

Lynx Petroleum Consultants, Inc.

P. O. Box 1979  
3325 Enterprise Drive  
Hobbs, New Mexico 88241

505 392-6950

Fax: 505 392-7886

RECEIVED  
JUN 7 1996  
NEW MEXICO

June 5, 1996

New Mexico Oil Conservation Division  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505

Attention: Michael E. Stogner

RE: Administrative application for a non-standard 40-acre oil spacing and proration unit comprising the NE/4 NW/4 (Unit C) of Section 35, Township 15 South, Range 36 East, NMPM, Dean-Permo Pennsylvanian Pool, Lea County, New Mexico, to be dedicated to the Dean State Well No. 1 (API No. 30-025-27790), located at a standard oil well location 660 feet from the North line and 1980 feet from the West line of said Section 35.

Dear Mr. Stogner:

In reference to your letter dated April 11, 1996, concerning the captioned application, notice had not been provided for the affected parties in the NW/4 NW/4 (Unit D) of said Section 35.

We have subsequently reviewed the land records and determined, to the best of our knowledge, the owners of record of unleased mineral interest in Unit D. A copy of the subject application as per Rule 104.D(2)(c) and (d) was mailed to these mineral owners. A copy of the registered mail return receipts is enclosed.

Please let me know if there is any other information you need to proceed with your review and processing of our application.

Sincerely,

LYNX PETROLEUM CONSULTANTS, INC.



Marc Wise

enc

Thank you for using Return Receipt Service. PS Form 3811, December 1991. DOMESTIC RETURN RECEIPT. Article Addressed to: Robert Eckels Family Trust, P.O. Box 30, Cedaredge, CO 81413. Service Type: Registered, Insured, COD, Express Mail, Return Receipt for Merchandise. Date of Delivery: 5-23-96. Addressee's Address: William N. Heiss Profit Sharing Plan, William & Susan Heiss, Co-Trustees, P.O. Box 2954, Casper, WY 82602. Signature (Addressee): [Signature]. Signature (Agent): [Signature].

Thank you for using Return Receipt Service. PS Form 3811, December 1991. DOMESTIC RETURN RECEIPT. Article Addressed to: M.W. Oil Investment Co., Inc., 518 17th St., Ste. 540, Denver, CO 80202. Service Type: Registered, Insured, COD, Express Mail, Return Receipt for Merchandise. Date of Delivery: 5/24/96. Addressee's Address: Julia Anetta Benham, et vir Claude Benham, RR 2, Box 200, Wetumka, OK 74883-9652. Signature (Addressee): [Signature]. Signature (Agent): [Signature].

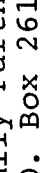
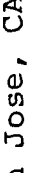
Thank you for using Return Receipt Service.

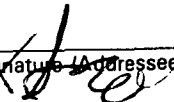
Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

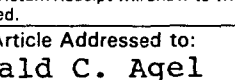
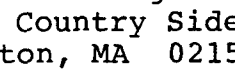
[illegible]

1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		3. Article Addressed to:  Citadel Oil and Gas Corporation P.O. Box 3052 Denver, CO 80201		4a. Article Number Z 106 613 647	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail		<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise		5. Date of Delivery 5-24	
6. Signature (Agent)  <i>John Mayfield</i>		6. Addressee's Address (Only if requested and fee is paid)			

1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	4a. Article Number <b>Z 106 613 642</b>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	7. Date of Delivery
3. Article Addressed to: <b>Bud &amp; Mary Lou Flocchini</b> <b>Family Partnership</b> <b>P.O. Box 26158</b> <b>San Jose, CA 95159</b>	5. Signature (Addressee) 	6. Signature (Agency) 	8. Addressee's Address (Only if requested and fee is paid)

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: George M. O'Brien P.O. Box 1743 Midland, TX 79701		4a. Article Number Z 106 613 656								
		4b. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table>		<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		
<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) 		8. Addressee's Address (Only if requested and fee is paid)									
6. Signature (Agent)											

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):  1. <input type="checkbox"/> Addressee's Address  2. <input type="checkbox"/> Restricted Delivery  Consult postmaster for fee.
	3. Article Addressed to: H. Reeder Owens, et ux, Winnie S. Owens Caney Crk Kingston, OK 73439
4a. Article Number Z 106 613 659	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
5. Signature (Addressee) <i>Winnie S. Owens</i>	7. Date of Delivery 5-24-96
6. Signature (Agent)	8. Addressee's Address (Only if requested and fee is paid)

<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): <ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Addressee's Address</li> <li>2. <input type="checkbox"/> Restricted Delivery</li> </ul> Consult postmaster for fee.	
3. Article Addressed to: Ronald C. Agel 105 Country Side Road Newton, MA 02159		4a. Article Number Z 106 613 646	
5. Signature (Addressee) 		4b. Service Type <ul style="list-style-type: none"> <li><input type="checkbox"/> Registered</li> <li><input checked="" type="checkbox"/> Certified</li> <li><input type="checkbox"/> Express Mail</li> <li><input type="checkbox"/> Insured</li> <li><input type="checkbox"/> COD</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> </ul>	
6. Signature (Agent) 		Date of Delivery DEC 11 1991 325196	
PS Form 3811, December 1991		U.S. GPO: 1993-352-714	

**Thank you for using Return Receipt Service.**

Thank you for using Return Receipt Service.

**Thank you for using Return Receipt Service.**

Thank you for using Return Receipt Service

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Barmar, Inc.  
P.O. Box 250  
Hobbs, NM 88241

4a. Article Number  
Z 106 613 651

4b. Service Type  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise

7. Date of Delivery  
5-23-95

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Richard L. Vandenberg  
1777 S. Harrison, Ste. P-300  
Denver, CO 80210

4a. Article Number  
Z 106 613 641

4b. Service Type  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise

7. Date of Delivery  
5-24-96

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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.
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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.

3. Article Addressed to:  
Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, TX 79710

4a. Article Number  
Z 106 613 639

4b. Service Type  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise

7. Date of Delivery  
MAY 22 1996

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service.

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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.

3. Article Addressed to:  
Toles-Comm-Ltd.  
P.O. Drawer 1300  
Roswell, NM 88202

4a. Article Number  
Z 106 613 653

4b. Service Type  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise

7. Date of Delivery  
MAY 22 1996

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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3. Article Addressed to:  
R.M. Williams  
P.O. Box 250  
Hobbs, NM 88241

4a. Article Number  
Z 106 613 658

4b. Service Type  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail  
☐ Return Receipt for Merchandise

7. Date of Delivery  
5-23-96

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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2. ☐ Restricted Delivery  
Consult postmaster for fee.

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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):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Louis A. Oswald, III &  
Jennifer J. Oswald, Joint  
Tenant w/ROS  
5877 W. Ashbury Place  
Lakewood, CO 80227

4a. Article Number  
Z 106 613 648

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. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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**Is your RETURN ADDRESS completed on the reverse side?**

**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:  
High Plains Associates Inc.  
1600 Broadway, STE. 1565  
Denver, CO 80202

4a. Article Number  
Z 106 613 643

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
MAY 24 1996

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**Is your RETURN ADDRESS completed on the reverse side?**

**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 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:  
Christa L. Leavell, Individ &  
Cust for Michelle C. Leavell  
P.O. Box 470  
Robinson, IL 52454

4a. Article Number  
Z 106 613 644

4b. Service Type  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
MAY 30 1996

5. Signature (Addressee)

6. Signature (Agent)  
Michelle Leavell

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

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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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.

**3. Article Addressed to:**

Larry Hunnicutt  
N. Spruce Ave.  
Roswell, NM 88202

**5. Signature (Addressee)**

*Larry Hunnicutt*

**6. Signature (Agent)**

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

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

Consult postmaster for fee.

**4a. Article Number**

Z 106 613 636

**4b. Service Type**

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

**7. Date of Delivery**

6-4-96

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

Thank you for using Return Receipt Service.

CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

04/11/96 13:18:15  
OGOMES -EMEK

API Well No : 30 25 27790 Eff Date : 11-01-1995 WC Status : A  
Pool Idn : 96391 DEAN;ATOKA  
OGRID Idn : 13645 LYNX PETROLEUM CONSULTANTS INC  
Prop Idn : 17372 DEAN STATE

Well No : 001  
GL Elevation: 3859

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
	---	---	-----	-----	-----	-----	-----
B.H. Locn : C	35	15S	36E	FTG	660 F N	FTG 1980 F W	A
Lot Identifier:							
Dedicated Acre: 40.00							
Lease Type : S							
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :							

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC