STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

CASE NO. 10235

APPLICATION OF STRATA ENERGY RESOURCES CORPORATION FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO

CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on January 16, 1991, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for February 7, 1991, to the parties shown in the application as evidenced by the attached copies of return receipt cards.

n duhee aren Aubrey

SUBSCRIBED AND SWORN to before me this $\frac{157}{2}$ day of February, 1991.

Notary Public

My Commission Expires:

7-6-91

BEFORE EXAMINER STOGNER

Oil Conservation Division

Strata Exhibit No. /

Case No. 10235

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| | | 4 Article Number |
| Charles Herring | | Plallalacella |
| HC 52, Box 202 | | Type of Service: |
| Willow Road | | Registered Insured |
| Graford, TX 760 | 45 | Certified COD |
| | | Express Min Return Receipt for Merchandise |
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| Ronnie Herring | | Type of Service: |
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| Newcastle, TX | 76372 | Certified COD |
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| P.O. Box 29 | uerson / | PLOTLOLOLOLOJA |
| | | Type of Service: |
| Newcastle, | TX 76372 | Registered Insured |
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| 9145 Live Oak | Plan - | Type of Service: |
| Fontana, CA 923 | 35 9 \\> | Registered Insured |
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| x Z | nature - | Addressee <u> <u> <u> </u> <u> </u></u></u> | no tool | 8 | whit and <u>DATE DELIVERED</u> . Addressee's Address (ONLY if requested and fee paid) |
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| S Forr | n 3811 , | Apr. 1989 | ★U.S.G.P.O. 198 | 9-238-815 | DOMESTIC RETURN RECI |
| · 1. [| J Show te | o whom delivere (Ex | ed, date, and addre tra charge) | g services and d. ssee's addres | the name of the person delivered to available. Consult postmaster for s. 2. Restricted Delivery (<i>Extra charge</i>) |
| | 14613 | Spring (Ste, TX | Morrison Oaks Dr. 75180 | | pe of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandis |
| K(| | Addressee | iomp Pao | | ways obtain signature of addressee agent and <u>DATE DELIVERED</u> . Addressee's Address (ONLY if |
| X 6. S | ignature - | - Agent _{7 L} | | <u>_</u> | requested and fee paid) |
| X (7. D | ate of De | Me K livery - 27,91 | usua | | RECEIVED JAN 24 |
| PS Fo | ./ rm 3811 | , Apr. 1989 | ★ U.S.G.P.O. 1 | 989-238-815 | DOMESTIC RETURN REC |
| Put from the | 3 and 4. your addre being retu date of del | ss in the "RETU urned to you. The livery. For addition (es) for addition to whom deliver | RN TO" Space on th | ne reverse side <u>vill provide you</u> ng services au ed. | (Extitut churge) |
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| | | thank 1 | Jenning REC | EIVED | JAchressee' 1 991 ess (ONLY if requested and perpaid) |
| 6. | Signature | - Agent | | | |
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SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4.
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 1. Show to whom delivered, date, and addressee's address.
 2. Restricted Delivery (Forta charge) 2. C Restricted Delivery (Extra charge) (Extra charge) Article Number ۵ Type of Service: Owana H. Mills Registered Insured Helen Street, Box 471 Certified COD Monahans, TX 79756 Return Receipt Express Mail Always obtain signature of addressee or agent and DATE DELIVERED Addresse 8. Addressee's Address (ONLY if AUA requested and fee paid) Signature - Agent RECEIVED JAN 24 1991 х 7. Date of Delivery PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 • 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery</u>. 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. C Restricted Delivery (Extra charge) (Extra charge) Article Number ا ھ 0 01 Type of Service: Billy Wayne McCarty Registered Insured 1632 Oxford Certified 👒 🗆 сор Return Receipt for Merchandise Santa Monica, CA 93454 Express Mail Always obtain signature of addressee Be: or agent and DATE DELIVERED. STRONG Addressee's Address (ONLY if 5. Signature Addressee quested and fee paid X VED JAN 28 1991 6. Signature Agent Х 7. Date of Delivery DOMESTIC RETURN RECEIPT **PS Form 3811,** Apr. 1989 *U.S.G.P.O. 1989-238-815 SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. ■ 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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery</u>. 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 (Extra harge) (Extra charge) Article Number 0 0 Type of Service: L.J. McCarty Registered Insured 🗆 сор 1113 Gateway Circle Certified Return Receipt for Merchandise Express Mail Borger, ТΧ Always obtain signature of addressee or agent and DATE DELIVERED Addressee's Address (ONLY if 8. requested and fee paid) 6 Signature Agent RECEIVED JAN 24 199 Х 7. Date of Delivery PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT +U.S.G.P.O. 1989-238-815

| SENDER: Complete items 1 and 2 when addition | mal services are desired and complete items |
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| 3 and 4. Put your address in the "RETURN TO" Space on the teve from being returned to you. <u>The return receiptive with root</u> the date of delivery. For additional fees the following en- and check box(es) for additional service(s) requested. | |
| 1. Show to whom delivered, date, and addressee's (Extra charge) | (Extra charge) |
| Virginia L.T. Tucker South Bend, TX 76081 | 4. Article Number |
| KESTRONIA COMO POOL CHK | Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 5. Signature - Addressee | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature – Agent X | RECEIVED JAN 28 1991 |
| 7. Date of Delivery | 28 1991 |
| PS Form 3811 , Apr. 1989 * U.S.G.P.O. 1989-238 | B-815 DOMESTIC RETURN BECEIPT |
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| SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the rever- from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following servi and check box(es) for additional service(s) requested. 1. Show to whom delivered date, and addressee's (Etra charge) | se side. Failure to do this will prevent this card ide you the name of the person delivered to and ices are available. Consult postmaster for fees |
| | 4. Article Number Plate Lelale 133 |
| Bobby Joe McCarty | Type of Service: |
| 7109 Vinewood | |
| Amarillo, TX 79108 | for Merchandise |
| Ric: Steasla Comp Ford CHK | 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 - Asent Miller, D. Mc Carty 7. Date of Delivery | RECEIVED JAN 25 1991 |
| JAN 2 3 1991 | |
| S Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238 | -815 DOMESTIC RETURN RECEIPT |
| SENDER: Complete items 1 and 2 when addition | al convince are depied, and complete items |
| ■ 3 and 4. Put your address in the "RETURN TO" Space on the rever from being returned to you. <u>The return receipt fee will prov</u> the date of delivery. For additional fees the following serv and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's | rse side. Failure to do this will prevent this card ride you the name of the person delivered to and rices are available. Consult postmaster for fees address. 2. |
| (Extra charge) | Article Number |
| Holly Jean Morrow | Type of Service: |
| P.O. Box 307 | Certified COD |
| Newcastel, TX 76372 | Always obtain signature of addressee |
| Kastzada Comp tool CH | or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| x Jalle Lan morrow | requested and fee paid) |
| 6. Sillhatuge -2Wg94t X | RECEIVED JAN 24 1991 |
| P. Date of Delivery | |
| PS Form 9919 S.pr. 1989 *U.S.G.P.O. 1989-238 | B-815 DOMESTIC RETURN RECEIPT |

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| • SENDER: Comp 3 and 4. | | | |
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| 2 | plete items i and | 2 when additional s | ervices are desired, and complete items |
| - 3 and 4. | | • • • • • • • • • • • • • • • • • • • | ide Esilure to do this will prevent this card |
| Put your address in the from being returned t | to you. The return re | ceipt fee will provide y | you the name of the person delivered to and are available. Consult postmaster for fees |
| | | | are available. Consult postmaster for fees |
| and check box(es) fo | or additional service | (s) requested. , and addressee's add | tress. 2. 🗌 Restricted Delivery |
| 1. LI Show to who | (Extra charge | ge) | (|
| | | | 4. Article Number |
| Toborta | T. Hunter | 1 | Plolophalop 1 |
| | | | Type of Service: |
| 821 Weld | | 00100 | |
| Santa Ba | arbara, CA | . 93109 | |
| | | , | Boturn Receint |
| | | | Express Mail for Merchandise |
| | | | Always obtain signature of addressee |
| T. GL | un Com | S C M C M C | or agent and DATE DELIVERED. |
| ME HOS | Sur 1 | | 8. Addressee's Address (ONLY if |
| Signature - Ac | lokessee | | REr@EstVEOr AN 28 1991 |
| X HING | lli | | 28 1991 |
| 6. Signature - Ag | gent | | |
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| 7. Date of Daliver | | | 1 |
| 7. Date of BAN | 2 3 1004 | | |
| | | | 5 DOMESTIC RETURN RECEIPT |
| PS Form 3811, A | pr. 1989 | *U.S.G.P.O. 1989-238-81 | 5 DOWESTIC REFORM REGENT |
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| SENDER: Co | omplete items 1 a | nd 2 when additiona | I services are desired, and complete items |
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| the date of deliver | ry. For additional fee | es the following servic | ces are available. Consult postmaster for fees |
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| | wnorm delivered, da (Extra ch | te, and addressee's a | address. 2. C Restricted Delivery (Extra charge) |
| - <u>-</u> | | | 4. Article Number |
| | | | |
| | | | 140 16 10 do 102 |
| Thel | ma E.H. R | louten | Type of Service: |
| | | | Registered |
| | 5 Arcady | 005 | Certified COD |
| nali | las, TX 75 | 1205 | |
| 1 0011 | - | 200 | Every Mail Return Receipt |
| | | | Express Mail Return Receipt for Merchandise |
| B. Gra | la Cassal | | Express Mail Return Receipt for Merchandise Always obtain signature of addressee |
| Bé Gra | ta Compif | ba (CHC) | Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| Signature - | Addressee | 64 (CHC) | Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| bé Gra | Addressee | 600 (CHC) | Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) |
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| 5. Signature – / 6. Signature – / X 7. Date of Delive | Agent ery Apr. 1989 | *U.S.G.P.O. 1989-238-8 | Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) RECEIVED JAN 25 1991 315 DOMESTIC RETURN RECEIPT |
| 6. Signature – / 7. Date of Delive Trm 3811, / SENDER: | Agent ery Apr. 1989 | *U.S.G.P.O. 1989-238-8 | Experience Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>. Addressee's Address (ONLY if requested and fee paid) RECEIVED JAN 25 1991 |
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| | | Article Number |
| Ada P. Thom | | Plolleradol04 |
| 1406 Sunset | | Type of Service: |
| Odessa, TX | 79763 | Registered Insured |
| | | Certified COD Evoress Mail Return Receipt |
| | | for Merchandise |
| 2. Stanlan | and Day (Cur | Always obtain signature of addressee |
| 5. Signature - Addressee | MATCHICH | 8. Addressee's Address (ONLY if |
| O ANNI PANA | mpson | requested and fee paid) |
| 6. Signature – Agent | | |
| X | · | |
| 7. Date of Delivery | <u></u> | |
| | 1.91 | |
| S Form 3811, Apr. 1989 | *U.S.G.P.O. 1989-238-8 | DOMESTIC RETURN RECEIPT |
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| | and 2 when additional | services are desired, and complete items |
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| Fay Nell Wi | llingham | Article Number |
| Route 7 | LTTIGHAM | Plallelddelag |
| Athens, TX (| 75751 | Type of Service: |
| | | Certified COD |
| | () | Express Mail Return Receipt |
| and in the | | Always obtain signature of addressee |
| x/Stecher Cox | notook | agent and DATE DELIVERED. |
| . Signature - Addressee | 7707 | 8. Addressee's Address (ONLY if |
| Jul par | | requested and fee paid) |
| 5. Signature – Agent / | · · · · · · · · · · · · · · · · · · · | |
| | <u> </u> | |
| . Date of Delivery | A CA | IN 3 |
| | | |
| Form 3811 , Apr. 1989 | * U.S.G.P.O . 1989-238-81 | 15 DOMESTIC RETURN RECEIPT |
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| SENDER: Complete items 1 | and 2 when additional | services are desired, and complete items |
| If YOUR address in the "PETLION T | 011 0 | |
| e date of delivery Ent additional | and the falle | side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees |
| d check box(es) for additional ser ☐ Show to whom delivered, of the series of the se | vice(s) requested. | |
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| Article Addressed to: | | 4. Article Number |
| Cometa J. Campbe | 11 | P 676 666 097 |
| Route 7 | | Type of Service: |
| thens, TX 7575 | | |
| ic: Strata Cor | no: 1001 | XCertifiêd COD |
| | | for Merchandise |
| | | or agent and DATE DELIVERED. |
| Signature - Addressee | | 8. deressee's Address (ONLY if |
| Tomilia Campbell | 6 23 | requested and fee paid) |
| Signature - Agent | 199 | |
| | /〉 | |
| Date of Delivery | V SP | 0 |
| | | |
| orm 3811, Apr. 1989 | *U.S.G.P.O. 1989-238-815 | DOMESTIC RETURN RECEIPT |
| | | |

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. ■ 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 (Extra charge) (Extra charge) Article Number اا و 0 Type of Service: Jolene H. McMillen Registered Insured Rt 1, Box 75 🗆 сор Certified Return Receipt for Merchandise Santo, TX 76472 Express Mail Always, obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if Signature requested and fee paid) Signature 0 がらずらら Date of Delivery -28:91 PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT *U.S.G.P.O. 1989-238-815 - e -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. C Restricted Delivery (Extra charge) Article Number Beverly T. Ward OL 7047 Bissonnett #24 DL \mathbf{n} Type of Service: Houston, TX 77074 Registered Insured Certified 🗆 сор Return Receipt for Merchandise Express Mail Always obtain signature of addressee agent and DATE DELIVERED Signature Addressee 8. Addressee's Address (ONLY if Х requested and fee, paid) 6. Signature - Agent х 7. Date of Delivery 24 1991 PS Form 3811, Apr. 1989 +U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. ■ 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 1. Show to whom delivered, date, and addressee's address. 2.
Restricted Delivery (Extra charge) Article Number Choice Thompson ١١ ٩ Family Trust Type of Service: c/o Syble Thompson Registered Rt 9, Box 55 Certified Сор Sour Lake, TX 77659 Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED Signeture - Addressee 8. Addressee's Address (ONLY if Х requested and fee paid) 6. Sign Agrent X Date o Deliv PS Form 3811; Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

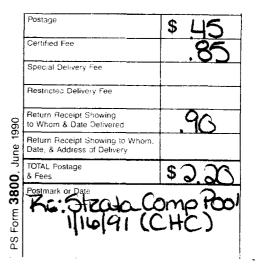


Wesley Thompson, Jr. 2810 Brook River Ct. Sugarland, TX 77478

| | Postage | \$.45 |
|---------------|---|--------------|
| | Certified Fee | .85 |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 066 | Return Receipt Showing to Whom & Date Delivered | .90 |
| June 1990 | Return Receipt Showing to Whorn, Date: & Address of Delivery | |
| | TOTAL Postage & Fees | \$2,20 |
| PS Form 3800. | hi: Stroug Cor Iliulai (C | nofeol HC |



Oscar Taylor Rt 5, Box 702 Conroe, TX 77304



8 676 666 338



Certified Mail Receipt

No Insurance Coverage Provided Do not use for International Mail UNITED STATES (See Reverse)

Bona Lou Conard 2226 Seagrape Circle Cocoanut Creek, FL 33066

| | Postage | \$.45 | | | |
|-------------------------|--|----------------|--|--|--|
| | Certified Fee | .85 | | | |
| | Special Delivery Fee | | | | |
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| 06 | Return Receipt Showing to Whom & Date Delivered | .90 | | | |
| ine 19 | Return Receipt Showing to Whom, Date, & Address of Delivery | | | | |
| י ה | TOTAL Postage & Fees | \$ 2.20 | | | |
| PS Form 38UU, June 1990 | Postmark or Date Re: Strata Comp. Poo 1/16/91 (CHC) | | | | |

6 626 666 700



Lois Ancil Morrison Harris P.O. Box 132 Malakoff, TX 75748

| Postage | \$ 45 |
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| Certified Fee | .85 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Del vered | 90 |
| to Whom & Date Del veled Return Receipt Showing to Whom. Date, & Address of Delivery | |
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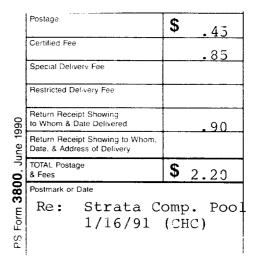
Leo Szczota P.O. Box 851 Rancho Santa Fe, CA 92067

| | Postage | \$.45 | |
|-------------------------|--|-----------------------|----|
| Ī | Certified Fee | .85 | |
| | Special Delivery Fee | | |
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| 90 | Return Receipt Showing to Whom & Date Delivered | .90 | |
| ne 19 | Return Receipt Showing to Whom, Date, & Address of Delivery | | |
| 0 , Ju | TOTAL Postage & Fees | \$2.20 | |
| PS Form 3800, June 1990 | Postmark or Date Re: Strata 1/16/9 | a Comp. P 91 (CHC) | 00 |

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No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Gartha M. Jones 652 S. Ripple Creek Houston, TX 77057



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DEFORE EXAMINER STOGNER Oil Conservation Division Strata Exhibit No. 2 Case No. 10235