KELLAHIN, KELLAHIN AND AUBREY

Attorneys at Law
El Patio - 117 North Guadalupe
Post Office Box 2265
Santa Fe, New Mexico 87504-2265

Telephone 982-4285 Area Code 505

W. Thomas Kellahin Karen Aubrey

Jason Kellahin
Of Counsel

January 19, 1988

RECEIVED

Mr. Michael E. Stogner Examiner Oil Conservation Division 310 Old Santa Fe Trail Santa Fe, New Mexico 87501

71 000mm

OIL CONSERVATION DIVISION

Re: Application of Sun Exploration & Production Company for Administrative Approval of Non-Standard Proration Unit, Lots 13 and 14, Section 6, Township 16 South, Range 37 East, Lea County, New Mexico

Dear Mr. Stogner:

This letter will consitute the application of Sun Exploration and Production Company for administrative approval of a non-standard proration unit consisting of Lots 13 and 14, Section 6, Township 16 South, Range 37 East, Lea County, New Mexico. Lots 13 and 14 total 91.65 acres. Sun proposes to drill a well to the base of the Lower Strawn at a standard location in this proration unit. A standard proration unit would be 80 acres. This case is presently docketed as Case No. 9296 for hearing on January 20, 1988.

As we have discussed, all off-setting operators were notified by certified mail on December 29, 1987 of Sun's application for the non-standard unit. To our knowledge no objections have been received. We enclose copies of the certified mail return receipts, the application which was sent to the off-set operators and plats showing the proposed non-standard unit.

We would appreciate it if you would administratively approve this application. Sun has a drilling deadline for this well of January 28, 1988.

Sincerely,

Karen Aubrey

KA/jo

enclosures

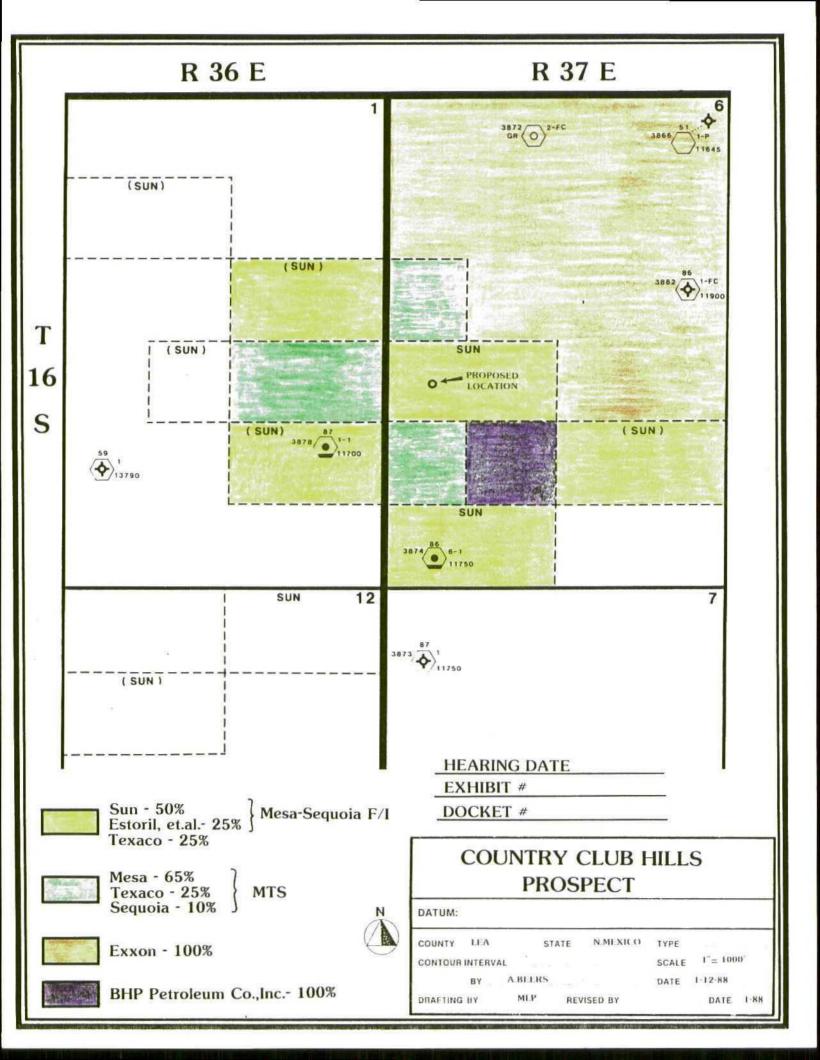
copy to: Charles A. Gray, Esq.

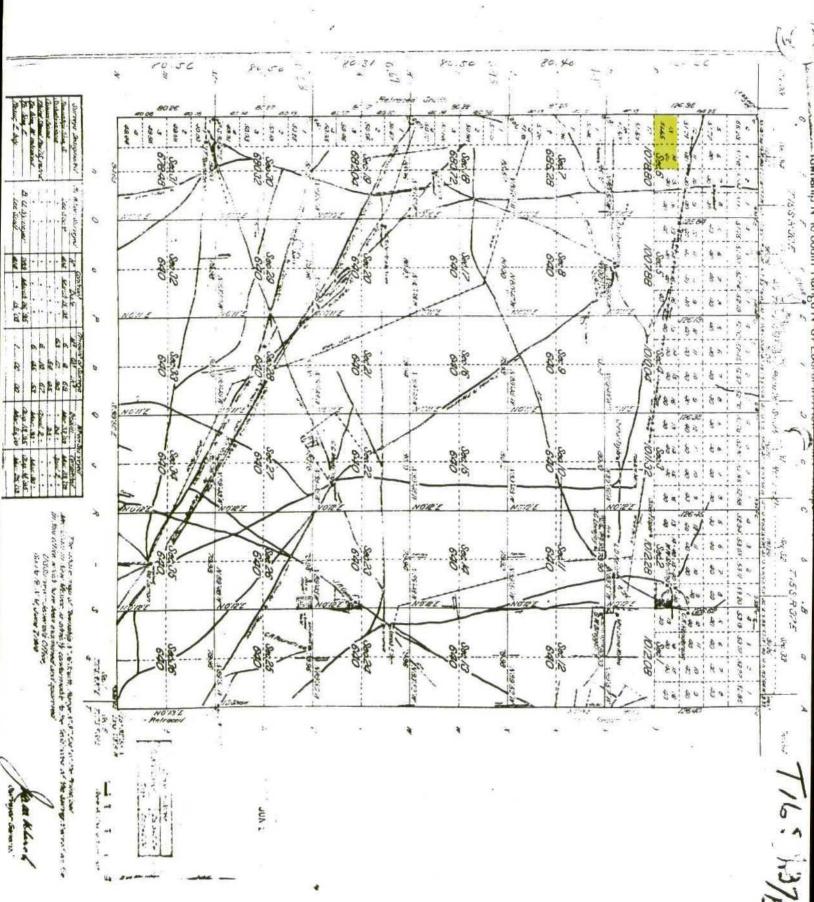
Allan Beers

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128 Effective 1-1-65

		All distances mus	t be from the outer	boundaries o	the Section		
Operator Sup Explore	ution & Produ	retion Company	Legse	derson A			Well No.
	Section W F1000	Township	Ronge	cici iiii ii	County		
Unit Letter M	h	16 South	Telling of the Parket	East	THE PERSONAL PROPERTY.	Lea	
Actual Footage Loc	cation of Well:	042	Satisfilles			47747470000000000	
3300	feet from the	South une		te	et from the	West	line
Ground Level Elev. 3866.4	Producing Fo	rmation	Pool				Dedicated Acreage:
2. If more the interest as 3. If more the dated by co	nan one lease is nd royalty). an one lease of communitization,	different ownership unitization, force-p unswer is "yes;" ty	well, outline e is dedicated ooling. etc? pe of consolid	each and id to the well,	entify the ov	vnership th	ereof (both as to working all owners been consoli-
this form i No allowa	f necessary.) ble will be assign	ned to the well unti	l all interests	have been	consolidated	d (by comm	nunitization, unitization, approved by the Commis-
	3300. 0058 1679.0. 1679.0. 1079 1879.0. 1679.0. 1079 1879.0. 1679.0. 1079 1879.0. 1679.0. 1079 1879.0. 1679.0. 1079 1879.0. 1079 1879.0	T-15-5 T-16-5	34 35	AND PERSONAL STREET OF STR	ESSIONAL SONO.	Name Firstion Company Date I hernby to hown on to protest of or the protest of o	certify that the information con- ein is true and complete to the knowledge and belief. certify that the well location his plat was plotted from field ctual surveys made by me or upervision, and that the same d correct to the best of my and belief.
	12 1666.5	<u>I" = 2000'</u>	E				Surveyor JOHAW. WEST 676
							Ronald J. Eidson 3239





Sent to
Sent to
Street and No.

P.O. State and ZIP Code
Postage
Special Delivery Fee
Special Delivery Fee
Restricted Delivery Fee

Postmark or Date

U.S.G.P.O. 153-506

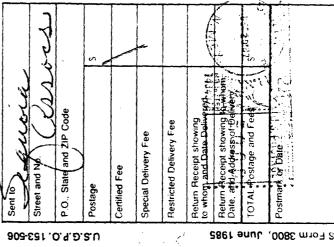
PS Form 3811, Feb. 1986 7. Date of Delivery Post Office Box 1600 Midland, Texas Exxon Cumpany USA 79702-1600 DOMESTIC RETURN RECEIPT

S861 anut PS Form 3800, DOMESTIC RETURN RECEIPT c/o Bechtel Investments, 5400 Westheimer Court Houston, Texas 77056 Sequoia Assocs. Ltd.

P-484 057 459

RECEIPT FOR CERTIFIED MAIL. NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL.

(See Reverse)



PS Form 3811, Feb. 1986

BEC 29*37 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL Return, <u>Receipt showing</u>। g./ त) हे हैं है. to whoth and Date Delivered कार्य Return Receipt Shawing to whom Date, and Address of Dehivery. (See Reverse) TOTAL Postage and Feds. P.O., State and ZIP Code Restricted Delivery Fee Postmark, or Date Special Delivery Fee Street and No. Certified Fee Postage Sent to PS Form 3800,

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

455

750 h8h-d

Anticle Adding Midland, Texas 79702 Post Office Box 3109 Texaco, Inc. Pos 1. Shd card from Tex 3. Article PS Form 38 5. Signatu 7. Date of 6. Signat

RECEIPT FOR CERTIFIED MAIL P-484 057 456 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) Return Receipt showing to whom. Date, and Address of Delivery P.O., State and ZIP Code Return Receipt showing to whom and Date Delivered TOTAL Postage and Fraesing Restricted Delivery Fee Special Delivery Fee Street and No. Postmark by Dale : Certified Fee Sent to Postage 903-631 .O.9.2.U 2861 anul PS Form 3800,

> Amarillo, Texas 79189 Mesa Operating Ltd. One Mesa Square Fartnership Me Pa card fi

PS Form 3811, Feb. 1986

P-484 057 457

Street and No.

Pectified Fee
Special Delivery Fee

Midland, Texas 79701 Suite 1600 400 West Illinois Estroil Producing Corp.

P-484 057 458

PS Form 3800,

Postm≨jk or Date

U.S. FUSIANT

TOTAL Postage and February

Return Receipt showing to whom, Return Receipt showing to whom and Date Delivered

Date, and Address of D

U.S.G.P.O. 153-506 Street and No. P.O. State and ZIP Code Sent To

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Revezse)

C Desta Drive, Suite 3200 Midland, Texas 79705-5510 BHP Petroleum Corporation

Certified Fee

Restricted Delivery Fee Special Delivery Fee Postage

D. O. Santa Fe, New

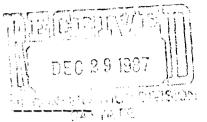
KELLAHIN, KEL

Attorne

STATE OF NEW MEXICO DEPARTMENT OF ENERGY AND MINERALS OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF SUN EXPLORATION AND PRODUCTION COMPANY FOR COMPLUSORY POOLING AND NON-STANDARD PRORATION UNIT, LEA COUNTY, NEW MEXICO

CASE NO.



APPLICATION

COMES NOW, Sun Exploration and Production Company and applies to the Oil Conservation Division of the State of New Mexico for an order pooling all mineral interests from the surface to the base of the Lower formation Strawn member o f the Penn (Northeast Lovington Penn Pool), Lea County, New Mexico underlying Lots 13 and 14, Section 6, Township 16 South, Range 37 East, Lea County, New Mexico for the formation of a non-standard proration and spacing unit consisting of and in support thereof would show the 91.65 acres Division:

- 1. Applicant is the owner of the the right to drill and develop Lots 13 and 14 of Section 6, Township 16 South, Range 37 East, Lea County, New Mexico.
- 2. Applicant proposes to drill a well at a standard location in the Northeast Lovington Penn Pool and to dedicate Lots 13 and 14 of said Section to the well.

- 3. Applicant sought to obtain the cooperation and voluntary participation of all parties.
- 4. In order to obtain its just and equitable share of production underlying the above lands, Applicant needs an order pooling the mineral interests involved.
- 5. Those who have not consented to join in the drilling of the well, with their addresses, to the best of Applicant's knowledge and belief, are as follows:

Texaco, Inc. Post Office Box 3109 Midland, Texas 79702

The foregoing interest totals 25% working interest.

6. Applicant proposes to form a non-standard proration unit consisting of 91.65 acres to be dedicated to said well. Said non-standard proration unit will consist of Lot 13 (51.65 acres) and Lot 14 (40 acres) and is due to a variation in the legal subdivision of the United States Public Land Survey. Those operators or owners of undrilled tracts entitled to notice under N.M.O.C.D. Rule 1207(a)3 are:

Texaco, Inc.
Post Office Box 3109
Midland, Texas 79702

DEC 29 1997

BHP Petroleum Corporation, Inc. 6 Desta Drive, Suite 3200 Midland, Texas 79705-5510

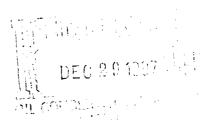
Estroil Producing Corporation 400 West Illinois, Suite 1600 Midland, Texas 79701

Mesa Operating Limited Partnership One Mesa Square Amarillo, Texas 79189

Sequoia Associates Limited c/o Bechtel Investments, Inc. 5400 Westheimer Court Houston, Texas 77056

Exxon Company USA Post Office Box 1600 Midland, Texas 79702-1600

WHEREFORE, Applicant requests that this matter be set for hearing on January 20, 1988, before Division's duly appointed examiner, and that. notice and hearing, the Division enter its order pooling the above interests and approving the nonstandard proration unit described above. Applicant further prays that it be named operator of said well, that the order make provision for Applicant to recover, out of production; its costs of drilling the subject well, completing and equipping it, for all costs of operation, including costs of supervision and a risk factor in the amount of 200% for the drilling of the



well and for such other and further relief as may be appropriate.

Respectfully submitted,

Sun Exploration & Production Company

By:

KELLAHIN, KELLAHIN & AUBREY
Post Office Box 2265
Santa Fe, New Mexico 87504

(505) 982-4285

CERTIFICATE OF SERVICE

I hereby certify that I caused a true and correct copy of the foregoing Application to be mailed to the following operators or owners of undrilled tracts:

Texaco, Inc. Post Office Box 3109 Midland, Texas 79702

BHP Petroleum Corporation, Inc. 6 Desta Drive, Suite 3200 Midland, Texas 79705-5510

Estroil Producing Corporation 400 West Illinois, Suite 1600 Midland, Texas 79701

Mesa Operating Limited Partnership One Mesa Square Amarillo, Texas 79189

Sequoia Associates Limited c/o Bechtel Investments, Inc. 5400 Westheimer Court Houston, Texas 77056

Exxon Company USA Post Office Box 1600 Midland, Texas 79702-1600

by certified mail, return receipt requested on this 29th day of December, 1987.

- 5 -

SANTA FE

RECEIPT FOR CERTIFIED MAIL RECEIPT FOR CERTIFIED MAIL RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NO INSURANCE COVERAGE PROVIDED NO INSURANCE COVERAGE PROVIDED JAM JANOITANPETNI ROT TON NOT FOR INTERNATIONAL MAIL NOT FOR INTERNATIONAL MAIL (See Reverse) **S**ee Reverse See Reverse) Sent to 153-506 Sent to 153-506 Sent to 6.2,0.153-506 Street and N Street and No Street and No 0 Ó P.O.: State and ZIP Code P.O., State and ZIP Gode P.O.; State and ZiP Code Ü ø U.S. v Postage Postage Postage Certified Fee Cartified Fee Certified Fee Special Delivery Fee Special Delivery Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt showing Return Receipt showing Return Receipt showing e whom and Date Delivered to whom and Date Del to who**re and Date Detri** Leagn been Return Receipt snowing Date: and Address of the Return_Beceipt showing to whom Return ticcsipt showing Date: and hid mad policy ig whom ivery Tite. **A**nd Parmess of t Juna TOTAL cstage and f TOTAL Postage and Fs. Postmer of Date 1 Postmark or Dale Form 3800 Form 3800 06058.01 PS Form 3800, Fostmark or Date 仑 P-484 057 455 P-484 057 456 P-484 057 458 RECEIPT FOR CERTIFIED MAIL RECEIPT FOR CERTIFIED MAIL RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NO INSUPANCE COVERAGE PROVIDED NO HISURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL NOT FOR INTERNATIONAL MAIL NOT FOR INTERNATIONAL MAIL (See Reverse) (See Reverse) (See Reverse) Sent to G.P.O. 153-508 Sent to 153-506 506 Street and No Street and No. က် Street and No Ó P.O., State and ZIP Code O P.O., State and ZIP Code ية ص P.O., State and ZiP Code ø U) Postage Postage Ľź Postage Certified Fee Certified Fee Certified Fee Special Delivery Fee Special Delivery Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Raturn Paccipt showing 6/6929 to whom and Date Deliverance with the whom and Date Deliverance with the state of the state Return Receipt showing to whom and Date Delivered Return Receipt showing to whom and Date Delivered Return Hercent Endward it keybort Date, and Address of Bellywy -1985 Return Receipt showing to whom. Date, and Address of Delivery DEC 5,8,81 Return Receipt showing to whom: TOTAL Postage and February Festing R or February Febru TOTAL Postage and Gees & TOTAL Postage and Feder alanusad's'a 3800 3800 Cost natt for that . Little DEC 53,61 مَّ عَالِمُكُلِّ أَبِوْ مُؤْمِدُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ ال 3800 DEC 53.81 Pristm**≨i**k or Date Form Form Form SOUTHOR 30 त्तं कामापारम् पुरुष्ट्रम् । अस्य स्थानः । स्थानि । स्थानः ।

P-484 057 459

P-484 057 454

P-484 057 457

SENDER: Complete items 1 and 2 when additional se	ervices are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the rev card from being returned to you. The return receipt fee was a fall to and the date of delivered to an address the date of delivered to an address the date of the dat	will provide you the name of the person
delivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional serv	tne tollowing services are available. Consult included in the consult in the c
1. Show to whom delivered, date, and addressee's ad	
3. Article Addressed to:	4. Article Number
	P48405/454
Exxon Company USA	Type of Service:
Post Office Box 1600	☐ Registered ☐ Insured
Midland, Texas	☐ Cortified ☐ COD
79702-1600	☐ Express Mail
	Always obtain signature of addressee or
E OL AND A FL	agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X	
6. Signature — Agent	
x Crangery	
7. Date of Delivery	
1231.01n	
S Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional se	rvices are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reve	rse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee w	vill provide you the name of the person
delivered to and the date of delivery. For additional fees to postmaster for fees and check box(es) for additional servi-	ce(s) requested.
1. Show to whom delivered, date, and addressee's add	
3. Article Addressed to:	4. Article Number
- 1	TP4840574591
Sequoia Assocs. Ltd.	Type of Service:
c/o Bechtel Investments,	☐ Registered ☐ Insured
Inc.	Carriffed COD
5400 Westheimer Court	Express Mail
Houston, Texas 77050	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X Access	
6. Signature - Agent	
X I who who	
7. Date of Delivery	
S Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
and the second of the second o	
SENDER: Complete items 1 and 2 when additional ser	nices are desired, and complete items 3 and 4
Put your address in the "RETURN TO" space on the reve	
sand from being returned to you. The return receipt fee W	ill provide you the name of the person:
delivered to and the date of delivery. For additional fees t	he following services are available. Consult
postrylaster for fees and check box(es) for additional servic	
1. Show to whom delivered, date, and addressee's add	4. Article Number
3.'Article Addressed to:	1728215745A
Mesa Operating Ltd.	Tune of Service:
Fartnership	Type of Service:
One Mesa Square	Registered Insured COD
Amarillo, Texas 79189	Express Mail
-, 10.00	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature - AddresseQ /	8. Addressee's Address (ONLY if
X ////	
6. Signature — Agent	requested and fee paid)
X	Inex de
	338 1
r. para di manadir	
	m P

PS Form 3811, Feb. 1986

SENDER: Complete items 1 and 2 when additional se	sivices are desired, and complete items 5 and 4.
Put your address in the "RETURN TO" space on the rev	erse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee y delivered to and the date of delivery. For additional fees	will provide you the name of the person
postmaster for fees and check box(es) for additional serv	ice(s) requested.
1. Show to whom delivered, date, and addressee's ad	// // // // // // // // // // // /
3 Article Addressed to:	4 Article Number
Total De 7	12440545/
Estroil Producing Corp.	Type of Service:
400 West Illinois	Type of Service:
Suite 1600	Registered Insured
Midland, Texas 79701	Certified COD Express Mail
•	
	Always obtain signature of addressee or
	agent and DATE DELIVERED.
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X C. Burns	400 W. Ill. Swite 1600
6. Signature – Agent	WAA W. LLL.
X	100 "
7. Date of Delivery	- 1, '6 11 6(1)
12-31-87	WILLIAM 1600
10 J	DOMESTIC RETURN RECEIPT
S Form 3811, Feb. 1986	DOMESTIC RETORIA RECEIPT

SENDER: Complete items 1 and 2 when additional se	ervices are desired, and complete items 2 and 4
ut your address in the "RETURN TO" space on the raw	proported Entitlement of also alst a state of the state o
and from being returned to you. The return receipt fee w	vill provide you the name of the person
elivered to and the date of delivery. For additional fees ostmater for fees and check box(es) for additional services.	the following services are available. Consult
C Show to whom deliver box (es) For additional servi	
Show to whom delivered, date, and addressee's add. Article Addressed to:	
. Article Addressed to:	4 Article Namber
	11111111111111111111111111111111111111
BHP Petroleum Corporation	Type of Service:
Inc.	.☐ Registered ☐ Insured
C Desta Drive, Suite 3200	Hegistered Insured COD
Midland, Texas 79705-5510	Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
. Signature — Addressee	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
. Signature — Addressee	Always obtain signature of addressee or
. Signature — Addressee	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
. Signature — Addressee	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature - Addressee Signature - Agent Signature - Agent 1/4/88	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature – Addressee Signature – Agent 1/4/88	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature — Addressee Signature — Agent Discontinuous	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid)
Signature — Addressee Signature — Agent Date of Delivery	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature — Addressee Signature — Agent Discontinuous	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid)
Signature — Addressee Signature — Agent Date of Delivery Form 3811, Feb. 1986	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT
Signature — Addressee Signature — Agent Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional seep seep seep seep seep seep seep see	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4.
Signature — Addressee Signature — Agent Signature — Addressee Sign	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this
Signature — Addressee Signature — Agent Signature — Agent July / Signature — Agent Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional separation of the return receipt fee	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person
Signature — Addressee Signature — Agent Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional services in the "RETURN TO" space on the re-	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person sthe following services are available. Consult
Signature — Addressee Signature — Agent July 2 July 8 Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional service from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. werse side. Failure to do this will prevent this will provide you the name of the person s the following services are available. Consult vice(s) requested.
Signature Addressee Signature Agent July S Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional s Put your address in the "RETURN TO" space on the recard from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees postmaster for fees and check box(es) for additional services.	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. werse side. Failure to do this will prevent this will provide you the name of the person s the following services are available. Consult vice(s) requested.
Signature — Addressee Signature — Addressee Signature — Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional services from being returned to you. The return receipt fee delivered to and the date of delivery. For additional feet postmaster for fees and check box(es) for additional services from the services of the se	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person s the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery.
Signature — Addressee Signature — Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional serviced from being returned to you. The return receipt fee delivered to and the date of delivery. For additional feet postmaster for fees and check box(es) for additional services and the date of delivery. For additional services and the date of delivery. For additional services and the date of delivery. For additional services are services and the date of delivery. The additional services are services and the date of delivery. The additional services are services and the date of delivery. The addressed to: Texaco, Inc.	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery.
Signature Addressee Signature Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional serviced from being returned to you. The return receipt fee delivered to and the date of delivery. For additional services for fees and check box(es) for additional services and the date of delivery. For additional services postmaster for fees and check box(es) for additional services and the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery and the date of delivery.	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side, Failure to do this will prevent this will provide you the name of the person at the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4 Article Number
Signature Addressee Signature Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional service and from being returned to you. The return receipt fee delivered to and the date of delivery. For additional service postmaster for fees and check box(es) for additional service and the date of delivery. For additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box(es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for fees and check box (es) for additional service postmaster for	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person s the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. Type of Service:
Signature — Addressee Signature — Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional service on the record from being returned to you. The return receipt fee delivered to and the date of delivery. For additional services postmaster for fees and check box(es) for additional services and the date of delivery. For additional services postmaster for fees and check box(es) for additional services and the date of delivery. For additional services postmaster for fees and check box(es) for additional services and the date of delivery. For additional services postmaster for fees and check box(es) for additional services postmaster for fees and check box(es) for additional services postmaster for fees and check box (es) for additional s	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person s the following services are available. Consult vice(s) requested. ddress. 2. □ Restricted Delivery. 4 Article Number Type of Service: Registered Certified Insured COD
Signature Addressee Signature Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional serviced from being returned to you. The return receipt fee delivered to and the date of delivery. For additional services for fees and check box(es) for additional services and the date of delivery. For additional services postmaster for fees and check box(es) for additional services and the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery and the date of delivery.	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. everse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Article Number Type of Service: Registered Cartified COD Express Mail
Signature Addressee Signature Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional serviced from being returned to you. The return receipt fee delivered to and the date of delivery. For additional services for fees and check box(es) for additional services and the date of delivery. For additional services postmaster for fees and check box(es) for additional services and the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery. For additional services are considered to the date of delivery and the date of delivery.	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. everse side. Failure to do this will previent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. A Restricted Delivery. Type of Service: Registered Delivery. Registered Coddressee or lineared Coddressee or
Signature Addressee Signature Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional services of the delivery our address in the "RETURN TO" space on the recard from being returned to you. The return receipt feed delivered to and the date of delivery. For additional services of the delivery of the delivery. The additional services of the delivery of	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4 Article Number Type of Service: Registered Certified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
Signature — Addressee Signature — Agent July 3 Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional serving the serving of the serving	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number Type of Service: Registered Certified CoD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature — Addressee Signature — Agent Agent Duty 2 Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional serving the serving of the	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4 Article Number Type of Service: Registered Cortified COD Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
Signature — Addressee Signature — Agent July July July July July July July July	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2.
S. Signature — Addressee S. Signature — Agent J. Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional services and the date of delivery. For additional feet postmaster for fees and check box(es) for additional services and the date of delivery. For additional services and the date of delivery. For additional services and addressee's at 3. Article Addressed to: Texaco, Inc. Post Office Box 3109 Midland, Texas 79702 5. Signature — Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number Type of Service: Registered Certified Cod Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
Signature — Addressee Signature — Agent July Date of Delivery Form 3811, Feb. 1986 SENDER: Complete items 1 and 2 when additional services and the date of delivery. For additional feet postmaster for fees and check box(es) for additional services and the date of delivery. For additional services are services and addressee's at 3. Article Addressed to: Texaco, Inc. Post Office Box 3109 Midland, Texas 79702 5. Signature — Addressee X 6. Signature — Agent X July Ju	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2.
5. Signature — Addressee 6. Signature — Agent 7. Date of Delivery Form 3811, Feb. 1986 SENDER: Complete Items 1 and 2 when additional services and the "RETURN TO" space on the recard from being returned to you. The return receipt fee delivered to and the date of delivery. For additional services and check box(es) for additional services and check box and addressee's and address	Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) DOMESTIC RETURN RECEIPT services are desired, and complete items 3 and 4. verse side. Failure to do this will prevent this will provide you the name of the person is the following services are available. Consult vice(s) requested. ddress. 2. Restricted Delivery. 4. Article Number Type of Service: Registered Certified Con Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if

PS Form 3811, Feb. 1986

25h 250 hgh-d

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. **Elshow to whom delivered, date, and addressee's address.** 2. **I Restricted Delivery.** 4. *Article Number* Type of Service: Type of Service: Insured Consult Registered Consult Producing Corp. Type of Service: Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee 6. Signature — Agent X 6. Signature — Agent		7. Date of Delivery
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 4. Article Number 4. Article Number Type of Service: Suite 1600 Midland, Texas 79701 Always obtain signature of addressee or agent and fee paid) 5. Signature — Addressee 6. Signature — Addressee 8. Addressee's Address (ONLY if requested and fee paid)	•	×
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. El Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 4. Article Number Type of Service: Suite 1600 Midland, Texas 79701 Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Addressee Services are available. Consult and addressee's Ad		6. Signature - Agent
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 4. Anticle Number 4. Anticle Number Type of Service: Suite 1600 Midland, Texas 79701 Always obtain signature of addressee or agent and DATE DELIVERED.	requested and fee paid)	S. Signature — Addressee
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. El Show to whom delivered, date, and addressee's address. 2. Estroil Producing Corp. 4. Anticle Number 4. Anticle Number 4. Anticle Number 5. Suite 1600 Midland, Texas 79701 Registered COD Type of Service: Insured COD	Always obtain signature of addressee or agent and DATE DELIVERED.	
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 4. And the Nest Illinois Suite 1600 Type of Service: Insured	_	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Es show to whom delivered, date, and addressee's address. 2. Article Artifessed to: 4. Article Number 4. Article Number 7. Type of Service:	7(-1	Suite 1600
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 3. Arricle Addressed to: Estroil Producing Corp.	Type of Service:	400 West Illinois
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 3. Arricle Addressed to:	PHOHOD HOI	Estroil Producing Corp.
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addresses's address. 2. Restricted Delivery.	& Arcicle Number	3. Article Addressed to:
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.		1. Show to whom delivered, date, and addressee's addre
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivery for additional faces the following services are available. Consult	s) requested.	postmaster for fees and check box(es) for additional service
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.	side. Failure to do this will prevent this provide you the name of the person following services are available. Consult	Put your address in the "RETURN TO" space on the reverse card from being returned to you. The return receipt fee will delivered to and the date of delivery. For additional fees the
	ces are desired, and complete items 3 and 4.	SENDER: Complete items 1 and 2 when additional servi

PS Form 3811, Feb. 1986

KELLAHIN, KELLAHIN & AUBREY Attorneys at Last

Santa Fe, New Mexico 87504-2265

P. O. Box 2265

85h 250 h8h-d

6 Desta Drive Suite 3200 BHP Petroleum Corp., Inc Midland, Texas 79705-

> Restricted Cervery rise P.C. State John John Special Cellus Betuffi Book 13 Lenned Fe. .O.4.8.2.U

RECEIPT FOR CERTIFIED OF IN

P-484 057 458

SENDER. Compact rains Folia 4 when additional services are desired, and compact rains 3 and 4.	ces are desired, and con	ipiete items sano 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will provent this card from being returned to you. The return receipt fee will provide you the name of the person delivery. For additional fees the following services are available. Consult	provide you the name of following services are a	will prevent this of the person vallable. Consult
postruester for fees and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and addressee's address. 2. [2]	s) requested. ss. 2 Restricted Delivery.	ed Delivery.
3. Article Addressed to:	4. Article Number	17107
	148965143	5/426
ing Lta.	Type of Service:	
One Mesa Square	Registered	insured
Amarillo, Texas 79189	Express Mail	
	Always obtain signature of addressee or	re of addressee or
	agent and DATE DELIVERED	IVERED.
5. Signature — Addressee	8. Addressee's Address (ONLY if	s CONLY if
×	requestea ana Jee paia)	aia)
6. Signature — Agent		
×	•	
7. Date of Delivery		

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

p-484 857 4**55**

Le const

DOMESTIC RETURN RECEIPT	PS Form 3811, Feb. 1986
	7. Date of Delivery
	×
	6. Signature — Agent
8. Addressee's Address (ONLY if requested and fee paid)	S. Signature Addressee
Always obtain signature of addressee or agent and DATE DELIVERED.	
Registered Insured COD Express Mail	Midland, Texas 79702
Type of Service:	Post Office Box 3109
	Texaco, Inc.
4. Article Number	3. Article Addressed to:
s. 2. Aestricted Delivery.	 Show to whom delivered, date, and addressee's address.
s) requested.	postmaster for fees and check box(es) for additional service(s) requested.
side. Failure to do this will prevent this provide you the name of the person following services are available. Consult	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult
res are desired, and complete items 3 and 4.	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

P-484 057 459

	7. Date of Delivery
	×
	6. Signature Agent
requested and Jee pata)	×
.8. Addressee's Address (QNLY if	5. Signature Addressee
agent and DATE DELIVERED.	
Always obtain signature of addressee or	Houston, Texas 77056
☐ Express Meil	5400 Westheimer Court
Cartified COD	Inc.
	c/o Bechtel Investments,
Type of Service:	Sequola Assocs. Ltu.
1041621421	
4. Article Number	3. Article Addressed to:
ss. 2. Restricted Delivery.	1. A Show to whom delivered, date, and addressee's address
(s) requested.	postmaster for fees and check box(es) for additional service(s) requested
following services are available. Consult	delivered to and the date of delivery. For additional fees the following services are available. Consult
side. Failure to do this will prevent this	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this
ces are desired, and complete items 3 and 4.	SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional servicels) requested. 1. Li Show to whom delivered, date, and addressee's address. 2. Restricted Delivery. 4. Article Number Type of Service: Type of Service: Insured Cornified Cornified Always obtain signature of addressee or agent and DATE DELIVERED. 5. Signature — Agent X 7. Date of Delivery 7. Date of Delivery	DOMESTIC RETURN RECEIPT	PS Form 3811, Feb. 1986
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this n being returned to you. The return receipt fee will provide you the name of the person to and the date of delivery. For additional fees the following services are evaluable. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. e Addressed to: A. Article Number Type of Service: Type of Service: Type of Service: Registered Conditional service(s) requested. A. Article Number Type of Service: Registered Conditional fees habit Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if requested and fee paid) ture - Agent		7. Date of Delivery
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this n being returned to you. The return receipt fee will provide you the name of the person it to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. Now to whom delivered, date, and addressee's address. A Article Number A Article Number Type of Service: Type of Service: Insured Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. B. Addressee's Address (ONLY if ture — Agent		×
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this no being returned to you. The return receipt fee will provide you the name of the person to end the date of delivery. For additional fees the following services are evallable. Consult ter for fees and check box(es) for additional service(s) requested. To fees and delivered, date, and addressee's address. a Article Number Type of Service: Type of Service: Type of Service: Insured Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. Ture - Addressee To do this will prevent the name of the person the previous the previous the previous this will prevent the name of the person the previous t		6. Signature - Agent
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this n being returned to you. The return receipt fee will provide you the name of the person it to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. e Addressed to: ### Article Number ### A. Article Number ### A. Article Number ### A. Article Number ### A. Article Number ### Type of Service: Insured COD Always obtain signature of addressee or agent and DATE DELIVERED.	8. Addressee's Address (ONLY if requested and fee paid)	5. Signature – Addressee X
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this n being returned to you. The return receipt fee will provide you the name of the person it to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. e Addressed to: 4. Article Number Type of Service: Type of Service: Insured COD Topoes Mail	Always obtain signature of addressee or agent and DATE DELIVERED.	1000
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this n being returned to you. The return receipt fee will provide you the name of the person it o and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. e Addressed to: 4. Article Number Type of Service: Type of Service: Insured	#	Midland, Texas
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this in being returned to you. The return receipt fee will provide you the name of the person it to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. 2. Restricted Delivery. 4. Article Number Addressed to:	Service	Exxon Company USA Post Office Box 1600
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this returned to you. The return receipt fee will provide you the name of the person to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. 2. Restricted Delivery. e Addressed to:	P18905/454	
address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this to being returned to you. The return receipt fee will provide you the name of the person to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested. how to whom delivered, date, and addressee's address. 2. Restricted Delivery.	4. Article Number	3. Article Addressed to:
raddress in the "RETURN TO" space on the reverse side. Failure to do this will prevent this m being returned to you. The return receipt fee will provide you the name of the person 1 to and the date of delivery. For additional fees the following services are available. Consult ter for fees and check box(es) for additional service(s) requested.		1. LI Show to whom delivered, date, and addressee's address.
r address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this make the control of the person	following services are available. Consult s) requested.	delivered to and the date of delivery. For additional fees the postmaster for fees and check box(es) for additional service
The state of the s	side. Failure to do this will prevent this provide you the name of the person	Put your address in the "RETURN TO" space on the reverse card from being returned to you. The return receipt fee will
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4	ces are desired, and complete items 3 and 4.	SENDER: Complete items 1 and 2 when additional serving

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128 Effective T-1-65

Ronald J. Eidson

All distances must be from the outer boundaries of the Section Well No. Operator 1 Anderson A Sun Exploration & Production Company Section Township Range County Lea 16 South 37 East 6 Actual Footage Location of Well: West 3300 South feet from the Ground Level Elev. Producing Formation Pool Dedicated Acreage: 3866.4 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 Commis-Bion. CERTIFICATION I hereby certify that the information con-33 34 35 tained herein is true and complete to the 6 1679.0 best of my knowledge and belief. 5 Name Fosition Company Date NO. 675 Date Surveyed January 8, 1988 Registered Professional Enginee 6 5 12 1666.5 8 " = 2000 gertilicate No

