

# VISION ENERGY, INC.

P.O. BOX 2459 CARLSBAD, NM 88221-2459 (505) 236-8041

November 15, 1991

RECEIVED

NOV 19 1991

O. L. O.  
ARTESIA OFFICE

Energy and Minerals Department  
Oil Conservation Division  
Drawer DD  
Artesia, NM 88211

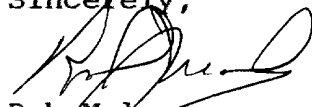
Re: HB #3, Fed Com #1  
S3-T24S-R29E  
Eddy County, New

Mexico,

Dear :

I am enclosing copies of the return receipts of the letters we sent out to leaseholders surrounding the above captioned well, informing them of our request for a discovery well allowance.

Sincerely,



Bob Maley  
Office Manager

RECEIVED

NOV 2 9 1991

O.C.D.  
ARTESIA OFFICE

**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)↑

<p>3. Article Addressed to:</p> <p style="font-size: 1.2em;">Sant Fe Energy</p> <p style="font-size: 1.2em;">500 W. Illinois Ave</p> <p style="font-size: 1.2em;">Midland, TX 79701</p>	<p>4. Article Number</p> <p style="font-size: 1.2em;">R698 577 929</p> <p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <span style="margin-left: 40px;"><input type="checkbox"/> Insured</span></p> <p><input type="checkbox"/> Certified <span style="margin-left: 40px;"><input type="checkbox"/> COD</span></p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>Don Shane</i></p>	
<p>7. Date of Delivery</p> <p style="font-size: 1.2em;">10-31-91</p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p style="font-size: 1.2em;">Marlow</p> <p style="font-size: 1.2em;">Box 832</p> <p style="font-size: 1.2em;">Midland, TX 79702</p>	<p>4. Article Number</p> <p style="font-size: 1.2em;">R698 577 928</p> <p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <span style="margin-left: 40px;"><input type="checkbox"/> Insured</span></p> <p><input type="checkbox"/> Certified <span style="margin-left: 40px;"><input type="checkbox"/> COD</span></p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>X.S. Guzman</i></p>	
<p>7. Date of Delivery</p> <p style="font-size: 1.2em;">10-31-91</p>	

PS Form 3811, Mar. 1987

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↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p style="font-size: 1.2em;">Enron</p> <p style="font-size: 1.2em;">Box 2267</p> <p style="font-size: 1.2em;">Midland, TX 79702</p>	<p>4. Article Number</p> <p style="font-size: 1.2em;">R698 577 923</p> <p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <span style="margin-left: 40px;"><input type="checkbox"/> Insured</span></p> <p><input type="checkbox"/> Certified <span style="margin-left: 40px;"><input type="checkbox"/> COD</span></p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p style="font-size: 1.2em;">OCT 31 1991</p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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3. Article Addressed to: Pacific Enterprises 4245 Kemp, Suite 600 Wichita Falls, TX 76307	4. Article Number R698577925 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input 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)
6. Signature — Agent X Willie Nolen	
7. Date of Delivery 11/4/91	

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

<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. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑	
3. Article Addressed to: Yates 405 South 4th Artesia, NM 88210	4. Article Number R698577922 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input 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)
6. Signature — Agent X Mike Burt	
7. Date of Delivery 10-31-91	

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: Exxon 615 W. Missouri Midland TX 79701	4. Article Number R698577927 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input 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)
6. Signature — Agent X W. Gary	
7. Date of Delivery OCT 31 1991	

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: APXCO Heritage Center Midland, TX 79702	4. Article Number R698577926 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input 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)
6. Signature — Agent X	