

OIL CONSERVATION DIVISION
REC'D

MEWBOURNE OIL COMPANY

P.O. BOX 5270

JUN 23 1993

HOBBS, NEW MEXICO 88241

(505) 393-5905

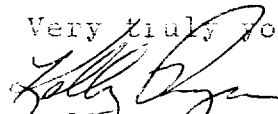
June 23, 1993

Ben Stone
State of New Mexico
Oil Conservation Commission
P.O. Box 2088
Santa Fe, New Mexico 87504

Mr. Stone

Enclosed is the information you requested concerning our Application for Authorization to inject in the Federal "V" #3. If any other information is needed, please feel free to contact me.

Very truly yours,


Kelly Ryan
Petroleum Engineer

HR/mj

Affidavit of Publication

No. 14347

STATE OF NEW MEXICO,

County of Eddy:

Gary D. Scott being duly sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and state, and that the hereto attached Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of

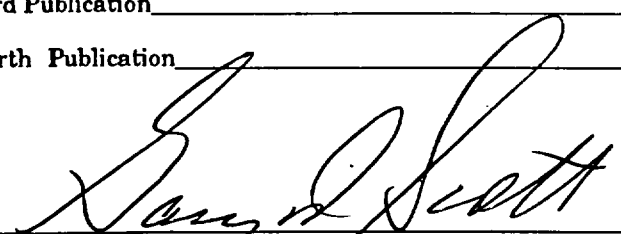
the state of New Mexico for 1 days consecutive weeks on the same day as follows:

First Publication June 9, 1993

Second Publication _____

Third Publication _____

Fourth Publication _____


Subscribed and sworn to before me this 9th day

of June 19 93


Notary Public, Eddy County, New Mexico

My Commission expires September 23, 1996

Copy of Publication

LEGAL NOTICE

NOTICE OF APPLICATION
FOR
FLUID INJECTION WELL
PERMIT
MEWBOURNE
OIL COMPANY
P.O. BOX 5270
HOBBS, NEW MEXICO
88240

has applied to the State of New Mexico, Oil Conservation Division, Santa Fe, New Mexico, for a permit to inject fluid into a formation that is not productive of oil or gas. The application proposes to inject produced Bone Spring water in the Delaware formation in the Federal "V" #3. The proposed injection well is located in Section 8, T20S, R28E, 11 miles North of Carlsbad in the Old Millman Ranch Field, Eddy County, New Mexico. Fluid will be injected into strata in the subsurface depth interval 2738 feet to 2772 feet.

A request for further information concerning any aspect of the application should be submitted in writing within 15 days of publication to the State of New Mexico, Oil Conservation Division, P.O. Box 2088, Santa Fe, New Mexico 87504. Telephone (505) 827-5807.

Published in the Artesia Daily

Press, Artesia, N.M. June 9, 1993.

Legal 14347

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

State of New Mexico
Oil Conservation Commission
P.O. Box 2088
Santa Fe, New Mexico 87504

4a. Article Number

P369421351

4b. Service Type

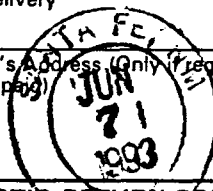
- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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



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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 369 421 351

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
Oil Conservation Commission	
Street and City	
P.O. Box 2088	
P.O. : State and ZIP Code	
Santa Fe, New Mexico 87504	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Service Fee	
Return Receipt Service Fee to Whom:	
Date and Signature of Addressee:	
TOTAL	\$ 3.21
Postmark for Date	JUN 21 1993

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Robert Elliott
OXY USA Inc.
P.O. Box 50250
Midland, Texas 79710

4a. Article Number

9369421353

4b. Service Type

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

7. Date of Delivery

6-7-93

5. Signature (Addressee)

6. Signature (Agent)

[Handwritten Signature]

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.

P 369 421 353

Receipt for

Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	Robert Elliott
Article and to	OXY USA Inc. P.O. Box 50250
P.O. State and Zip Code	Midland, Texas 79710
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Sent Forward to Whom & Date Delivered	
Return Receipt Sent Forwarding Office	
TOTAL	\$3.21
Postmaster Date	6-7-93

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Robert Boling
Robert Boling Exploration
305 S. 5th Street
Artesia, New Mexico 88210

4a. Article Number

P369 421 352

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

06-07-93

5. Signature (Addressee)

Robert Boling

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

P 369 421 352

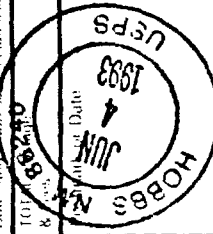
Receipt for Certified Mail



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to		Robert Boling Exploration	
Street and No.		305 S. 5th Street	
City, State and Zip Code		Artesia, New Mexico 88210	
Postage		\$	
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt Showing to Whom & Date Delivered			
Return Receipt Showing to Whom, Date and Delivery Address			
Total Fee		P369 421 352	

PS Form 3800, June 1991



Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Donna Neel
P.O. Box 179
Artesia, New Mexico 88211

4a. Article Number

369 421 340

4b. Service Type

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

7. Date of Delivery

6-7-93

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

P 369 421 340

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Donna Neel	
Subject and full P.O. Box 179	
P.O., State and ZIP Code Artesia, New Mexico 88211	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt, Showing to Whom & Date Delivered	
Return Receipt, Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	2.52
Postmark or Date	JUN 4 1993

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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
P.O. Box 1778
Carlsbad, New Mexico 88220

4a. Article Number

P369421350

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

Lina Silva

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 369 421 350

Receipt for

Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	
Bureau of Land Management	
Street and No.	
P.O. Box 1778	
City, State and Zip Code	
Carlsbad, New Mexico 88220	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (Showing to Whom & Date Delivered)	
Return Receipt (Showing to Whom, Date, and Addressee's Address)	
TOTAL TO POSTER	\$ 3.44
Postmark of Date & Place	
JUN 4 1991	

PS Form 3800, June 1991