|                  | OFFSET WELL DATA   | ELL DATA   |  |
|------------------|--|--|--|
| Well             | Z. A McMillan "B"<br>Well #3   | Z. A McMiilan "B"<br>Well #1   | State "AT"<br>Well #2  |
| Location         | 660 FSL & 1980 FEL<br>Sec 4-19S-37E  | 1650 FSL & 1650 FEL<br>Sec 4-19S-37E   | 660 FWL & 1980 FSL<br>Sec 419S37E  |
| Operator         | Texaco, Inc.   | Texaco, Inc.   | Don H Wilson   |
| Date Drilled     | 5-1-56   | 9-49   | 6-16-77  |
| Well Type        | D&A 7-17-58  | P&A 8-1-60   | Producer (Eumont)  |
| Casing<br>Detail | 8 5/8" @ 1609′<br>Cemented w/900 sacks.<br>4 1/2" @ 3950′<br>Cemented w/550 sacks  | 8 5/8" @ 301'<br>Cemented w/200 sacks.<br>5 1/2" @ 2780'<br>Cemented w/300 sacks   | 8 5/8" @ 320'<br>Cemented w/175 sacks.<br>5 1/2" @ 3996'<br>Cemented w/1600 sacks. |
| Total Depth      | 3950'  | 3200'  | 4000'  |
| Perforations     | 3714–3756<br>3794–3816   | 2780–3200 (OH)   | 3010-3040  |
| Comments         | Bridge Plug @ 3827'<br>35 sack plug w/top @ 3376<br>Cut off & pulled top 1530' of 4 1/2"<br>30 sack plug 1560–1460<br>10 sack surface plug | 25 sack plug @ 2765'<br>Cut off & pulled top 1000' of 5 1/2"<br>30 sack plug 1658–1758<br>30 sack plug 250–350<br>10 sack surface plug |  |
|                  |  |  | NEW MEXICO<br>OIL CONSERVATION DIVISION  |
|                  |  |  | OXY W W  |
|                  |  |  | CASE NO/0800 /10867  |

# BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OXY USA INC. TO AMEND DIVISION ORDER NO. R-2901 AND TO EITHER INSTITUTE A NEW WATERFLOOD PROJECT OR FOR WATER EXPANSION, LEA COUNTY, NEW MEXICO

No. 10,866

### AFFIDAVIT REGARDING NOTICE

STATE OF TEXAS))ss.COUNTY OF MIDLAND

Richard E. Foppiano, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18 and have personal knowledge of the matters stated herein.

2. I am an employee of Applicant herein.

3. Applicant has conducted a good faith, diligent effort to find the correct addresses of parties entitled to receive a copy of the application (Form C-108) filed herein.

4. Notice of the application was provided to the parties at their correct addresses by mailing them, by certified mail, a copy of the application. Copies of the notice letter and certified return receipts are attached hereto. In addition, notice of the application was published in a newspaper of record, and an affidavit of publication is attached hereto.

5. The notice provisions of Form C-108 have been complied

with.

NEW MEXICO OIL CONSERVATION DIVISION

OX4 EXHIBIT 4A CASE NO 10866/10867

Richard E. Foppiano

SUBSCRIBED AND SWORN to before me this 13d day of December, 1993, by Richard E. Foppiano.

Madr Notary Public

My commission expires:

9/96 12 





November 22, 1993

To: Persons on Service List (certified mail, return receipt requested).

Re: New Mexico Oil Conservation Division Case No. 10,866

Gentlemen:

OXY USA Inc. has applied to the Division for expansion of the waterflood project for the north segment of the East Eumont Unit, Lea County, New Mexico, through twenty-two (22) injection wells. A copy of an amended C-108 for the project is enclosed. OXY's records indicate you are an offset operator or surface owner. This matter has been scheduled for hearing at 8:15 AM on Thursday, December 16, 1993, at Morgan Hall in the State Land Office Building, 310 Old Santa Fe Trail, Santa Fe, New Mexico. Failure to appear at that time will preclude you from protesting this matter at a later date.

Yours truly,

Ruhard E. Forpran

Richard E. Foppiano Regulatory Affairs Advisor Western Region - Midland

REF/ref enclosure

# SERVICE LIST

.

# Government Agencies

Bureau of Land Management attn: Vince Baldarez P. O. Box 1157 Hobbs, N.M., 88240 State of New Mexico Land Office 3830 N. Grimes, Ste. C Hobbs, N.M., 88240

# Offset Operators

A & A Oilfield Service / P. O. Box 5028 Hobbs, N.M., 88241

Chevron USA Inc. / P. O. Box 1150 Midland, TX. 79702

Lanexco / P. O. Box 2730 Midland, Tx., 79702

Ralph E. Erwin P. O. Box 755 Hobbs, N.M., 88241

# Surface Owners

Mrs. Bruce A. Carlin P. O. Box 61 Hobbs, N.M., 88241

E. W. Cox
9201 W. Carlsbad Hwy.
Hobbs, N.M., 88240

James Foley (Robert H. Huston, Jr. estate) 513 Chaparral Belen, N.M., 87002

Muriel Terry McNeil, Trustee P. O. Box 686 Hobbs, N.M., 88240

| CENNUMERT:     Complete items 1 and/or 2 for additional services.     Complete items 3, and 4e & b.     Print your name and address on the reverse of this form so the return this card to you.     Attach this form to the front of the mailpiece, or on the back. | 166):   |
|---|---|
| <ul> <li>Write "Return Receipt Requested" on the mailpiece below the an</li> <li>The Return Receipt Fee will provide you the signature of the pen<br/>to and the date of delivery.</li> </ul>   |   |
| 3. Article Addressed to:<br>E W COX<br>9201 W CARLSBAD HWY<br>HOBBES NM 88240   | 4a. Article Number         P 555 867 395         4b. Service Type         Registered       Insured         Image: Service Type         Registered       COD         Express Mail       Return Receipt for Merchandise         7. Date of Delivery       Image: Service Type |
| 5. Signature (Addressen)<br>6. Signature (Agent)<br>PS Form 3811, November 1990 ± U.8. GPO: 1991-287  | 8. Addresse's Address (Only if requested<br>and fee is peid)<br>006 DOMESTIC RETURN RECEIPT   |

| SENDER:<br>• Completes items 1 end/or 2 for additional services.<br>• Completes items-3, and 4a å b.<br>• Pring year nerve and address on the reverse of this form so the<br>return this cond to year.<br>• A task this form to the front of the malipiece, or on the back<br>does not permit.<br>• Write "Return Receipt Requested" on the malipiece below the art<br>• The Return Receipt Requested" on the malipiece below the art<br>• The Return Receipt Requested" on the signeture of the per-<br>ts and the date of derivery. | If space 1. Addressee's Address  |
|---|--|
| 3. Article Addressed to:  | 48. Article Number   |
| BUREAU OF LAND MANAGEMENT   | P 555 867 424  |
| ATIN VINCE BALDAREZ<br>P O BOX 1157<br>HOBES NM   | 4b. Service Type         Registered       Insured         Image: Service Type         Registered       Insured         Image: Service Type       Image: Service Type         Image: Service Type       Image: Service Type |
|   | 7. Date of Delivery  |
| 5. Sighsture (Addressee)<br>6. Signature (Agent)  | 8. Addressee's Address (Only if requested<br>and fee is paid)  |

| SENDER:<br>• Complete items 1 and/or 2 for additional services.  |  |
|--|--|
|  | I also wish to receive the                                   |
| <ul> <li>Print your name and address on the reverse of this form so<br/>return this card to you.</li> </ul>    | that we can tollowing services (for an extra-                |
| <ul> <li>Attach this form to the front of the mailplace, or on the be<br/>does not permit.</li> </ul>          | 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A                      |
| * Write "Return Receive Removed off  | - Huditessee & Address                                       |
| to and the date of delivery.   | erson delivered  |
| 3. Article Addressed to:   | Consult postmester for the                                   |
| MRS BRUCE A CARLIN   | 4a. Article Number   |
| POBOX 61   | <u>P 555 867 430</u>   |
| HOBBS NM 88241   | 4b. Service Type   |
|  | Certified COD  |
|  | Express Mail Return Receipt for                              |
| ange skiller og som en som | 7. Date of Delivery  |
|  | CI Delivery  |
| D. Signature 'Addressee)   | 26/93  |
| Chilliam Hople   | 8. Addressee's Address Only if requested<br>and fee is paid) |
| 6. Signature (Agent)   |  |
|  |  |
| PS Form 36 11, November 1990 + U.S. GPO: 1991-28   | - 6.32 MAR - 5 MA  |

| <ul> <li>Complete items 3, and 4a &amp; b.</li> </ul>  | following services (for an extra  |
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| <ul> <li>Print your name and address on the reverse of this for<br/>return this card to you.</li> </ul>  | m so that we can fee):  |
| <ul> <li>Attach this form to the front of the mailpiece, or on th</li> </ul>   | w back if space 1 Addressee's Address   |
| does not permit.  • Write "Return Receipt Requested" on the msilpiece below  | w the article number. 2. C Restricted Delivery  |
| <ul> <li>The Return Receipt Fee will provide you the signature of<br/>to and the date of delivery.</li> </ul>  |   |
| 3. Article Addressed to:   | 4a. Article Number  |
| LANEXCO  | P 555 867 428   |
| P O BOX 2730   | 4b. Service Type x  |
| MIDLAND TX 79702   | Registered Insured  |
|  | Certified COD   |
|  | Express Mail Return Receipt for Merchandise   |
|  | 7. Date of Delivery   |
|  | NOV 2 6 1993  |
| 5. Signature (Addressee)   | 8. Addressee's Address (Only if requested   |
|  | and fee is paid)  |
| 6. Signature (Agenti   |   |
| PS Form 3811, November 1990 +U.S. GPC: 1   | 981-287-086 DOMESTIC RETURN RECEIPT   |
| SENDER:<br>• Complete items 1 and/or 2 for additional services.  | i also wish to receive the following services (for an extra   |
| <ul> <li>Complete items 3, and 48 a.p.</li> <li>Print your name and address on the reverse of this form<br/>return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the<br/>does not percent.</li> </ul>   | n so that we can fee):<br>e beck if space 1. Addressee's Address<br>w the article number 2. Restricted Delivery   |
| <ul> <li>Write "neturn necessor necessor is the signature of the signature of the date of delivery.</li> </ul>   | Consuit postmaster for fee.   |
| 3. Article Addressed to:   | 4a. Article Number  |
| JAMES FOLEY  | <u>P 555 867 393</u>  |
| (ROBERT H HUSTON JR ESTATE)  | 4b. Service Type  |
| 513 CHAPARRAL  |   |
|  | Evorage Mail Return Receipt for   |
| DETLAI NM 8/002  | Merchandise   |
| BELLIN NM 87002  |   |
|  | 7. Date of Delivery   |
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| F. Signature (Addresseel   | 7. Date of Delivery     NOV 9 6 1003     8. Addresse's Address (Only if requested   |
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| SENDER: Complete rems 1 and/or 2 for additional services. Complete rems 3, and 4a & b. Thit you rate you. Attach this form to the front of the mailpiece b This Return Receipt Requested" on the mailpiece b This Return Receipt Requested" on the mailpiece b This Return Receipt Requested".   | 7. Date of Delivery         NNV 0 £1013         8. Addressee's Address (Only if requested and fee is paid)         1991-287-066         DOMESTIC RETURN RECEIPT         1991-287-066         DOMESTIC RETURN RECEIPT         1         air form so that we can in the beck if space         air the person delivered art the prices where a of the person delivered consult postmaster for fee.   |
| F. Signature (Addresseal         B. Signature (Addresseal         PS Form 3811, November 1990 * U.S. GPO:         SENDER:         • Complete items 1 and/or 2 for additional services.         • Complete items 3, and 4e & b.         • Prim Your name and address on the reverse of this return this card to you.         • Attach this form to the front of the malpiece, or o does not permit.         • Write "Return Receipt Feequested" on the melpice b         • Write "Return Receipt Feequested" on the melpice of the addressed to:         • This Return Receipt Feequested to:         • Article Addressed to:         • Unite "Return Receipt for the provide you the signature to and the date of delivery.         3. Article Addressed to:  | 7. Date of Delivery         NOV 0 £1013         8. Addressee's Address (Only if requested and fee is paid)         1991-287-006       DOMESTIC RETURN RECEIPT         1991-287-006       DOMESTIC RETURN RECEIPT         1       also wish to receive the following services (for an extra fee):         1       I         1       Addressee's Addresse         2       I         2       Addressee's Addresse         2       Consult postmaster for fee.         4a. Article Number       Addressee's Addresse  |
| SENDER:<br>Complete rems 1 and/or 2 for additional services.<br>Complete rems 3 and 4e å b.<br>PS Form 3811, November 1990 * U.S. GPC:<br>SENDER:<br>Complete rems 3, and 4e å b.<br>Print your name and address on the reverse of this<br>return this card to you.<br>Attach this form to the front of the mailpiece, or o<br>does not permit.<br>Write "Return Receipt Requested" on the mailpiece b<br>This Return Receipt Requested" on the mailpiece b<br>This Return Receipt Requested "on the mailpiece b<br>This Return Receipt Requested to:<br>CHEVRON USA INC   | 7. Date of Delivery         NOV 0 £1013         8. Addressee's Address (Only if requested and fee is paid)         1991-287-066       DOMESTIC RETURN RECEIPT         1991-287-066       DOMESTIC RETURN RECEIPT         1       I also wish to receive the following services (for an extra fee):         1       I also wish to receive the following services (for an extra fee):         1. I Addressee's Address         ef the person delivered article number and the stricte number         9. Restricted Delivery Consult postmaster for fee.         48. Article Number         P 555-867 427   |
| SENDER: Competentians 1 and/or 2 for additional services. Competentians 3, and 4e & b. Signature terms 1 and/or 2 for additional services. Competentians 3, and 4e & b. Attach this form to the front of the mailpiece, or o does not permit. Write "Return Receipt Requested" on the mailpiece b This Return Receipt Requested to: CHEVRON USA INC P O BOX 1150   | 7. Date of Delivery         NOV 0 £1013         8. Addressee's Address (Only if requested and fee is paid)         1991-287-006       DOMESTIC RETURN RECEIPT         1991-287-006       DOMESTIC RETURN RECEIPT         1       also wish to receive the following services (for an extra fee):         1       I         1       Addressee's Addresse         2       I         2       Addressee's Addresse         2       Consult postmaster for fee.         4a. Article Number       Addressee's Addresse  |
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| SENDER:<br>Complete rems 1 and/or 2 for additional services.<br>Complete rems 3, and 4 & b.<br>PS Form 3811, November 1990 * U.S. GPO:<br>Complete rems 3, and 4 & b.<br>Print your name and address on the reverse of this<br>return this card to you.<br>Attach this form to the front of the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece b<br>this Addressed to:<br>CHEVRON USA INC<br>P O BOX 1150<br>MIDLAND TX 79702   | 7. Date of Delivery         NOV_2 A1012         8. Addressee's Address (Only if requested and fee is paid)         1991-287-006         DOMESTIC RETURN RECEIPT         1991-287-006         I also wish to receive the following services (for an extra fee):         1.         Addressee's Address         2.         Restricted Delivery         consult postmaster for fee.         4a. Article Number         9.         Service Time         4a. Article Number         P. 555-8667         4b. Service Time         Insured         Certified       COD         Express Mail       Return Receipt for   |
| SENDER:<br>Complete rems 1 and/or 2 for additional services.<br>Complete rems 3, and 4 & b.<br>PS Form 3811, November 1990 * U.S. GPO:<br>Complete rems 3, and 4 & b.<br>Print your name and address on the reverse of this<br>return this card to you.<br>Attach this form to the front of the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece b<br>this Addressed to:<br>CHEVRON USA INC<br>P O BOX 1150<br>MIDLAND TX 79702   | 7. Date of Delivery         NOV_ORION         8. Addressee's Address (Only if requested and fee is paid)         18. Addressee's Address (Only if requested and fee is paid)         1991-257.066       DOMESTIC RETURN RECEIPT         1991-257.066       I also wish to receive the following services (for an extra fee):         1       I also devisers         2       Restricted Delivery         Consult postmaster for fee.       48. Article Number         P       555-8667         40. Service Time       Insured         Image: Registered       Insured         Image: Registered       Insured |
| SENDER:<br>Complete rems 1 and/or 2 for additional services.<br>Complete rems 3, and 4 & b.<br>PS Form 3811, November 1990 * U.S. GPO:<br>Complete rems 3, and 4 & b.<br>Print your name and address on the reverse of this<br>return this card to you.<br>Attach this form to the front of the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece b<br>this Addressed to:<br>CHEVRON USA INC<br>P O BOX 1150<br>MIDLAND TX 79702   | 7. Date of Delivery         NOV_ORION         8. Addressee's Address (Only if requested and fee is paid)         1991-257-066         DOMESTIC RETURN RECEIPT         1991-257-066         DOMESTIC RETURN RECEIPT         1 also wish to receive the following services (for an extra fee):         1.         1 also wish to receive the following services (for an extra fee):         1.         1.         Addressee's Address         2.         Restricted Delivery         Consult postmaster for fee.         4a. Article Number         P 555-867 427         4b. Service TO'         Registered       Insured         Certified       COD         Express Mall       Return Receipt for Merchandise         7.       Date of Delivery  |
| SENDER:<br>Complete rems 1 and/or 2 for additional services.<br>Complete rems 3, and 4 & b.<br>PS Form 3811, November 1990 * U.S. GPO:<br>Complete rems 3, and 4 & b.<br>Print your name and address on the reverse of this<br>return this card to you.<br>Attach this form to the front of the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece, or o<br>does not permit.<br>Write' 'Return Receipt Requested'' on the mailpiece b<br>this Addressed to:<br>CHEVRON USA INC<br>P O BOX 1150<br>MIDLAND TX 79702   | 7. Date of Delivery         NOV_O_R1013         8. Addressee's Address (Only if requested and fee is paid)         1991-257-065         DOMESTIC RETURN RECEIPT         1991-257-065         DOMESTIC RETURN RECEIPT         1         also wish to receive the following services (for an extra fee):         1         an the back if space         a of the person delivered         a of the person delivered         2.         Restricted Delivery         Consult postmaster for fee.         4a. Article Number         P 555-2667 427         4b. Service T 55         Registered       Insured         I COD         Express Mail       Return Receipt for Merchandise         7. Date of Delivery         0. 2.9 1993         8. Attricessee's Address (Only if reque:   |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4, and 4a & b. Complete items | 7. Date of Delivery         NOV_ORION         8. Addressee's Address (Only if requested and fee is paid)         1991-257-066         DOMESTIC RETURN RECEIPT         1991-257-066         DOMESTIC RETURN RECEIPT         1 also wish to receive the following services (for an extra fee):         1.         1 also wish to receive the following services (for an extra fee):         1.         1.         Addressee's Address         2.         Restricted Delivery         Consult postmaster for fee.         4a. Article Number         P 555-867 427         4b. Service TO'         Registered       Insured         Certified       COD         Express Mall       Return Receipt for Merchandise         7.       Date of Delivery  |

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| SENDER:<br>• Complete items 1 and/or 2 for additional services.<br>• Complete items 3, and 4e & b.<br>• Print your name and address on the reverse of this form so the<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the back<br>does not permit.<br>• Write "Return Receipt Requested" on the mailpiece below the ar<br>• The Return Receipt Requested" on the signature of the per- | if space 1. Addressee's Addresse |
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| to and the date of delivery.<br>3. Article Addressed to:<br>RALPH E ERVIN<br>P O BOX 755<br>HOBBS NM 88241   | 4a. Article Number         P 555 867 429         4b. Service Type         Registered       Insured         Certified       COD         Express Mail       Return frace.pt<br>Merchandise   |
|  | 7. Date of Delivery<br>8. Addressee's Address (Dniv it regel   |
| 5. Signature (Addressee)<br>6. Signature (Agent)   | 8. Addressee & Address (Only in requires and fee is paid)  |

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| Print your name and address on the reverse of this form so t<br>turn this card to you.<br>Attach this form to the front of the mailpiece, or on the back   | 100).   |
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| es not permit.   |   |
| Write "Return Receipt Requested" on the mailpiece below the a<br>The Return Receipt Fee will provide you the signature of the per  | rson delivered  |
| and the date of delivery.  | Consult postmaster for fee.   |
| 3. Article Addressed to:   | 4a. Article Number  |
| MURIEL TERRY MC NEIL TRUSTEE   |   |
| P O BOX 686  | 4b. Service Type  |
| HOBBS NM 88240   | ⊠ Registered □ Insuled  |
|  | Express Mail Return Receipt for   |
|  | Merchandise   |
| Thursel The Dece   | 7. Date of Delivery   |
| Signature (Addressee)  | 8. Addressee's Address (Only if requested and fee is paid)  |
| Signature (Agent)  | -   |
| Signature (Agent) 11-29-93   |   |
|  |   |
| 5 Form 3811, November 1990 + U.S. GPO: 199: -*   | DOMESTIC RETURN RECEIPT   |
|  | DOMESTIC RETURN RECEIPT   |
| 5 Form 3811, November 1990 ★U.S. GPO: 199: -*  | DOMESTIC RETURN RECEIPT   |
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| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4e & b.   | I also wish to receive the following services (for an extra   |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4e & b.<br>• Frint your name and address on the reverse of this form  | I also wish to receive the following services (for an extra   |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4s & b.<br>• Frint your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the   | I also wish to receive the<br>following services (for an extra<br>fee):   |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4s & b.<br>• Finit your neme and address on the reverse of this form<br>return this card to you.  | I also wish to receive the<br>following services (for an extra<br>fee):<br>beck if space 1.   |
| SENDER:<br>• Complete items 1 and/or 2 for additional services.<br>• Complete items 3, and 4s & b.<br>• Trint your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the<br>does not permit.<br>• Write "Return Receipt Requested" on the mailpiece below<br>• The Return Receipt Requested" on the mailpiece below  | I also wish to receive the<br>following services (for an extra<br>fee):<br>1. Addressee's Address<br>the stricte number<br>2. Restricted Delivery   |
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| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4s & b.<br>• Print your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the<br>does not permit.<br>• Write "Return Receipt Requested" on the mailpiece below<br>• The Return Receipt Fee will provide you the signature of th<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OILFIELD SERVICE           | I also wish to receive the<br>following services (for an extra<br>fee):<br>1. beck if space<br>the article number.<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>4a. Article Number<br>P555 867 426<br>4b. Service Type _   |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3 and 4a & b.<br>• Print your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the<br>does not permit.<br>• Write "Return Receipt Fee will provide you the signature of the<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OILFIELD SERVICE<br>P O BOX 5028   | I also wish to receive the following services (for an extra fee):         I beck if space         I beck if space         the erticle number         2. □ Restricted Delivery         Consult postmaster for fee.         4a. Article Number         P555         867         4b. Service Type         □ Registered         □ Insured   |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3 and 4a & b.<br>• Print your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the<br>does not permit.<br>• Write "Return Receipt Fee will provide you the signature of the<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OILFIELD SERVICE<br>P O BOX 5028   | I       also       wish       to       receive       the         is e-that       we can       fee):       1.       Addressee's Address         is back       if space       1.       Addressee's Address         the erticle number.       2.       Restricted Delivery         consult postmaster for fee.       4a. Article Number       26         4b. Service Type       Registered       Insured         Service Type       Registered       COD         Express Mail       Return Receipt for Merchandise         7. Date of Delivery       Delivery  |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3 and 4a & b.<br>• Print your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the<br>does not permit.<br>• Write "Return Receipt Fee will provide you the signature of the<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OILFIELD SERVICE<br>P O BOX 5028   | I       also       wish       to       receive       the         following       services       (for an extra fee):       1.       Iteck if space       1.       Iteck if space       1.       Iteck if approximate and the service of the s |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3 and 4a & b.<br>• Print your name and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece, or on the<br>does not permit.<br>• Write "Return Receipt Fee will provide you the signature of the<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OILFIELD SERVICE<br>P O BOX 5028   | I       also       wish       to       receive       the         se-that       we can       fee):       1.       Addressee's Address         beck if space       1.       Addressee's Address         the article number       2.       Restricted Delivery         consult postmaster for fee.       4a. Article Number       P555         4b. Service Type       Insured         Begistered       Insured         BC certified       COD         Express Mail       Return Receipt for Merchandise         7.       Date of Delivery         I/2 ~ 2 - 2/3       8. Addresse's Address (Only if requested)  |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4s & b.<br>• Trint your neme and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece balow<br>• Ownite "Return Receipt Requested" on the mailpiece balow<br>• The Return Receipt Ree will provide you the signature of th<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OTLFTELD SERVICE<br>P O BOX 5028<br>HOEBS NM 88241 | I       also       wish to receive the following services (for an extra fee):         1       back if space       1.       Addressee's Address         the article number, te person delivered       2.       Restricted Delivery Consult postmaster for fee.         4a. Article Number       2.6       4b. Service Type         Begistered       Insured         Ø Certified       COD         Express Mail       Return Receipt for Merchandise         7. Date of Delivery       2.2 - 2.3  |
| SENDER:<br>• Complete items 1 end/or 2 for additional services.<br>• Complete items 3, and 4s & b.<br>• Trint your neme and address on the reverse of this form<br>return this card to you.<br>• Attach this form to the front of the mailpiece balow<br>• Ownite "Return Receipt Requested" on the mailpiece balow<br>• The Return Receipt Ree will provide you the signature of th<br>to and the date of delivery.<br>3. Article Addressed to:<br>A & A OTLFTELD SERVICE<br>P O BOX 5028<br>HOEBS NM 88241 | I       also       wish       to       receive       the         se-that       we can       fee):       1.       Addressee's Address         beck if space       1.       Addressee's Address       2.       Restricted Delivery         the article number       2.       Restricted Delivery       Consult postmaster for fee.         4a.       Article Number       P555       867       426         4b.       Service Type       Insured       Service Type         Registered       Insured       Scriffied       COD         Express Mail       Return Receipt for Merchandise       7.         7.       Date of Delivery       //2 - 2-33       8.         8.       Addresse's Address (Only if requested)       Service  |

| SENDER:<br>• Complete items 1 and/or 2 for additional services.<br>• Complete items 3, and 4s 8 s.<br>• Print your name and address on the reverse of this form so the<br>neturn this card to your.<br>• Attach this form to the front of the mailplace, or on the back if<br>does not parmit.<br>• Write "Return Receipt Reguested" on the mailplace below the set<br>• The Return Receipt Reguested" on the signature of the parts<br>and the date of delivery. | Hispecs   |
|---|---|
| 3. Article Addressed to:<br>STATE OF NEW MEXICO LAND OFFICE   | 4. Article Number<br>P:555 867 425  |
| 3830 N. GRIMES STE C<br>HOBBS NM 88240  | 4b. Service Type Insured<br>Registered COD<br>SI Certified COD<br>Return Receipt for<br>Merchandise |
|   | 7. Data of Delivery   |
| 5. Signature (Addressee)<br>. Signature (Addressee)<br>6. Signature (Addressee)<br>. Signature (Addressee)  | 8. Addresses's Address (Only 'f requested<br>and fee is paid)                                       |

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## AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

#### I, Kathi Bearden

# General Manager

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of\_

One weeks. Beginning with the issue dated

November 28 , 19 93 and ending with the issue dated

November 28 .19 93

General Manager

Sworn and subscribed to before

me this dav of MI

Notary Public.

My Commission expires March 15, 1997 (Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

LEGAL NOTICE November 28, 1993 OXY USA Inc., P.O. Box 50250, Midland, Texas, 79710, 915/685-5825, Scott Gengler - Engineer, proposes to inject water for secondary recovery purposes into the East Eumont Unit well #'s 2. 4, 6, 7, 9, 11, 12, 14, 16, 18, 20, 22, 25, 28, 30, 32, 35, 36, 37, 39, 41 and 133 located in sections 33 and 34 of T-18S, R-37E and sections 3, 4, 5, 9, 10, 15 and 16 of T-19S, R-37E, Lea County, New Mexico. Water will be injected into the Queen formation at an average depth of 3900' at an approximate rate of 300 BWPD per well and at a maximum pressure of 1800#. Interested parties must file objections or requests for hearing with the New Mexico Oil Conserva-tion Division, P.O. Box 2088, Santa Fe, New Mexico, 87501, within fifteen (15) days of this notice.