

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.

Shell Western E&P, Inc.  
 P. O. Box 1950  
 Hobbs, NM 88240

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	369467

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

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X

7. Date of Delivery  
 8/8/88 *[initials]*

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

New Mexico K State #35, 34

DOMESTIC RETURN RECEIPT

Form 3811, July 1983 447-945

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

Texaco Producing Inc.  
 P. O. Box 728  
 Hobbs, NM 88240  
 Attn; John L. Seeman

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	369466

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)  
 8-5-88

NM K State #35, 34

DOMESTIC RETURN RECEIPT

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

NMOCD District 1  
 P.O. Box 1980  
 Hobbs, NM 88240

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	369465

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

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery

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New Mexico K State #35, 34

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 2.  Restricted Delivery.

Phillips Petroleum Co.  
 4001 Pembroke  
 Odessa, TX 79762  
 Attn: Larry Sanders

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	369469

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)

New Mexico K State #35, 34

DOMESTIC RETURN RECEIPT

EXHIBIT NO. 3  
 EXXON CORPORATION  
 CASE NO. 9459 & 9460  
 AUGUST 17, 1988 DOCKET

FILE NO.	COMPANY <u>HUMBLE OIL &amp; REF. CO</u>		
FIELD PRINT	WELL <u>NEW MEXICO STATE "K" #21</u>		
	FIELD <u>VACUUM</u>		
	COUNTY <u>LEA</u>	STATE <u>NEW MEXICO</u>	
THANKS Z.	LOCATION:	<u>330' FSL &amp; 1990' FEL</u>	Other Services <u>CALIPER</u>
	SEC <u>28</u>	TWP <u>17S</u>	RGE <u>35E</u>

Permanent Datum <u>GROUND LEVEL</u>	Elev. <u>3941</u>	Elevations:
Log Measured from <u>K.B. 9</u>	Ft. Above Permanent Datum	KB <u>3950</u>
Drilling Measured from <u>K.B.</u>		DF <u>3949</u>
		GL <u>3941</u>

Date	<u>4-30-64</u>				
Run No.	<u>ONE</u>				
Depth—Driller	<u>6230</u>				
Depth—Logger	<u>6230</u>				
Bottom Logged Interval	<u>6224</u>				
Top Logged Interval	<u>SURF.</u>				
Casing—Driller	<u>8 5/8 @ 1609</u>	@	@	@	@
Casing—Logger	<u>1609</u>				
Bit Size	<u>7 7/8</u>				
Type Fluid in Hole	<u>SALT MUD</u>				
Density and Viscosity	<u>7.5 40</u>				
pH and Fluid Loss	<u>21 cc</u>	cc	cc	cc	cc
Source of Sample	<u>CIRCULATED</u>				
Rm @ Meas. Temp.	<u>.065 @ 80 °F</u>	@ °F	@ °F	@ °F	@ °F
Rmf @ Meas. Temp.	<u>.052 @ 80 °F</u>	@ °F	@ °F	@ °F	@ °F
Rmc @ Meas. Temp.	<u>.078 @ 80 °F</u>	@ °F	@ °F	@ °F	@ °F
Source of Rmf and Rmc	<u>MEASURED</u>				
Rm @ BHT	<u>@ 122 °F</u>	@ °F	@ °F	@ °F	@ °F
Time Since Circ.	<u>4 HR</u>				
Max. Rec. Temp. Deg. F.	<u>122 °F</u>	°F	°F	°F	°F
Equip. No. and Location	<u>6-4594 Halls</u>				
Recorded By	<u>WASSALL</u>				
Witnessed By	<u>COOK</u>				

THIS HEADING AND LOG CONFORMS TO API RECOMMENDED STANDARD PRACTICE RP-31

REMARKS GR CAL. SER. 300  
GR LOG SER. 1200

ACOUSTILOG

DEPTH

GAMMA RAY  
Radiation Intensity Increases ↑

**TYPE LOG**

**NEW MEXICO STATE "K" #21**

Sec. 28, T-17-S, R-35-E

**LEA COUNTY, NEW MEXICO**

**EXXON CORP.**

Exhibit No. 4

Case No. 9459 & 9460

August 17, 1988 Docket