

State of New Mexico  
Commissioner of Public Lands

AY POWELL, M.S., D.V.M.  
COMMISSIONER

310 OLD SANTA FE TRAIL P.O. BOX 1148

(505) 827-5760  
FAX (505) 827-5766

SANTA FE, NEW MEXICO 87504-1148

May 15, 1995

Exxon Company USA  
P.O. Box 1600  
Midland, Texas 79702-1600

Attention: Mr. Joe Thomas

Re: Request for Preliminary Approval  
Avalon Delaware Unit  
Eddy County, New Mexico

MDA	RECEIVED	MPC
RLA	LAND SERVICES	RGG
RKF		RTL
SHJ		TAL
PLK	MAY 17 1995	JBE
DCR		SHK
JBT		LLM
		SES
	MPO - MIDLAND	JHT
HANDLE	REVIEW	SEE ME
	CIRC	FILE

Dear Mr. Thomas:

This office has reviewed the unexecuted copy of the unit agreement for the proposed Avalon Delaware Unit, Eddy County, New Mexico. This agreement meets the general requirements of the Commissioner of Public Lands who has this date granted you preliminary approval as to form and content.

Preliminary approval shall not be construed to mean final approval of this agreement in any way and will not extend any short term leases until final approval and an effective date are given.

When submitting your agreement for final approval, please submit the following:

1. Application for final approval by the Commissioner setting forth the tracts that have been committed and the tracts that have not been committed.
2. Two copies of the Unit Agreement.
3. All ratifications from the Lessees of Record and Working Interest Owners. All signatures should be acknowledged before a notary. One set of ratifications must contain original signatures.
4. Initial Plan of Operation.
5. Order of the New Mexico Oil Conservation Division. Our approval will be conditioned upon subsequent favorable approval by the New Mexico Oil Conservation Division.
6. A copy of the Unit Operating Agreement.

Exhibit No. 6A  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

Exxon Company USA  
Page 2  
May 11, 1995

7. Per your telephone conversation with Pete Martinez of this office, please revise Exhibit "A" & "B" to coincide with the BLM's survey plats. The following unit acreage should be changed: Federal Acreage, State Acreage, Fee Acreage and Total Acreage.
8. In Unit Agreement Page 3, Section 2(a), the acreage should be changed to 2,118.78.
9. Please date the unit agreement on Page 1.
10. A redesignation of all well names and numbers. The list should include the OCD property name, property number, pool name, pool code and API number.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY POWELL, M.S., D.V.M.  
COMMISSIONER OF PUBLIC LANDS



BY:  
JAMI BAILEY, Deputy Director  
Oil/Gas and Minerals Division  
(505) 827-5745

RP/JB/cpm

Enclosure

cc: Reader File

BLM-Roswell--Attention: Mr. Armando Lopez  
OCD-Santa Fe--Attention: Mr. Roy Johnson



State of New Mexico  
Commissioner of Public Lands

310 OLD SANTA FE TRAIL P.O. BOX 1148

SANTA FE, NEW MEXICO 87504-1148

RAY POWELL, M.S., D.V.M.  
COMMISSIONER

(505) 827-5760  
FAX (505) 827-5766

September 29, 1995

Hinkle, Cox, Eaton, Coffield & Hensley  
P. O. Box 2068  
Santa Fe, New Mexico 87504-2068

Attn: Mr. James Bruce

Re: Final Approval  
Avalon (Delaware) Unit Agreement  
Eddy County, New Mexico

Dear Mr. Bruce:

This office is in receipt of your letter of September 26, 1995, requesting final approval of the Avalon (Delaware) Unit Agreement, Eddy County, New Mexico.

Please be advised that the Commissioner of Public Lands has this date granted final approval to the Avalon (Delaware) Unit Agreement, Eddy County, New Mexico. Also, approved on this date, is your initial plan of operation for the above mentioned unit area.

Please submit a copy of the "Certificate of Effectiveness" Pursuant to Article 24 of the Avalon (Delaware) Unit Agreement.

Our approval is subject to like approval by the New Mexico Oil Conservation Division.

Enclosed are Five (5) Certificates of Approval. Your filing fee in the amount of \$270.00 Dollars has been received.

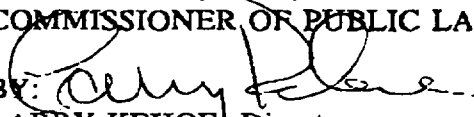
Exhibit No. 66  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

Hinkle, Cox, Eaton, Coffield & Hensley  
September 29, 1995  
Page 2

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY POWELL, M.S., D.V.M.  
COMMISSIONER OF PUBLIC LANDS

BY:   
LARRY KEHOE, Director  
Oil, Gas and Minerals Division  
(505) 827-5744

RP/LK/pm  
Encls.

cc: Reader File  
BLM-Roswell Attn: Mr. Armando Lopez  
OCD-Santa Fe Attn: Mr. Roy Johnson  
TRD-Santa Fe Attn: Mr. Valdean Severson  
Commissioner's File

# NEW MEXICO STATE LAND OFFICE

## CERTIFICATE OF APPROVAL

COMMISSIONER OF PUBLIC LANDS, STATE OF NEW MEXICO

EXXON CORPORATION  
AVALON DELAWARE UNIT  
EDDY COUNTY, NEW MEXICO

There having been presented to the undersigned Commissioner of Public Lands of the State of New Mexico for examination, a Unit Agreement for the development and operation of acreage which is described within the referenced Agreement, dated OCTOBER 1, 1995, which said Agreement has been executed by parties owning and holding oil and gas leases and royalty interests in and under the property described, and upon examination of said Agreement, the Commissioner finds:

- (a) That such agreement will tend to promote the conservation of oil and gas and the better utilization of reservoir energy in said area.
- (b) That under the proposed agreement, the State of New Mexico will receive its fair share of the recoverable oil or gas in place under its lands in the area.
- (c) That each beneficiary Institution of the State of New Mexico will receive its fair and equitable share of the recoverable oil and gas under its lands within the area.
- (d) That such agreement is in other respects for the best interests of the State, with respect to state lands.

NOW, THEREFORE, by virtue of the authority conferred upon me under Sections 19-10-45, 19-10-46, 19-10-47, New Mexico Statutes Annotated, 1978 Compilation, I, the undersigned Commissioner of Public Lands of the State of New Mexico, do hereby consent to and approve the said Agreement, however, such consent and approval being limited and restricted to such lands within the Unit Area, which are effectively committed to the Unit Agreement as of this date, and further, that leases insofar as the lands covered thereby committed to this Unit Agreement shall be and the same are hereby amended to conform with the terms of such Unit Agreement, and said leases shall remain in full force and effect in accordance with the terms and conditions of said Agreement. This approval is subject to all of the provisions of the aforesaid statutes.

IN WITNESS WHEREOF, this Certificate of Approval is executed, with seal affixed, this 29TH day of SEPTEMBER, 1995.

  
COMMISSIONER OF PUBLIC LANDS  
of the State of New Mexico



# United States Department of the Interior

BUREAU OF LAND MANAGEMENT  
Roswell District Office  
1717 West Second Street  
Roswell, New Mexico 88201-2019

MDA	RECEIVED LAND SERVICES	MPC
RLA		RGG
RKF		RTL
PLK		TAL
DCB		JBE
JBT		SHK
	MAY 18 1995	LLM
	MPO - MIDLAND	SES
		JHT
	HANDLE	REVIEW
	SEE ME	CIRC
		FILE

IN REPLY  
REFER TO

NMNM94450X  
3180 (06200)

MAY 17 1995

Exxon Company, U.S.A.  
Attention: Mr. Joe B. Thomas  
P. O. Box 1600  
Midland, TX 79702-1600

Gentlemen:

Your application of May 2, 1995, filed with the BLM requests the designation of the Avalon (Delaware) Unit area, embracing 2118.78 acres, more or less, Eddy, County, New Mexico, as logically subject to secondary operations under the unitization provisions of the Mineral Leasing Act as amended.

Pursuant to unit plan regulations 43 CFR 3180, the land requested as outlined on your plat marked Exhibit A, Exxon Company, U.S.A., Avalon (Delaware) Unit, Eddy County, New Mexico, is hereby designated as a logical unit area for the purpose of conducting secondary recovery operations and has been assigned No. NMNM94450X. This designation is valid for a period of one year from the date of this letter.

Waterflooding will be limited to that interval underlying the Unit Area described as, the Delaware Mountain Group, extending from 100 feet above the base of the Goat Seep Reef to the top of the Bone Spring formation and including, but not limited to, the Cherry Canyon and Brushy Canyon formations, as identified by the Compensated Neutron/Lithodensity/Gamma Ray log dated September 14, 1990, run in the Exxon Yates "C" Federal #36, located in the Center of the NW $\frac{1}{4}$  section 31, T. 20 S., R. 28 E., Eddy County, New Mexico, with the top of the Unitized Interval being found in said well at a depth of 2,378 feet below the surface (869 feet above sea level) and the base of the Unitized Interval being found at a depth of 4,880 feet below the surface (1,633 feet below sea level) or stratigraphic equivalents, thereof.

Your basis for allocation of unitized substances and your proposed use of the Form of Agreement are acceptable. Exhibits A and B need to be corrected to show the acreage compiled from the official records of the Bureau of Land Management. The corrections to be made are shown in red on the enclosed Exhibits A and B.

If conditions are such that modification of said standard form is deemed necessary, two copies of the proposed modifications with appropriate justification must be submitted to this office for preliminary approval.

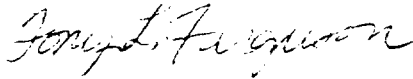
In the absence of any type of land requiring special provisions or any objections not now apparent, a duly executed agreement identical with said form, modified as outlined above, will be approved if submitted in approvable status within a reasonable period of time. However, notice is hereby given that the right is reserved to deny approval of any executed agreement submitted which in our opinion, does not have the full commitment of sufficient lands to afford effective control of operations in the unit area.

Exhibit No. 60C  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

When the executed agreement is transmitted to the BLM for final approval, include the latest status of all acreage. In preparation of Exhibits "A" and "B", follow closely the format of the sample exhibits attached to the reprint of the aforementioned form. You will also need to submit a listing of current well names and proposed unit well name changes.

Inasmuch as this unit agreement involves State and Fee land, we are sending a copy of the letter to the Commissioner of Public Lands and the NMOCD. Please contact the State of New Mexico before soliciting joinders regardless of prior contacts or clearances from the state.

Sincerely,



Tony L. Ferguson  
Assistant District Manager,  
Minerals Support Team

Enclosures

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF EXXON CORPORATION  
FOR A WATERFLOOD PROJECT, QUALIFICATION  
FOR THE RECOVERED OIL TAX RATE, AND  
FOR 18 NON-STANDARD OIL WELL LOCATIONS,  
EDDY COUNTY, NEW MEXICO

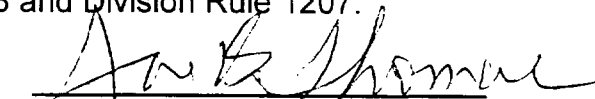
CASE NO. 11297

**AFFIDAVIT REGARDING NOTICE**

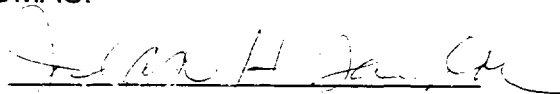
STATE OF TEXAS            )  
  ) ss.  
COUNTY OF MIDLAND    )

JOE B. THOMAS, being duly sworn upon his oath, deposes  
and states:

1. I am over the age of 18 and have personal knowledge of the matters stated herein.
2. I am a Landman for Applicant.
3. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application herein.
4. Notice of the Application was provided to the interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letters and certified return receipts are attached hereto.
5. Applicant has complied with the notice provisions of Form C-108 and Division Rule 1207.

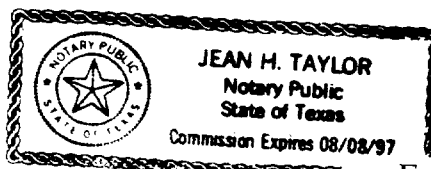
  
\_\_\_\_\_  
Joe B. Thomas

SUBSCRIBED AND SWORN TO before me this 26<sup>th</sup> day of  
June, 1995 by JOE B. THOMAS.

  
\_\_\_\_\_  
Notary Public

My Commission expires:

8-8-97





**EXXON** COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

MIDLAND PRODUCTION ORGANIZATION

May 12, 1995

Avalon (Delaware) Unit Area  
Eddy County, New Mexico

Surface Owners/Tenants of Land within the  
Avalon (Delaware) Unit Area

Enclosed is Exxon's Application for Authority to Institute an Improved Oil Recovery Project and to Qualify for Recovered Oil Tax. The associated Injection Application was sent to you under separate cover, dated May 10, 1995.

Exxon has requested that this application be set for hearing before the New Mexico Oil Conservation Division at 8:15a.m. MSDT, on June 1, 1995, at 2040 South Pacheco, Santa Fe, New Mexico. Failure to appear at that time will preclude you from objecting to this application at a later date.

If you have any questions, please call Mr. Joe Thomas at 915/688-7162.

Sincerely,



R. E. Mayhew  
Avalon Project Manager

REM:lkc  
enclosures

**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. (Extra charge)  
2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
Commissioner of Public Lands  
The State of New Mexico  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

4. Article Number  
P-322-573-619

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)  
15  
15.75

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Harley Ballard  
P. O. Box 1777  
Carlsbad, NM 88221

4a. Article Number  
P-322-573-622

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
15  
1995

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 \* U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Bureau of Land Management  
Carlsbad Resource Office  
P. O. Box 1778  
Carlsbad, NM 88220

4a. Article Number  
P-322-573-620

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
15  
1995

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

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

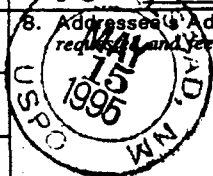
Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 \* U.S.G.P.O.: 1992-307-530 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. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  Bruce Riggs P. O. Box 847 Carlsbad, NM 88221	4. Article Number <b>P-322-573-621</b> 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 <input checked="" type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent, and DATE DELIVERED.	
5. Signature - Address X <i>Bruce Riggs</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:  Don Raines P. O. Box 847 Carlsbad, NM 88221 <i>Don Raines</i>	4a. Article Number <b>P-322-573-623</b> 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
5. Signature (Addressee)	7. Date of Delivery
6. Signature (Agent)	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 \* U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

May 12, 1995

Avalon (Delaware) Unit Area  
Eddy County, New Mexico

Working Interest Owners  
Avalon (Delaware) Unit

Enclosed are the following materials relating to the captioned unit:

1. Unit Agreement for the captioned unit, and four copies of the Ratification for such Unit Agreement;
2. Unit Operating Agreement for the captioned unit, four copies of the signature page for the Unit Operating Agreement, and two copies of the signature page for the Memorandum of the Unit Operating Agreement;
3. Notice of Election for Working Interest Owners in the captioned unit;
4. Application for Statutory Unitization and for approval of unorthodox well locations;
5. Application for Authority to Institute an Improved Oil Recovery Project and to Qualify for Recovered Oil Tax. The associated Injection Application was sent to you under separate cover, dated May 10, 1995.

Exxon has requested that the applications that are items 4 and 5 be set for hearing before the New Mexico Oil Conservation Division at 8:15a.m. MDST, on June 1, 1995, at 2040 South Pacheco, Santa Fe, New Mexico. Failure to appear at that time will preclude you from objecting to these applications at a later date.

We hereby request that you agree to the unitization proposed by Exxon by:

- Executing four copies of the Ratification of the Unit Agreement (Item 1) and arranging for them to be notarized;
- Executing four signature pages of the Unit Operating Agreement (Item 2) and two signature pages for the Memorandum of the Unit Operating Agreement, and arranging for the Memorandum to be notarized;
- Completing the Notice of Election (Item 3) in accordance with the instructions contained therein, and executing it.

May 12, 1995

All of the executed items should be returned to the attention of Mr. Joe Thomas at the letterhead address. Please note that your agreement to be bound by the Unit and Unit Operating Agreements does not preclude you from electing to be carried as to Unit Expenses; such election to be carried is controlled by the Notice of Election.

If you have any questions, please call Mr. Thomas at 915/688-7162.

Sincerely,



R. E. Mayhew  
Avalon Project Manager

REM:ikc  
enclosures

**EXXON** COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

MIDLAND PRODUCTION ORGANIZATION  
OPERATIONS INTEGRITY

May 10, 1995


Fluid Injection Application  
Avalon Unit  
Avalon Field  
Eddy County, New Mexico

Surface Owners  
Offset Operators  
Working Interest Owners

Attached is a copy of the Form C-108 and its attachments for 19 wells in the Avalon Unit for fluid injection. This application has been submitted to the New Mexico State Oil Conservation Division for approval.

If there are any questions, please call me at 915/688-7871.

Sincerely,



Marsha Wilson  
Operations Integrity

/mw  
Attachments

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

The following were mailed copies of NMOCD Form C-108 and its attachments on 5/10/95.

SURFACE OWNERS

SEC. 30, T20S, R28E

✓ THE STATE OF NEW MEXICO  
Office of the State Land Commissioner  
310 Old Santa Fe Trail  
SANTE FE, NEW MEXICO 87503

✓ HARLEY BALLARD  
P. O. BOX 1777  
CARLSBAD, N.M. 88221

SEC. 31, T20S, R28E

✓ BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE OFFICE  
P.O. BOX 1778  
CARLSBAD, N.M. 88220

✓ HARLEY BALLARD  
P. O. BOX 1777  
CARLSBAD, N.M. 88221

SEC. 32, T20S, R28E

✓ BRUCE RIGGS  
P. O. BOX 847  
CARLSBAD, N.M. 88221

✓ DON RAINES  
P. O. BOX 847  
CARLSBAD, NM 88221

✓ THE STATE OF NEW MEXICO  
Office of the State Land Commissioner  
310 Old Santa Fe Trail  
SANTA FE, NEW MEXICO 87503

Exhibit No.   P    
Exxon Corporation  
NMOCD Cases 11297 & 11298  
Hearing Date: June 29, 1995

ABO  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

MARY HUDSON ARD  
4804 WESTRIDGE AVENUE  
FT WORTH, TX 76116

JACK O MCCALL ESTATE  
1210 MIDLAND NAT BNK TOWER  
500 W. TEXAS AVENUE  
MIDLAND, TX 79701

CHEVRON PBC (PENNZOIL)  
ATTN: JAMES SPILLANDE  
P. O. BOX 2967  
HOUSTON, TX 77525-2967

CLAREMONT  
P. O. BOX 549  
CLAREMONT, OK 74018-0549

DEVON ENERGY CORP.  
1500 MID AMERICAN TOWER  
20 N. BROADWAY  
OKLAHOMA CITY, OK 73102-8260

F A & D M FOX  
1288 EAGLE DRIVE  
BURLINGTON, WA 98233

77 CORP.  
P. O. BOX 51006  
MIDLAND, TX 79702

TR OIL COPR.  
C/O DEKALB CORP.  
3100 SYCAMORE ROAD  
DEKALB, IL 60115

E. R. HUDSON, JR.  
616 TEXAS STREET  
FT. WORTH, TX 76102-4612

W. A. HUDSON II  
616 TEXAS STREET  
FT. WORTH, TX 76102-4612

WHITING PETROLEUM CORP.  
1700 BROADWAY, STE. 2300  
DENVER, CO 80290-2301

KERR MCGEE CORP.  
U.S. ONSHORE REGION  
ATTN JOINT VENTURE OPS  
211 N. ROBINSON, STE. 700  
OKLAHOMA CITY, OK 73102

R. KEN WILLIAMS  
400 W. ILLINOIS, STE. 1100  
MIDLAND, TX 79701

LOS CHICOS  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

JAMES L. MARTIN, JR.  
RT. 5, BOX 494  
CLAREMORE, OK 74017

E. H. JUDSON  
ATTN: BOB HODGE  
400 W. ILLINOIS, STE. 1100  
MIDLAND, TX 79701

MYCO  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

NAPECO  
ATTN: WILLIAM ESTEP  
P. O. BOX 3908  
TULSA, OK 74102

OXY  
ATTN: WILLIAM ESTEP  
P. O. BOX 3908  
TULSA, OK 74102

PREMIER  
P. O. BOX 1246  
ARTESIA, NM 88210

J. J. REDFERN III  
EXEC OF JOHN REDFERN  
CLAYDESTA NAT BANK  
STE. 6300  
MIDLAND, TX 79705

ROSALIND REDFERN  
ATTN: ROSSON KIELLINGSTED  
P. O. BOX 2127  
MIDLAND, TX 79702

JOHN L. SCHLAGAL  
ATTN: BOB HODGE  
400 W. ILLINOIS, STE. 1100  
MIDLAND, TX 79701

SIGMAR INC.  
ATTN: BOB HODGE  
400 W. ILLINOIS, STE. 1100  
MIDLAND, TX 79701

JOHN A. YATES  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

S. P. YATES  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

YATES DRILLING  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

YATES PETROLEUM  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

JOSEPH R. HODGE  
P. O. BOX 5090  
AUSTIN, TX 78763



✓ TIPPERARY OIL CORP.  
633 17TH STREET, STE. 1550  
DENVER, CO 80202

✓ E. G. HOLDEN TEST TRUST  
BETSY H. KELLER TRUSTEE  
2524 UNION STREET  
SAN FRANCISCO, CA 94123

✓ ERNIE BELLO  
3325 ALA AKULIKULI STREET  
HONOLULU, HI 96818

✓ FRANCIS B. BUNN  
2493 MAKIKI HEIGHTS  
HONOLULU, HI 96822

✓ ISAAC A. KAWASAKI  
734 KALANIPUU STREET  
HONOLULU, HI 96822

✓ GENDRON FAMILY TRUST  
MARY G. GENDRON TRUSTEE  
1280 ENCINO DRIVE  
SAN MATEO, CA 91108

✓ BETSY H. KELLER  
2524 UNION STREET  
SAN FRANCISCO, CA 94123

✓ DAVID GOODNOW  
230 RIDGEFIELD ROAD  
WILTON, CA 06897

CHARLES CLINE MOORE  
138 HARVARD AVENUE  
MILL VALLEY, CA 94941

✓ SANFORD J. HODGE III  
4324 HOANOVER AVENUE  
DALLAS, TX 75225

✓ UNIT PETROLEUM  
7130 S. LEWIS, STE 100  
TULSA, OK 74136

✓ WM B OLIVER TRUST  
ACT 0805400  
P. O. BOX 100871  
HOUSTON, TX 77212


✓ AGNES C OLIVER TRUST  
BROWN BRO HARRIMAN TRST  
CO.  
2001 ROSS AVENUE, STE. 1150  
DALLAS, TX 75201

✓ SPACE BUILDING CORP.  
250 CAPE HWY RTE 44  
EAST TAUTON, MA 02718

✓ J.F. VAN VRANKEN JR.  
S.C. BERNSTEIN & CO.  
767 FIFTH AVENUE  
NEW YORK, NY 10113

✓ HAYES PARTNERS I  
P. O. BOX 3700  
MIDLAND, TX 79702-3700

✓ ADOLPH P. SCHUMAN MARITAL  
TRUST  
C/O JAMES CRAFTS, JR.  
400 SAN SOME STREET  
SAN FRANCISCO, CA 94111

  
Marsha Wilson  
Operations Integrity

AUJON

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TIPPERARY OIL CORP.  
633 17TH STREET, STE. 1550  
DENVER, CO 80202

4a. Article Number  
2740 407 723

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
15 MAY 1995

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

AUJON

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ISAACA. KAWASAKI  
734 KALANIPIU STREET  
HONOLULU, HI 96822

4a. Article Number  
2740 407 727

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
5/16/95

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

AUJON

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

F A & D M FOX  
1288 EAGLE DRIVE  
BURLINGTON, WA 98233

4a. Article Number

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
MAY 9 1995

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \* U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

AUJON

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TR OIL COPR.  
C/O DEKALB CORP.  
3100 SYCAMORE ROAD  
DEKALB, IL 60115

4a. Article Number  
2740 407 701

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
3-17-95

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \* U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

*Akulon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID GOODNOW  
230 RIDGEFIELD ROAD  
WILTON, CA 06897

4a. Article Number  
**Z 740 407 730**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5/15**

5. Signature (Addressee)  
*David Goodnow*

6. Signature (Agent)  
*Francis B. Bunn*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

*Akulon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ADOLPH P. SCHUMAN MARITAL TRUST  
C/O JAMES CRAFTS, JR.  
400 SAN SOME STREET  
SAN FRANCISCO, CA 94111

4a. Article Number  
**Z 740 407 739**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

Date of Delivery  
**MAY 15 1995**

5. Signature (Addressee)  
*Adolph P. Schuman*

6. Signature (Agent)  
*Francis B. Bunn*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

*Akulon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ERNIE BELLO  
3325 ALA AKULIKULI STREET  
HONOLULU, HI 96818

4a. Article Number  
**Z 740 407 725**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5/14/95**

5. Signature (Addressee)  
*Ernie Bello*

6. Signature (Agent)  
*Francis B. Bunn*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

*Akulon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANCIS B. BUNN  
2493 MAKIKI HEIGHTS  
HONOLULU, HI 96822

4a. Article Number  
**Z 740 407 726**

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5/15/95**

5. Signature (Addressee)  
*Francis B. Bunn*

6. Signature (Agent)  
*Francis B. Bunn*

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

**AVALON**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J.F. VAN VRANKEN JR.  
S.C. BERNSTEIN & CO.  
767 FIFTH AVENUE  
NEW YORK, NY 10113

4a. Article Number  
**2 740 407 737**

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
**5/**

5. Signature (Addressee)

6. Signature (Agent)  
*J. Rotas*

PS Form 3811, December 1991 \*U.S.G.P.O.: 1989-352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side? Thank you for using Return Receipt Service.

**AVALON**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

E. G. HOLDEN TEST TRUST  
BETSY H. KELLER TRUSTEE  
2524 UNION STREET  
SAN FRANCISCO, CA 94123

4a. Article Number  
**2 740 407 724**

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S.G.P.O.: 1989-352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

**AVALON**

**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 boxes for additional service(s) requested.
- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:

OXY  
ATTN: WILLIAM ESTEP  
P. O. BOX 3908  
TULSA, OK 74102

4. Article Number  
**2 740 407 712**

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	<input type="checkbox"/> Return Receipt for Merchandise

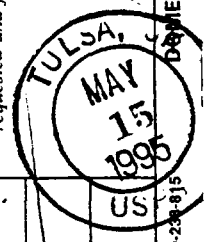
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent  
*[Signature]*

7. Date of Delivery

PS Form 3811, Apr. 1989 \*U.S.G.P.O.: 1989-238-815 **DOMESTIC RETURN RECEIPT**



**AVALON**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CLAREMONT  
P. O. BOX 549  
CLAREMONT, OK 74018-0549

4a. Article Number  
**2 740 407 699**

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
**MAY 15 1995**

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

**Autolion**  
**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 boxes for additional service(s) requested.  
 1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 WHITING PETROLEUM CORP.  
 1700 BROADWAY, STE. 2300  
 DENVER, CO 80290-2301

4. Article Number  
 Z 740 407 704

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 [Signature]

6. Signature - Agent  
 [Signature]

7. Date of Delivery  
 MAY 15 1995

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**Autolion**  
**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 BETSY H. KELLER  
 2524 UNION STREET  
 SAN FRANCISCO, CA 94123

4a. Article Number  
 Z 740 407 729

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

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

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**Autolion**  
**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 GENDRON FAMILY TRUST  
 MARY G. GENDRON TRUSTEE  
 1280 ENCINO DRIVE  
 SAN MATEO, CA 91108

4a. Article Number  
 Z 740 407 728

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 5-15-91

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

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

**Autolion**  
**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 SPACE BUILDING CORP.  
 250 CAPE HWY RTE 44  
 EAST TAUNTON, MA 02718

4a. Article Number  
 Z 740 407 736

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 5/15/95

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

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

Exhibit No. 9  
 Exxon Corporation  
 Cases 11297 & 11298  
 Hearing Date: Dec. 14, 1995

*AVALON*

**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 boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 NAPECO  
 ATTN: WILLIAM ESTEP  
 P. O. BOX 3908  
 TULSA, OK 74102

4. Article Number  
 Z 740 407 711

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 *William Estep*

6. Signature - Agent  
 *William Estep*

7. Date of Delivery  
 5-15-95

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

*AVALON*

**SENDER:** Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRUCE RIGGS  
 P. O. BOX 847  
 CARLSBAD, N.M. 88221

4a. Article Number  
 Z 740 407 743

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
 MAY 1995

8. Addressee's Address (Only if requested and fee is paid)  
*Bruce Riggs*

9. Signature (Agent)  
*Bruce Riggs*

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

*AVALON*

**SENDER:** Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SANFORD J. HODGE III  
 4324 HOANOVER AVENUE  
 DALLAS, TX 75225

4a. Article Number  
 Z 740 407 732

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
 5-13-95

8. Addressee's Address (Only if req. and fee is paid)

9. Signature (Agent)  
*Sanford J. Hodge III*

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

*AVALON*

**SENDER:** Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 HARLEY BALLARD  
 P. O. BOX 1777  
 CARLSBAD, N.M. 88221

4a. Article Number  
 Z 740 407 741

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
 MAY 1995

8. Addressee's Address (Only if req. and fee is paid)  
*Harley Ballard*

9. Signature (Agent)  
*Harley Ballard*

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

*Audlon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

THE STATE OF NEW MEXICO  
Office of the State Land Commissioner  
310 Old Santa Fe Trail  
SANTE FE, NEW MEXICO 87503

4a. Article Number

Z 740 407 740

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-18-95

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

5. Signature (Addressee)  
*M. L. ...*

6. Signature (Agent)  
*M. L. ...*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

*Audlon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

UNIT PETROLEUM  
7130 S. LEWIS, STE 100  
TULSA, OK 74136

4a. Article Number

Z 740 407 733

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-18-95

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

5. Signature (Addressee)  
*M. L. ...*

6. Signature (Agent)  
*M. L. ...*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

*Audlon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

MARY HUDSON ARD  
4804 WESTRIDGE AVENUE  
FT WORTH, TX 76116

4a. Article Number

Z 740 407 694

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5-12-95

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

5. Signature (Addressee)  
*M. L. ...*

6. Signature (Agent)  
*M. L. ...*

PS Form 3811, December 1991 \*U.S. GPO: 1992-307-530 DOMESTIC RETURN RECEIPT

*Audlon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AGNES C OLIVER TRUST  
BROWN BRO HARRIMAN TRST  
CO.  
2001 ROSS AVENUE, STE. 1150  
DALLAS, TX 75201

4a. Article Number

Z 740 407 735

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

MAY 15 1995

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

5. Signature (Addressee)  
*M. L. ...*

6. Signature (Agent)  
*M. L. ...*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Exhibit No. 9

Exxon Corporation

Cases 11297 & 11298

Hearing Date: Dec. 14, 1995

**AVULON**

**SENDER:** Complete items 1 and/or 2 for additional services.  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 JOSEPH R. HODGE  
 P. O. BOX 5090  
 AUSTIN, TX 78763

4a. Article Number  
 Z 740 407 702

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 MAY 16 1995

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

5. Signature (Addressee)  


6. Signature (Agent)  


PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714 DOMESTIC RETURN RECEIPT

**AVULON**

**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 boxes for additional services requested.  
 1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 W. A. HUDSON II  
 616 TEXAS STREET  
 FT. WORTH, TX 76102-4612

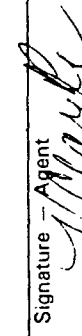
4. Article Number  
 Z 740 407 703

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature — Addressee  
 X

6. Signature Agent  
 X 

7. Date of Delivery  
 MAY 12 1995

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**AVULON**

**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 boxes for additional services requested.  
 1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 E. R. HUDSON, JR.  
 616 TEXAS STREET  
 FT. WORTH, TX 76102-4612

4. Article Number  
 Z 740 407 702


Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature — Addressee  
 X

6. Signature — Agent  
 X

7. Date of Delivery  
  
 MAY 12 1995

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**AVULON**

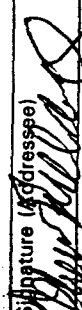
**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, and 4a & b.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return Receipt will show to whom the article was delivered and the date delivered.

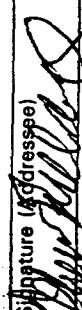
3. Article Addressed to:  
 77 CORP.  
 P. O. BOX 51006  
 MIDLAND, TX 79701

4a. Article Number  
 Z 740 407 700

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 MAY 12 1995

5. Signature (Addressee)  


6. Signature (Agent)  


PS Form 3811, December 1991 \*U.S.G.P.O. 1992-307-530 DOMESTIC RETURN RECEIPT

Exhibit No. 9  
 Exxon Corporation  
 Cases 11297 & 11298  
 Hearing Date: Dec. 14, 1995

Is your RETURN ADDRESS completed on the reverse side?



4010102

**SENDER:** Complete items 1 and/or 2 for additional services. I also wish to receive the following services (for an extra fee):

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
2.  Restricted Delivery Consult postmaster for fee.

3. Article Addressed to:  
CHEVRON PBC (PENNZOIL)  
ATTN: JAMES SPILLANDE  
P. O. BOX 2967  
HOUSTON, TX 77525-2967

4a. Article Number  
Z 740 407 696

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
5-12-95

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

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \* U.S.G.P.O. : 1992-307-530

**DOMESTIC RETURN RECEIPT**

4010102

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. I also wish to receive the following services (for an extra fee):

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
2.  Restricted Delivery Consult postmaster for fee.

3. Article Addressed to:  
KERR MCGEE CORP.  
U.S. ONSHORE REGION  
ATTN: JOINT VENTURE OPS  
211 N. ROBINSON, STE. 700  
OKLAHOMA CITY OK 73102

4. Article Number  
Z 740 407 705

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee by agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X

7. Date of Delivery  
MAY 15 AM 1995

8. Addressee's Address (ONLY if requested and fee is paid)  
OKLAHOMA CITY OK 73102

PS Form 3811, Apr. 1989

**DOMESTIC RETURN RECEIPT**

4010102

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. I also wish to receive the following services (for an extra fee):

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
2.  Restricted Delivery Consult postmaster for fee.

3. Article Addressed to:  
JAMES L. MARTIN, JR.  
RT. 5, BOX 494  
CLAREMORE, OK 74017

4. Article Number  
Z 740 407 708

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
5-13-95

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

PS Form 3811, Apr. 1989

**DOMESTIC RETURN RECEIPT**

4010102

**SENDER:** Complete items 1 and/or 2 for additional services. I also wish to receive the following services (for an extra fee):

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
2.  Restricted Delivery Consult postmaster for fee.

3. Article Addressed to:  
SIGMAR INC.  
ATTN: BOB HODGE  
400 W. ILLINOIS, STE. 1100  
MIDLAND, TX 79701

4a. Article Number  
Z 740 407 717

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
5-11-95

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

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \* U.S.G.P.O. : 1993-352-714

**DOMESTIC RETURN RECEIPT**

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

**AVALON**

**SENDER:** Complete items 1 and/or 2 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 HAYES PARTNERS I  
 P. O. BOX 3700  
 MIDLAND, TX 79702-3700

4a. Article Number  
**Z 740 407 738**

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

5. Signature (Addressee)  
*John L. Schlagal*

6. Signature (Agent)  
*Donnae Adrester*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

**AVALON**

**SENDER:** Complete items 1 and/or 2 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 JOHN L. SCHLAGAL  
 ATTN: BOB HODGE  
 400 W. ILLINOIS, STE. 1100  
 MIDLAND, TX 79701

4a. Article Number  
**Z 740 407 716**

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5-11-95**

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

5. Signature (Addressee)

6. Signature (Agent)  
*Donnae Adrester*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

**AVALON**

**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 boxes for additional service(s) requested.

- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:  
 E. H. JUDDSON  
 ATTN: BOB HODGE  
 400 W. ILLINOIS, STE. 1100  
 MIDLAND, TX 79701

4. Article Number  
**Z 740 407 709**

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee  
**X**

6. Signature - Agent  
*Donnae Adrester*

7. Date of Delivery  
**5-11-95**

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815

**DOMESTIC RETURN RECEIPT**

**AVALON**

**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 boxes for additional service(s) requested.

- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:  
 R. KEN WILLIAMS  
 400 W. ILLINOIS, STE. 1100  
 MIDLAND, TX 79701

4. Article Number  
**Z 740 407 704**

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee  
**X**

6. Signature - Agent  
*Donnae Adrester*

7. Date of Delivery  
**5-11-95**

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815

**DOMESTIC RETURN RECEIPT**

Exhibit No. 9

Exxon Corporation

Cases 11297 & 11298

Hearing Date: Dec. 14, 1995

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JACK O MCCALL ESTATE  
1210 MIDLAND NAT BNK TOWER  
500 W. TEXAS AVENUE  
MIDLAND, TX 79701

4a. Article Number  
**Z 740 407 695**

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5-11-95**

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

5. Signature (Addressee)

6. Signature (Agent)  
*John D. Brown*

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE OFFICE  
P.O. BOX 1778  
CARLSBAD, N.M. 88220

4a. Article Number  
**Z 740 407 742**

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5-12-95**

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

5. Signature (Addressee)

6. Signature (Agent)  
*Beth*

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WM B OLIVER TRUST  
ACT 0805400  
P. O. BOX 100871  
HOUSTON, TX 77212

4a. Article Number  
**Z 740 409 934**

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**MAY 12 1995**

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

5. Signature (Addressee)

6. Signature (Agent)  
**L. DUPREE**

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEVON ENERGY CORP.  
1500 MID AMERICAN TOWER  
20 N. BROADWAY  
OKLAHOMA CITY, OK 73102-8260

4a. Article Number  
**Z 740 407 698**

4b. Service Type

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**5-12-95**

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

5. Signature (Addressee)

6. Signature (Agent)  
*J. Reynolds*

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Rosalind Redfern  
ATTN: Rosson Kiellingsted  
P. O. Box 2127  
Midland, TX 79702

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
**Z 740 407 715**

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

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

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Don Raines  
P. O. Box 847  
Carlsbad, NM 88221

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

J. J. Redfern III  
Exec of John Redfern  
Claydesta Nat Bank  
STE. 6300  
Midland, TX 79705

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
**Z 740 407 714**

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery  
**5/2/91**

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

*Avalon*

**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 fee and check boxes for additional services requested.

- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:

Los Chicos  
ATTN: Dave Boneau  
105 S. Fourth Street  
Artesia, NM 88210

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, Apr. 1989 \*U.S. GPO: 1989-238-815

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number  
**Z 740 407 721**

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

YATES PETROLEUM  
 ATTN: DAVE BONEAU  
 105 S. FOURTH STREET  
 ARTESIA, NM 88210

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number  
**Z 740 407 693**

4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

ABO  
 ATTN: DAVE BONEAU  
 105 S. FOURTH STREET  
 ARTESIA, NM 88210

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-307-530 **DOMESTIC RETURN RECEIPT**

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number  
**Z 740 407 720**

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

YATES DRILLING  
 ATTN: DAVE BONEAU  
 105 S. FOURTH STREET  
 ARTESIA, NM 88210

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

*Avalon*

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number  
**Z 740 407 719**

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

S. P. YATES  
 ATTN: DAVE BONEAU  
 105 S. FOURTH STREET  
 ARTESIA, NM 88210

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Exhibit No. 9

Exxon Corporation  
 Cases 11297 & 11298  
 Hearing Date: Dec. 14, 1995

**AVALON**

**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 boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:

MYCO  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

4. Article Number  
**Z 740 407 710**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature of Addressee  
*John A. Yates*

6. Signature of Agent  
*John A. Yates*

7. Date of Delivery  
**MAY 11 1995**

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

**AVALON**

**SENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a & b.

Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JOHN A. YATES  
ATTN: DAVE BONEAU  
105 S. FOURTH STREET  
ARTESIA, NM 88210

4a. Article Number  
**Z 740 407 718**

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

5. Signature of Addressee  
*John A. Yates*

6. Signature of Agent  
*John A. Yates*

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714

DOMESTIC RETURN RECEIPT

**AVALON**

**SENDER:**

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a & b.

Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

PREMIER  
P. O. BOX 1246  
ARTESIA, NM 88210

4a. Article Number  
**Z 740 407 713**

4b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery  
**MAY 11 1995**

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

5. Signature (Addressee)  
*John A. Yates*

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S.G.P.O. 1993-352-714

DOMESTIC RETURN RECEIPT

is your RETURN ADDRESS completed on the reverse side?

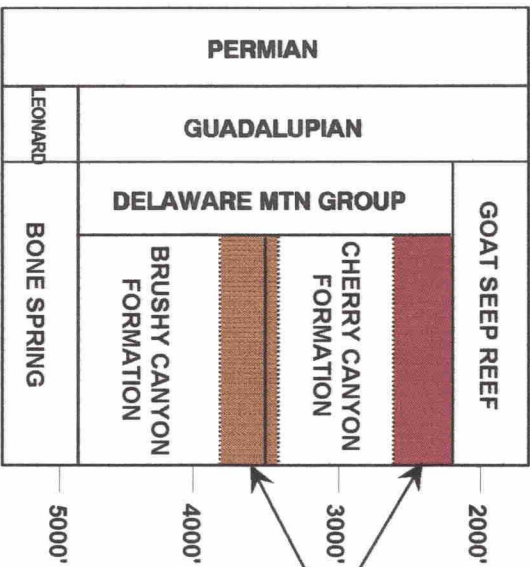
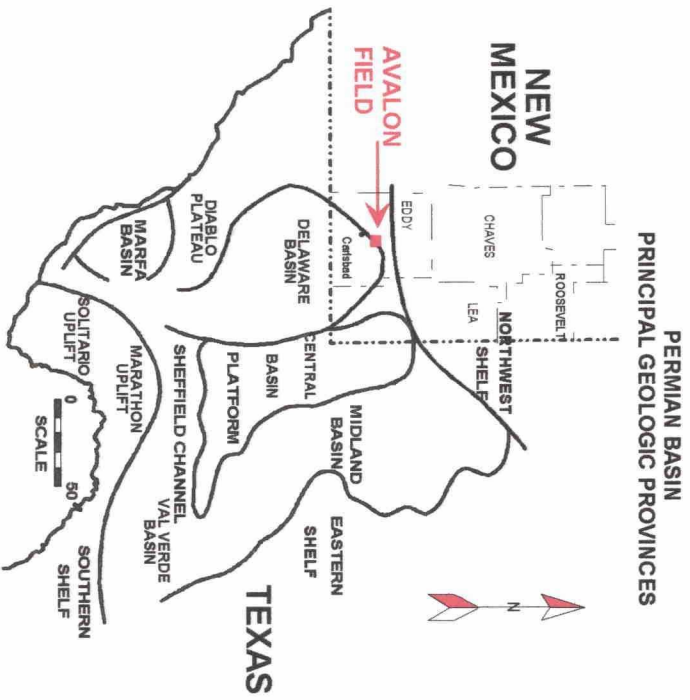
Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

Exhibit No. 9  
Exxon Corporation  
Cases 11297 & 11298  
Hearing Date: Dec. 14, 1995

# AVALON (DELAWARE) UNIT

## GEOLOGIC OVERVIEW

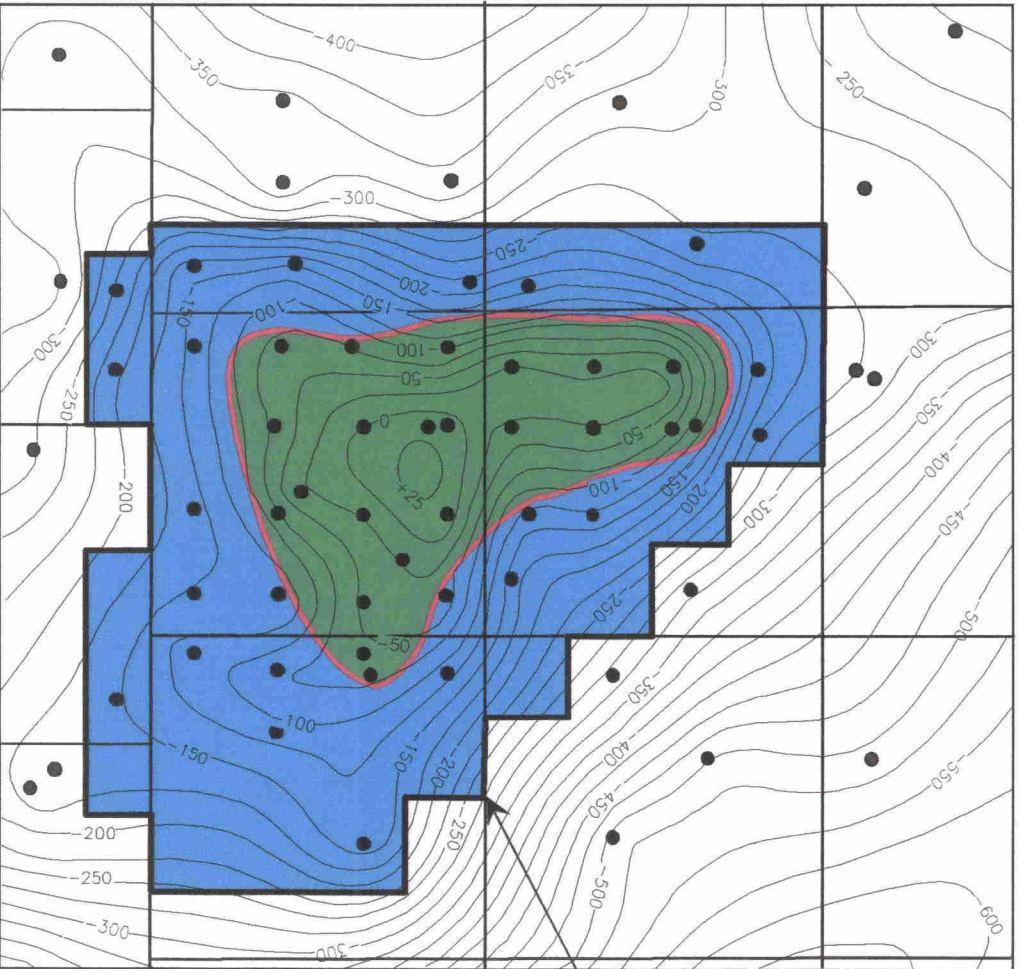


RESERVOIR DESCRIPTION	
PRODUCING FORMATION	UPPER CHERRY CANYON
DEPTH	2600 FT
RESERVOIR LITHOLOGIES	SAND
NET THICKNESS	131 FT
AVERAGE POROSITY	14.4%
AVERAGE PERMEABILITY	2.3 md
OIL ORIGINALLY IN PLACE	107 MMBO
	LOWER CHERRY CANYON/ UPPER BRUSHY CANYON
	3400 FT
	SAND & SILTSTONE
	272 FT
	14.9%
	1.1 md
	141 MMBO

MM = Million

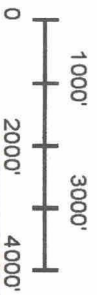
**AVALON (DELAWARE) UNIT**

**LOWER CHERRY/UPPER BRUSHY CANYON  
TOP STRUCTURE MAP**



**Proposed Unit Area**

- Wells
- Limits of Proven Primary Production



NMOCDD Hearing

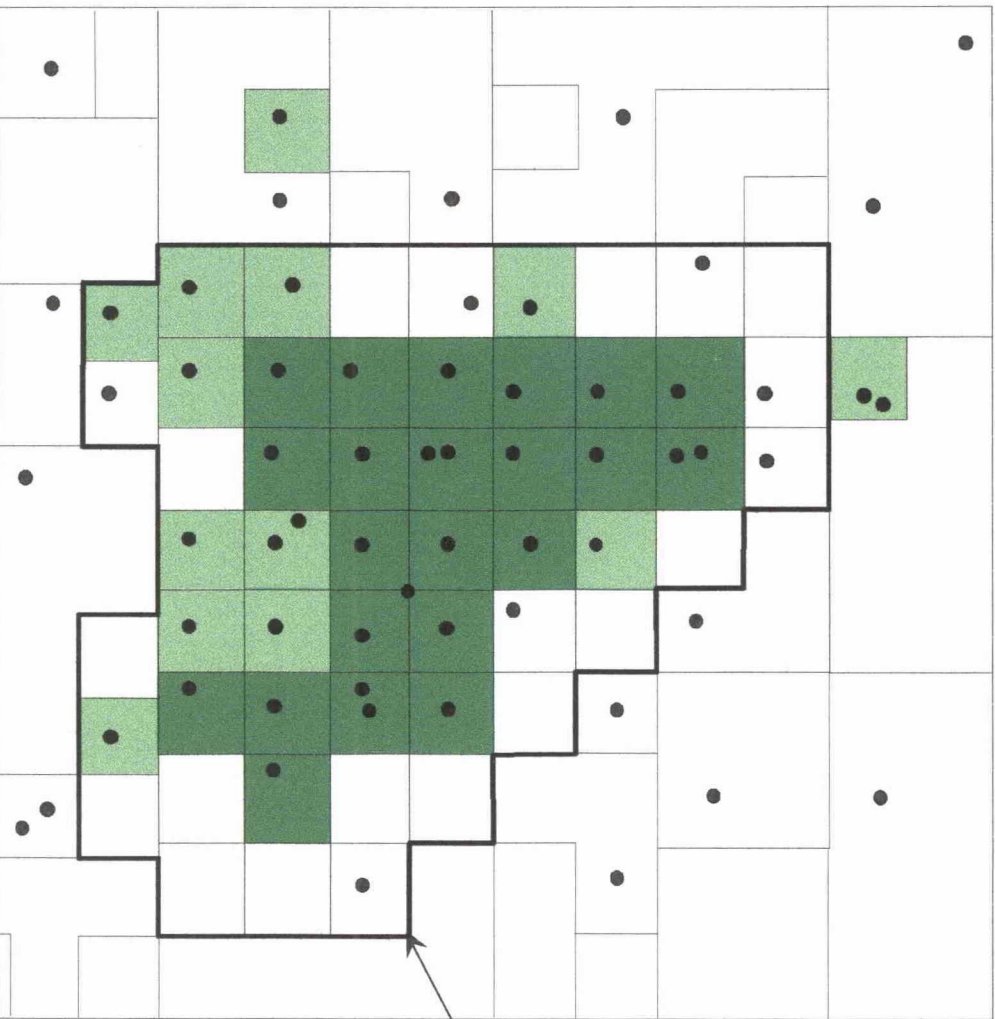
Order No. R-10460

Exhibit No. **17**

Exxon Corporation  
NMOCDD Cases 11297 & 11298  
Hearing Date December 14, 1995



AVALON UNIT TRACT MAP



Delaware Oil Completions

- Delaware (UCC/UBC) Completion Currently Active
- Delaware Completion UCC/UBC shut-in or has never produced from UCC or UBC

PROPOSED UNIT AREA

