

Telephone (940) 723-2166

STEPHENS & JOHNSON OPERATING CO.

FAX (940) 723-8113

811 Sixth Street, Suite 300

Post Office Box 2249

WICHITA FALLS, TEXAS
76307-2249

October 30, 2006
RECEIVED

NOV 03 2006

*R-5135-2/2/09
Case 6450*

Oil Conservation Division
1220 South Street Francis Drive
Santa Fe, NM 87505

Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505

Re: Application for Authorization to Inject
East Millman Pool Unit
Millman (Yates-SR-QN-GB-SA) East Field
Eddy County, New Mexico

Gentlemen:

Reference is made to our recently submitted Application for Authorization to Inject for our East Millman Pool Unit located in Eddy County, New Mexico.

Please find enclosed the list of all offset leasehold operators and the surface owner that were sent certified letters of notification of our Application for Authorization to Inject along with proof of delivery of such letters of notification.

Should you require any additional information concerning our Application for Authorization to Inject, please do not hesitate to contact us.

Yours very truly,

STEPHENS & JOHNSON OPERATING CO.



William M. Kincaid

WMK/ns
Encl.

cc: Oil Conservation Division
1301 W. Grand Ave.
Artesia, NM 88210

ATTACHMENT "D"

List of all offset leasehold operators and surface owner that were sent certified letters of notification:

Leasehold Operators Within One-Half Mile:

COG Operating, LLC
550 W. Texas Ave., Suite 1300
Midland, TX 79701

Ameristate Exploration, LLC
P O Box 341449
Austin, TX 78734-0025

Bass Enterprises Production Co.
201 Main Street, Suite 3100
Fort Worth, TX 76102

EOG Resources, Inc.
4000 N. Big Spring, Suite 500
Midland, TX 79705

Bold Energy, L.P.
415 W. Wall, Suite 500
Midland, TX 79701

Melrose Operating Co.
5813 N.W. Grand Blvd., Suite B
Oklahoma City, OK 73118

Surface Owner:

State of New Mexico

Surface Lessee:

Dagger Draw Ranch, Inc.
P O Box 1061
Carlsbad, NM 88221

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Liz Koening</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>L. KOENIGER</i>	C. Date of Delivery <i>10/13</i>
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: COG Operating, LLC 550 W Texas Ave Suite 1300 Midland, TX 79701		
2. Article Number (Transfer from service label)	7005 0390 0004 4976 5960	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>10/13</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: Bold Energy, L.P. 415 W Wall, Suite 500 Midland, TX 79701		
2. Article Number (Transfer from service label)	7005 0390 0004 4976 5915	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Jorda H. Terry</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Linda G. Terry</i>	C. Date of Delivery <i>10/17/06</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: Melrose Operating Co. 5813 NW Grand Blvd Suite B Oklahoma City, OK 73118		
2. Article Number (Transfer from service label)	7005 0390 0004 4976 5922	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ameristate Exploration, LLC
P O Box 341449
Austin, TX 78734-0025

2. Article Number
(Transfer from service label)

7005 0390 0004 4976 6295

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-18-06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dagger Draw Ranch, Inc.
P O Box 1061
Carlsbad, NM 88221

2. Article Number
(Transfer from service label)

7005 0390 0004 4976 5946

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bass Enterprises Production Co.
201 Main Street, Suite 3100
Fort Worth, TX 76102

2. Article Number
(Transfer from service label)

7005 0390 0004 4976 5878

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

