

HINKLE, HENSLEY, SHANOR & MARTIN, L.L.P.
ATTORNEYS AT LAW
218 MONTEZUMA
SANTA FE, NEW MEXICO 87501
505-982-4554 (FAX) 505-982-8623

WRITER:
Gary W. Larson,
Partner
glarson@hinklelawfirm.com

February 15, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Nick Jaramillo
State Land Office
Post Office Box 1148
Santa Fe, NM 87504

**Re: State 28 #001 SWD Well (API #30-025-25558)
Unit Letter I, 1,980' FSL and 660' FEL, Section 28, T10S, R34E, Lea County**

Dear Mr. Jaramillo:

On behalf of New Mexico Salt Water Disposal Company, Inc. ("NMSWD"), this is to notify you that an application filed by NMSWD with the Oil Conservation Division ("Division") that requests a change in the disposal interval within its State 28 #001 SWD well will be heard by a Division Hearing Examiner on March 7, 2013. The application requests authority to inject into the Glorieta formation from 5,588 to 5,660 feet below ground surface (NMSWD will plug the well below that depth).

The hearing is scheduled at 8:15 a.m. on Thursday, March 7, 2013, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Your failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Prehearing Statement no later than Thursday, February 28, 2013. This statement must be filed with the Division's Santa Fe office at the above address, and should include: the name of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and an identification of any procedural matters that need to be resolved prior to the hearing. This Prehearing Statement must also be provided to me.

I will provide you with a complete copy of NMSWD's application upon request, and am available to answer any questions you may have.

PO BOX 10
ROSWELL, NEW MEXICO 88202
(575) 622-6510
FAX (575) 623-9332

PO BOX 3580
MIDLAND, TEXAS 79702
(432) 683-4691
FAX (432) 683-6518

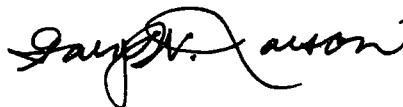
PO BOX 2068
SANTA FE, NEW MEXICO 87505
(505) 982-4554
FAX (505) 982-8623

OCD Case No. 14960

**NMSWD
Exhibit # 1**

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary W. Larson". The signature is fluid and cursive, with the first name "Gary" and last name "Larson" clearly legible, and "W." in the middle.

Gary W. Larson

GWL/sm

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nick Jaramillo
State Land Office
P.O. Box 1148
Santa Fe, NM 87504

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

USPS O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 0500 0001 4690 2554

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service TM

CERTIFIED MAIL TM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$ **1.46**

Certified Fee

3.10

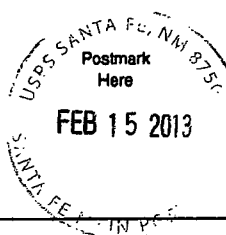
Return Receipt Fee
(Endorsement Required)

2.55

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ **6.11**



Sent To

State Land Office

Street, Apt. No.,
or PO Box No.

P.O. Box 1148

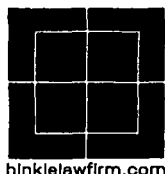
City, State, ZIP+4

Santa Fe, NM 87504

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4690 2554



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WRITER:
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February 15, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Kathie Porter
Yates Petroleum Corporation
105 S. Fourth Street
Artesia, NM 88210

**Re: State 28 #001 SWD Well (API #30-025-25558)
Unit Letter I, 1,980' FSL and 660' FEL, Section 28, T10S, R34E, Lea County**

Dear Ms. Porter:

On behalf of New Mexico Salt Water Disposal Company, Inc. ("NMSWD"), this is to notify you that NMSWD's application to change the disposal interval within its State 28 #001 SWD well will be heard by an Oil Conservation Division ("Division") Hearing Examiner on March 7, 2013. On January 8, 2013, NMSWD notified you of the filing of its application with the Division.

The hearing is scheduled at 8:15 a.m. on Thursday, March 7, 2013, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Your failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

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FAX (432) 683-6518

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Thank you for your attention to this matter.

Sincerely,

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Gary W. Larson

GWL/sm

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"> </div> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"> </div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"> 12-19-13 </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">Kathie Porter Yates Petroleum Corp. 105 S. Fourth St. Artesia, NM 88210</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7008 0500 0001 4690 2530 (Transfer from service label)</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 0500 0001 4690 2530

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.46
Certified Fee		3.16
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$6.11

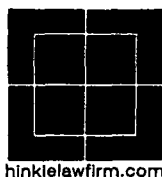
Sent To Yates Petroleum Corp.

Street, Apt. No., or PO Box No. 105 S. Fourth St.

City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006

See Reverse for Instructions



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Gary W. Larson,
Partner
glarson@hinklelawfirm.com

February 15, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Justin Johnson
Diamond & Hall, Inc.
Post Office Box 367
Tatum, NM 88267-0367

**Re: State 28 #001 SWD Well (API #30-025-25558)
Unit Letter I, 1,980' FSL and 660' FEL, Section 28, T10S, R34E, Lea County**

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Gary W. Larson

GWL/sm

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<p>1. Article Addressed to:</p> <p>Justin Johnson Diamond & Hall, Inc. P.O. Box 367 Tatum, NM 88267-0367</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 0500 0001 4690 2547</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7008 0500 0001 4690 2547

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee <small>(Endorsement Required)</small>	2.55
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage & Fees	\$ 6.11

Sent To

Diamond & Hall, Inc.

Street, Apt. No., or PO Box No. P.O. Box 367

City, State, ZIP+4 Tatum, NM 88267-0367

11705 SENECA AVE
 FEB 15 2013
 PM 4:15
 Here

PS Form 3800, August 2006
See Reverse for Instructions