

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF HAL J. RASMUSSEN  
OPERATING, INC. FOR SALT WATER  
DISPOSAL, LEA COUNTY, NEW MEXICO.

No. 10,395

AFFIDAVIT REGARDING NOTICE

STATE OF TEXAS            )  
                                  ) ss.  
COUNTY OF MIDLAND    )

Dennis Moore, being duly sworn upon his oath, deposes and states:

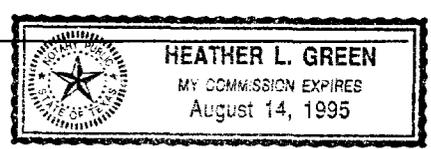
1. I am over the age of 18 and have personal knowledge of the matters stated herein.
2. I am an employee of Applicant herein.
3. Applicant has conducted a good faith, diligent effort to find the correct address of interested persons entitled to receive notice of the Application herein.
4. Notice of the Application herein was provided to said persons' correct and last known address by mailing them, by certified mail, copies of OCD Form C-108. Copies of the certified return receipts are attached hereto as Exhibit A.
5. The notice provisions of Rule 1207 and Form C-108 have been complied with.

  
\_\_\_\_\_  
Dennis Moore

Subscribed and sworn to before me this 16<sup>th</sup> day of October, 1991, by Dennis Moore.

  
\_\_\_\_\_  
Notary Public

My commission expires:



**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:  
Lanexco, Inc.  
P.O. Box 2730  
Midland TX 79702

4. Article Number  
P 154 368 428

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

7. Date of Delivery  
AUG 15 1991

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

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

BEFORE EXAMINER SIGNATURE  
OF COLLECTION DIVISION  
Rasmussen 10/395

**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:  
Meridian Oil Inc  
2919 Allen Pkwy STE 900  
Houston, TX 77019

4. Article Number  
P 154 368 426

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

7. Date of Delivery  
AUG 20 1991

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

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

3. Article Addressed to:  
Chevron USA Inc  
P.O. Box 455  
Vernal, UT 84078  
0455

4. Article Number  
P 804 302 181

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

7. Date of Delivery  
8-28-91

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

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:  Clayton W. Williams Jr. 6 Desta Dr. STE 3008 MIDLAND TX 79705	4. Article Number P 864 302179
5. Signature - Address X	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
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery 8-15-91	8. Addressee's Address (ONLY if requested and fee paid)

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:  James N Evans P.O. Box 755 Hobbs, NM 88241	4. Article Number P 154 368 429
5. Signature - Address X	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
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery 8-15-91	8. Addressee's Address (ONLY if requested and fee paid)

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

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

3. Article Addressed to:  Marabo, Inc. P.O. Box 832 MIDLAND TOWER Bldg. MIDLAND, TX 79702	4. Article Number P 154 368 427
5. Signature - Address X <i>[Signature]</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
6. Signature - Agent X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery AUG 15 1991	8. Addressee's Address (ONLY if requested and fee paid)

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