

9/4/97	9/24/97	DC	W	DHC
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ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

### ADMINISTRATIVE APPLICATION COVERSHEET

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

#### Application Acronyms:

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]  
 [DD-Directional Drilling] [SD-Simultaneous Dedication]  
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

#### [1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Directional Drilling

☐ NSL ☐ NSP ☐ DD ☐ SD

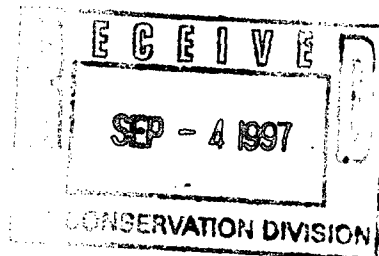
Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☒ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR



#### [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☐ Does Not Apply

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO

U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

#### [3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Britton McGovern  
Print or Type Name

Britton McGovern  
Signature

Engineer  
Title

8/25/97



Texaco E & P

205 E. Bender Blvd.  
Hobbs NM 88240  
505 393 7191

August 25, 1997

NMOCD  
2040 South Pacheco  
Santa Fe, New Mexico 87505

Attn: Mr. Ben Stone

**Subject: Application to DHC C. H. Weir "B" #9, G-11-20S-37E, in the Monument Tubb (47090) and Skaggs Drinkard (57000) Pools.**

Dear Mr. Stone:

Texaco Exploration and Production, Inc. respectfully requests administrative approval to downhole commingle the C. H. Weir "B" #9 in the Monument Tubb and Skaggs Drinkard Pools. Notification of this application has been sent to offset operators and proof of notification has been included in this package. Proof of notification is not available for two of the lease holders because the certified mail cards have not been returned.

This well was recently recompleted in the Monument Tubb Pool and is currently producing at an uneconomical rate of 0 BOPD and 58 MCFPD. In order to make the well economical, the plug above the Drinkard will be drilled out and both zones will be rod-pumped. This is the most economical way to produce both zones. The bottom-hole pressure for each zone was determined by shutting the well in for 48 hours and obtaining a casing pressure and a fluid level. The bottom hole pressure for the Drinkard is 613 psi and the Tubb is 591 psi.

The Tubb and Drinkard are already being produced on this lease from other wells. These wells are produced into a common tank battery where no fluid compatibility problems have been seen. This well meets all of the requirements set forth by Rule 303(C). Due to the recency of the Tubb completion, a full year of production data is not available. The allocation factors were determined in the following manner:

$$\%DRINKARD = \frac{DRINKARD \text{ STABILIZED PRODUCTION}}{DRINKARD + TUBB \text{ STABILIZED PRODUCTION}}$$

$$\%TUBB = 100\% - \%DRINKARD.$$

If you have any questions concerning this application, please contact Britton M. McQuien at (505) 397-0427.

Sincerely,

Britton M. McQuien  
Production Engineer  
Texaco Exploration and Production, Inc.

cc: Mr. Chris Williams

enc

## EXHIBIT "B" - CASE NO. 11353, ORDER NO. R-10470-A

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

## DISTRICT II

811 South First St., Artesia, NM 88210

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505-6429Form C-107-A  
New 3-12-96

## APPROVAL PROCESS

☐ Administrative ☐ Hearing

## EXISTING WELLBORE

☐ YES ☐ NO

## APPLICATION FOR DOWNHOLE COMMINGLING

Operator Texaco Exploration & Producing Inc. Address 205 East Bender Hobbs, New Mexico 88240Lease C. H. Weir "B" Well No. 9 Unit Ltr. - Sec - Tws - Rge G-11-20S-37E County LeaOGRID NO. 022351 Property Code 011132 API NO. 30-025-29927 Federal        State X (and/or) Fee        Spacing Unit Lease Types: (check 1 or more) Fee

The following facts are submitted in support of downhole commingling:	Lower Zone	Intermediate Zone	Upper Zone
1. Pool Name and Pool Code	Skaggs Drinkard 57000		Monument Tubbs 47090
2. Top And Bottom of Pay Section (Perforations)	6702'-6894'		6410'-6546'
3. Type of production (Oil or Gas)	Oil		Gas
4. Method of Production (Flowing or Artificial Lift)	Rod-pump		Rod-pump
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current	(Current) a. 613 psi	a.	a.
Gas & Oil - Flowing: Measured Current	(Original) b.	b.	b.
All Gas Zones: Estimated Or Measured Original			591 psi
6. Oil Gravity (* API) or Gas BTU Content	38		1172 BTU/SCF
7. Producing or Shut-In? Production Marginal? (yes or no)	Shut-in yes		producing yes
* If Shut-In, give date and oil/gas/ water rates of last production Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.	Date: 6/11/97 Rates: 6/134/23		
* If Producing, give date and oil/gas/ water rates of recent test (within 60 days)	Date: Rates:		8/7/97 0/58/4
8. Fixed Percentage Allocation Formula -% for each zone	Oil: 100% Gas: 70%	Oil: % Gas: %	Oil: 0% Gas: 30%

9. If allocation Formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.
10. Are all working, overriding, and royalty interests identical in all commingled zones? ☒ Yes ☐ No  
If not, have all working, overriding, and royalty interests been notified by certified mail? ☐ Yes ☐ No  
Have all offset operators been given written notice of the proposed downhole commingling? ☒ Yes ☐ No
11. Will cross-flow occur? ☐ Yes ☒ No If yes, are fluids compatible, will the Formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. ☐ Yes ☐ No (If No, attach explanation)
12. Are all produced fluids from all commingled zones compatible with other? ☒ Yes ☐ No
13. Will the value of production be decreased by commingling? ☐ Yes ☒ No (If Yes, attach explanation)
14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Land or the United States Bureau of Land Management has been notified in writing of this application. ☐ Yes ☐ No
15. NMOCD Reference Cases for Rule 303(C) Exceptions: ORDER NO(S).
16. ATTACHMENTS:
- \* C-102 for each zone to be commingled showing its spacing unit and acreage deication.
  - \* Production curve for each zone for at lease one year. (If not available, attach explanation.)
  - \* For zones with no production history, estimated production rates and supporting data.
  - \* Notification list of all offset operators.
  - \* Notification list of working, overriding, and royalty interests for uncommon interest cases.
  - \* Any additional statements, data or documents required to support commingling.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Britton McQuien TITLE Engineer DATE 08-25-97  
TYPE OR PRINT NAME Britton McQuien TELEPHONE NO. ( 505 ) 397-0427

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88241-1980  
DISTRICT II  
P.O. Box Drawer DD, Artesia, NM 88211-0719  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
DISTRICT IV  
P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies  
☐ AMENDED REPORT

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 3002529927	<sup>2</sup> Pool Code 57000	<sup>3</sup> Pool Name SKAGGS DRINKARD
<sup>4</sup> Property Code 11132	<sup>5</sup> Property Name WEIR, C. H. -B-	<sup>6</sup> Well No. 9
<sup>7</sup> OGRID Number 022351	<sup>8</sup> Operator Name TEXACO EXPLORATION & PRODUCTION INC.	<sup>9</sup> Elevation 3605' KB

<sup>10</sup> Surface Location

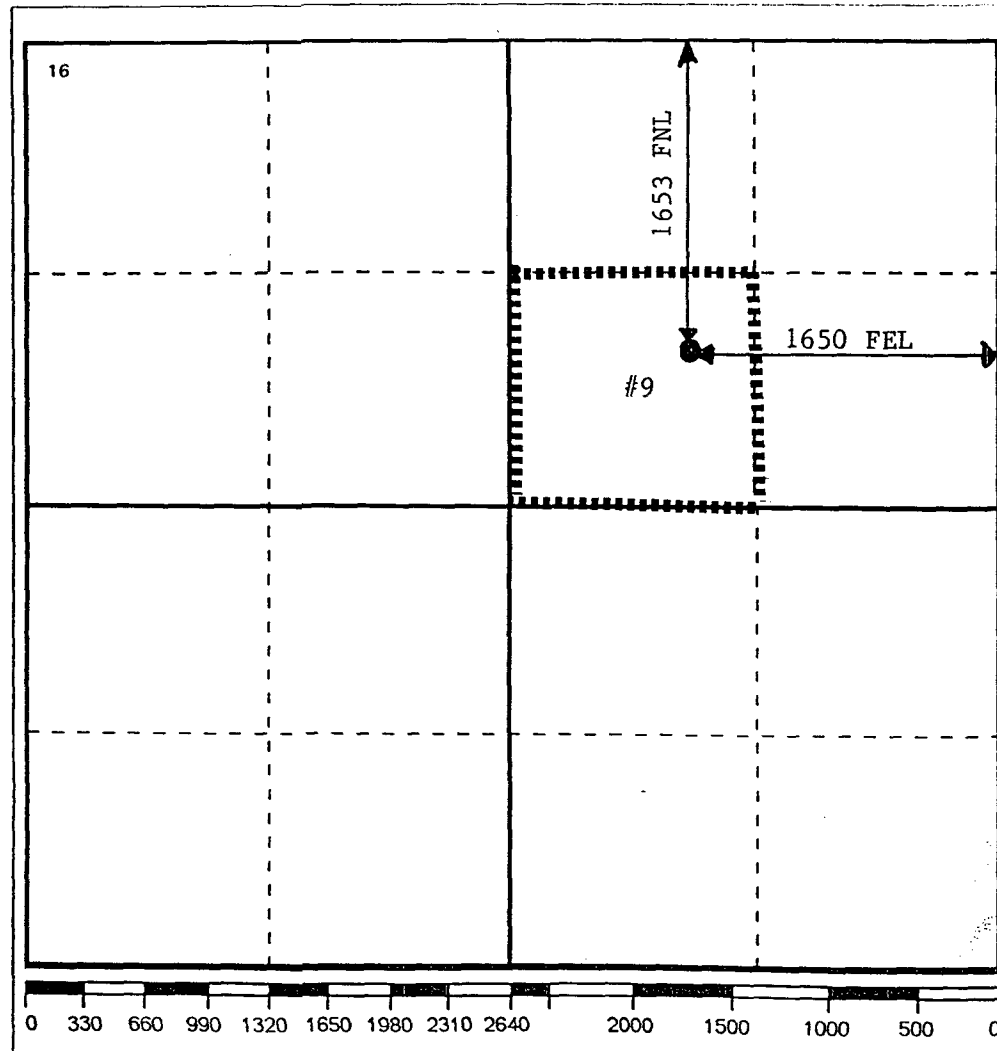
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
G	11	20S	37E		1653	NORTH	1650	EAST	LEA

<sup>11</sup> Bottom Hole Location If Different From Surface

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill No	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
-------------------------------------	-------------------------------------	----------------------------------	-------------------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information  
contained herein is true and complete to the  
best of my knowledge and belief

Signature

*V. Greg Maes*

Printed Name

V. Greg Maes

Position

Engineering Assistant

Date

8/28/97

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown  
on this plat was plotted from field notes of  
actual surveys made by me or under my  
supervision, and that the same is true and  
correct to the best of my knowledge and  
belief.

Date Surveyed

Signature & Seal of

Professional Surveyor

Certificate No.

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

## DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 3002529927	<sup>2</sup> Pool Code 47090	<sup>3</sup> Pool Name MONUMENT TUBB
<sup>4</sup> Property Code 11132	<sup>5</sup> Property Name WEIR, C. H. -B-	<sup>6</sup> Well No. 9
<sup>7</sup> OGRID Number 022351	<sup>8</sup> Operator Name TEXACO EXPLORATION & PRODUCTION INC.	<sup>9</sup> Elevation 3605' KB

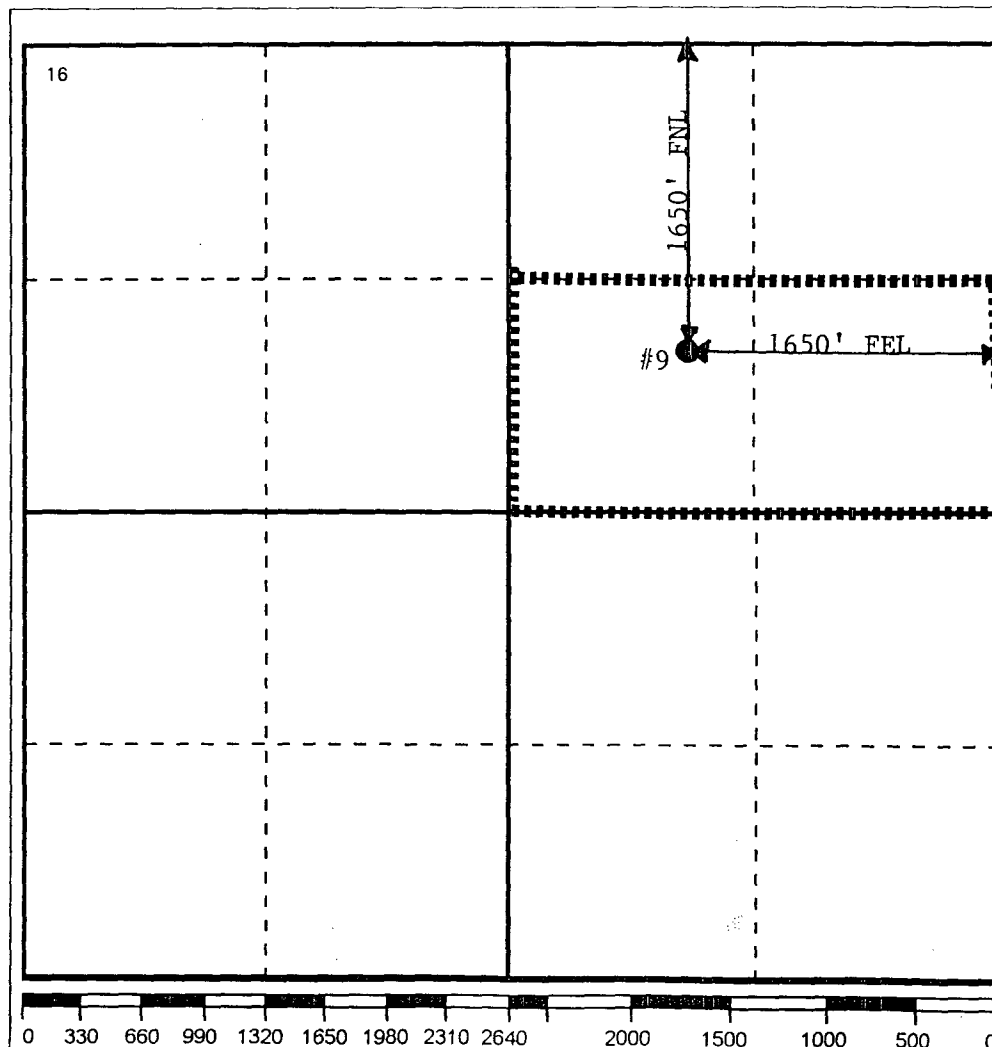
<sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
G	11	20S	37E		1653	NORTH	1650	EAST	LEA

<sup>11</sup> Bottom Hole Location If Different From Surface

Ul or lot no.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
<sup>12</sup> Dedicated Acres 80	<sup>13</sup> Joint or Infill No	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

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Printed Name

V. Greg Maes

Position

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Date

8/28/97

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Date Surveyed

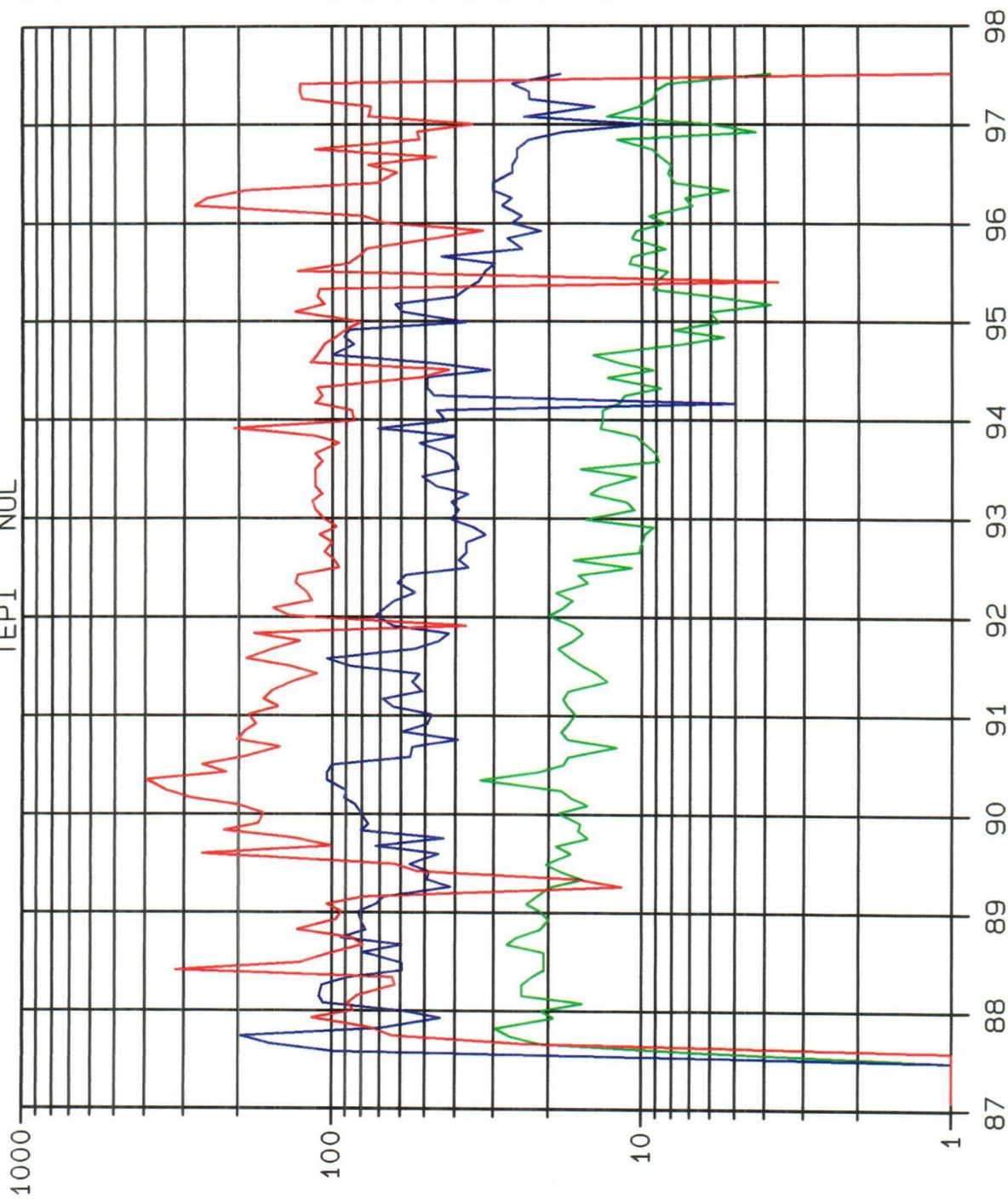
Signature & Seal of  
Professional Surveyor

Certificate No.

# WEIR, C. H. -B- 9 SKAGGS DRINKARD

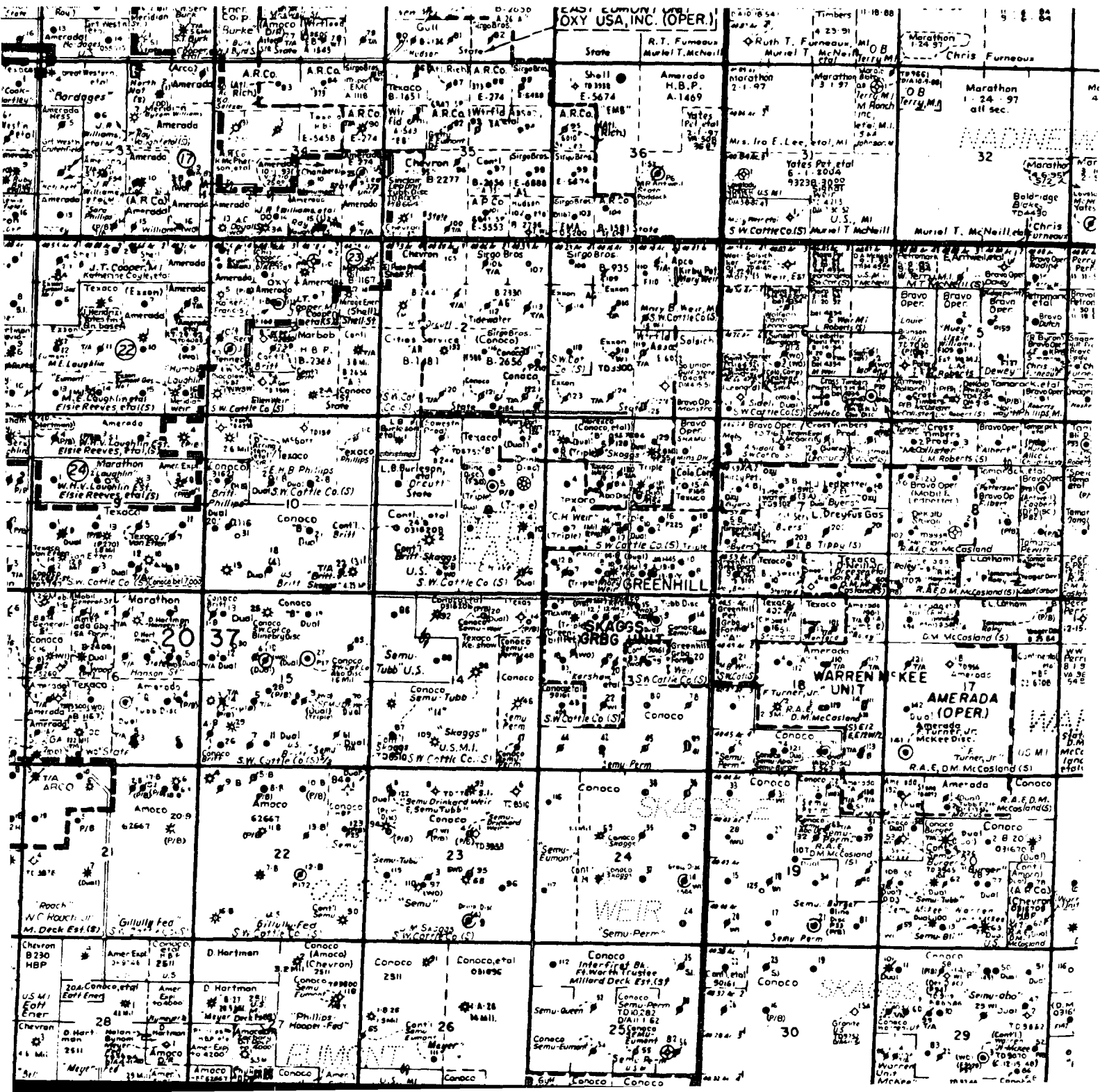
TEPI NUL

LEASE DATA  
 LSE 011132  
 FLD 57000  
 OPER TEPI  
 ZONE NUL  
 --  
 COUNTY 025  
 STATE 30  
 30025299270001  
 STATUS 6-97  
 CO 52 MBO  
 CG 432 MMCF  
 CW 201 MBW  
 BOPD 4  
 BWPD 18  
 MCFPD 0  
 WELLS 1  
 CI 0 MBWI  
 BWIPD 0

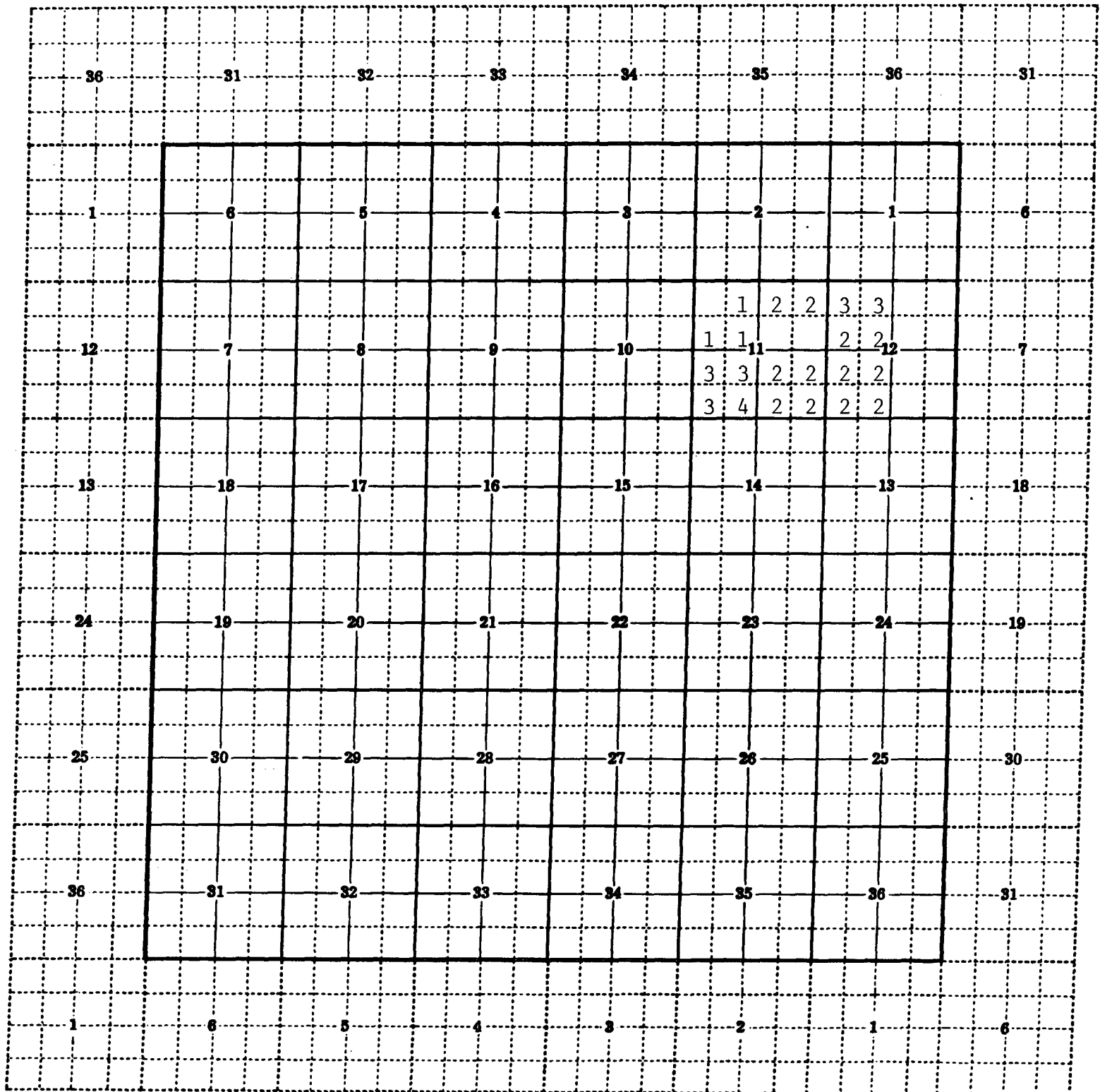


YEARS

Offset Operators and all Lessees of Record  
C. H. Weir "B" No. 9 Well  
S/2 NE/4 of Section 11, T-20-S, R-37-E  
Monument Tubb and Drinkard Formations  
Lea County, New Mexico  
July 16, 1997



Offset Operators and all Lessees of Record  
 C. H. Weir "B" No. 9 Well  
 S/2 NE/4 of Section 11, T-20-S, R-37-E  
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 Lea County, New Mexico  
 July 16, 1997



Offset Operators and all Lessees of Record  
C. H. Weir "B" No. 9 Well  
S/2 NE/4 of Section 11, T-20-S, R-37-E  
Monument Tubb and Drinkard Formations  
Lea County, New Mexico  
July 16, 1997

Number 1

---

X Lewis B. Burleson and wife, Kathryn K. Burleson  
P. O. Box 2479  
Midland, Texas 79702

X Lewis B. Burleson Trust  
P. O. Box 2479  
Midland, Texas 79702

X The New Mexico Company  
P. O. Box 2479  
Midland, Texas 79702

X Nancy E. Wilson  
P. O. Box 2479  
Midland, Texas 79702

X Steven L. Burleson  
P. O. Box 2479  
Midland, Texas 79702

X Sharon Beaver  
4014 Lehigh Drive  
Midland, Texas 79707

X Charles N. Evans  
P. O. Box 41  
Eunice, New Mexico 88231

X Wayne Jarvis  
1105 Alpine  
Andrews, Texas 79714

Number 2

---

Texaco Exploration and Production Inc.  
P. O. Box 3109  
Midland, Texas 79702

Offset Operators and all Lessees of Record  
C. H. Weir "B" No. 9 Well  
S/2 NE/4 of Section 11, T-20-S, R-37-E  
Monument Tubb and Drinkard Formations  
Lea County, New Mexico  
July 16, 1997

**Number 3**

---

- X Conoco Inc.  
10 Desta Dr., Suite 100W  
Midland, Texas 79705
- X Apache Corporation  
2000 Post Oak Blvd., Suite 100  
Houston, Texas 77056-4400
- X Chevron USA, Inc.  
P. O. Box 1150  
Midland, Texas 79702
- X Atlantic Richfield Company  
P. O. Box 1610  
Midland, Texas 79702

**Number 4**

---

- X John H. Hendrix Corporation  
110 N Marienfeld St.  
Midland, Texas 79701
- X Michael L. Klein and wife, Jeanne L. Klein  
500 W. Texas Ave., Suite 1230  
Midland, Texas 79701
- X Ronnie H. Westbrook  
2809 Haynes  
Midland, Texas 79705
- X Daniel L. Veirs  
110 Marienfeld St.  
Midland, Texas 79701

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:

The New Mexico Company  
P. O. Box 2479  
Midland, Texas 79702

4a. Article Number

P622 723 767

4b. Service Type

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

7. Date of Delivery

JUL 28 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Wayne Jarvis  
1105 Alpine  
Andrews, Texas 79714

4a. Article Number

P442 355 505

4b. Service Type

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

7. Date of Delivery

7/25

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

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

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Consult postmaster for fee.

3. Article Addressed to:

Sharon Beaver  
4014 Lehigh Drive  
Midland, Texas 79707

4a. Article Number

P442 355 503

4b. Service Type

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

7. Date of Delivery

7-25-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

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1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles N. Evans  
P. O. Box 41  
Eunice, New Mexico 88231

4a. Article Number

P442 355 504

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Charles N. Evans

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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:

Michael L. Klein and wife, Jeanne  
L. Klein  
500 W. Texas Ave., Suite 1230  
Midland, Texas 79701

4a. Article Number

P442 355 646

4b. Service Type

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

7. Date of Delivery

7-25-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Judy Klein

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Chevron USA, Inc.  
P. O. Box 1150  
Midland, Texas 79702

4a. Article Number

P442 355 507

4b. Service Type

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

7. Date of Delivery

JUL 25 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

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3. Article Addressed to:	4a. Article Number	
Nancy E. Wilson P. O. Box 2479 Midland, Texas 79702	P 622 723 768	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" 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	
	JUL 28 1997	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)		
X <i>[Signature]</i>		
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number	
Conoso Inc. 10 Dosta Dr., Suite 100W Midland, Texas 79705	P 622 723 764	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" 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	
	7-25-97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)		
<i>[Signature]</i>		
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3. Article Addressed to:	4a. Article Number	
John H. Hendrix Corporation 110 N. Marienfeld St. Midland, Texas 79701	Z 004 855 448	
	4b. Service Type	
	<input type="checkbox"/> Registered <input checked="" 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	
	7-25-97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
John Brown		
6. Signature: (Addressee or Agent)		
X <i>[Signature]</i>		
PS Form 3811, December 1994		Domestic Return Receipt

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- 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:

Lewis B. Burleson, and wife,  
Kathryn K. Burleson  
P. O. Box 2479  
Midland Texas 79702

4a. Article Number

P 672 723 765

4b. Service Type

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

7. Date of Delivery

JUL 28 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Julie Smith*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- 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:

Atlantic Richfield Company  
P. O. Box 1610  
Midland, Texas 79702

4a. Article Number

P 442 355 508

4b. Service Type

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

7. Date of Delivery

JUL 28 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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- 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:

Steven L. Burleson  
P. O. Box 2479  
Midland, Texas 79702

4a. Article Number

P 442 355 502

4b. Service Type

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

7. Date of Delivery

JUL 28 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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- 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:

Apache Corporation  
2000 Post Oak Blvd., Suite 100  
Houston, Texas 77056-4400

4a. Article Number

P442 355 506

4b. Service Type

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

7. Date of Delivery

7-28-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *James Rodriguez*

PS Form 3811, December 1994

Domestic Return Receipt

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- 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:

Ronnie H. Westbrook  
2809 Haynes  
Midland, Texas 79705

4a. Article Number

Z004 855 447

4b. Service Type

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

7. Date of Delivery

JUL 28 1997

5. Received By: (Print Name)

*R H Westbrook*

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

6. Signature: (Addressee or Agent)

X *R H Westbrook*

PS Form 3811, December 1994

Domestic Return Receipt

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- 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:

Lewis B. Burleson Trust  
P. O. Box 2479  
Midland, Texas 79702

4a. Article Number

P622 723 766

4b. Service Type

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

7. Date of Delivery

JUL 28 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *L B Burleson*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DHC-1776



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

9/8/97

GOVERNOR

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC  
DHC X  
NSL  
NSP  
SWD  
WFX  
PMX

Gentlemen:

I have examined the application for the:

Texaco E&P Inc CH Weir B #9-G 11-20s-37e  
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

*Chris Williams*

Chris Williams  
Supervisor, District 1

/ed