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*Attorneys at Law*  
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Post Office Box 2265  
Santa Fe, New Mexico 87504-2265

Telephone 982-4285  
Area Code 505

May 23, 1985

RECEIVED

HAND-DELIVERED

MAY 24 1985

OIL CONSERVATION DIVISION

Mr. Richard L. Stamets  
Director  
Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87501

Re: In the Matter of the Application of Lynx  
Petroleum Consultants, Inc., for Approval of an  
Unorthodox Well Location, Compulsory Pooling and  
Dual Completion, Lea County, New Mexico

Dear Mr. Stamets:

Enclosed please find an application for approval of  
an unorthodox well location filed on behalf of Lynx  
Petroleum Consultants, Inc. Please set this matter  
for hearing on June 19, 1985.

Very truly yours,

Karen Aubrey  
KA:mh  
Enc.

cc: Anderson Carter  
209 South Fifth Street  
Lovington, New Mexico 88260

"Certified Mail"

Powhatan Carter, Jr.  
& Beverly T. Carter,  
Trustees  
824 Main Street  
Ft. Sumner, New Mexico 88119

"Certified Mail"

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

"Certified Mail"

Cathie Cone Auvenshine  
9210 Honeycomb Drive  
Austin, Texas 78737

"Certified Mail"

BEFORE EXAMINER STOGNER  
OIL CONSERVATION DIVISION

LYNX EXHIBIT NO. 7

CASE NO. 8631

KELLAHIN and KELLAHIN

Mr. Richard L. Stamets

Page -2-

May 23, 1985

Re: Application of Lynx Petroleum Consultants, Inc.

Texaco, Inc.  
Post Office Box 3109  
Midland, Texas 79702  
ATTN: John Clark

"Certified Mail"

Mobil Producing Texas  
and New Mexico  
Post Office Box 1900  
Midland, Texas 79702  
ATTN: Glen Cox

"Certified Mail"

Mr. Gary Fonay  
Lynx Petroleum  
Consultants, Inc.  
Post Office Box 1666  
Hobbs, New Mexico 88240

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 service(s) requested.

3. Article Addressed to:  
Anderson Carter  
209 South Fifth Street  
Lovington, NM 88260

| 4. Type of Service:   | Article Number |
|---|----------------|
| <input type="checkbox"/> Registered<br><input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail | P 612 378 989  |
| <input type="checkbox"/> Insured<br><input type="checkbox"/> COD  |                |

5. ~~Signature~~ – Addressee

**6. Signature – Agent**

**7. Date of Delivery**

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

RECEIPT FOR CERTIFIED MAIL

See Hevelius.

Anderson Carter

209 South Fifth Street

Livingston, NM 88260

F. 10.1.1.1

2000

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[illegible][illegible]

1997

75 Feb. 393 16 1910

\* U.S.G. F. O. 156-403-517

LYNX (5/23/85 - OCD)

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☒ ~~Registered~~ *Not Paid* ~~Insured~~ ~~COD~~ ~~Express Mail~~ *Address of delivery.*

2. ☐ Restricted Delivery.

3. Article Addressed to:  
Powhatan Carter, Jr. &  
Beverly T. Carter, Trustees  
824 Main Street  
Ft. Sumner, NM 88119

4. Type of Service: Article Number  
☐ Registered ☐ Insured P 612 378 970  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - *addressee*  
X *Powhatan Carter*

6. Signature - Agent  
X

7. Date of Delivery  
JUL 23 1985

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

P 612 378 970

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Powhatan Carter, Jr.  
& Beverly T. Carter  
Street and No.  
824 Main Street  
P.O. State and ZIP Code  
Ft. Sumner, NM 88119  
Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing  
to whom and Date Delivered

Return Receipt showing to whom  
Date and Address of Delivery

TOTAL Postage and Fees \$ 1.54

Postmark or Date

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.  
 2. ☐ Restricted Delivery.

3. Article Addressed to:  
 Texaco, Inc.  
 Post Office Box 3109  
 Midland, Texas 79702  
 ATTN: John Clark

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 612 378 968  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *John Clark*

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

P 612 378 968

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

|   |         |
|---|---------|
| Sent to: Texaco, Inc.                                       |         |
| ATTN: John Clark  |         |
| Street and No.  |         |
| Post Office Box 3109  |         |
| P.O. Office and ZIP Code                                    |         |
| Midland, TX 79702   |         |
| Postage   | \$      |
| Certified Fee   |         |
| Special Delivery Fee  |         |
| Restricted Delivery Fee                                     |         |
| Return Receipt Showing to whom and Date Delivered           |         |
| Return receipt showing to whom Date and Address of Delivery |         |
| Total Postage and Fees                                      | \$ 1.00 |
| Postmark or Date  |         |

**SENDER: Complete items 1, 2, 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 service(s) requested.

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

2. ☐ Restricted Delivery.

3. Article Addressed to:  
ATTN: Glen Cox  
Mobil Producing Texas and  
New Mexico  
Post Office Box 1900  
Midland, TX 79702

4. Type of Service: Article Number  
☐ Registered ☐ Insured  
☒ Certified ☐ COD P 612 378 966  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery

8. Addressee's Address (ONLY if request is for fee paid)

*[Circular Postmark]*

P 612 378 966

RECEIPT FOR CERTIFIED MAIL

NO ADDITIONAL CHARGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

|   |         |
|---|---------|
| TO: ATTN: Glen Cox  |         |
| Mobil Prod. TX & NM   |         |
| Post Office Box 1900  |         |
| Midland, TX 79702   |         |
| Postage   | \$      |
| Certified Fee   |         |
| Special Delivery Fee  |         |
| Restricted Delivery Fee   |         |
| Return Receipt, Signed by addressee or agent, to whom delivered |         |
| Date and address of delivery                                    |         |
| Postage and Fees  | \$ 1.00 |
| Signature Date  |         |

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

4. Type of Service:

- ☐ Registered ☐ Insured ☐ COD  
☒ Certified ☐ Express Mail

Article Number  
P 612 378 969

Always obtain signature of addressee or agent and  
DATE DELIVERED.

5. Signature - Addressee

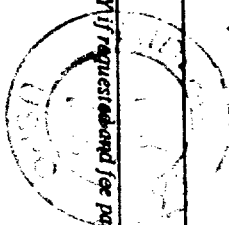
X *Kenneth G. Cone*

6. Signature - Agent

X

7. Date of Delivery

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



P 612 378 969

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNAL OR AIR MAIL

(See Reverse)

|                                      |  |                       |  |
|--------------------------------------|--|-----------------------|--|
| Sent to                              |  | Kenneth G. Cone       |  |
| Street and No.                       |  | Post Office Box 11310 |  |
| P.O. State and ZIP Code              |  | Midland, TX 79702     |  |
| Postage                              |  | \$                    |  |
| Certified Fee                        |  |                       |  |
| Special Delivery Fee                 |  |                       |  |
| Restricted Delivery Fee              |  |                       |  |
| Postage Return to Sender (if marked) |  |                       |  |
| Postage and Fees                     |  | \$ 1.54               |  |
| Postmarks of Value                   |  |                       |  |

PS Form 3811, July 1983

**SENDER: Complete items 1, 2, 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 service(s) requested.

1. ☒ Show to whom, date and address of delivery.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Cathie Cone Auvenshine  
9210 Honeycomb Drive  
Austin, Texas 78737

4. Type of Service: Article Number  
☐ Registered ☐ Insured P 612 378 967  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
X

6. Signature — Agent  
X *C. H. Miller*

7. Date of Delivery

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

PS Form 3800 Feb 1982

★ U.S.G.P.O. 1983-403-517

**RECEIPT FOR CERTIFIED MAIL**  
(See Reverse)

Two (2) Subsequent COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

Sent to:  
Cathie Cone Auvenshine  
Street and No.  
9210 Honeycomb Drive  
P.O. State and ZIP Code  
Austin, TX 78737

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing  
to whom and Date Delivered

Return Receipt Showing  
to whom and Date Delivered

Additional Postage and Fees \$

Postmark Date