

**MERIDIAN OIL**

OIL CONSERVATION DIVISION  
RECEIVED

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December 14, 1992

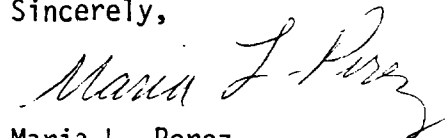
Mr. Michael Stogner  
Oil Conservation Commission  
P.O. Box 2088  
Santa Fe, NM 87504

RE: Offset Operators signed certified return receipts for  
previously submitted C-109 application  
for oil discovery allowable  
Dagger Lake "5" State No. 1  
Dagger Lake Delaware Field  
330' FSL & 1980' FEL  
**O, Sec. 5, T-22-S, R-33-E**  
Lea County, New Mexico  
V-2387  
API 30-025-31653

Dear Mr. Stogner:

Enclosed are the original signed certified return receipts from each  
offset operator as proof of notification on the previously submitted  
captioned application.

Sincerely,



Maria L. Perez  
Production Assistant  
915-688-6906

MLP/aem

XC: Well File  
Don McBee  
Reservoir Eng.  
Production Eng.  
Regulatory File  
1. Connie Malik  
2. Maria Perez

*Forwarded to  
1/14/92  
12/18/92*

Dagger Lake "S" State No 1

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece next to the article number.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>Brunson &amp; McKnight</b> <b>P.O. Box 1039</b> <b>Alfred Hobbs NM 88241</b>		4a. Article Number <b>P 989 355 691</b>	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <b>Ann Blaser</b>		7. Date of Delivery <b>11-12-92</b>	
PS Form 3811, October 1990		*U.S. GPO: 1990-273-861	
<b>DOMESTIC RETURN RECEIPT</b>			

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>Cherwon</b> <b>P.O. Box 1150</b> <b>Midland, TX 79702</b>		4a. Article Number <b>P 045 808 113</b>	
5. Signature (Addressee)		4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <b>F. B. K...</b>		7. Date of Delivery <b>NOV 30 1992</b>	
PS Form 3811, November 1990		*U.S. GPO: 1991-287-006	
<b>DOMESTIC RETURN RECEIPT</b>			

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece next to the article number.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>Collins &amp; Ware Inc.</b> <b>300 W Wall, #2200</b> <b>Midland, TX 79701</b>		4a. Article Number <b>P 989 355 692</b>	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <b>Ed. Claron</b>		7. Date of Delivery <b>11-12M</b>	
PS Form 3811, October 1990		*U.S. GPO: 1990-273-861	
<b>ILLEGIBLE</b>			

Dagger Lake "S" State No. 1

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece next to the article number.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Conoco Inc. #10 Dexta Dr., Ste. 1000 Midland, TX 79705		4a. Article Number P 989 355 693	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Arith Gonzales</i>		7. Date of Delivery 11-12-90	
PS Form 3811, October 1990		★ U.S. GPO: 1990-273-861	
<b>DOMESTIC RETURN RECEIPT</b>			

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3. Article Addressed to:  Mitchell Energy Corp 400 W. Illinois, #1000 Midland, TX 79701		4a. Article Number P 989 355 689	
5. Signature (Addressee) <i>Arvid Brand</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery 11-12-90	
PS Form 3811, October 1990		★ U.S. GPO: 1990-273-861	
<b>DOMESTIC RETURN RECEIPT</b>			

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3. Article Addressed to:  Yates Petroleum Corp 105 S. Fourth St. Artesia, NM 88210		4a. Article Number P 989 355 <del>590</del> 690	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Mike Bush</i>		7. Date of Delivery 11-11-90	
PS Form 3811, October 1990		★ U.S. GPO: 1990-273-861	
<b>ILLEGIBLE</b> <b>DOMESTIC RETURN RECEIPT</b>			