

devon

ENERGY CORPORATION

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Oklahoma City, Oklahoma 73102-8260

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FAX 405/552-4550

April 25, 1997

Certified Mail No. P 619 404 382

MR. DARR ANGELL
P. O. Box 190
LOVINGTON, NM 88260

RE: Proposed Denton SWD #5 (formerly State "T" #1)
Section 2-15S-37E
Lea County, NM

Mr. Angell:

We have enclosed a copy of our Application for Authorization to Inject for the above referenced proposed salt water disposal well since you lease the surface rights.

Please direct inquiries concerning this matter to Ernie Buttross, Jr., at (405) 552-4509.

Yours truly,

DEVON ENERGY CORP.

Karen Byers
Karen Byers
Engineering Technician

Enclosures

AAI on: Denton SWD #5

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.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.		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none">1. <input type="checkbox"/> Addressee's Address2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: MR. DARR ANGELL P. O. Box 190 LOVINGTON, NM 88260		4a. Article Number P 619 404 382
4b. Service Type <ul style="list-style-type: none"><input type="checkbox"/> Registered<input type="checkbox"/> Express Mail<input checked="" type="checkbox"/> Certified<input type="checkbox"/> Insured<input type="checkbox"/> COD		5. Received By: (Print Name)
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)		

Is your RETURN ADDRESS completed on the reverse side? **X**

PS Form 3811, December 1994

Postmark or Date
AAI on:
Denton SWD #5

Domestic Return Receipt

11/17
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