



KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

September 30, 1996

TO: ALL INTERESTED PARTIES ENTITLED TO NOTICE
OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:

*Re: Application of Matador Petroleum Corporation for an
exception from Rule 2.B of the Special Rules and
Regulations for the White City- Penn Gas Pool, Eddy
County New Mexico.*

On behalf of Matador Petroleum Corporation, please find enclosed our application for an exception from Rule 2.B of the Special Rules and Regulations for the White City- Penn Gas Pool, Eddy County New Mexico which has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for November 7, 1996. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

As an offset operator who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, November 1, 1996, with a copy delivered to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over a horizontal line.

W. Thomas Kellahin

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form. ■ Attach this form to the front of the mailpiece, or on a separate card to you. ■ Write "Return Receipt Requested" on the mailpiece below the article number and the date delivered. ■ 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: Bill and Patsy Rich P.O. Box 755 Hobbs, New Mexico 88241		4a. Article Number 262-061	
5. Received By: (Print Name) Bill and Patsy Rich		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 12-28-94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form. ■ Attach this form to the front of the mailpiece, or on a separate card to you. ■ Write "Return Receipt Requested" on the mailpiece below the article number and the date delivered. ■ 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.	
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3. Article Addressed to: Hanson Operating Co. Inc. P.O. Box 1515 400 N. Pennsylvania Suite 1200 Rosewell, N. M. 88202-1515		4a. Article Number 262-063	
5. Received By: (Print Name) Hanson Operating Co. Inc.		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 12-28-94	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Chevron U.S.A. Inc. Permian Basin Production P.O. Box 1150 Midland, Texas 79702-1150		4a. Article Number 262-065	
5. Received By: (Print Name) Chevron U.S.A. Inc.		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery OCT 08 1994	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 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, 4a, and 4b.
 ■ Print name of sender.
 ■ Article November 7, 1996
 ■ 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:
 Murchison Oil & Gas, Inc.
 1445 Ross Ave. Suite 5300
 LB 152
 Dallas, Texas 75202-2807

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number
 P 288-262-064

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

7. Date of Delivery
 OCT 7 1996

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

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 288 262 064

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Hanson Operating Co. Inc.
 P.O. Box 1515
 400 N. Pennsylvania
 Suite 1200
 Rosewell, N. M. 88202-1515

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Matador Operating Co.
 November 7, 1996

5961 April 0083

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print name of sender.
 ■ Article November 7, 1996
 ■ 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:
 Inserch Exploration, Inc.
 4819 Greenville Ave
 Suite 1200
 Dallas, Texas 75206

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number
 P 288-262-062

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

7. Date of Delivery
 OCT 7 1996

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

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 288 262 062

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Inserch Exploration, Inc.
 4819 Greenville Ave
 Suite 1200
 Dallas, Texas 75206

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Matador Operating Co.
 November 7, 1996

5961 April 0083