

PADILLA LAW FIRM, P.A.

TELEPHONE
505-988-7577

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE
SANTA FE, NM 87501
MAILING ADDRESS
P.O. BOX 2523
SANTA FE, NM 87504-2523

FACSIMILE
505-988-7592

April 7, 1994

AMENDED NOTICE OF HEARING

TO: LEASE OWNERS, OPERATORS

RE: Application of Hal J. Rasmussen Operating, Inc. to
reopen Case No. 10756 for unorthodox locations and
simultaneous dedication, Lea County, New Mexico

PURSUANT to the Rules and Regulations of the Oil
Conservation Division of New Mexico, notice is hereby given
of the above-referenced application. You may protest the
enclosed application by appearing at the hearing of this
application which will be heard on April 14, 1994, beginning
at the hour of 8:15 a.m., at the offices of the Oil
Conservation Division, State Land Office Building, 310 Old
Santa Fe Trail, Santa Fe, New Mexico.

Very truly yours,


Ernest L. Padilla

ELP/mg

BEFORE EXAMINER CATANACH	
OIL CONSERVATION DIVISION	
_____	EXHIBIT NO. <u>7</u>
CASE NO. _____	

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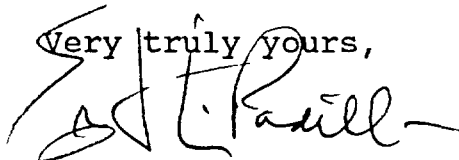
March 23, 1994

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

TO: LEASE OWNERS, OPERATORS (See attached list)

RE: Application of Hal J. Rasmussen Operating, Inc. to
reopen Case No. 10756 for unorthodox locations and
simultaneous dedication, Lea County, New Mexico

PURSUANT to the Rules and Regulations of the Oil
Conservation Division of New Mexico, notice is hereby given
of the above-referenced application. You may protest the
enclosed application by appearing at the hearing of this
application which will be heard on March 31, 1994, beginning
at the hour of 8:15 a.m., at the offices of the Oil
Conservation Division, State Land Office Building, 310 Old
Santa Fe Trail, Santa Fe, New Mexico.

Very truly yours,

Ernest L. Padilla

ELP/mg

Enclosure: Copy of Application

List of Lease Owners, Operators

xc: Hal J. Rasmussen Operating, Inc. (w/encl)

P 221 173 993



Receipt for Certified Mail

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

Sent to	BLM / Roswell Office
Street and No.	1717 W. 2nd St.
City, State and Zip Code	Roswell, NM 88201
Postage	\$.52
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	.90
TOTAL Postage & Fees	\$ 2.42

Postmark or Date
4/11/94 2nd
Rossmussen notice

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dept. of the Interior
Bureau of Land Management
Roswell Dist. Office
1717 W. 2nd Street
Roswell, NM 88201-2019

4a. Article Number

P221173993

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

4/6/94

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 221 173 971
**Receipt for
 Certified Mail**
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to	Lahoe Energy Inc	
Street	3909 W. Industrial	
P.O. Box	Midland, Texas 79103	
Postage	\$.52	
Certified Fee	.90	
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00	
TOTAL Postage & Fees	\$ 2.42	
Postmark or Date	3/23/94 Dagmussen	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- 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:

Lahoe Energy Inc
 3909 W. Industrial
 Midland, Texas
 79303

4a. Article Number

P221 173 971

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 |

7. Date of Delivery **MAR 31 1994**

5. Signature (Addressee)

W. Callen

6. Signature (Agent)

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

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 221 173 970



Receipt for Certified Mail

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

Sent to	
Chance Properties	
Street and No.	
P.O. Box 1221	
P.O. State and ZIP Code	
Kermit, TX 79745	
Postage	\$.52
Certified Fee	.90
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
TOTAL Postage & Fees	\$ 2.42

Postmark or Date

3/23/94
Rasmussen

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Chance Properties
P.O. Box 1221
Kermit, Texas
79745

4a. Article Number

P221173970

4b. Service Type

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

7. Date of Delivery

1004
1994

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 221 173 972



Receipt for Certified Mail

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

Sent to	Marlo, Inc.
Street address	Box 832
P.O., State, and Zip Code	Midland, TX 79702
Postage	
Certified Fee	\$.52
Special Delivery Fee	.90
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
TOTAL Postage & Fees	\$ 2.42

PS Form 3800, June 1991

Postmark or Date
3/23/94

Rasmussen

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

3. Article Addressed to:

Marlo, Inc.
Box 832
Midland, TX 79702

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

P221-173-972

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 |

7. Date of Delivery

MAR 30 1994

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

P 221 173 968



**Receipt for
Certified Mail**

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

Sender's Name
Lewis B. Burleson, Esq.

Street and No.
Box 2479

P.O. Box and ZIP Code
Midland, TX 79702

Postage	\$.52
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Certified Fee	.90
---------------	-----

Special Delivery Fee	
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Restricted Delivery Fee	
-------------------------	--

Return Receipt Showing to Whom & Date Delivered	
--	--

Return Receipt Showing to Whom, Date, and Addressee's Address	1.00
--	------

TOTAL Postage & Fees	\$2.42
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Postmark or Date
3/23/94

Rasmussen

PS Form 3800, June 1991