

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KELT OIL & GAS,  
INC. FOR STATUTORY UNITIZATION,  
APPROVAL OF A UNIT, AND FOR AUTHORITY  
TO INSTITUTE A WATER FLOOD PROJECT,  
CHAVES COUNTY, NEW MEXICO.

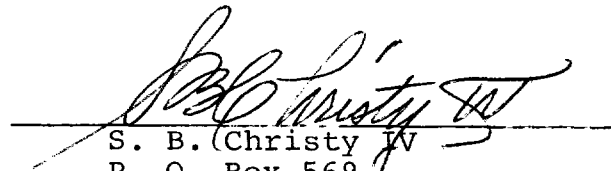
No. 9738-9739

CERTIFICATE OF SERVICE

The undersigned attorney does hereby certify that he did on the 13th day of July, 1989 mail a true and correct copy of the Application, with form C-108 to:

<u>Name</u>	<u>Address</u>
Violet B. P. Queen	848 Superior Jacksonville, Florida 32205
	Certified Mail No. P 665 397 557
Frates Seeligson	1604 National Bank of Commerce Bldg. San Antonio, Texas 78205
	Certified Mail No. P 665 397 558
Yates Energy Corporation	P. O. Box 2323 Roswell, New Mexico 88201
	Certified Mail No. P 665 397 559
Kelt New Mexico, Inc.	363 N. Belt, Suite 1000 Houston, Texas 77060
	Certified Mail No. P 665 397 560

That he did take such action for and in behalf of the Applicant Kelt Oil & Gas, Inc.

  
S. B. (Christy) IV  
P. O. Box 569  
Roswell, New Mexico 88201  
(505) 625-2021

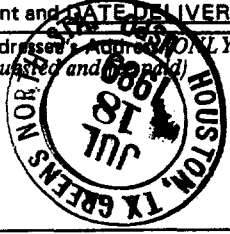
BEFORE EXAMINER CATANACH OIL CONSERVATION DIVISION EXH. <u>5 A</u> CASE NO. <u>9738</u>
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SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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
- ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: <i>Kelt AM, Inc.</i> <i>363 N. Belt, Suite 1000</i> <i>Houston, Texas 77060</i>	4. Article Number <i>P 665 397 560</i> Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Agent <i>X</i> <i>V. Kreuzschel</i>	8. Addressee's Address ONLY if requested and (to be paid)
7. Date of Delivery <i>7-18-67</i>	

**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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. ↑(Extra charge)↑	2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑
3. Article Addressed to: Frates Seeligson 1604 Nat'l. Bank Comm. Bldg. San Antonio, Texas 78205	4. Article Number P 665 397 558
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)  CE
6. Signature - Agent X <i>T. Toudry</i>	
7. Date of Delivery <b>JUL 17 1989</b>	

2014 10-1087      100000 1087 170 088      DOMESTIC RETURN RECEIPT

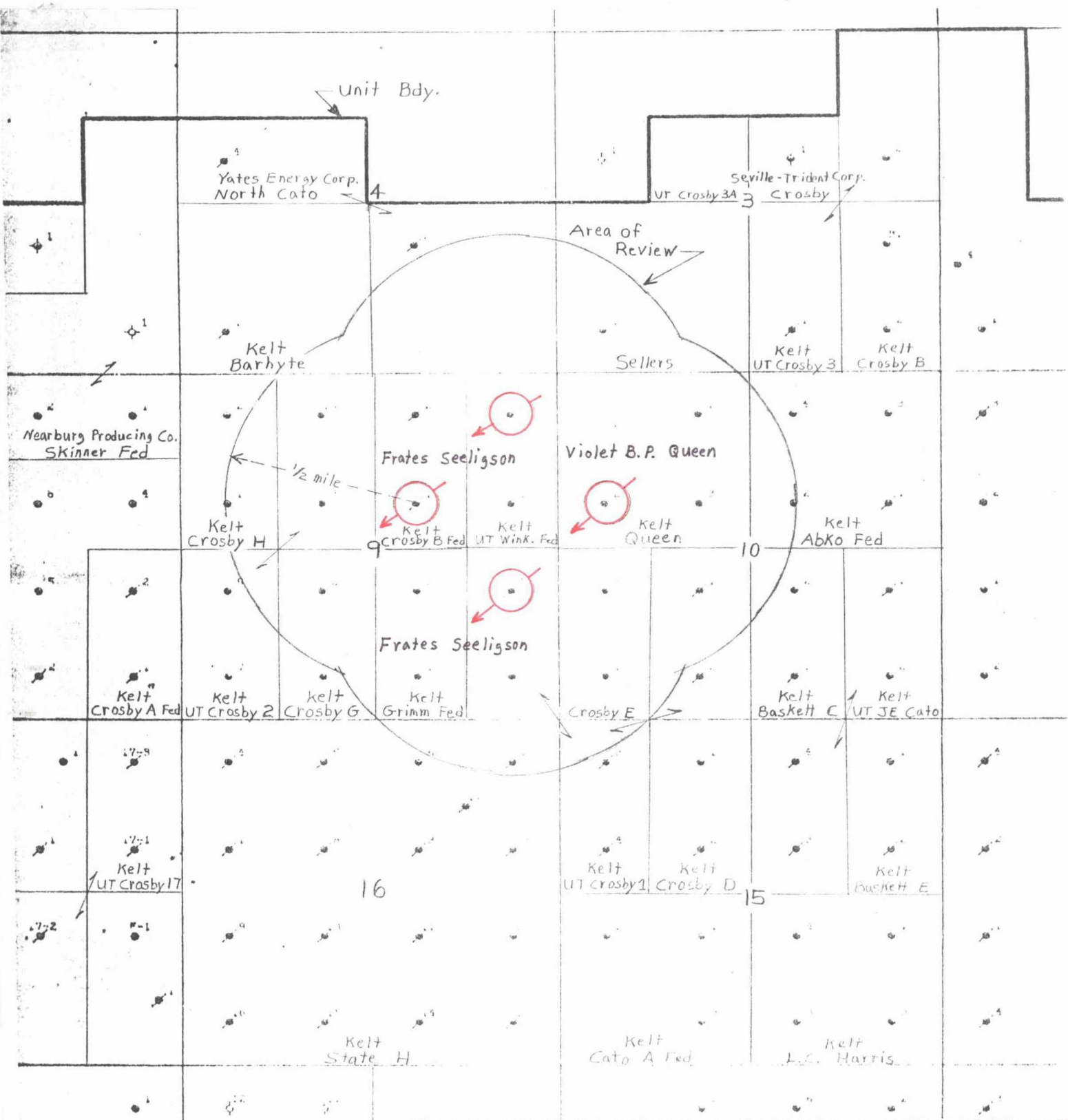


EXHIBIT "3"  
 INITIAL INJECTION WELLS  
 PROPOSED CATO UNIT  
 CHAVES COUNTY, NEW MEXICO  
 JULY 1989

CHRISTY LAW OFFICES  
920 UNITED BANK PLAZA  
P. BOX 569  
ROSWELL, NEW MEXICO 88202-0569

1/2/15  
1/6

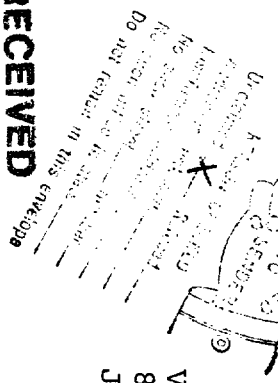


**NOTICE**

**RECEIVED**

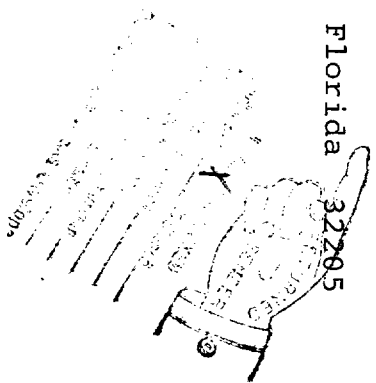
**AUG 15 1989**

CHRISTY LAW OFFICES



Violet B. P. Queen  
848 Superior  
Jacksonville, Florida

32205



Hold at line over top of envelope to the right of the return address

<p>● <b>SENDER:</b> 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑      ↑(Extra charge)↑</p>	
3. Article Addressed to:  <i>Violet B.P. Queen 848 Superior Jacksonville, Florida 32205</i>	4. Article Number <i>P 665 397 557</i>
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature — Addressee <b>X</b>	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
6. Signature — Agent <b>X</b>	
7. Date of Delivery	