



Resources, Inc. - OIL & GAS DIVISION
RECEIVED

'90 OCT 25 AM 8 54

October 22, 1990

518 17th St., Suite 1030
Denver, Colorado 80202
(303) 571-4220

State of New Mexico
Energy, Minerals and Natural Resources Dept.
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504

Attn: William J. Lemay

Re: Unorthodox Locations
Hammond W.N. Fed No. 9
~~Hammond W.N. Fed No. 10~~
Hammond W.N. Fed No. 11
Oxnard W.N. Fed No. 9
Oxnard W.N. Fed No. 10
Marron W.N. Fed No. 8
Marron W.N. Fed Com No. 9
Township 27 North, Range 8 West
San Juan County, NM

Gentlemen:

Maralex Resources, Inc. (Maralex) as stated in our applications for unorthodox locations dated October 5, 1990, hereby submits the return receipt cards signifying receipt by the offset operators of notification of our applications.

As with the applications, the notifications for the different wells were submitted in one package to each of the operators. Therefore, there is only one card per operator. Copies of the applications were hand delivered to the Bureau of Land Management on October 10, 1990.

Please let us know at your earliest convenience the status of our applications so that we may proceed with the drilling and completion of our wells prior to expiration of the Section 29 tax credit.

Sincerely,



A. M. O'Hare, P.E.
President
Maralex Resources, Inc.

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 boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (*Extra charge*)
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 boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (*Extra charge*)

3. Article Addressed to:

Tibex Partnership
P.O. Box 911
BRECKENRIDGE, TX 76024

4. Article Number:

D 712 015 285

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED

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

X

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

10-15 1990

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

3. Article Addressed to:

MERIDIAN OIL PRODUCTION CO.

P.O. Box 4289

Farmington, NM 87499

4. Article Number:

P 712 015 284

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED

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

X

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

10-11 1990

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

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 boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (*Extra charge*)

3. Article Addressed to:

WESTERN OIL & MINERALS LTD
P.O. Drawer 1228
Farmington, NM 87499
ATTN: Mr. Jack Beaty

4. Article Number:

P 712 015 282

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED

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

X

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

10-11 1990

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

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 boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (*Extra charge*)

3. Article Addressed to:

GREAT LAKES CHEMICAL
BOX 2200
WEST LAFAYETTE, IN 47906

4. Article Number:

P 712 015 283

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED

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

X

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

10-12 1990

DOMESTIC RETURN RECEIPT

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT