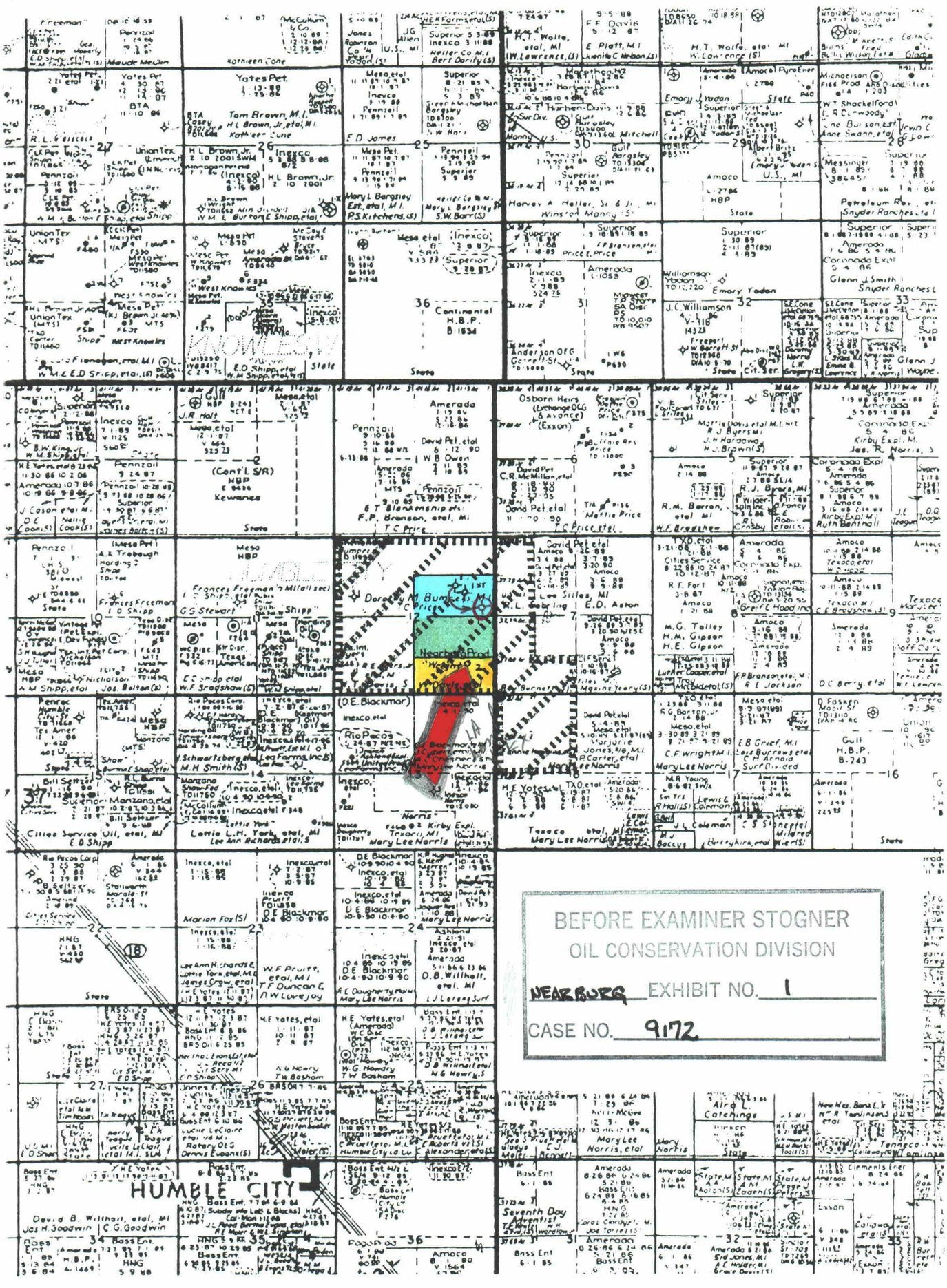


BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
NEARBURG EXHIBIT NO. 1
CASE NO. 9172

Tracts Adjacent to Proration Unit

All crosshatched acreage	Nearburg	100.00%
Section 13, 17S, 37E		
NE¼	Inexco*	87.50%
	Nearburg	12.50%
NW¼	Inexco*	100.00%

*Louisiana Land and Exploration

CAMPBELL & BLACK, P.A.
LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
J. SCOTT HALL
PETER N. IVES
JOHN H. BEMIS
MARTE D. LIGHTSTONE

GUADALUPE PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

June 24, 1987

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
NEARBURG EXHIBIT NO. 2
CASE NO. 9172

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To the Interest Owner or Offset Operator

Re: Application of Nearburg Producing Company for an Unorthodox Well Location, Lea County, New Mexico

Dear Interest Onwer or Offset Operator:

This letter is to advise you that Nearburg Producing Company has filed an application with the New Mexico Oil Conservation Division seeking authority to drill a well at an unorthodox location a a point 760 feet FEL and 1200 feet FSL of Section 12, Township 17 South, Range 37 East N.M.P.M., Lea County, New Mexico. Nearburg Producing Company plans to complete this well in the Strawn Formation.

This application has been set for hearing before a Division Examiner on July 15, 1987. You are not required to attend this hearing, but as an offsetting interest owner you may appear and present testimony. Failure to appear at that time and become a party or record will preclude you from challenging the matter at a later date.

Very truly yours,

J. Scott Hall

J. Scott Hall

JSH/dmg
encl.

P 307 895 311

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Inexco Oil Co./Amerada Hess Corp	
Street and No 211 Highland Cross, Suite 201	
P.O., State and ZIP Code Houston, TX 77073	
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date 6/24/87	

PS Form 3800, June 1985 * U.S.G.P.O. 1985-480-794

Attn.: Mark Amis

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.

3. Article Addressed to:
Donald Blackmer
c/o Jim Cieszinski
22 Riverside Drive
Roswell NM 88201

4. Article Number
P307 895 308

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X Mrs. Jim Cieszinski

7. Date of Delivery
6-26-87

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 307 895 308

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

Sent to
Donald Blackmer
c/o Jim Cieszinski
22 Riverside Drive
P.O. State and ZIP Code
Roswell, NM 88201

Postage	$ 22
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	6/24/87

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

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.

3. Article Addressed to:
Lucinda R Hershenhorn
808 East Deerpath Road
Lake Forest, Ill 60045

4. Article Number
P 307 895 309

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X Whitney Hershenhorn

7. Date of Delivery
6-30-87

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

P 307 895 309

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

Sent to Lucinda R Hershenhorn
Street and No. 808 East Deerpath Rd.
P.O. State and ZIP Code Lake Forest, Ill 60045

Postage	22
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	1.67
Postmark or Date	6/24/87

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.

3. Article Addressed to:
Nadine P. Loveless
P.O. Box 566
Roswell, NM 88201

4. Article Number
P 307 895 310

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
X [illegible]

7. Date of Delivery
6-25-87

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

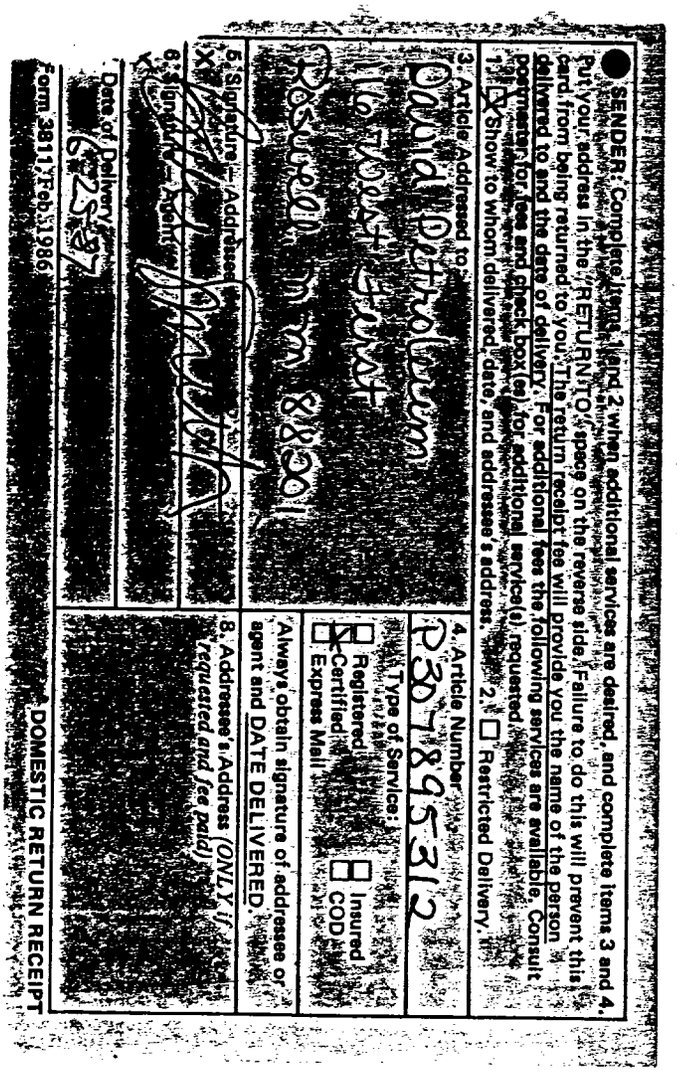
PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

P 307 895 310

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

Sent to
Nadine P. Loveless
Street and No.
P.O. Box 566
P.O., State and ZIP Code
Roswell, NM 88201

Postage	$ 22
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	70
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	6/24/87



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 address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
David Petroleum
116 West First
Roswell NM 88201

4. Article Number
P307895312

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X

7. Date of Delivery
6-25-87

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

DOMESTIC RETURN RECEIPT

Form 3811, Feb. 1986

P 307 895 312

RECEIPT FOR CERTIFIED MAIL

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

Sent to: David Petroleum Corp.	
Street and No.: 116 West First	
P.O., State and ZIP Code: Roswell, NM 88201	
Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date: 6/24/87	

PS Form 3800, June 1985 * U.S.G.P.O. 1985-480-794

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.

3. Article Addressed to:
Colin R. McMillan
118 West First
Roswell, NM 88201

4. Article Number
P307 895 313

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X [signature]

6. Signature — Agent
X

7. Date of Delivery
6-25-87

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 307 895 313

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

Sent to Colin R. McMillan
Street and No. 118 West First
P.O. State and ZIP Code Roswell, NM 88201

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	6 JUN 87

PS Form 3800, June 1985 ★U.S.G.P.O. 1985-480-794

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

3. Article Addressed to:
Fred J. Schlicher
P.O. Box 606
Roswell, NM 88201

4. Article Number
P 307 895 314

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X L Brewer

7. Date of Delivery
6-25-87

8. Addressee's Address *(ONLY if requested and fee paid)*
POB 606

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

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

P 307 895 314

Sent to
Fred J. Schlicher
Street and No.
P.O. Box 606
P.O. State and ZIP Code
Roswell, NM 88201

Postage	$ .22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.67
Postmark or Date	6/24/87

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.

3. Article Addressed to:
Carolyn Schlicher
P.O. Box 606
Roswell, NM 88201

4. Article Number
P 307 895 315

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X L Brown

7. Date of Delivery
6-25-87

8. Addressee's Address (ONLY if requested and fee paid)
POB 606

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

PS Form 3800, June 1985 ★ U.S.G.P.O. 1985-480-794

P 307 895 315

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

Sent to
Carolyn Schlicher
Street and No.
P.O. Box 606
P.O. State and ZIP Code
Roswell, NM 88201

Postage	$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$1.67
Postmark or Date	6/24/87

6683

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

RETURNED TO SENDER

Postage Due ____¢

CERTIFIED
P 307 895 311
MAIL

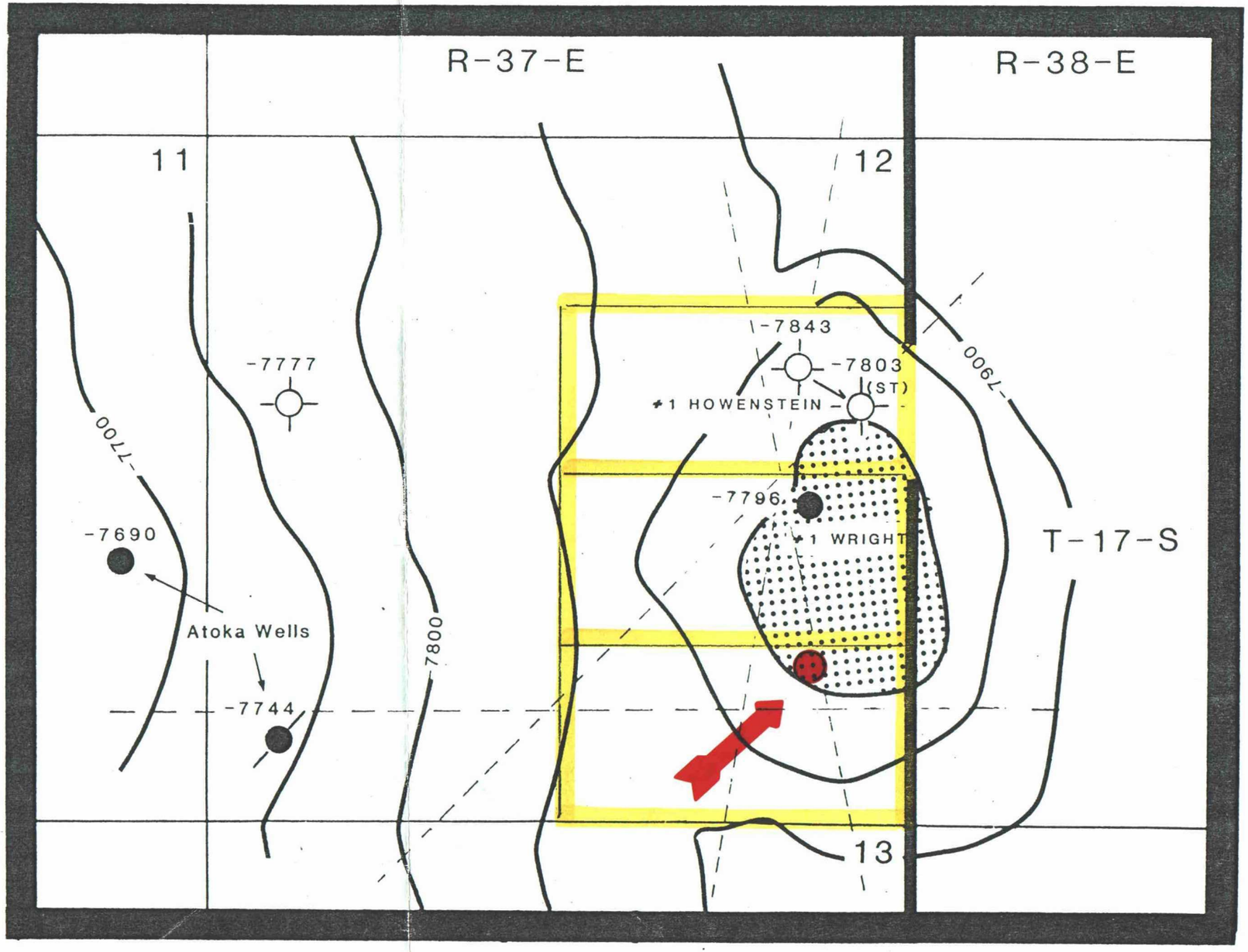
RETURN RECEIPT REQUESTED

Inexco Oil Co/Amerada Hess Corp.
211 Highland Cross - Suite 201
Houston, TX 77073

295097. Loop Unit #1200
77073

POSTAGE DUE 20¢

Detached from PS Form 3849-A Oct. 1980
RETURN
2ND NOTICE
1ST NOTICE
JUL 2 198
HOLD
CLAIM CHECK
88888889



BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
EXHIBIT NO. 3
CASE NO. 9172

0 2000 Ft.

Nearburg Producing Company
Exploration and Production
Dallas, Texas

WEST KNOWLES PROSPECT
LEA COUNTY, NEW MEXICO

SEISMIC STRUCTURE, T/STRAWN LIMESTONE
C.I.: 50 FT.

Dashed lines show seismic control

GEOLOGY BY	DATE	DRAWN BY	FILE NO.
L. MAZZULLO	7/87	LJM	