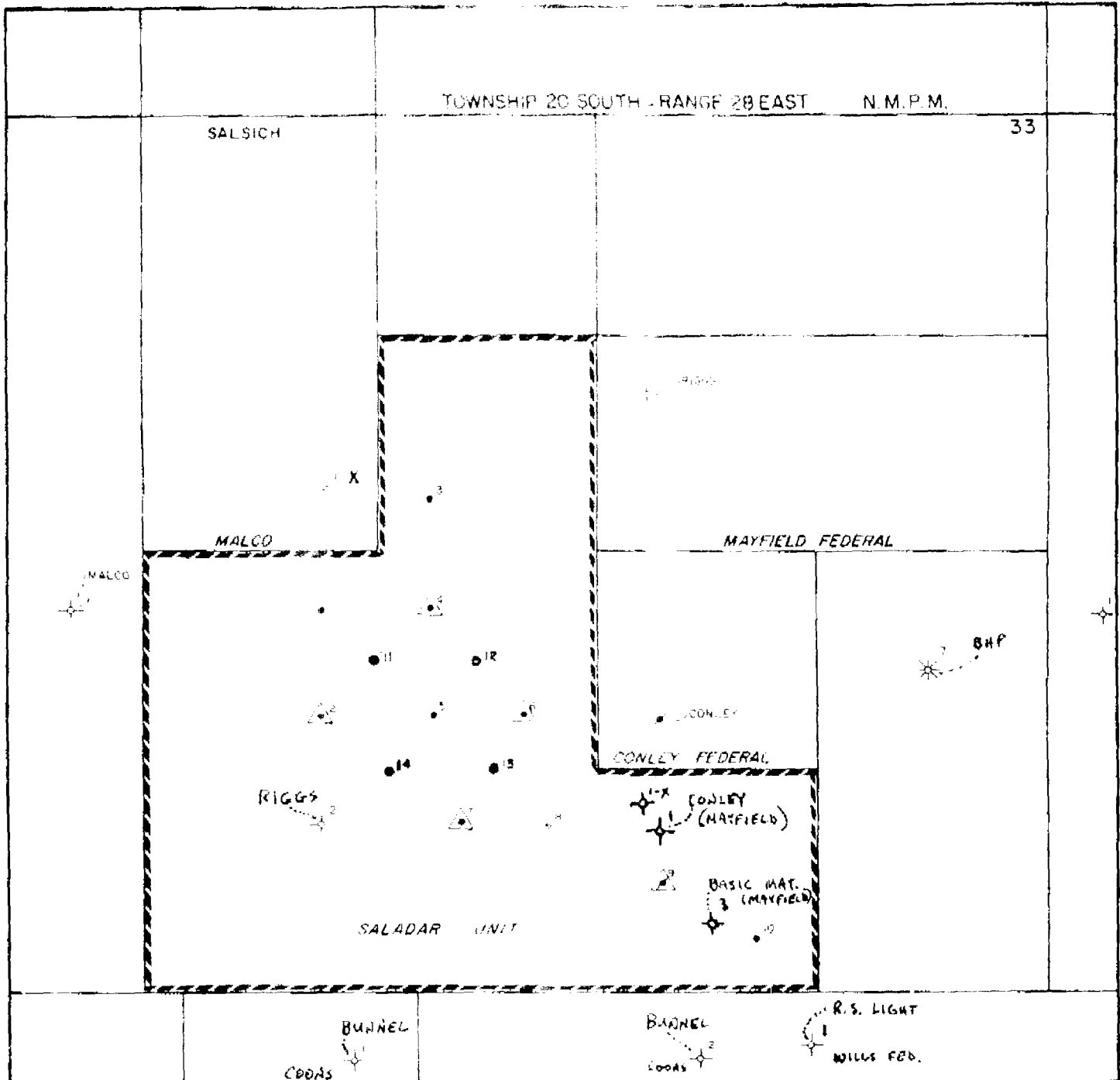




Post-It brand fax transmittal memo 7671 # of pages 1

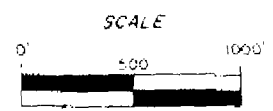
To: <i>Mr. Ken Jones</i>	From: <i>John Kersal</i>
Company: <i>Oil Construction Co.</i>	Co.:
Dept.:	Phone #:
Fax #: <i>505-827-574</i>	Fax #: <i>817-723-8110</i>



LEGEND

- PRODUCING WELL
- ★ PLUGGED AND ABANDONED WELL
- ◇ DRY HOLE
- ⊛ GAS WELL

**S&J OPERATING COMPANY**  
**SALADAR UNIT**  
 SALADAR-YATES FIELD  
 EDDY COUNTY, NEW MEXICO



S & J OPERATING COMPANY  
SALADAR UNIT  
EDDY COUNTY, NEW MEXICO

TABULAR SUMMARY - WELL DATA  
ALL WELLS NEAR PROPOSED INJECTION

Operator Lease & Well No.	Location <sup>2</sup>	Well Type	Well Status	Compl. Date	Initial Prod.	Size (In.)	Casing Record		T.D. (Ft.)	Completion Interval (Ft.)	Treatment	Remarks
							Setting Depth (Ft.)	Cement (Sx)				
S & J Operating Company Saladar Unit No. 1	L-33-20-28	Producer	SI	9-26-56	None	7 1/2 5 1/2	153 670	10 45	732	670-732 open hole	Unknown	Originally G. D. Riggs - Malco Ref. No. 2
Saladar Unit No. 2	L-33-20-28	Injection	ACT	3-30-56	10 BOPD	8 5/8 7	237 650	Unk 70	690	650-690 open hole	Unknown	Originally G. D. Riggs - Malco Ref. No. 1
Saladar Unit No. 3	F-33-20-28	Produce	ACT	9-10-56	52 BOPD	/ 5 1/2	187 641	8 45	707	641-707 open hole	Fraced w/10,000# sand	Originally G. D. Riggs - Hughes Federal No. 4
Saladar Unit No. 4	K-33-20-28	Injection	ACT	8-27-56	44 BOPD	7 5 1/2	236 642	Unk 40	700	642-700 open hole	Fraced w/15,000# sand	Originally G. D. Riggs - Hughes Federal No. 3
Saladar Unit No. 5	K-33-20-28	Producer	ACT	6-20-56	25 BOPD	5 1/2	590	25	673	590-673 open hole	Nitro (43 qts)	Originally G. D. Riggs - Hughes Federal No. 1
Saladar Unit No. 6	K-33-20-28	Injection	ACT	8-4-62	18 BOPD	/ 5 1/2	60 658	Unk 100	682	658-682 open hole	Fraced w/15,000# sand	Originally G. D. Riggs - Hughes Federal No. 5
Saladar Unit No. 7	N-33-20-28	Injection	SI	3-29-65	5 BOPD	/ 5 1/2	424 602	Unk 100	633	602-633 open hole	Fraced w/11,000# sand	Originally G. D. Riggs - Hughes Federal No. 7
Saladar Unit No. 8	N-33-20-28	Producer	ACT	11-9-62	40 BOPD	/ 5 1/2	440 628	100 35	664	628-664 open hole	Fraced w/12,000# sand	Originally G. D. Riggs - Hughes Federal No. 6
Saladar Unit No. 9	O-33-20-28	Injection	P&A	10-30-57	15 BOPD	4 1/2	625	35	675	625-675 open hole	Fraced w/8,000# sand	Originally G. E. Conley - Mayfield No. 2
Saladar Unit No. 10	O-33-20-28	Producer	SI	7-28-64	30 BOPD	7 5 1/2	441 640	Unk 100	730 660	640-660 open hole PBTD	Fraced w/11,000# sand	Originally G. D. Riggs - Mayfield No. 4
Saladar Unit No. 11	L-33-20-28	Producer	ACT	11-19-82	6 BOPD	4 1/2	707	250	707	662-682 @ 2 SPF	Fraced w/600 gals. 15% HCl, 900 gals WG-6 gel, 3,000# sand	Cement circulated to surface behind 4 1/2" casing
Saladar Unit No. 12	K-33-20-28	Producer	ACT	11-16-82	2 BOPD	7 5/8 4 1/2	82 711	15 250	711	658-682 @ 2 SPF	Fraced w/600 gals. acid, 900 gals. WG-6 gel, 3,000# sand	Cement circulated to surface behind 4 1/2" casing
Saladar Unit No. 13	K-33-20-28	Producer	ACT	11-12-82	4 BOPD	7 5/8 4 1/2	80 682	15 230	682	634-654 @ 2 SPF	Fraced w/600 gals. acid, 900 gals. WG-6 gel, 3,000# sand	Cement circulated to surface behind 4 1/2" casing
Saladar Unit No. 14	N-33-20-28	Producer	ACT	11-9-82	2 BOPD	7 5/8 4 1/2	82 660	15 250	660	613-638 @ 2 SPF	Fraced w/600 gals. acid, 900 gals. WG-6 gel, 3,000# sand	Cement circulated to surface behind 4 1/2" casing

TABULAR SUMMARY - WELL DATA  
ALL WELLS NEAR PROPOSED INJECTION (Cont'd)

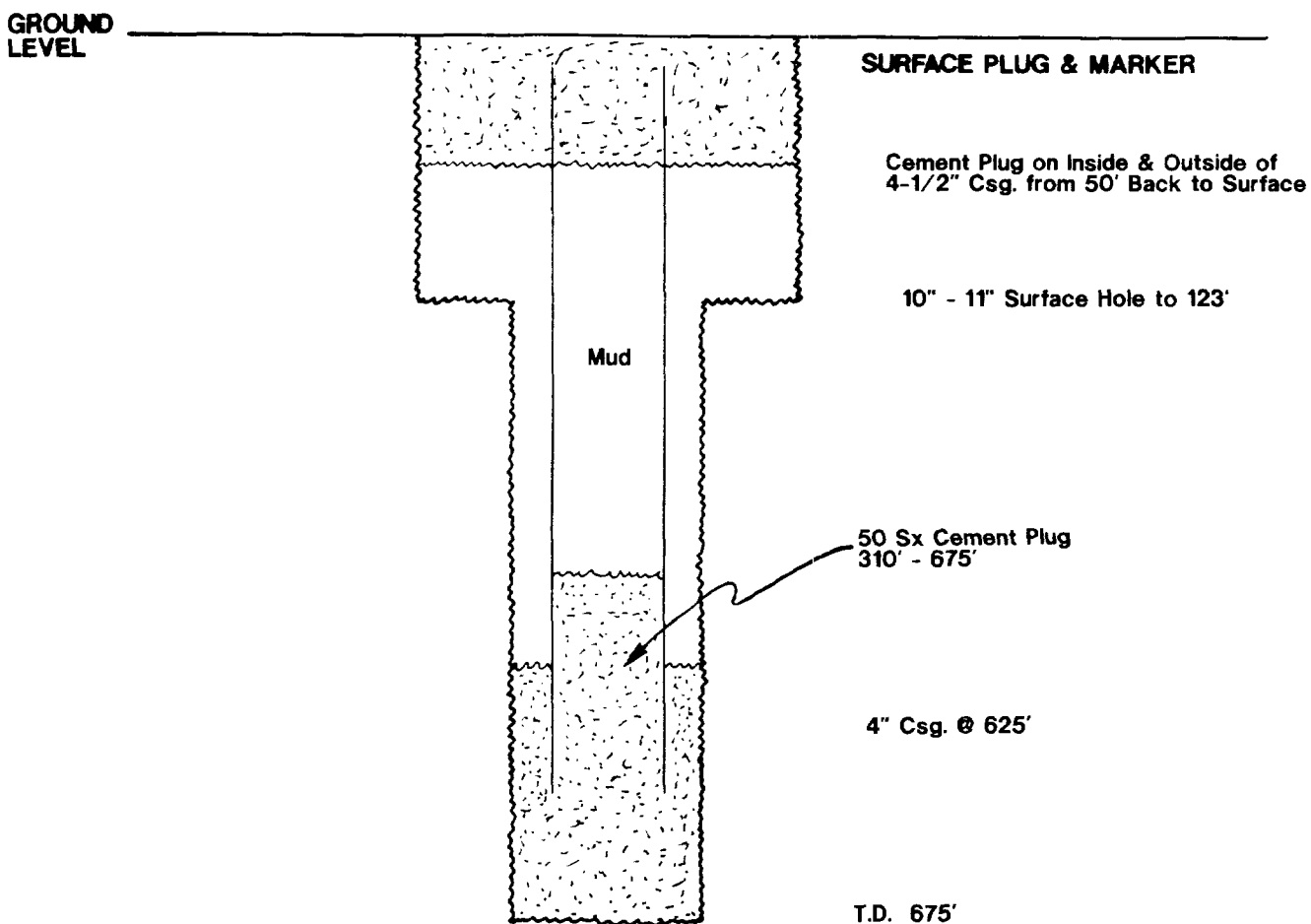
Operator Lease & Well No.	Location*	Well Type	Well Status	Compl. Date	Initial Prod.	Casing Record		T.D. (Ft.)	Completion Interval (Ft.)	Treatment	Remarks
						Size (In.)	Setting Depth (Ft.)				
G. E. Conley Conley No. 1	J-33-20-28	-	P&A	8-8-56	-	7	141	737	655-737 open hole	-	
							5 1/2				
Mayfield No. 1	0-33-20-28	-	P&A	7-8-57	-	7	100	699	-	-	Lost hole @ 699'; P&A
Mayfield No. 1-X	0-33-20-28	Dry Hole	P&A	11-25-57	-	7	100	716	-	-	
Mayfield No. 2	See Saladar Unit No. 9										
<u>Basic Materials, Inc.</u>											
Mayfield No. 3	0-33-20-28	Dry Hole	P&A	6-19-61	-	7 5/8	177	662	637-662 open hole	-	
<u>BHP Petroleum USA Inc.</u>											
<u>Burton Flat Deep</u>											
Unit No. 7	1-33-20-28	-	P&A	11-19-73	5.4 MMCF	13 3/8	603	11,540	11,221-11,475	4,000 gals. / 1/2% MS acid	Originally drilled by Monsanto Company
						9 5/8	2,950				
						5 1/2	11,540				
<u>R. L. Bunnel</u>											
Coons No. 1	A-4-21-27	Dry Hole	P&A	5-5-56	-	8 5/8	252	668	-	-	
Coons No. 2	C-3-21-27	Dry Hole	P&A	5-8-58	-	10 3/4	62	715	-	-	
						8 5/8	183				
<u>Neil S. Salsich</u>											
Malco No. 1-X	E-33-20-28	Dry Hole	P&A	5-15-57	-	7	223	726	-	Fraced w/20,000# sand, No production	
						4 1/2	719				
<u>G. D. Biggs</u>											
Mayfield No. 1	G-33-20-28	Dry Hole	P&A	5-22-56	-	8 5/8	366	748	-	-	
						5 1/2	702				
Hughes Federal No. 2	M-33-20-28	Dry Hole	P&A	7-4-56	-	7	80	666	-	-	
						5 1/2	608				
<u>R. S. Light</u>											
Willis Federal No. 1	B-3-21-27	Dry Hole	P&A	12-17-62	-	/	407	642	-	-	

\*Unit letter - Section - TWP/South - RGE/East

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## **SCHEMATIC DIAGRAM P&A WELLS**

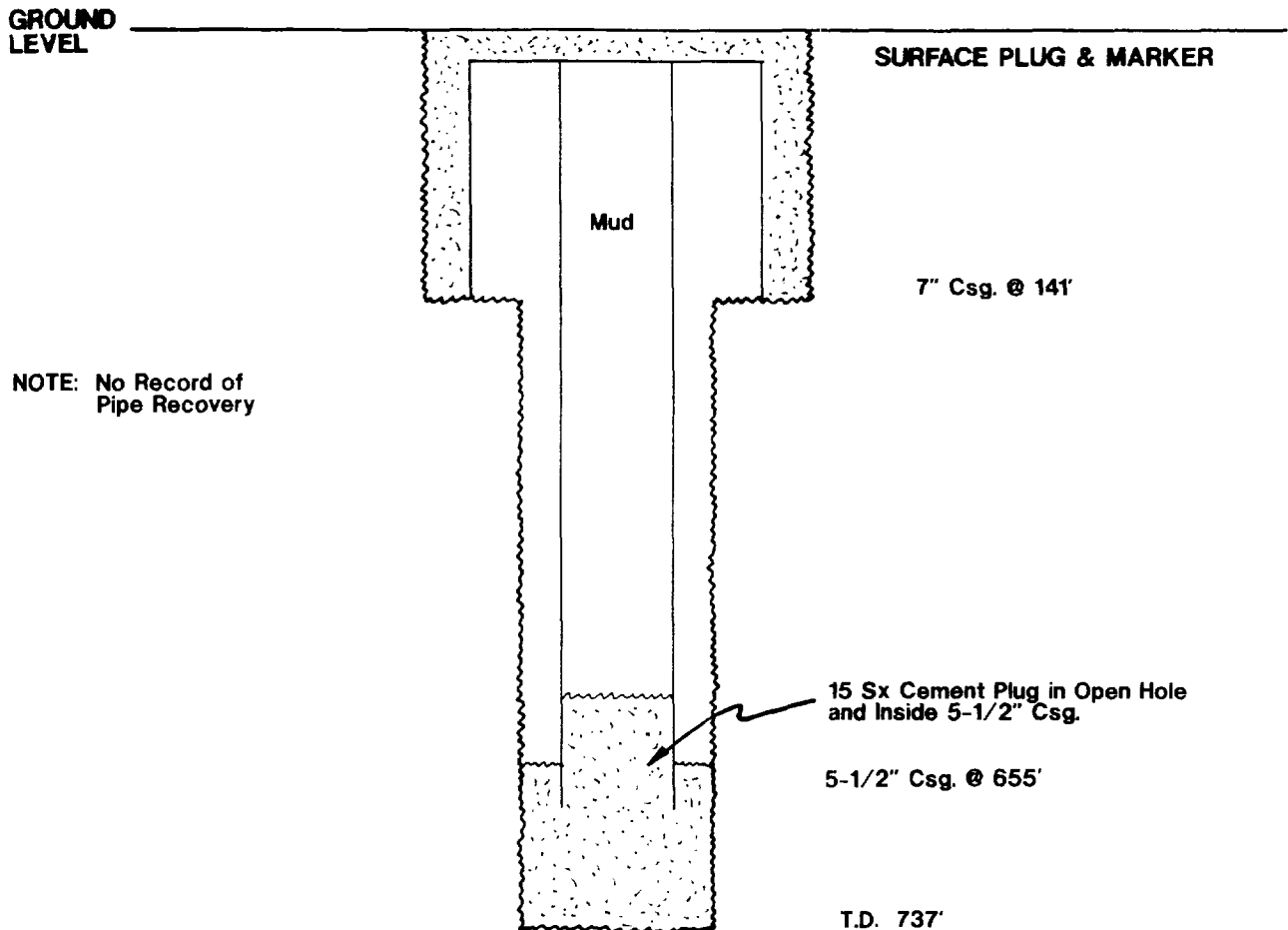


OPERATOR : S&J OPERATING COMPANY  
LEASE & WELL NO. : SALADAR UNIT NO. 9  
LOCATION : 0 -33 - T20S - R28E  
P&A DATE : 4-18-90

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

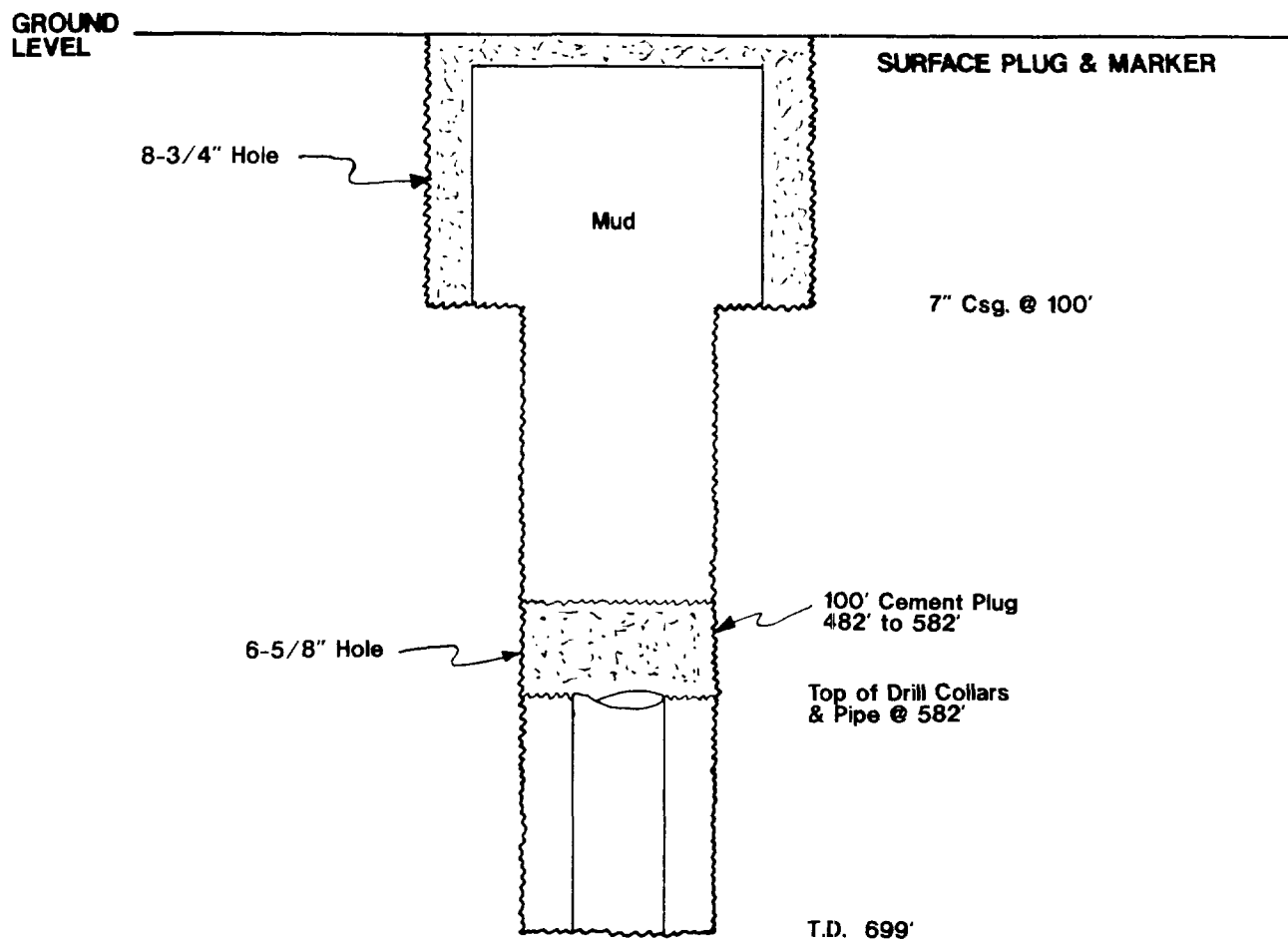


OPERATOR : G.E. CONLEY  
LEASE & WELL NO. : CONLEY NO. 1  
LOCATION : J - 33 - T20S - R28E  
P&A DATE : 10-8-63

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

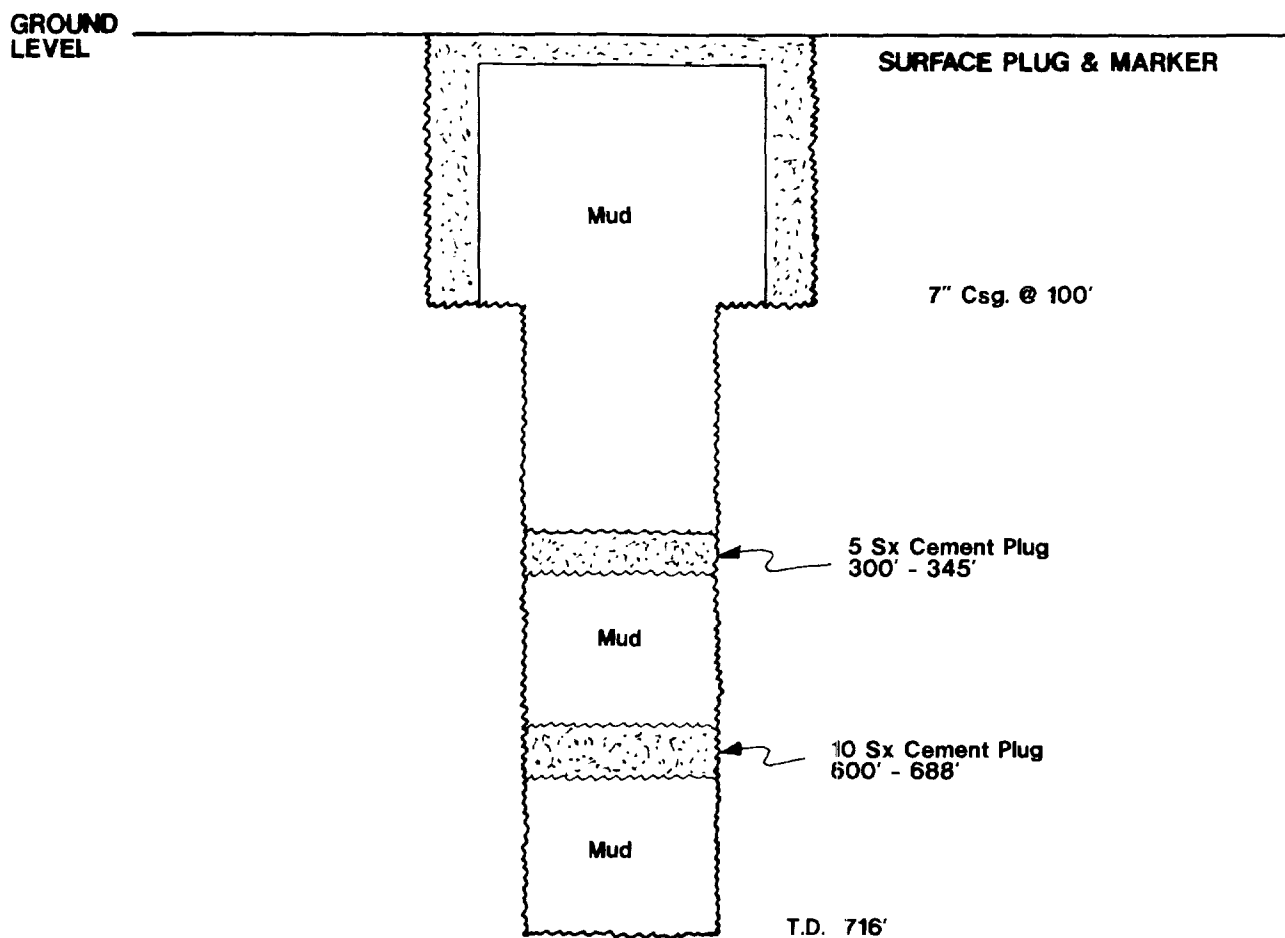


OPERATOR : G.E. CONLEY  
LEASE & WELL NO. : MAYFIELD NO. 1  
LOCATION : 0 - 33 - T20S - R28E  
P&A DATE : 7-8-57

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS



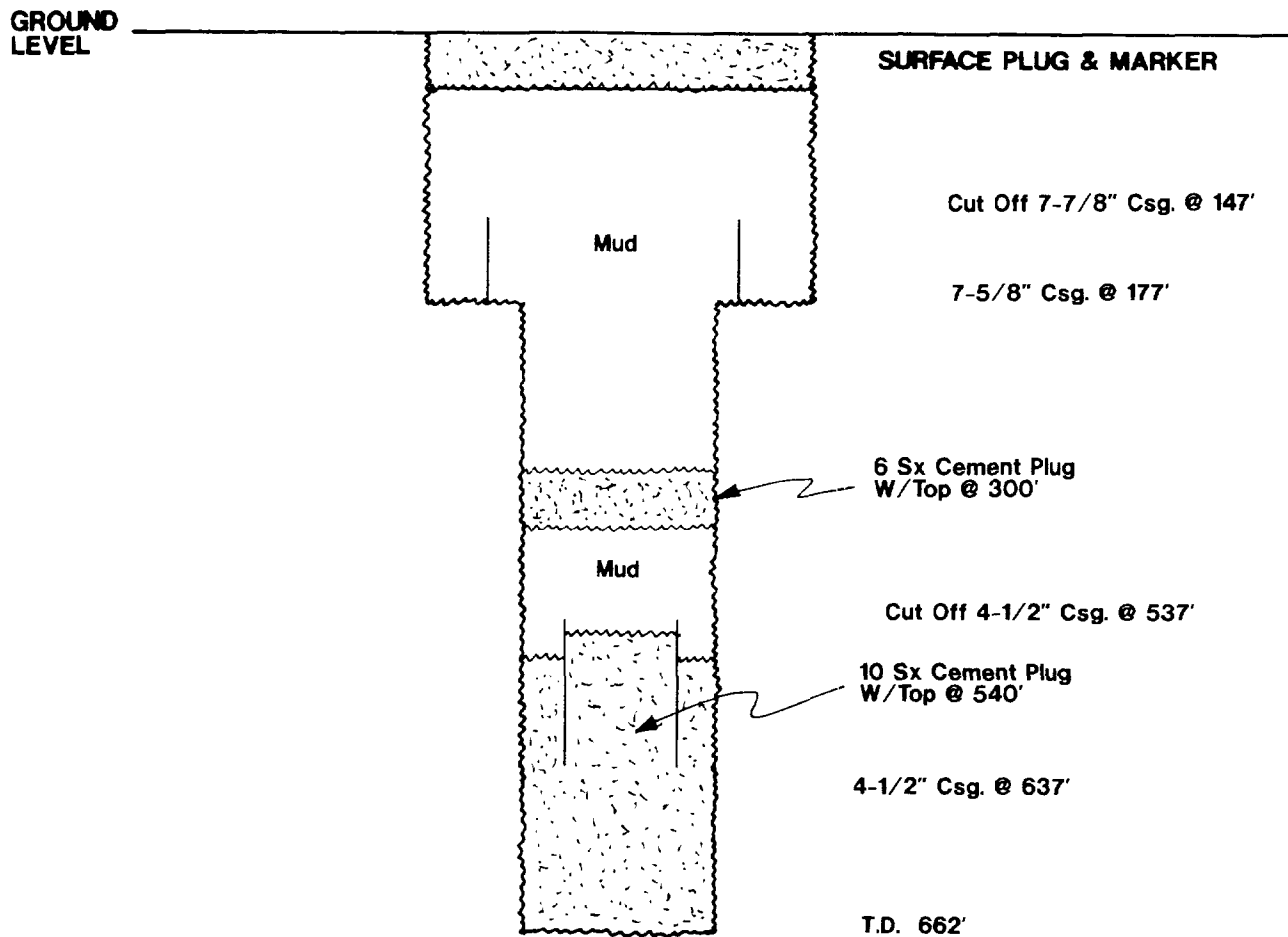
OPERATOR : G.E. CONLEY  
LEASE & WELL NO. : MAYFIELD NO. 1-X  
LOCATION : 0 - 33 - T20S - R28E  
P&A DATE : 11-25-57



**APPLICATION FOR AUTHORIZATION TO INJECT**

**S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO**

**SCHEMATIC DIAGRAM  
P&A WELLS**

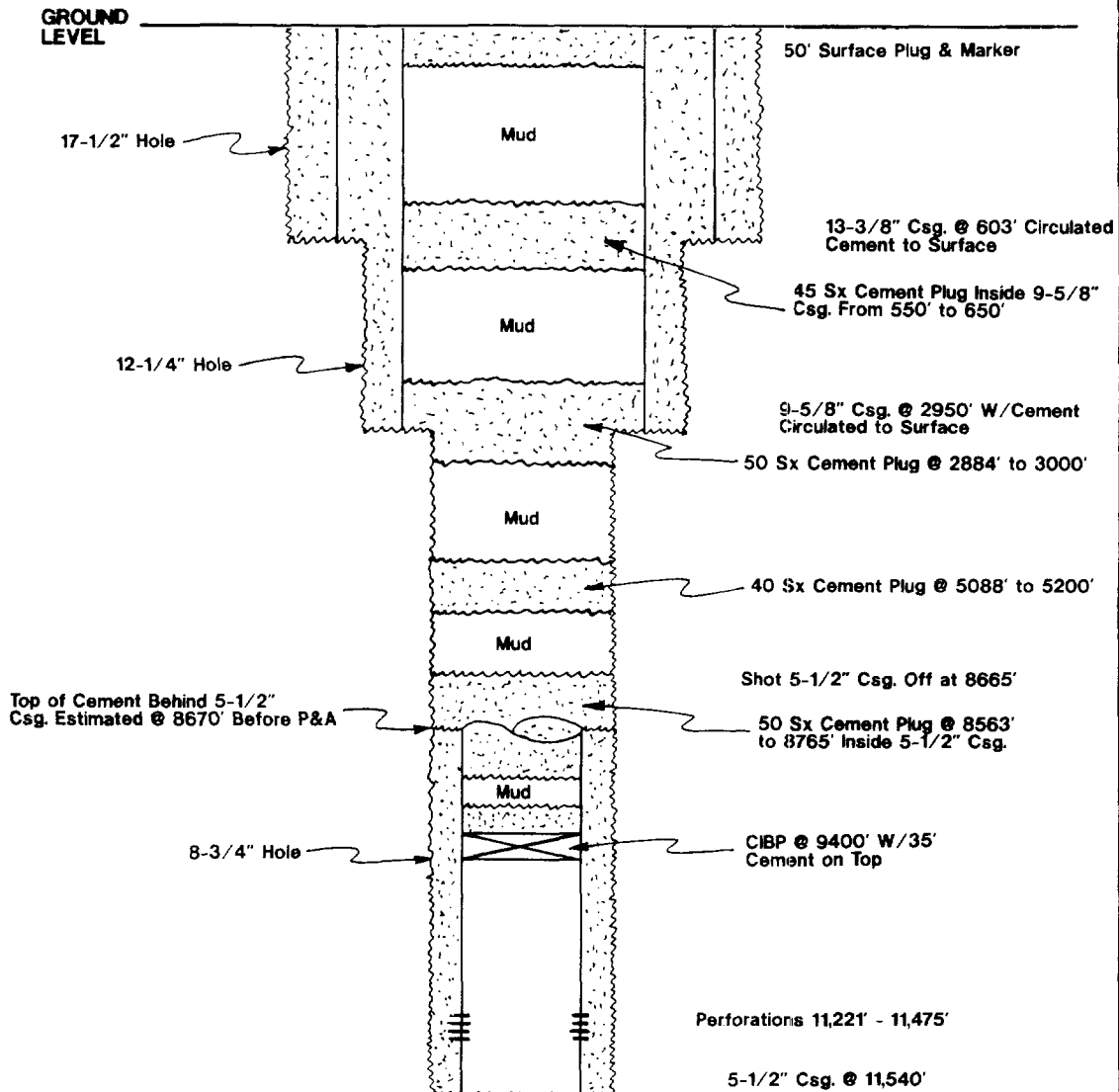


**OPERATOR :** BASIC MATERIALS, INC.  
**LEASE & WELL NO. :** MAYFIELD NO. 3  
**LOCATION :** 0 - 33 - T20S - R28E  
**P&A DATE :** 6-19-61

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

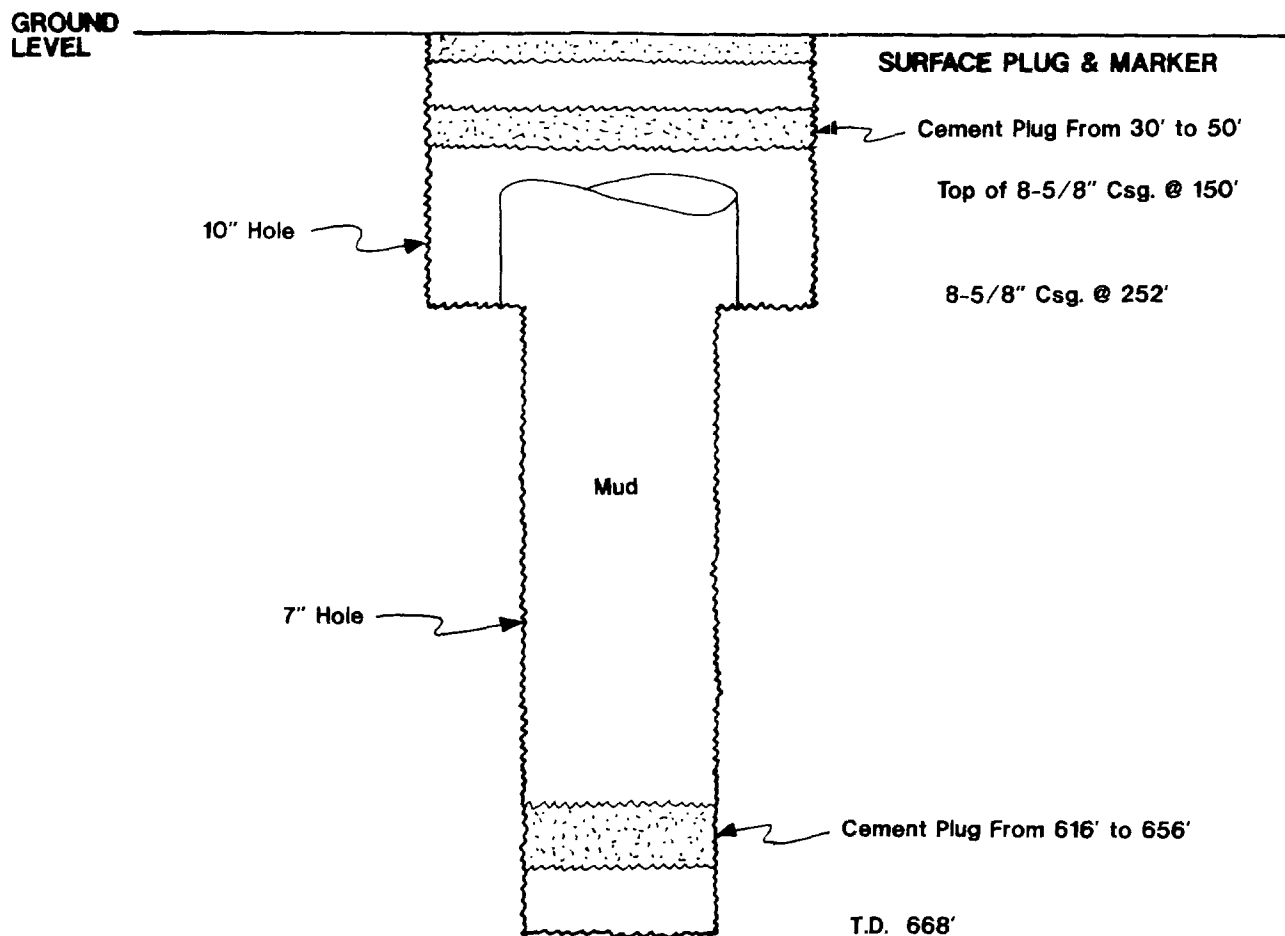


OPERATOR : BHP PETROLEUM USA, INC.  
LEASE & WELL NO. : BURTON FLAT DEEP UNIT NO. 7  
LOCATION : I - 33 - T20S - R28E  
P&A DATE : 10-26-91

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

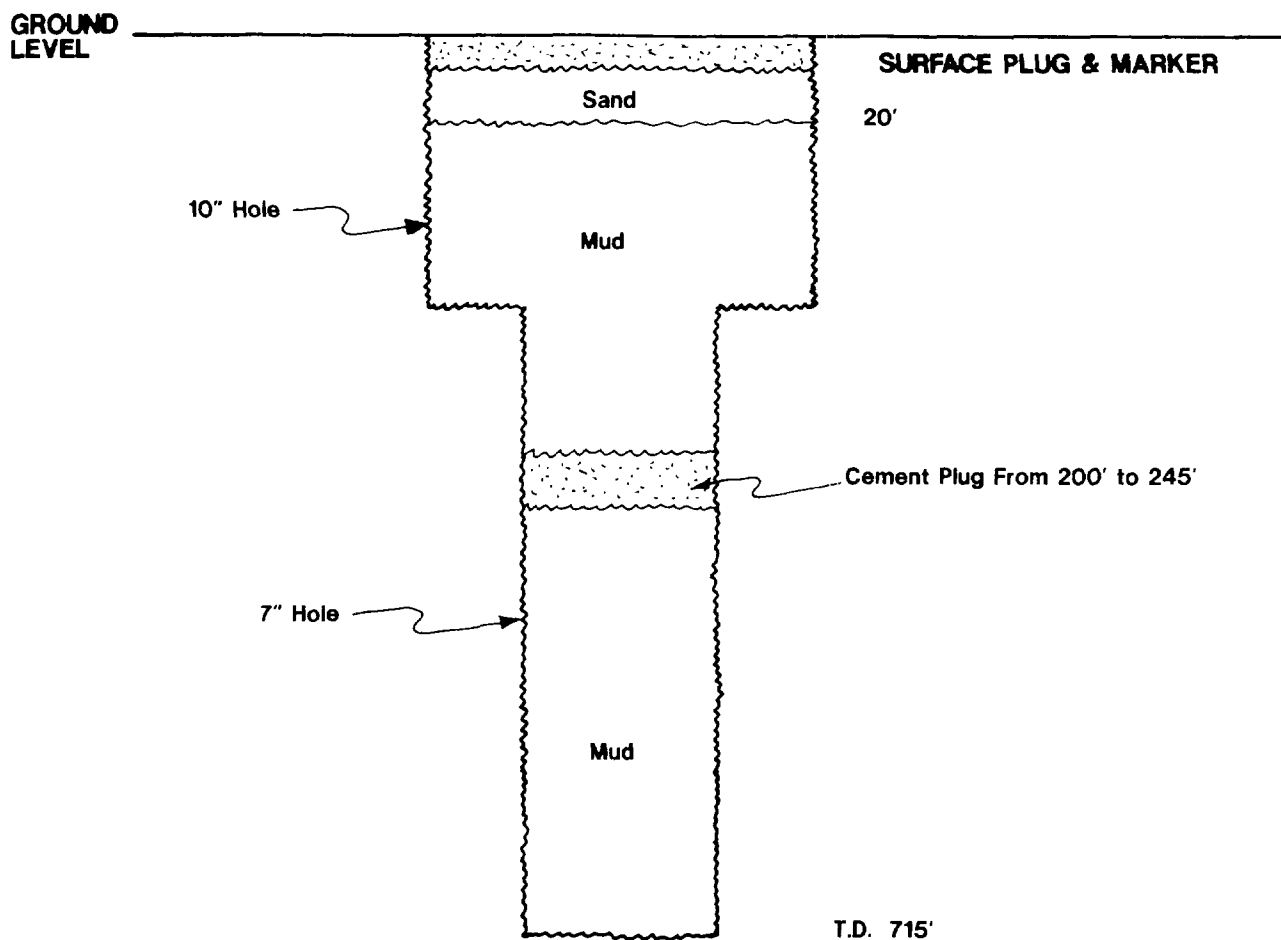


OPERATOR : ROBERT L. BUNNEL  
LEASE & WELL NO. : COONS NO. 1  
LOCATION : A - 4 - T21S - R27E  
P&A DATE : 5-15-56

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

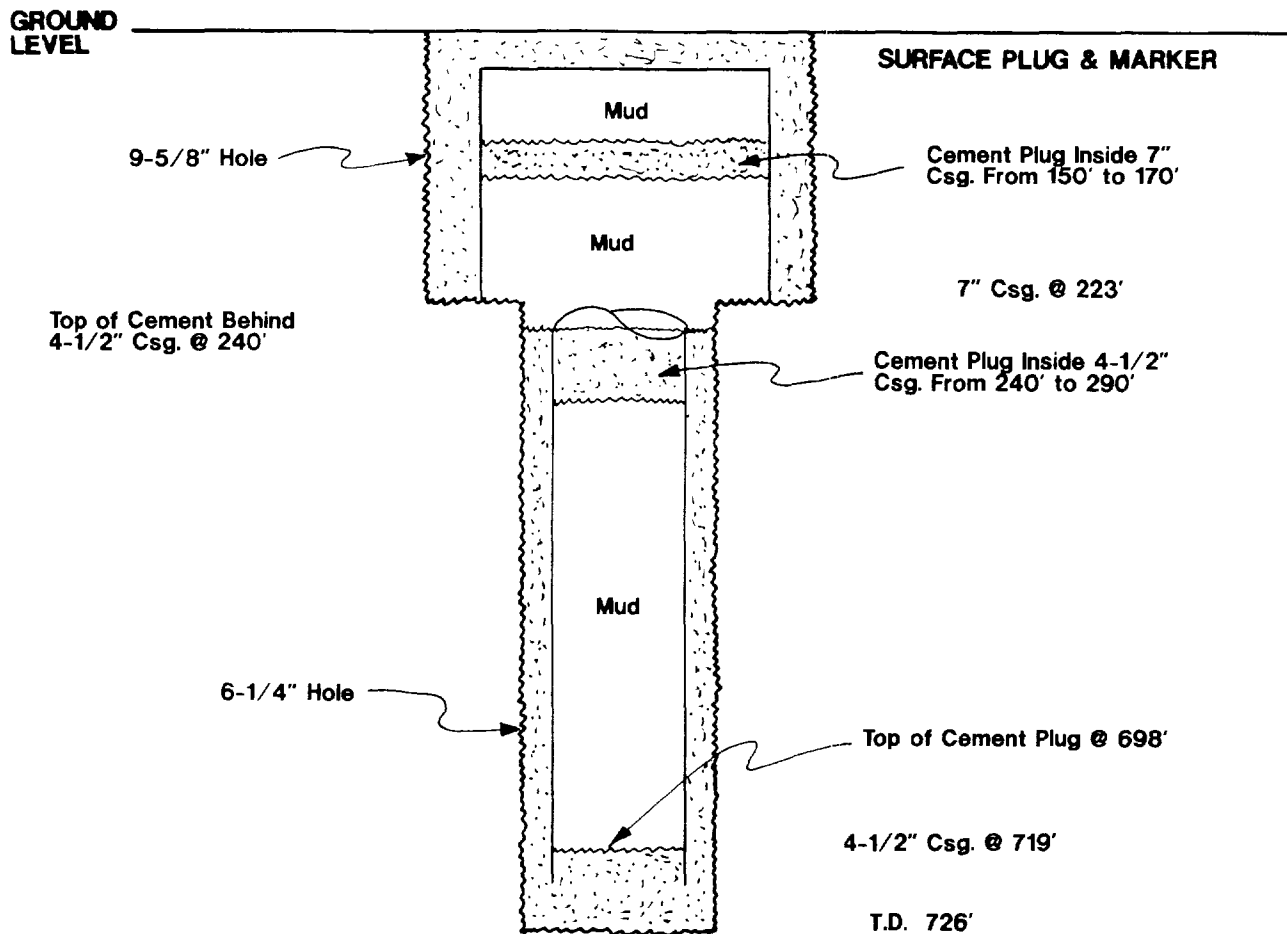


OPERATOR : R.L. BUNNEL  
LEASE & WELL NO. : COONS NO. 2  
LOCATION : C - 3 - T21S - R27E  
P&A DATE : 5-23-58

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

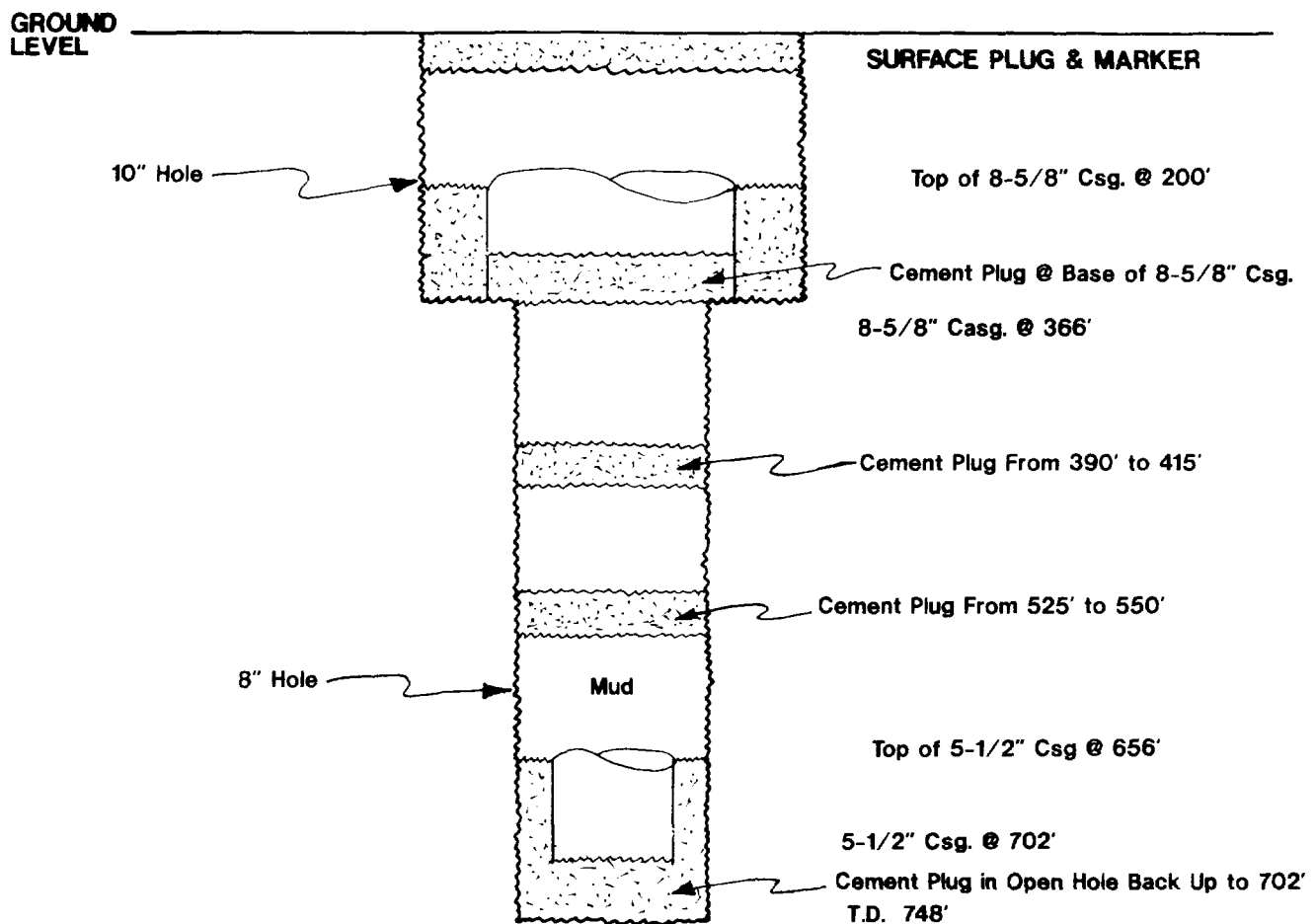


OPERATOR : N.S. SALSICH  
LEASE & WELL NO. : MALCO NO. 1-X  
LOCATION : E - 33 - T20S - R28E  
P&A DATE : 6-24-57

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

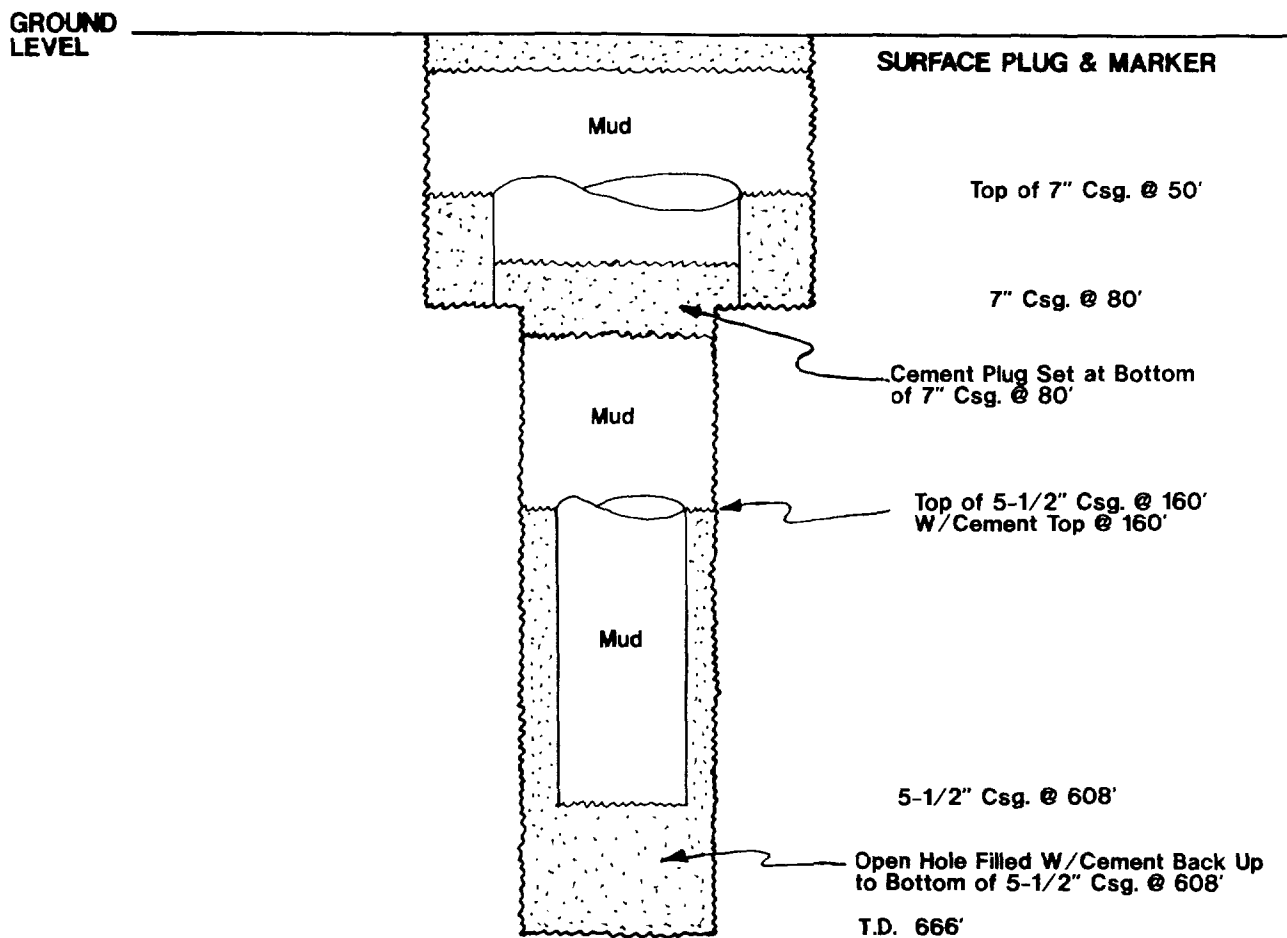


OPERATOR : G.D. RIGGS  
LEASE & WELL NO. : MAYFIELD NO. 1  
LOCATION : G - 33 - T20S - R28E  
P&A DATE : 5-30-56

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS

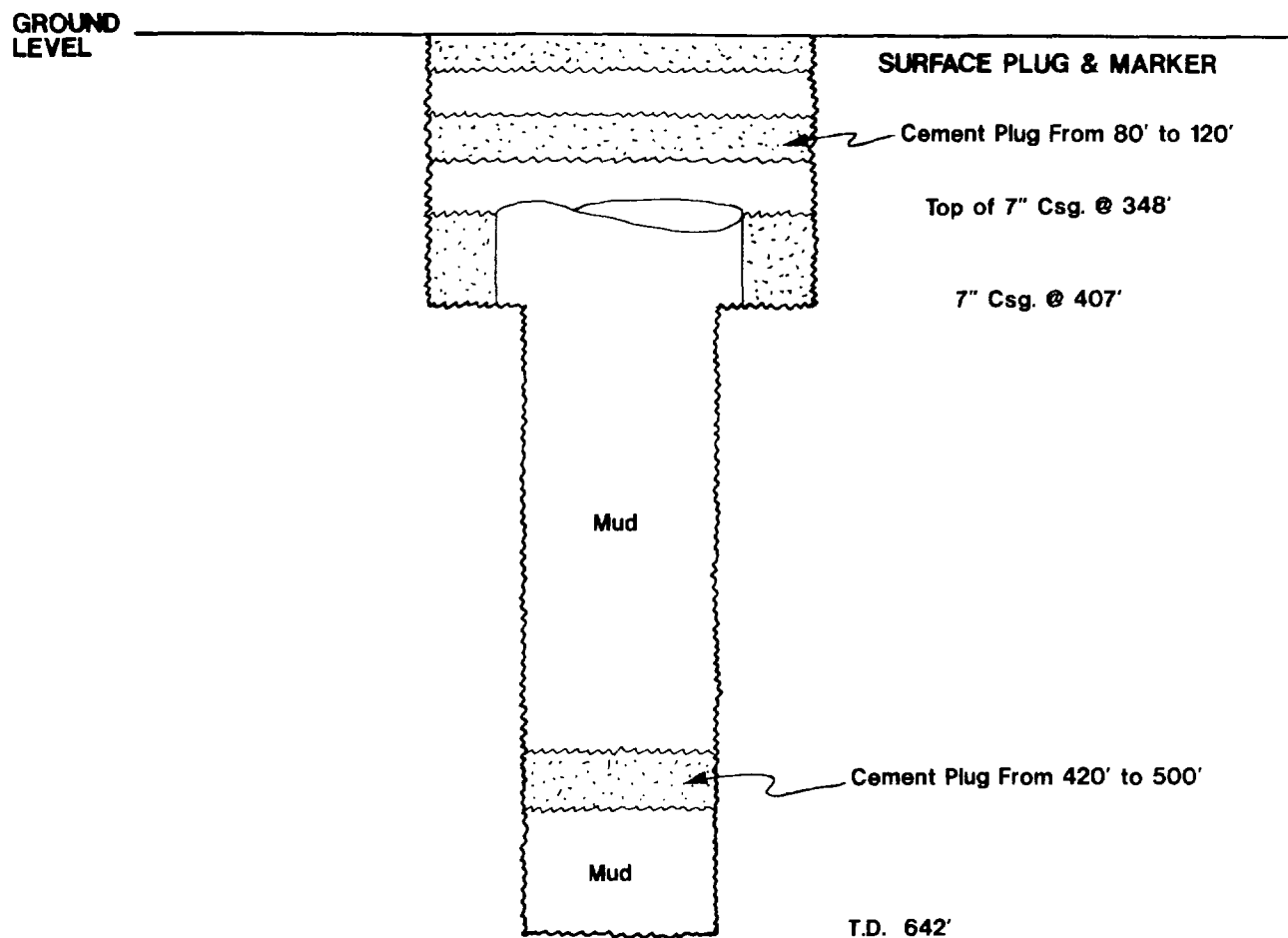


OPERATOR : G.D. RIGGS  
LEASE & WELL NO. : HUGHES FEDERAL NO. 2  
LOCATION : M - 33 - T20S - R28E  
P&A DATE : 8-9-56

# APPLICATION FOR AUTHORIZATION TO INJECT

S&J OPERATING COMPANY  
SALADAR UNIT NO. 8  
EDDY COUNTY, NEW MEXICO

## SCHEMATIC DIAGRAM P&A WELLS



OPERATOR : R.S. LIGHT  
LEASE & WELL NO. : WILLS FEDERAL NO. 1  
LOCATION : B - 3 - T21S - R27E  
P&A DATE : 12-20-60



UNICHEM INTERNATIONAL  
P.O. BOX 1499 707 NORTH LEACH STREET  
HOBBES, NEW MEXICO 88240

Stj Operating  
Loco Hills NM

Report Date: March 9, 1993  
Lab In Date: February 23, 1993  
Sample Date: February 22, 1993

Dear

Listed below please find our water analysis report from Salazar Water Well #1

F-33-T205-R28E

Specific Gravity: 1.004  
Total Dissolved Solids: 5402  
PH: 7.98  
Ionic Strength: .185

=====

CATIONS:

		mg/liter
Calcium:	(Ca++)	1040
Magnesium:	(Mg++)	340
Sodium:	(Na+)	218
Iron (Total)	(Fe++)	.30
Barium	(Ba++)	.20
Manganese:	(Mn++)	.01
Reactivity:		

ANIONS:

Bicarbonate:	(HCO3-)	12
Carbonate:	(CO3--)	0
Hydroxide:	(OH-)	0
Sulfate:	(SO4--)	2332
Chloride:	(Cl-)	1400

=====

GASES:

Carbon Dioxide:	(CO2)	*****
Oxygen:	(O2)	*****
Hydrogen Sulfide:	(H2S)	*****

=====

SCALE INDEX (Positive Value Indicates Scale Tendency) \* indicates tests were not run.

	Temperature	CaCO3 SI	CaSO4 SI
86F	30.00	.15	9.92
104F	40.00	.45	9.67
122F	50.00	.67	9.67
140F	60.00	.88	9.92
168F	70.00	1.12	10.90
176F	80.00	1.39	10.16

If you have any questions or require further information, please contact us.

Sincerely,

*Jicki Thompson*

Laboratory Technician

cc:

cc: Joe Hay  
Bill Peck

UNICHEM INTERNATIONAL  
P.O. BOX 1499                      707 NORTH LEECH STREET  
HOBBES, NEW MEXICO 88240

SEJ Operating

Report Date:     March 9, 1993

Loco Mills                      . NM

Lab In Date:     February 23, 1993

Sample Date:     February 22, 1993

Dear

Listed below please find our water analysis report from Salazar Water Well                      . #1                      F-33-T205-R28E

Specific Gravity:                      1.004  
Total Dissolved Solids:                      5402  
PH:                      7.98  
Ionic Strength:                      .155

\*\*\*\*\*  
CATIONS:

		mg/liter
Calcium:	(Ca++)	1040
Magnesium:	(Mg++)	340
Sodium:	(Na+)	218
Iron (Total):	(Fe++)	.30
Barium:	(Ba++)	.20
Manganese:	(Mn++)	.01
Reactivity:		

ANIONS:

Bicarbonate:	(HCO3-)	12
Carbonate:	(CO3--)	0
Hydroxide:	(OH-)	0
Sulfate:	(SO4--)	2302
Chloride:	(Cl-)	1400

\*\*\*\*\*  
GASES:

Carbon Dioxide:	(CO2)	*****
Oxygen:	(O2)	*****
Hydrogen Sulfide:	(H2S)	*****

\*\*\*\*\*  
SCALE INDEX (Positive Value Indicates Scale Tendency) \* indicates tests were not run.

	Temperature	CaCO3 SI	CaSO4 SI
	86F     30.0C	.15	9.92
	104F    40.0C	.45	9.67
	122F    50.0C	.87	9.67
	140F    60.0C	.88	9.92
	168F    70.0C	1.12	10.90
	176F    80.0C	1.59	10.16

If you have any questions or require further information, please contact us.

Sincerely,

*Jiska Thompson*

Laboratory Technician

cc:

cc: Joe Ray  
Bill Polk

PROOF OF NOTICE:

Application For Authorization To Inject  
S & J Operating Company  
Saladar Unit No. 8  
Section 33, T 20S, R 28E  
Eddy County, New Mexico

As of the date listed below and evidenced by the Certified Return Receipts, we have mailed copies of the Application for Authorization To Inject to the following:

1. Surface Owner: Bureau of Land Management  
Carlsbad Resource Area Headquarters  
P. O. Box 1778  
Carlsbad, New Mexico 88220

2. Surface Lessee: Don Rains  
P. O. Box 847  
Carlsbad, New Mexico 88220

3. Leasehold Operators Within One-Half Mile of Well Location

Exxon Corp.  
P. O. Box 1600  
Midland, TX 79702

Oxy USA, Inc.  
Box 300  
Tulsa, Oklahoma 74102

BHP Petroleum Americas, Inc.  
5847 San Felipe  
Houston, TX 77057

Chevron PBC, Inc.  
11111 S. Wilcrest  
Houston, TX 77099

Kerr-McGee Corp  
Box 25861  
Oklahoma City, OK 73125

Great Western Drilling  
Box 1659  
Midland, TX 79701

Davoil Inc.  
Box 12507  
Ft. Worth, Tx 76116

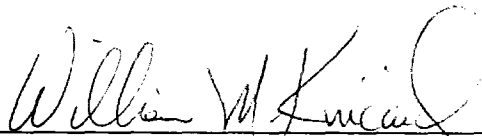
North Central Operating, Inc.  
P. O. Drawer 1468  
Graham, TX 76450

Bridge Oil Co., LP  
12404 Park Central  
Suite 400  
Dallas, TX 75251

Matador Petroleum Corp.  
8340 Meadow Road  
Pecan Creek #158  
Dallas, TX 75231

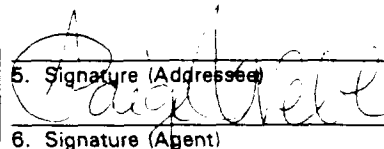
Devon Energy Corp.  
Devon Energy Partners, LTD  
20 North Broadway  
Suite 1500  
Oklahoma City, OK 78102

Maralo, Inc.  
Five Post Oak Park  
Suite 1010  
Houston, TX 77027



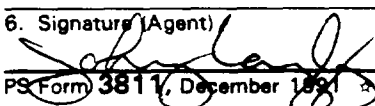
William M. Kincaid  
Petroleum Engineer

Date: 3/9/93

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to:  North Central Operating, Inc. P.O. Drawer 1468 Graham, TX. 76450		4a. Article Number P 316 496 627
	5. Signature (Addressee) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	6. Signature (Agent)		7. Date of Delivery FEB 3 1993
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991		U.S.G.P.O.: 1992-307-530	

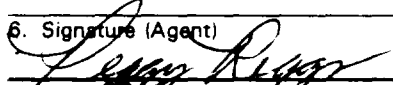
Thank you for using Return Receipt Service.

**DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to:  Davoil, Inc. Box 12507 Ft. Worth, TX. 76116		4a. Article Number P 336 496 626
	5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	6. Signature (Agent) 		7. Date of Delivery 2-3-93
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991		U.S.G.P.O.: 1992-307-530	

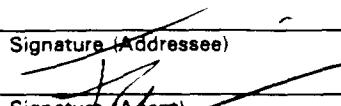

Thank you for using Return Receipt Service.

**DOMESTIC RETURN RECEIPT**

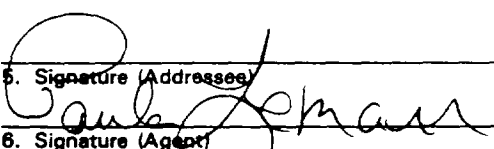
Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to:  Great Western Drilling Box 1659 Midland, TX. 79701		4a. Article Number P 316 496 625
	5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	6. Signature (Agent) 		7. Date of Delivery 2-3-93
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991		U.S.G.P.O.: 1992-307-530	

Thank you for using Return Receipt Service.

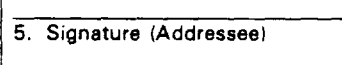

**DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.	
3. Article Addressed to:  BHP Petroleum Americas, Inc. 5847 Sam Felipe Houston, TX. 77057		4a. Article Number P 663 976 865	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 2/3/93	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.	
3. Article Addressed to:  Oxy USA, Inc. Box 300 Tulsa, OK. 74102		4a. Article Number P 663 976 864	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery FEB - 3 1993	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.	
	3. Article Addressed to:  Matador Petroleum Corp. 8340 Meadow Rd. Pecan Creek #158 Dallas, TX. 75231		4a. Article Number P 316 496 629	
			4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
			7. Date of Delivery 2/3/93	
	5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
	6. Signature (Agent) 			

PS Form 3811, December 1991 \* U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**SENDER:**

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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KERR-MCGEE CORP.  
BOX 25861  
OKLAHOMA CITY, OK 73125

4a. Article Number

P 663 976 868

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

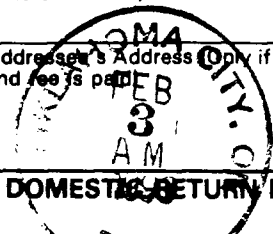
5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**



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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bridge Oil Co., LP  
12404 Park Central,  
Suite 400  
Dallas, TX. 75251

4a. Article Number

P 316 496 628

4b. Service Type

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured                        |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

2-4-93

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**SENDER:**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EXXON CORP.  
P. O. BOX 1600  
MIDLAND, TX 79702

4a. Article Number

P 663 976 863

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

2/4/93 FEB - 4 1993

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Maralo, Inc.  
Five Post Oak Park,  
Suite 1010  
Houston, TX 77027

4a. Article Number  
P 316 496 633

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

*Patt D. Nebel*

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

6. Signature (Agent)

*2-8-93*

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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**SENDER:**

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Devon Energy Corp.  
Devon Energy Partners, Inc.  
20 N. Broadway., Ste. 1100  
Oklahoma City, OK. 78102

4a. Article Number  
P 316 496 632

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*2/9/93*

5. Signature (Addressee)

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

6. Signature (Agent)

*RL*

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Don Rains  
P.O. Box 847  
Carlsbad, NM 88220

4a. Article Number  
P 663 976 862

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*2/8/93*

5. Signature (Addressee)

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

6. Signature (Agent)

*D. Rains*

PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-006 **DOMESTIC RETURN RECEIPT**



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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bureau of Land Management  
 Carlsbad Resource Area Headquarters  
 P.O. Box 1778  
 Carlsbad, NM 88220

4a. Article Number

P 663 976 861

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

*Betty Hill*  
 MAR 03 1990

PS Form 3811, November 1980 \* U.S. GPO: 1991-287-008

**DOMESTIC RETURN RECEIPT**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

**RETURN RECEIPT REQUESTED**

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHEVRON PBC, INC.  
 11111 S. WILCREST  
 HOUSTON, TX 77099

4a. Article Number

P 316 496 642

4b. Service Type

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

Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 \* U.S.G.P.O. : 1992-207-008

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.