

APPLICATION OF BURK ROYALTY
COMPANY FOR A WATERFLOOD
PROJECT, LEA COUNTY,
NEW MEXICO

AFFIDAVIT REGARDING NOTICE

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

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

3. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application herein.

5. The notice provisions of Rule 1207 have been
complied with.

James Bruce

SUBSCRIBED AND SWORN TO before me this 3rd day of July, 1994, by James Bruce.

Sherry A. Payne
Notary Public

My Commission Expires:

12/16/97

NEW MC 010
01. CONSERVATION DIVISION

6

10985

HINKLE, COX, EATON, COFFIELD & HENSLEY

PAUL W. EATON
CONRAD E. COFFIELD
HAROLD L. HENSLEY, JR.
STUART D. SHANOR
ERIC D. LANPHERE
C. D. MARTIN
ROBERT P. TINNIN, JR.
MARSHALL G. MARTIN
MASTON C. COURTNEY**
DON L. PATTERSON**
DOUGLAS L. LUNSFORD
NICHOLAS J. NOEDING
T. CALDER EZZELL, JR.
WILLIAM B. BURFORD*
RICHARD E. OLSON
RICHARD R. WILFONG*
THOMAS J. MCBRIDE
JAMES J. WECHSLER
NANCY S. CUSACK
JEFFREY L. FORNACIARI
JEFFREY D. HEWETT
JAMES BRUCE
JERRY F. SHACKELFORD*
JEFFREY W. HELLBERG*
WILLIAM F. COUNTISS**
ALBERT L. PITTS
THOMAS M. HNASKO
JOHN C. CHAMBERS*
GARY D. COMPTON*
WILLIAM H. BRIAN**
RUSSELL R. BAILEY**
CHARLES P. WATSON**
THOMAS D. HAINES, JR.
GREGORY J. NIBERT

MARK C. DOW
FRED W. SCHWENDIMANN
JAMES W. HUDSON
JEFFREY S. BAIRD*
THOMAS E. HOOD**
REBECCA NICHOLS JOHNSON
WILLIAM P. JOHNSON
STANLEY K. KOTOVSKY, JR.
H. R. THOMAS
ELLEN S. CASEY
MARGARET CARTER LUDEWIG
S. BARRY PAISNER
COLEMAN YOUNG**
MARTIN MEYERS
WYATT L. BROOKS**
DAVID M. RUSSELL**
ANDREW J. CLOUTIER
STEPHANIE LANDORY
KIRT E. MOELLING**

GREGORY S. WHEELER
JAMES A. GILLESPIE
GARY W. LARSON
MARGARET R. MCNETT
LISA K. SMITH*
NORMAN D. EWART
DARREN T. GROCE*
MOLLY MCINTOSH
MARCIA B. LINCOLN
SCOTT A. SHUART*
PAUL G. NASON
CATHERYN MCCLANAHAN

ATTORNEYS AT LAW
218 MONTEZUMA
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504-2068

(505) 982-4554
FAX (505) 982-8623

LEWIS C. COX, JR. (1924-1993)
ROY C. SNOODGRASS, JR. (1914-1987)
CLARENCE E. HINKLE (1901-1985)
W. E. BONDURANT, JR. (1913-1973)

OF COUNSEL
O. M. CALHOUN*
MACK EASLEY
JOE W. WOOD
RICHARD L. CAZZELL**
RAY W. RICHARDS**
L. A. WHITE**

AUSTIN AFFILIATION
HOFFMAN & STEPHENS, P.C.
KENNETH R. HOFFMAN
TOM D. STEPHENS
RONALD C. SCHULTZ, JR.

700 UNITED BANK PLAZA
POST OFFICE BOX 10
ROSWELL, NEW MEXICO 88202
(505) 622-6510
FAX (505) 623-9332

2800 CLAYDESTA CENTER
6 DESTA DRIVE
POST OFFICE BOX 3580
MIDLAND, TEXAS 79702
(915) 683-4691
FAX (915) 683-6518

1700 BANK ONE CENTER
POST OFFICE BOX 9238
AMARILLO, TEXAS 79105
(806) 372-5569
FAX (806) 372-9761

500 MARQUETTE N.W., SUITE 800
POST OFFICE BOX 2043
ALBUQUERQUE, NEW MEXICO 87103
(505) 766-1500
FAX (505) 766-1529

401 WEST 15TH STREET, SUITE 800
TEXAS MEDICAL ASSOCIATION BUILDING
AUSTIN, TEXAS 78701
(512) 476-7137
FAX (512) 476-5431

*NOT LICENSED IN NEW MEXICO
**FORMERLY COMPRISING THE FIRM OF
CULTON, MORGAN, BRITAIN & WHITE, P.C.

June 13, 1994

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

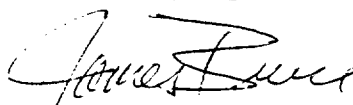
To: Persons on Exhibit A

RE: Application of Burk Royalty Company for a Waterflood Project, Hanson "C" Lease, Lynch Yates-Seven Rivers Pool, SW¼ §23, Township 20 South, Range 34 East, N.M.P.M., Lea County, New Mexico

Burk Royalty Company previously mailed to each of you a copy of its Form C-108 (Application for Authorization to Inject) regarding the above application. This matter has been scheduled for hearing at 8:15 a.m. on July 7, 1994 at the Oil Conservation Division's office at 310 Old Santa Fe Trail, Santa Fe, New Mexico. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very truly yours,

HINKLE, COX, EATON, COFFIELD
& HENSLEY



James Bruce
Attorneys for Burk Royalty Company

JB/bc

Attachment

EXHIBIT A

Bureau of Land Management Post Office Box 1157 Hobbs, New Mexico 88240-1157	P 176 012 568
Dan & Ron Berry Post Office Box 67 Eunice, New Mexico 88231	P 176 012 569
Shell Western Exploration & Production Inc. Post Office Box 576 Houston, Texas 77001	P 176 012 567
Nearburg Producing Company 1819 North Turner Hobbs, New Mexico 88240	P 023 913 268 - Returned P 023 913 243 - Second Mailing
Devon Energy Corporation 20 North Broadway, Suite 1500 Oklahoma City, Oklahoma 73102	P 023 913 269
Anadarko Petroleum Corporation Post Office Box 130 Artesia, New Mexico 88211-0130	P 023 913 270
Read & Stevens, Inc. Post Office Box 1518 Roswell, New Mexico 88202	P 023 913 271
Mobil Producing Texas and New Mexico Inc. Post Office Box 1800 Hobbs, New Mexico 88240	P 023 913 272 - Returned P 023 913 253 - Second Mailing
Texaco Exploration and Production Inc. Post Office Box 730 Hobbs, New Mexico 88241-0730	P 023 913 273
Collins & Ware 303 West Wall, Suite 2200 Midland, Texas 79701	P 023 913 274
Mack Energy Corp. Post Office Box 276 Artesia, New Mexico 88210	P 023 913 241

P 176 012 568

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

BUREAU OF LAND MANAGEMENT
POST OFFICE BOX 1157
HOBBS, NM 88240-1157

4a. Article Number

P 176 012 568

4b. Service Type

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

7. Date of Delivery

6-15-94

5. Signature (Addressee)

6. Signature (Agent)

R. Heston

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT



Certified Mail

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

Thank you for using Return Receipt Service.
PS Form 3800, June 1991

Sent to BLM	
Post Office Box 1157	
P.O. State and ZIP Code Hobbs, NM 88240-1157	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

P 176 012 569



Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to Alan & Ron Berry	
Street and No. PO Box 67	
P.O. State and ZIP Code Gurnee NM 88231	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, a, & 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: SHELL WESTERN EXPLORATION & PRODUCTION Inc. Post Office Box 576 Houston, TX 77001		4a. Article Number P 176 012 567	
		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 JUN 16 1994	
5. Signature (Addressee) 6. Signature (Agent) <i>Roland K. Henry</i>		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

PS Form 3800, J

P 176 012 567

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

Sent to Shell Western Expl. & Prod. Inc.	
Street and No. PO Box 576	
P.O. State and ZIP Code Houston, TX 77001	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Newburg Producing Co. 419 West Cain St. Hobbs, NM 88240 Kim Brooks		4a. Article Number P 023913243	
		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 6/27/94	
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: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

PS Form 3800, J

P 023 913 243

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

Sent to Newburg Producing Co.	
Street and No. 419 West Cain St.	
P.O. State and ZIP Code Hobbs NM 88240	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.• 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: DEVON ENERGY CORP. 20 NORTH BROADWAY SUITE 1500 OKLAHOMA CITY, OK 73102		4a. Article Number P 023 913 269	
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 6/16/94	
5. Signature (Addressee) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>[Signature]</i>			

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.
PS Form 3800, January 1991

P 023 913 269



Receipt for Certified Mail

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

Sent to Devon Energy Corp.	
Street and No. 20 N. Broadway, Ste 1500	
P.O., State and ZIP Code Oklahoma City OK 73102	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.29
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.• 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: ANADARKO PETROLEUM CORP. POST OFFICE BOX 130 ARTESIA, NM 88211-0130		4a. Article Number P 023 913 270	
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 6-15-94	
5. Signature (Addressee) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>[Signature]</i>			

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.
PS Form 3800, January 1991

P 023 913 270



Receipt for Certified Mail

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

Sent to Anadarko Petroleum Corp.	
Street and No. PO Box 130	
P.O., State and ZIP Code Artesia NM 88211-0130	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.29
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

READ & STEVENS, INC.
POST OFFICE BOX 1518
ROSWELL, NM 88202

4a. Article Number

P 023 913 271

4b. Service Type

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

7. Date of Delivery

6-16-94

5. Signature (Addressee)

6. Signature (Agent)

Sydia L. Kara

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 913 271



Receipt for Certified Mail

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

Sent to	
Read & Stevens, Inc.	
Street and No.	
PO Box 1518	
P.O. State and ZIP Code	
Roswell NM 88202	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.29
Postmark or Date	

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, a & 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:

Mobil Producing Texas
& New Mexico, Inc.
500 West Illinois
Midland, TX 79701

4a. Article Number

P 023 913 253

4b. Service Type

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

7. Date of Delivery

6-23-94

5. Signature (Addressee)

6. Signature (Agent)

B. Sanchez

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 023 913 253



Receipt for Certified Mail

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

Sent to	
Mobil Producing TX & NM Inc	
Street and No.	
500 W. Illinois	
P.O. State and ZIP Code	
Midland TX 79701	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$2.29
Postmark or Date	

PS Form 3800, June 1991

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- Complete items 3, and 4a & b.
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- 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:

TEXACO EXPLORATION and
PRODUCTION, INC.
Post Office Box 730
HOBBS, NM 88240

4a. Article Number

P 023 913 273

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

[Signature] 6-15-94

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

P 023 913 273



**Receipt for
Certified Mail**

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

Sent to <i>Texaco Exploration & Prod. Inc.</i>	
Street and No. <i>PO Box 730</i>	
P.O. State and ZIP Code <i>Hobbs NM 88240</i>	
Postage	<i>\$.29</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.00</i>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<i>\$2.29</i>
Postmark or Date	

Thank you for using Return Receipt Service.
PS Form 3800.

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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- 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:

COLLINS & WARE
303 WEST WALL
SUITE 2200
MIDLAND, TX 79701

4a. Article Number

P 023 913 274

4b. Service Type

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

7. Date of Delivery

6/15

5. Signature (Addressee)

R. Lewis

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

P 023 913 274



**Receipt for
Certified Mail**

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

Sent to <i>Collins & Ware</i>	
Street and No. <i>303 West Wall, Ste. 2200</i>	
P.O. State and ZIP Code <i>Midland, TX 79701</i>	
Postage	<i>\$.29</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1.00</i>
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	<i>\$2.29</i>
Postmark or Date	

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PS Form 3800.

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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.
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- 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.

P 023 913 241



Receipt for Certified Mail

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

3. Article Addressed to:
**MACK ENERGY CORP.
POST OFFICE Box 276
ARTESIA, NM 88210**

4a. Article Number
P023 913 241

- 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
6-15-94

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

5. Signature (Addressee)

6. Signature (Agent)

Staci Sanders

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

PS Form 3800, June 1991

Sent to Mack Energy Corp.	
Street and No. PO Box 276	
P.O. State and ZIP Code Artesia NM 88210	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

P 023 913 268



Receipt for Certified Mail

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

Sent to Neakburg Producing Co.	
Street and No. 1819 North Turner	
P.O. State and ZIP Code Hobbs, NM 88240	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

P 023 913 272



Receipt for Certified Mail

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

Sent to Mobil Producing Tx & NM Inc.	
Street and No. PO Box 1800	
P.O. State and ZIP Code Hobbs, NM 88240	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

LAW OFFICES
HINKLE, COX, EATON, COFFIELD & HENSLEY
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504-2068

CERTIFIED
P 023 913 272
MAIL

MAIL PRODUCING TEXAS AND NEW MEXICO INC.
POST OFFICE BOX 1800
SANTA FE, NEW MEXICO 88240
CYCLOMETER
FORWARDING ORDER EXPIRED

CERTIFIED MAIL
NO. P623 913 272
RETURN RECEIPT REQUESTED

LAW OFFICES

HINKLE, COX, EATON, COFFIELD & HENSLEY

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

CERTIFIED

P 023 913 268

MAIL

Nearburg Producing Company
1819 North Turner
Hobbs, New Mexico 88240

NEAR819 882402004 1593 06/17/94
FORWARDING TIME EXPIRED
NEARBURG PRODUCING
419 W CAIN ST
HOBBS NM 88240-8314

RETURN TO SENDER

CERTIFIED MAIL
NO. 2023 913 268
RETURN RECEIPT REQUESTED

