

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

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 10248

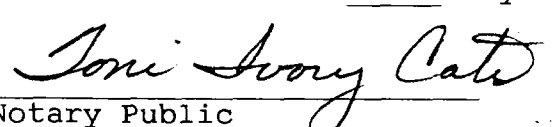
APPLICATION OF PITTS ENERGY CO.
FOR UNORTHODOX OIL WELL LOCATION,
LEA COUNTY, NEW MEXICO

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on January 30, 1991, 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 the cover letter, at least twenty days prior to the hearing set for February 21, 1991, to the parties shown in the application as evidenced by the attached copies of return receipt cards.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 18 day of
February, 1991.


Notary Public

My Commission Expires:

7-6-91

OIL CONSERVATION DIVISION	
PITTS	
EXHIBIT NO.	4
CASE NO.	10248

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

Glory Gaines Kendrick
et al
c/o P.O. Box 802436
Dallas, TX 75380-2436
Attn: Mr. Alan Eubanks

PITTS UNORTHODOX (WTK)

4. Article Number
P 438 025 417

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 — Addressee
X

6. Signature — Agent
X *Alan Eubanks*

7. Date of Delivery
2/5/91

8. Addressee's Address (ONLY if requested and fee paid)
2/11/91
received

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 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.

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Edward A. Copley et al
c/o P.O. Box 802436
Dallas, TX 75380-2436
Attn: Mr. Alan Eubanks

PITTS UNORTHODOX (WTK)

4. Article Number
P 438 025 413

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 — Addressee
X

6. Signature — Agent
X *Alan Eubanks*

7. Date of Delivery
2/5/91

8. Addressee's Address (ONLY if requested and fee paid)
2/11/91
received

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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Herbert S. Kendrick et al
c/o P.O. Box 802436
Dallas, TX 75380-2436
Attn: Mr. Alan Eubanks

PITTS UNORTHODOX (WTK)

4. Article Number

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 — Addressee
X

6. Signature — Agent
X *Alan Eubanks*

7. Date of Delivery
2/5/91

8. Addressee's Address (ONLY if requested and fee paid)
2/11/91
received

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

Richard M. Kendrick, Jr.
et al
c/o P.O. Box 802436
Dallas, TX 75380-2436
Attn: Mr. Alan Eubanks

PITTS UNORTHODOX (WTK)

4. Article Number
P 438 025 416

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 — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
2/5/91

8. Addressee's Address (ONLY if requested and fee paid)
received
2/11/91

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

Mattie O. Pope
2800 W. Illinois Ave
Midland, TX 79701 (WTK)

PITTS UNORTHODOX

4. Article Number
P 438 025 412

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 — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
2-9-91

8. Addressee's Address (ONLY if requested and fee paid)
received
2/16/91

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

3 Roy G. Barton et al
Box 978
Hobbs, NM 88240

PITTS UNORTHODOX (WTK)

4. Article Number
P. 438 025 415

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 — Addressee
X *[Signature]*

6. Signature — Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
received
2/16/91

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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

Kenneth G. Cone
Box 11310
Midland, TX 79702

PITTS UNORTHODOX (WTK)

4. Article Number
P 438 025 411

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 — Addressee
X. *Kenneth G. Cone*

6. Signature — Agent
X

7. Date of Delivery
RECEIVED FEB 4 1991

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

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 items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

Thomas R. Cone
Box 778
Jay, OK 74346

PITTS UNORTHODOX (WTK)

4. Article Number
P 438 025 407

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 — Addressee
X. *Tom Cone*

6. Signature — Agent
X

7. Date of Delivery
2/1/91

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

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 items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

Kathleen Cone and
Eunice Gibson
Box 1148
Lovington, NM 88260

PITTS UNORTHODOX (WTK)

4. Article Number
P 438 025 406

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 — Addressee
X. *Kathleen Cone*

6. Signature — Agent
by *Chambell*

7. Date of Delivery
2-1-91

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

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 items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

<p>The William K. Warren Foundation Box 45372 Tulsa, OK 74145</p> <p><i>PITTS UNORTHODOX (WTK)</i></p>	<p>4. Article Number <i>P 438 025 405</i></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</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X <i>Jack Harper</i></p>	<p>received <i>2/11/91</i></p>
<p>7. Date of Delivery <i>2-4-91</i></p>	

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 items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

<p>Marilyn Cone, Tee for the D.C. Trust Box 64244 Lubbock, TX 79464</p> <p><i>PITTS UNORTHODOX (WTK)</i></p>	<p>4. Article Number <i>P 438 025 409</i></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</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee X <i>John Lockner</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X</p>	<p>received <i>2/14/91</i></p>
<p>7. Date of Delivery <i>2-12-91</i></p>	

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

P 438 025 410

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILCathie C. Auvenshine
Box 33280-297
Austin, TX 78964

U.S.

PS Form 3800, June 1985

Postage	\$.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.20
Postmark or Date PITTS UNORTHODOX (WTK) 1/30/91	

P 438 025 408

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAILClifford Cone
Box 6010
Lubbock, TX 79413

U.S.

PS Form 3800, June 1985

Postage	\$.45
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.20
Postmark or Date PITTS UNORTHODOX (WTK) 1/30/91	