## 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

Thomas Kellahir

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

Notary Public

My Commission Expires: 7-6-91

in the second second 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 3 from being returned to you. The return receipt fee will provide you the name of the person delivered to and 5 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.
 A. Show to whom delivered, date, and addressee's address. (Extra charge) · . . . . . . . (Extra charge) 4. Article Number Glory Gaines Kendrick 2 438 et al c/o P.O. Box 802436 Insured Dallas, TX 75380-2436 Certified Express Mail Return Receip Attn: Mr. Alan Eubanks Always obtain signature of addressee UNDRTHODOX (WTR PATS or agent and DATE DELIVERED. 5. Signature - Addressee 8. Addressee's Address (ONLY if requested and fee <u>p</u>aid) Х 6. Sig Ageņt х 7. Date of Delivery PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT \*U.S.G.P.O. 1989-238-815 SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. S 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. 2. Restricted Delivery (Extra charge) (Extra charge) 4. Article Number Edward A. Copley et al P 438 025 413 c/o P.O. Box 802436 Type of Services Dallas, TX 75380-2436 Insured . Registered Attn: Mr. Alan Eubanks 🗆 сор Certified Return Receipt Express Mail Always obtain signature of addressee PATS UNORTHOPOX WITH ! or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if 5. Signature - Addressee requested and fee paid) х 6. Sir х 7. Date of Deliver DOMESTIC RETURN RECEIPT PS Form 3811, Apr. 1989 \* U.S.G.P.O. 1989-238-815 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 Put your address in the "HELUKN IO" 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. 2. Restricted Delivery (Extra charge) (Extra charge) 😳 (Extra charge) Article Number Herbert S. Kendrick et al 1.000 c/o P.O. Box 802436 Typett Services Dallas, TX 75380-2436 Attn: Mr. Alan Eubanks Always obtain signature of addressee: UNDETHODOX or agent and DATE DELIVERED. 5. Signature - Addressee 8. Addressee's Address (ONLY if Х requested and fee paid) 6. Siz natur X 7. Date of Delivery ÷., 2011

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Richard M. Kendrick, Jr. et al c/o P.O. Box 802436 Dallas, TX 75380-2436 Attn: Mr. Alan Eubanks	4. Article Number P 439 025 416 Type of Service 1 Registered Insured Certified COD Express Reip Return Receipt for Merchandise
PITTS UNORTHODOX (WI	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
X 6. Signatur Agent X 7. Date of Delivert 2/5/9	received
S Form 3811, Apr. 1989 + U.S.G.P.O. 1989	-238-815 DOMESTIC RETURN RECEIPT
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Mattie O. Pope 2800 W. Illinois Ave Midland, TX 79701 (wr	P       438       025       412         Type of Service:       Insured         Registered       Insured         ØCertified       COD         Express Mail       Return Receipt for Merchandise
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Roy G. Barton et al Box 978 Hobbs, NM 88240	4. Article Number P. 438 025 415 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
TS ANDRTHODOX (WTK)	Always obtain signature of addressee or agent and DATE DELIVERED.
Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)

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Kenneth G. Cone	P 438 025 411
Box 11310	Type of Service:
Midland, TX 79702	Certified
	Mail Return Receipt
PITTS UNORTHODOX (WTH	and the second second second
	G agent and Very DELIVERED.
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x. Lemith 9. Cone	
6. Signature – Agent X	
7. Date of Delivery	FFR J. Idor
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PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-2	
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	4. Article Number
Thomas R. Cone	P 438 025 407
Box 778	Type of Service:
. Jay, OK 74346	Registered Insured
	Certified COD
PITTS UNORTHOPOX	for Merchandise
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PS Form 3811, Apr. 1989 / +U.S.G.P.O. 1989-2	238-815 DOMESTIC RETURN RECEIPT
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The William K. Warren Foundation Box 45372 Tulsa, OK 74145 Prrs Gworthopox (wrk 5. Signature - Addressee	4. Article Number P 438 025 405 Type of Service: Registered Certified Express Mall Always obtain signature of addressee
X 6. Signature - Agent X Dorch Harry 7. Date of Delivery -4-91	requested and fee paid)
SENDER: Complete items 1 and 2 when additiona 3 and 4. Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following service	e side. Failure to do this will prevent this card le you the name of the person delivered to and
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	(Extra charge) 4. Article Number 9 438 025 409 Type of Service: Registered Insured Contified COD Express Mail Return Receipt for Merchandise

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## P 438 025 410

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

Cathie C. Auvenshine Box 33280-297 Austin, TX 78964

а. U.S	Postage	s .45	
	Certified Fee	.85	
	Special Delivery Fee		
	Restricted Delivery Fee		
50	Return Receipt showing to whom and Date Delivered	.90	
e 198	Return Receipt showing to whom, Date, and Address of Delivery		
, Jun	TOTAL Postage and Fees	\$2.20	
PS Form 3800, June 1985	Postmark or Date PITTS UNORTHODOX (WTK) 1/30/91		

## P 438 025 408

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RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED

Clifford Cone Box 6010 Lubbock, TX 79413

v Postage S		
Postage	<sup>s</sup> .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 P-TT5 UNDRTH (WTK) 1/30		
	Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered Return Receipt showing to whom. Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date Postmark or Date	