



**KELLAHIN AND KELLAHIN**

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117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285  
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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 18, 1999

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

TO: NOTICE OF THE HEARING OF THE FOLLOWING  
NEW MEXICO OIL CONSERVATION DIVISION CASE:

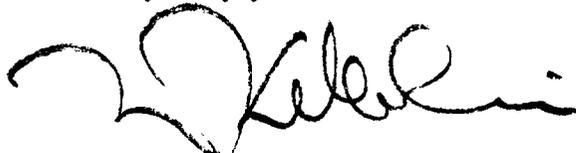
*Re: Application of OXY USA Inc.  
for salt water disposal for its  
Government "AB" Well No. 9  
Eddy County, New Mexico.*

On behalf of OXY USA, Inc., please find enclosed our a copy of its referenced application. This case has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for October 21, 1999. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

As party 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, October 15, 1999, with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

SERVICE LIST - C-108 APPLICATION  
OXY USA INC.  
GOVERNMENT AB #9  
SEC 10 T20S R28E

STATE OF NEW MEXICO  
ENERGY & MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
2040 SOUTH PACHECO  
SANTA FE, NM 87505  
CRR - Z 236 294 008

STATE OF NEW MEXICO  
ENERGY & MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
811 S. 1<sup>ST</sup> STREET  
ARTESIA, NM 88210-2834  
CRR - Z 236 294 009

**SURFACE OWNER:**

UNITED STATES DEPT OF INTERIOR  
BUREAU OF LAND MANGEMENT  
2909 WEST SECOND STREET  
ROSWELL, NM 88201  
CCR - Z 236 294 010

PARDUE LTD.  
P.O. BOX 2018  
CARLSBAD, NM 8821-2018  
CCR - Z 236 294 005

**OFFSET OPERATORS:**

CHI OPERATING INC.  
P.O. BOX 1799  
MIDLAND, TX 79702  
CCR - Z 236 294 006

HILLIN PRODUCTION CO.  
P.O. BOX 152  
ODESSA, TX 79760  
CCR - Z 236 294 007

OXY USA INC.  
P.O. BOX 50250  
MIDLAND, TX 79710-0250



is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
OXY USA  
October 21, 1999  
9/17/99

3. Article Addressed to:  
US Dept. of Interior  
Bureau of Land Management  
2909 West Second Street  
Roswell, NM 88201

4a. Article Number  
2 413 001 442

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

7. Date of Delivery  
9-20

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

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

can return this does not number, the date

4. Article Number  
2 274-518-190

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

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is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
OXY USA  
October 21, 1999  
9/17/99

3. Article Addressed to:  
Hillin Production Co.  
PO Box 152  
Odessa, TX 79706

4a. Article Number  
2 274 518 189

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

7. Date of Delivery  
9-20

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

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**SENDER:**  
OXY USA  
October 21, 1999  
9/17/99

3. Article Addressed to:  
State of NM Energy & Minerals Dept.  
OCD  
2040 South Pacheco  
Santa Fe, NM 87505

4a. Article Number  
2 413 001 444

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

7. Date of Delivery  
9-20

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

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can return this does not number, the date

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2 413 001 442

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 Express Mail  
 Return Receipt for Merchandise  
 COD

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*[Signature]*

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OXY USA  
October 21, 1999  
9/17/99

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OCD  
2040 South Pacheco  
Santa Fe, NM 87505

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

7. Date of Delivery  
9-20

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

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1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

can return this does not number, the date

4. Article Number  
2 413 001 442

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

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2.  Restricted Delivery  
Consult postmaster for fee.

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**SENDER:**  
OXY USA  
October 21, 1999  
9/17/99

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

3. Article Addressed to:  
State of NM Energy & Minerals Dept. OCD  
811 S. 1st Street  
Artesia, NM 88210-2834

4a. Article Number  
2 913 001 443

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

7. Date of Delivery  
9/20/99

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

5. Received By: (Print Name)  
MARY ANN BURR

6. Signature: (Addressee or Agent)  
*Mary Ann Burr*

PS Form 3811, December 1994

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**SENDER:**  
OXY USA  
October 21, 1999  
9/17/99

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

3. Article Addressed to:  
CHI Operating Inc.  
PO Box 1799  
Midland, TX 79702

4a. Article Number  
2 274 518 188

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

7. Date of Delivery  
9/20/99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*Mary Ann Burr*

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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