



April 23, 1985

Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Attention: Dick Staments

RE: Caudill SWD #G-32  
FM01-001-001

Dear Mr. Staments:

Attached please find a copies of the certified mail receipts that we have received from the offset operators of the Caudill SWD #G-32. These mail receipts are our proof of notification of offset operators.

If you have any questions or if further information is needed, please contact our office.

Yours truly,

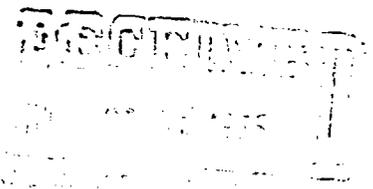
*Jan E. Clark*

Jan E. Clark  
NRE, Agents for  
Fannie Lee Mitchell, Inc.

Enclosures

cc: chrono  
file  
F. L. Mitchell, Inc.  
J. Sexton - OCD, Hobbs

BEFORE EXAMINER QUINTANA	
OIL CONSERVATION DIVISION	
MITCHELL	EXHIBIT NO. <u>3</u>
CASE NO.	<u>8592</u>



PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 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 service(s) requested.

- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery.

3. Article Addressed to:  
 Mountain States Petroleum  
 P. O. Box 1936  
 Roswell, NM 88201

Attention: K. C. Havenor

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 497 960 844

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*K. C. Havenor*

6. Signature - Agent  
X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

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- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery.

3. Article Addressed to:  
 Hobby Gann  
 P. O. Box 1505  
 Lovington, NM 88260

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 497 960 846

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Hobby Gann*

6. Signature - Agent  
X

7. Date of Delivery  
4-17-85

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

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- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery.

3. Article Addressed to:  
 Amerada Hess  
 P. O. Box 840  
 Seminole, TX 79360  
 Attention: J. I. Johnson

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 497 960 845

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*J. I. Johnson*

6. Signature - Agent  
X

7. Date of Delivery

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

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- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery.

3. Article Addressed to:  
 L. Schulz  
 P. O. Box 3753  
 Midland, TX 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 497 960 843

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *L. Schulz*

6. Signature - Agent  
X

7. Date of Delivery  
APR 18 1985

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

DOMESTIC RETURN RECEIPT