

P.O. BOX 2459 CAFLSBAD, NM 88221-2459 (505) 238-6041

RECEIVED

NOV : 9 1991

November 15, 1991

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G. C. G. 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.

Sincerel Bob/Maley

Office Manager

additional services are desired, and complete items 3 SENDER: Complete items 1 and 2 w and 4. and 4.
 Put your address in the "RETURN TO" Spece 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. Show to whom delivered, date, and addressee's address.
 2. Restricted Delivery RECEVED ↑(Extra charge)↑ ↑(Extra charge)↑ 3. Article Addressed to: Article Number E Eurryy Sauta A 47 N. C. M. ARTESIA MERICE voe ef Service: Registered Insured Certified COD -Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if Signature – Addressee requested and fee paid) х 6. Signature - Agent and х 7. Date of Delivery 10-37 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. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this rut your address in the "HEIJHN IO" 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 service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery  $\uparrow$  (Extra charge)  $\uparrow$  (Extra charge)  $\uparrow$ 4: Anticle Number 3. Article Addressed to: (1 Type of Service Insured 🗶 Registered Certified 🗆 cod Express Mail 19702 Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if 5. Signature - Addressee requested and fee paid) Х 6. Signature Agent X Mar 7. Delivery Date of Ø DOMESTIC RETURN RECEIPT PS Form 3811, Mar. 1987 + U.S.G.P.O. 1987-178-268 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. <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. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery transfer of the person to the person of the p †(Extra charge)† ↑(Extra charge)↑ Apticle Number 3. Article Addressed to: 7267 Type of Service: Registered / Insured 🗆 сор Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if 5. Signature - Addressee requested and fee paid) Х 6. Signature Agen ŨC . Date of Delivery PS Form 3811, Mar. 1987 DOMESTIC RETURN RECEIPT \* U.S.G.P.O. 1987-178-268

SENDER: plete items 1 and 2 when additional services are ed, and complete the 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 per son delivered to and the date of delivery. For additional fees the following services are available. Con suit postmaster for fees and check box(es) for additional service(s) requested. 1. Bhow to whom delivered, date, and addressee's address. 2. Restricted Delivery t(Extra charge)t t(Extra charge)t t(Extra charge)t 3. Article Addressed to: Hacific Enterprise Kb405 Hacific Enterprise Kb405 Type of Service: HACIFIC WICHITZ FZ/15, TX Certified Express Mail Insured <u>[</u>] Always obtain signature of addressee 76307 or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) 5. Signature - Addressee х gnature - Agent 7. Date of Delivery 11 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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1. □ Show to whom delivered, date, and addressee's address.
2. □ Restricted Delivery f(*Extra charge*)↑
1 (*Extra charge*)↑ 4. Article Number Type of Service: Yates Hos. South 4th Hytesiz, NON 88210 3. Article Addressed to: 823 7 7 Registered Insured COD Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) 5. Signature – Addressee Iх 6. Sispature - Agent X Mikeba 7. Date of Delivery 10 31. 9 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. ■ and 4.
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1. □ Show to whom delivered, date, and addressee's address.
2. □ Restricted Delivery t(Extra charge)t
1/(Extra charge)t 4. Article Number Type of Service: Registered 3. Article Addressed to: Exxon 615 W. Missouri Midland TX 19701 Insured Certified Express Mail 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. Sjø Agent Date of Delivery Х OCT 3 1 1991 N 7. 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. 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 postmester for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery f(*Extra charge*)† 4. Article Addressed for 3. Article Addressed to: Article Number Type of Service: Registered ン ritage Center tid land, TX 19702 PXZCO Insured Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature - Addressee 8. Addressee's Address (ONLY if requested and fee paid) X 6. Signature – Ageno X