

DOC# 2584  
EXHIBIT # 3  
CASE# 8218,19,20,21

DINERO OPERATING COMPANY, DUBLIN RANCH MORROW WELLS,  
EDDY COUNTY, NEW MEXICO, OFFSET OPERATORS AND PURCHASER:

OFFSET OPERATORS:

1. Bass Enterprises Production Company  
First City National Bank Tower  
201 Main Street  
Ft. Worth, Texas 76102
2. Amoco Production Company      &      Amoco Production Company  
P. O. Drawer A                      P. O. Box 3092  
Levelland, Texas 79336              Houston, Texas 77001
3. Santa Fe Minerals  
731 W. Wadley  
Midland, Texas 79701
4. Exxon Company, U.S.A.  
P. O. Box 1547  
Houston, Texas 77001
5. Union Oil Company of California  
P. O. Box 671  
Midland, Texas 79702
6. HCW Exploration Company  
601 N. Loraine  
Midland, Texas 79701

TRANSPORTER & PURCHASER:

1. El Paso Natural Gas Company  
P. O. Box 1492  
El Paso, Texas 79978

## FROM:

DINERO OPERATING COMPANY  
ATTN: LAVONDA NORMAN  
P. O. DRAWER 10505  
MIDLAND, TEXAS 79702

Customer Number, if any:

## TO:

STATE OF NEW MEXICO  
ENERGY & MINERALS DEPT.  
OIL CONSERVATION COMMISSION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

\* U.S.G.P.O. 1983-400-104 Label 11-B, Apr. 1983

**EXPRESS MAIL**  
NEXT DAY SERVICE

POST OFFICE  
TO ADDRESSEE



B 40424251

ORIGIN	
Initials of Receiving Clerk	<i>BDM</i>
P.O. ZIP Code	79702
Date in	Time in
5/10/84	1645
Return Receipt Service	
<input type="checkbox"/> To Whom & Date Del	
<input type="checkbox"/> To Whom, Date & Address of Del	
Weight	
1 Lbs	
Postage & Fees \$ 9 35	

**SERVICE GUARANTEE:**  
Domestic mailings under this service made at designated USPS facilities on or before a specified deposit time will be accepted to express shipment to a designated USPS delivery area having Express Mail Service for next day delivery to an addressee or agent on or before the time specified by the USPS at mailing. USPS will refund upon application to originating office the postage for any shipments mailed under this service and not meeting the service standard except for those delayed by strike or work stoppage. See USPS Notice 43 for details.

**INSURANCE COVERAGE:**  
See USPS Notice 7 or Notice 63 for exclusions of coverage.  
(1) Document Reconstruction Insurance: Non negotiable documents are insured against loss, damage, or rifling up to \$50,000 per piece, subject to a limit of \$500,000 per occurrence.  
(2) Merchandise Insurance: Parcels are insured against loss, damage, or rifling up to a maximum of \$500.

- Signature is required upon delivery
- Claims for delay, loss, damage or rifling must be made within 90 days. Claim forms may be obtained at the post office of mailing.
- This receipt must be presented when a claim is filed.

**EXPRESS MAIL SERVICE**  
**Customer Receipt**

## FROM:

DINERO OPERATING COMPANY  
ATTN: LAVONDA NORMAN  
P. O. DRAWER 10505  
MIDLAND, TEXAS 79702

Customer Number, if any:

## TO:

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
P. O. DRAWER DD  
ARTESIA, NEW MEXICO 88210

\* U.S.G.P.O. 1983-400-104 Label 11-B, Apr. 1983

**EXPRESS MAIL**  
NEXT DAY SERVICE

POST OFFICE  
TO ADDRESSEE



B 40424250

ORIGIN	
Initials of Receiving Clerk	<i>BDM</i>
P.O. ZIP Code	79702
Date in	Time in
5/10/84	1645
Return Receipt Service	
<input type="checkbox"/> To Whom & Date Del	
<input type="checkbox"/> To Whom, Date & Address of Del	
Weight	
1 Lbs	
Postage & Fees \$ 9 35	

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**EXPRESS MAIL SERVICE**  
**Customer Receipt**

1  
 Please print name, address, and  
 your address in the "DELIVER TO" space on  
 the back of this card.  
 Service is requested (check one):  
 home and date delivered: \_\_\_\_\_  
 home, date and address of delivery: \_\_\_\_\_  
 DELIVERY \_\_\_\_\_  
 home and date delivered: \_\_\_\_\_  
 DELIVERY \_\_\_\_\_  
 home, date, and address of delivery: \$ \_\_\_\_\_  
 POSTMASTER FOR FEES  
 DELIVERED TO:  
 NATURAL GAS COMPANY  
 1492  
 TEXAS 79978  
 DESCRIPTION:  
 CERTIFIED NO. INSURED NO.  
 847889  
 Signature of addressee or agent:  
 Signature of article described above:  
 Address: ☐ Authorized agent  
 Signature: *El Paso Nat. Gas Co.*  
 OVERY POSTMARK  
 MAY 4 1976  
 EL PASO, TX  
 LIVER & CARRIER: \_\_\_\_\_  
 CARRIER'S INITIALS: \_\_\_\_\_

☆ GPO : 1979-300-459

# P 202 847 889 RECEIPT FOR CERTIFIED MAIL

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

SENT TO		El Paso Nat. Gas Co.	
STREET AND NO.		P.O. Box 1492	
P.O. STATE AND ZIP CODE		El Paso, Tx. 79978	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	c
		SPECIAL DELIVERY	c
		RESTRICTED DELIVERY	c
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	c
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	c
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	c
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	c
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976



Page 1 of 3  
 Address to the RETURN TO agent on  
 is requested (check one)  
 and date delivered.....  
 date and address of delivery.....  
**DELIVERY**  
 and date delivered.....  
**DELIVERY**  
 date and address of delivery.....  
**MASTER FOR FEES**  
 TO:  
 NY U.S.A.  
 47  
 XAS 77001  
 FROM:  
 CERTIFIED NO. 847886  
 RETURNED NO.  
 Signature of addressee or agent)  
 The described above.  
 1984  
 MAY 14 1984  
 USA  
 CRANK'S  
 INITIALS

☆ GPO : 1979-300-459

P 202-847 886  
**RECEIPT FOR CERTIFIED MAIL**

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

SENT TO		Oxon U.S.A.	
STREET AND NO.		P.O. Box 1547	
P.O. STATE AND ZIP CODE		Houston, Tx 77001	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	¢
		SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

**SENDER:** Complete Item 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

**1. The following service is requested (check one)**

☒ Show to whom and date delivered. *✓*

☐ Show to whom, date and address of delivery. *c*

☐ RESTRICTED DELIVERY

☒ Show to whom and date delivered. *✓*

☐ RESTRICTED DELIVERY

☐ Show to whom, date, and address of delivery. *c*

**(CONSULT POSTMASTER FOR FEES)**

**2. ARTICLE ADDRESSED TO:**

BASS ENTERPRISES PRODUCTION  
FIRST CITY NATIONAL BANK TOWER  
FT. WORTH, TEXAS 76102

**3. ARTICLE DESCRIPTION:**

REGISTERED NO. *847882* CERTIFIED NO. *847882* ISSUED NO. *847882*

**(Always obtain signature of addressee or agent)**

**I have received the article described above.**

SIGNATURE *[Signature]* ADDRESS *[Address]* AUTHORIZED AGENT *[Initials]*

**DATE OF DELIVERY** *5/9/84* **POSTMARK** *FT. WORTH, TX MAY 11 1984*

**4. ADDRESS (Complete only if requested)**

**5. UNABLE TO DELIVER BECAUSE:**

P 202647 882  
RECEIPT FOR CERTIFIED MAIL

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

SENT TO		<i>Bass Enterprises</i>	
STREET AND NO.		<i>First City Nat'l Bank</i>	
P.O., STATE AND ZIP CODE		<i>FT. Worth, Tx.</i>	
POSTAGE		\$ <i>✓</i>	
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	<i>✓</i> <i>c</i>	
	SPECIAL DELIVERY	<i>c</i>	
	RESTRICTED DELIVERY	<i>c</i>	
	OPTIONAL SERVICES	<i>✓</i> <i>c</i>	
	RETURN RECEIPT SERVICE	<i>c</i>	
SHOW TO WHOM AND DATE DELIVERED		<i>c</i>	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		<i>c</i>	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		<i>c</i>	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		<i>c</i>	
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE		<i>sent 5/9/84</i>	

PS Form 3800, Apr. 1976

**SENDER:** Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

The following service is requested (check one):

☐ Show to whom and date delivered.....✓  
☐ Show to whom, date and address of delivery.....  
☒ **RESTRICTED DELIVERY**  
 Show to whom and date delivered.....  
☐ **RESTRICTED DELIVERY**  
 Show to whom, date, and address of delivery.....

(CONSULT POSTMASTER FOR FEES)

**ARTICLE ADDRESSED TO:**  
 SANTA FE MINERALS  
 731 W. WADLEY  
 MIDLAND, TEXAS 79701

**ARTICLE DESCRIPTION:**

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	847885	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

*e. shells*

DATE OF DELIVERY  
5-11-84

ADDRESS (Complete only if requested)

UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO : 1978-300-459

P 202 847 885

**RECEIPT FOR CERTIFIED MAIL**

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

SENT TO		Santa Fe Minerals
STREET AND NO.		731 W. Wadley
P.O., STATE AND ZIP CODE		MIDLAND, TX. 79701
POSTAGE		\$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
	SPECIAL DELIVERY	¢
	RESTRICTED DELIVERY	¢
	OPTIONAL SERVICES	
	RETURN RECEIPT SERVICE	
	SHOW TO WHOM AND DATE DELIVERED	¢
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$
POSTMARK OR DATE		

PS Form 3800, Apr. 1976



PS Form 3811, Jan. 1976

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

**1. The following service is requested (check one):**

☒ **SHOW TO WHOM AND DATE DELIVERED**.....  
☐ **SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY**.....  
☐ **RESTRICTED DELIVERY**.....  
☐ **RESTRICTED DELIVERY**.....  
☐ **RESTRICTED DELIVERY**.....  
**Show to whom, date and address of delivery**.....  
**(CONSULT POSTMASTER FOR FEES)**

**2. ARTICLE ADDRESSED TO:**  
HCW EXPLORATION COMPANY  
601 N. LORAIN  
MIDLAND, TEXAS 79701

**3. ARTICLE DESCRIPTION:**  
REGISTERED NO. CERTIFIED NO. INSURED NO.  
847888

**(Always obtain signature of addressee or agent)**

**I have received the article described above.**  
**SIGNATURE** ☐ Addressee ☒ Authorized agent  
*Teresa Chondola*

**DATE OF DELIVERY** **POSTMARK**  
5-11-84

**5. ADDRESS (Complete only if requested)**

**6. UNABLE TO DELIVER BECAUSE:**

**7. COMMENTS**

☆ GPO : 1975-380-400

P 202 847 888  
**RECEIPT FOR CERTIFIED MAIL**

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

**SENT TO**  
HCW Exploration  
**STREET AND NO.**  
601 N. LORAIN  
**P.O., STATE AND ZIP CODE**  
Midland 79701

**POSTAGE** \$

<b>CONSULT POSTMASTER FOR FEES</b>	<b>OPTIONAL SERVICES</b>	<b>CERTIFIED FEE</b>	\$
		<b>SPECIAL DELIVERY</b>	\$
		<b>RESTRICTED DELIVERY</b>	\$
	<b>RETURN RECEIPT SERVICE</b>	<b>SHOW TO WHOM AND DATE DELIVERED</b>	\$
		<b>SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY</b>	\$
<b>SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY</b>		\$	
<b>SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY</b>		\$	

**TOTAL POSTAGE AND FEES** \$

**POSTMARK OR DATE**

PS Form 3800, Apr. 1976

Form 3800, Apr. 1976

Add your address in the "RETURN TO" space on reverse.

1. ARTICLE ADDRESS TO: UNION OIL COMPANY OF CALIFORNIA, P.O. BOX 671, MIDLAND, TEXAS 79702

2. ARTICLE DESCRIPTION: REGISTERED NO. 847887, CERTIFIED NO., INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE: *Sue Smith* (Addressee) (Authorized agent)

4. DATE OF DELIVERY: POSTMARK: MIDLAND, TEXAS MAY 3 1982

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE:

☆ GPO: 1979-300-459

# 1 202 041 001 RECEIPT FOR CERTIFIED MAIL

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

SENT TO: Union Oil Co.

STREET AND NO: P.O. Box 671

P.O., STATE AND ZIP CODE: Midland 79702

POSTAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

OPTIONAL SERVICES: SHOW TO WHOM AND DATE DELIVERED \$

RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

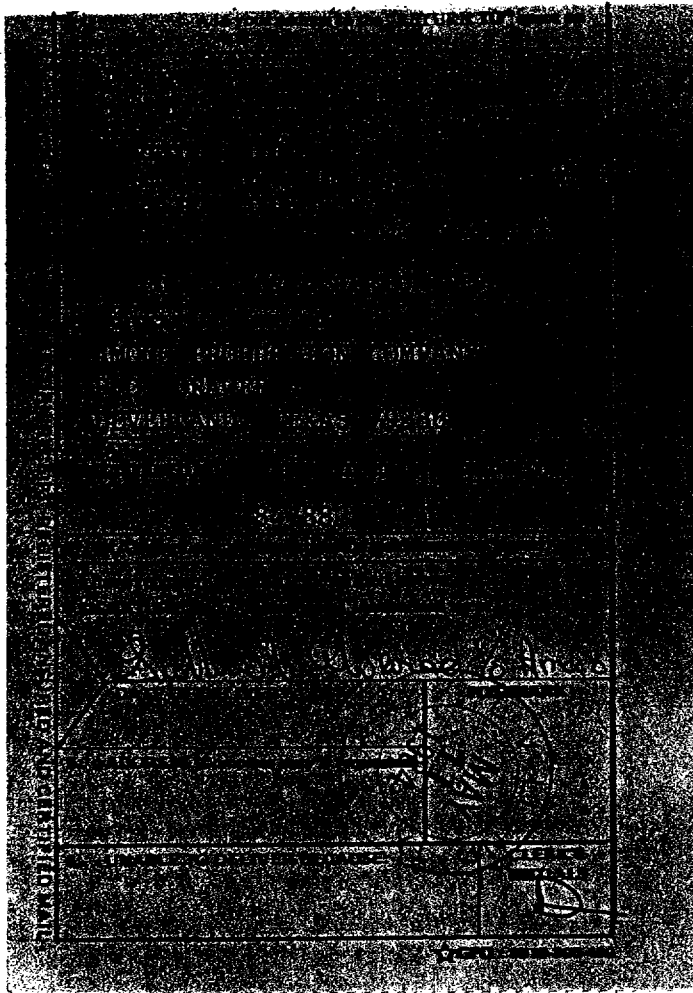
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

PS Form 3800, Apr. 1976

ILLEGIBLE



1 202 041 000

**RECEIPT FOR CERTIFIED MAIL**

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

SENT TO		Amoco Production		
STREET AND NO.		P.O. Drawer A		
P.O., STATE AND ZIP CODE		Levelland, Tx. 79334		
POSTAGE		\$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢		
	SPECIAL DELIVERY	¢		
	RESTRICTED DELIVERY	¢		
	OPTIONAL SERVICES	RETURN RECEIPT SERVICE	¢	
		SHOW TO WHOM AND DATE DELIVERED	¢	
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢		
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢			
TOTAL POSTAGE AND FEES		\$		
POSTMARK OR DATE				

PS Form 3800, Apr. 1976

ILLEGIBLE