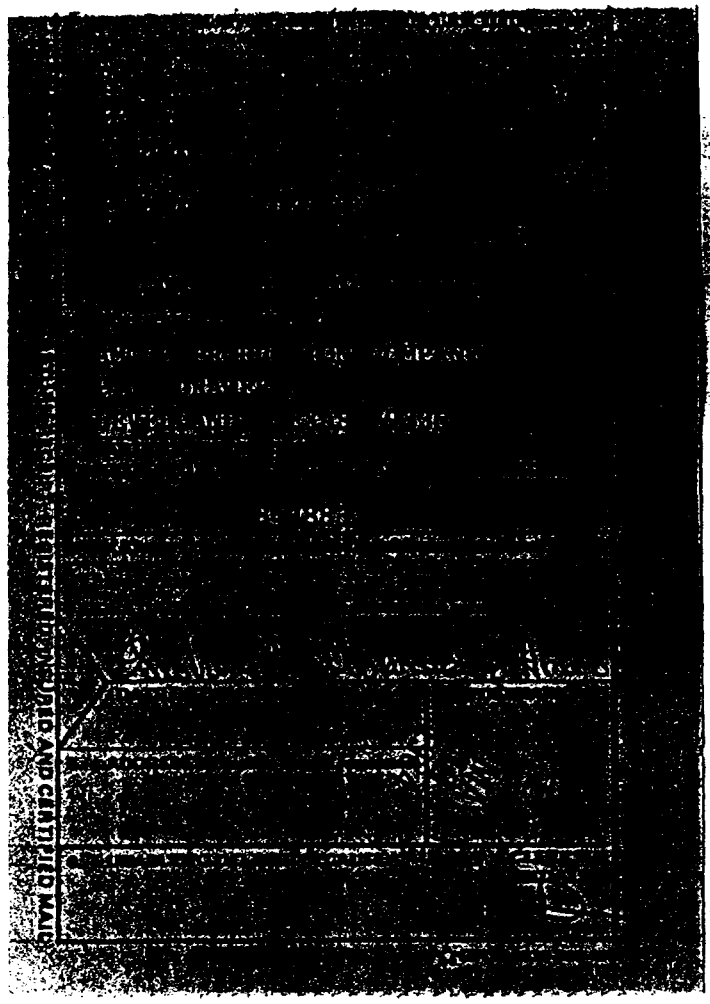
SENT TO: Union Oil Co.

STREET AND NO.: P.O. Box 671

P.O. STATE AND ZIP CODE: Midland 79702

POSTAGE			$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		¢
	OPTIONAL SERVICES	SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES			$
POSTMARK OR DATE			

PS Form 3800, Apr. 1976



P 202 041 003

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. 79336
POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
OPTIONAL SERVICES — 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