

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

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

CASE: 9267

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on October 26, 1987 and October 30, 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 November 18, 1987 to the operators and interested parties listed in Exhibit "A".


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 17th day of
November, 1987.


Notary Public

My Commission Expires:

9-26-91

BEFORE EXAMINER CATANACH OIL CONSERVATION DIVISION <u>Pennzoil</u> EXHIBIT NO. <u>2</u> CASE NO. <u>9267</u>

EXHIBIT "A"

Lynn Melton Medlin and
Billy medlin, Personal
Representative of the
Estate of Buddy Melton
Medlin, Deceased
c/o Billy Medlin
P. O. Box 50
Maljamar, New Mexico 88264

Mrs. Minnie Taylor
Hope, New Mexico 88250

Rio Pecos Corporation
110 West Louisiana, Suite 460
Midland, Texas 79701

Yates Petroleum Corporation
105 S. Fourth Street
Artesia, New Mexico 88210

*Revised to
Rio Pecos*

*2/28
3/28 involved
in mineral interests*

*Revised to assigned
to Yates*

*Revised to
participate
in well*

PS Form 3811, July 1983 447-945

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:
 Rio Pecos Corporation
 110 West Louisiana, Suite 460
 Midland, Texas 79701

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P-484 057 401
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Sharon Hickey*

7. Date of Delivery
 11-5-87

8. Addressee's Address (ONLY if requested and fee paid)
 110 W. Louisiana 460

Permit fee 22

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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:
 Yates Petroleum Corporation
 105 S. Fourth Street
 Artesia, New Mexico 88210

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P-484 057 400
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Always obtain signature of addressee or agent and DATE DELIVERED.

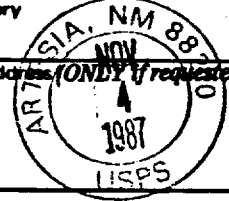
5. Signature - Addressee
 X

6. Signature - Agent
 X *R. Bullard*

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT



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

3. Article Addressed to:
 Mrs. Minnie Taylor
 Hope, New Mexico 88250

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P-484 057 396
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Minnie Taylor*

6. Signature - Agent
 X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 3 and 4.
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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 Lynn & Billy Medlin
 P. O. Box 50
 Maljamar, New Mexico 88264

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number P-484-057-395
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Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Billy Medlin*

6. Signature - Agent
 X

7. Date of Delivery
 10-30-87 *TB*

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

DOMESTIC RETURN RECEIPT