

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Wilma M. Phillips and Curtis Darling,  
Co-Trustees for the Barbara Blewett Trust,  
Royalty Interest Owner  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Mary Lou Yankee  
Melissa Seana

By Wilma M. Phillips  
(~~Signature of Working-Interest~~  
~~Owner and Overriding Royalty~~  
~~Interest Owner as applicable~~)

DATE:

July 7, 1989

Curtis Darling  
Its: Curtis Darling, Trustee  
(Signature and capacity as  
fiduciary if applicable)

GENERAL ACKNOWLEDGMENT

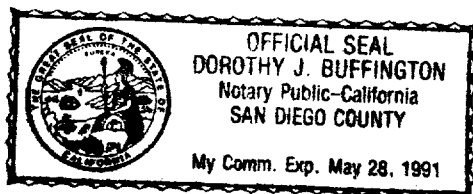
NO. 201

State of California  
County of San Diego } SS.

On this the 7th day of July, 19 89, before me,

Dorothy J. Buffington

the undersigned Notary Public, personally appeared  
Wilma M. Phillips, as Trustee for the Barbara Blewett  
Trust-----



☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(~~s~~) whose name(~~s~~) is subscribed to the  
within instrument, and acknowledged that she executed it.

WITNESS my hand and official seal.

Dorothy J. Buffington  
Notary's Signature

ATTENTION NOTARY: Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document Ratification of Unit Agreement & Unit Operating Agreement, CATO UNIT, Chaves County, New Mexico  
Number of Pages 2 Date of Document 7/7/89  
Signer(~~s~~) Other Than Named Above Curtis Darling

SECOND NOTARY ACKNOWLEDGEMENT ON BACK  
(Spouse to join if married)

# GENERAL ACKNOWLEDGMENT

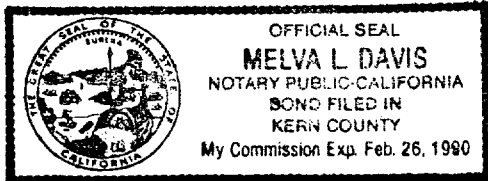
NO. 201

State of California  
County of Kern } SS.

On this the 11th day of July, 1989, before me,

Melva L. Davis

the undersigned Notary Public, personally appeared  
Curtis Darling, as Trustee for the Barbara Blewett  
Trust-----



☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is subscribed to the  
within instrument, and acknowledged that he executed it.

WITNESS my hand and official seal.

Melva L. Davis

Notary's Signature

**ATTENTION NOTARY:** Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document Ratification of Unit Agreement & Unit Operating Agreement, CATO UNIT, Chaves County, New Mexico  
Number of Pages 2 Date of Document 7/7/89  
Signed ☒ Other Than Named Above Wilma M. Phillips

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: H. L. BROWN, JR.  
(Name of business entity if applicable)

WITNESS OR ATTEST:

[Signature]

By [Signature]  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

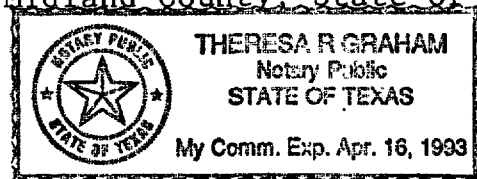
STATE OF TEXAS )  
 ) ss  
COUNTY OF MIDLAND )

The foregoing instrument was acknowledged before me this 3rd day of July, 1989, by H. L. BROWN, JR.,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

[Signature]  
Notary Public in and for  
Midland County, State of Texas



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Josephine P Gray

By Damon C Bunkstaller  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

6/14/89

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Alaska )  
COUNTY OF Anchorage ) ss

The foregoing instrument was acknowledged before me this 14th day of June, 1989, by Damon Bunkstaller,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

5/14/93

Diana A. Marsh  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Joy Eichten

By Douglas B. Benkstollen  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

6/15/89

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF Colorado )  
 ) ss  
COUNTY OF Arapahoe )

The foregoing instrument was acknowledged before me this 15th  
day of June, 1989, by Douglas B. Benkstollen,  
of 2032 S. Walden Way  
Aurora, Co. 80013.

My Commission Expires:

Jan 17, 1993

Josephine VanDusen  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_

By Herman F. Burkstaller  
Roberta C. Burkstaller  
(Signature of ~~Working Interest~~  
~~Owner and Overriding Royalty~~  
Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF LINCOLN )

The foregoing instrument was acknowledged before me this 16th  
day of June, 1989, by Herman F. Burkstaller and Roberta C.,  
Burkstaller of Nogal, New Mexico

My Commission Expires:

4-21-91

Larry Lickman  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By Ann Foutz

By Charles H. Coll  
(Signature of ~~Working Interest~~  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF D.M. )  
COUNTY OF Chaves ) ss

The foregoing instrument was acknowledged before me this 6<sup>th</sup>  
day of June, 1989, by Charles H. Coll,  
President of Coll Production

My Commission Expires:

9/9/92

Debra S. Kennedy  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

L. Ann Fortz

By James N. Coll  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF N.M. )  
 ) ss  
COUNTY OF Chaves )

The foregoing instrument was acknowledged before me this 6  
day of June, 1989, by James N. Coll,  
Secretary of Coll Production

My Commission Expires:

9/9/92

Debra S. Kennedy  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

L. Ann Lutz

By Jon E. Coll  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF D.M. )  
COUNTY OF Chaves ) ss

The foregoing instrument was acknowledged before me this 6th day of June, 1989, by Jon E. Coll,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

9/9/92

Debra S. Kennedy  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_  
By *Max W. Coll, II*  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
COUNTY OF \_\_\_\_\_ ) ss

The foregoing instrument was acknowledged before me this 9<sup>TH</sup> day of OCTOBER, 1989, by MAX W. COLL, II MARRIED MAN DEALING IN HIS SEPERATE ESTATE,

My Commission Expires:

APRIL 21, 1992

*Diana L. Vigil*  
Notary Public


(Spouse to join if married)

(Ratification of Cato Unit)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: George E. Conley, unmarried  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By   
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

9/7/89

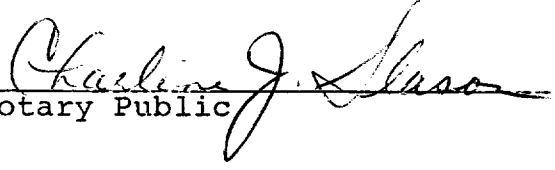
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF COLORADO )  
 ) ss  
COUNTY OF Douglas )

The foregoing instrument was acknowledged before me this 7 day of September, 1989, by George E. Conley, an unmarried man, of Parker, Colorado

My Commission Expires:

4-8-91

  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: H.R. CORDER - J. HOWARD  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Danville Dyer

Mary A. Corder  
By Mary A. Corder, Spouse  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

6/9/89

Its:

(Signature and capacity as fiduciary if applicable)

STATE OF LOUISIANA )  
PARISH ) ss  
COUNTY OF JEFFERSON )

The foregoing instrument was acknowledged before me this 9  
day of 9th of June, 1989, by H.R. Corder & Mary A. Corder,  
of Jefferson Parish, Louisiana.

My Commission Expires:

At Death

John H. Fennell III  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Linda L. Reinecker

By Jay K. Crist Margaret A. Crist  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

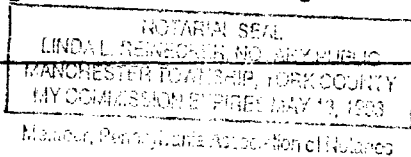
5-30-89

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF PA )  
COUNTY OF York ) ss

The foregoing instrument was acknowledged before me this 30<sup>th</sup>  
day of May, 1989, by Margaret A. Crist and Jay  
K. Crist of 1328 Cherry Hills Rd.  
York PA 17404.

My Commission Expires:



Linda L. Reinecker  
Notary Public

(Spouse to join if married)

RATIFICATION OF UNIT AGREEMENT  
CATO UNIT  
CHAVES COUNTY, NEW MEXICO

The undersigned is the record and/or official title holder to one or more federal/state leases proposed to be included in the "Unit Agreement for the Development and Operation of the Cato Unit, Chaves County, New Mexico", a true copy of which has been furnished to the undersigned, which Agreement is dated May 1, 1989.

As such record/official title holder to said federal/state leases consent to the inclusion of their ownership of the leases set forth in Exhibit "B" to the Unit Agreement without any cost of expense to the undersigned with respect to operations under the Unit Agreement except as may be ratified by the companion Unit Operating Agreement.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Linda X Reinecker

By Jay K. Crist  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

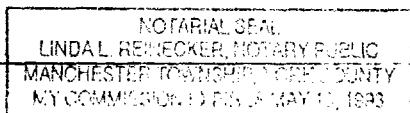
DATE:

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF PA )  
COUNTY OF York ) ss

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of Aug., 1989, by Jay K. Crist,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:



Member, Pennsylvania Association of Notaries

Linda X Reinecker  
Notary Public

(Spouse to join if married)

Re: Proposed Cate - San Andres Unit

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_  
By Barbara J. Crosby  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF Colorado )  
COUNTY OF Rowt ) ss

The foregoing instrument was acknowledged before me this 27<sup>th</sup>  
day of June, 1989, by Barbara J. Crosby,  
of Clark, Colorado

My Commission Expires:

May 15, 1992

Diane M. Halverson  
Notary Public Box 881360, 80488

Please note new address:

29275 RIVER DR  
CLARK, CO. 80428

Old address - Sparks, Nev,

(Spouse to join if married)

RE. Proposed Cpto-San Andres Unit

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By Robert A. Crosby  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Colorado )  
COUNTY OF Poudre ) ss

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of June, 1989, by Robert A. Crosby, of Clark, Colorado.

My Commission Expires:

May 15, 1992

Diane M. Halvorsen  
Notary Public  
Not 881360, 80488

NEW ADDRESS:-  
29275 RIVER DRIVE  
CLARK, CO, 80428  
OLD - SPARKS, NV.

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Wilma M. Phillips and Curtis Darling,  
Co-Trustees for the Judith Cruz Trust,  
Royalty Interest Owner

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Mary Ann Yankee  
Melissa Seaman

Wilma M. Phillips  
By: Wilma M. Phillips, Trustee  
(~~Signature of Working-Interest Owner and Overriding-Royalty-Interest Owner as applicable~~)

DATE:

July 7, 1989

By: Curtis Darling  
Its: Curtis Darling, Trustee  
(Signature and capacity as fiduciary if applicable)

**GENERAL ACKNOWLEDGMENT**

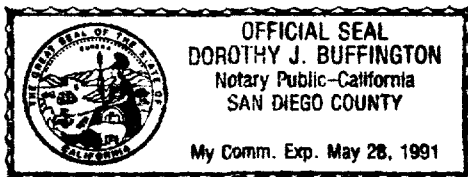
NO. 201

State of California  
County of San Diego } ss.

On this the 7th day of July, 1989, before me,

Dorothy J. Buffington

the undersigned Notary Public, personally appeared  
Wilma M. Phillips, as Trustee for the Judith Cruz Trust



☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that she executed it.

WITNESS my hand and official seal.

Dorothy J. Buffington  
Notary's Signature

**ATTENTION NOTARY:** Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document Ratification of Unit Agreement & Unit Operating Agreement, CATO UNIT, Chaves County, New Mexico  
Number of Pages 2 Date of Document 7/7/89  
Signer(s) Other Than Named Above Curtis Darling

SECOND NOTARY ACKNOWLEDGEMENT ON BACK

(Spouse to join if married)

# GENERAL ACKNOWLEDGMENT

NO. 201

State of California  
County of Kern } ss.

On this the 11th day of July 1989, before me,

Melva L. Davis

the undersigned Notary Public, personally appeared  
Curtis Darling, as Trustee for the Judith Cruz Trust

☒ personally known to me

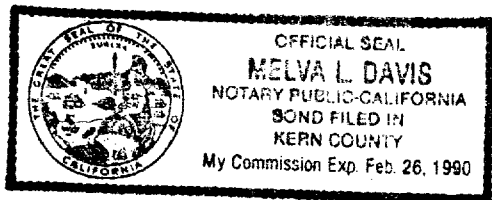
☐ proved to me on the basis of satisfactory evidence

to be the person(x) whose name(x) is subscribed to the  
within instrument, and acknowledged that he executed it.

WITNESS my hand and official seal.

Melva L. Davis

Notary's Signature



**ATTENTION NOTARY:** Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document

Ratification of Unit Agreement & Unit Operating Agreement, CATO UNIT, Chaves County, New Mexico

Number of Pages 2

Date of Document 7/7/89

Signer(x) Other Than Named Above

Wilma M. Phillips

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: A. M. CULVER CO., A COLORADO PARTNERSHIP  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Cathy Rumpel

By [Signature]  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

Sept. 8, 1989

Its: [Signature] Partner  
(Signature and capacity as fiduciary if applicable)

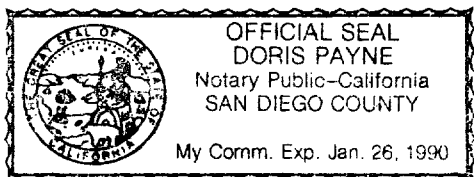
STATE OF CALIFORNIA )  
COUNTY OF SAN DIEGO ) ss

The foregoing instrument was acknowledged before me this 8 day of September, 1989, by A.M. Culver,  
of A. M. CULVER COMPANY,  
A COLORADO PARTNERSHIP.

My Commission Expires:

1-26-90

[Signature]  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_  
By John C. Davis  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF New Mexico )  
COUNTY OF Bernalillo ) ss

The foregoing instrument was acknowledged before me this 12th  
day of August, 1989, by John C. Davis,  
of Albuquerque, New Mexico.

My Commission Expires:

8-8-92

Julia A. George  
Notary Public



OFFICIAL SEAL  
JULIA A. GEORGE  
NOTARY PUBLIC  
STATE OF NEW MEXICO  
My Commission Expires 8-8-92

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: A. J. Deans  
(Name of business entity if applicable)

Vivian W. Deans  
Vivian W. Deans

By A. J. Deans  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)  
A. J. Deans

DATE:

October 2, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 2nd day of October, 1989, by A. J. Deans and his wife, Vivian W. Deans ~~of~~ \_\_\_\_\_.

My Commission Expires:

March 5, 1992

Melissa Randle  
Notary Public


(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

~~WITNESS OR ATTEST:~~

William R. Donnell IV

By   
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

September 20, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Harris ) ss

The foregoing instrument was acknowledged before me this 20th day of September, 1989, by William R. Donnell IV,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

9/17/92

  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: EXPLORERS PETROLEUM CORPORATION  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Rosemary Avery  
Rosemary Avery, Secretary

By George M. Yates  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

George M. Yates, President

DATE:

October 2, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 2nd day of October, 1989, by George M. Yates, President of Explorers Petroleum Corporation, a New Mexico Corporation, on behalf of said corporation.

My Commission Expires:

March 5, 1992

Melissa Randle  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: FirstBank Truth or Consequences, New Mexico  
(Name of business entity if applicable)

WITNESS OR ATTEST:

June Cotton

By Joseph P. Casey  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF SIERRA )

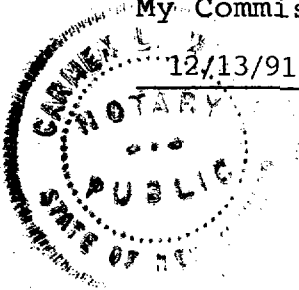
The foregoing instrument was acknowledged before me this 8th day of June, 1989, by Joseph P. Casey,  
President of FirstBank Truth or Consequences, New Mexico

My Commission Expires:

12/13/91

Carman Dyck  
Notary Public

(Spouse to join if married)



IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Robert L. Miskulick

By Johanna G. Fischer  
Robert G. Fischer  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 1989, by \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

*Marion V. Harris*  
*Lawrence C. Harris*  
By *Lawrence C. Harris*  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
COUNTY OF CHAVES ) ss

The foregoing instrument was acknowledged before me this 28th day of June, 1989, by LAWRENCE C. AND MARION V. HARRIS of \_\_\_\_\_.

My Commission Expires:

May 11, 1993

*Conni E. Perez*  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

*[Signature]*  
*[Signature]*

By *[Signature]*  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF COLORADO )  
 ) ss  
COUNTY OF DENVER )

The foregoing instrument was acknowledged before me this 5th  
day of JUNE, 1989, by Robert L. Haynie and Sue H. Haynie, his wife  
\_\_\_\_\_ of Denver, Colorado

My Commission Expires:

5-20-90

*Sara E. Didier*  
Notary Public  
1580 Lincoln St. - Suite 400  
Denver, Co. 80203

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Diana G. Hays  
By Joseph M. Hays  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

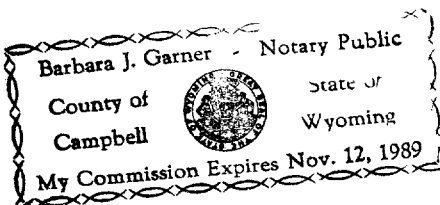
STATE OF Wyoming )  
COUNTY OF Campbell ) ss

The foregoing instrument was acknowledged before me this 22nd day of June, 1989, by Joseph M. Hays & Diana G. Hays,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

11-12-1989

Barbara J. Garner  
Notary Public




(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: HEYCO EMPLOYEES, LTD.  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_

By   
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)  
George M. Yates, President of  
Harvey E. Yates Company, General Partner

DATE:

October 2, 1989


Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 2nd day of October, 1989, by George M. Yates, General Partner of HEYCO EMPLOYEES, LTD., a limited partnership in the State of New Mexico, on behalf of said limited partnership.

My Commission Expires:

March 5, 1992

  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

AB. J. C.

By Margaret M. Hodges  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

June 6, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 6th day of June, 1989, by Margaret M. Hodges,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

9/25/92

Lola M. Evans  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ~~ATTEST~~:

Mark J. [Signature]

By Sedgwick Howard  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE: 6/12/89

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Louisiana )  
Parish ) ss  
COUNTY OF Orleans )

The foregoing instrument was acknowledged before me this 12th day of June, 1989, by Sedgwick Howard, of Orleans Parish, State of Louisiana

My Commission Expires:

Life

[Signature]  
Notary Public

JAMES F. PINNER  
Notary Public, Parish of Orleans, State of La.  
My Commission is issued for life.

(Spouse to join if married)

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_

By Mary K. Hughes & Stephen F. Hughes  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

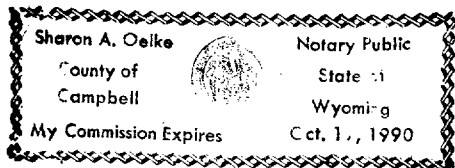
STATE OF Wyoming )  
COUNTY OF Campbell ) ss

The foregoing instrument was acknowledged before me this 29  
day of June, 1989, by Mary K. Hughes & Stephen F. Hughes  
\_\_\_\_\_ of \_\_\_\_\_

My Commission Expires:

10/19/90

Sharon Oelke  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

12 [Signature]

By [Signature]  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

October 9, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF FLORIDA )  
 ) ss  
COUNTY OF DUVAL )

The foregoing instrument was acknowledged before me this 9th day of October, 1989, by John W. Lee,  
\_\_\_\_\_ of 2235 Laurel Road, Jacksonville, Fl., 32207.

My Commission Expires:

March 7, 1991

Virginia K. Wings  
Notary Public  
State of Florida at Large

Notary Public, State of Florida  
My Commission Expires March 7, 1991  
Bonded Thru Troy Fain - Insurance Inc.

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_

By Juanita LeNaire  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

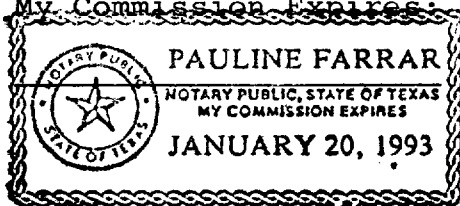
\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Fort Bend ) ss

The foregoing instrument was acknowledged before me this 5th  
day of September, 1989, by Juanita LeNaire,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:



Pauline Farrar  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Deborah J. Tremmel

By Paul H. Luckett III  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)  
Paul H. Luckett III

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF New Jersey )  
COUNTY OF Bergen ) ss

The foregoing instrument was acknowledged before me this 6<sup>th</sup>  
day of July, 1989, by Paul H. Luckett III,  
\_\_\_\_\_ of Bergen County, N.J.

My Commission Expires:

GLORIA ROSEN  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Feb. 17, 1992

Gloria Rosen  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_

(Name of business entity if applicable)

WITNESS OR ATTEST:

R. Quinton Marshall  
a married man, dealing  
By in his sole & separate estate  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

Its: \_\_\_\_\_

(Signature and capacity as  
fiduciary if applicable)

STATE OF New Mexico )  
COUNTY OF Chaves ) ss

The foregoing instrument was acknowledged before me this 16<sup>th</sup>  
day of June, 1989, by R. QUINTON MARSHALL,  
of ROSSELL, NM CHAVES County.

My Commission Expires:

5/8/90

Edna G. Gutar  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Marshall & Winston, Inc.  
(Name of business entity if applicable)

~~WITNESSEXOR~~ ATTEST:

By: *Robert H. Ritchie*  
Robert H. Ritchie  
Secretary-Treasurer

*William S. Marshall*  
By Marshall & Winston, Inc.  
William S. Marshall, President

By \_\_\_\_\_  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

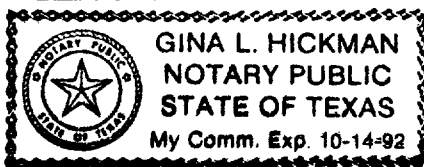
June 21, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Midland ) ss

The foregoing instrument was acknowledged before me this 21st day of June, 1989, by William S. Marshall,  
President of Marshall & Winston, Inc.

My Commission Expires:



*Gina L. Hickman*  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: LEN MAYER  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Susan O. Branson

By Len Mayer  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

July 11, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Colorado )  
COUNTY OF Denver ) ss

The foregoing instrument was acknowledged before me this 11th day of July, 1989, by LEN MAYER,  
\_\_\_\_\_ OE \_\_\_\_\_

My Commission Expires:

April 10, 1993

Susan O. Branson  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Linda K. Trujillo

By Virginia Crosby McCarthy  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

6-21-89

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF New Mexico )  
COUNTY OF Chaves ) ss

The foregoing instrument was acknowledged before me this 21 day of June, 1989, by Virginia Crosby McCarthy of \_\_\_\_\_.

My Commission Expires:

10-29-91

Deborah Zacher  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

[Signature]

Effie Jane Crosby McRae  
Married Woman,  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

Deed in her sole & separate  
estate

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF New Mexico )  
COUNTY OF Chaves ) ss

The foregoing instrument was acknowledged before me this 16<sup>th</sup>  
day of June, 1989, by Effie Jane Crosby McRae,  
of 2909 No. Elm, Roswell NM

OFFICIAL SEAL  
My Commission Expires:  
NOTARY PUBLIC—STATE OF NEW MEXICO  
4-13-91  
My commission expires \_\_\_\_\_

Rebecca H. Payne  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_

WITNESS OR ATTEST:

SUNWEST BANK OF ALBUQUERQUE, TRUSTEE  
M. H. MCGRAIL TRUST

By \_\_\_\_\_

Catherine E. Rugen  
CATHERINE E RUGEN  
TRUST OFFICER

DATE:

Its: \_\_\_\_\_

(Signature and capacity as  
fiduciary if applicable)

STATE OF New Mexico )  
COUNTY OF Bernalillo ) ss

The foregoing instrument was acknowledged before me this 15th  
day of August, 1989, by Catherine E. Rugen,  
Trust Officer of Sunwest Bank of Albuquerque, NA,  
a National Banking Association.

My Commission Expires:

July 6, 1991

Delores M. Burke  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_  
By Stanley H. Miller  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable) XWL  
MILLER 10-90

DATE: 6/14/89

Its: Stanley H. Miller (SPOUSE) FI. Gred  
(Signature and capacity as  
fiduciary if applicable) 8-90

STATE OF WA )  
COUNTY OF KING ) ss

The foregoing instrument was acknowledged before me this 14  
day of JUNE, 1989, by STANLEY AND HORACE MILLER,  
\_\_\_\_\_ of \_\_\_\_\_

My Commission Expires:

2-22-91

Carole J. Owens  
Notary Public

(Spouse to join if married)

RATIFICATION OF AGREEMENTS ENTITLED  
"UNIT AGREEMENT" AND UNIT OPERATING AGREEMENT"  
CATO UNIT  
CHAVES COUNTY, NEW MEXICO

IN WITNESS WHEREOF, each of the undersigned parties has  
executed this instrument on the date set forth below opposite its  
signature.

Entity: MOBIL PRODUCING  
TEXAS & NEW MEXICO INC.  
(Name of business entity if  
applicable)

WITNESS OR ATTEST:

J. K. Howard

By J. P. Dalton  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

July 12, 1989

Its: Attorney In Fact  
(Signature and capacity as  
fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Midland ) ss

The foregoing instrument was acknowledged before me this 12<sup>th</sup>  
day of July, 1989, by J. P. Dalton,  
Attorney In Fact of Mobil Producing Texas & New Mexico Inc.

My Commission Expires:

8/27/91

Shirley M. Phillips  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Angela Navarro

By [Signature]  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

Executor of James C. Hoover  
[Signature]

DATE:

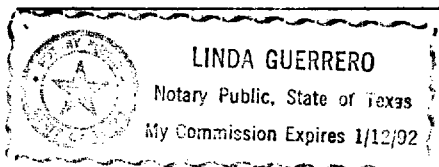
June 12 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF El Paso ) ss

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of June, 1989, by Carllyn Moorey Kranzthor of El Paso, TX

My Commission Expires:



Linda Guerrero  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_

By Ellen Anne Donnell Moscoe  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

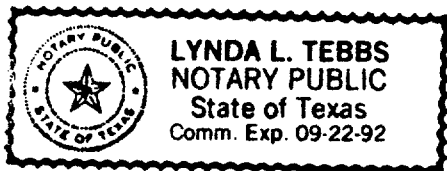
STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

The foregoing instrument was acknowledged before me this 10<sup>th</sup>  
day of July, 1989, by \_\_\_\_\_,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

9-22-92

Lynda L. Tebbs  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS ~~OR ATTEST~~

Elizabeth G. Bixby

By [Signature] **S.S. 450-32-4739**  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

August 21, 1989

Its: [Signature]  
(Signature and capacity as fiduciary if applicable)  
Spouse of W. B. Newberry

STATE OF TEXAS )  
COUNTY OF TRAVIS ) ss

The foregoing instrument was acknowledged before me this 21st day of August, 1989, by W. B. Newberry and Suzanne G. Newberry,  
Spouse of W. B. Newberry

My Commission Expires:

January 21, 1993



Elizabeth G. Bixby  
Notary Public  
State of Texas

Second page ~~of this instrument~~  
Ratification of Agreements Entitled  
"Unit Agreement" and "Unit Operating  
Agreement", Cato Unit, Chaves County, New Mexico.

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

O'NEILL PROPERTIES, LTD.  
O'Neill Producing Corp.,  
General Partner  
Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Nell Blackman  
Nell Blackman, Assistant Secretary

By H. Byrne O'Neill  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)  
H. Byrne O'Neill, Vice President

DATE:

June 26, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF TEXAS )  
COUNTY OF MIDLAND ) ss

The foregoing instrument was acknowledged before me this 26th  
day of June, 1989, by H. Byrne O'Neill,  
Vice President of O'Neill Producing Corp., General Partner of  
O'Neill Properties, Ltd.

My Commission Expires:

September 30, 1992

Frances A. Fleming  
Notary Public



FRANCES A. FLEMING  
Notary Public, State of Texas  
My Commission Expires Sept. 30, 1992

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

O'NEILL PROPERTIES, LTD.  
d/b/a O'Neill Royalty Properties,  
Entity: O'Neill Producing Corp., General Partner  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Nell Blackman  
Nell Blackman, Assistant Secretary

By H. Byrne O'Neill  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)  
H. Byrne O'Neill, Vice President

DATE:

June 26, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF TEXAS )  
 ) ss  
COUNTY OF MIDLAND )

The foregoing instrument was acknowledged before me this 26th  
day of June, 1989, by H. Byrne O'Neill,  
Vice President of O'Neill Producing Corp., General Partner of O'Neill  
Properties, Ltd.

My Commission Expires:

September 30, 1992

Frances A. Fleming  
Notary Public



FRANCES A. FLEMING  
Notary Public, State of Texas  
My Commission Expires Sept. 30, 1992

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Marcel Robinson By [Signature]  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE: 6-16-89 Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF Oklahoma )  
COUNTY OF Cherokee ) ss

The foregoing instrument was acknowledged before me this 16<sup>th</sup>  
day of June, 1989, by [Signature],  
\_\_\_\_\_ of Intelligent, Okla.

My Commission Expires:  
Aug 6<sup>th</sup> 1990

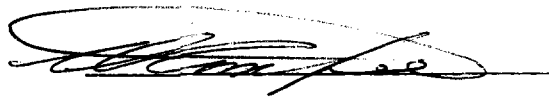
[Signature]  
Notary Public


(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:



By   
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Washington )  
COUNTY OF King ) ss

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of June, 1989, by \_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

4/17/93

  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Pierre D. Phillips Trust #1  
5634 Caminito Herminia 440-20-3457  
LaJolla, Ca 92037 SS 440-20-3457  
Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Nancy J. Gordon

By Pierre D. Phillips  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

8-1-89

Its: \_\_\_\_\_

(Signature and capacity as  
fiduciary if applicable)

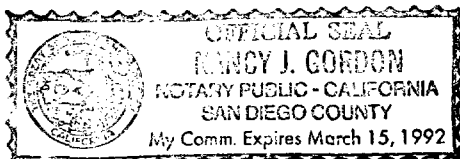
STATE OF California )  
COUNTY OF San Diego ) ss

The foregoing instrument was acknowledged before me this 1  
day of August, 1989, by Pierre D. Phillips,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

5-15-92

Nancy J. Gordon  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Mary Lou Yankee

Wilma M. Phillips  
By Wilma M. Phillips  
(Signature of ~~Working-Interest~~  
~~Owner-and-Overriding~~ Royalty  
Interest Owner as applicable)

DATE:

July 7, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

**GENERAL ACKNOWLEDGMENT**

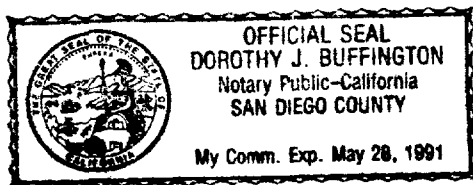
NO. 201

State of California  
County of San Diego } SS.

On this the 7th day of July 1989, before me,

Dorothy J. Buffington

the undersigned Notary Public, personally appeared  
Wilma M. Phillips



☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is subscribed to the  
within instrument, and acknowledged that she executed it.

WITNESS my hand and official seal.

Dorothy J. Buffington  
Notary's Signature

**ATTENTION NOTARY:** Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document

Number of Pages

Signer(s) Other Than Named Above

Ratification of Unit Agreement & Unit Operating Agreement, CATO UNIT, Chaves Co., New Mexico

Date of Document July 7, 1989

No Other Signer

(Spouse to join if married)

RATIFICATION OF UNIT AGREEMENT  
CATO UNIT  
CHAVES COUNTY, NEW MEXICO

The undersigned is the record and/or official title holder to one or more federal/state leases proposed to be included in the "Unit Agreement for the Development and Operation of the Cato Unit, Chaves County, New Mexico", a true copy of which has been furnished to the undersigned, which Agreement is dated May 1, 1989.

As such record/official title holder to said federal/state leases consent to the inclusion of their ownership of the leases set forth in Exhibit "B" to the Unit Agreement without any cost of expense to the undersigned with respect to operations under the Unit Agreement except as may be ratified by the companion Unit Operating Agreement.

Entity: Quanico Oil & Gas, Inc.  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By J. D. Alexander President  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)  
Record Title Holder

DATE:

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF Arkansas )  
 ) ss  
COUNTY OF Union )

The foregoing instrument was acknowledged before me this 28th  
day of September, 1989, by Jerry D. Alexander,  
President of Quanico Oil & Gas, Inc.

My Commission Expires:

9-1-95

Stephanie Anne Alexander  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

John W. Lee

By Violet C. Queen  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

October 9, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF FLORIDA )  
COUNTY OF DUVAL ) ss

The foregoing instrument was acknowledged before me this 9th  
day of October, 1989, by Violet C. Queen,  
\_\_\_\_\_ of 848 Superior Street, Jacksonville,  
Florida 32205.

My Commission Expires:

March 7, 1991

Virginia K. Wingo  
Notary Public  
State of Florida at Large

Notary Public, State of Florida  
My Commission Expires March 7, 1991  
Bonded thru Troy Fain - Insurance Inc.

(Spouse to join if married)

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: RevDon Trust  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Jennifer Howard

By D. Michael Phillips  
D. Michael Phillips, Co-trustee and  
Attorney-in-Fact for Revelle D. Phillips  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

August 8, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

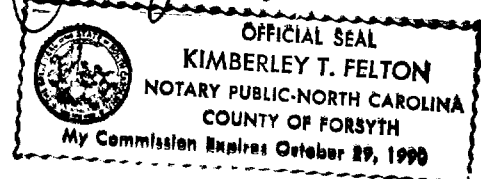
STATE OF North Carolina )  
COUNTY OF Forsyth ) ss

The foregoing instrument was acknowledged before me this 8th  
day of August, 1989, by D. Michael Phillips,  
\_\_\_\_\_ of 1056 N. Peacehaven Dr., Winston-Salem, N.C.

My Commission Expires:

10-29-90

Kimberley T. Felton  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Hellena Lutschow BY John E. Scherer  
Mary Lou Scherer  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

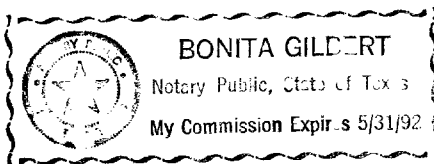
\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF TEXAS )  
COUNTY OF MIDLAND ) ss

The foregoing instrument was acknowledged before me this 22 day of June, 1989, by John E. Scherer and Mary Lou Scherer of \_\_\_\_\_.

My Commission Expires:

Bonita Gildert  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: SPIRAL, INC.  
(Name of business entity if applicable)

WITNESS OR ATTEST:

R. T. Avery  
R. T. Avery, Secretary

By George M. Yates  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)  
George M. Yates, Vice President

DATE:

October 2, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 2nd day of October, 1989, by George M. Yates, Vice President of Spiral, Inc., a New Mexico Corporation, on behalf of said corporation.

My Commission Expires:

March 5, 1992

Melissa Randle  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_  
By Tom P. Stephens  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

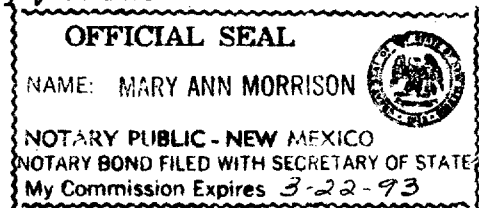
STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 10  
day of October, 1989, by Tom P. Stephens dealing in his sole  
and separate property.

My Commission Expires:

March 22, 1993

Mary Ann Morrison  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

L. Gene W. Whitaker

By Martha Alice Chiles Tillot  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF TEXAS )  
COUNTY OF HARRIS ) ss

The foregoing instrument was acknowledged before me this 6  
day of June, 1989, by Martha Alice Chiles Tillot,  
of Houston, TX.

My Commission Expires:

7-16-90

Alma J. Jurek  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Genny S. Cason

By Gertrude Olinger Tyson  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

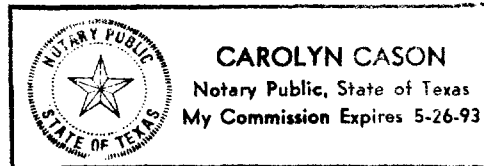
\_\_\_\_\_  
Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Midland ) ss

The foregoing instrument was acknowledged before me this 31st day of May, 1989, by Gertrude Olinger Tyson of \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Carolyn Cason  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Eugene J. Mascari

By [Signature]  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE: August 9, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Wisconsin )  
COUNTY OF Iron ) ss

The foregoing instrument was acknowledged before me this 9th day of August, 1989, by Jon T. Tyson,  
\_\_\_\_\_ of \_\_\_\_\_

My Commission Expires:

PATRICIA F. STEVER  
Notary Public, Iron County, WI  
My Commission Expires July 4, 1993

[Signature]  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: PETER B. TYSON ESTATE

(Name of business entity if applicable)

WITNESS OR ATTEST:

By \_\_\_\_\_

(Jont Tyson)

(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

May 30, 1989

Its: Successor Independent Executor

(Signature and capacity as  
fiduciary if applicable)

STATE OF TEXAS

)

) ss

COUNTY OF MIDLAND

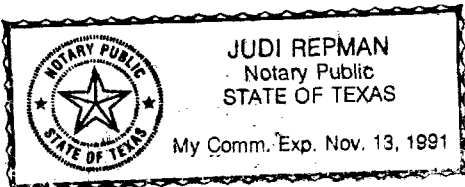
)

The foregoing instrument was acknowledged before me this 30  
day of May, 1989, by JONT TYSON,  
Successor Ind. Executor of the Estate of PETER B. TYSON

My Commission Expires:

11-13-91

Judi Repman  
Notary Public



(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Linda Tracy

By John Walker  
C. Daniel Walker  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

July 6, 1989

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
 ) ss  
COUNTY OF Tarrant )

The foregoing instrument was acknowledged before me this 6th day of July, 1989, by C. Daniel and Jo Ann Walker,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

10/31/92

Steven Hunt  
Notary Public

(Spouse to join if married)

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Gerald R. Williams  
Thelma Williams

By Thelma Williams  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

DATE:

May 25, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF New Mexico )  
COUNTY OF San Juan ) ss

The foregoing instrument was acknowledged before me this 25th  
day of May, 1989, by Deidre St. Clair,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

March 31, 1990

Deidre St. Clair  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Carrie A. Wilson Trust  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Tracey Clerk

By Nancy E. Wilson  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

July 20, 1989

Its: Trustee  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Harris ) ss

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of July, 1989, by Nancy E. Wilson, Trustee of Carrie A. Wilson Trust.

My Commission Expires:

September 3, 1989

Judith L. Penning  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: John Wilson Trust  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Tacey Clark

By Nancy E. Wilson  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

July 20, 1989

Its: Trusted  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Harris ) ss

The foregoing instrument was acknowledged before me this 20th day of July, 1989, by Nancy E. Wilson, Trustee of John Wilson Trust.

My Commission Expires:

September 3, 1989

Judith P. Ronning  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Valerie Wilson Trust  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Tracey Clark

By Nancy E. Wilson  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

July 20, 1989

Its: Trustee  
(Signature and capacity as fiduciary if applicable)

STATE OF Texas )  
COUNTY OF Harris ) ss

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of July, 1989, by Nancy E. Wilson Trustee of Valerie Wilson Trust

My Commission Expires:

September 3, 1989

Judith L. Ranning  
Notary Public

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By Bettylee N. Winkler  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

Its: \_\_\_\_\_  
(Signature and capacity as fiduciary if applicable)

STATE OF COLORADO )  
COUNTY OF DENVER ) ss

The foregoing instrument was acknowledged before me this 22nd day of June, 1989, by BETTYLEE N. WINKLER,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

OCT 17, 1991

Wendy Ellen Duennermann  
Notary Public  
1621 So. GRAPE ST.  
DENVER, COLO 80222

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Winston Partners Ltd  
(Name of business entity if applicable)

WITNESS OR ATTEST:

Lynn M. Karls

By James T. Wyman  
Frederick Winston  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

June 29, 1989

Its: General Partners  
(Signature and capacity as fiduciary if applicable)

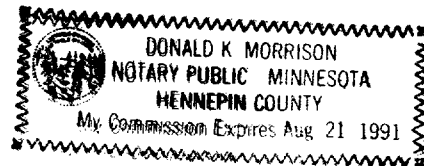
STATE OF Minnesota )  
 ) ss  
COUNTY OF Hennepin )

The foregoing instrument was acknowledged before me this 29th day of June, 1989, by James T. Wyman and Frederick Winston,  
\_\_\_\_\_ of Winston Partners Ltd.

My Commission Expires:

8/21/91

Donald K. Morrison  
Notary Public



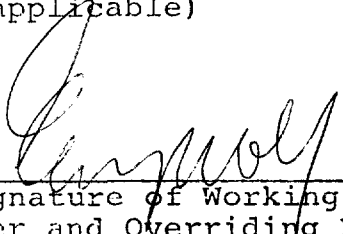
(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: \_\_\_\_\_  
(Name of business entity if applicable)

WITNESS OR ATTEST:

\_\_\_\_\_

By   
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)  
ERVING WOLF

DATE:

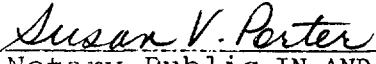
\_\_\_\_\_

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

THE STATE OF TEXAS )  
 ) ss  
COUNTY OF HARRIS )

The foregoing instrument was acknowledged before me this 26TH  
day of JUNE, 1989, by ERVING WOLF,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:  
SUSAN V. PORTER  
Notary Public in and for The State of Texas  
My Commission Expires 9-8-90

  
Notary Public IN AND FOR  
THE STATE OF T E X A S

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Marvin Wolf  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By: Debra Werner  
Debra Werner

By: [Signature]  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:  
June 20, 1989

Judith Wolf (Spouse)  
Its: [Signature]  
(Signature and capacity as fiduciary if applicable)

STATE OF Colorado )  
COUNTY OF Denver ) ss )

The foregoing instrument was acknowledged before me this 20th day of June, 1989, by Marvin Wolf,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:  
June 14, 1993

Debra Werner  
Notary Public

Debra Werner  
Notary Public, State of Colorado  
Suite 1600, Bank Western Tower  
1675 Broadway  
Denver, Colorado 80202-4616

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: Melvin Wolf  
(Name of business entity if applicable)

WITNESS OR ATTEST:

By: Debra Werner  
Debra Werner

By \_\_\_\_\_  
(Signature of Working Interest Owner and Overriding Royalty Interest Owner as applicable)

DATE:

June 20, 1989

Elaine Wolf (Spouse)

Its: Elaine Wolf  
(Signature and capacity as fiduciary if applicable)

STATE OF Colorado )  
 ) ss  
COUNTY OF Denver )

The foregoing instrument was acknowledged before me this 20th day of June, 1989, by Melvin Wolf,  
\_\_\_\_\_ of \_\_\_\_\_.

My Commission Expires:

June 14, 1993

Debra Werner  
Notary Public

Debra Werner  
Notary Public, State of Colorado  
Suite 1000, Bank Western Tower  
1675 Broadway  
Denver, Colorado 80202-4616

(Spouse to join if married)

IN WITNESS WHEREOF, each of the undersigned parties has executed this instrument on the date set forth below opposite its signature.

Entity: HARVEY E. YATES COMPANY  
(Name of business entity if applicable)

WITNESS OR ATTEST:

R. T. Avery  
R. T. Avery, Assistant  
Secretary

By [Signature]  
(Signature of Working Interest  
Owner and Overriding Royalty  
Interest Owner as applicable)

George M. Yates, President

DATE:

October 2, 1989

Its: \_\_\_\_\_  
(Signature and capacity as  
fiduciary if applicable)

STATE OF NEW MEXICO )  
 ) ss  
COUNTY OF CHAVES )

The foregoing instrument was acknowledged before me this 2nd  
day of October, 1989, by George M. Yates,  
President of Harvey E. Yates Company, a New Mexico corporation,  
on behalf of said corporation.

My Commission Expires:

March 5, 1992

Melissa Randle  
Notary Public

(Spouse to join if married)

P 035 902 434

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Cato, Lorene H.</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	.90
Return Receipt showing to whom, Date, and address of delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

Original

P 035 902 433

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Casper Oil, Inc.</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	.90
Return Receipt showing to whom, Date, and address of delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 432

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Burnside, R.J.</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	.90
Return Receipt showing to whom, Date, and address of delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 431

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <b>Berry, Jane</b> <b>Laura Lynn &amp; Buford Preston</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	.90
Return Receipt showing to whom, Date, and address of delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 430

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Baskett, Daphne Cato</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark on Date <i>SEP 22 1989</i> <i>USPS</i>	

P 035 902 429

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Amuco Production Co.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark on Date <i>SEP 22 1989</i> <i>USPS</i>	

P 035 902 435

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Chico, N.R., Jr.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark on Date <i>SEP 22 1989</i> <i>USPS</i>	

P 035 902 453

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>McDonald, Mary Louise</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark on Date <i>SEP 22 1989</i> <i>USPS</i>	

P 035 902 452

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <b>Luckett, Lloyd M.</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 451

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <b>LTV Energy Products Co.</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 450

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <b>LeMaire, Harry</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 449

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <b>Lee, John W.</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 448

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Laughlin, Gary B.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 447

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Kranzthor, Carl M.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 446

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Maiser-Francis Oil Co.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 445

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Jenkins, Lora Arvillia</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 444

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Hilliard, H. T.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

USPS

P 035 902 443

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Hilliard, Barbara J.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

USPS

P 035 902 442

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Fernandez, Patricia</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

USPS

P 035 902 441

## RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to <i>Energy Methods Nominee</i>	
Street and No. <i>Partnership Co.</i>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

USPS

P 035 902 440

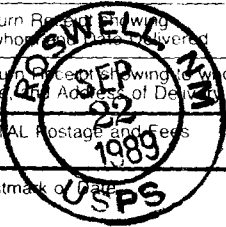
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Dunn, Diantha Ann</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 439

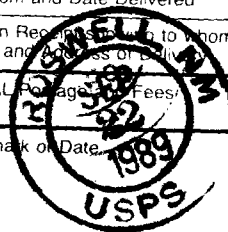
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Donnell, William Robert, IV</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 438

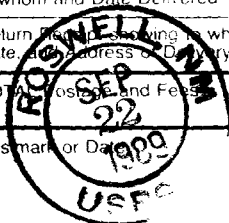
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Donnell, Kitty Gene Ellis</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 437

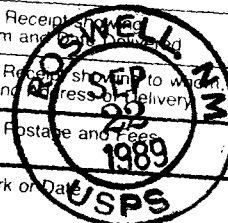
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Donnell, John David</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 436  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to Coll, Max W., II  
 Street and No.  
 P.O. State and ZIP Code  
 Postage \$ .25  
 Certified Fee .85  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt showing to whom and Date Delivered .90  
 Return Receipt showing to whom, Date, and Address of Delivery  
 TOTAL Postage and Fees \$ 2.00  
 Postmark of Date

PS Form 3800, June 1985

OSWELL SEP 22 1989 USPS

P 035 902 474  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to Fred G. Yates, Inc.  
Yates Energy Corp.  
 Street and No.  
 P.O. State and ZIP Code  
 Postage \$ .25  
 Certified Fee .85  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt showing to whom and Date Delivered .90  
 Return Receipt showing to whom, Date, and Address of Delivery  
 TOTAL Postage and Fees \$ 2.00  
 Postmark of Date

PS Form 3800, June 1985

OSWELL SEP 22 1989 USPS

P 035 902 473  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to Harvey E. Yates Co.  
Explorers Petroleum Corp.  
Spiral, Inc.  
 Street and No.  
 P.O. State and ZIP Code  
 Postage \$ .25  
 Certified Fee .85  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt showing to whom and Date Delivered .90  
 Return Receipt showing to whom, Date, and Address of Delivery  
 TOTAL Postage and Fees \$ 2.00  
 Postmark of Date

PS Form 3800, June 1985

OSWELL SEP 22 1989 USPS

P 035 902 472  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to Yates Petroleum Corp.  
Yates Drilling Co.  
Meco Industries, Inc.  
Abco Petroleum Corp.  
 Street and No.  
 P.O. State and ZIP Code  
 Postage \$ .25  
 Certified Fee .85  
 Special Delivery Fee  
 Restricted Delivery Fee  
 Return Receipt showing to whom and Date Delivered .90  
 Return Receipt showing to whom, Date, and Address of Delivery  
 TOTAL Postage and Fees \$ 2.00  
 Postmark of Date

PS Form 3800, June 1985

OSWELL SEP 22 1989 USPS

P 035 902 471

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Wolfson, Sam</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 470

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Tillett, W. C.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 469

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Smith, Vivian L.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 468

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Smith, R.E., Test. Ints.</i>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date <i>SEP 22 1989</i>	

PS Form 3800, June 1985

P 035 902 467

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Smith, Howard C.</i>	
Street and No. <i>Helen J.</i>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 465

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Queen, Violet B. Pledger</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 466

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Sabine Royalty Trust</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 464

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Phillips, Bevelle Daris</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 463

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Phillips, Paul M.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 462

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Phillips, John W.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 461

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Perryman, Leta, Trust</i> <i>WTA</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 460

## RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>Norville, Crosby, Leslie</i> <i>Trust #2 Stacey</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

P 035 902 459

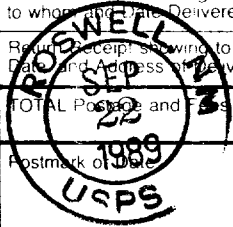
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Nearbury Producing Co.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 458

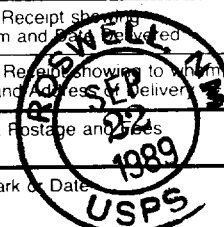
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>MWJ Operating Co.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 457

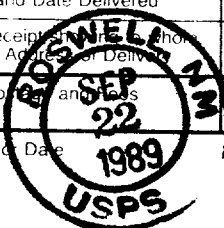
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Mooney, Richard P.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



P 035 902 456

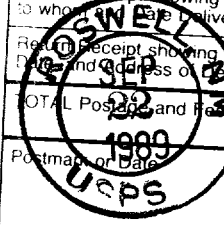
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Mooney, Loyd E.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



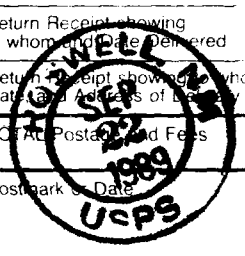
P 035 902 454

RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>McKinnon, Douglas &amp; Murray</i>	
Street and No. <i>Revoc. Trusts</i>	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



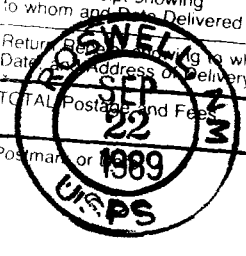
P 035 902 455

RECEIPT FOR CERTIFIED MAIL

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

Sent to <i>McLean, James D.</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985



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 (Extra charge)

CATO, LORENE H.  
4600 TAFT BOULEVARD 229  
WICHITA FALLS, TX 76308

4. Article Number

P035 902 434

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

10-1

Tafu

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

● **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 (Extra charge)

BURNSIDE, R.J.  
1401 E. GIRARD  
ENGLEWOOD, CO 80110

4. Article Number

P 035 902 432

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

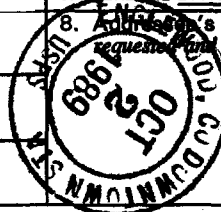
X

6. Signature - Agent

X

7. Date of Delivery

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



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 (43) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

LEMAIRE, HARRY  
2722 KISSING CAMEL COURT  
MISSOURI CITY, TX 77459

4. Article Number

P 035 902 450

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

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



● **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 (Extra charge)

KAISER-FRANCIS OIL CO.  
P.O. BOX 21468  
TULSA, OK 74121

4. Article Number

P 035 902 446

Type of Service:

- ☐ Registered      ☐ Insured  
☒ Certified      ☐ COD  
☐ Express Mail      ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

*[Handwritten Signature]*  
*[Handwritten Signature]*  
SEP 21 1960

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

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 (Extra charge)

LAUGHLIN, GARY B.  
1206 TEXAS AMERICAN BANK BLDG  
FORT WORTH, TX 76102

4. Article Number

P 035 902 448

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

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



U.S. POST OFFICE 1988-212-865

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 (Extra charge)

NEARBURG PRODUCING CO.  
P.O. BOX 31405  
DALLAS, TX 75231-0405

ATTN: CHARLES NEARBURG

4. Article Number

P 035 902 459

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

*J. Olyphant*

7. Date of Delivery

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



● **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 (Extra charge)

DUNN, DIANTHA ANN  
13575 CALAIS DRIVE  
DEL MAR, CA 92014

4. Article Number

P035 902 440

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

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

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 (Extra charge)

HILLIARD, BARBARA J.  
555 MANZANITA  
WOODSIDE, CA 94062

4. Article Number

P 035 902 443

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee

agent and **DATE DELIVERED.**

5. Signature - Address

X *B J Hilliard*

6. Signature - Agent

X

7. Date of Delivery

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

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>TILLET, W.C. 436 HUMBOLDT DENVER, CO 80218-3936</p>							
<p>4. Article Number <b>P 035 902 470</b></p>							
<p>Type of Service:</p> <table border="0"><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input checked="" type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table>		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>							
<p>5. Signature — Address <b>X</b> <i>W.C. Tillet</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature — Agent <b>X</b></p>							
<p>7. Date of Delivery</p>							

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 (Extra charge)

LTV ENERGY PRODUCTS CO.  
C/O NEFF, CROZIER & CO., INC  
102 N. COLLEGE, STE. 300  
TYLER, TX 75702

ATTN: HAROLD O. NEFF

4. Article Number

P 035 902 451

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature — Address

X

6. Signature Agent

X

7. Date of Delivery

9-25-89

PS Form 3811, May 1982

U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

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.

PERRYMAN, LETA, TRUST U/T/A  
LETA PERRYMAN AND BROOKS CONN.  
P.O. BOX 96  
TAHLEQUAH, OK 74464

P 035 902 461

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

**5. Signature – Address**

**x**

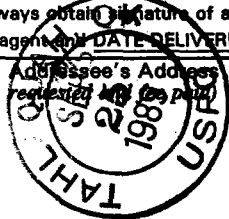
6. Signature - Agent

**X**

**7. Date of Delivery**

SEP 25 1989

8. Addressee's Address (ONLY if



2014	1000	110000	1000	010	000	DOMESTIC DETENTION RECEIPT
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<p>● <b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>NORVILLE, CROSBY, LESLIE &amp; ST TRUST #2 WALTER C. WILSON TRUSTEE 101 PARK AVE., SUITE 600 OKLAHOMA CITY, OK 73102</p>							
<p>4. Article Number <b>P 035 902 460</b></p>							
<p>Type of Service:</p> <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table>		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>							
<p>5. Signature — Address <b>X</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature — Agent <b>X</b> <i>[Signature]</i></p>							
<p>7. Date of Delivery <b>9/25/89</b></p>							

● **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 (Extra charge)

BASKETT, DAPHNE CATO  
3895 INGALS STREET  
WHEAT RIDGE, CO 80033

4. Article Number

P 035 902 430

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

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

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

● **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  
(Extra charge)

KRANZTHOR, CARLIE M.  
4009 FLAMINGO DRIVE  
EL PASO, TX 79902

4. Article Number

P 035 902 447

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt  
for Merchandise

Always obtain signature of addressee  
or agent and **DATE DELIVERED**.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

APR 23 1989

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

● **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 (Extra charge)

HARVEY E. YATES CO.  
EXPLORERS PETROLEUM CORP.  
SPIRAL, INC.  
P.O. BOX 1933  
ROSWELL, NM 88202

4. Article Number

P 035 902 473

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

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

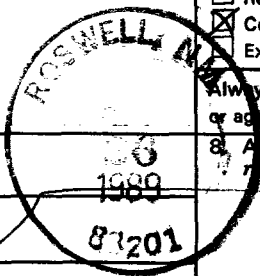
5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery



● **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 (Extra charge)

PHILLIPS, PAUL M.  
3843 PARK BLVD., STE. A  
SAN DIEGO, CA 92103

4. Article Number

P035 902 463

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

9-25-89

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

2844 MAY 1989

★ U.S.G.P.O. 1988-212-865

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 (Extra charge)

DONNELL, KITTY GENE ELLIS  
2204 NORTH H STREET  
MIDLAND, TX 79701

4. Article Number

P 035 902 438

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address

X *K. G. Ellis Donnell*

6. Signature - Agent

X

7. Date of Delivery

9/26

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

● **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  
(Extra charge)

DONNELL, JOHN DAVID  
1503 DOUGLAS AVE.  
MIDLAND, TX 79701

4. Article Number

P 035 902 437

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt  
for Merchandise

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

SEP 26 1989

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

● **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 (Extra charge)

SMITH, HOWARD C. & HELEN J.  
8455 LURLINE AVE.  
CANOGA PARK, CA 91306

4. Article Number

P 035 902 467

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

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

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 (Extra charge)

FRED G. YATES, INC.  
YATES ENERGY CORP.  
P.O. BOX 2323  
ROSWELL, NM 88202

4. Article Number  
**P 035 902 474**

Type of Service:  
☐ Registered    ☐ Insured  
☒ Certified    ☐ COD  
☐ Express Mail    ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address  
**X**

6. Signature — Agent  
**X** *[Signature]*

7. Date of Delivery  
**9-28-87**

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

● **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 (Extra charge)

YATES PETROLEUM CORP.  
YATES DRILLING CO.  
MYCO INDUSTRIES, INC.  
ABO PETROLEUM CORP.  
207 S. 4TH ST.  
ARTESIA, NM 88210

4. Article Number

P 035 902 472

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

9-25-89

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

U.S. POSTAL SERVICE 1988-212-885

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 (Extra charge)

PHILLIPS, REVELLE DAVIS  
P.O. BOX 6908  
ALBUQUERQUE, NM 87197

4. Article Number

P 035 902 464

Type of Service:

- ☐ Registered    ☐ Insured  
☒ Certified    ☐ COD  
☐ Express Mail    ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

9-26-89

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

DOMESTIC RETURN RECEIPT

<p><b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b></p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>QUEEN, VIOLET B. PLEDGER 848. SUPERIOR STREET JACKSONVILLE, FL 32204</p>							
<p>4. Article Number <b>P 035 902 465</b></p>							
<p>Type of Service:</p> <table border="0"><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input checked="" type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table>		<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>							
<p>5. Signature - Address X <i>[Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature - Agent X</p>							
<p>7. Date of Delivery <b>9/21/77</b></p>							

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 (Extra charge)

SMITH, R.E., TESTAMENTARY TR  
R.A. SEALE JR., RICHARD H. S  
J.T. TROTTER SUCCESSOR, TRU  
2000 WEST LOOP SOUTH, SUITE  
HOUSTON, TX 77027

4. Article Number

P 035 902 468

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

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

*Pamela B. [Signature]*  
9-26-89

<p><b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b></p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>MCKINNON, DOUGLAS AND MURRAY REVOCABLE TRUSTS MURRAY C. MCKINNON, TRUSTEE <del>1200 SMITH ST., SUITE 670</del> HOUSTON, TX 77002 1201 LOUISIANA # 3320</p>	<p>4. Article Number <b>P 035 902 454</b></p> <p>Type of Service: <input type="checkbox"/> Registered      <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD <input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p> <p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>5. Signature — Address <b>X</b></p> <p>6. Signature — Agent <b>X</b> <i>Kathy Gram</i></p> <p>7. Date of Delivery <b>101289</b></p>	

0045 12 1000 1100 000 4088-212-RR5 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  
(Extra charge)

PHILLIPS, JOHN W.  
P.O. BOX 1059  
MENLO PARK, CA 94026

4. Article Number

P 035 902 462

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt  
for Merchandise

Always obtain signature of addressee  
or agent and **DATE DELIVERED**.

5. Signature - Address

X *John W. Phillips*

6. Signature - Agent

X

7. Date of Delivery

SEP 26 1969

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

● **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 (Extra charge)

CASPEN OIL, INC.  
300 CRESCENT COURT, STE. 1100  
DALLAS, TX 75201

ATTN: KATHY CONAWAY

4. Article Number

P 035 902 433

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

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

5. Signature — Address

X

6. Signature — Agent

X

*[Signature]*

7. Date of Delivery

SEP 25 1988

● **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 (Extra charge)

MCDONALD, MARY LOUISE  
536 PORTER ST.  
GLENDALE, CA 91205

4. Article Number

P 035 902 453

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee

for agent and DATE DELIVERED.

5. Signature - Address

X

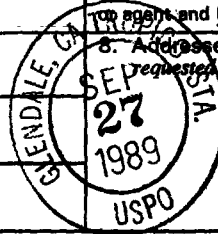
*Mary Louise McDonald*

6. Signature - Agent

X

7. Date of Delivery

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



2011 Mar 1988

★ U.S.G.P.O. 1988-212-865

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 (Extra charge)

COLL, MAX W., II  
P.O. BOX EE  
SANTA FE, NM 87504-0139

4. Article Number

P 035 902 436

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address ONLY if registered and fee paid

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

● **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. ☐ Restricted Delivery (Extra charge)

JENKINS, LOVA ARVILLA  
5301 W. JUDY AVE.  
VISALIA, CA 93277

4. Article Number

P 035 902 445

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

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

b. Signature — Address

X *Bella LaRue*

6. Signature — Agent

X

7. Date of Delivery

SEP 25 1989

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

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 and 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)

SMITH, VIVIAN L.  
2000 WEST LOOP SOUTH  
SUITE 1900  
HOUSTON, TX 77027

1989

88101

4. Article Number

P 035 902 469

Type of Service:

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☐ Return Receipt  
for Merchandise

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

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

● **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 (Extra charge)

SABINE ROYALTY TRUST  
INTERFIRST BANK DALLAS NA  
ESCROW AGENT  
DEPARTMENT #0887  
DALLAS, TX 75284

4. Article Number

P 035 902 466

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

SEP 25 1989

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

● **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 (Extra charge)

ENERGY METHODS NOMINEE PARTN  
EDP OPERATING LTD AGENT  
DEPARTMENT #380  
DENVER, CO 80271

4. Article Number

P 035 902 441

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

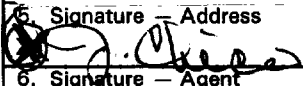
X

*Richard F.I.B.D*

7. Date of Delivery

9-25-89

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

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>CHICO, N. R., JR. 4705 BIRCHMAN AVE. FT. WORTH, TX 76107</p>	<p>4. Article Number <b>P 035 902 435</b></p> <p>Type of Service:</p> <table border="0"><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input checked="" type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature - Address </p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature - Agent <b>X</b></p>							
<p>7. Date of Delivery <b>9-25-89 / 12738</b></p>							

● **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 (Extra charge)

HILLIARD, H. T.  
149 STONY CIRCLE # 220  
SANTA ROSA, CA 95401

4. Article Number

P 035 902 444

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

9/25/89

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

● **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  
(Extra charge)

LEE, JOHN W.  
137 E. FORSYTH ST., SUITE 206  
JACKSONVILLE, FL 32202

4. Article Number

P 035 902 449

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt  
for Merchandise

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature - Address

X

6. Signature - Agent

X

Virginia Wings

7. Date of Delivery

8-25-85

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

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 (Extra charge)

MWJ OPERATING CO.  
400 W. ILLINOIS, STE. 1100  
MIDLAND, TX 79701

ATTN: DON JUDSON

4. Article Number

P 035 902 458

Type of Service:

- ☐ Registered    ☐ Insured  
☒ Certified    ☐ COD  
☐ Express Mail    ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature Address

X

6. Signature - Agent

X

7. Date of Delivery

9-27-89

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

● **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 (Extra charge)

MCLEAN, JAMES D.  
P.O. BOX 981  
ADDISON, TX 75001-0981

4. Article Number

P035 902 455

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address

X

6. Signature - Agent

X

7. Date of Delivery

9-26-89

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

● **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 (Extra charge)

MOONEY, RICHARD P.  
5671 WALNUT RIDGE DR.  
AGOURA HILLS, CA 91301

4. Article Number

P 035 942 457

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED

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

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

● **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 (Extra charge)

BERRY, JANE, LAURA LYNN AND  
BUFORD PRESTON  
4500 ROLAND #905  
DALLAS, TX 75219

4. Article Number

P 035 902 431

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature -- Address

X

6. Signature -- Agent

X

7. Date of Delivery

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

B?

<p>● <b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>AMOCO PRODUCTION CO. P.O. BOX 3092 HOUSTON, TX 77253</p> <p>ATTN: DAN JANIK</p>	<p>4. Article Number <b>P 035 902 429</b></p> <p>Type of Service:</p> <table><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input checked="" type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p> <p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p><b>SEP 26 1980</b></p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature — Address <b>X</b></p> <p>6. Signature — Agent <b>X</b> <i>[Signature]</i></p> <p>7. Date of Delivery</p>							

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

EXAMINER HEARING

IN THE MATTER OF:

Application of Kelt Oil and Case 9738  
Gas, Inc., for statutory  
unitization, Chaves County, New Mexico.

TRANSCRIPT OF PROCEEDINGS

BEFORE: MICHAEL E. STOGNER, EXAMINER

STATE LAND OFFICE BUILDING

SANTA FE, NEW MEXICO

October 18, 1989

**ORIGINAL**

## A P P E A R A N C E S

FOR THE APPLICANT: CHRISTY LAW OFFICES  
Attorneys at Law  
P.O. Box 569  
Roswell, New Mexico 88201  
BY: SIM B. CHRISTY IV, ESQ.

## I N D E X

## Page Number

Appearances

2

MARK DEGENHART

Direct Examination by Mr. Christy

5

Certificate of Reporter

8

## E X H I B I T S

Applicant's Exhibit 1-B

6

Applicant's Exhibit 2-D

6

Applicant's Exhibit 6

5

1                   HEARING EXAMINER: At this time I'll call  
2 Case No. 9738, which is the application of Kelt Oil  
3 and Gas, Inc., for statutory unitization, Chaves  
4 County, New Mexico. I believe this case was heard  
5 originally on August 23, 1989.

6                   At this time I'll call for any appearances.

7                   MR. CHRISTY: Sim Christy for the  
8 Applicant, Kelt Oil and Gas.

9                   I have one witness who was already sworn in  
10 in the original proceedings.

11                  HEARING EXAMINER: Are there any other  
12 appearances in this matter?

13                  Will the witness please step forward and  
14 let the record show that you were originally sworn in  
15 as a witness on August 23, 1989. You're still bound  
16 under those obligations.

17                  Mr. Christy?

18                  MR. CHRISTY: The witness's name is Mark  
19 Degenhart.

20                  HEARING EXAMINER: Would you spell that,  
21 please.

22                  THE WITNESS: D-e-g-e-n-h-a-r-t.

23                  MR. CHRISTY: He qualified at the previous  
24 hearing as a petroleum engineer and the man in charge  
25 of the Cato field, and the person that was to give all

1 the notices and make communications with everybody  
2 with respect to the statutory unitization.

3           Following the hearing, it came to the other  
4 examiner's attention and then to mine that they had  
5 amended Rule 1207 to require actual notice to all the  
6 nonconsenting royalty, overriding royalty, and working  
7 interest owners. And, therefore, we rescheduled it  
8 and did our notification actual, as distinguished from  
9 publication. That is the purpose of this exercise.

10                   MARK DEGENHART,  
11 the witness herein, after having been first duly sworn  
12 upon his oath, was examined and testified as follows:

13                   DIRECT EXAMINATION

14 BY MR. CHRISTY:

15           Q.       I'll ask the witness if, and referring to  
16 Exhibit 6, did you send that notice to everyone shown  
17 on the list?

18           A.       Yes.

19           Q.       Does the list include all of the  
20 nonconsenting royalty, overriding royalty, and working  
21 interest owners?

22           A.       Yes, it does.

23                   MR. CHRISTY: Mr. Examiner, here is Exhibit  
24 6, and here are the registered return receipts.

25           Q.       Now, at the original hearing, there was

1 introduced the unit agreement, proposed unit  
2 agreement, as Exhibit 1, and attached to it was  
3 Exhibit B. Have you revised that Exhibit B, updating  
4 it to a current date, being October 12?

5 A. Yes.

6 Q. This is revised Exhibit 1-B (indicated).  
7 Is that what you've brought it up to?

8 A. Yes, I did.

9 Q. At the prior hearing, there was introduced  
10 Exhibit 2, which was the unit operating agreement,  
11 which had an Exhibit D to it, being the expense  
12 burden. Have you revised that up to October 12, 1989?

13 A. Yes, I have.

14 Q. Is revised Exhibit 2-D that report?

15 A. Yes.

16 Q. Now tell the examiner what percentage of  
17 approvals do you have to the unit as to everybody and  
18 the unit operating agreement as to working interest  
19 owners.

20 A. As to the working interest owners or the  
21 cost-bearing entities, to date we have a little over  
22 95 percent.

23 Q. And as to the noncost-bearing owners?

24 A. The noncost-bearing represents 89.9  
25 percent.

1 MR. CHRISTY: And here, Mr. Examiner, are  
2 the ratifications themselves that he just testified  
3 to.

4 We reoffer into evidence all of the  
5 testimony and exhibits in the prior hearing and the  
6 exhibits I just gave you, which is 6, revised 1-B, and  
7 revised 2-D, and the ratifications.

8 I think that's all, sir.

9 HEARING EXAMINER: Exhibit 6, 1-B, 2-D, and  
10 -- I'm sorry. Was this one an exhibit?

11 MR. CHRISTY: I didn't make them an  
12 exhibit. They told me just furnish them.

13 HEARING EXAMINER: Those exhibits will be  
14 admitted into evidence, and this will be placed  
15 properly in the record in this particular matter.

16 I have no questions of this witness.

17 Are there any other questions of this  
18 witness? If not, he may be excused.

19 Is there anything further in Case No.  
20 9738? This case will be taken under advisement.

21 MR. CHRISTY: Thank you, Honorable  
22 Examiner.

23 HEARING EXAMINER: Thank you, Mr. Christy.  
24  
25

## 1 CERTIFICATE OF REPORTER

2

3 STATE OF NEW MEXICO )  
4 ) ss.  
5 COUNTY OF SANTA FE )

6

7 I, Deborah O'Bine, Certified Shorthand  
8 Reporter and Notary Public, HEREBY CERTIFY that the  
9 foregoing transcript of proceedings before the Oil  
10 Conservation Division was reported by me; that I  
11 caused my notes to be transcribed under my personal  
12 supervision; and that the foregoing is a true and  
13 accurate record of the proceedings.

14 I FURTHER CERTIFY that I am not a relative  
15 or employee of any of the parties or attorneys  
16 involved in this matter and that I have no personal  
17 interest in the final disposition of this matter.

18 WITNESS MY HAND AND SEAL November 13, 1989.

19

*Deborah O'Bine*  
DEBORAH O'BINE  
CSR No. 127

20

21

22 My commission expires: August 10, 1990

23

24

25

I do hereby certify that the foregoing is  
a complete record of the proceedings in  
the Examiner hearing of Case No. 9738,  
heard by me on 18 October 1989.  
*Michael E. Hynes*, Examiner  
Oil Conservation Division

1 STATE OF NEW MEXICO  
2 ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
3 OIL CONSERVATION DIVISION  
4 STATE LAND OFFICE BUILDING  
5 SANTA FE, NEW MEXICO

6 23 August 1989

7 EXAMINER HEARING

8 IN THE MATTER OF:

9 Application of Kelt Oil and Gas, Inc.  
10 for statutory unitization, Chaves  
11 County, New Mexico, and

CASE  
9738

12 Application of Kelt Oil and Gas, Inc.  
13 for a waterflood project, Chaves  
14 County, New Mexico.

CASE  
9739

15 BEFORE: David R. Catanach, Examiner  
16  
17

18 TRANSCRIPT OF HEARING

19 A P P E A R A N C E S

20 For the Division:

21 Robert G. Stovall  
22 Attorney at Law  
23 Legal Counsel to the Division  
24 State Land Office Building  
25 Santa Fe, New Mexico

For Kelt Oil and Gas, Inc.:

Sim B. Christy, IV  
Attorney at Law  
CHRISTY LAW OFFICES  
P. O. Box 569  
Roswell, New Mexico 88201

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## I N D E X

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MARK DEGENHART	
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1 MR. CATANACH: At this time  
2 we'll call Case 9738.

3 MR. STOVALL: Application of  
4 Kelt Oil & Gas, Inc., for statutory unitization, Chaves  
5 County, New Mexico.

6 MR. CATANACH: Are there ap-  
7 pearances in this case?

8 MR. CHRISTY: Sim Christy for  
9 the applicant, Kelt Oil & Gas, Inc.. I respectfully re-  
10 quest the Examiner to consolidate this hearing with 9739,  
11 which is the application for a waterflood project in the  
12 same unit.

13 MR. CATANACH: Yes, sir, we  
14 will do just that.

15 We'll call Case 9739 at this  
16 time.

17 MR. STOVALL: Application of  
18 Kelt Oil & Gas, Inc., for a waterflood project, Chaves  
19 County, New Mexico.

20 MR. CATANACH; Are there any  
21 other appearances in these cases?

22 MR. CHRISTY: I have two  
23 witnesses, Mr. Examiner.

24 MR. CATANACH: Will the two  
25 witnesses stand and be sworn in at this time?

(Witnesses sworn.)

MR. CHRISTY: Preliminarily, Mr. Examiner, this is an old field. The production is down to about 3 barrels a day on most of the wells, been there for quite a few years.

We went back and reexamined title on the whole unit to the extent we could. Kelt owns almost all of the unit. There are six or seven other operators. We have written them for title information. We have not received it back. We will receive it or we'll do something.

We've tried to check the county records and the BLM and the Commissioner's office and so forth, what we could get. If there're some overrides or royalty out there, we'd have to go back and examine the whole title again. We're working on that project, but before we submit the matter for final approval we will revise Exhibits B and D, which are the -- B being the ownership map, it's as of May 1, the latest we have; and D is the working interest, expense-bearing, in the unit operating agreement. We will do that.

We have received preliminary approval for the BLM and just day before yesterday we received preliminary approval from the Commissioner of Public

1 Lands and in both instances shows carbon copies to the  
2 Commission.

3 We have Exhibits One and Two,  
4 which are the unit agreement and unit operating agreement,  
5 which were prepared by Kelt's general counsel and myself,  
6 and I'll advise the Examiner that the unit agreement and  
7 the unit operating agree follow those in the Bluit San  
8 Andres Unit, approved by the OCD in Order R-8117, Case  
9 8779, entered January 6, 1986, which is a statutory uniti-  
10 zation of a pool just north of us in Roosevelt County.

11 The unit area covers a little  
12 over 15,000 acres of land, fee, State and Federal, and all  
13 in Chaves County.

14 There are 35 Federal tracts  
15 totaling 8,800 acres, or 57.7 percent of the proposed unit  
16 area.

17 There are 4 State tracts  
18 covering 1,100 acres, or about 7.3 percent of the proposed  
19 unit area.

20 And there are 21 fee tracts  
21 covering 5,300 some odd acres, or 34.98 percent of the pro-  
22 posed unit area.

23 There are a total of 60  
24 tracts.

25 With that background statement

1 I'd like first of all to go into the geology and then I  
2 will go into petroleum engineering and the C-108, if that's  
3 satisfactory, and our notices.

4 Is that satisfactory, Mr. Exa-  
5 miner?

6 MR. CATANACH: Yes, sir.

7 MR. STOVALL: May I ask you a  
8 question before you get started?

9 MR. CHRISTY: Yes, sir.

10 MR. STOVALL: Now you are  
11 asking, then, I take it, that based upon your statement and  
12 and the previous approval of the unit agreements in the  
13 other units that you mentioned, that those agreements be  
14 approved on that basis and you don't have a witness to  
15 testify as to those?

16 MR. CHRISTY: To testify as to  
17 what?

18 MR. STOVALL: As -- as to the  
19 content of the unit agreement --

20 MR. CHRISTY: Oh, yes, yeah.

21 MR. STOVALL: -- To put them  
22 in the record?

23 MR. CHRISTY: No, I'll just  
24 give you the unit agreement itself. I tell you that if you  
25 want to look, you'll find that they're the same.

1 MR. STOVALL: Would there be  
2 any value, and you can ask the Examiner yourself, in  
3 adopting -- incorporating into this record portions of  
4 those orders, those orders --

5 MR. CHRISTY: That unit oper-  
6 ating agreement, yes.

7 MR. STOVALL: I mean the  
8 orders that you referred to as --

9 MR. CHRISTY: Oh, the orders,  
10 yes, I gave that to you, 8117; no objection at all. We've  
11 patterned them after that because it was the nearest one  
12 that had recently been approved of the same animal, and the  
13 same formation, San Andres.

14 Now, with that --

15 MR. STOVALL: Is it the same  
16 participation formula?

17 MR. CHRISTY: No, that parti-  
18 cipation formula changed a little bit after our preliminary  
19 hearing with BLM, so there is a difference there and I will  
20 go over that with one of the witnesses and I will give you  
21 an exhibit of how we have reached participation based on  
22 that formula, which has been approved by BLM; which, as I  
23 said, owns 57.7 percent of the total unit area.

24 MR. STOVALL: I'll just ask  
25 the Examiner at this time, would be of any value to you to

1 incorporate that into the record?

2 MR. CATANCH: I don't see that  
3 there would be.

4 MR. STOVALL: Okay.

5 MR. CHRISTY: Ready, Mr. Exam-  
6 iner?

7 MR. CATANACH: Yes.

8  
9 STEVE WALTER,  
10 being called as a witness and being duly sworn upon his  
11 oath, testified as follows, to-wit:

12  
13 DIRECT EXAMINATION

14 BY MR. CHRISTY:

15 Q Would you please state your name, ad-  
16 dress and by whom you're employed and in what capacity?

17 A My name is Steve Walter, employed by  
18 Kelt Oil & Gas in Houston, Texas, as head of geology.

19 Q What is your occupation, Mr. Walter?

20 A Head of geology for Kelt Oil & Gas.

21 Q All right. Have you ever testified be-  
22 fore the OCD?

23 A No, I have not.

24 Q Give us a little bit of your background  
25 with respect to your education in the schools of higher

1 learning, your degrees, if any, received, and when.

2 A Received in 1984 a degree in geologic  
3 engineering from the Colorado School of Mines and worked  
4 for four years with a small, independent oil company in  
5 Denver, Colorado, and for the past three years as the head  
6 of geology for Kelt Oil & Gas.

7 Q Are you familiar as a head geologist for  
8 Kelt with the Cato San Andres area?

9 A Yes, I am.

10 Q Have you made a study of it?

11 A I made a detailed geologic evaluation of  
12 the entire Cato Field area.

13 Q I see. Are you familiar with what is  
14 sought in this application?

15 A Yes, I am.

16 MR. CHRISTY: Is the witness  
17 qualified?

18 MR. CATANACH: Yes, sir.

19 MR. CHRISTY: Thank you.

20 Q All right, now, let's go to Exhibit  
21 Four, which I believe is your exhibit, isn't it?

22 A Yeah. Exhibit Four is the waterflood  
23 feasibility and unitization study that we have submitted to  
24 the BLM and to the OCD for this project.

25 It's broken into five sections, Section

1 2 of which I personally authored, and the remainder of the  
2 sections I supervised. I would like to concentrate on  
3 Section 2, which is the geology section defining the verti-  
4 cal and horizontal limits and the techniques used to define  
5 the limits of the proposed unit.

6 Q There appears to be some plats attached  
7 to that. Would you just tell us what they are, roughly?

8 A The plats attached included in Exhibit  
9 Four are three restored cross sections across the field and  
10 then maps or plats 4 through 14, which are computer-gener-  
11 ated isopach, structure maps, cum production, and injection  
12 maps for the Cato Field.

13 I'd like to concentrate on Plat 7 and  
14 Plat 9, which are the total San Andres porous isopach and  
15 cumulative oil production for the field, respectively.

16 Q Let's take Plat 7 first. Now, is that  
17 your isopach or is that your cumulative?

18 A That's the isopach.

19 Q Isopach, all right. Now would you  
20 please briefly explain to the Examiner what that plat de-  
21 picts?

22 A Plat 7 is the total net pay isopach for  
23 the P-1, P-2 and P-3 Zones of the San Andres formation. It  
24 shows the contours of the isopach map, the proposed unit  
25 boundary, and the down dip oil/water contact for the re-

1       servoires of +625.

2                       The unit boundary was designed and based  
3 off this map plus the Plat number 9, which is a cumulative  
4 oil production map. The boundaries have been agreed upon  
5 and input from the field end was taken into consideration  
6 for changing the boundaries.

7               Q           What is the purpose -- what are the  
8 boundaries, both water and impervious?

9               A           The up-dip, or northwest, boundary is  
10 caused by a porosity/permeability pinchout in the west to  
11 north directions.

12                       The southern, east, the southeast and  
13 the east limit is controlled by the oil/water contact,  
14 which is estimated at +625 above mean sea level.

15               Q           Let me refer you to Exhibit One, Section  
16 2.H and will you tell me your proposed unitized formation?

17               A           The proposed unitized formation is the  
18 San Andres formation from the top of the pi marker to the  
19 base of the P-3 zone, as identified in the type log, the  
20 Crosby -- Thelma Crosby No. 1 in the southwest of the  
21 northeast of 17, Township 8 South, Range 30 East, including  
22 locally termed P-1, P-2 and P-3 dolomites.

23               Q           All right, now please go to Plat 9,  
24 isn't it?

25               A           Plat 9.

1           Q           Yes, Plat 9. Now, go ahead.

2           A           Plat 9 is the cumulative isopach of oil  
3 production for the Cato Field.

4           Q           Wait just a minute until the Examiner  
5 can get his copy.

6           A           Okay.

7           Q           Okay.

8           A           Plat 9 is the cumulative isopach for oil  
9 production for the Cato Field. It shows the same inner  
10 boundary as Plat 7 and it, Plat 9 was used to also help  
11 define the unit boundaries by the decreasing production  
12 trend to the north and west of the proposed unit boundary.

13          Q           Go head.

14          A           There is general, fair agreement between  
15 Plat 7 and Plat 9, which is it be expected mapping the net  
16 pay versus the actual cumulative production from that net  
17 pay.

18          Q           Is there anything particularly else  
19 you'd like to tell the Examiner about Exhibit Four?

20          A           No, there is not.

21          Q           It has an index into it. Do you sub-  
22 scribe to this as being --

23          A           I subscribe to it. As I previously  
24 stated, I wrote Section 2 and supervised the compilation of  
25 the other four sections.

1           Q           So Kelt's Exhibit Four was made by you  
2 or under your direct supervision.

3           A           That's correct.

4           Q           All right, sir. As a geologist, to what  
5 is -- what is your opinion as to whether or not the pro-  
6 posed unitization will substantially increase the ultimate  
7 recovery of oil and gas from the unitized portion of the  
8 pool?

9           A           The current situation on primary produc-  
10 tion is that the field is at or below economic limit, unit-  
11 ization is necessary in order to set up a fieldwide pattern  
12 to adequately sweep the remaining secondary oil with the  
13 water injection program.

14                   Without the unitization secondary ef-  
15 forts in the field would be uneconomical due to the small  
16 tract that you would have to put together for each indivi-  
17 dual flood area.

18           Q           What do you anticipate the ultimate  
19 recovery of oil or gas from the unitized formation under  
20 secondary?

21           A           Estimated secondary recovery is roughly  
22 11.5-million barrels.

23           Q           Over what period of time?

24           A           About 20 years, less -- I'd like to  
25 qualify that.

1 That's the proved secondary.

2 Q Proved.

3 A Proved secondary.

4 Q So that I gather the proposed unit  
5 operations would substantially increase recovery of oil or  
6 gas that would be lost if we didn't --

7 A Estimated remaining primary production  
8 under the current situation is about 450,000 barrels of  
9 oil.

10 Remaining secondary proved is estimated  
11 at 11-1/2 million barrels of oil.

12 Q So there's over 11-million barrels?

13 A There are 11-million barrels under  
14 secondary.

15 Q Economically will it work?

16 A Yes.

17 Q In other words, do I understand you cor-  
18 rect that it would allow not only recovery of the expense  
19 of unitization but a reasonable profit?

20 A Yes, it would.

21 Q Did you have anything to do with the  
22 participation formula shown at page 11 of Exhibit One,  
23 being in Section 13?

24 A Yes, I did.

25 Q What -- do you subscribe to that as

1       being correct?

2                   A           Yes, I do.

3                   Q           Do you think it's fair and reasonable to  
4       the working interest owners and the royalty owners?

5                   A           Yes, it is.

6                   Q           All right, sir.

7                               MR. CHRISTY:   Now, I'll go  
8       into this unit agreement a little bit more thoroughly with  
9       the other -- the next witness, but I'd call the Examiner's  
10      attention to the fact it's got numbers A-B through O which  
11      tell you what factor you're putting into that, and we have  
12      an exhibit on it.

13                  Q           And you think the allocation is fair and  
14      reasonable?

15                  A           Yes.

16                  Q           To all interested parties.

17                  A           Yes.

18                  Q           Is unitization as proposed in the appli-  
19      cation in the interest of conservation and the prevention  
20      of waste?

21                  A           Yes, it is.

22                  Q           Is there anything further I forgot to  
23      ask you that you think it would be interesting to the Ex-  
24      aminer?

25                  A           No. I could go into rather lengthy

1 dissertation on the techniques and methodology used to  
2 define both the vertical and horizontal limits to the  
3 field. I believe that the E&G report, as we call it, or  
4 the water feasibility report adequately explains all the  
5 techniques that we used to come up with the unit boundary.  
6 All the available information from log to core to detailed  
7 computer mapping resultant from detailed computerized log  
8 analysis and the summary of all the data, core data, led to  
9 the final product, which is basically Plat 7 to Plat 9 to  
10 describe the geology detail.

11 MR. CHRISTY: That's all from  
12 this witness.

13

14 CROSS EXAMINATION

15 BY MR. CATANACH:

16 Q Mr. Walter, can you give me the unitized  
17 interval once again?

18 A The San Andres formation, top of the Pi  
19 marker.

20 Q The Pi marker is something I'm unfami-  
21 liar with .

22 A The Pi marker is a local gamma ray, hot  
23 gamma ray spike in the -- in the Chaves County area.

24 The type well that we're using is the  
25 Thelma Crosby 1. It's included in the report, a copy of

1 the log, and on the Thelma Crosby 1 the proposed unitized  
2 vertical section is from 3,081 depth to 3,631 depth on the  
3 Thelma Crosby compensated density log.

4 Q And that log is included in this  
5 package?

6 A Yes, it is.

7 Q Just for reference, where is that well  
8 located?

9 A Thelma Crosby 1 is in the southwest  
10 northeast of Section 17, 8 South, 30 East, Chaves County.

11 Q Okay. Mr. Walter, is there some portion  
12 of the proposed unit that is not being developed by primary  
13 means?

14 A Around the fringes and even in some of  
15 the infill locations the -- there are areas that do not  
16 have wellbores on them. The reason for that is because in  
17 1968 economics the fringes, as depicted by the cum oil pro-  
18 duction map, they do decrease but yet they're still produc-  
19 tive.

20 Originally the boundaries to the west  
21 and the north were somewhat larger than they are at this  
22 point and the boundary to the southeast was contracted more  
23 towards the northwest.

24 At our preliminary meeting with the BLM  
25 they requested that we redefine the boundary to decrease it

1 in the north and the west and to expand it on the south and  
2 east to encompass the +625 oil/water contact.

3 Q Uh-huh. And how is it advantageous to  
4 include some of this undeveloped acreage in the unit?

5 A As the next witness will testify, the  
6 development plan proposed for this encompasses all of the  
7 proposed unit area.

8 Q Okay.

9 A Including the drilling of new wells to  
10 develop the undrilled portion of the proposed unit.

11 Q Has any portion of this unit been sub-  
12 ject to secondary recovery operations in the past?

13 A There have been two pilot floods; one  
14 down in Section 33 of 8 South, 30, and the second in Sec-  
15 tions 11 and 14 of 8, 30. They were limited in terms of  
16 the volumes of water that were injected. Our knowledge on  
17 the southern pilot flood is not as great as it is on the  
18 northern flood.

19 I'd have to refer to the report for the  
20 actual numbers, but I believe that roughly 2-million bar-  
21 rels of water were injected into the northern part of the  
22 flood, which was about a little less than 2-1/2 percent of  
23 a pore volume for that area and the incremental recovery  
24 was estimated to have been .65 percent of the oil in place  
25 for that area.

1 Q Who are those operators?

2 A The northern one was Pan Am, or Amoco.  
3 The southern one was Shell.

4 Q What is your -- your estimated secondary  
5 reserves, or recoverable reserves, what -- what is that  
6 based on, what percentage of oil in place is that?

7 A The proved estimated secondary recovery  
8 is 11.5-million barrels, which is an estimated 7 percent  
9 increase in production. So it would be 7 percent of the  
10 original oil in place attributed to secondary recovery.

11 Q Did you say 11.5?

12 A 11.5-million barrels proved secondary.

13 Q Right.

14 A There are also probable and possible  
15 reserves assigned, as well.

16 MR. CATANACH: I believe  
17 that's all I have for now.

18 The witness may be excused.

19 MR. CHRISTY: Call the next  
20 witness, please. Mr. Degenhart.

21

22 MARK DEGENHART,  
23 being called as a witness and being duly sworn upon his  
24 oath, testified as follows, to-wit:

25

## DIRECT EXAMINATION

1  
2 BY MR. CHRISTY:

3 Q Will you please state your name, your  
4 address, and by whom you're employed and in what capacity?

5 A My name is Mark Degenhart. I'm employed  
6 by Kelt Oil & Gas as a petroleum engineer out of Roswell,  
7 New Mexico.

8 Q Have you ever testified before the OCD  
9 as a petroleum engineer?

10 A No.

11 Q Tell us a little of your background with  
12 respect to the schools of higher learning you've attended,  
13 the degrees, if any, obtained and when, and what you've  
14 been doing in the petroleum geology field since that date.

15 A I graduated from the Colorado School of  
16 Mines in 1986 with a Bachelor of Science degree in petro-  
17 leum engineering.

18 After that time I worked for a natural  
19 gas market consulting firm as a gas market information  
20 analyst, and in July of '87 I was employed by Kelt Oil &  
21 Gas as a petroleum engineer and I've been with Kelt ever  
22 since.

23 Q Are you the one that's in charge of the  
24 Cato Field at this time for Kelt?

25 A Yes, I am.

1           Q           And are you familiar with what's sought  
2 by the application in Case 9738?

3           A           Yes, I am.

4           Q           Have you tried to obtain voluntary  
5 unitization?

6           A           Yes, we -- yes, we have tried.

7           Q           What is your success to this date in the  
8 sense of percentages or numbers, or something?

9           A           I have contacted all the working inter-  
10 est owners and royalty owners that I was able to get ad-  
11 dresses for and I have -- in fact I have a tabulation of  
12 information sent to both the working interest and the  
13 royalty owners and that is --

14          Q           That's going to be your Exhibit Five, is  
15 it not?

16          A           Yes, it will.

17          Q           All right. In Exhibit Five it shows the  
18 working interest owner packet. What is in that packet?

19          A           The working interest owner packet?

20          Q           Yes.

21          A           That packet contains the unit agreement,  
22 the unit operating agreement, and the associated Exhibits  
23 A, B, C and D, and ratifications for the -- for the agree-  
24 ment.

25          Q           Did you later send those same working

1 interest owners an engineering and geological report  
2 similar to the Exhibit Four in this -- this application?

3 A Yes, I did. On June 1st I called a  
4 working interest owners meeting and at that meeting the  
5 engineering and geological report with its associated plats  
6 was available to those that attended, and to those that  
7 didn't attend I sent out by certified mail all that inform-  
8 ation that was available.

9 Q Now, Exhibit Five also contains a royal-  
10 ty owners packet. What is in the royalty owners packet?

11 A In the royalty owners packet was the  
12 unit agreement and its associated exhibits, Exhibits A, B  
13 and C, and ratifications to the agreement.

14 Q Now, returning to Exhibit Five, was this  
15 prepared by you or under your direct supervision?

16 A Yes, it was.

17 Q And it reflects alphabetically the name  
18 of everybody, when they were sent the working interest  
19 owners packet or the royalty interest owners packet, and  
20 the certified mail receipt number, and your return receipt  
21 with an X, and then if they ratified it, either way, the  
22 date of ratification. Is that correct?

23 A Yeah, it contains all of that informa-  
24 tion you just mentioned plus the engineering and geological  
25 report mailings to those working interest owners that did

1 not attend the working interest owners meeting in Roswell.

2 Q And it also contains information with  
3 respect to the record title, record or official title  
4 owners currently.

5 A That is correct.

6 Q Let me show you what's been marked as  
7 Exhibit One and ask you if that is the unit agreement  
8 which -- with the exhibits that you sent to all these  
9 people and that you seek approval of in this hearing.

10 A Yes, this -- this is the material.

11 Q Now, let me show you Exhibit Two, which  
12 purports to be a unit operating agreement, and ask you if  
13 that is the unit agreement, unit operating agreement, that  
14 you sent to all the working interest owners and you're  
15 submitting to the OCD for record purposes?

16 A Yes, this unit operating agreement was  
17 sent to all the working interest owners.

18 Q Exhibit One has attached three exhibits,  
19 I believe, A, B, C.

20 A That -- that is correct.

21 Q Tell me what A is.

22 A Exhibit A is a plat map showing the unit  
23 boundary within Township 8 and 9 South of Range 30 East,  
24 and all the tracts located within that unit area.

25 Q Now what is Exhibit B?

1           A           Exhibit B shows ownership within those  
2 leases and legal description of the tracts with the name.

3           Q           And Exhibit C?

4           A           Exhibit C shows the determination of  
5 tract participation for each of the tracts within the unit.

6           Q           Based on what?

7           A           Based on information on Exhibit C and  
8 the calculation of the determination of a participation  
9 formula.

10          Q           Contained in the unit agreement?

11          A           Yes.

12          Q           Which is page 11 of the unit agreement,  
13 is that correct?

14          A           That is correct.

15          Q           And it has little A's - O to indicate  
16 what factors you're talking about, correct?

17          A           The parameters, that is --

18          Q           Right.

19          A           -- that is correct.

20          Q           Now, does Exhibit C correlate those A  
21 through O given factors and come out with an answer?

22          A           Yes, the tract --

23          Q           The tract.

24          A           The answer being the tract participa-  
25 tion.

1           Q           All right. Now, the unit operating  
2 agreement, Exhibit Two, I notice it has the standard ac-  
3 counting procedure, Exhibit E, and the standard insurance  
4 clause, Exhibit F.

5                       It also has an Exhibit D to it and I'll  
6 ask you what Exhibit D is.

7           A           Exhibit D shows how cost will be divided  
8 to the cost bearing owners, or the working interest owners.

9           Q           Well, Exhibit B, then, is net revenue  
10 interest, and Exhibit D is cost bearing, is that right?

11          A           Correct.

12          Q           Did you prepare the exhibits that I've  
13 just gone over, except --

14          A           Yes, I did.

15          Q           Now, --

16                       MR. CHRISTY: I forgot to ask  
17 you if he was qualified as a petroleum engineer.

18                       MR. CATANACH: Yes, sir, he  
19 is.

20                       MR. CHRISTY: Thank you.

21          Q           What's the state of the primary produc-  
22 tion at this time out of the Cato?

23          A           The primary production? We are current-  
24 ly making 200 barrels of oil a day with an estimated re-  
25 maining primary of 450,000 barrels of oil.

1           Q           In Exhibit Five there is shown those who  
2 have ratified the unit operating agreement. Give the exam-  
3 iner some kind of idea of how much you've got so far in a  
4 percentage or something of the unit area.

5           A           Okay. For -- based on -- this is for  
6 the unit area?

7           Q           Unit area.

8           A           Unit area, we have 56 percent.

9           Q           All right. There was a figure given me  
10 the other day of 95 percent working interest and 79 per-  
11 cent royalty interest. What is that?

12          A           Okay, that is -- I'll begin with the  
13 working interest owners. We received 4 ratifications of  
14 the 36 identified working interest owners, and that repre-  
15 sents 95 percent unit interest attributed to those cost-  
16 bearing people and --

17          Q           97 percent -- 95 percent --

18          A           Yes, a little over 95.

19          Q           -- of the cost-bearing have ratified.

20          A           Correct.

21          Q           Now, what's the 79 percent of the roy-  
22 alty?

23          A           The 79 percent represents 57 executed  
24 ratifications to date of the 136 identified royalty owners.

25          Q           All right, sir, do you expect some more

1       ratifications in?

2               A           Yes, I do. In fact I have verbal --  
3 verbal, verbals, I should say, from -- from several royal-  
4 ty owners at the present time.

5               Q           All right. How many other working  
6 interest owners are there in the proposed unit area besides  
7 Kelt?

8               A           We've -- there's -- we've identified 36  
9 and those --

10              Q           Working interest owners?

11              A           Working interest owners, and that number  
12 incorporates some of the undeveloped acreage that has  
13 record title people.

14              Q           Did you try and draw -- get the opera-  
15 tors together and talk this thing over?

16              A           Yes, as I'd mentioned, I had called a  
17 working interest owners meeting in Roswell June 1st, and I  
18 had a local company, Yates Petroleum, show and our company,  
19 were the only ones that showed up to the working interest  
20 owners meeting.

21                           The reason is I had a lot of people call  
22 me and say that they would have like to have come but their  
23 small interest in the unit did not justify them traveling  
24 great distances to come to Roswell.

25              Q           So far, after all your mailing and

1 everything, have you had anybody object to the unit or unit  
2 operating agreement?

3 A No, I've had no adverse responses.

4 Q From an engineering standpoint will the  
5 unitized management operation further development of the  
6 proposed unit be -- is it reasonably necessary to effectu-  
7 ally carry on secondary recovery operations?

8 A Yes, it is.

9 Q It's necessary to do that.

10 A Yes.

11 Q Will it result in a substantial increase  
12 of ultimate recovery of oil or gas?

13 A Yes, it will.

14 Q Now, the unit agreement, I think, speaks  
15 for itself, but it does contain a provision for operations  
16 -- that's the unit operating agreement -- operations, vot-  
17 ing procedures, removal of operator, et cetera?

18 A Yes, it does contain those.

19 Q Is the proposed operations, in your  
20 opinion as a petroleum engineer, feasible?

21 A Yes.

22 Q Is it reasonably probable to increase  
23 recovery of more hydrocarbons that would have been -- that  
24 would have been recovered without the unitization?

25 A Yes.

1           Q           You heard Mr. Walter testify with re-  
2 spect to ultimate recovery of hydrocarbons from secondary  
3 proven. Do you subscribe to that as a petroleum engineer?

4           A           Yes.

5           Q           What do you think the additional cost  
6 will be of the unitization over the life of the secondary  
7 recovery?

8           A           The capital investment, the capital in-  
9 vestment is estimated to be a little over \$13-1/2 million.

10          Q           To recover an additional 11-1/2 million  
11 barrels.

12          A           Correct, due to secondary recovery ef-  
13 forts.

14          Q           Do you feel you've made a good faith  
15 effort to secure voluntary unitization?

16          A           Yes, I do feel I have.

17          Q           You testified (not clearly heard.). Now  
18 let's -- let's go to that participation formula. Do you  
19 remember it? Page 11 of the unit agreement?

20          A           Yes.

21          Q           That was done with negotiation with BLM,  
22 is that correct?

23          A           Yes, it was.

24          Q           Do you think it's fair and reasonable to  
25 the working interest owners and the royalty owners, that

1 participation formula?

2 A Yes, I do believe it's fair and reason-  
3 able.

4 Q So I gather you subscribe to the parti-  
5 cipation formula.

6 A Yes.

7 Q All right. Now let's go to the portion  
8 of the hearing that has to do with 9739, which is the water  
9 flooding.

10 There was attached to your application,  
11 I believe, a C-108, but it didn't have the back-up infor-  
12 mation and the application says we will supply it at this  
13 hearing.

14 A Correct.

15 Q Did you do that? Have you got it?

16 A Yes, the attachments are here.

17 Q Now, the OCD requirements include noti-  
18 fication to the surface owners under the wells and to the  
19 working interest owners surrounding the wells within a half  
20 mile, right?

21 A Correct.

22 Q Tell me who the surface owners are.  
23 Well, first of all, tell me how many injection wells you  
24 propose as a pilot plant.

25 A We propose four initial injection wells.

1           Q           Tell me the name of the surface owners  
2 in -- under those four wells.

3           A           The names of the surface owners are --  
4 there's only two surface owners under --

5           Q           Name them.

6           A           Freda Seligson (sic) and Violet Pledger  
7 Queen. (sic)

8           Q           Now what about working interest owners  
9 within a half mile of the proposed injection wells? Who  
10 are they?

11          A           The other operators, Kelt, ourselves,  
12 and Yates Energy.

13                               MR. CHRISTY: Mr. Examiner,  
14 here is my certificate for the registered return receipts  
15 showing proof of mailing of the C-108 to the two surface  
16 owners and the working interest owners.

17                               There is one that came back  
18 and I'd like to ask Mr. Degenhart about it, that's Violet  
19 Queen.

20          Q           Is that correct?

21          A           Correct.

22          Q           Yeah, but according to Exhibit Five she  
23 received your royalty packet, is that true?

24          A           She received my royalty packet because  
25 she returned her return receipt from the certified mailing.

1           Q           Was that the same address as on Five-A I  
2 just handed you?

3           A           Yes, it was.

4                       MR. CHRISTY: We can't answer  
5 why it came back, but there it is.

6           Q           All right, now let's go to the C-108.  
7 It's Exhibit Three, and would you briefly sell the Examiner  
8 about C-108, particularly its exhibits and your proposed  
9 injection plans? You may proceed.

10          A           Okay. The C-108 with its attachments,  
11 I'll refer to Item 3, which is wellbore schematics for the  
12 4 initial injection wells, and on the -- on those wellbore  
13 schematics I have tabular data for surface casing showing  
14 size, sacks of cement, top of cement, hole size, and for  
15 the production string that same information, and also I  
16 show the perforated intervals on the schematic and I show  
17 packer setting depth, and I show the 2-3/8ths plastic-coat-  
18 ed tubing, and other information applicable to -- to those  
19 injection wells in the area.

20                       And that's shown under --

21          Q           On each --

22          A           -- other data of the --

23          Q           -- one of the four?

24          A           -- each one of the four.

25          Q           All right. We also have attached, I

1 believe, a map showing where the four injection wells are,  
2 is that correct?

3 A Yes. It was advised to show a map of  
4 wells and leases within two miles of the initial injection  
5 wells and that is shown, and also draw a half mile radius  
6 circle around each of the proposed injection wells, and  
7 that is shown, and that is the area of review and the in-  
8 jection wells are identified in blue.

9 Q Now with respect to fresh water in the  
10 area, have you received a report from the State Engineer's  
11 office with respect to fresh water and is that included in  
12 the C-108?

13 A Yes, it is.

14 Q And that's a letter of June 8th, 1989?

15 A June 6th, 1989.

16 Q June 6th.

17 A And, yes, that -- that letter is from  
18 the State Engineer's office and that letter advises that  
19 the Cato Unit does not lie within a declared underground  
20 water basin.

21 Q Will your proposed -- suppose they're  
22 wrong -- will your proposed packer and set and your pro-  
23 posed operations, will that seal off any fresh water above  
24 it?

25 A If there were fresh water or water-bear-

1 ing strata lying above the San Andres --

2 Q Yes.

3 A -- yes, it would seal off, and so would,  
4 actually, the top of cement calculations shown on both  
5 tabulation data of wells within the area of review, and the  
6 top of cement calculated for the four proposed initial  
7 wells show that the cement is well above the top perfor-  
8 ated interval.

9 Q Will -- what do you anticipate the total  
10 to -- the preliminary number of barrels per day of water  
11 you're going to be injecting in those four wells?

12 A We plan -- we plan to inject about 1400  
13 barrels of water per day into the four injection wells.

14 Q As the pilot flood is expanded, if it  
15 is, what will be the total amount of water per day that  
16 you're going to inject?

17 A We estimate about 45,000 barrels of  
18 water per day maximum, and that being contingent upon water  
19 availability.

20 Q At what pressures are you going to put  
21 -- inject the water?

22 A Initially at approximately 300 psi.

23 Q Do you think the proposed injection  
24 wells you've got here will give you a start on a good, ef-  
25 ficient sweep of the recoverable hydrocarbons?

1           A           Yes.

2           Q           And I understand you're requesting a  
3 project allowable, under Rule 701, so that the allowable  
4 assigned to the wells will be equal to the ability of the  
5 wells to produce, is that correct?

6           A           That is correct.

7           Q           Do you have a water analysis at this  
8 time of the water to be injected?

9           A           No, we do not. We are currently looking  
10 into the two -- two water sources that are in the closest  
11 proximity to the Cato Unit and we have, you know, started  
12 preliminary negotiations for that make-up water source.

13          Q           You may also inject, may you not, pro-  
14 duced water?

15          A           Yeah, in fact, the 1400 barrels of water  
16 per day that we plan to inject into the four initial injec-  
17 tion wells can be sufficiently obtained from produced water  
18 within the north part of the field.

19          Q           Now, before you start injection of that  
20 produced water, or any other water you buy, will you give  
21 the OCD a water analysis before -- for its consideration?

22          A           Yes, most definitely.

23          Q           Now, on the waterflood, do you under-  
24 stand that this is a project allowable and you must come  
25 back and get approval for further injection wells either

1 administratively or after a hearing? Do you understand  
2 that?

3 A We -- we -- yes, we do understand the  
4 administrative approval.

5 Q And before you try to expand, you're  
6 going to have to again notify the surface owner under that  
7 well and the working interest owners within a half mile.  
8 Do you understand that?

9 A Yes, we do.

10 Q In your opinion will the granting of  
11 this application be in the interest of conservation and the  
12 prevention of waste?

13 A Yes.

14 Q I believe you testified Exhibit Three  
15 was prepared by you or under your direct supervision?

16 A Yes, it was.

17 Q And you also prepared Exhibit Five your-  
18 self?

19 A Yes.

20 Q Do you have the original return receipts  
21 if the OCD wants them?

22 A Yes, I do.

23 Q Is there anything further you feel I  
24 should have asked you that I didn't ask you in connection  
25 with this hearing?

1                   A                   No.

2                                   MR. CHRISTY:   Offer in evi-  
3   dence Applicant's Exhibits One through Five-A, inclusive.

4                                   MR. CATANACH:   Exhibits One  
5   through Five-A will be admitted as evidence in this case.

6                                   MR. CHRISTY:   That's all from  
7   this witness, Mr. Examiner.

8  
9                                   CROSS EXAMINATION

10   BY MR. CATANACH:

11                   Q                   Mr. Degenhart, is it?

12                   A                   Correct.

13                   Q                   That's a very small number of injection  
14   wells for such a large area. What are your plans as far as  
15   expanding upon that?

16                   A                   That -- the initial injection pattern, a  
17   skewed inverted 5-spot, will -- you might notice on the at-  
18   tachments to C-108, the plat showing wells and leases with-  
19   in the -- within two miles of the proposed injection wells,  
20   in Section 10 of Township 8 we have one 40-acre undeveloped  
21   in the Queen lease. That would be the northwest quarter of  
22   the northwest quarter. That will, once initial injection  
23   has begun and things have progressed, we'll be able to --  
24   be able to obtain fresh in situ samples from -- from that  
25   location, and also this skewed inverted 5-spot allows the

1 best adaptability to other injection patterns before the  
2 extrapolation to the full field.

3 Q Again, though, I ask you, what -- what  
4 is the time frame of this thing? How many, ultimately how  
5 many injection wells do you plan on having in this field?

6 A Ultimately, with a successful, full  
7 field flood, it's estimated being near 70 wells. Plat,  
8 which would be -- a plat of a successful full field is  
9 shown in the engineering and geological report. The exact  
10 plat number, I'm not exactly sure.

11 Q How long will it take you to evaluate  
12 this initial pattern and initial pilot?

13 A The -- the analysis will start the day  
14 water starts, you know, we start to inject water into those  
15 four wells, and that will continue until we reach fill up  
16 and thereafter. Estimated timeframe would be approxi-  
17 mately nine months before sufficient data can be available.

18 Q Okay. As I understand it, you've got 95  
19 percent of the working interest owners voluntarily commit-  
20 ted?

21 A That's correct.

22 Q And 79 percent of the royalty interest  
23 owners.

24 A That is correct, also.

25 MR. STOVALL: Mr. Examiner,

1 may I make sure that we understand this correctly?

2 MR. CATANACH: Sure.

3 MR. STOVALL: Are we talking  
4 about numbers of people or percent of interest in --  
5 measured in terms of production and cost?

6 A Okay, let me clarify that. For the  
7 working interest owners we have received, numberwise, 4  
8 of 36 identified working interest owners. Those 4 repre-  
9 sent 95 percent of the available interest in the unit.

10 And on the royalty side we've received  
11 57 executed ratifications of the 136 royalty owners identi-  
12 fied, and that represents 79 percent of the unit interest  
13 attributed to the non-cost-bearing owners.

14 Does that clarify?

15 MR. STOVALL: Yes. Your  
16 attorney testified -- stated that there were some title --  
17 there was some title work to be done yet in the unit area,  
18 is that correct?

19 A That is correct.

20 MR. STOVALL: Do you -- that  
21 -- does that mean, then, that you have not yet accurately  
22 identified all the owners to your satisfaction?

23 A We, I guess -- trying to hit a moving  
24 target can be difficult, and I've spoken to the other  
25 working interest owners and in the -- since the exhibits

1 were created things have changed and new record title  
2 owners and things, and there will be a point in time when  
3 we'll have an effective date and we'll bring things up to  
4 date once we do decide on an effective date, but for the  
5 most part I can say I'm very confident that the current  
6 Division orders and the title opinions and information that  
7 we have available to us, that we've identified the great  
8 majority of all of the working interest owners and the  
9 royalty owners in the unit.

10 MR. STOVALL: Do you have an  
11 opinion as to whether or not these changes that have oc-  
12 curred will affect those percentages? Specifically, will  
13 they -- any probability they will bring those percentages  
14 below the 75 percent threshold requirement for approval?

15 A No, they will not materially change. In  
16 fact, I've mentioned verbal -- verbals from royalty owners  
17 saying that they will send in their executed ratifications  
18 here shortly, and that will only increase the participation  
19 from both the royalty and the working interest owners in  
20 the unit.

21 So what I can say is the numbers that I  
22 stated as of today, the 95 percent for the working interest  
23 owners and the 79.21 percent of the royalty owners, will  
24 only increase.

25 MR. CHRISTY: Mr. Examiner,

1 Kelt has no objection if the order wants to provide the  
2 75/75 required under the Statutory Unitization Act. We've  
3 got it and it won't change, in answer to the gentleman's  
4 question. The title problems mainly have to do with over-  
5 rides, a 40-acre tract here and 160-acre tract there, and  
6 it won't change those percentages enough to make any dif-  
7 ference to us. We perfectly agree on the 75/75 required  
8 under the Act; no objection to that at all.

9 MR. STOVALL: I have no prob-  
10 lem with that. He has testified to that and (not clear)  
11 75/75 requirement. The only thing I would suggest is that  
12 the unit operating agreement and unit agreement contain  
13 specific exhibits which identify the percent and that will  
14 change, but there will have to be some -- we'll have to  
15 discuss it after we finish with the witness --

16 MR. CHRISTY: Right.

17 MR. STOVALL: -- procedurally  
18 how you wish to handle, handle approval of the unit oper-  
19 ating agreement and unit agreement.

20 MR. CHRISTY: Right.

21 Q (Mr. Catanach continuing) Does the unit  
22 agreement have any type of penalty for non-committing --  
23 for non-joinder?

24 MR. CHRISTY: Well, for forced  
25 pooling, it is charged under statutory unitization.

1                   Q                   So it does have a penalty.

2                                   MR. CHRISTY:   Well, I'm not  
3   sure what the Examiner means by a penalty.

4                                   MR. STOVALL:   Well, I think, I  
5   think what he's referring to, and it was a question I was  
6   interested in, as well, is that even in a forced pooling  
7   you can have nonconsent interest that --

8                                   MR. CHRISTY:   Oh, you're  
9   talking about --

10                                  MR. STOVALL:   -- is unwilling  
11   to pay their share of costs in the --

12                                  MR. CHRISTY:   Yes --

13                                  MR. STOVALL:   -- manner spec-  
14   ified --

15                                  MR. CHRISTY:   -- yes, yeah.

16                                  MR. STOVALL:   -- and therefore  
17   the working interest owners retain that interest for a  
18   period of time.

19                                  MR. CHRISTY:   It's in the unit  
20   operating agreement.

21                                  MR. STOVALL:   Can you tell me  
22   where? I looked through it and did not -- was unable to  
23   find that -- the provision.

24                                  MR. CHRISTY:   It's supposed to  
25   be in there someplace.

1                   A                   It will be in there and it will show 200  
2 percent.

3                                   MR. STOVALL:    Yeah, 200 per-  
4 cent nonconsent?

5                   A                   Yes.

6                                   MR. CHRISTY:    Operation by  
7 less than all parties, isn't it?

8                                   MR. STOVALL:    Usually is for  
9 nonconsent, and I didn't -- I didn't see anything of that  
10 nature in there as I thumbed through it, and I didn't read  
11 it thoroughly.

12                                  MR. CHRISTY:    We'll try and  
13 get it for you. I can't at this time but -- but I'm almost  
14 positive it's got a 200 percent clause in it some place.

15                                  MR. STOVALL:    I believe the  
16 witness has testified to that and that is in the record.  
17 We would like to make sure, to go through this and --

18                                  MR. CHRISTY:    Sure, let me  
19 write you on it.

20                                  MR. STOVALL:    All right, okay.

21                                  MR. CATANACH:   Theoretically,  
22 if the Division entered an order statutorily unitizing this  
23 area and subsequently you found some working interest  
24 owners that were not contacted, would you -- would they be  
25 given the opportunity to voluntarily join?

1 be -- will have producing wells drilled on them before they  
2 are actually -- before there are injection wells placed on  
3 them?

4 Will you try and develop the primary  
5 reserves on the undrilled tracts prior to injecting in an  
6 area like that?

7 A I couldn't say specifically on a per  
8 tract -- I'd have to wait -- we'd have to wait and see  
9 until the flood advances to the full field status.

10 MR. STOVALL: Mr. Christy,  
11 this is a problem we've identified in -- in the rules, and  
12 I direct your attention, so you understand where we're  
13 going, to Rule 701-F-2. If you'd care to take a minute and  
14 look at that you'll see what -- or if you wish to do it  
15 later, we can. It's on the top of the righthand page  
16 there.

17 MR. CHRISTY: Oh, I see. Well  
18 I, I really think the witness didn't understand --

19 MR. STOVALL: Well, I would  
20 like you to --

21 MR. CHRISTY: The project area  
22 is what's shown in C-108. We will be expanding the pro-  
23 ject area administratively, if we can, to become the pilot.

24 MR. STOVALL: You may -- we  
25 may have to go back and ask the witness to look at the pro-

1 MR. CHRISTY: Yes. If we made  
2 a mistake, we'll -- we think we've got them all. 99 per-  
3 cent of this stuff really is State -- acreagewise, is State  
4 and Federal, and we've checked both of those. I checked  
5 them as of June something, and the Commissioner's office,  
6 checked it as of day before yesterday.

7 MR. STOVALL: One more ques-  
8 tion with respect to your waterflood project area.

9 A Uh-huh.

10 MR. STOVALL: Is it your ap-  
11 plication for that project area to be the same as the unit  
12 area? Are you familiar with the difference between the  
13 terms?

14 A The 15,321 acres is the proposed unit  
15 area.

16 MR. STOVALL: Correct. And do  
17 you have -- is the -- is the -- under our rules regarding  
18 waterflood projects --

19 A Uh-huh.

20 MR. STOVALL: -- you define a  
21 project area. Is that project area the same as the unit  
22 area?

23 A Yes, it is.

24 Q (Mr. Catanach continuing) Is it your  
25 opinion that the undrilled tracts within the unit area will

1 ject -- let me look at it and make sure I understand what  
2 --

3 MR. CHRISTY: I think the  
4 witness just didn't understand.

5 May I ask the witness one  
6 other question?

7 MR. CATANACH: Yes, sir.

8  
9 REDIRECT EXAMINATION

10 BY MR. CHRISTY:

11 Q Under your C-108 will the project area  
12 of the waterflood be composed of the proration units owned  
13 or operator -- owned or operated by Kelt upon which in-  
14 jection wells are located plus all production units owned  
15 or operated by Kelt and the other working interest owners  
16 in the unit, is that correct?

17 A This project area, which is also known  
18 as, on the C-108 is referred to as the area of review.

19 Q Right.

20 A Yes.

21 MR. CHRISTY: Have we got it  
22 yet?

23 MR. STOVALL: Let's go off the  
24 record for a minute and --  
25

1 (Thereupon a discussion was had off the record.)

2  
3 MR. STOVALL: Back on the  
4 record. Do you wish to pursue this or would you like me  
5 to, to pursue this line of examination?  
6

7 REDIRECT EXAMINATION CONTINUED

8 BY MR. CHRISTY:

9 Q Mr. Degenhart, do you agree that the  
10 project area for the initial pilot flood will be the 40-  
11 acre tracts on which the four injection wells are located  
12 plus any offset 40-acre tract, either directly or diagon-  
13 ally, upon which there is a producing well?

14 Do you agree to that?

15 A Yes.

16 MR. CHRISTY: That's all I  
17 have.

18 I have no more witnesses. We  
19 rest.

20 MR. CATANACH: There being  
21 nothing further in Case 9738 and 9739, these two cases will  
22 be taken under advisement.

23  
24 (Hearing concluded.)  
25

## C E R T I F I C A T E

I, SALLY W. BOYD, C. S. R. DO HEREBY  
CERTIFY that the foregoing Transcript of Hearing before the  
Oil Conservation Division (Commission) was reported by me;  
that the said transcript is a full, true and correct record  
of the hearing, prepared by me to the best of my ability.

Sally W. Boyd CSR

I do hereby certify that the foregoing is  
a complete record of the proceedings in  
the Examiner hearing of Case No. 9738, 9739  
heard by me on August 23 1959.

David R. Catant, Examiner  
Oil Conservation Division