

**BEFORE THE OIL CONVERSION  
DIVISION**  
Santa Fe, New Mexico  
Exhibit No. 8  
Submitted by: **CHEVRON U.S.A. INC.**  
Hearing Date: October 15, 2015

**HOLLAND & HART** LLP



**Jordan L. Kessler**  
**Associate**

**Phone** (505) 988-4421

**Fax** (505) 983-6043

**JLKessler@hollandhart.com**

September 25, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: OFFSET PARTIES**

**Re: Application Of Chevron U.S.A. Inc. For Approval Of A 474.71 Acre Non-Standard Project Area And To Amend Administrative Orders CTB-760 And OLM-97 To Add Production From This Project Area To The Authorized Surface Commingling, Lea County, New Mexico.**

Ladies & Gentlemen:

This letter is to advise you that Chevron U.S.A., Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 15, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact India Isbell, at (713) 372-1288 or [IndiaIsbell@chevron.com](mailto:IndiaIsbell@chevron.com).

Sincerely,

Jordan L. Kessler

**ATTORNEYS FOR CHEVRON U.S.A. INC.**

**Holland & Hart LLP**

**Phone** (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

**110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208**

**Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C.**

**HOLLAND & HART**<sup>LLP</sup>



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**Associate**

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**JLKessler@hollandhart.com**

September 25, 2015

**VIA CERTIFIED MAIL**  
**CERTIFIED RECEIPT REQUESTED**

**TO: AFFECTED PARTIES**

**Re: Application Of Chevron U.S.A. Inc. For Approval Of A 474.71 Acre Non-Standard Project Area And To Amend Administrative Orders CTB-760 And OLM-97 To Add Production From This Project Area To The Authorized Surface Commingling, Lea County, New Mexico.**

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Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact India Isbell, at (713) 372-1288 or [IndiaIsbell@chevron.com](mailto:IndiaIsbell@chevron.com).

Sincerely,

Jordan L. Kessler

**ATTORNEYS FOR CHEVRON U.S.A. INC.**

**Holland & Hart LLP**

**Phone** [505] 988-4421 **Fax** [505] 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☐

7015 0640 0006 1646 6842

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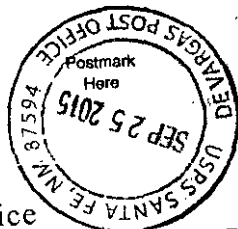
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Certified Mail Fee

\$ 3.45  
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☐ Return Receipt (hardcopy) \$  
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☐ Adult Signature Restricted Delivery \$

Postage

BLM-Carlsbad Field Office  
 620 E. Greene Street  
 Carlsbad, NM 88220



PS Form 3800, April 2015 PSN 7530-02-000-9047

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Postage

State of New Mexico  
 P.O. Box 1148  
 Santa Fe, NM 87504



PS Form 3800, April 2015 PSN 7530-02-000-9047

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7015 0640 0006 1646 6835

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

State of New Mexico  
 P.O. Box 1148  
 Santa Fe, NM 87504

9590 9403 0643 5183 8032 46

7015 0640 0006 1646 6835

PS Form 3811, April 2015 PSN 7530-02-000-9053

**THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/29

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**OFFICIAL MAIL**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	


 Edna Brown Hibbits  
 2101 Oaklawn Drive  
 Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**OFFICIAL MAIL**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	


 Sandi Miller  
 1015 Fern  
 Roswell, NM 88203

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE

ACTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

 Edna Brown Hibbits  
 2101 Oaklawn Drive  
 Midland, TX 79705

9590 9403 0643 5183 8032 60

7015 0640 0006 1646 6811

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE

ACTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

 Sandi Miller  
 1015 Fern  
 Roswell, NM 88203

9590 9403 0643 5183 8032 77

7015 0640 0006 1646 6804

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature

X Edna B. Hibbits ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

Edna B. Hibbits 9/29/15

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

all Restricted Delivery (over 5000)

A. Signature

X S Miller ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

S Miller 9-30-15

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

all Restricted Delivery (over 5000)

7015 0640 0006 1646 6972

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**OFFICIAL MAIL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

ConocoPhillips  
 330 Barker Cypress, BKC-2096  
 Houston, TX 77094

Postmark Here

for instructions

7015 0640 0006 1646 6996

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**OFFICIAL MAIL**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.80</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Miller Family Mineral Interest,  
 LLC 100412 E. Vaca Road  
 Kennewick, WA 99338

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ 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:  
 ConocoPhillips  
 330 Barker Cypress, BKC-2096  
 Houston, TX 77094

9590 9403 0643 5183 8032 84

7015 0640 0006 1646 6972

PS Form 3811, April 2015 PSN 7530-02-000-9053

**SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) D. Johnson C. Date of Delivery 9/28

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery	

(over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ 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:  
 Miller Family Mineral Interest,  
 LLC 100412 E. Vaca Road  
 Kennewick, WA 99338

9590 9403 0643 5183 8033 07

7015 0640 0006 1646 6996

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Kenn S. Hudgins C. Date of Delivery 10-1-15

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery	

(over \$500)

Domestic Return Receipt

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Certified Mail Fee

\$ 345  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Hazelwood Partners, LP  
 120 Hazelwood Drive  
 Fort Worth, TX 76107

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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**OFFICIAL**

Certified Mail Fee

\$ 345  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ 280  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

EOG Resources  
 5509 Champions Dr.  
 Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER

**CERTIFIED MAIL**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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.

Hazelwood Partners, LP  
 120 Hazelwood Drive  
 Fort Worth, TX 76107

9590 9403 0643 5183 8032 53

7015 0640 0006 1646 6828

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature

X

Agent

Addresssee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

EOG Resources  
 5509 Champions Dr.  
 Midland, TX 79706

9590 9403 0643 5183 8032 91

2. Article Number (Transfer from service label)

7015 0640 0006 1646 6989

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature

X

Agent

Addresssee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes  
 No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☒ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery