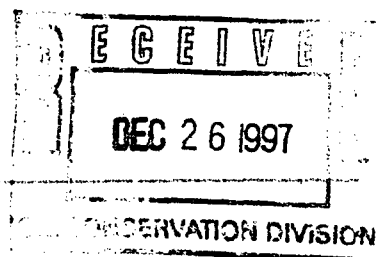


BURLINGTON RESOURCES

MID-CONTINENT DIVISION
12-22-97



Mr. David Catanach, Petroleum Engineer
State of New Mexico
Energy, Minerals and Natural Resources Dept.
Oil Conserveation Division
2040 South Pacheco
Santa Fe, New Mexico 87505-

Re: Proof of Offset Operator Notification
Signed Certified Return Receipt Attached

(3) Applications for Downhole Commingling
Burlington Resources Oil & Gas Company

Checkerboard 23 Federal #8
G, Sec. 23, T22S, R32E, Lea Co., NM
API 30-025-32626
Red Tank Bone Spring & West Red Tank Delaware Pools

Checkerboard 23 Federal #11
B, Sec. 24, T23S, R32E, Lea Co., NM
API 30-025-32628
Red Tank Bone Spring & West Red Tank Delaware Pools

Redchecker 14 Federal #1
P, Sec. 14, T22S, R32E, Lea Co., NM
API 30-025-32764
Red Tank Bone Spring & West Red Tank Delaware Pools

Dear Mr. Catanach:

Enclosed is a copy of the signed certified return receipt # P 497-352-036 dated November 25, 1997 as proof of offset notification to Progo Prudicing Company who is the offset operator for all of the above applications to downhole commingle.

The originals applications were sent to you for administrative approval on November 19, 1997.

Sincerely,

Maria L. Perez
Maria L. Perez, Regulatory Rep.
A/C 915-688-6906

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

Pogo Producing Company
P.O. Box 10340
Midland, Texas 79702

4a. Article Number

P 497 352 036

4b. Service Type

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

7. Date of Delivery

NOV 25 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Linda L. Bruch*

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.