

CERTIFICATE OF MAILING

I hereby certify under oath that on the 10th day of October, 1986, I caused to be mailed by certified mail a true and correct copy of the foregoing letter and application to the following:

Mobil Producing Texas & New Mexico Inc.
P. O. Box 633
Midland, Texas 79702

Harvey E. Yates Company
Explorers Petroleum Corporation
Spiral Inc.
P. O. Box 1933
Roswell, New Mexico 88201

Yates Energy Corporation
Fred G. Yates Inc.
Suite 1010, Sunwest Centre
Roswell, New Mexico 88201

Mesa Operating Limited Partnership
P. O. Box 2009
Amarillo, Texas 79189-2009

Sabine Corporation
P. O. Box 3083
Midland, Texas 79702

Louisiana Land and Exploration Company
Suite 1200, 2950 North Loop West
Houston, Texas 77092

Amerada Hess Corporation
P. O. Box 2040
Tulsa, Oklahoma 74102

BEFORE EXAMINER STONER OIL CONSERVATION DIVISION	
CASE NO. <u>9022</u>	EXHIBIT NO. <u>3</u>


W. Thomas Kellahin

STATE OF NEW MEXICO)
) ss
COUNTY OF SANTA FE)

The foregoing instrument was acknowledged before me this 10th day of October, 1986, by W. Thomas Kellahin.

My Commission Expires:

9-26-89


Notary Public

PS Form 3811, July 1983 447-945

DOMESTIC RETURN RECEIPT

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.

3. Article Addressed to:
Louisiana Land & Exploration Company
2950 N. Loop West, Suite 1200
Houston, Texas 77092

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	P 131 072 129

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)

Pennzoil 11/5/86

PS Form 3811, July 1983 447-945

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Harvey E. Yates Co
Explorers Petroleum Corp.
Spiral Inc.
P. O. Box 1933
Roswell, New Mexico 88201

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	P 131 072 125

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
10-15-86

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

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Yates Energy Corporation
Fred G. Yates Inc.
Suite 1010, Sunwest Centre
Roswell, New Mexico 88201

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	P 131 072 126

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)
YATES
1010 SUNWEST BL.
ROSWELL N. Mex 88201

Pennzoil 11/5/86

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Amerada Hess Corporation
P. O. Box 2040
Tulsa, Oklahoma 74102

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	P 131 072 130

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
OCT 14 1986

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

Form 3811, July 1983 447-845

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.

3. Article Addressed to:
Mesa Operating Limited
Partnership
P. O. Box 2009
Amarillo, Texas 79189-2009

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	P 131 072 127

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

OCT 14 1986

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

P. O. Box 2009
Amarillo, Texas 79189-2009

DOMESTIC RETURN RECEIPT

Pennzoil 11/5/86

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Sabine Corporation
P. O. Box 3083
Midland, Texas 79702

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	P 131 072 128

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

10-14-86

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

P. O. Box 3083

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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2. ☐ Restricted Delivery.

3. Article Addressed to:
Mobil Producing TX & NM Inc.
P. O. Box 633
Midland, Texas 79702

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	P 131 072 124

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

10-14-86 OK

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

Box 633
Midland, TX 79702

DOMESTIC RETURN RECEIPT