

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ Yes ☐ No
- II. Operator: Anadarko Petroleum Corporation
Address: P. O. Drawer 130, Artesia, New Mexico 88210
Contact party: Jerry E. Buckles Phone: 505/748-3368
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? ☐ yes ☒ no
If yes, give the Division order number authorizing the project _____.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: George R.S. Buehler Title Staff Production Engineer
Signature: George R.S. Buehler Date: October 11, 1991
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

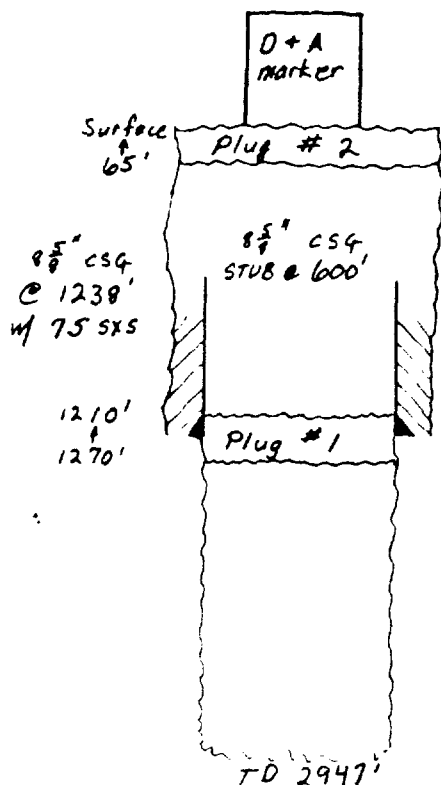
Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

III A
WELL DATA SHEET



Before Re-entry

Date Spudded: February 24, 1957

Plugged: March 2, 1957

8-5/8" casing @ 1238' w/75 sxs

14 jts 28#

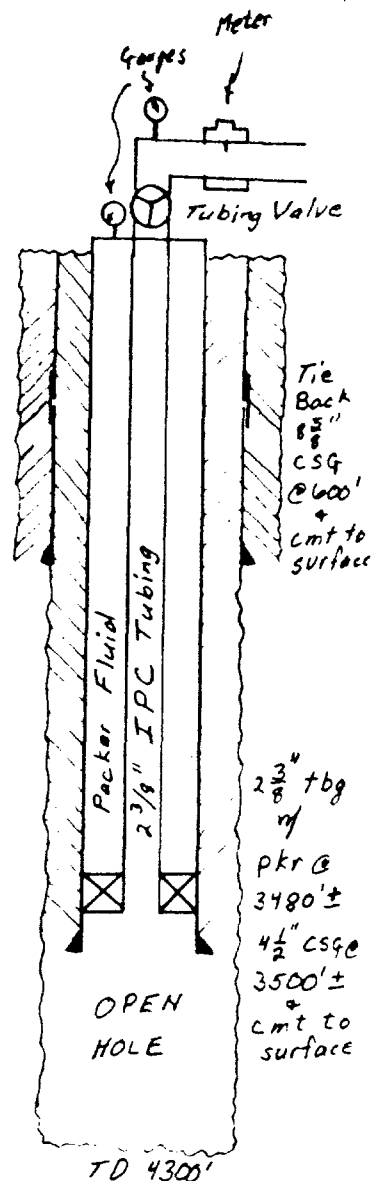
26 jts 24#

TD 2947'

Cut and pulled 600' of 8-5/8" casing plugs

#1 1270' to 1210'

#2 65' to surface



After Re-entry

8-5/8" casing 1238' to surface

1) Dress off csg stub & run fluid caliper

2) Bowl over & cement to surface

Drill new 7-7/8" hole 2947' to 4300'

Set 4-1/2 csg @ 3500' & cement to surface

Set 2-3/8" IPC tbg @ 3485'± w/Arrow - Set

1 J-lock Injection Packer

(Injection Into Zone 3500' to 4300')

Estimated Avg. Inj 1000 BWPD

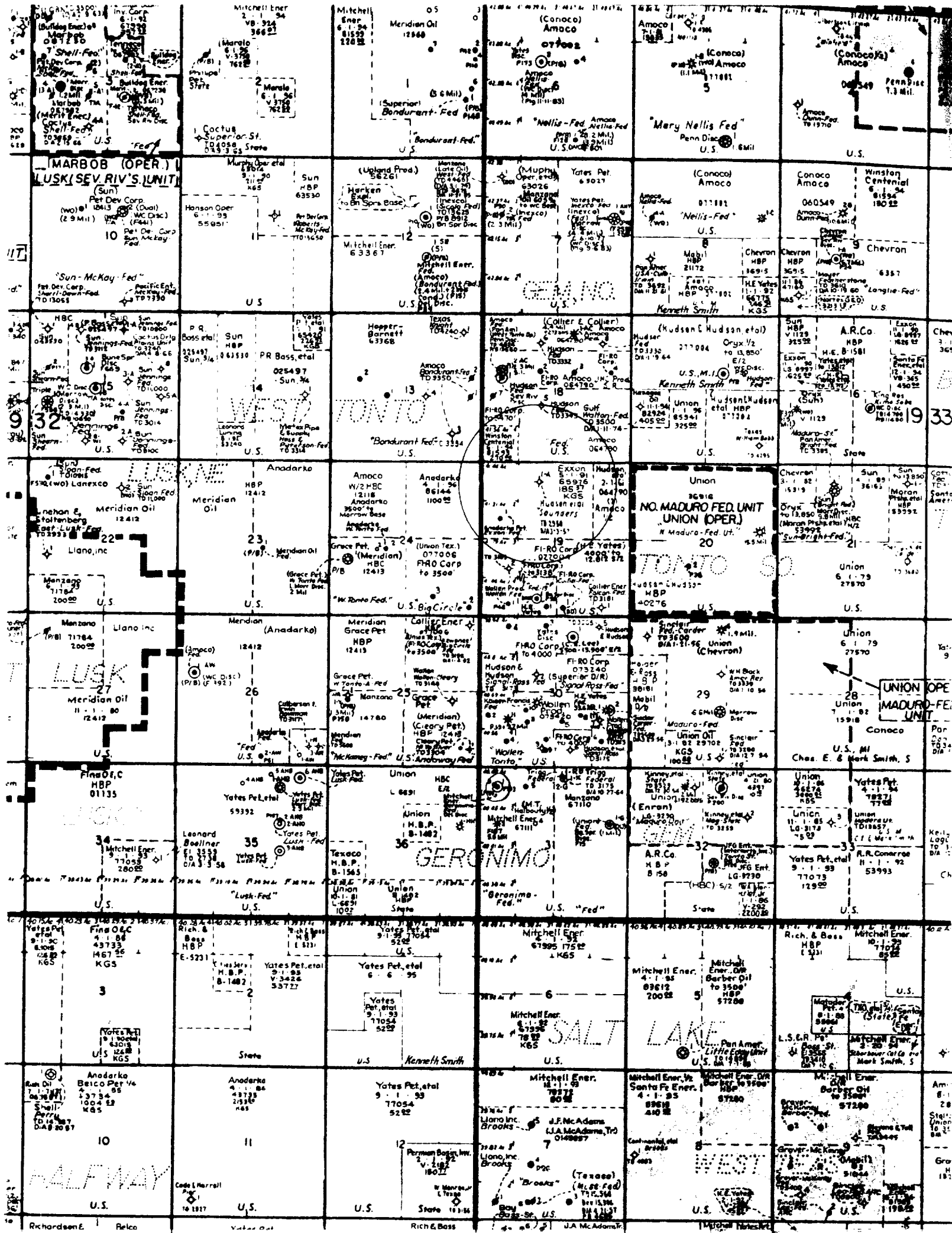
Estimated Avg Inj Pres 200 psi

Estimated Maximum Pres 700 psi

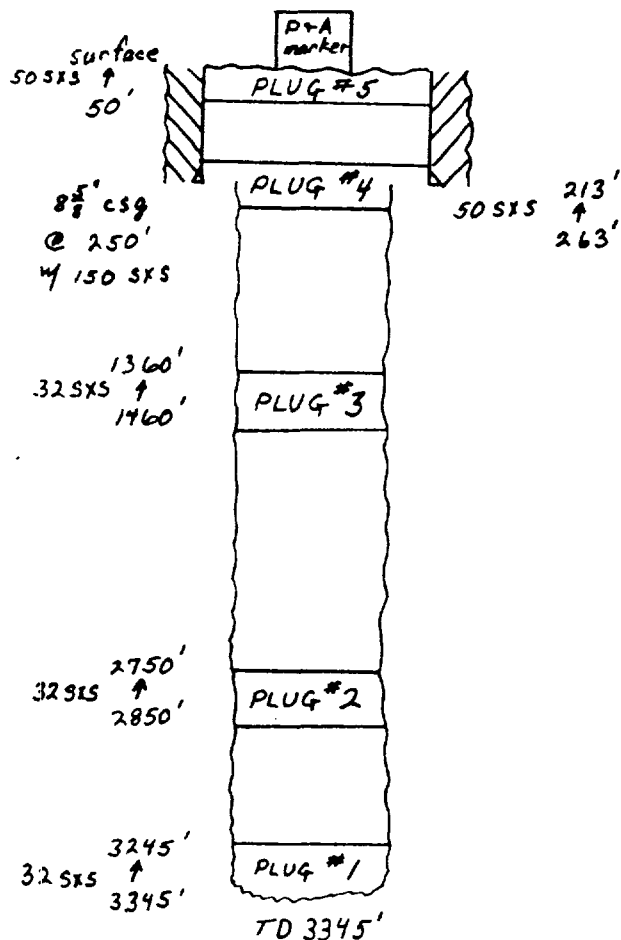
III B

- 1) Disposal Formation: Capitan Reef
- 2) Disposal Interval: 3500-4300 (Open Hole)
- 3) Well was originally drilled to a TD of 2947'
The original operator Hudson & Hudson, Inc. had filed an intent to drill to 3100' with rotary tools and then change to cable tools and drill to 4300', set 5-1/2" casing and complete an oil well with perforations. Hudson & Hudson, Inc. never finished drilling the well but instead plugged the well March 2, 1957.
- 4) Well was partially drilled and abandoned prior to TD.
Plug #1 1270' to 1210' (amt cmt NR)
8-5/8" csg cut & pulled @ 600'
Plug #2 65' to surface (amt cmt NR)
- 5) The highest possible oil zone in this area is the Yates @ 2833' to 3255'

The next lower possible oil zone in this area is the Delaware @ 4977' to 7700'



WELL DATA SHEET



Date Spudded: July 4, 1960

Plugged: July 12, 1960

8-5/8" csg @ 250' w/150 sxs

TD 3345

Plug #1 32 sxs 3345'-3245'

Plug #2 32 sxs 2850'-2750'

Plug #3 32 sxs 1460'-1360'

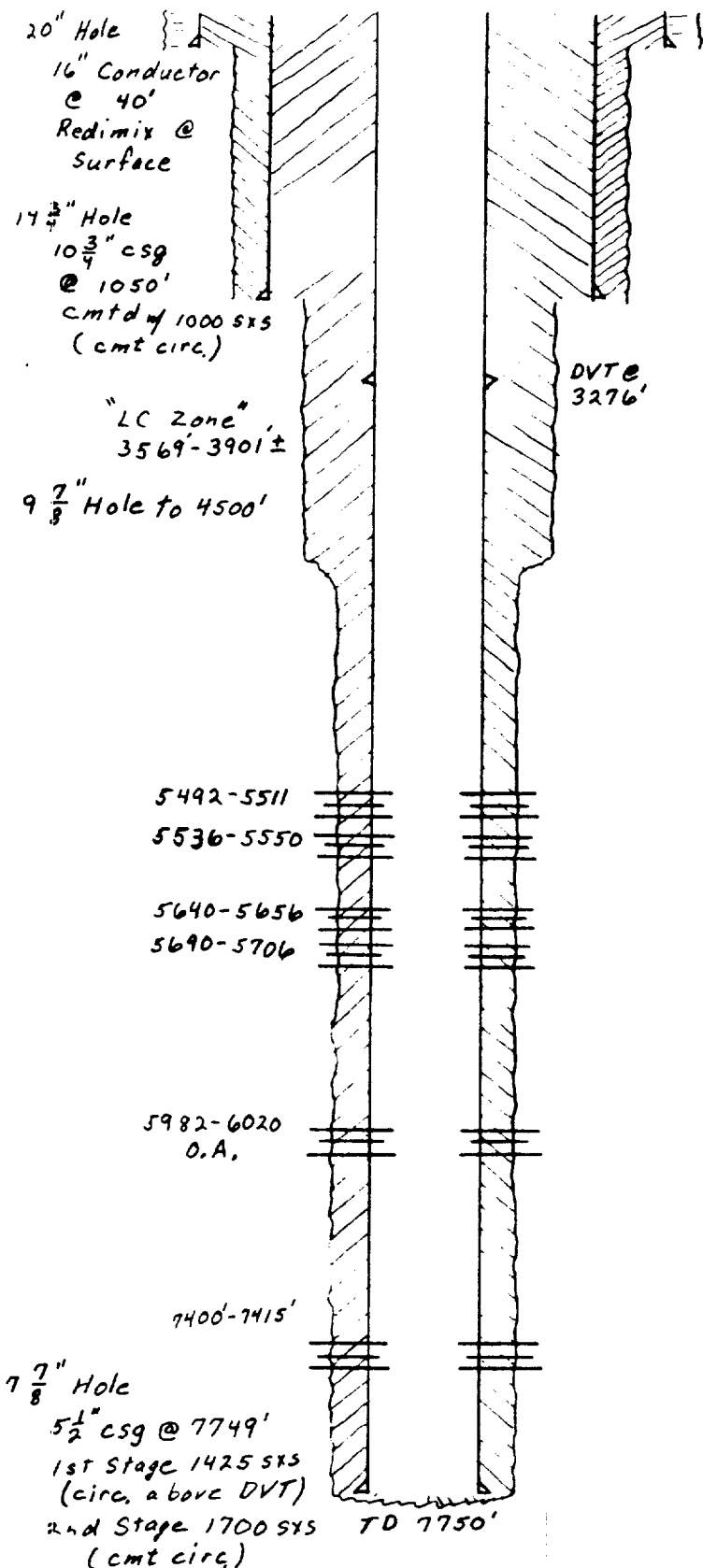
Plug #4 50 sxs 263'-213'

Plug #5 50 sxs 50'-surface

NOTE: This well appears to
of penetrated the top
of the capitan reef.

(Applied for disposal
zone is 3500'-4300')

WELL DATA SHEET



Date Spudded: June 5, 1991
Completed: August 5, 1991
20" Hole
16" csg set @ 40' & redmixed to surface
14-3/4" Hole
10-3/4" csg set @ 1050'
Cmt d w/1000 sxs (cmt circ)
9-7/8" Hole to 4500'
LC @ 3569 to 3901±
Regain circ w/400 sxs cmt
Hole 7-7/8" (reduce bit size @ 4500')
TD 7750'
5-1/2" csg @ 7749
FC @ 7702
DVT @ 3276
1st stage w/1425 sxs (cmt to DVT)
Open DVT & circ out 75 sxs
2nd stage w/1700 sxs
circ out 227 sxs

DELAWARE PERFORATIONS

perfs 7400-15 2 SPF
perfs 5982, 86, 89, 92, 96, 98, 6003, 08, 10
13, 16, 20 2 SPF
perfs 5640-56 & 5690-5706
perfs 5492-5511 & 5536-50 2 SPF

- VII.
 - 1) Avg inj rate 500 BWPD, Max inj rate 1000 BWPD
 - 2) Type system - Closed system
 - 3) 200 avg inj pres max inj pres 700 psi
 - 4&5)
 - a) Water Analysis of EXXON Federal No. 1 - see attached analysis by Unichem #4a
 - b) Compatability of two waters - see attached analysis by Unichem #4b
 - c) Water Analysis of Capitan Reef Water from Anadarko's Teas Yates Unit Water Supply Well No. 1 in Section 14-20S-33E - see attached analysis by Unichem #4c
- VIII.
 - a) Lithology - Limestone
 - b) Geological Name - Capitan Reef
 - c) Top/Reef-3255''
 - d) Base/Reef-4977'
 - e) Drinking Water
 - 1) Name of drinking water zone - Triassic
 - 2) Depth to bottom of drinking water zone - 850 feet
 - 3) Drinking Water under disposal zone - None
- IX. Proposed stimulation to disposal zone - 2000 gallons 15% HCl
- X. Logs & Tests - None, well was never drilled to TD
- XI.
 - 1) Water analysis from drinking water well within 1 mile
 - a) Location of drinking water well - Sec. 18, T19S, R33E
 - b) Analysis - see attached sheet from State Engineer's Office
 - c) Date sample taken - 2-15-83
- XII. See Exhibit XII
- XIII. The following list includes the names of all parties notified of Anadarko's intention to install and operate a water disposal well (namely the EXXON Federal SWD No. 1). See attached list.



Home Office 707 N. Leech, P.O. Box 1499 / Hobbs, NM 88240 / Ph. 505/393-7751, Fax 505/393/6754

October 10, 1991

Jerry Buckles
Anadarko Petroleum Corp.
P. O. Drawer 130
Artesia, NM 88210

Dear Mr. Buckles:

Enclosed please find our water analyses and compatibility reports
from the Teas Yates WSW #1 and Exxon Federal #1.

If you have any questions or require further information, please
contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharon Wright', is written over the typed name and title.

Sharon Wright
Laboratory Technician

SW/sr

cc: Bill Polk
Joe Hay
John Offutt
Charlie Copeland
Jeff White

Unichem International

707 North Leech

P.O.Box 1499

Hobbs, New Mexico 88240

Company : ANADARKO

Date : 10-10-1991

Location: Exxon Federal #1 - Wellhead (on 8/12/91)

Specific Gravity:

Total Dissolved Solids:

pH:

Resistivity:

IONIC STRENGTH:

Sample 1

1.157

219389

6.30

0.047 ohms @ 76°F

4.952

CATIONS:

		me/liter	mg/liter
Calcium	(Ca ⁺²)	1150	23000
Magnesium	(Mg ⁺²)	832	10100
Sodium	(Na ⁺¹)	1980	45600
Iron (total)	(Fe ⁺²)	0.752	21.0
Barium	(Ba ⁺²)	0.051	3.50
Manganese	(Mn ⁺²)	0.190	5.23

ANIONS:

Bicarbonate	(HCO ₃ ⁻¹)	4.20	256
Carbonate	(CO ₃ ⁻²)	0	0
Hydroxide	(OH ⁻¹)	0	0
Sulfate	(SO ₄ ⁻²)	9.89	475
Chloride	(Cl ⁻¹)	3950	140000

SCALING INDEX (positive value indicates scale)

Temperature		Calcium Carbonate	Calcium Sulfate
104°F	40°C	2.5	1.00
122°F	50°C	2.7	1.00
140°F	60°C	3.1	1.00
168°F	76°C	3.6	1.0
176°F	80°C	3.8	1.0

Unichem International

707 North Leech

P.O.Box 1499

Hobbs, New Mexico 88240

Company : ANADARKO

Date : 10-10-1991

Location: TEAS YATES & EXXON FEDERAL - COMPATIBILITY (on 10-10-1991)

Specific Gravity:	Sample 1
Total Dissolved Solids:	1.149
pH:	208003
IONIC STRENGTH:	6.35
	4.649

<u>CATIONS:</u>		<u>me/liter</u>	<u>mg/liter</u>
Calcium	(Ca ⁺²)	1040	20800
Magnesium	(Mg ⁺²)	755	9170
Sodium	(Na ⁺¹)	1950	44800
Iron (total)	(Fe ⁺²)	0.677	18.9
Barium	(Ba ⁺²)	0.049	3.36
Manganese	(Mn ⁺²)	0.172	4.72

<u>ANIONS:</u>			
Bicarbonate	(HCO ₃ ⁻¹)	4.54	277
Carbonate	(CO ₃ ⁻²)	0	0
Hydroxide	(OH ⁻¹)	0	0
Sulfate	(SO ₄ ⁻²)	18.6	893
Chloride	(Cl ⁻¹)	3720	132000

<u>DISSOLVED GASES</u>		
Carbon Dioxide	(CO ₂)	1.00
Hydrogen Sulfide	(H ₂ S)	11.9
Oxygen	(O ₂)	0

SCALING INDEX (positive value indicates scale)

<u>Temperature</u>		<u>Calcium Carbonate</u>	<u>Calcium Sulfate</u>
86°F	30°C	1.6	8.6
122°F	50°C	2.5	8.3
140°F	60°C	2.9	8.3
168°F	76°C	3.4	8.0
176°F	80°C	3.6	8.0
200°F	93°C	4.1	8.0

Comments:

COMPATIBILITY = TEAS YATES = 10% & EXXON FEDERAL FEDERAL = 90%

The attached exhibit 4c is capitan reef water, sampled from Anadarko's Teas Yates Unit's Water Supply Well No. 1, located approximately 9 miles southwest of the EXXON Federal SWD No. 3. The WSW No. 1's legal is 1330' FNL & 1330' FWL of Section 14, T20S, R33E, Lea County. The producing capitan reef perforations are:

3660-3663
3674-3681
3696-3700
3708-3711
3724-3727
3746-3749
3758-3762

Anadarko produces approximately 3000 BWPD from the Teas Yates Unit WSW No. 1.

Unichem International

707 North Leech

P.O.Box 1499

Hobbs, New Mexico 88240

Company : ANADARKO
Date : 10-10-1991
Location: TEAS YATES WSW #1 (on 10-10-1991)

	Sample 1
Specific Gravity:	1.075
Total Dissolved Solids:	105532
pH:	6.75
IONIC STRENGTH:	1.919

<u>CATIONS:</u>		me/liter	mg/liter
Calcium	(Ca ⁺²)	80.0	1600
Magnesium	(Mg ⁺²)	60.0	729
Sodium	(Na ⁺¹)	1660	38100
Iron (total)	(Fe ⁺²)	0.002	0.060
Barium	(Ba ⁺²)	0.031	2.10
Manganese	(Mn ⁺²)	0.003	0.090

<u>ANIONS:</u>			
Bicarbonate	(HCO ₃ ⁻¹)	7.60	464
Carbonate	(CO ₃ ⁻²)	0	0
Hydroxide	(OH ⁻¹)	0	0
Sulfate	(SO ₄ ⁻²)	96.8	4650
Chloride	(Cl ⁻¹)	1690	60000

<u>DISSOLVED GASES</u>		
Carbon Dioxide	(CO ₂)	10.0
Hydrogen Sulfide	(H ₂ S)	119

SCALING INDEX (positive value indicates scale)

<u>Temperature</u>		Calcium Carbonate	Calcium Sulfate
86°F	30°C	-0.06	-17
122°F	50°C	0.87	-17
140°F	60°C	1.2	-17
168°F	76°C	1.8	-12
176°F	80°C	1.9	-12
200°F	93°C	2.4	-12



STATE OF NEW MEXICO

STATE ENGINEER OFFICE

ELUID MARTINEZ
STATE ENGINEER

ROSWELL

DISTRICT II
1900 West Second St.
Roswell, New Mexico 88201
(505) 622-6521

October 2, 1991

George Buehler
Anadarko Petro Corporation
P. O. Box 2497
Midland, Texas 79702

Dear Mr. Buehler:

Please find enclosed the information you requested from our office concerning wells in the area of 19S.32E.

If our office can be of any further assistance to you, please do not hesitate to contact us.

Sincerely,

A handwritten signature in cursive script, reading "Kenneth H. Fresquez".

Kenneth Fresquez
Field Supervisor

KF/lc
enc.

17448 EP

Line	Item	QTY	Unit	Price	Amount	Balance	Remarks
17468	CP	00357	X	0.00	0.00	0.00	15-08004
17469	CP	00357	X	0.00	0.00	0.00	15-08004
17470	CP	00357	X	0.00	0.00	0.00	15-08004
17471	CP	00357	X	0.00	0.00	0.00	15-08004
17472	CP	00357	X	0.00	0.00	0.00	15-08004
17473	CP	00357	X	0.00	0.00	0.00	15-08004
17474	CP	00357	X	0.00	0.00	0.00	15-08004
17475	CP	00357	X	0.00	0.00	0.00	15-08004
17476	CP	00357	X	0.00	0.00	0.00	15-08004
17477	CP	00357	X	0.00	0.00	0.00	15-08004
17478	CP	00357	X	0.00	0.00	0.00	15-08004
17479	CP	00357	X	0.00	0.00	0.00	15-08004
17480	CP	00357	X	0.00	0.00	0.00	15-08004
17481	CP	00357	X	0.00	0.00	0.00	15-08004
17482	CP	00357	X	0.00	0.00	0.00	15-08004
17483	CP	00357	X	0.00	0.00	0.00	15-08004
17484	CP	00357	X	0.00	0.00	0.00	15-08004
17485	CP	00357	X	0.00	0.00	0.00	15-08004
17486	CP	00357	X	0.00	0.00	0.00	15-08004
17487	CP	00357	X	0.00	0.00	0.00	15-08004
17488	CP	00357	X	0.00	0.00	0.00	15-08004
17489	CP	00357	X	0.00	0.00	0.00	15-08004
17490	CP	00357	X	0.00	0.00	0.00	15-08004
17491	CP	00357	X	0.00	0.00	0.00	15-08004
17492	CP	00357	X	0.00	0.00	0.00	15-08004
17493	CP	00357	X	0.00	0.00	0.00	15-08004
17494	CP	00357	X	0.00	0.00	0.00	15-08004
17495	CP	00357	X	0.00	0.00	0.00	15-08004
17496	CP	00357	X	0.00	0.00	0.00	15-08004
17497	CP	00357	X	0.00	0.00	0.00	15-08004
17498	CP	00357	X	0.00	0.00	0.00	15-08004
17499	CP	00357	X	0.00	0.00	0.00	15-08004
17500	CP	00357	X	0.00	0.00	0.00	15-08004
17501	CP	00357	X	0.00	0.00	0.00	15-08004
17502	CP	00357	X	0.00	0.00	0.00	15-08004
17503	CP	00357	X	0.00	0.00	0.00	15-08004
17504	CP	00357	X	0.00	0.00	0.00	15-08004
17505	CP	00357	X	0.00	0.00	0.00	15-08004
17506	CP	00357	X	0.00	0.00	0.00	15-08004
17507	CP	00357	X	0.00	0.00	0.00	15-08004

XII

I, George R.S. Buehler, affirm Anadarko's geological and engineering departments have reviewed the available geological and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

Affirmed this day October 11, 1991

By George R.S. Buehler
Staff Production Engineer

**WELLSITE SURFACE OWNER AND OFFSET OPERATORS TO
EXXON FEDERAL SWD NO. 1**

Surface Owner

USA
Carlsbad Resource Area
P. O. Box 1778
Carlsbad, New Mexico 88220

Offset Operators

19S-33E

Sec. 18 SW/4 SW/4 (Lot 4)
Centenial
Box 1837
Roswell, New Mexico 88202

Sec. 18 Lot 3, E/2 SW/4, SE/4 and E/2 NE/4 Sec. 19
Francis H. Hudson
616 Texas Street
Fort Worth, Texas 76102

Delmar H. Lewis
616 Texas Street
Fort Worth, Texas 76102

Edward R. Hudson, Jr.
1000 First National Bldg.
Fort Worth, Texas 76102

Sec. 19 Lot 1 & 2 W/2 NE/4 & E/2 NW/4 and SE/4 SE/4 Sec. 13-19S-32E
Exxon Company, USA
P. O. Box 1600
Midland, Texas 7902-1600

Sec. 19 Lots 3 & 4, E/2 SW/4 & SE/4
Firo Corporation
P. O. Box 8148
Roswell, New Mexico 88202

Partco, Inc.
P. O. Drawer R
Artesia, New Mexico 88210

Edward R. Hudson
616 Texas Street
Fort Worth, Texas 76102

William A. Hudson
616 Texas Street
Fort Worth, Texas 76102

XIII
(Continued)

**WELLSITE SURFACE OWNER AND OFFSET OPERATORS TO
EXXON FEDERAL SWD NO. 1**

Harvey E. Yates Co.
P. O. Box 1933
Roswell, New Mexico 88202

19S-32E

Sec. 24 NE/4
Anadarko Petroleum Corporation
P. O. Box 2497
Midland, Texas 79702

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, Kathi Bearden

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period

of _____

One weeks.
Beginning with the issue dated

Oct. 1, 1991
and ending with the issue dated

Oct. 1, 1991

Kathi Bearden
General Manager

Sworn and subscribed to before

me this 8 day of

Oct, 1991
Paula Parris
Notary Public.

My Commission expires _____

Aug. 5, 1995
(Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

LEGAL NOTICE

October 1, 1991

**NOTICE OF WATER
DISPOSAL WELL**

Anadarko Petroleum Corporation, P.O. Drawer 130, Artesia, New Mexico 88210, phone 505/748-3368, contact person - Mr. Jerry E. Buckles, has made application for a water disposal well with the NMOCC. The currently plugged and abandoned Hudson & Hudson Inc. Saunders "A" No. 1 will be re-entered and deepened. Located 660 feet from the north line and 1980 feet from the west line of section 19, township 19 south, range 33 east, Lea County, New Mexico. Disposal will be into the capitan reef through an openhole completion 2500 feet to 4000 feet. Maximum rate and pressures are anticipated to be 1000 BWPD and 1800 psi. Interested parties must file objections or a request for a hearing with the New Mexico Oil Conservation Commission, P.O. Box 2088, Santa Fe, New Mexico 87501 within 15 days of this notice.

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:
USA
Carlsbad Resource Area
P O Box 1778
Carlsbad New Mexico 88220

4. Article Number
P-567 722 899

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 *Betty Hill*

7. Date of Delivery

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

P-567 722 899
RECEIPT FOR CERTIFIED MAIL

U.S.G.P.O. 153 506

Sent to
USA
Carlsbad Resource Area
P O Box 1778
Carlsbad New Mexico 88220

Postage
.98
1.00

Certified Fee
1.00

Restricted Delivery Fee
1.00

Return Receipt showing to whom and Date Delivered
2.98

Postmark or Date

PS Form 3800, June 1985

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:
Centennial
Box 1837
Roswell New Mexico 88202

4. Article Number
P-567 722 900

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 *Roman*

7. Date of Delivery

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

P-567 722 900
RECEIPT FOR CERTIFIED MAIL

U.S.G.P.O. 153 506

Sent to
Centennial
Box 1837
Roswell New Mexico 88202

Postage
.98
1.00

Certified Fee
1.00

Restricted Delivery Fee
1.00

Return Receipt showing to whom and Date Delivered
2.98

Postmark or Date

PS Form 3800, June 1985

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:
Francis H Hudson
616 Texas Street
Fort Worth Texas 76102

4. Article Number
P-567 722 901

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 *W. Clarke*

7. Date of Delivery
OCT 17 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

P-567 722 901
RECEIPT FOR CERTIFIED MAIL
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
See Reverse

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to
Francis H Hudson
Street and No.
616 Texas Street
P.O. Station and ZIP Code
Fort Worth Texas 76102
Postage
Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt for Merchandise
Return Receipt for Money Order
Date and Address of Delivery
TOTAL Postage and Fees
Postmark or Date

98
1.00
2.98

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:
Delmar H Lewis
616 Texas Street
Fort Worth Texas 76102

4. Article Number
P-567 722 902

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
OCT 17 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

P-567 722 902
RECEIPT FOR CERTIFIED MAIL
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
See Reverse

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to
Delmar H Lewis
Street and No.
616 Texas Street
P.O. Station and ZIP Code
Fort Worth Texas 76102
Postage
Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt for Merchandise
Return Receipt for Money Order
Date and Address of Delivery
TOTAL Postage and Fees
Postmark or Date

98
1.00
2.98

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: Edward R. Hudson Jr 616 Texas Street Fort Worth, Texas 76102	4. Article Number P 143 463 010 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	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>McClarke</i>	
7. Date of Delivery OCT 23 1991	

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

P 143 463 010

RECEIPT FOR CERTIFIED MAIL

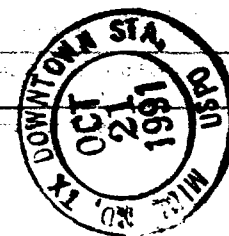
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
See Reverse

Edward R. Hudson Jr
616 Texas Street
Fort Worth, Texas 76102

1.98
1.00

1.00

2.98



PS Form 3800, June 1985

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: Exxon Company USA P O Box 1600 Midland Texas 79702-1600	4. Article Number P-567 722 904 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	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery OCT 14 1991	

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

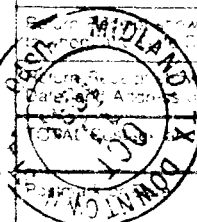
P-567 722 904

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
See Reverse

Sent to	Exxon Company USA
Street and No.	P O Box 1600
P.O. Station and ZIP Code	Midland Texas 79702
Postage	1.98
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt for Merchandise Fee	1.00
TOTAL POSTAGE AND FEES	2.98

PS Form 3800, June 1985



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 boxes 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:
Firo Corporation
P O Box 8148
Roswell New Mexico 88202

4. Article Number
P-567 722 905

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 - Addressee
X *Juliana McDougall*

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

7. Date of Delivery
10/12/91

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

PS Form 3811, Mar. 1985 * U.S.G.P.O. 1985-212-865 DOMESTIC RETURN RECEIPT

P-567 722 905
RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OF DELIVERY
NOT FOR INTERNATIONAL MAIL

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Post to:
Firo Corporation
P O Box 8148
Roswell New Mexico 88202

Postage
.98
1.00

Certified Fee
1.00

Special Delivery Fee
1.00

Restricted Delivery Fee
1.00

TOTAL Postage and Fee
2.98

Postmark or Date

The copy of the permit sent to Partco, Inc. was returned by the postal service marked (ATTEMPTED NOT KNOWN). Anadarko attempted to locate Partco, Inc. through both the Artesia City Hall and the Artesia Chamber of Commerce. Anadarko believes Partco, Inc. no longer exists.

P-567 722 906
RECEIPT FOR CERTIFIED MAIL
NO ASSURANCE OF DELIVERY
NOT FOR INTERNATIONAL MAIL

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Post to:
Partco Inc
P O Drawer R
Artesia New Mexico 88210

Postage
.98
1.00

Certified Fee
1.00

Special Delivery Fee
1.00

TOTAL Postage and Fee
2.98

Postmark or Date

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:

William A. Hudson
616 Texas Street
Fort Worth, Texas 76102

4. Article Number
P 143 463 011

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
OCT 23 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

P 143 463 011
RECEIPT FOR CERTIFIED MAIL

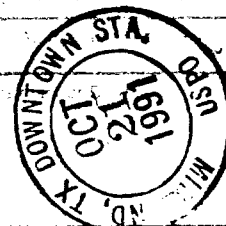
William A. Hudson
616 Texas Street
Fort Worth, Texas 76102

.98
1.00

1.00

2.98

PS Form 3800, June 1987



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:

Harvey E Yates
P O Box 1933
Roswell New Mexico 88202

4. Article Number
P-576 722 914

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
10-15-91

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

P-567 722 914
PT FOR CERTIFIED MAIL

Sent to
Harvey E Yates
Street and No.
P O Box 1933
P.O. State and ZIP Code
Roswell New Mexico 88202

Postage

Postmark Fee

Special Delivery Fee

Restricted Delivery Fee

Postage and Insurance (if any)

Postmark Date

2.98

U.S.G.P.O. 153-506

PS Form 3800, June 1987

For return of this card to the sender, please return to the sender.