FASKEN OIL AND RANCH, LTD.

303 WEST WALL AVENUE, SUITE 1800 MIDLAND, TEXAS 79701-5116

> (432) 687-1777 jimmyc@forl.com

> > Jimmy D. Carli Regulatory Affairs Coordinate

September 20, 2005

; **!**

• }

Mr. Will Jones New Mexico Oil Conservation Division 1220 South Saint Francis Drive Santa Fe, NM 87505

Dear Mr. Jones,

Re: Fasken Oil and Ranch, Ltd. Application for Salt Water Disposal Form C-108 Denton Nos. 1, 5 and 11 Denton Field, Lea County, New Mexico

Attached are copies of proof of notification of offset operators and the surface owner. Should there be any questions concerning our application, please give me a call.

Yours truly,

0

Jimmy D. Carlile Regulatory Affairs Coordinator

BEFORE THE DIVISION BEFORE THE DIVISION OIL CONSERVATION NO. 18 OIL CONSERVATION DIVISION SUBMITTED OIL DECEMBER 15, 2005 Fasken Date: December 15, 2005 Hearing Date: December 15, 2005

Complete items 1, 2, and 3, Also complete item 4 if iters items 1, 2, and 3, Also complete items 4, and advices at the order 1, 2, and 3, Also complete items 4, and 4,	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	item 4 if Restricted Delivery is desired.	No Phot No Ta Agent
Ander Addresset to: BROTHER PRODUCTION CO 303 W WALL ST STE 1600 MIDLAND TX 79701 Service Type VES. enter delivery address below: VES. enter deli	so that we can return the card to you. Attach this card to the back of the mail 	B. Received by (Printed Name) C. Date of Delivery
303 W WALL ST STE 1600 MIDLAND TX 79701 Service Type Certified Mail		
4. Restricted Delivery? (Extra Fee) Vest 2. Article Number (Transfer from service lates) 7001 0320 0004 3745 2501 PS Form 3811, August 2001 Domestic Return Receipt V0256-01-N-2509 SENDER: COMPLETE THIS SECTION Complete item 3 (2) and 3. Also complete tem 4 if Restricted Delivery is desired. Complete item 3 (2) and 3. Also complete tem 4 if Restricted Delivery is desired. Complete item 4 (act to you. 	303 W WALL ST STE 1600	3. Service Type
(frander from service label) 7001_0320_0004_3745_2501 PS Form 3811, August 2001 Domestic Relum Recept 10295-01-M2209 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. Andie Number Control on the front if space permits. Andie Number Andie Number Print your name and address on the reverse so that we can return the card to pervise. Service Type Service Type		
SENDER: COMPLETE THIS SECTION. • Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete items 4, festricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Artach this card to the back of the maliplice. or on the front if space permits. • Article Addressed to: • DARR ANGELL PO BOX 190 LOVINGTON NM 88260-0190 • Article Number (Transfer from service luber) • Article Number • Article Number • Bestricted Delivery is desired. • Bestricted Delivery is desired. • Bestrice Topinere interm 1: 0: Ves		7001 0320 0004 3745 2501
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverses so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. DARR ANGELL PO BOX 190 LOVINGTON NM 88260-0190 Concentration item 1? Vest if YES, enter delivery address below: No Attach Mumber (fransfer from service label) Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Acticle Number (fransfer from service label) Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below: Complete items 1, 2, and 3. Als	PS Form 3811, August 2001	
item & if Restricted Delivery is desired. <pre></pre>	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: If YES, enter delivery address below: No DARR ANGELL PO BOX 190 LOVINGTON NM 88260-0190 9. Service Type 9. Service Type Image: Contribution of the control of the contr	 item 4 if Restricted Delivery is desired. Print your name and address on the rev so that we can return the card to you. Attach this card to the back of the mailprint of the mailprint	verse Addressee B. Received by (Printed Name) C. Date of Delivery AMAGE 1 - 405
2. Article Number (Transfer from service label) 7001:0320 0004 3745 2464 PS Form 3811, August 2001 Domestic Return Receipt 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. POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 Service Type Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes 	PO BOX 190	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509 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. Article Addressed to: POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 Service Type Serviced Mail Received Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes Transfer from service labely POL 0320 D004 3745 2495 	חכ	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY 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. Article Addressed to: Received by (Printed Name) C pate of Delivery of the mailpiece, or on the front if space permits. Is delivery address different from item 1? Yes Yes, enter delivery address below: No POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 Service Type Certified Mail Registered Return Receipt for Merchandise insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 Service Type Service Type Registered Return Receipt for Merchandise insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes POLA DIA DIA DIA DIA DIA DIA DIA DIA DIA DI		Domestic Return Receipt 102595-01-M-2509
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: POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 3. Service Type 3. Service Type Widdle Mail C. Date of Delivery D. Is delivery address different from item 1? Yes Article Number (Transfer from service label) A. Signature Addressed to: Article Number (Transfer from service label) POL ARIS PRODUCTION CO 4. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 3. Service Type 4. Restricted Delivery? (Extra Fee) 3. Service Type<	· · · · · · · · · · · · · · · · · · ·	
1. Article Addressed to: If YES, enter delivery address below: No POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 3. Service Type 3. Service Type POLARIS PRODUCTION CO 415 W WALL ST MIDLAND TX 79701 3. Service Type 2. Article Number (Transfer from service label) 7001 0320 0004 3745 2495	 Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired. Print your name and address on the reves that we can return the card to you. Attach this card to the back of the mailping 	ete A. Signature Erse B. Beceived by (Printer Argen) C. Date of Delivery
415 W WALL ST MIDLAND TX 79701 3. Service Type 3. Service Type 3. Service Type D Certified Mail Express Mail Certified Mail Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 7001 0320 0004 3745 2495	1. Article Addressed to:	
2. Article Number (Transfer from service label) 7001 0320 0004 3745 2495 RS Form 3811 August 2001	415 W WALL ST	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
Re Form 3811 August 2001	וחחלי	

2	 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. Article Addressed to: 	A. Signature Agent X Amanda Cuckus Addressee B. Received by (Printed Name) C. Clate of Delivery A. Dickes 9/1605 D. Is delivery address different from item 1? Yes
·	JOURNEY OIL & GAS LLC 1201 LOUISIANA STE 1040 HOUSTON TX 77002	If YES, enter delivery address below: No 3. Service Type 3. Service Type Service Type Service Type Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes Service Type Service Type Service Type Service
·		
	PS Form 3811, August 2001 Domestic F	Return Receipt 102595-01-M-2509
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 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. 	A. Signature X Agent B. Received by (Printed Name) Modes Alar C. Date of Delivery 915-05
	1. Article Addressed to:	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: No
	AMERICO ENERGY RESOURCES PO BOX 19163 HOUSTON TX 77224-9163	3. Service Type X Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	2. Article Number (Transfer from service label) 7001 036	20 0004 3745 2471
	PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-01-M-2509
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete	A. Signature
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X MSCanase Addressee
	so that we can return the card to you. Attach this card to the back of the mailpiece,	B Regeived by (Printed Name) CDaterol Pelvery
	or on the front if space permits.	D. Is delivery address different from item 1? Ves
	1. Article Addressed to:	If YES, enter delivery address below: INO
	ARCO/BP 600 N MARIENFELD MIDLAND TX 79701	3. Service Type Image: Service Type </td
	2. Article Number (Transfer from service labe 7001 0320 01	104 3745 25 <u>1</u> 8
		turn Receipt 102595-01-M-2509

.

