

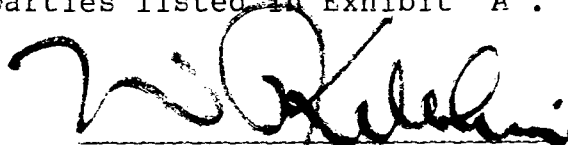
STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF MARATHON OIL COMPANY
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

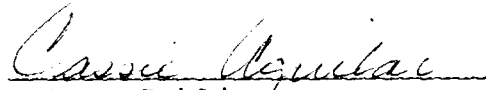
CASE: 9222

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on September 1, 1987, notice of the hearing, and a copy of the application for the above referenced case, was mailed at least twenty days prior to hearings originally set for September 23, 1987 to the operators and interested parties listed in Exhibit "A".


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 22nd day of
September, 1987.


Notary Public

My Commission Expires:

9-26-87

REGISTERED MAIL DELIVERY
RECEIVED BY
marathon 11
CASE NO. 9222

EXHIBIT "A"

Texaco Inc.
Attn: Mr. S. L. Chandler
Box 3109
Midland, Texas 79702

Shell Western Exploration and Production Inc.
Attn: Mr. Bob Davis
Box 576
Houston, Texas 77001

C. W. Trainer
526 Sandy Mountain
Sunrise Beach, Texas 78643

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:
 Shell Western Exploration & Production Inc.
 Attn: Mr. Bob Davis
 Box 576
 Houston, Texas 77001

4. Article Number
 P-484 030 115

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 SEP 4 1987

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

PS Form 3811, Feb. 1986 Marathon - 9/23/87 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.

3. Article Addressed to:
 Texaco Inc.
 Attn: Mr. S. L. Chaudler
 Box 3109
 Midland, Texas 79702

4. Article Number
 P-484 030 116

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 9-23-87

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

PS Form 3811, Feb. 1986 Marathon - 9/23/87 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.

3. Article Addressed to:
 C. W. Trainer
 526 Sandy Mountain
 Sunrise Beach, Texas 78643

4. Article Number
 P-848 030 114

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X

7. Date of Delivery
 9-8-87

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

PS Form 3811, Feb. 1986 Marathon - 9/23/87 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.

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 9-23-87

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PS Form 3811, Feb. 1986 Marathon - 9/23/87 DOMESTIC RETURN RECEIPT