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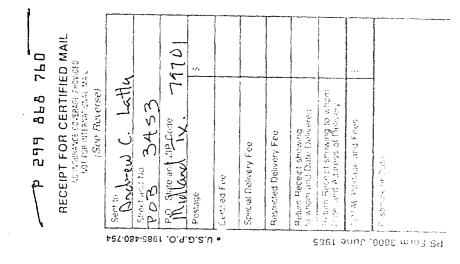
BEFORE EXAMINER CATANIACH	- [
OIL CONSERVATION DIVISION						
EXHIBIT NO. 48	•					
CASE NO. 9215	-					
SUBMITTED BY APPLICANT	-					
HEARING DATE SEPTEMBER 23,198	7					

PS Form 3300, June 1985

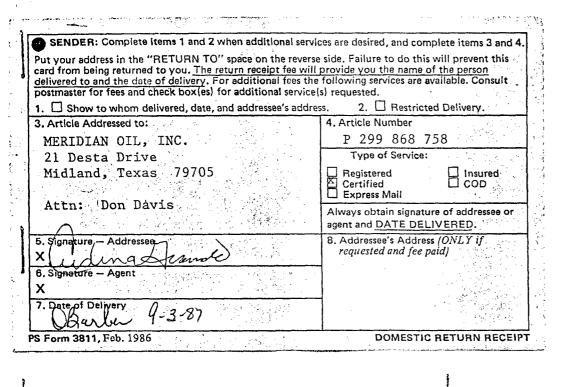
SENDER: Complete items 1 and 2 when additional serv	ices are desired, and complete items 3 and 4
Put your address in the "RETURN TO" space on the revers card from being returned to you. <u>The return receipt fee wil</u> <u>delivered to and the date of delivery</u> . For additional fees th postmaster for fees and check box(es) for additional service	I provide you the name of the person e following services are available. Consult
1. Show to whom delivered, date, and addressee's addresse	ess. 2. 🗌 Restricted Delivery.
3. Article Addressed to: ANDREW C. LATTU	4. Article Number P 299 868 760
P. O. Box 3453	Type of Service:
Midland, Texas 79701	Registered Insured Certified COD Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery - 4	
S Form 3811, Feb. 1986	DOMESTIC RETURN RECEI

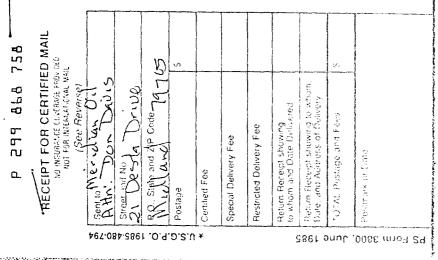
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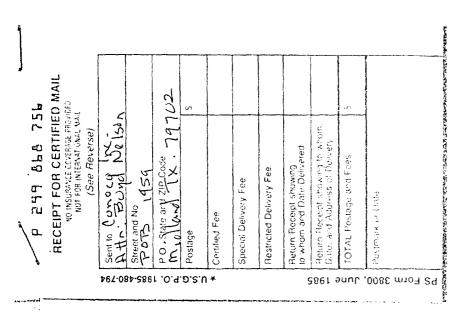


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	<u> </u>	Article Ad	_										le Number		, i
•		Cibola	Ene	rgv	Сот	າກດາ	at	ion				P 2	99 868 759		
	ľ	P. O.						1 3		I.,			pe of Service:		
		Albuqu	erqu	e,	New		÷.,	1. 1. s	1103			Cert	istered lified ress Mall	D Insured COD	
3		Attn:	Har	vey	Yat	:es	, J1 ;	.					obtain signatu re nd <u>DATE DELIV</u>		N a Line Hzte
	5, X	Signature	- Add	restee	3M	N	_l	j			8	. Addı requ	ressee's Address (ested and fee pair	ONLY if d)	
	X			nt			·								
	7.	Date of D	elivery									<u>a</u> .	i a - Â		
•.		Form 3811	-/	1096	·					.		7.8	C-87 K	ETURN RECEIPT	1.4
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1		IFIED MAIL How Cro How And Priver			87103	(4)						(7)			
	P 233 868	FOR CERT suprate contenct rish mentation (See Reverse	bold & rergid	100 1860	Muergul MM	2	A.C.	Special Delwery Fee	Restricted Delivery Fee	eceipt showing and Date Delivered	celatistical romania Adaress of Service	Postage and Feed			
	Ĺ	RECEIPT No. 6	DHN:	Street and No PDB	en ch	Postage 🖌	Cerhed Fee	Special De	Restricted	Return R to whom	Return Rec	1014			
			\$67.08	v·986	1.0.9.	อ.ร.บ	4			9	861	əսոր	PS Form 3800.		

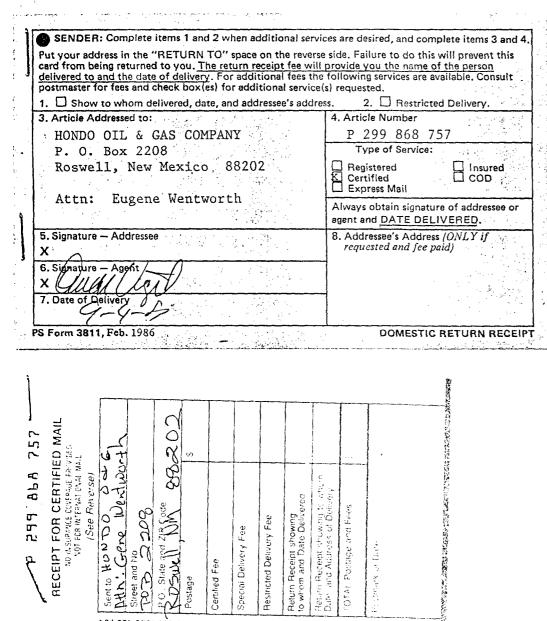




SENDER: Complete items 1 and 2 when additional servi	ces are desired, and complete items 3 and 4		
Put your address in the "RETURN TO" space on the reverse card from being returned to you. <u>The return receipt fee will</u> <u>delivered to and the date of delivery</u> . For additional fees the postmaster for fees and check box(es) for additional service	provide you the name of the person following services are available. Consult		
1. D Show to whom delivered, date, and addressee's addre	ss. 2. 🗌 Restricted Delivery.		
3. Article Addressed to:	4. Article Number		
Conoco, Inc.	P 299 868 756		
P. O. Box 1959	Type of Service:		
Midland, Texas 79702	☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Express Mail		
Attn: Boyd Nelson	Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)		
6. Signature – Agent			
7. Date of Delivery 9-3-87 multip			
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIP		



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	3. A	rticle Add	ressed	to:							4.	Articl	e Number	and the second second	
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		10N TON	2-1	2 M	3		a	Special Delivery	Deliv	eipt d D	Addr	stag	Pustmark of Date		
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		stmaster for Show t											ted. 2. 🛛 Restricted	Delivery
•		Article Add		_									le Number	
•••	Yates Energy Corporation										P 299 868 749			
•								Type of Service:						
- - -	1010 Sunwest Center Roswell, New Mexico 88201										Registered Insured Certified COD			
		Attn:	Ken	t H	ammo	onds			16	jî karalanê P	•		obtain signature nd <u>DATE DELIN</u>	e of addressee or VERED.
	5. X	Signature –	Addr	essee)	8.	Addr reque	essee's Address ested and fee par	(ONLY if d)
ţ	6. X	Signature -	Agen	16	rX	U	\oslash	2	/					
•	7.	Date of Del	ivery	5	[_]	1					-			
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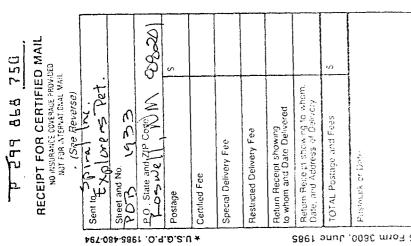
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3. Article Addressed to: SPIRAL, INC. EXPLORERS PETROLEUM CORP. P. O. Box 1933 Roswell, New Mexico 88201	4. Article Number P 299 868 750 Type of Service: Registered Insured Certified COD Express Mall
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agen X 7. Date of Delivery Q-3-87	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT

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PS Form 3600, June 1985

	SENDER: Complete items 1 and 2 when additional service	
	Put your address in the "RETURN TO" space on the reverse card from being returned to you. <u>The return receipt fee will</u> <u>delivered to and the date of delivery</u> . For additional fees the postmaster for fees and check box(es) for additional service(side. Failure to do this will prevent this provide you the name of the person following services are available. Consult s) requested.
	 L Show to whom delivered, date, and addressee's address Article Addressed to: 	ss. 2. 🗌 Restricted Delivery.
	STATE OF NEW MEXICO LAND OFFICE	P 299 868 751
9	P. O. Box 1148	Type of Service:
•	Santa Fe, New Mexico 87504-1148	Registered Insured Certified COD Express Mail
	Attn: Pete Martinez	Always obtain signature of addressee or agent and DATE DELIVERED.
ç	5. Signature - Addressee	8. Addressee's Address (ONLY if requested and fee paid)
	6 Signature – Agent	
	7. Date of Delivery	
. 1	PS Form 3811, Feb. 1986 PS 4	DOMESTIC RETURN RECEIPT

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