





Amoco Production Company

Houston Region
501 WestLake Park Boulevard
Post Office Box 3092
Houston, Texas 77253

R. E. Ogden
Regional Engineering
Manager

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

May 15, 1986

File: JCA-986.51NM-2028

Re: Hearing to Reinstate Cancelled Underproduction
Amoco Smith-Federal 11-1
Smith Federal Gas Com. 12-1
T-22-S, R-23-E
Indian Basin (Upper Penn) Field
Eddy County, New Mexico

Address List Attached

Gentlemen:

As an operator in the Indian Basin (Upper Penn) Pool, you are being notified, in accordance with Commission Rule 1207(a)9, of the subject cause which has been set for hearing on June 12, 1986. Amoco's application is attached for your information.

Very truly yours,

R. E. Ogden
RPZ/rr
Attachment

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
6/25/86	EXHIBIT NO. <u>1</u>
CASE NO. <u>8922</u>	<u>8923</u>

May 7, 1986

File: JCA-986.51NM-2020

Re: Application for Reinstatement of
Cancelled Underproduction
Indian Basin (Upper Penn) Field
State Federal 11-1 Well
State Federal Gas Com. 12-1 Well
T-22-S, R-23-E
Eddy County, New Mexico

State of New Mexico
Energy and Minerals Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, NM 87501

Gentlemen:

Amoco Production Company respectfully requests that the referenced application to reinstate cancelled underproduction of allowable for the subject wells for the 1984-85 and 1983-84 proration periods be docketed for the June 11, 1986 Examiner's Hearing.

Amoco seeks approval for reinstatement of cancelled underproduced allowable which was caused by a lack of takes by the Gas Purchaser during this time period. Any inquiries regarding this submittal should be directed to R. P. Zinsmeister, Regulatory Affairs Engineer, at 713/556-2617.

Very truly yours,

O/S RED
by RPZ

RPZ/rr

bcc: C. A. Mote - 3.468
J. W. Aulick - 21.102

**OPERATORS IN THE
INDIAN BASIN (UPPER PENN) FIELD**

ARCO Oil & Gas Company
Box 1610
Midland, Texas 79702

Chevron U.S.A., Inc.
Box 1660
800 Wall Towers East Bldg.
Midland, Texas 79702

Robert N. Enfield
Box 2431
Santa Fe, New Mexico 87501

Flag-Redfern Oil Company
Box 2280
Midland, Texas 79702

Kaneb Operating Company, Ltd.
Box 4502
Houston, Texas 77210

Kerr-McGee Corporation
Box 250
Amarillo, Texas 79189

Marathon Oil Company
Box 552
Midland, Texas 79702

Meridian Oil Company
4936 Collinwood
Suite A
Fort Worth, Texas 76107

Monsanto Company
1330 Midland Nat'l Bank Tower
500 W. Texas
Midland, Texas 79701

Sun E&P Company
Two Lincoln Centre/LB 2
5420 LBJ Frwy.
Dallas, Texas 75240

Texaco Inc.
Box 728
Hobbs, New Mexico 88240

TXO Production Corporation
1700 Pacific/LB 10
Dallas, Texas 75201

Union Oil Company of California
Star Route
Box 609
Jal, New Mexico 88252

P 172 682 337

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3811, July 1983 447-945

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:
Arco Oil & Gas Company
Box 1610
Midland, TX 79702

4. Type of Service: Article Number

Registered Insured
 Certified COD *P-172-682-337*
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X

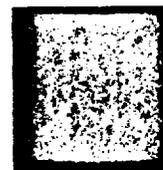
7. Date of Delivery


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

DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1984-446-014
PS Form 3800, Feb. 1982

Sent to <i>Arco</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	



P 172 682 338

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1964-446-014 PS Form 3800, Feb. 1982	Sent to	Chewon
	Street and No.	
	P.O., State and ZIP Code	
	Postage	\$
	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		

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.

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

3. Article Addressed to:
Chewon USA, Inc.
Box 1660
300 West Towers E. Bldg.
Midland, TX 79702

4. Type of Service: Article Number

<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Insured	P-172-682-338
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail		

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

AND TX
MAY 19 1986
US

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:

Robert N. Enfield
Box 243 I
Santa Fe, NM 87501

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P-172-682-339

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

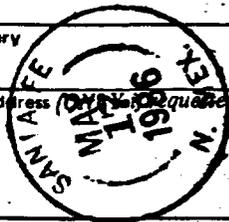
X *[Signature]*

6. Signature - Agent

X

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

P 172 682 339

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Rob't. N. Enfield</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

P 172 682 340

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982	Sent to	Flag-Redfern	
	Street and No.		
	P.O., State and ZIP Code		
	Postage	\$	
	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			

PS Form 3811, July 1983 447-945

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:

Flag-Redfern Oil Company
Box 2280
Midland TX 79702

4. Type of Service:

- Registered
- Insured
- Certified
- COD
- Express Mail

Article Number

P-172-682-340

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

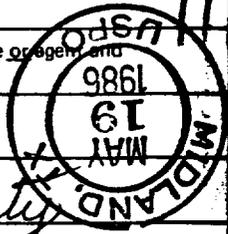
X

6. Signature - Agent

Linda Vaughn

7. Date of Delivery

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



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-846

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:
*Kaneb Operating Co. Ltd.
Box 4502
Houston, TX 77210*

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>P.172.682.341</i>

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

J. Heston

7. Date Delivered
MAY 20 1986

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

DOMESTIC RETURN RECEIPT

P 172 682 341

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Kaneb Op. Co.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

P 172 682 342

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-448-014 PS Form 3800, Feb. 1982	Sent to	Kerr-McGeo
	Street and No.	
	P.O., State and ZIP Code	
	Postage	\$
	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		

PS Form 3811, July 1983 447-945

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.

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

3. Article Addressed to:
Kerr-McGeo Corp. →
Box 050
Amarillo, TX 79189

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P.172.682.342

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Jernell Stroud*

7. Date of Delivery
5-19-86

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

DOMESTIC RETURN RECEIPT

P 172 682 343

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.O.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Marathon</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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:
Marathon Oil Company
Box 552
Midland, TX 79702

4. Type of Service: Article Number
 Registered Insured *P.172.682.343*
 Certified COD
 Express Mail

Always obtain signature of addressee and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X Stanley [Signature]

7. Date of Delivery
MAY 19 1986

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

PS Form 3811, July 1983 447-945

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:
*Meridian Oil Company
4936 Collierwood
Suite A
St. Worth, TX 76107*

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD
<i>P. 172 682 344</i>	

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X L. Steador

6. Signature - Agent
X

7. Date of Delivery
5-19-86 ee

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

DOMESTIC RETURN RECEIPT

P 172 682 344

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-445-014

PS Form 3800, Feb. 1982

Sent to <i>Meridian</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

P 172 682 345

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3811, July 1983 447-945

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:
 Mensanto Company
 1330 Midland North Bldg. 2nd
 500 W. Texas
 Midland, TX 79701

4. Type of Service: Article Number
 Registered Insured P. 172-682-345
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Sue Long*

6. Signature - Agent
 X

7. Date of Delivery
 5-19-86

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

DOMESTIC RETURN RECEIPT

U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Mensanto</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

P 172 682 346

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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:
Sun E&P Company
Two Lincoln Center #8B2
3400 Oak Ridge
Dallas, TX 75240

4. Type of Service: Article Number
 Registered Insured P. 172-682 346
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
MAY 21 1988

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

DOMESTIC RETURN RECEIPT

* U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Sun E&P</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

PS Form 3811, July 1983 447-945

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:
 Jexaco Inc.
 Box 728
 Hobbs, NM 88240

4. Type of Service: Article Number
 Registered Insured P. 72.682.347
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Stephen D. G...*

6. Signature - Agent
 X

7. Date of Delivery
 5-19-82

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

DOMESTIC RETURN RECEIPT

P 172 682 347

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

Sent to	
Jexaco	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

PS Form 3800, Feb. 1982

P 172 682 348

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
★ U.S.G.P.O. 1984-446-014

Sent to <i>JXO</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	

PS Form 3811, July 1983 447-945

● **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:
*JXO Production Corp.
1700 Pacific 10B10
Dallas, TX 75201*

4. Type of Service: Article Number
 Registered Insured *P.172.682.348*
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee *M 19*
 X

6. Signature - Agent
 X *R Wood*

7. Date of Delivery
5/11/86

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-945

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:
 Union Oil Co. of California
 Star Route
 Box 609
 Gal, NM 88252

4. Type of Service: Article Number

<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Insured	P.172.682.349
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail		

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
 5-19-86

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

DOMESTIC RETURN RECEIPT

P 172 682 349

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>Union Oil</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
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	