

20 North Broadway, Suite 1500 Telephone:405/235-3611 Oklahoma City, Oklahoma 73102-8260

April 30, 1998

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87504 - 2088

MAY - 4 1998

Attention: Mike Stogner

CERTIFIED LETTER #: Z 076 700 865

Re: Non - Standard Location Approval Turner B #115

Dear Mr. Stogner,

Enclosed are copies of the certified return receipt cards for notice to interest owners in the Turner A lease. These interest owners were given notice of our application for non-standard location on the Turner B #115 as required.

Please let me know if anything further is needed for approval of the Non-Standard Location.

Sincerely

Karen Byers

Engineering Technician

Enclosures (3)

Signature: Addressee or Agent) X Form 3811, December 1994 Postpark or Date of NSL on the Turner B #115	Sabine Royalty Trust NationsBank of Texas, Escrow P. O. Box 840738 Dallas, TX 75284-0738 S. Received By: (Print Name) Z 100 4b. Service C Register C Received By: (Print Name) B. Addresse	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 so that we can return the card to you. Attach this form to the front of the malipiece, or on the back, if space does not permit. Write 'Return Receipt Requested' on the malipiece below the article number. The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: 4a. Article	6. Signature: (Addresspe or Agent) X PS Fokal 3811; December 1994 Notice of NSL on Turner B #115	omplete items 1 and/or 2 for additional services. complete items 3, 4a, and 4b. complete items 3
Domestic Return Receipt	Z 100 656 183 No. Service Type Registered Express Mail Return Receipt for Merchandise Date of Delivery APR 2 4 1998 Addressee's Address (Only If requested in the part of the part	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Province on the reverse ed.	be's Address (Only if requested is paid) The Part of	I also wish to receive the following services (for an extra fee): 1. Addresse's Address 2. Restricted Delivery Consult postmaster for fee. Lumber 656 182 Type Mall Insured cept for Merchandise COD with Address completed on the reverse side RN ADDRESS RN ADDRESS RN ADDRESS
P	5			delivery of the Russes of The
6. Signaturs: (Addressed or Agent) X	Martha A. West 39 Elkins Lake Huntsville, TX 77340 □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery □ Control of Section (Only and fee is paid)	SENDER: SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this exit a card to you. Attach this form to the front of the malipiece, or on the back if space does not permit. The Return Receipt Requested on the malipiece below the article number. Write 'Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: I also follow extra form so that we can return this extra follow.		DER: DER: plete items 1 and/or 2 for additional services. plete items 3, 4a, and 4b. your name and address on the reverse of this form so that we to you. In this form to the front of the malipiece, or on the back if space if the turn Receipt will show to whom the article sered. K. Wallingford Trust Eus Wallingford & Martha West ON Eldridge uston, TX 77079

PS Form 3811 December 1994 (1) 102595-97-B-0179 Domestic Return Receipt Postmark or Date Notice of NSI, on the	dressee or Agent)	5. Received By: (Print Name) 7. Date of Delivery 6. Addressee's Address (Only if requested	. Article Number ∠ 100 656 187 . Service Type Registered Express Mail Return Receipt for Merchandise □ COD	Notice of NSL on the Turner B #115 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 so that we can return this card to you. "Attach this form to the front of the malipiece, or on the back if space does not permit. "Write "Return Receipt Requested" on the malipiece below the article number. "The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee.	Postmark or Date Notice of NSL on the Turner B #115	smber 1994 102585-97-B-0179 Domestic Return Receipt	5. Recalved By: (Print Name) 8. Address be's Address (Only if requested and fee is paid)	7. Date of Delivery	Marshall & Winston, Inc. P. 0. Box 50880 Midland, TX 79710-0880 □ Return Receipt for Merchandise □ COD	3. Article Addressed to: 4a. Article Number Z 100 656 185	■ Attach this form to the more of the malipiece, or on the back it space does not 1. L. Addressee's Address emitted with a frequency of the malipiece below the article number. ■ Write "Return Receipt will show to whom the article was delivered and the date delivered. 1. L. Addressee's Address of the permitted provides and the date consult postmaster for fee.	I also wish to receive the following services (for an extra fee):
PS Form 3811, Dece	ls your RE		Selma Andrews Perpetual Trust c/o NationsBank of Texas #5188 P. O. Box 840738 Dallas, TX 75284-0738	on the reverse side?	Postmark or Date Notice of NSL on the Turner B #115	9 X (Addressee or Agent) PS Form 3811, December 1994;		N AD	rusing Returble Company Compan	A	on the rev	erse side
102595-97-8-0179 Domestic Return Receip	and ree is paid)	8. Addressee's Address (Only if requested	288	also wish to receive the following services (for an extra fee): also wish to receive the following services (for an extra fee): 1. □ Addressee's Addresserticle number. 2. □ Restricted Delivery Consult postmaster for fee.		102595-97-B-0179 Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	7. Date of Pally Ry2 4 1998	4b. Service Type Registered Express Mail Return Receipt for Merchandise COD	4a. Article Number Z 100 656 186	icle number. 2. Restricted Delivery and the date Consult postmaster for fee.	9. of

Certified Insured

Notice of NSL on the Turner B #115		811. December 1994	6. Signature: "(Addressee or Agent)	5. Received By: (Print Name)	Dallas, TX 75284-0738	P. O. Box 840738	Selma Andrews Trust - #5188-01	3. Article Addressed to:	permit. ■ Write 'Fleturn Receipt Requested' on the malipiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date	"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 so that we can return this card to you. "Attach this form to the front of the mailplece, or on the back if snace does not	SENDER: 100 Of the lurner 1
	Conesiic netum Heceipt	~	and fee is paid) The second results and fee is paid)		l Insured	Certified	Z 100 656 189 Re	Consult postmaster for fee.	 1. ☐ Addressee's Address 2. ☐ Restricted Delivery 	I also wish to receive the following services (for an extra fee):	3 #115
Notice of NSL on the Turner B #115	PS Porm 3811, December 1994	your 6. Signature: (Addressee of Agent)	5. Received By: (Print Name)	N API		5205 N. O'Connor Blvd., #1400	3. /	The Return Receipt will show to whom the article was delivered and the date delivered.	 Attach this form to the front of the maliplece, or on the back if space does not permit. a Write 'Return Receipt Requested' on the maliplece below the article number. 	 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. 	Notice of NSL on the Turner B #115
	102595-97-B-0179 Domestic Return Receipt		Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery 4 - 98 M	☐ Express Mail ☐ Return Receipt for Merchandise	4b. Service Type Registered Certified	4a. Article Number Z 100 656 190	0	pace does not 1. \(\sum \) Addressee's Address ticle number. 2. \(\sum \) Restricted Delivery	l also wish to receive the following services (for an extra fee):	r B #115