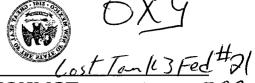
SUSPENSE ENGINEER )

ABOVE THIS LINE FOR DIVISION USE ONLY

# NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau 
1220 South St. Francis Drive, Santa Fe, NM 87505



	7010 110	ADMINISTRATIVE APP	LICATION CHECKLIST	30-015-37
Т	HIS CHECKLIST IS M	IANDATORY FOR ALL ADMINISTRATIVE APPLIC WHICH REQUIRE PROCESSING AT		ES AND REGULATIONS
Applic	cation Acronym		THE DIVISION LEVEL IN SANTA PE	
	[DHC-Dow	ndard Location] [NSP-Non-Standard nhole Commingling] [CTB-Lease C ool Commingling] [OLS - Off-Lease [WFX-Waterflood Expansion] [PM] [SWD-Salt Water Disposal] [If lified Enhanced Oil Recovery Certific	ommingling] [PLC-Pool/Lease Co Storage] [OLM-Off-Lease Measur (-Pressure Maintenance Expansion] PI-Injection Pressure Increase]	mmingling] ement] 
[1]	TYPE OF AI [A]	PPLICATION - Check Those Which Location - Spacing Unit - Simultane  ✓ NSL □ NSP □ SD		
	Check [B]	C One Only for [B] or [C] Commingling - Storage - Measurem DHC CTB PLC		
	[C]	Injection - Disposal - Pressure Incre WFX PMX SWD	ase - Enhanced Oil Recovery  IPI  EOR  PPR	
	[D]	Other: Specify	····	
[2]	NOTIFICAT [A]	TON REQUIRED TO: - Check Those Working, Royalty or Overridin		,
	[B]	Offset Operators, Leaseholders	or Surface Owner	
	[C]	Application is One Which Req	uires Published Legal Notice	
	·[D]	Notification and/or Concurrent U.S. Bureau of Land Management - Commission	Approval by BLM o <del>r SLO</del> ner of Public Lands, State Land Office	
	[E]	For all of the above, Proof of N	otification or Publication is Attached	, and/or,
	[F]	☐ Waivers are Attached		
[3]		CURATE AND COMPLETE INFO ATION INDICATED ABOVE.	RMATION REQUIRED TO PRO	CESS THE TYPE
	val is <b>accurate</b> a	TION: I hereby certify that the informand complete to the best of my knowle equired information and notifications a	dge. I also understand that <b>no action</b>	
	Note	: Statement must be completed by an individ	lual with managerial and/or supervisory cap	<del>sacity</del> .
Deint	or Type Name	Signatura	Spe Rog. Wallie	t gaylio
rimi (	ог турс гчате	Signature	Sk Reg. Duchis Title Lan'd_stewarte	Date Boxy.com
	~.\ <del>-</del>		e-mail Address	

OXY USH Inc.

Lost Tank 3 Fed #21

### **OXY USA Inc.**

PO Box 50250 Midland, TX 79710-0250

August 24, 2010

New Mexico Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Attention: Richard Ezeanyim

Re: Application for Administrative Approval of Non-Standard Location –

Lost Tank Delaware, West Lost Tank 3 Federal #21

2558 FNL 285 FWL Ut E - Sec 3 T22S R31E

Eddy County, New Mexico

Dear Mr. Ezeanyim:

OXY USA Inc. respectfully requests administrative approval under Rule 104 (F) of this application for the subject non-standard well location on the Lost Tank 3 Federal #21. The #21 well is proposed in the Delaware with a TVD of 8150'. The wellbore will not be orthodox at either the top of the Delaware or when it penetrates the Delaware Brushy Canyon reservoir. The non-standard location is necessary for reasons of potash surface restrictions and topography, as required by the BLM.

The #21 encroaches on the 40-acre spacing units of E,L-Sec 3, H.I-Sec 4 of T23S R31E. All of the interest owners have joined in the drilling of the #21 and waivers have been attached from affected parties.

To support this request, the following information has been submitted for your review:

- 1. Application for Permit to Drill.
- 2. NMOCD C-102 Plat for the proposed well with offsetting well and affected spacing units.
- 3. List of affected offset parties that adjoin the non-standard well and the spacing unit being encroached upon, along with a copy of the certified returned receipts and signed waivers. Copies of the signed certified receipts will be furnished upon request.

If you need any additional information, please call me at 432-685-5717.

Sincerely,

David Stewart

Sr. Regulatory Analyst

OXY USA Inc.

Attachments

CC: NMOCD-Artesia, BLM-Carlsbad, Service List

LIECEIVED	9/L		HT5-08-498	3
Form 3 60-3 JUN - 9 2010 UNITED STATES (Augus 1999)	TERIOR OCD Artesia		FORM APPROVED OMB NO. 1004-0136	,
NMOCD ARTESIA	GEMENT		Expires: November 30, 2000	
APPLICATION FOR PERMIT TO DRI	ILL OR REENTER WIF4	^ I	ase Serial No. NNM0417696	_
Ia. Type of Work X DRILL REE	ENTER R-111-POTA		Indian, Allotee or Tribe Name	=
1b. Type of Well Gas Well Other	X Single Zone Multiple Z	one 7. Ur	nit or CA Agreement Name and No.	_
2. Name of Operator  OXY USA Inc.  3a. Address	16696 3b. Phone M. (include area	anda) L(	ase Name and Well No. (3042) OST Tank 3 Federal #2(	875 
P.O. Box 50250 Midland, TX 79710-0250  4. Location of Well (Report location clearly and in accordance with an	432 - 685 - 5717	3	0.015. 37920	مر <u>سد</u>
At surface 2558 FNL 285 FWL 5		<u>                                     </u>	eld and Pool, or Exploratory 96 ost Tank Delaware, West c., T., R, M, or Blk. and Survey or A	_
At proposed prod. zone	UNORTHODOX	1	ec 3 T22S R31E	
14. Distance in miles and direction from nearest town or post office*  1-20 miles northeast from	LOCATION		ounty or Parish 13. State	_
15. Distance from proposed* location to nearest property or lease line, ft.	16. No. of Acres in lease	17. Spacing	Unit dedicated to this well	_ <del>-</del>
(Also to nearest drg. unit line, if any)	-640		<u> </u>	
<ol> <li>Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.</li> </ol>	Maximum depth of penetratic into the Bone Spring formatic	on On	A Bond No. on file  ES0136	
	cannot exceed 100 ft. 8/45			
21 Elevations (Show whether DF, KDB, RT, GL, etc.	22. Approximate date work will s	start*	23. Estimated duration 45	
	24. Attachments			
The following, completed in accordance with the requirements of Onshor	re Oil and Gas Order No. 1, shall be attac	ched to this form	1:	
<ol> <li>Well plat certified by a registered surveyor.</li> <li>A Drilling Plan</li> <li>A Surface Use Plan (if the location is on National Forest System Lar SUPO shall be filed with the appropriate Forest Service Office).</li> </ol>	Item 20 above) nds, the 5. Operator certification.		overed by an existing bond on file (see	>
25. Signuature	Name (Printed/Typed)		Date	=
In St	David Stewart		5/15/09	
Title				
Sr. Regulatory Analyst Approved by (Signautre)	Name (Printed/Typed)		Date	—
131 TONY IT HERRELL		RREIL	5/25/10	
FILE STATE DIRECTOR	Office	STATE O	FFICE	
Application approval does not warrant or certify that the applicant hold conduct operations thereon.  Conditions of approval, if any, are attached.		in the subject le		t to
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make United States any false, fictitious or fraudulent statements or representation	it a crime for any person knowlingly an ions as to any matter within its jurisdictio	nd willfully to n	nake to any department or agency of	the
*(Instructions on Reverse)	KN.		TTACHED FOR ITIONS OF APPRO	 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Programme and the second of th	1 "	COM	TITOMS OF APPRE	J V.
Carlohad Controlled Water Rasin				

Carisbad Controlled water basin

OCD CONDITION OF APPROVAL of Non-Standard Location: Intent to drill ONLY --- CANNOT produce until the Non-Standard Location has been approved by OCD Santa Fe office

AL

APPROVAL SUBJECT TO **GENERAL REQUIREMENTS** AND SPECIAL STIPULATIONS **ATTACHED** 

District I State of New Mexico Form C-102 1625 N. French Dr., Hobbs, NM 88240 Revised October 12, 2005 Energy, Minerals & Natural Resources Department District II Submit to Appropriate District Office 1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSERVATION DIVISION State Lease- 4 Copies District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Fee Lease-3 Copies District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 ☐ AMENDED REPORT WELL LOCATION AND ACREAGE DEDICATION PLAT Pool Code API Number 37920 96532 30-015-Property Name Well Number Property Code LOST TANK 3 FED. 21 304875 Operator Name OCRID No. Elevation OXY USA INC. 3467.6 16696 Surface Location UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County 31 EAST, N.M.P.M.  $\boldsymbol{E}$ 22 SOUTH NORTH 2558' 285 WEST **EDDY** Bottom Hole Location If Different From Surface UL or lot no. Section Lot Idn | Feet from the | North/South line | Feet from the Township East/West line County Dedicated Acres Joint or Infill Consolidation Code Order No. 40 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. OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. 285' Printed Name SURVEYOR CERTIFICATION SURFACE LOCATION NEW MEXICO EAST NAD 1927 Y=517203.5 X=672947.6 I hereby certify shown on this polit was plotted from field notes of actual surveys made by me or under my supervision, and that LAT.: N 32.4206593' LONG.: W 103,7728584' and that the best Signatul

WO# 080910WL-h (Rev. A) (KA)

District I 1625 N. French Dr., Hobbs, NM 88240

District II

State of New Mexico Energy, Minerals & Natural Resources Form C-102 Revised October 12, 2005

1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

<sup>1</sup> API Number

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

X AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

2 Pool Code
3 Pool Name

	ATT NUMBER			1 001 Couc			1 001 1 41	TIC	
	30-015	-37920	)	96582		Lo	st Tank Dela	aware, West	
<sup>4</sup> Property					<sup>5</sup> Property Na	me			<sup>6</sup> Well Number
3048	375				Lost Tank 3	-ederal			21
<sup>7</sup> OGRII	No.				<sup>8</sup> Operator Na	me			<sup>9</sup> Elevation
1669	96				OXY USA I	nc.			3467.6
				10	Surface Loca	tion			
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	3	22S	31E		2558	north	235	west	Eddy
			11 Botto	m Hole L	ocation If Diff	erent From Sur	face		
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 Acr	es 13 Join	nt or Infill	14 Consolidation C	Code 15 Oro	der 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

Lost Tank 4 Federal OXY USH Inc. Comoco Phillips G.	Lost Tank 3 Federal  OKY USH Inc.  Conoco Ph. Ilius Co.	3  17 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order
	05021 P511	heretofore entered by the division.  Signature Date  David Stewart  Printed Name  Sr. Regulatory Analyst  david stewart@oxy.com  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 belief.  Date of Survey  Signature and Seal of Professional Surveyer:
	9 14-B	Certificate Number

Service List – NSL OXY USA Inc. Lost Tank 3 Federal #15, 19, 21 Sec 3 T22S R31E

United States Dept of Interior Bureau of Land Management 620 E. Greene Street Carlsbad, NM 88220-6292

New Mexico Oil Conservation Division 1301 W. Grand Ave. Artesia, NM 88210

New Mexico Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

### **Affected Offset Parties:**

OXY USA Inc. P.O. Box 50250 Midland, TX 79710

Conoco Phillips Co. Attn: Tom Scarbrough 550 Westlake Park Blvd. Houston, TX 77252-2197



## **OXY USA Inc.**

PO Box 50250 Midland, TX 79710-0250

August 24, 2010

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Conoco Phillips Co. Attn: Tom Scarbrough 550 Westlake Park Blvd. Houston, TX 77252-2197

Re: Application for Administrative Approval of Non-Standard Location –

Lost Tank Delaware, West Lost Tank 3 Federal #21 2558 FNL 285 FWL Ut E – Sec 3 T22S R31E Eddy County, New Mexico

### Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by OXY USA Inc., requesting administrative approval under Rule 104 (F) of an unorthodox well location. As an affected party, notice is being provided to you pursuant to Rule 104 (F). The well is located in the SWNW/4 of Section 3 T22S R31E, Eddy County, NM. If you object to the well's location, you must notify the Division in writing no later than 20 days from the date the application is received by the NMOCD (1220 South St. Francis Drive, Santa Fe, NM 87505; Attention: Richard Ezeanyim).

If you need any additional information, please call me at 432-685-5717.

Sincerely,

David Stewart Sr. Regulatory Analyst OXY USA WTP LP

Attachments



Tom Scarbrough ConocoPhillips Company 550 Westlake Park Blvd. Houston, TX 77252-2197

RE:

Lost Tank 3 Federal #21 (SW NW) 285' FWL & 2,558' FNL Section 3-22S-31E

Section 3-22S-31E Eddy County, New Mexico

#### Gentlemen:

The location for the Lost Tank 3 Federal #21 well 285' FWL and 2,558' FNL of Section 3-22S-31E, Eddy County, NM is an unorthodox location for the objective Delaware formation.

OXY is filing an application with the New Mexico Oil Conservation Division (OCD) for administrative approval of this non-standard location (NSL). The owners of the Lost Tank 3 & 4 Federal lease covering all of Section 3 and all of Section 4 less the NW/4 NW/4, T22S, R31E are the affected parties entitled to notice. Your execution of this waiver will facilitate administrative approval of OXY's NSL application. OXY requests that you waive any protest or objection to the NSL for the referenced well.

Your favorable consideration and early reply will be appreciated. Please return a signed copy of this waiver letter to me at the address shown above.

Very truly yours,

**OXY USA Inc.** 

Donna G Havins Land Negotiator Dir: (713) 215-7232 Cell: (713) 202-7559

Fax: (713) 985-1818

email: donna\_havins@oxy.com

Based on the information provided herein, ConocoPhillips Company hereby waives any protest or objection to the non-standard location of the Lost Tank 3 Federal #21 well.

ConocoPhillips Company

By Robert M. Wild

Dated 7-29-10

735

SENDERROOMPURIENTISSECTION:	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature  ☐ Agent	
Print your name and address on the reverse	☐ Addressee .	
so that we can return the card to you.  Attach this card to the back of the mallpièce,	B. Received by ( Printed Name) C. Date of Delivery	
or on the front if space permits.	D. Is delivery address different from item 1?  Yes	
Article Addressed to:	If YES, enter delivery address below: ☐ No	
STATE OF NEW MEXICO		
ENERGY & MINERALS DEPARTMENT OIL CONSERVATION DIVISION		
1220 SOUTH ST. FRANCIS DR.	3. Service Type	
SANTA FE, NM 87505	✓ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise	
	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7005 (Transfer from service label)	0390 0002 9920 7856	
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	. ☐ Agent	
Print your name and address on the reverse so that we can return the card to you.	X	
Attach this card to the back of the mailpiece,	B. Received by ( Printed Name) C. Date of Delivery	
or on the front if space permits.	D. Is delivery address different from item 1?  Yes	\$ 7 B
Article Addressed to:	If YES, enter delivery address below:   \[ \square\text{D} \text{ No} \]	
STATE OF NEW MEXICO		
ENERGY & MINERALS DEPARTMENT OIL CONSERVATION DIVISION		
1301 W. GRAND AVE.	3. Service Type  ☐ Certified Mail ☐ Express Mail	
ARTESIA, NM 88210	Registered Return Receipt for Merchandise	
	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7005 E	1390 0002 9920 7863	
(Transfer from service label)	<del></del>	
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PS Form 3811, Febrúary 2004 Domestic R	eturn Receipt 102595-02-M-1540	
PS Form 3811, February 2004 Domestic Research	COMPLETE THIS SECTION ON DELIVERY  A. Signature	
PS Form 3811, February 2004  Domestic R  SENDER: COMPLETE: THIS SECTION  Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Signature	
PS Form 3811, February 2004  Domestic Re  SENDER GOMPLETE, 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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  Addressee	
PS Form 3811, February 2004  Domestic Reservice Representation of the property of the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. □ Agent □ Addressee  B. Received by (Printed Name) C. Date of Delivery	
PS Form 3811, February 2004  Domestic Research  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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. □ Agent. □ Addressee  B. Received by (Printed Name) C. Date of Delivery.  D. Is delivery address different from item 1? □ Yes	
PS Form 3811, February 2004  Domestic Reservice Representation of the property of 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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. □ Agent □ Addressee  B. Received by (Printed Name) C. Date of Delivery	
PS Form 3811, February 2004  Domestic Research  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.  Article Addressed to:  BLM	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. □ Agent. □ Addressee  B. Received by (Printed Name) C. Date of Delivery.  D. Is delivery address different from item 1? □ Yes	
PS Form 3811, February 2004  Domestic Reservice Reservic	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. □ Agent. □ Addressee  B. Received by (Printed Name) C. Date of Delivery.  D. Is delivery address different from item 1? □ Yes	
PS Form 3811, February 2004  Domestic Research  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.  Article Addressed to:	A. Signature  A. Signature  X	
PS Form 3811, February 2004  Domestic Research Section  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.	A. Signature  X	
PS Form 3811, February 2004  Domestic Reservice Reservic	A. Signature  A. Signature  A. Received by (Printed Name)  D. Is delivery address different from item 1?  Yes  if YES, enter delivery address below:  No	
PS Form 3811, February 2004  Domestic Reservice Representation  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.  Article Addressed to:	GOMPLETE THIS SECTION ON DELIVERY  A. Signature  X. □ Agent □ 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 □ Coefficied Mail □ Express Mail □ Registered □ Return Receipt for Merchandise	
PS Form 3811, February 2004  Domestic R  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.  Article Addressed to:  BLM  GOOF: Greene St  Curls bad, N.M. 23220  2. Article Number	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X	
PS Form 3811, February 2004 Domestic R  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.  Article Addressed to:  BLM  GOOF: Greene St  Curls bad, NM 35200  2. Article Number (Transfer from service label)	GOMPLETE THIS SECTION ON DELIVERY  A. Signature  X	
PS Form 3811, February 2004 Domestic R  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.  Article Addressed to:  BLM  GOOF: Greene St  Curls bad, NM 35200  2. Article Number (Transfer from service label)	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X	
PS Form 3811, February 2004  Domestic Reservice Report Section  SENDER GOMPUSTERING 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.  Article Addressed to:  BLM  620 F. Greene St.  Carlsbad, N.M. 25200  2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Re	GOMPLETE THIS SECTION ON DELIVERY  A. Signature  X	
PS Form 3811, February 2004  Domestic R  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.  Article Addressed to:  BLM  GAOF: Greene St  Curls bad, NM 357200  2. Article Number (Transfer from service label)	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X	
PS Form 3811, February 2004  Domestic Reservice Report 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.  Article Addressed to:  BLM  620 F. Greene St.  Carlsbad, N.M. 25200  2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Reservice Report Reservice Report Reservice Report Reservice Report Reservice Report Reservice Report Reservice Rese	A. Signature  A. Signature  A. Signature  A. Signature  C. Date of Delivery  D. Is delivery address different from item 1?	
PS Form 3811, February 2004  Domestic Reservice labely  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.  Article Addressed to:  BLM  GOF: Greene St  Carlsbad, NM 33200  2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Re  SENDER COMPLETE TIPS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X	
PS Form 3811, February 2004  Domestic Reservice Report 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.  Article Addressed to:  BLM  Lao E. Greene St  Caulsbad INM 25200  2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Reservice Information of Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	Complete Tris Section on Delivery  A. Signature  X.   Agent   Addressee B. Received by (Printed Name)   C. Date of Delivery  D. Is delivery address different from item 17   Yes   If YES, enter delivery address below:   No  3. Service Type   Q Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D. 4. Restricted Delivery? (Extra Fee)   Yes  390   002   992   787     Sturn Receipt   102595-02-M-1540	
PS Form 3811, February 2004  Domestic Reservice labely  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.  Article Addressed to:  BLM  GAOF. Greene St  Carlsbad, NM 33200  2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Re  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	A. Signature  X.   Agent   Addressee   Addresse   Addre	
PS Form 3811, February 2004  SENDER GOMPLETETHIS 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 mallpiece, or on the front if space permits.  Article Addressed to:  BLM  GOMPLETETHIS SECTION  2. Article Number  (Transfer from service label)  PS Form 3811, February 2004  Domestic 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.	Complete Tris Section on Delivery  A. Signature  X.   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   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D. 4. Restricted Delivery? (Extra Fee)   Yes  39   002 9920 7870  Sturn Receipt   102595-02-M-1540    COMPLETE THIS SECTION ON DELIVERY   A. Signature   Agent   X   Agent   Addressee	
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