

BEFORE THE
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL
RESOURCES

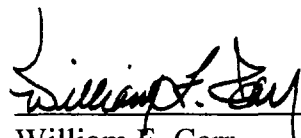
IN THE MATTER OF THE APPLICATION
OF TRIUMPH EXPLORATION, INC. FOR AMENDMENT
OF DIVISION ORDER NO. R-9082 TO AUTHORIZE A TERTIARY
RECOVERY PROJECT BY MICRO EMULSION FLOODING IN
ITS TONTO LEASE PROJECT AREA, AND TO QUALIFY THIS
PROJECT FOR THE RECOVERED OIL TAX RATE
PURSUANT TO THE ENHANCED OIL RECOVERY ACT,
LEA COUNTY, NEW MEXICO

CASE NO. 12271

AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

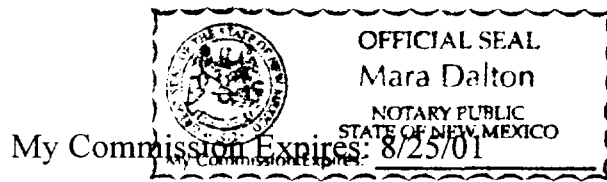
William F. Carr, attorney in fact and authorized representative of Triumph
Exploration, Inc. the applicant herein, being first duly sworn, upon oath, states that notice
has been given to all interested parties entitled to receive notice of this application under
Oil Conservation Division rules, and that notice has been given at the addresses shown on
Exhibit "A" attached hereto.



William F. Carr

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12271 Exhibit No. 4
Submitted by: Triumph Exploration, Inc.
Hearing Date: October 21, 1999

SUBSCRIBED AND SWORN to before this 20th day of October, 1999 by
William F. Carr.





Mara Dalton, Notary Public

Exhibit A

Bureau of Land Management
Roswell District
2909 West Second St.
Roswell, NM 88201
ATTN: Armando Lopez

Kaiser-Francis
11722 West Highway 80 East
Odessa, TX 79765

Mitchell Energy Corporation
Box 4000
The Woodlands, TX 77387-4000

Rodney B. Webb dba
Webb Oil Company
P.O. Box 1124
Artesia, NM 88211-1124

Manzano Oil Corporation
P.O. Box 2107
Roswell, NM 88202

Nadel and Gussman
601 North Marienfeld, Ste.508
Midland, TX 79701

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
PAUL R. OWEN
ANTHONY F. MEDEIROS

JACK M. CAMPBELL
916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE (505) 988-4421
FACSIMILE (505) 983-8043
E-MAIL ccbspa@ix.netcom.com

September 27, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Interest owners—addresses provided by Stella Swanson

Re: *Application of Triumph Exploration, Inc. for amendment of Division Order No. R-9082 to authorize a tertiary recovery project by micro emulsion flooding in its Tonto Lease, and to qualify said project for the recovered oil tax rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico*

Gentlemen:

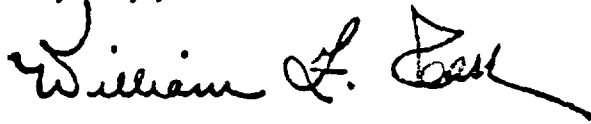
This letter is to advise you that Triumph Exploration, Inc. has filed the enclosed application and attached Form C-108 with the New Mexico Oil Conservation Division seeking the amendment of Division Order No. R-9082 to authorize a tertiary recovery project by micro emulsion flooding in its Tonto Lease, and to qualify said project for the recovered oil tax rate pursuant to the Enhanced Oil Recovery Act. This lease is located in portions of Section 30, Township 19 South, Range 33 East, NMPM, Lea County, New Mexico.

This application has been set for hearing before a Division Examiner on October 7, 1999. 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 have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing

statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

WILLIAM F. CARR
ATTORNEY FOR TRIUMPH EXPLORATION, INC.

Enc.

Z 559 541 931

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Mitchell Energy Corporation

Box 4000

The Woodlands, TX 77387-4000

PS Form 3800, April 1995

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	\$ 2.10
Postmark of Date	SEP 27 1999 USPS

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 so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- 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.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mitchell Energy Corporation
Box 4000
The Woodlands, TX 77387-4000

4a. Article Number
Z 559 541 931

4b. Service type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
9/27/99

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

102505-08-8-0228 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 929

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Bureau of Land Management
 Roswell District
 2909 West Second St.
 Roswell, NM 88201
 ATTN: Armando Lopez

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	

PS Form 3800, April 1995

USPS

SENDER:

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bureau of Land Management
 Roswell District
 2909 West Second St.
 Roswell, NM 88201
 ATTN: Armando Lopez

4a. Article Number

Z 559 541 929

4b. Service type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9-29

5. Received By: (Print Name)

8. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102285-02-0-0228 Domestic Return Receipt

Z 559 541 930

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Kaiser-Francis

11722 West Highway 80 East

Odessa, TX 79765

Postage	\$
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	

PS Form 3800, April 1995

SEP 27 1999 USPS

<p>SENDER:</p> <ul style="list-style-type: none"> ■ 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 mailpiece, or on the back if space does not permit. ■ 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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Kaiser-Francis 11722 West Highway 80 East Odessa, TX 79765</p>		<p>4a. Article Number</p> <p>Z 559 541 930</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>[Signature]</i></p>		<p>7. Date of Delivery</p> <p>9-30-99</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>		<p>Thank you for using Return Receipt Service.</p>	

PS Form 3811, December 1994

102595-00-0-0200

Domestic Return Receipt

Z 559 541 934

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Nadel and Gussman

601 North Marienfeld, Ste.508

Midland, TX 79701

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

PS Form 3800, April 1995

SEP 24 1999
USPS

<p>SENDER:</p> <ul style="list-style-type: none"> ■ 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 mailpiece, or on the back if space does not permit. ■ 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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Nadel and Gussman 601 North Marienfeld, Ste.508 Midland, TX 79701</p>		<p>4a. Article Number</p> <p>Z 559 541 934</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>Justin Deuman</i></p>		<p>7. Date of Delivery</p> <p>9-30-99 <i>SLP</i></p>	
		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 559 541 933

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Manzano Oil Corporation

P.O. Box 2107

Roswell, NM 88202

PS Form 3800 April 1995

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	

27 1999 USPS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 mailpiece, or on the back if space does not permit.
- 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.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Manzano Oil Corporation
P.O. Box 2107
Roswell, NM 88202

4a. Article Number
Z 559 541 933

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> 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)

X *[Signature]*

PS Form 3811, December 1994

102505-90-0-0239 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 932

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Rodney B. Webb dba
 Webb Oil Company
 P.O. Box 1124
 Artesia, NM 88211-1124

Postage	
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 on Date	

PS Form 3800, April 1995

SA 1228 1999 USPS

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 mailpiece, or on the back if space does not permit. ■ 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.		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: Rodney B. Webb dba Webb Oil Company P.O. Box 1124 Artesia, NM 88211-1124		4a. Article Number Z 559 541 932	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 4-30-99	
5. Received By: (Print Name) S. J. H. H. WEBB		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X [Signature]			