

PADILLA & SNYDER

ATTORNEYS AT LAW

200 W. MARCY, SUITE 216

P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523

(505) 988-7577

ERNEST L. PADILLA  
MARY JO SNYDER

FAX 988-7592  
AREA CODE 505

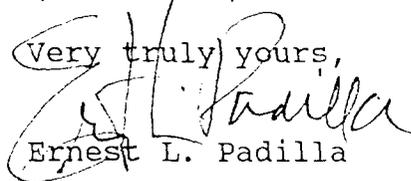
June 29, 1989

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

TO: ALL OFFSETTING OPERATORS (See attached list)  
RE: Notice of Application For Unorthodox Location of  
Santa Fe Exploration Company

Pursuant to the Rules and Regulations of the General Rules of the Oil Conservation Division of New Mexico, notice is hereby given of the above-referenced application. You may protest the enclosed application by appearing at the hearing of this application which will be heard on July 26, 1989, beginning at the hour of 8:15 a.m., at the offices of the Oil Conservation Division, State Land Office Building, 310 Old Santa Fe Trail, Santa Fe, New Mexico.

Very truly yours,

  
Ernest L. Padilla

ELP:mh

Enclosures: Copy of Application  
List of Offsetting Operators

BEFORE EXAMINER CATANACH  
OIL CONSERVATION DIVISION

EXHIBIT NO. \_\_\_\_\_

CASE NO. \_\_\_\_\_

OFFSETTING OPERATORS

Yates Petroleum Corporation  
105 S. Fourth Street  
Artesia, New Mexico 88210

Don E. & Nell Blackmar  
2619 Sherrill Lane  
Roswell, New Mexico 88201

Charles Lovelace Estate  
C/O Brainard Malone  
Sunwest Bank Building  
Roswell, New Mexico 88201

Barbara Fasken  
303 W. Wall  
Suite 1901  
Midland, Texas 79701-5116

Mewbourne Oil Company  
P.O. Box 5270  
Hobbs, New Mexico 88241

Exxon Company U.S.A.  
P.O. Box 1600  
Midland, Texas 79702-1600

Hondo Oil and Gas Company  
P.O. Box 2208  
Roswell, New Mexico 88201

Breckenridge Operating Corp.  
300 N. Breckenridge Ave.  
Breckenridge, Texas 76024

Mark Producing, Inc.  
675 Bering Drive  
Houston, Texas 77057

Amoco Production  
Regulatory Affairs Section,  
Room 3.338  
Houston, Texas 77253

P 155 277 914

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>HONDA OIL &amp; GAS Co.</b>	
Street and No. <b>P.O. Box 2208</b>	
P.O. State and ZIP Code <b>ROSWELL NM 88201</b>	
Postage	\$ <b>25</b>
Certified Fee	<b>85</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<b>90</b>
Return Receipt showing Date and Address of Delivery	
TOTAL Postage and Fees	\$ <b>200</b>
Postmark or Date	<b>SANTA FE NM JUN 29 1989 USPO</b>

PS Form 3800, June 1985

P 155 277 917

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>BARBARA FASKEN</b>	
Street and No. <b>303 W. WALL, SUITE 1901</b>	
P.O. State and ZIP Code <b>MIDLAND, TX 79701-5116</b>	
Postage	\$ <b>25</b>
Certified Fee	<b>85</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<b>90</b>
Return Receipt showing Date and Address of Delivery	
TOTAL Postage and Fees	\$ <b>200</b>
Postmark or Date	<b>SANTA FE NM JUN 29 1989 USPO</b>

PS Form 3800, June 1985

P 155 277 913

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>BRECKENRIDGE OPERATIONS CORP</b>	
Street and No. <b>300 N. BRECKENRIDGE AVE</b>	
P.O. State and ZIP Code <b>BRECKENRIDGE TX 76024</b>	
Postage	\$ <b>25</b>
Certified Fee	<b>85</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<b>90</b>
Return Receipt showing Date and Address of Delivery	
TOTAL Postage and Fees	\$ <b>200</b>
Postmark or Date	<b>SANTA FE TX JUN 29 1989 USPO</b>

PS Form 3800, June 1985

P 155 277 915

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>EXXON COMPANY USA</b>	
Street and No. <b>P.O. Box 1600</b>	
P.O. State and ZIP Code <b>MIDLAND TX 79702-6600</b>	
Postage	\$ <b>25</b>
Certified Fee	<b>85</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<b>90</b>
Return Receipt showing Date and Address of Delivery	
TOTAL Postage and Fees	\$ <b>200</b>
Postmark or Date	<b>SANTA FE TX JUN 29 1989 USPO</b>

PS Form 3800, June 1985

P 155 277 911

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Amoco Production	
Street and No	Regulatory Affairs Sect.	
P.O. State and ZIP Code	Room 2, 338 Houston, Tx 77253	
Postage	\$	25
Certified Fee		85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date		90
Return Receipt Date, and Address		
TOTAL Postage and Fees	\$	2.00
Postmark of Date	SANTA FE, NM JUN 29 1989	

PS Form 3800, June 1985

P 155 277 920

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	DON E. & NEIL BLACKMER	
Street and No	2619 SHERRILL LANE	
P.O. State and ZIP Code	ROSWELL, NM 88201	
Postage	\$	25
Certified Fee		85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date		90
Return Receipt Date, and Address		
TOTAL Postage and Fees	\$	2.00
Postmark of Date	SANTA FE, NM JUN 29 1989	

PS Form 3800, June 1985

P 155 277 912

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	MARK PRODUCING INC	
Street and No	675 BERING DRIVE	
P.O. State and ZIP Code	HOUSTON, TX 77057	
Postage	\$	25
Certified Fee		85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date		90
Return Receipt Date, and Address		
TOTAL Postage and Fees	\$	2.00
Postmark of Date	SANTA FE, NM JUN 29 1989	

PS Form 3800, June 1985

P 155 277 916

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	MEWBORNE OIL Co	
Street and No	P.O. Box 5270	
P.O. State and ZIP Code	HOBBS NM 88241	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date		
Return Receipt Date, and Address		
TOTAL Postage and Fees	\$	
Postmark of Date	SANTA FE, NM JUN 29 1989	

PS Form 3800, June 1985

P 155 277 919

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
VATES PETROLEUM CORP	
Street and No	
105 S. FOURTH ST.	
P.O., State and ZIP Code	
ARTESIA, NM 88201	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing Date, and Address of Delivery	
TOTAL Postage and Fees	29 800
Postmark or Date	JUN 29 1989 155PO

PS Form 3800, June 1985

P 155 277 918

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

CHARLES LOVELACE ESTATE	
C/O BRAINARD MALONE	
Street and No	
SUNWEST BANK BLDG	
P.O., State and ZIP Code	
ROSWELL, NM 88201	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing Date, and Address of Delivery	
TOTAL Postage and Fees	29 800
Postmark or Date	JUN 29 1989 155PO

PS Form 3800, June 1985

**RECEIVED**

● **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. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**MARK PRODUCING, INC.**  
**675 BERING DRIVE**  
**HOUSTON, TX 77057**

4. Article Number  
**P 155 277 912**

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 - Address  
**X**

6. Signature - Agent  
**X** *[Signature]*

7. Date of Delivery  
**7/5/89**

8. Addressee's Address (ONLY if requested and fee paid)  
**5 JUL 1989**

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

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

3. Article Addressed to:  
**Exxon Company U.S.A.**  
**P.O. Box 1600**  
**MIDLAND, TX 79702-1600**

4. Article Number  
**P 155 277 915**

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 - Address  
**X**

6. Signature - Agent  
**X** *[Signature]*

7. Date of Delivery  
**7-5-89**

8. Addressee's Address (ONLY if requested and fee paid)  
**5 JUL 1989**

**RECEIVED**

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
**BRECKENRIDGE OPERATING CORP**  
**300 N. BRECKENRIDGE AVE**  
**BRECKENRIDGE, TX 76024**

4. Article Number  
**P 155 277 913**

Type of Service:  
 Registered  Insured  
 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

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

PS Form 3811, Feb. 1986 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.

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

3. Article Addressed to: <i>HONDO OIL &amp; GAS COMPANY P.O. BOX 2208 ROSWELL, NM 88201</i>	4. Article Number <i>P 155 277 914</i>
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	
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature - Address <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X PALUCK ROSE</i>	
7. Date of Delivery <i>7/3/89</i>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

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

3. Article Addressed to: <i>CHARLES LOVELACE ESTATE C/O BRAINARD MALONE SUNWEST BANK BUILDING ROSWELL, NM 88201</i>	4. Article Number <i>P 155 277 918</i>
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	
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature - Address <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X [Signature]</i>	
7. Date of Delivery <i>7-3-89</i>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

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

3. Article Addressed to: <i>Amoco Production Regulatory Affairs Section Room 3.338 Houston, Texas 77253</i>	4. Article Number <i>P 155 277 911</i>
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	
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature - Address <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X [Signature]</i>	
7. Date of Delivery <i>JUL 0 8 1989</i>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

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

3. Article Addressed to: <b>VATES PETROLEUM CORP. 105 S. FOURTH STREET ARTESIA, NM 88201</b>	4. Article Number <b>P 155 277 919</b>
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	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Address <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>6-30-89</b>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

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

3. Article Addressed to: <b>DON E. AND NEEL BLACKMAR 2619 SHERRILL LANE ROSWELL, NM 88201</b>	4. Article Number <b>P 155 277 920</b>
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	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Address <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 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.

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

3. Article Addressed to: <b>BARBARA FASKEN 303 W. WALL SUITE 1901 MIDLAND, TX 79701-5116</b>	4. Article Number <b>P 155 277 917</b>
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	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Address <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>7-3-89</b>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT