STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION OF MARATHON OIL COMPANY FOR ASSIGNMENT OF SPECIAL DEPTH BRACKET OIL ALLOWABLE, EDDY COUNTY NEW MEXICO

CASE NO. 10115

CERTIFICATE OF MAILING

AND

COMPLIANCE WITH ORDER R-8054

In Accordance with Division Rule 1207 (Order R-8054) I hereby certify that on September 25, 1990, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the Application for the above referenced case along with a cover letter, at least twenty days prior to the hearing which was continuted to October 31, 1990, to the parties shown in the Application as evidenced by the attached copies of return receipt cards.

Kel Thomas ahin

SUBSCRIBED AND SWORN to before me this 29 day of October, 1990.

Man States and States and an an an and a second state of the second states of the second states and the states

Notary Public

My Commission Expires: 7.6.1

ለምም እንደ እንደ መካለት እንደ ነው እንደ የተሰለበት ነው። የትር እንደ እንደ እንደ እንደ መስለ እንደ
DE FURE SZAMINER STOGNER
TARAIN EXCERNATION DIVISION
10115

SENDER: Complete items 1 and 2 when additional services are desired, and complete items	1		
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.			
3. Article Addressed to:	1		
QRCO P572125.090			
POPOVILLA Type of Service:]		
Registered Insured			
Express Mail Return Receipt			
ZE: MOZCULHON SOFCIALADW Alway Cobtain signature of addressee]		
5. Signature – Addressee 8. Addressee's Address (ONLY if	4		
X requested and fee paid)			
6. Signature Agen			
× man /			
7. Date of Delive 9 EP 2 8 1990			
]		
PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT			
SENDER: Complete items 1 and 2 when additional services are desired, and complete item	15		
3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this car			
from being returned to you. The return receipt fee will provide you the name of the person delivered to an the date of delivery. For additional fees the following services are available. Consult postmaster for fee	d		
and check box(es) for additional service(s) requested.	5		
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (<i>Extra charge</i>)			
3. Article Addressed to:			
HELLO TJUIDUUS			
Type of Service:			
Certified COD			
KOGWGII NIVI O'OOU Express Mail Return Receipt			
RE: Marcunon SECPI Q CALL ragent and DATE DELIVERED.			
5. Signature – Addressee			
X SEP requested and fee paid)	-in		
6. Signature - Agent			
7. Date of Delivery			
7. Date of Derivery			
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECE	IPT		
• SENDER: Complete items 1 and 2 when additional services are desired, and complete item 3 and 4.			
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this can from being returned to you. The return receipt fee will provide you the name of the person delivered to an	d		
the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.	s		
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) (Extra charge)			
3. Article Addressed to:			
NATES ENERGY COEP POID 100099			
GINUXEST CENTER, STICKS [Registered Insured			
Certified COD			
Express Mail Return Receipt			
RE. MORALION SPECIAL CHORAL Always obtain signature of addressee			
5. Signature – Addressee	, <u> </u>		
X requested and fee paid)			
6 Signature - Agent / / / / State			
6. Signature - Agent X MULTO A. MILLOR RECEIVED OCT 0 4 1990			
6 Signature - Agent / / / / State			

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 from being returned to you. The return receipt fee will provide	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 ad (Extra charge)	dress. 2. C Restricted Delivery (Extra charge)	
3. Article Addressed to:	A Article Number	
Mekidian Oil, Inc.	45121250 8 5	
21 DESTA DRIVE =	Type of Service:	
Midand TX 79705	Certifient COD	
Tim Antal and Space	Always obtain signature of addressee	
ICE. T MULLEN OF TOWN WITH	or agent and <u>DATE DELIVERED</u> .	
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature Agent		
× U. Benham		
7. Date of Dalivery		
PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-81		
*0.3.0.F.0. 1909-230-6	DOMESTIC RETORN 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 the date of delivery. For additional fees the following service	es are available. Consult postmaster for fees	
and check box(es) for additional service(s) requested. 1.	ddress. 2. CRestricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number	
TREADLESTEVENS, Inc.	P5121200	
DO BOX 1518	Type of Service:	
TRASWEILINM 8001	Certified COD	
MATCHINA SOCIAL WERE	for Merchandise	
Marashon Species	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)	
× SEO		
6. Signature – Agent	RECEIVED SEP 27 1990	
7. Date of Delivery		
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-8	15 DOMESTIC RETURN RECEIPT	
 An and the second s		
• SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items	
Put your address in the "RETURN TO" Space on the reverse from being returned to you. The return receipt fee will provid	side. Failure to do this will prevent this card	
from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested.	es are available. Consult postmaster for fees	
(Extra charge)	ddress. 2. C Restricted Delivery (<i>Extra charge</i>)	
3. Article Addressed to:	Article Number	
Industria the work	Type of Service:	
with reads SI.	Registered Insured	
FOR WORTH, TX 76102-4	Certified COD	
KE Mazathon Spinal	Always obtain signature of addressee	
5. Signature - Addressee	or agent and DATE DELIVERED.	
X BOT 0 -	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature Agent 1 1990	4	
X 7. Date of Delivery		
Galer of Delivery	CEIVED OCT 0 4 1990	
PS Form 3811, Apr. 1989 +U.S.G.PO. 1989-238-81		
	5 DOMESTIC RETURN RECEIPT	