United Gas Search, Inc.

P.O. Box 154 Tulsa. OK 74101-0151 OIL CONSERVATION DIVISION RECEIVED

'91 JUL 25 AM 9 19

Hax (918) 241-4752

(918) 245-2060

July 15, 1991

State of New Mexico Energy, Minerals & Natural Resources Department New Mexico Oil Conservation Division P. O. Box 2088 Santa Fe, New Mexico 87501-2088

ATTN: William J. Lemay, Director

RE: Application for Unorthodox Well Location United Gas Search, Inc. Lea County, New Mexico

Gentlemen:

Please consider this letter the formal application of United Gas Search, Inc. for an unorthodox well location for its Leonard Brothers #21 well pursuant to the provisions of Rule 104 (F) of the Rules and Regulations of the New Mexico Oil Conservation Division (1991), whereby United Gas Search, Inc., as operator of said well, seeks administrative approval thereof based upon the following facts and circumstances:

LOCATION OF WELL. The Leonard Brothers #21 well is located 1980' FNL and 2180' FWL of Section 14, Township 26 South, Range 37 East, Lea County, New Mexico. This well was originally drilled and completed in the Queen Formation in 1978 by Tenneco Oil and produced oil therefrom, said location being orthodox for the forty (40) acre unit designated therefor; thereafter it was utilized for injection purposes for a waterflood program. In 1990, the property was purchased by United Gas Search, Inc. of Tulsa, Oklahoma and was plugged back and completed into the Rhodes Yates Seven Rivers Gas Formation, a non-prorated gas pool in which spacing is defined by rule to be 160 acres per unit, with permitted locations being no closer than 660' from the outer boundaries of such unit (per Rule 104 C. II.a). In June, 1991 a frac job was performed upon the well and the same is capable of production from said formation. located, the well is 200' closer to the east boundary of the unit comprised of the NW4 of said Section 14 than is authorized per the auoted Rule. United Gas Search, Inc. now files this application to approve the unorthodox location by virtue of its re-completion of the existing well from a deeper horizon (Queen) wherein the location for oil production was orthodox to a shallower horizon where gas production has been established. The approval of this application STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
LETTER CONT'D
PAGE 2

is sought in order to prevent the drilling of unnecessary wells, to prevent waste, and also correlative rights are protected inasmuch as there is common ownership of the minerals (United States of America) and operating rights (United Gas Search, Inc.) in the units toward the east and southeast of the subject well and to which the unorthodox location represents a 200' removal. (See Exhibits).

OFFSETTING INFORMATION. Attached to this application is a current rendering of leasehold ownership provided by Midland Map on July 3, 1991 and also a plat showing well completions for the NW4 Section 14, T26S-R37E, Lea County, NM which is the subject unit, and for the eight contiguous 160 acre units as to the Rhodes Yates Seven The only wells producing from the subject Rivers Gas Formation. horizon are located in the SW4 Section 14.T26S-R37E, operated by United Gas Search, Inc. (Leonard Federal #13), and in the SE4 15, operated by Meridian Oil, T26S-R37E, Inc. illustrated on the plat, the unorthodox location sought by this application moves toward the SE4 and NE4 160 acre units in Section 14, wherein there is no Rhodes Yates Seven Rivers production and which are owned and operated by United Gas Search, Inc. under United States Oil and Gas Lease #NM 7951 (which is the same lease underlying the remainder of Section 14 and the S2 of Section 11, to the north). For clarification, it should be noted that there is a well located in the SW4SW4 Section 14 listed as being operated by Bettis, Boyle & Stovall as to the subject formation; this well no longer produces and the acreage covered thereby was joined with the acreage owned by United Gas Search in the SW4 Section 14 to form a unit with the Leonard Federal #13 designated as the unit well as approved by the OCD in February, 1991.

NOTIFICATION. Copies of this application were sent by certified mail, return receipt requested (see exhibit), to the following companies who are the operators of offsetting units or owners of offsetting leasehold which could form a unit:

Meridian Oil 2919 Allen Parkway Suite 1100 Houston, TX 77019

Oryx Energy Company (successor to Sun Exploration & Production) P. O. Box 2880 Dallas, TX 75221-2880

Union Texas Petroleum P. O. Box 2120 Houston, TX 77252

STATE OF NEW MEXICO OIL CONSERVATION DIVISION LETTER CONT'D PAGE 3

> Doyle Hartman 500 North Main Midland, TX 79701

NOTE: The exhibits attached hereto regarding the Well Completion Report initially filed by Tenneco Oil on the subject well contained an error in the location whereby the coordinates thereof were transposed. Your attention is directed to the New Mexico Oil Conservation Commission Well Location and Acreage Dedication Plat filed by Tenneco per the survey performed on January 4, 1978 by John W. West and to the certification as to the location 2180' FWL and 1980' FNL Section 14, T26S-R37E, Lea County, NM.

* * * * * * * * * *

In view of the foregoing, United Gas Search, Inc. requests that this application for an unorthodox well location be handled administratively, in accordance with the Rules and Regulations of the New Mexico Oil Conservation Division, and that an Order approving said location be issued; or, otherwise, that it be set for hearing upon the next appropriate docket. Please advise should any additional information be required.

Yours truly,

UNITED GAS SEARCH, INC.

Randall T. Holmes General Counsel

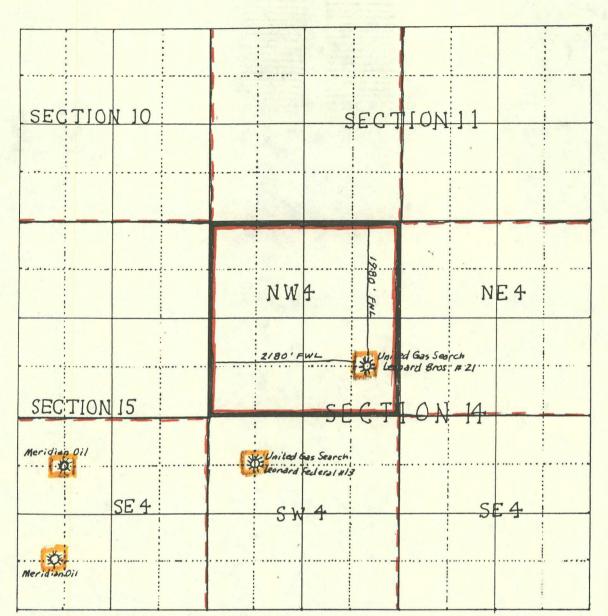
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Exhibits

cc: J. T. Sexton
Supervisor, District I Office
New Mexico Oil Conservation Division
P. O. Box 1980
Hobbs, NM 88240

EXHIBITS TO APPLICATION OF UNITED GAS SEARCH, INC.
FOR AN UNORTHODOX WELL LOCATION FOR THE
LEONARD BROTHERS #21 WELL LOCATED
2180' FWL and 1980' FNL, SECTION 14
in TOWNSHIP 26 SOUTH, RANGE 37 EAST, LEA CO., NM

- Exhibit A. Plat showing location of wells producing from the Rhodes Yates Seven Rivers Gas Formation in the Subject Unit and the eight contiguous units.
- Exhibit B. Plat showing leasehold ownership in the Subject Unit and the eight contiguous units, as supplied by Midland Map, July 3, 1991.
- Exhibit C. Well Location and Acreage Dedication Plat, Well Completion or Recompletion Report and Log as filed by Tenneco Oil, original operator of the subject well, for oil production from the Queen formation.
- Exhibit D. Administrative Order WFX No. 476 of the New Mexico Oil Conservation Division dated 10/19/79, in favor of Tenneco Oil for waterflood injection.
- Exhibit E. Sundry Notice, Well Completion Report, Well Location and Acreage Dedication Plat, and Request for Allowable and Authorization to Transport Oil and Natural Gas of United Gas Search, Inc. for the subject well as re-completed in the Rhodes Yates Seven Rivers Gas Formation.
- Exhibit F. Evidence of certified mailing.



TOWNSHIP 26 SOUTH, RANGE 37 EAST

PLAT SHOWING PRODUCING WELLS IN THE
RHODES YATES SEVEN RIVERS GAS
FORMATION FOR THE NW4

OF SECTION 14, TOWNSHIP 26 SOUTH, RANGE 37 EAST
IN LEA CO., NM. AND 8 CONTIGUOUS
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Exhibit A

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NEW ... IGO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Superredes E-128 Ellective 1-1-65.

All distances must be from the outer boundaries of the Section perator Well No. Tenneco Oil Co. Leonard Brothers 21 Section Township Unit Letter County 26 South 37 East Lea Actual Footage Location of Well: West 1980 North line and teet from the Ground Level Elev. Producing Formation Pool Dedicated Acreage: 2996.5 Queen - Penrose Leonard Queen South 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? If answer is "yes," type of consolidation _ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the Information contained herein is true and complete to the best of my knowledge and belief. Trek Production Analyst Company 2180 Tenneco Oil Company Date 1/9/78 I heraby certify that the well location shown on this plat was pletted from field notes of actual surveys made by me or der my supervision, and that the same true and correct to the best of my knowledge and belief. Date Surveyed 1/4/78 Registered Professional Engineer

SUBMIT IN DUPLICATE. UNITED STATES DEPARTMENT OF THE INTERIOR

Form approved. Budget Bureau No. 42-R355.5.

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If not filed pries to the this submitted, copies of all currently svallable logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional gurreys, should be attached horsto, to the extent required by applicable Federal and/or State laws and regulations. All attachments mound be listed on this form, are flem II. minitient, particularly with regard to loval, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from the local Federal iens is iteligned for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency. Any necessary special instructions concerning the use of this form and the number of copies to be and/or Stain affire. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. or both, pursuant to applicable Federal and/or State inwa and regulations.

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U.S. GOVERNMENT PRINTING OFFICE, INS. C. - C-683434

GPO 837-497

APPLICATION OF TENNECO OIL COMPANY TO EXPAND ITS WATER FLOOD PROJECTS IN THE LEONARD-QUEEN POOL IN LEA COUNTY, NEW MEXICO.

ORDER WFX NO. 476

ADMINISTRATIVE ORDER OF THE OIL CONSERVATION DIVISION

Under the provisions of Order No. R-5675, Tenneco Oil Company has made application to the Division on September 6, 1979, for permission to expand its Leonard Federal Waterflood Project and its Leonard Brothers Waterflood Project in the Leonard-Queen Pool in Lea County, New Mexico.

NOW, on this 19th day of October, 1979, the Division Director finds:

- 1. That application has been filed in due form.
- 2. That satisfactory information has been provided that all offset operators have been duly notified of the application.
- 3. That no objection has been received within the waiting period as prescribed by Order No. R-5675.
- 4. That the proposed injection wells are eligible for conversion to water injection under the terms of Order No. R-5675.
- 5. That the proposed expansion of the above referenced water flood projects will not cause waste nor impair correlative rights.
 - 6. That the application should be approved.

IT IS THEREFORE ORDERED:

That the applicant, Tenneco Oil Company, be and the same is hereby authorized to inject water into the Queen formation through plastic-lined tubing set in packers at approximately 100 feet above the perforations in the following described wells for purposes of secondary recovery, to wit:

Leonard Federal Well No. 9, located in Unit P of Section 14, Leonard Federal Well No. 10, located in Unit J of Sec. 14, Leonard Federal Well No. 11, located in Unit N of Sec. 14, Leonard Federal Well No. 13, located in Unit L of Sec. 14, all in the Tenneco Oil Company Leonard Federal Waterflood Project in Township 26 South, Range 37 East, NMPM, Lea County, New Mexico, and

Leonard Brothers Well No. 14, located in Unit B of Sec. 14, and Leonard Brothers Well No. 21, located in Unit F of Section 14, both in the Tenneco Oil Company Leonard Brothers Waterflood Project in Township 26 South, Range 37 East, NMPM, Lea County, New Mexico.

IT IS FURTHER ORDERED:

That the operator shall take all steps necessary to ensure that the injected water enters only the proposed injection interval and is not permitted to escape to other formations or onto the surface.

That the casing-tubing annulus shall be loaded with an inert fluid and equipped with a pressure gauge at the surface

or left open to the atmosphere to facilitie detection of leakage in the casing, tubing, or packer.

That the injection well or system shall be equipped with a pop-off valve or device which will limit the wellhead pressure to a maximum of 680 pounds per square inch; provided however that the Division Director may administratively authorize a pressure limitation in excess of the above upon the operator's establishing that such higher pressure will not result in fracturing of confining strata.

That the operator shall notify the supervisor of the Division's Hobbs District Office before injection is commenced through said well;

That the operator shall immediately notify the Supervisor of the Division's Hobbs District Office of the failure of the tubing, casing, or packer in said well or the leakage of water from or around said well and shall take such steps as may be timely or necessary to correct such failure or leakage.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

> STATE OF NEW MEXICO OIL CONSERVATION DIVISION

JOE D. RAMEY Division Director

SEAL

| Form 3160-5 (July 1989) (Formerly 9-331) | DEPARTM | NITED STA ENT OF TH OF LAND MA | E INTERIOR | OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on re | NM-7951 | AND BERIAL NO. |
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| 3. ADDRESS OF OPERATE | 55, Hobbs, NN | 98241 | | | 9. WELL NO. | |
| 4. LOCATION OF WELL | (Report location clea | | nce with any Sta | te requirements.* | 10. PIRLD AND POOL, O | 2 WILDCAT |
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| | | | | • | Sec 14 T26S R | 37E |
| 14. FERMIT NO. API #30-025-25 | 8860 | 15. PIEVATIONS (S) | 3008 KB | ar, etc.) | 12. COUNTY OF PARISH | 18. STATE NM |
| 16 | Check App | roprigle Box To | Indicate Natu | re of Notice, Report, or (| Other Data | |
| | NOTICE OF INTENTIO | or to: | ł | PRESUR | URNT REPORT OF: | |
| TEST WATER SHUT- | off PU | II OR ALTER CASIN | a | WATER SHUT-OFF | BEPAIRING | wate |
| PRACTURE TREAT | 11 | LTIPLE COMPLETE | | PRACTURE TREATMENT | ALTERING C | DN184 |
| RHOOT OR ACIDIZA | | NDON* | | BROOTING OR ACIDIZING | BMMODMASA | () |
| REPAIR WELL (Other) | | ANGE PLANE | | (Other) Recomplete (Norg: Report results | ro knodes yates of multiple completion letion Report and Log fo | on Well |
| | Perforated 2 2798-2810, 2 waiting on f gelled water | 644-48, 265 860-70, 293 rac treatme & 155,000# | 8-64, 2672- 0-38 with 1 ent. 6/21/91 20/40 sand | 00, cap with 35' ce -76, 2684-86, 2700- L shot per foot, Sh L Treated with 1,00 d. Maximum pressure ay thru 24/64" chok | 12, ut-In 0 bbls 2200#. | |
| | | | | | | |
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| | | · | | | • | |
| , | | ř | | | | |
| R. I hereby certify that | the foregoing is to | | ritle Ac | rent | DATE 6-25 | -91 |
| (This space for Fede | eral or State office t | | | | ~ | |
| | | | riti.z | | ma A deser- | |
| CONDITIONS OF A | PPROVAL, IF ANY | | ritle | | DATE | |

*See Instructions on Reverse Side

EXHIBITE

Form 3160-4 (November 1983) (formerly 9-330)

UNITED STATES

SUBMIT IN DUPLICATE.

Form approved. Budget Bureau No. 1004-0137 Expires August 31, 1985

DATE 6-25-91

(Sec other in-

| | | | OF THE IN ND MANAGEM | | ₹ str | uctions on verse side) | 5. LEASE DES | SIGNATION AND SERIAL NO. |
|---------------------|--------------------|--------------------|-------------------------|-------------------------|--------------|---------------------------|----------------------------|---------------------------------|
| WELL CO | | | | | AND I |)G * | | -7951 ALLOTTEE OR TRIBE NAME |
| 1a TYPE OF WE | | OR RECO | | | | | 7. UNIT AGRE | |
| b TYPE OF COM | | in the write | X tery | Other | | | 1. UNIT AGRE | EMENT DAME |
| WELL [| | er [] Pita Back | X DIFF | Other | | | S. FARM OR I | EASE NAME |
| 2. NAME OF OPERA | TOR | | | | | | | rd Brothers |
| | s Search, | Inc. | | | | | 9. WELL NO. | |
| 3. sudress of opi | | | | | , | | 21 | |
| | | | , Inc., Box | | | 88241 | 10. PIELD AN | D POOL, OR WILDCAT |
| 4 LOCATION OF WE | ELL (Report locati | on clearly and in | accordance with a | iny State requir | cmenta) • | | | tes Seven River |
| At surface | 1980' Fi | VL & 2180' | FWL of Sec | 14 | | | 11. SEC., T., R OR AREA | ., M., OR BLOCK AND BURVEY |
| At top prod in | terval reported be | ·low | | | | | 1 | |
| At total depth | , | | | | | | Sec 14 | , T26S, R37E |
| | | | 14. PERMIT NO | υ. | DATE ISSUED | | 12. COUNTY O | R 13. STATE |
| | | | API#30-02 | 25-25860 | | | Lea | NM |
| 5. DATE SPUDDED | 16. DATE T.D. R | REACHED 17. DA | TE COMPL. (Ready | to prod.) 18. | ELEVATIONS | (DF, RKB, | RT, GB, ETC.)* | 19. ELEV. CASINGHEAD |
| Recomp 10/4/90 | | | 6/21/91 | | 300 | 08 KB | | |
| 20. TOTAL DEPTH, MD | 4 TVD 21. PLU | IG. BACK T.D., MD | TVD 22. IF MI HOW | LTIPLE COMPL., MANY* | | TERVALS | ROTARY TOOL | S CABLE TOOLS |
| 3640 | | 3065 | | | | > | QT-0 | |
| 4. PRODUCING INTE | RVAL(S), OF THIS | COMPLETION—TO | P, BOTTOM, NAME | (MD AND TVD)* | • | | | 25. WAS DIRECTIONAL SURVEY MADE |
| 2644-2938 | Yates Seve | en Rivers | | | | | | No |
| 6. TYPE ELECTRIC | AND OTHER LOGS | RUN | | | | | 1 | 27. WAS WELL CORED |
| | | | | | | | | No |
| 18. | | CAS | ING RECORD (Re | port all strings | set in well) | | | |
| CABING SIZE | WEIGHT, LB. | FT. DEPTH S | ET (MD) H | OLE SIZE | C | EMENTING | RECORD | AMOUNT PULLED |
| 8 5/8 | 24# | 50 | 2 | 12 1/4 | 50 | 00 sx | | None |
| 5 1/2 | 15.5# | 364 | 0 | 7 7/8 | 102 | 25 sx | | None |
| | | | | | | | | |
| | | | | | | | | |
| 9 . | | LINER RECORI | -, - | | 30. | | TUBING RECO | |
| 8128 | TOP (MD) | BOTTOM (MD) | SACKS CEMENT® | SCREEN (MI | *) | E | DEPTH SET (MD | PACKER SET (MD) |
| | | | - | - | | - | | |
| 1. PERFORATION RE | cosp (Interval, si | ze and number) | | 82. | ACID, SHO | T. FRACT | URE, CEMENT | SQUEEZE, ETC. |
| • | 2658-64, 26 | | • | DEPTH INT | ERVAL (MD) | AM | OUNT AND KIND | OF MATERIAL USED |
| 2700-12, | 2740-46, 27 | 98-2810, 2 | 860-70, | 2644-2 | 938 | 1,00 | 00 bbls ge | lled water, |
| 2930-38, | l shot per | foot | | | | 155, | 000# 20/4 | 0 sand |
| | | | * | | | | | |
| 3.* | | | PRO | DUCTION | | 1 | <u> </u> | |
| ATE FIRST PRODUCT | ION PRODU | CTION METHOD (| Flowing, gas lift, j | pumping—size c | nd type of p | ump) | WELL 8 | TATUS (Producing or |
| 6/22/91 | | Flowing | | | | | 27.80 | -in) |
| ATE OF THET | HOURS TESTED | CHOKE BIZE | PROD'N. FOR | OIL_BBL. | GAS- | NCr. | WATER-BBL. | GAS-OIL BATIO |
| 6/22/91 | 24 | 24/64 | | None | 3 | 200 | None | |
| LOW. TUBING PRESS. | CASING PRESSUE | CALCULATED | OIIBBI., | GAS-1 | CF. | WATER- | -HBL. | OIL GRAVITY-API (CORR.) |
| | 605 | | -= | 1 | • | 1 | . 1 | |
| 4. DISPOSITION OF G | AB (Sold, used for | fuel, vented, etc. | | | | | TEST WITNESS | ED ST |
| sold | | | | | | | Roy S. P | eugh, Jr |
| 5. LIBT OF ATTACH | MENTS | | | | | - | | |

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

TITLE __

Dound

| 37. SUMMARY OF PORG drill-stem, tests, in recoveries): | OUS ZONES: (Sh | ow all important a erval tested, cus | SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries): | 38: GEO | GEOLOGIC MARKERS | |
|--|---------------------------------------|---|---|---------|------------------|---------------------|
| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | | TOP | P |
| | | , | | N > ME | MEAS. DEPTH | TRUE VERT. DEPTH |
| Yates - SR | 2644 | 2938 | Producing Interval | Tansil1 | 2485 | |
| | | | | Yates | 2644 | |
| | | | | Queen | 3320 | |
| | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
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Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| Operator | | | | | Lease | | | | Well No. | |
|--|------------------------------|---------------------------|---|----------------------|----------------------------------|---|----------------|--|---|--|
| United G | as S | Search, | Inc. | | Le | onard Broth | ers | • | 21 | |
| Just Letter | Section | 00 | Township | | Range | | | County | | |
| F | 1 | .4 | 26 S | , | 37 E | ! | NMPM | Lea | | |
| Actual Footage Loca | tion of | Well: | | | | | AMIAAA/A | | | |
| 1980 | feet f | rom the | North | line and | 2180 | | feet from t | he West | line | |
| Ground level Elev. | | | ng Formation | | Pool | | | | Dedicated Acre | age: |
| 2997 | İ | Yates | Seven Ri | vers | Rhode | 8 . | ' | | 160 | Acres |
| If more If more | than c | ne lease is de | dicated to the we | ll, outline each and | identify the over well, have the | marks on the plat belownership thereof (both interest of all owners | as to workin | | | |
| this form i No allowa | is "no" if neco ble wi | essary. Il be assigned | rs and tract descr to the well until | iptions which have | actually been o | consolidated. (Use red d (by communitization | | , forced-pooling | g, or otherwise) | |
| or unit a | DOU-844 | maid mit, en | minaring such in | terest, has been ap | proved by the I | A VILLOXI. | | OPER 47 | OD OFFICE | |
| | | | 1 | | | | | I hereby intained herei | OR CERTIFIC certify that the intrue and conducted the certific and certific and belief. | e information |
| | | | 19801 | | | | Pr | gnature Long inted Name | | |
| <− 2180¹ | | | →⊙ | | | | Po Cc | Donna Ho sition Agent company United G the 6/25/91 | as Search | , Inc. |
| | | | | | | 1 | | | OR CERTIFI | CATION |
| | | | | et et | | - - | 0A 0C 5M | this plat we tual surveys pervison, and | that the well is plotted from made by me I that the same best of my k | field notes of or under my e is true and |
| | | | | | | | | ate Surveyed | | |
| | | | · | | : , , , | | SP | ignature & Sea rofessional Sur | l of veyor | |
| | | <u> </u> | | | | | | ertificate No. | | |
| 330 660 5 | 990 | 1320 1650 | 1980 2310 | 2640 200 | 0 1500 | 1000 500 | 0 | | · · · · · · · · · · · · · · · · · · · | |

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

| 1000 Rio Brazos Rd., Aztec, NM 87410 | REQ | UEST F | OR AL | LOWA | BLE AND | AUTHORI | ZATION | • | | |
|---|---------------|---------------|-----------|---------------|---------------------------------------|-----------------|---------------------------------------|---------------------------|---|--|
| I. | | TO TRA | ANSP | ORT OIL | _ AND NA | TURAL G | | API No. | | |
| Openior United Gas Search, | T | | | | | | 1 | | 5060 | |
| Address | inc. | | | | | | | 30-025-2 | 2860 | |
| c/o Oil Reports & (| Gas Ser | vices. | Inc. | . Box | 755. Hob | bs. NM | 88241 | | | |
| Reason(s) for Filing (Check proper box) | * | | | , ==== | | er (Please expl | | | | |
| New Well | <i>3</i> | Change in | • | | | | | | | |
| Recompletion / X | Oil | <u>_</u> | Dry Ga | | | | | | | |
| Change in Operator | Casinghe | ad Gas | Conde | isale | | ···· | · · · · · · · · · · · · · · · · · · · | | | |
| If change of operator give name and address of previous operator | | | | · | | | | · | | |
| IL DESCRIPTION OF WELL | AND LE | | 1 | | | , | | · | <u></u> - | |
| Lease Name Leonard Brothers | | Well No. | 1 | | ing Formation | D | L. | of Lease Federal or Fe | | . esse N o. 7951 |
| Location | | 21 | Innou | es lat | es Seven | Rivers | | | MM | 7931 |
| Unit Letter F | . 19 | 80 | F4 F | T N | orth . | . 219 | 0 - | | Wort | |
| Onit Letter | _ : | | _ real PT | om the A | orth Line | and210 | <u> </u> | eet From The | West | Line |
| Section 14 Townshi | p 26 | Si | Range | 37E | , NI | ирм, | Lea | ··· | | County |
| III. DESIGNATION OF TRAN | SPORTE | CR OF O | II. AN | D NATI | RAT GAS | | | | | |
| Name of Authorized Transporter of Oil | | or Conde | | | | e address to w | hich approved | l copy of this f | form is to be s | ani) |
| | | | | | | | | | | |
| Name of Authorized Transporter of Casin | - | | or Dry | Gas XX | 1 | e address to w | • • | | | eni) |
| El Paso Natural Gas Co If well produces oil or liquids, | Unit | Sec. | Twp. | P.== | · · · · · · · · · · · · · · · · · · · | ox 1492, | EI Pasc | | 9978 | |
| give location of tanks. | l Omr | 36c. | i Irak | l Mar | Is gas actually Yes | y compected? | i Auen | | 1/91 | |
| If this production is commingled with that | from any ot | her lease or | pool giv | e comming | | ref: | | 0/2 | 1/91 | |
| IV. COMPLETION DATA | | | Laine Br. | | | <u> </u> | | | | |
| | | Oil Wel | 1 (| Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion | | <u>i</u> | | X | İi | Х | <u> </u> | x | | X |
| Date Spudded work began | i | ipl. Ready to | o Prod. | | Total Depth | • | | P.B.T.D. | | |
| 10/4/90 | _ | /21/91 | | | 3640 | | | | 065 | |
| Elevations (DF, RKB, RT, GR, etc.) | 1 | Producing F | | | Top Oil/Gas I | = | | Tubing Dep | th | |
| 3008 KB Perforations | Yates | Seven | Rive | rs | 2644 | <u> </u> | | Depth Casir | g Shoe | |
| 2644-2938 | | | | | | | | 3640 | • | 5 |
| 2044-2330 | ٦ | TUBING. | CASIN | NG AND | CEMENTIN | NG RECOR | D | 1 3040 | | |
| HOLE SIZE | | SING & TI | | | | DEPTH SET | | T : | SACKS CEM | ENT |
| 12 1/4 | | 8 5/8 | | | | 502 | | | 500 | |
| 7 7/8 | | 5 1/2 | | | | 3640 | | | 1025 | |
| | | | | · · · | | | | <u> </u> | | |
| W TECT DATE AND DECLE | T FOD | ALLOW! | ADIE | | <u>L</u> | | | <u> </u> | | ······································ |
| V. TEST DATA AND REQUES OIL WELL (Test must be after r | | | | مورس امسم ان | he equal to or | erceed top all | numble for thi | e denth or he | for full 24 hou | re) |
| Date First New Oil Run To Tank | Date of Te | | 9 1000 | A GAG MASI | | thod (Flow, pu | | | , | |
| | 3200. | | | | | | | | | |
| Length of Test | Tubing Pro | essure | | | Casing Pressu | re | | Choke Size | | |
| And Date Tor | Oil - Bbls. | | | | Water - Bbls | | | Gas- MCF | | |
| Actual Prod. During Test | Oil - Bois. | • | | | Walter - Doile | | | | | |
| GAS WELL | | | | | L | | | | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Condens | ute/MMCF | | Gravity of C | Condensate | |
| 3200 | 1 | 24 hour | rs | | | None | | | | , |
| Testing Method (pitot, back pr.) | Tubing Pri | essure (Shu | t-in) | | Casing Pressu | re (Shut-in) | | Choke Size | | |
| Orifice Meter | | | | | | 1305 | | <u> </u> | | |
| VI. OPERATOR CERTIFIC | ATE OF | COM | PLIAN | ICE | | NI 001 | 1000 | A TION | רוא אוסיכ | NA I |
| I hereby certify that the rules and regul | | | | | | DIL CON | ISERV | AHON | DIVIDIC | אוע |
| Division have been complied with and | that the info | rmation giv | | | | | | | | |
| is true and complete to the best of my l | mowiedge a | mo belief. | | | Date | Approve | d | | | |
| 10. 11 12 | | | | • | | - * , | | | | |
| Whenh Willes | | | | | ∥ By_ | | | | | |
| Signature Donna Holler | | Aç | gent | | -,- | | | | | |
| Printed Name | | | Title | | Title | | | | | |
| 6-25-91 | 505- | -393-27 | | | | | | | | |
| Date | | Tele | ephone N | 0. | 11 | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

3. Article Addressed to:

ORYX ENERGY COMPANY

| PO BOX 2880 DALLAS TX 75221-2880 | |
|--|--|
| DEPUTE () | Type of Service: |
| | Certified COD |
| | Express Mail Return Receipt for Merchandis |
| | Always obtain signature of addressee |
| | or agent and DATE DELIVERED. |
| . Signature — Addressee | 8. Addressee's Address (ONLY if |
| <u> </u> | requested and fee paid) |
| 3. Signature – Agent | |
| <u>(</u> | |
| . Date of Delivery | |
| | |
| Form 3811, Apr. 1989 | DOMESTIC RETURN REC |
| | |
| | |
| SENDER: Complete items 1 and 2 when addition 3 and 4. | |
| Put your address in the "RETURN TO" Space on the reve | rse side. Failure to do this will prevent this |
| Put your address in the "RETURN TO" Space on the reve from being returned to you. The return receipt fee will prov the date of delivery. For additional fees the following ser- and check boyles. For additional service(s) requested | vide you the name of the person delivered to |
| and check box(es) for additional service(s) requested. 1. X Show to whom delivered, date, and addressee's | |
| (Extra charge) | (Extra charge) |
| 3. Article Addressed to: | 4. Article Number |
| UNION TEXAS PETROLEUM | P 582 415 166 |
| PO BOX 2120 | Type of Service: |
| HOUSTON TX 77252 | Registered Insured |
| · · · · · · · · · · · · · · · · · · · | ☑ Certified ☐ COD |
| | Express Mail Return Receip for Merchandi |
| | Always obtain signature of addressee |
| | or agent and DATE DELIVERED. |
| 5. Signature - Addressee | 8. Addressee's Address (ONLY if |
| X | requested and fee paid) |
| 6. Signature - Agent | |
| X | The state of the s |
| | |
| 7. Date of Delivery | |
| | |
| S Form 3811, Apr. 1989 | DOMESTIC RETURN RE |
| from being returned to you. The return receipt fee will protein date of delivery. For additional fees the following services. | vide you the name of the nerson delivered to |
| from being returned to you. The return receipt fee will protein date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery |
| from being returned to you. The return receipt fee will protein date of delivery. For additional fees the following service(s) requested. | vide you the name of the person delivered to vices are available. Consult postmaster for |
| from being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee' (Extra charge) Article Addressed to: | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number |
| from being returned to you. The return receipt fee will protent date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) |
| from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Insured |
| from being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN | vide you the name of the person delivered to vices are available. Consult postmaster for saddress. 2. |
| from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Insured Certified COD Return Receip |
| from being returned to you. The return receipt fee will prote the date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Insured Certified COD Figure Alait Receipt |
| from being returned to you. The return receipt fee will prothe date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN MIDLAND TX 79701 | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Insured Cod Certified Cod Return Receipt for Merchand |
| from being returned to you. The return receipt fee will protein date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. |
| from being returned to you. The return receipt fee will prothe date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN MIDLAND TX 79701 | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Insured Cod Cotified Cod Cod Express Mail Return Receiptor Merchand Always obtain signature of addressee or agent and DATE DELIVERED. |
| from being returned to you. The return receipt fee will prothe date of delivery. For additional fees the following ser and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN MIDLAND TX 79701 5. Signature — Addressee | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. Restricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Insured Certified Confidence or Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| from being returned to you. The return receipt fee will protect the date of delivery. For additional fees the following servand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee' (Extra charge) 3. Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN MIDLAND TX 79701 5. Signature — Addressee | vide you the name of the person delivered to vices are available. Consult postmaster for s address. 2. |
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2. A shale Addressed the following services.

Article Number P 582 415 165

Thank you for using Return Receipt Service.

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Thank you for using Return Receipt Service

Exhibit F

UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

• Complete items 1, 2, 3, and 4 on the

- Attach to front of article if space permits, otherwise affix to back of
- article. Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

United Gas Search, Inc. P.O. Box 151 Tulsa, OK 74101-0151

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

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 Complete items 1, 2, 3, and 4 on the
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 Attach to front of article if space permits, otherwise affix to back of article.
 Endorse article "Return Receipt Requested" adjacent to number.



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United Gas Search, Inc. P.O. Box 151 Tulsa, OK 74101-0151

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.

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 Attach to front of article if space permits, otherwise affix to back of article.

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- article. Endorse article ''Return Receipt Requested'' adjacent to number.





PENALTY FOR PRIVATE

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

UNITED GAS SEARCH INC

PO BOX 151

TULSA OK 74101-0151

BRUCE KING GOVERNOR

STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENTS DIVISION

RECE VED

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE ,

'91 AUG 12 AM 10 09

8-8-91

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 NSL NSP SWD WFX PMX⁻ Gentlemen: I have examined the application for the: and Brothers #21-F 14-26-37. Unit S-T-R and my recommendations are as follows: Yours very truly Verry Séxton Supervisor, District 1

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F/2 35/4 Sec 17, N/2 N/2, 56/4, NE/4 & SW/4 NW/4 Sec 21, N/2, ME SELL SELL SELL & NELL SWILL SEC 22 9/2 SEC 23 (R-6891 2-1-82)

Contract vertical limits from top of yetes formation to a point in Seven Rivers formation which is no fact above the top of the Queen formation in 1/2 Sec. 5 (4-7372/10-20-83)

(Dolete,) NEY MY Sec. 21 (R-7554, 6-14-84) Delete 4/2 NW/4 Sec. 21 (R-7858, 3-28-85)

DIL CONSERV Minited Gas Search, Inc. REC: /ED

B.G. Box 151

191 AUR 5 AM 9 26 Jules. @K 74101-0151

(918) 245-2060

Max (918) 241-4752

August 1, 1991

State of New Mexico Energy, Minerals and Natural Resources Department New Mexico Oil Conservation Division P. O. Box 2088 Santa Fe, New Mexico 87501-2088

ATTN: William J. Lemay, Director

RE: Application for Unorthodox Well Location, 7/15/1991 (United-Gas-Search, Inc. Leonard Brothers #21 NW4 Section 14, T26S-R37E Lea County, N. M.

Gentlemen:

In connection with the above referenced Application for Unorthodox Well Location, enclosed please find triplicate copies evidencing receipt of certified mailings of said application by the offsetting owners listed therein. Please place the same in consideration of the application.

Thank you,

UNITED GAS SEARCH, INC.

Randall T. Holmes General Counsel

RTH:rt Enclosures X1AUG91A

cc: J. T. Sexton Supervisor, District I Office New Mexico Oil Conservation Division P. O. Box 1980 Hobbs, N. M. 88240

| SENDER? Complete items 1 and 2 when additional 3 and 4. | |
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| Form 3811, Apr. 1989 | DOMESTIC RETURN RECEIPT |
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| JUL 26 1991 | |
| Form 3811, Apr. 1989 | DOMESTIC RETURN RECEIPT |
| SENDER CONTRACTOR | A Committee of the Comm |
| SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the reverse | |
| from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested. | de you the name of the person delivered to and ces are evailable; Consult postmaster for fees |
| 1. Show to whom delivered, date, and addressee's (Extra charge) | address, 2. D Restricted Delivery |
| 3. Article Addressed to: | 4. Article Number |
| DOYLE HARTMAN 500 NORTH MAIN | P 582 415 167 Type of Service: |
| MIDLAND TX 79701 | Registered Insured Certified COD |
| | Express Mail Return Receipt for Merchandise |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature — Addressee | 8. Addressee's Address (ONLY if |
| Signature — Agent | requested and fee paid) |
| × L'Kassla | 500 N Main |
| 7. Date of Delivery | |
| S Form 3811, Apr. 1989 | DOMESTIC RETURN RECEIPT |

| being returned to you. The return receipt fee will provide y late of delivery. For additional fees the following services speck box(es) for additional service(s) requested. | you the name of the person delivered to and sare available. Consult postmaster for fees |
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| A Show to whom delivered, date, and addressee's add | dress: 2 D Restricted Delivery (Extra charge) |
| Article Addressed to: | 4. Article Number |
| NION TEXAS PETROLEUM | P 582 415 166 |
| PO BOX 2120 OUSTON TX 77252 | Type of Service: ☐ Registered ☐ Insured |
| SOBJON TREST PER | ☑ Certified ☐ COD |
| | for Merchandise |
| | Always obtain regature of addressee or agent and DATE DELIVERED. |
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| ate of Delivery | |
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| rm 3811, Apr. 1989 | DOMESTIC RETURN RECEIPT |
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| d check box(es) for additional service(s) requested: | |
| X Show to whom delivered; date; and addressee's (Eura charge) | address. 22: □ Restricted Delivery (Extra charge) |
| Article Addressed to: | 4. Article Number: P 582 415 164 |
| MERIDIAN OIL | Type of Service: |
| 2919 ALLEN PARKWAY SUITEA1100 | Registered Insured |
| HOUSTON-TX 77019 | Certified COD Express Mail |
| | Always obtain signature of addressee |
| | or agent and DATE DELIVERED. |
| Stinatule Addressee | 8. Addressee's Address (ONLY if requested and fee paid) |
| Signature — Agent | |
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| Date of Pelivery | |
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| Form 3811, Apr. 1989 | DOMESTIC RETURN RECEIVE |
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| your address in the "RETURN TO" Space on the reverse abeing returned to you. The return receipt fee will provide date of delivery. For additional fees the following services check box(es) for additional service(s) requested. | you the name of the person delivered to and sare, available; Consult postmaster for fees |
| (Extra charge) (Extra charge) | Idress: 2. |
| Article Addressed to: | 4. Article Number |
| ORYX ENERGY COMPANY | P 582 415 165 |
| PO/BOX 2880 DALLAS TX 75221-2880 | Type of Service: |
| DURING TV AND ACT LEGGE | Torniue Bisreleo (1995) Strain Misniero (1995) Strain Misniero (1995) |
| | Certified COD |
| | Certified COD Express Mail* Return Receipt for Merchandise |
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| Horald The | Certified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
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| Maralf Hut Signature — Agent | Certified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| Signature — Agent Date of Delivery JUL 2 6 1991 | Certified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| Signature — Agent Date of Delivery JUL 2 6 1991 | Contified 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) |
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| Signature — Agent Date of Delivery Date of Delivery Description of Delivery SENDER: Complete items 1 and 2 when additions 3 and 4. Let your address in the "RETURN TO" Space on the reversom being returned to you. The return receipt fee will provide date of delivery. For additional fees the following serviced chack box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's a (Extra charge) Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN | Express Mail* Return Receipt Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT all services are desired, and complete items see side. Failure to do this will prevent this card de you the name of the person delivered to and ces are available. Consult postmaster for fees address. 2. □ Restricted Delivery (Extra charge) |
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| Signature — Agent Date of Delivery JUL 2 6 1991 SENDER: Complete items 1 and 2 when additions 3 and 4. It your address in the "RETURN TO" Space on the reversom being returned to you. The return receipt fee will provide date of delivery. For additional fees the following service of the check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's (Extra charge) Article Addressed to: DOYLE HARTMAN 500 NORTH MAIN MIDLAND TX 79701 | Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) But services are desired, and complete items are seed of the person delivered to and ces are available. Consult postmaster for fees address. 2. Pestricted Delivery (Extra charge) 4. Article Number P 582 415 167 Type of Service: Registered Coto |
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| (Extra charge) Article Addressed to: | (Extra charge) 4. Article Number: |
| UNION TEXAS PETROLEUM PO BOX 2120 | P. 582 41/5 166 |
| HOUSTON:TX277252 | Registered Insured Certified COD |
| | Express May Return Receipt for Merchandise |
| Cinnatura | Always obtain and partie of addressee or agent and DATE DELIVERED |
| Signature — Addressee | 8. Addressee's Address (ONLY if requested and fee paid) |
| Signature — Agent Manual | |
| Date of Delivery | |
| Form 38.11. Apr. 1989 | DOMESTIC RETURN RECEIPT |
| SENDER: Complete Items 1 and 2 when additional | Upanulage assistantial (see a secondary by see |
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| the date of delivery. For additional fees the following service and check box(es), for additional service(s) requested. 1: [X] Show to whom delivered date, and addressee's | ces are available. Consult postmaster for fees |
| 3. Article Addressed to: | (Extra charge) 4. Article Number |
| MERIDIAN OIL: | P: 582,415,164 Type of Service: |
| 2919 ALLEN PARKWAY SUITEA1100 | Registered Insured Certified COD |
| HOUSTON TX 77019 | Express Mail Return Receipt for Merchandise |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Skinatulej – Addresseg X Dugy | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6: Signature — Agent X | |
| 7. Date of Delivery | |
| S Form 3811, Apr. 1989 | DOMESTIC RETURN RECEIR |
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| "3 and 4. It your address in the "RETURN TO" Space on the reverse on being returned to you. The return receipt fee will provide e date of delivery. For additional fees the following services | side. Failure to do this will prevent this card you the name of the person delivered to and |
| ad check box(es) for additional service(s) requested. A Show to whom delivered, date, and addressee's ad- | dress. 2. 🗓 Restricted Delivery |
| Article Addressed to: | (Extra charge) 4. Article Number P 582 415 165 |
| ORYX ENERGY COMPANY PO BOX 2880 | Type of Service: |
| DALLAS TX 75221-2880 | ☐ Registered ☐ Insured ☐ COD ☐ Express Mail 33 ☐ Return Receipt |
| | Always obtain signature of addressee |
| Signature 2 Addressee | or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| Signature - Agent | requested and fee paid) |
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| Date of Delivery JUL 2 6 1991 | |
| Form 3811, Apr. 1989 | DOMESTIC RETURN RECEIPT |
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| DOYLE HARTMAN 500 NORTH MAIN | 1 4. MIUCIO NUITIDO |
| | P 4582 415 167 |
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| - 12164-1 - 1-1-1-1 | P 1582 415 167 Type of Service: ☐ Registered ☐ Insured; ☐ Cortified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise |
| MIDLAND TX 79701 | P 582 415 167 Type of Service: Registered Insured; Cortified CO Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| MIDEAND TX 79701 5. Signature – Addressee X | P 582 415 167 Type of Service: Registered Insured. Cortified COD Express Mail Return Receipt for Merchandise. Aways obtain signature of addressee |
| MIDLAND TX 79701 5. Signature — Addressee | P 582 415 167 Type of Service: Registered: Insured: Cortified: COD Express Mail: Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| MIDEAND TX 79701 5. Signature – Addressee X | P 582 415 167 Type of Service: Registered: Insured: Cortified: COD Express Mail: Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |