



Rhombus Energy Co.

200 N. Loraine, Suite 1270
Midland, TX 79701
(915) 683-8873

April 17, 1996

Amerada Hess Corporation
P.O. Drawer D
Monument, NM 88265

RE: C. W. Robinson A #2
Lea County, New Mexico

Dear Sirs:

This letter is to inform you as an operator within one-half mile of the above referenced well, that Rhombus Energy Company, whose address is stated above, is planning to convert this well into a disposal well to dispose of produced water from the Moore Devonian field.

The well is located 1980' from the south line and 660' from the east line, in Section 14, T-11-S, R-32-E. The injection formation is going to be the Devonian at a depth of 10616-600'. The expected average injection rate is 1900 barrels per day, with a maximum of 2500 barrels per day. The expected average injection pressure is 0 psi, with a maximum of 500 psi.

If you company have any objection to the proposed work, you have 15 days to file an objection with the Oil Conservation Division at 2040 South Pacheco St, Santa Fe, NM 87505.

If you have any other questions or concerns, please contact the undersigned or Greg Cielinski at the letterhead address.

Sincerely

Mabry Khiffen-Wingo
Mabry Khiffen-Wingo
Administrative Assistant

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Amerada Hess Corporation
P.O. Drawer D
Monument, NM 88265

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

[Signature]

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2-296-652-040

4b. Service Type

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

7. Date of Delivery

4-19-96

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

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

