

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY AND MINERALS
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION
OF MITCHELL ENERGY CORPORATION
FOR COMPULSORY POOLING AND
UNORTHODOX WELL LOCATION
LEA COUNTY, NEW MEXICO.

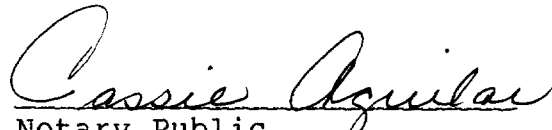
CASE: 9272

CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on November 10, 1987, notice of the hearing, and a copy of the application for the above referenced case, was mailed at least twenty days prior to hearings originally set for December 2, 1987 to the operators and interested parties listed in Exhibit "A".


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 30th day of
November, 1987.


Notary Public

My Commission Expires:

9-26-91

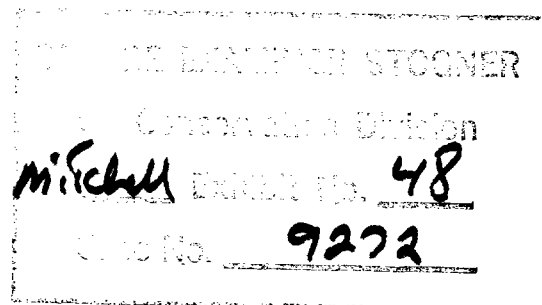


EXHIBIT "A"

ARCO Oil & Gas Company
P. O. Box 1610
Midland, Texas 79702
Attn: Ms. Rita Buress

Mr. Douglas Cone
P. O. Box 13612
Albuquerque, NM 87192

Mr. Clifford Cone
P. O. Box 6010
Lubbock, Texas 79408

Mr. Kenneth Cone
P. O. Box 11310
Midland, Texas 79702

Mr. Ronald J. Byers
1600 United Bank Tower
400 W. 15th Street
Austin, Texas 78701

Kanab Operating Company, Ltd.
400 Wilco Blvd.
Midland, Texas 79701

Estate of William Thomas
Reed, deceased,
c/o Mr. James Reed McCrory
P. O. Box 25764
Albuquerque, New Mexico 87215

Samedan Oil Corporation
10 Desta Drive, Suite 240 East
Midland, Texas 79705

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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number P 131 072 157

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee Kenneth A. Cone

6. Signature - Agent Kenneth A. Cone

7. Date of Delivery 11-12-87

8. Addressee's Address (ONLY if requested and fee paid)
Box 11310

PS Form 3811, Feb. 1986 Mitchell 12/2/87 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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number P 131 072 156

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee [Signature]

6. Signature - Agent [Signature]

7. Date of Delivery 11-20-87

8. Addressee's Address (ONLY if requested and fee paid)
Box 3

PS Form 3811, Feb. 1986 Mitchell 12/2/87 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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number P 131 072 155

Type of Service: ☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee [Signature]

6. Signature - Agent [Signature]

7. Date of Delivery 11/13/87

8. Addressee's Address (ONLY if requested and fee paid)
Box 1410

PS Form 3811, Feb. 1986 Mitchell 12/2/87 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. 2. ☐ Restricted Delivery.

3. Article Addressed to:

4. Article Number P 131 072 154

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee [Signature]

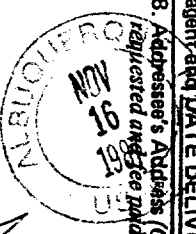
6. Signature - Agent [Signature]

7. Date of Delivery 11-13-87

8. Addressee's Address (ONLY if requested and fee paid)
Box 1410

PS Form 3811, Feb. 1986 Mitchell 12/2/87 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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Mr. James R. McCrory P. O. Box 25764 Albuquerque, New Mexico 87215	4. Article Number P-484 057 508
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Signature - Addressee <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
6. Signature - Agent <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 1-13-87	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Samedan Oil Corporation 10 Desta Drive Suite 240 East Midland, Texas 79705	4. Article Number P131 002 161
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Signature - Addressee <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
6. Signature - Agent <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 1-17-87	

PS Form 3811, Feb. 1986

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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Estate of William Thomas Reed, deceased, c/o Mr. James Reed McCrory P. O. Box 25764 Albuquerque, NM 87215	4. Article Number P131 002 160
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Signature - Addressee <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
6. Signature - Agent <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 1-13-87	<i>[Signature]</i>

PS Form 3811, Feb. 1986

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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Kanab Operating Company 400 Wilco Blvd. Midland, Texas 79701	4. Article Number P131 002 159
	Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Signature - Addressee <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
6. Signature - Agent <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 1-1-87	<i>[Signature]</i>

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT