

BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

APPLICATION OF SEELY OIL COMPANY
FOR APPROVAL OF A WATERFLOOD
PROJECT FOUR UNORTHODOX INJECTION
WELL LOCATIONS, AND THE RECOVERED
OIL TAX CREDIT PURSUANT TO NEW
MEXICO ENHANCED OIL RECOVERY ACT,
LEA COUNTY, NEW MEXICO.

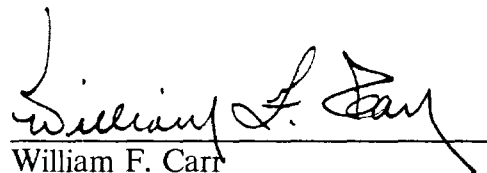
CASE NO. 10648

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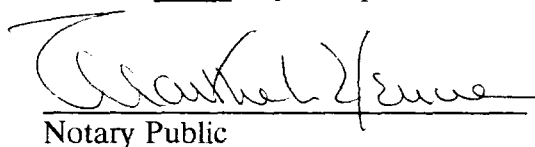
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Seely Oil Company, the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division, the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto as provided in Rule 1207.

Further Affiant sayeth naught.


William F. Carr

SUBSCRIBED AND SWORN to before me this 21st day of April, 1993.


Notary Public

My Commission Expires:

August 19, 1995

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
SEELY	EXHIBIT NO. A
CASE NO.	10648

EXHIBIT A

Ray Westall
Box 4
Loco Hills, New Mexico 88255

ORYX Energy Company
Post Office Box 2880
Dallas, TX 75221-2880

Amoco Production Company
Post Office Box 3092
Houston, TX 77253
Attn: Dan Janik

OXY USA, Inc.
Post Office Box 50250
Midland, TX 79710
Attn: Scott Gengler

Meridian Oil, Inc.
801 Cherry Street, Suite 700
Fort Worth, TX 76102

Maralo Inc.
223 West Wall, 9th Floor
Midland, TX 79702

JFG Enterprises
Box 100
Artesia, NM 88211-0100

Chevron USA Inc.
Permian Basin Production
Business Unit
Post Office Box 1150
Midland, TX 79702

Collins & Ware
303 W. Wall, Suite 2200
Roswell, NM 88202

Marathon Oil Company
P. O. Box 552
Midland, TX 79702
Attn: Tom Hill

Bass Enterprises Production Co.
201 Main Street, Suite 3100
Fort Worth, TX 76102

BTA Oil Producers
104 South Pecos
Midland, TX 79701
Attn: Pete Wilkenson

Santa Fe Exploration Company
Post Office Box 1136
Roswell, NM 88202

Mobil Producing
Box 633
Midland, TX 79702

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

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
WILLIAM P. SLATTERY

PATRICIA A. MATTHEWS
MICHAEL H. FELDEWERT

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

March 31, 1993

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

TO ALL LEASEHOLD OPERATORS WITHIN ONE-HALF MILE OF EACH PROPOSED INJECTION WELL, THE OWNER OF THE SURFACE ON WHICH EACH PROPOSED INJECTION WELL WILL BE LOCATED AND OFFSET OPERATORS TO THE PROPOSED CENTRAL E.K. QUEEN UNIT AREA

Re: New Mexico Oil Conservation Division Case 10648:
Application of Seely Oil Company for Approval of a Waterflood Project and
Qualification for the Recovered Oil Tax Rate, Lea County, New Mexico

Gentlemen:

On March 18, 1993 an Oil Conservation Division Examiner hearing was held on the above-referenced application. In this case Seely Oil Company seeks approval of a waterflood project within its proposed Central E.K. Queen Unit Area. As I advised you by letter dated March 5, 1993 negotiations with certain operators resulted in Seely Oil Company adjusting the boundaries of the proposed unit. As I also advised you at that time, because of the changes in Unit boundaries it was necessary for Seely to drill additional injection wells to the Queen formation. We have previously provided the unorthodox location of certain proposed lease line injection wells. They are as follows:

Township 18 South, Range 34 East, N.M.P.M.

Section 7: 50' From South and West lines
Section 7: 1370' from the South line and 50' from the West line
Section 17: 1270' from the North line and 2590' from the West line
Section 18: 1270' from the North line and 50' from the East line

March 31, 1993

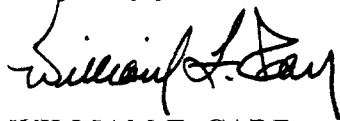
Page 2

At the conclusion of the March 18, 1993 Examiner hearing, the case was continued to the hearings scheduled for March 22, 1993. At that time the case will be called and if there is no additional evidence, it will be taken under advisement on the record made on March 18.

The Division requested that we provide additional notice to you as an interest owner who may be affected by this application. If you have questions concerning this application, please contact me or Mr. Clarence Stumhoffer, Post Office Box 100416, Fort Worth, TX 76185-0416; (817) 923-2016.

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 large initial "W" and a stylized "C".

WILLIAM F. CARR

WFC:mlh

ATTORNEY FOR SEELY OIL COMPANY

P 087 492 156



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Ray Westall
Box 4
Loco Hills, New Mexico 88255

Postage	
Insurance	
Registration and Certified	
Return Receipt (to Whom Sent) and Addressee's Address	
TOTAL Postage & Fee	\$
Postmark of Date MAR 31 1993	

PS Form 3800, June 1991

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Ray Westall Box 4 Loco Hills, New Mexico 88255</p>	<p>4. Article Number P-087 492 156</p> <p>Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Address X</p>	<p>6. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X</p>	<p>7. Date of Delivery APR 02 1993</p>

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



P 087 492 157

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Amoco Production Company
Post Office Box 3092
Houston, TX 77253
Attn: Dan Janik

1. Article Addressed to:	2. Article Number
3. Signature - Address	4. Addressee's Address (ONLY if requested and fee paid)
5. Signature - Agent	6. Date of Delivery
7. Signature - Restricted Delivery	8. Signature - Insured
9. Signature - COD	10. Signature - Return Receipt for Merchandise
11. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.	12. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.
13. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.	14. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.
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93. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.	94. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.
95. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.	96. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.
97. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.	98. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.
99. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.	100. Signature - Always obtain signature of addressee or agent and DATE DELIVERED.

MAR 31 1993

PS Form 3800, June 1991

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this mail from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Amoco Production Company
Post Office Box 3092
Houston, TX 77253
Attn: Dan Janik

4. Article Number
P 087 492 157

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

6. Signature - Agent

7. Date of Delivery
APR - 5 1993

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

P 087 492 158



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Meridian Oil, Inc.
801 Cherry Street, Suite 700
Fort Worth, TX 76102

Article Number	
Article Description	
Registered Mail	
Return Receipt by First-Class Mail	
Return Receipt by Registered Mail	
TOTAL POSTAGE & Fee	\$
<p style="text-align: center;">MAR 31 1993</p>	

PS Form 3800, June 1991

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees for additional services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Meridian Oil, Inc.
801 Cherry Street, Suite 700
Fort Worth, TX 76102

4. Article Number: **P 087 492 158**

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

6. Signature - Agent

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
 1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 JFG Enterprises
 Box 100
 Artesia, NM 88211-0100

4. Article Number
 P 087 492 159

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X

6. Signature - Agent
 X *Bob Allen*

7. Date of Delivery
 4-2-93

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

PS Form 3811, Mar. 1993 * U.S.G.P.O. 1993-212-865 DOMESTIC RETURN RECEIPT

P 087 492 159



Receipt for Certified Mail

No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

JFG Enterprises
 Box 100
 Artesia, NM 88211-0100

Postage	
Insurance	
Registered Mail	
Return Receipt for Merchandise	
Restricted Delivery	
Signature Required	
Signature of Agent	
Signature of Addressee	
Postage and Fees	\$
MAR 31 1993	



UNITED STATES
POSTAL SERVICE

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Collins & Ware
303 W. Wall, Suite 2200
Roswell, NM 79701

Total	\$
MAR 31 1993	

FS Form **3800**, June 1991

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO." Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to, and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>Collins & Ware 303 W. Wall, Suite 2200 Roswell, NM 79701</p>	
<p>4. Article Number</p> <p>P 087, 5192 160</p>	
<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Address</p> <p>X Signature - Agent</p> <p>7. Date of Delivery</p> <p>4/15</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

Form 3811, Mar. 1968 * U.S.G.P.O. 1968-212-866 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Bass Enterprises Production Co.
201 Main Street, Suite 3100
Fort Worth, TX 76102

4. Article Number: P 087 492 161

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD ☐ Return Receipt for Merchandise
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address: X

6. Signature Agent: X *[Signature]*

7. Date of Delivery: APR 5 1993

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 087 492 161



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Bass Enterprises Production Co.
201 Main Street, Suite 3100
Fort Worth, TX 76102

Quantity	
Article Number	
Restricted Delivery	
Return Receipt (with or without date)	
Return Receipt (with or without date and addressee's address)	
TOTAL Postage & Fees	\$
Postmark or Date	MAR 31 1993

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Santa Fe Exploration Company
Post Office Box 1136
Roswell, NM 88202

NAME	
DATE OF BIRTH	
DATE OF DEATH	
NUMBER OF CHILDREN	
NUMBER OF CHILDREN LIVING	
NUMBER OF CHILDREN DECEASED	
NUMBER OF CHILDREN WHOSE ADDRESS IS UNKNOWN	
TOTAL POSTAGE PAID	\$
POSTAGE PAID DATE	

PS Form 3800, June 1991

<p>SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO." Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt for this will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery <i>(Extra charge)</i></p>	
<p>3. Article Addressed to:</p> <p>Santa Fe Exploration Company Post Office Box 1136 Roswell, NM 88202</p>	
<p>4. Article Number</p> <p>P 087 492 162</p>	
<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>Always obtain signature of addressee</p> <p>5. Signature — Address</p> <p>X</p> <p>6. Signature — Agent</p> <p>X</p> <p>7. Date of Delivery</p> <p>APR 21 1988</p> <p>8. Addressee's Address (ONLY if Restricted Mail Fee paid)</p> <p>ROSWE</p>	



P 087 492 163

**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Mobil Producing
Box 633
Midland, TX 79702

Postage paid by addressee	
Postage paid by sender	
Postage paid by addressee	
Postage paid by sender	
Postage paid by addressee	
Postage paid by sender	
TOTAL Postage	\$
Postage paid by addressee	
Postage paid by sender	
MAR 31 1993	

PS Form 3800, June 1991

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-806 DOMESTIC RETURN RECEIPT

3. Article Addressed to: Mobil Producing Box 633 Midland, TX 79702		4. Article Number P 087 492 163	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature - Agent X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery APR - 5 1993			

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional service(s) requested.
2. ☐ Restricted Delivery (Extra charge)
Show to whom delivered, date, and addressee's address. (Extra charge)

P 087 492 164



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

ORYX Energy Company
Post Office Box 2880
Dallas, TX 75221-2880

Postmark	
TOTAL POSTAGE & FEE	\$
Postmark	MAR 31 1993

PS Form 3800, June 1991

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the date of delivery. For additional services the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

ORYX Energy Company
Post Office Box 2880
Dallas, TX 75221-2880

4. Article Number
P 087 492 164

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

6. Signature - Agent

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 087 492 165



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

OXY USA, Inc.
Post Office Box 50250
Midland, TX 79710
Attn: Scott Gengler

Postage	
Registration Fee	
Insurance (per \$100)	
Return Receipt (per copy)	
Signature of Addressee (per copy)	
Postage & Fees	\$
<p>MAR 31 1993</p>	

PS Form 3800, June 1991

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check box(es) for additional service(s) requested.</p>	
<p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>OXY USA, Inc. Post Office Box 50250 Midland, TX 79710 Attn: Scott Gengler</p>	<p>4. Article Number P 087 492 165</p>
<p>5. Signature - Address X</p>	<p>Type of Service: <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 Always obtain signature of addressee or agent and DATE DELIVERED. </p>
<p>6. Signature - Agent X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>7. Date of Delivery 3/5/93</p>	

PS Form 3871, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

1. Name of the person	
2. Address	
3. Date of birth	
4. Date of death	
5. Date of burial	
6. Date of cremation	
7. Date of interment	
8. Date of exhumation	
9. Date of reinterment	
10. Date of removal	
11. Date of return	
12. Date of disposal	
13. Date of burial	
14. Date of cremation	
15. Date of interment	
16. Date of exhumation	
17. Date of reinterment	
18. Date of removal	
19. Date of return	
20. Date of disposal	
21. Date of burial	
22. Date of cremation	
23. Date of interment	
24. Date of exhumation	
25. Date of reinterment	
26. Date of removal	
27. Date of return	
28. Date of disposal	
29. Date of burial	
30. Date of cremation	
31. Date of interment	
32. Date of exhumation	
33. Date of reinterment	
34. Date of removal	
35. Date of return	
36. Date of disposal	
37. Date of burial	
38. Date of cremation	
39. Date of interment	
40. Date of exhumation	
41. Date of reinterment	
42. Date of removal	
43. Date of return	
44. Date of disposal	
45. Date of burial	
46. Date of cremation	
47. Date of interment	
48. Date of exhumation	
49. Date of reinterment	
50. Date of removal	
51. Date of return	
52. Date of disposal	
53. Date of burial	
54. Date of cremation	
55. Date of interment	
56. Date of exhumation	
57. Date of reinterment	
58. Date of removal	
59. Date of return	
60. Date of disposal	
61. Date of burial	
62. Date of cremation	
63. Date of interment	
64. Date of exhumation	
65. Date of reinterment	
66. Date of removal	
67. Date of return	
68. Date of disposal	
69. Date of burial	
70. Date of cremation	
71. Date of interment	
72. Date of exhumation	
73. Date of reinterment	
74. Date of removal	
75. Date of return	
76. Date of disposal	
77. Date of burial	
78. Date of cremation	
79. Date of interment	
80. Date of exhumation	
81. Date of reinterment	
82. Date of removal	
83. Date of return	
84. Date of disposal	
85. Date of burial	
86. Date of cremation	
87. Date of interment	
88. Date of exhumation	
89. Date of reinterment	
90. Date of removal	
91. Date of return	
92. Date of disposal	
93. Date of burial	
94. Date of cremation	
95. Date of interment	
96. Date of exhumation	
97. Date of reinterment	
98. Date of removal	
99. Date of return	
100. Date of disposal	

PT'S Form **3800**, June 1991

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Contact postmaster for fees (see check boxes) for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date and addressee's address. 2. <input type="checkbox"/> Restricted Delivery <i>(Extra charge)</i></p>							
<p>3. Article Addressed to:</p> <p>Maralo Inc. 223 West Wall, 9th Floor Midland, TX 79702</p>							
<p>4. Article Number</p> <p>P 087 492 164</p>							
<p>Type of Service:</p> <table border="0"><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input checked="" type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>		<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
<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						
<p>5. Signature - Address</p> <p>X</p>							
<p>6. Signature - Agent</p> <p>X <i>[Signature]</i></p>							
<p>7. Date of Delivery</p> <p><i>4/5/63</i></p>							

Form 3871, Mar. 1968 * U.S.G.P.O. 1968-212-865 DOMESTIC RETURN RECEIPT

P 087 492 167



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Chevron USA Inc.
Permian Basin Production
Business Unit
Post Office Box 1150
Midland, TX 79702

Postage	
Service Charge	
Restriction Charge	
Return Receipt Showing to Whom Delivered	
Return Receipt Showing to Whom Date and Address is Added	
TOTAL Postage & Fees	\$
Postmark or Date MAR 31 1993	

PS Form 3800, June 1991

P 087 492 168



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Marathon Oil Company
P. O. Box 552
Midland, TX 79702
Attn: Tom Hill

PS Form 3800, June 1991

Sender's Name	
Sender's Address	
Sender's City, State, ZIP	
Receiver's Name	
Receiver's Address	
Receiver's City, State, ZIP	
Postage & Fees	\$
Postmark or Date MAR 31 1993	

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1991

[illegible]

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes) for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery <i>(Extra charge)</i></p>							
<p>3. Article Addressed to:</p> <p>BTA Oil Producers 104 South Pecos Midland, TX 79701 Attn: Pete Wilkenson</p>							
<p>4. Article Number P087492169</p>							
<p>Type of Service:</p> <table border="0"><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input checked="" type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>		<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
<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						
<p>5. Signature — Address X</p>							
<p>6. Signature — Agent X</p>							
<p>7. Date of Delivery APR - 5 1988</p>							
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>							

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT