

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

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

**CASE NO. 10950**

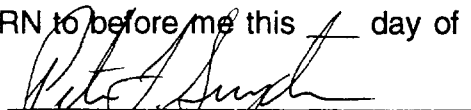
The Application of Samedan Oil Corporation for  
Redesignation of the Cline-Tubb Pool as the  
Cline-Tubb Associated Pool, Expansion of Pool  
Boundaries, for Special Pool Rules and  
Regulations, for Approval of Two Non-Standard  
Gas Proration Units, and Approval of Two Unorthodox  
Gas Well Locations, Lea County, New Mexico.

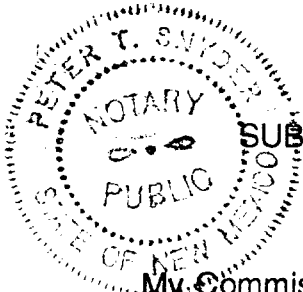
**CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054**

David Smith, Landman and authorized representative of Samedan Oil Corporation, states that he has personally searched the title records for the applicable portions of the lands shown on Exhibit 1, attached hereto, for the purpose of determining those parties entitled to Notice of the Application filed in the above captioned case, and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with; that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice; that on the 7th day of March 1994, I caused to be mailed by certified mail return-receipt requested, notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for March 31, 1994, to the parties shown in the application as evidenced by the copies of return receipt cards attached as Exhibit 2, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

  
David Smith

SUBSCRIBED AND SWORN to before me this 7 day of March, 1994.

  
Notary Public



My Commission Expires:

Nov. 16, 1997

OPERATORS OF WELLS WITHIN EXPANDED AREA  
(Samedan Oil Corporation Excluded)

T23S - R37E

Section 11: Kelton Operating Company  
Linebery #1 NE/4 SE/4  
Linebery #2 NE/4 SE/4  
Flat C Sharp #1 SE/4 NE/4

Section 12: Chuza Operating  
Gambi #1 SW/4 NW/4

OPERATORS OF WELLS WITHIN ONE MILE

T22S - R37E

Section 35: None

Section 36: Highland Resources  
#2 State BD 36  
SE/4 SE/4

T22S - R38E

Section 31: Texaco Exploration & Production, Inc.  
#4 A. H. Blinebry Fed. NCT 4  
SW/4 SW/4

T23S - R37E

Section 2: Seely Oil Co.  
#1 Gulf State  
NW/4 NW/4

Section 10: Texaco Exploration & Production, Inc.  
Skelly Penrose A Unit #41  
NE/4 NE/4

Texaco Exploration & Production, Inc.  
Skelly Penrose A Unit #51  
SW/4 NE/4

Texaco Exploration & Production, Inc.  
Skelly Penrose A Unit #54  
SE/4 NE/4

Section 12: Chuza Operating  
Phillips - Federal #1  
NW/4 SE/4

T23S - R38E

Section 6: Chevron U.S.A., Inc.  
#2 H.V. Pike  
NE/4 NW/4

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Kelton Operating Corporation  
P.O. Box 276  
Andrews, TX 79714

**4a. Article Number**

0670 814 394

**4b. Service Type**

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

**7. Date of Delivery**

3/11/94

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Chuzza Operating  
P.O. Box 51010  
Midland, Texas 79710-1010

**4a. Article Number**

0670 814 393

**4b. Service Type**

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

**7. Date of Delivery**

MAR 10 1995

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-068

**DOMESTIC RETURN RECEIPT**

EXHIBIT 2

Pg. 1

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Seely Oil Co.  
815 W. 10th St.  
Fl. Worth, TX 76102-3528

4a. Article Number

0670 814574

4b. Service Type

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

7. Date of Delivery

MAR 10 1994

5. Signature (Addressee)

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

6. Signature (Agent)

*Patricia M. Haggard*

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

**SENDER:**

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Texaco U.S.A.  
P.O. Box 3109  
Midland, Texas 79702

4a. Article Number

0670 814392

4b. Service Type

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

7. Date of Delivery

MAR 11 1994

5. Signature (Addressee)

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

6. Signature (Agent)

*Ally Ryan*

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

EXHIBIT 2

Pg. 2

**SENDER:**

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Meridian Oil Inc. (Southland Royalty)  
P.O. Box 51810  
Midland, TX 70710

**4a. Article Number**

0670814395

**4b. Service Type**

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

**7. Date of Delivery**

3-15

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)**

MAR 15 1994

**6. Signature (Agent)**

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

**SENDER:**

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- Complete items 3, and 4a & b.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Chevron USA, Inc.  
P.O. Box 1150  
Midland, TX 70702

**4a. Article Number**

P670814396

**4b. Service Type**

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

**7. Date of Delivery**

MAR 18 1994

**5. Signature (Addressee)****8. Addressee's Address (Only if requested and fee is paid)****6. Signature (Agent)**

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Highland Production Company  
810 N. Dixie - Suite 202  
Odessa, TX 79767

**4a. Article Number**

P670814397

**4b. Service Type**

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

**7. Date of Delivery**

3-11-94

**5. Signature (Addressee)****6. Signature (Agent)**

*France*

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**