



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

3-2-89

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1080
HOBBS, NEW MEXICO 88401-1080
(505) 393-6161

WFX 579

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC _____
DHC _____
NSL _____
NSP _____
SWD _____
WFX ☒ _____
PMX _____

Gentlemen:

I have examined the application for the:

Shell Western E&P Inc. Northeast Drkd at # 913-K 23-21-37
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Supervisor, District 1

/ed

Shell Western E&P Inc.

A Subsidiary of Shell Oil Company



P.O. Box 576

Houston, TX 77001

February 27, 1989

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
310 Old Santa Fe Trail, Room 206
Santa Fe, NM 87503

Gentlemen:

SUBJECT: EXPANSION OF WATERFLOOD PROJECT
SHELL - NORTHEAST DRINKARD UNIT
NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS POOL
WELL NO. 913-K
SECTION 23, T21S, R37E
LEA COUNTY, NEW MEXICO

Shell Western E&P Inc. (SWEPI) respectfully requests administrative approval for expansion of the subject waterflood project. Division Order No. R-8541 granted November 9, 1987 authorized SWEPI to conduct the Northeast Drinkard Unit Waterflood Project within the subject pool.

The "First Supplement - 1988" to the "Initial Plan of Operation" for the Northeast Drinkard Unit, approved by the NMOCD on May 3, 1988, outlined our intent to utilize the Sarkey's No. 6 (formerly operated by Arco) as a Blinebry/Tubb gas producer enabling NEDU No. 913 to be used as an injector.

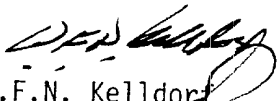
The following information is submitted in support of this request:

1. Plat of Unit identifying proposed injector and its project area.
2. Injection Well Data Sheet (with miscellaneous data attached).
3. An Affidavit of Publication certifying the newspaper legal notice.
4. List of offset operators and surface owner.
5. All entities in Item Four have been notified by certified mail.

XAD8826404 - 0001.0.0

If additional information is required, please advise.

Yours very truly,


W.F.N. Kelldorf
Staff Production Engineer
Safety, Environmental and Administration
Western Division

JMW:SW

Attachments

cc: State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
P. O. Box 1980
Hobbs, NM 88240

◀ THIS COPY FOR

State of New Mexico
Office of Land Commissioner
P. O. Box 1148
Santa Fe, NM 87501

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ yes ☐ no
- II. Operator: SHELL WESTERN E&P INC.
Address: P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)
Contact party: J. M. WINDER Phone: (713) 870-3797
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? ☒ yes ☐ no
If yes, give the Division order number authorizing the project R-8541
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- * VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- * XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: W.F.N. KELLDORF Title STAFF PRODUCTION ENGINEER
Signature: [Signature] Date: FEBRUARY 27, 1989
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

HEARING SEPTEMBER 24, 1987

CASE NO. 9232, ORDER NO. R-8541

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate Division district office.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

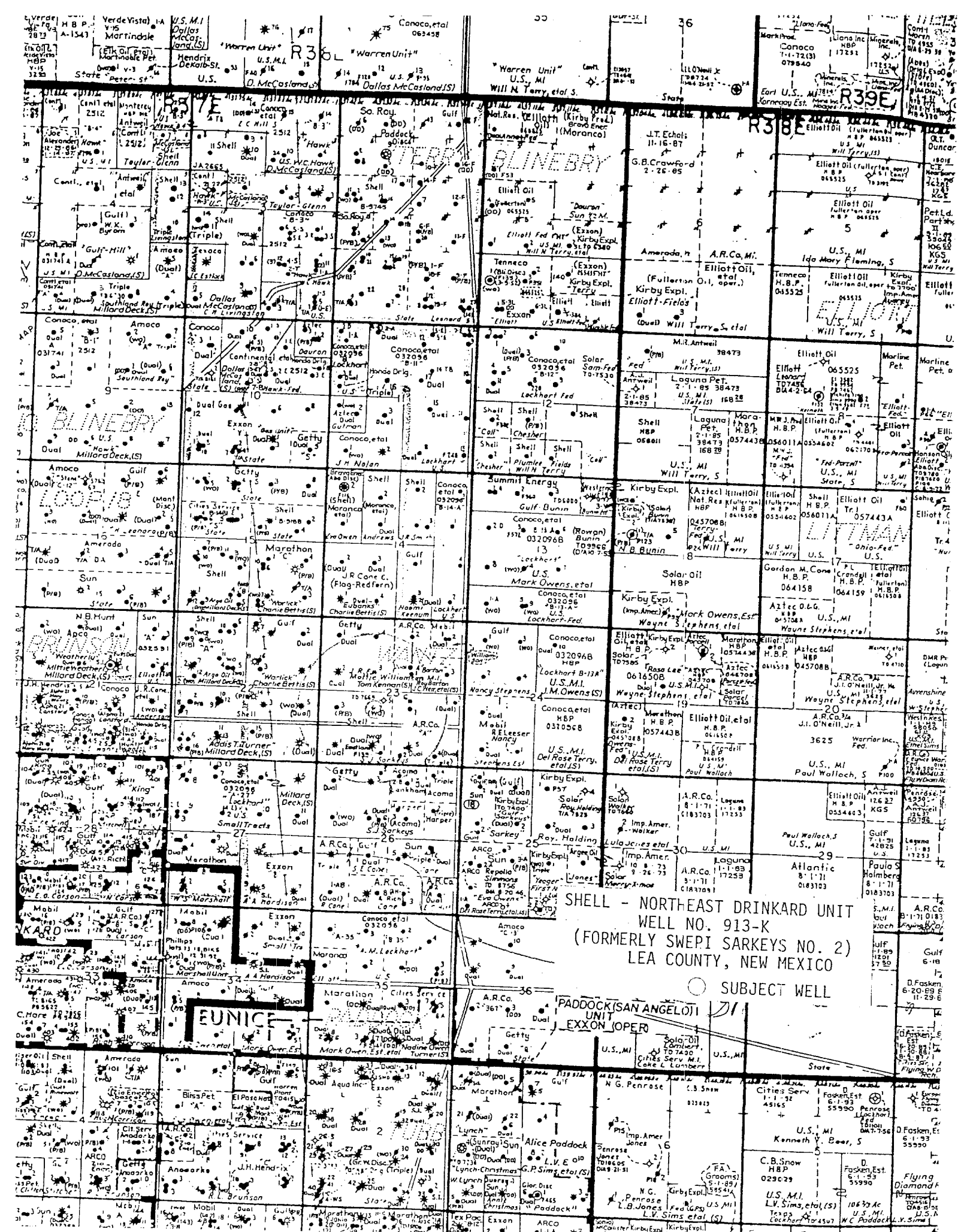
All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

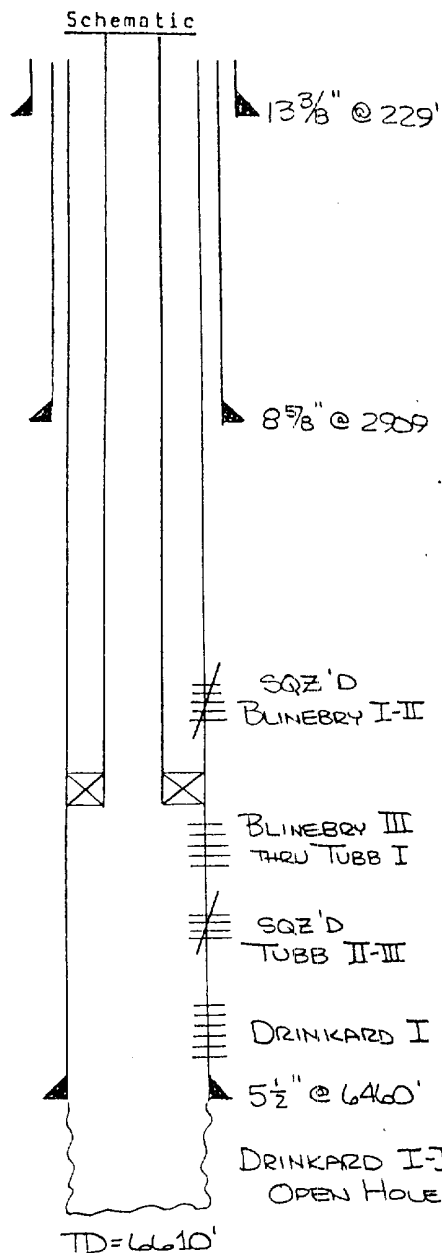
- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.



OPERATOR SWEPI	LEASE NORTHEAST DRINKARD UNIT	(FORMERLY SWEPI's) SARKEY's No. 2	
WELL NO. 913W	FOOTAGE LOCATION 1980' FSL & 1980' FWL	SECTION 23-21S-37E	TOWNSHIP 23-21S-37E

**Tabular Data****Surface Casing**

Size 13 3/8 " Cemented with 250 sx.
 TOC SURFACE feet determined by CIRC.
 Hole size 17 "

Intermediate Casing

Size 8 5/8 " Cemented with 1500 sx.
 TOC SURFACE feet determined by CIRC.
 Hole size 11 "

Long string

Size 5 1/2 " Cemented with 1000 sx.
 TOC 900' feet determined by FREE PT.
 Hole size 7 7/8 "

Total depth 6610 (CSG TO 6460')

Injection interval

5726 feet to 6610' feet
 (perforated or open-hole, indicate which)

(PERFS FROM 5726' TO 6447', OPEN HOLE: 6460' TO 6610')

Tubing size 2 3/8 " lined with FIBERGLASS EPOXY set in a
 (material)
GUIBERSON UNI-VI packer at ± 5700 feet
 (brand and model)

(or describe any other casing-tubing seal).

Other Data

- Name of the injection formation BLINEBRY/TUBB/DRINKARD
- Name of Field or Pool (if applicable) N. EUNICE BLIN/TUBB/DRINK OIL & GAS POOL
- Is this a new well drilled for injection? ☐ Yes ☒ No
 If no, for what purpose was the well originally drilled? DRINKARD OIL PRODUCER
- Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used)
BLINEBRY I-II GAS INTERVAL SQZ'D 195SX IN 6/83.
TUBB II-III GAS INTERVALS TO BE SQZ'D w/ ±150SX PRIOR TO INJECTION.
- Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area.

ATTACHMENT TO FORM C-108
NORTHEAST DRINKARD UNIT #913-K
MISCELLANEOUS DATA

III. WELL DATA

- B.(5) next higher oil zone - Paddock @ 5210'
next lower oil zone - Abo @ 6690'

VII. PROPOSED OPERATION

1. Average Injection Rate 1350 BWP
Maximum Injection Rate 2000 BWP
2. Closed Injection System
3. Average Injection Pressure 1000 psi
Maximum Injection Pressure Approximately 1200 psi
(will not exceed 0.2 psi/ft.
to top perforation)
4. Source water - San Andres,
Analysis attached

IX. STIMULATION PROGRAM

Acid treatments with total volume of 7350 gals 15%
HCl-NEA and diverting with ball sealers and rock salt.

MID-CONTINENT DIVISION

SAMPLE DESCRIPTION

COMPANY SWEPI
FIELD DRINKARD
LEASE TURNER
WELL NUMBER 2
COUNTY & STATE LEA. NEW MEXICO
PRODUCING FORMATION BLINEBERRY
WHERE SAMPLED _____
REMARKS _____

LABORATORY _____
LABORATORY NUMBER _____
DATE SAMPLE TAKEN 4/8
DATE SAMPLE RECEIVED 4/8
DATE SAMPLE REPORTED 4/9

CHEMICAL AND PHYSICAL PROPERTIES

TOTAL HARDNESS $\text{Mg/L AS } \text{CaCO}_3$ 30500

TOTAL ALKALINITY mg/L AS CaCO_3 202

CONSTITUENT	Mg/LITER	REACT. COEF.	MEQ/LITER
SODIUM (INCL. POTASSIUM) AS Na^+	46995	0.04350	
CALCIUM - Ca^{++}	7400	0.04990	
MAGNESIUM - Mg^{++}	2916	0.08224	
IRON TOTAL - Fe^{++} & Fe^{+++}	44	0.03581	
BARIUM - Ba^{++}	0	0.01480	
POSITIVE SUB-TOTAL	57355		
CHLORIDE - Cl^-	93035	0.02820	
CARBONATE & BICARBONATE - CO_3^{--} & HCO_3^-	246	0.01639 *	
SULFATE - SO_4^{--}	1262	0.02082	
HYDROXYL - OH^-	0	0.05530	
SULFIDE - S^{--}	0	0.05238	
NEGATIVE SUB-TOTAL	94543		
TOTAL DISSOLVED SOLIDS	151898		

• BICARBONATE

SPECIFIC GRAVITY 1.1068 @ 60 °F PH 6.33 RES. .069 @ 80 °F

ANALYST _____
REQUESTED BY _____

REACTION VALUE = (MILLIGRAMS/LITER) X (REACTION COEFFICIENT)
REACTION COEFFICIENT = VALENCE + MOLECULAR WEIGHT.

		EQUIVALENT WEIGHTS & MOLECULAR WEIGHTS																	
		2	7	6	5	4	3	2	1	0	1	2	3	4	5	6	7	8	
Na ⁺ +	1000																		Cl ⁻ -
																			1000
Ca ⁺⁺	100																		HCO ₃ ⁻
																			100
Mg ⁺⁺	100																		SO ₄ ⁻⁻
																			100
Fe ⁺⁺	100																		CO ₃ ⁻⁻
																			100

CaCO_3 - 0.87 (NONE)
 CaSO_4 N

COMPANY Shell Western E&P, Inc.
FIELD Drinkard
LEASE Arzo
WELL NUMBER #5
COUNTY & STATE Lee, NM
PRODUCING FORMATION Tubb
WHERE SAMPLED _____
REMARKS _____

LABORATORY Martin Water Labs., Inc.
LABORATORY NUMBER 38790
DATE SAMPLE TAKEN _____
DATE SAMPLE RECEIVED 3-12-87
DATE SAMPLE REPORTED 3-16-87

TOTAL HARDNESS Mg/L AS CaCO_3 5,750

TOTAL ALKALINITY MG/L AS CaCO_3 90

CONSTITUENT	Mg/LITER	REACT. COEF.	Meq/LITER
SODIUM (INCL. POTASSIUM) AS Na -	6,152	0.04352	267.4
CALCIUM - Ca ++	1,640	0.04990	81.8
MAGNESIUM - Mg ++	401	0.06224	33.0
IRON TOTAL - Fe ++ & Fe +++	255	0.03521	9.2
BARIUM - Ba ++	0	0.01460	0.0
POSITIVE SUB-TOTAL	8,448		391.4
CHLORIDE - Cl -	13,494	0.02820	380.5
DIHYDROGEN PHOSPHATE & BICARBONATE - H_2PO_4^- & HCO_3^-	110	0.01639 *	1.8
SULFATE - SO_4^{--}	438	0.02082	9.1
HYDROXYL - OH -	0	0.05880	0.0
SULFIDE - S =	0.0	0.05238	0.0
NEGATIVE SUB-TOTAL	14,041		391.4
TOTAL DISSOLVED SOLIDS	22,490		782.8

* DICARBONATE

SPECIFIC GRAVITY 1.0181 @ 60 OF pH 6.02 RES. 0.390 @ 80 OF

ANALYST

REQUESTED BY

Mr. Donnie Anderson, Hobbs

REACTION VALUE = (MILLIGRAMS/LITER) X (REACTION COEFFICIENT)
REACTION COEFFICIENT = VALENCE ÷ MOLECULAR WEIGHT.

NAME: Donnie Andersen NO. 8888
 MOLECULAR WEIGHT: _____
 N = _____
 1000 _____
 Ca = _____
 100 _____
 Mg = _____
 100 _____
 Fe = _____
 100 _____
 Cl = _____
 1000 _____
 HCO₃ = _____
 100 _____
 SO₄ = _____
 100 _____
 CO₃ = _____
 100 _____

SHELL WESTERN E&P INC.

WATER ANALYSIS REPORT

CaSO₄ N

WESTERN DIVISION

SAMPLE DESCRIPTION

COMPANY Shell Western E&P, Inc.
 FIELD Drinkard
 LEASE Argo "A"
 WELL NUMBER #3
 COUNTY & STATE Lee, NM
 PRODUCING FORMATION Drinkard
 WHERE SAMPLED _____
 REMARKS _____

LABORATORY Martin Water Labs., Inc.
 LABORATORY NUMBER 38791
 DATE SAMPLE TAKEN _____
 DATE SAMPLE RECEIVED 3-12-87
 DATE SAMPLE REPORTED 3-16-87

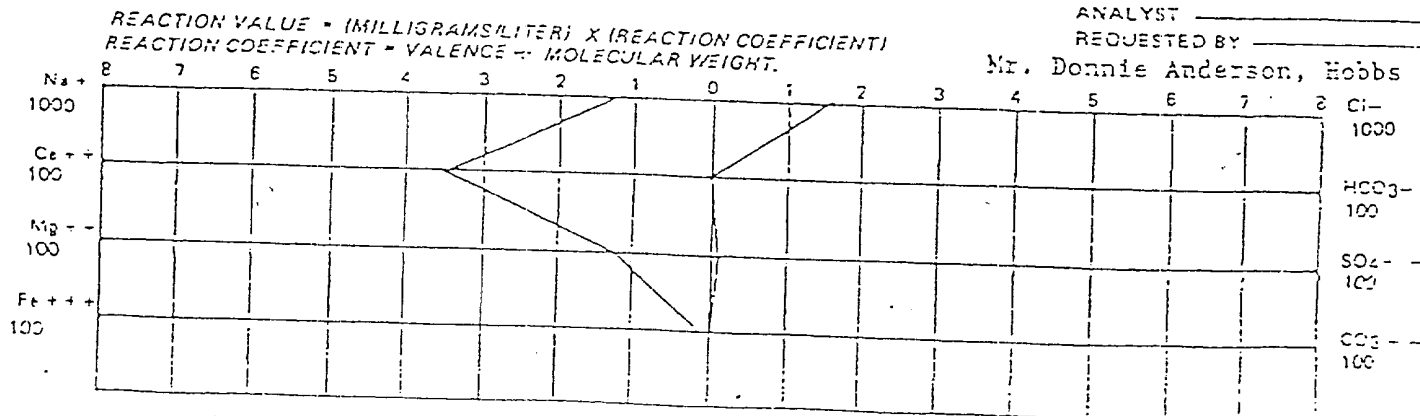
CHEMICAL AND PHYSICAL PROPERTIESTOTAL HARDNESS Mg/L AS CaCO₃ 23,200TOTAL ALKALINITY Mg/L AS CaCO₃ 106

CONSTITUENT	Mg/LITER	REACT. COEF.	Mg/LITER
SODIUM (INCL. POTASSIUM) AS Na ⁺	26,603	0.04350	1,156.6
CALCIUM - Ca ⁺⁺	6,920	0.04890	345.3
MAGNESIUM - Mg ⁺⁺	1,434	0.08224	117.9
IRON TOTAL - Fe ⁺⁺ & Fe ⁺⁺⁺	351	0.03531	12.6
BARIUM - Ba ⁺⁺	0	0.01450	0.0
POSITIVE SUB-TOTAL	35,308		1,632.4
CHLORIDE - Cl ⁻	57,525	0.02820	1,622.2
SODIUM CARBONATE & BICARBONATE - CO ₃ ⁼⁼ & HCO ₃ ⁻	129	0.01535 *	2.1
SULFATE - SO ₄ ⁼	390	0.02082	8.1
HYDROXYL - OH ⁻	0	0.05820	0.0
SULFIDE - S ⁼	0.0	0.05235	0.0
NEGATIVE SUB-TOTAL	58,045		1,632.4
TOTAL DISSOLVED SOLIDS	93,353		3,264.8

* BICARBONATE

SPECIFIC GRAVITY 1.0651 @ 60 °FpH 5.9 RES. 0.098 @ 80 °FANALYST _____
REQUESTED BY _____

Mr. Donnie Anderson, Hobbs



CaCO₃ 0.63
CaSO₄ 10.22

SHELL WESTERN E&P INC.
WATER ANALYSIS REPORT
WESTERN DIVISION

SAMPLE DESCRIPTION

COMPANY Shell Western E&P, Inc.
FIELD Drinkard
LEASE Sarkey
WELL NUMBER _____
COUNTY & STATE Lea. NM
PRODUCING FORMATION _____
WHERE SAMPLED _____
REMARKS _____

LABORATORY Martin Water Labs., Inc.
LABORATORY NUMBER 48739
DATE SAMPLE TAKEN 3-30-87
DATE SAMPLE RECEIVED 4-2-87
DATE SAMPLE REPORTED 4-8-87

CHEMICAL AND PHYSICAL PROPERTIES

TOTAL HARDNESS Mg/L AS CaCO₃ 29,600

TOTAL ALKALINITY Mg/L AS CaCO₃ 330

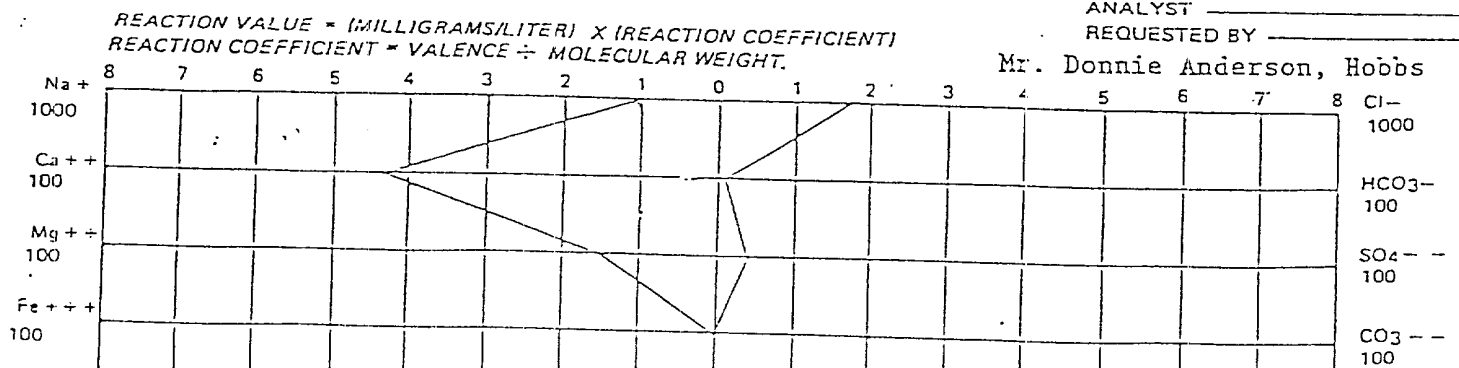
CONSTITUENT	Mg/LITER	REACT. COEF.	MEQ/LITER
SODIUM (INCL. POTASSIUM) AS Na ⁺	25,607	0.04350	1,113.4
CALCIUM - Ca ⁺⁺	8,680	0.04990	433.1
MAGNESIUM - Mg ⁺⁺	1,920	0.08224	157.9
IRON TOTAL - Fe ⁺⁺ & Fe ⁺⁺⁺	21.6	0.03581	0.8
BARIUM - Ba ⁺⁺	0	0.01460	0.0
POSITIVE SUB-TOTAL	36,228		1,705.2
CHLORIDE - Cl ⁻	58,946	0.02820	1,662.3
CARBONATE & BICARBONATE - CO ₃ ⁼ & HCO ₃ ⁻	403	0.01639 *	6.6
SULFATE - SO ₄ ⁼	1,742	0.02082	36.3
HYDROXYL - OH ⁻	0	0.05880	0.0
SULFIDE - S ⁼	0.0	0.06238	0.0
NEGATIVE SUB-TOTAL	61,090		1,705.2
TOTAL DISSOLVED SOLIDS	97,318		3,410.4

* BICARBONATE

SPECIFIC GRAVITY 1.0770 @ 60 °F pH 6.49 RES. 0.096 @ 80 °F

ANALYST _____
REQUESTED BY _____

Mr. Donnie Anderson, Hobbs



AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, George W. Moore

of the Hobbs Daily News-Sun, a
daily newspaper published at
Hobbs, New Mexico, do solemnly
swear that the clipping attached
hereto was published once a week
in the regular and entire issue of
said paper, and not a supplement
thereof for a period

of _____

One weeks.
Beginning with the issue dated

January 19, 1989
and ending with the issue dated

January 19, 1989

George W. Moore
Publisher.

Sworn and subscribed to before

me this 20 day of

January, 1989
Greta Murphy
Notary Public.

My Commission expires _____

November 14, 1992
(Seal)

This newspaper is duly qualified to
publish legal notices or adver-
tisements within the meaning of
Section 3, Chapter 167, Laws of
1937, and payment of fees for said
publication has been made.

LEGAL NOTICE
January 19, 1989
NOTICE is hereby given
of the application of Shell
Western E&P Inc., Atten-
tion: A.J. Fore, Supervisor
Regulatory and Permit-
ting, P.O. Box 576,
Houston, TX 77001, (713)
870-3787, to the Oil Con-
servation Division, New
Mexico Energy, Minerals,
and Natural Resources
Department, for approval
of the following injection
well for the purpose of
secondary recovery.
Pool Name: North
Eunice Blinbry-Tubb-
Drinkard Oil & Gas,
Lease/Unit Name:
Northeast Drinkard Unit,
Well No.: 913, Location:
1980' FSL and 1980' FWL
Sec. 23, T21S, R37E,
NMPM, Lea County, New
Mexico.
The injection formations
are the Blinbry, Tubb and
Drinkard at depths of ap-
proximately 5700', 5980'
and 6410' respectively
below the surface of the
ground. Expected max-
imum injection rate is 2000
barrels per day, and
expected maximum injec-
tion pressure is 1200 psi.
Interested parties must file
objections or requests for
hearing with the Oil Con-
servation Division, P.O.
Box 2088, Santa Fe, New
Mexico 87504, within fifteen
(15) days.

SERVICE LIST
SHELL -- NORTHEAST DRINKARD UNIT
WELL NO. 913-K
EXPANSION OF WATERFLOOD PROJECT

OFFSET OPERATORS

Texaco Producing Inc.
Box 728
Hobbs, NM 88240

ARCO Oil & Gas Co.
P. O. Box 1610
Midland, TX 79702

Chevron USA Inc.
P. O. Box 670
Hobbs, NM 88240

Acoma Oil Corporation
Executive Plaza Bldg.; Ste. 1200
210 W. 6th
Fort Worth, TX 76102

SURFACE OWNER

Nadine Owens
909 W. Taos
Hobbs, NM 88240

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. ☒ Show to whom, date and address of delivery. 2. ☐ Restricted Delivery.	
3. Article Addressed to: ACOMA OIL CORP. EXECUTIVE PLAZA BLDG.; STE. 1200 210 W. 6TH FORT WORTH, TX 76102	
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	Article Number P 495 091 415
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature -- Addressee X	
6. Signature -- Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

PS Form 3811, July 1983 447-845

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SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. ☒ Show to whom, date and address of delivery. 2. ☐ Restricted Delivery.	
3. Article Addressed to: ARCO OIL & GAS CO. BOX 1610 MIDLAND, TX 79702	
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	Article Number P 495 091 414
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature -- Addressee X	
6. Signature -- Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

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1. ☒ Show to whom, date and address of delivery. 2. ☐ Restricted Delivery.	
3. Article Addressed to: TEXACO PRODUCING INC. BOX 728 HOBBS, NM 88240	
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	Article Number P 495 091 416
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature -- Addressee X	
6. Signature -- Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

PS Form 3811, July 1983 447-845

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. ☒ Show to whom, date and address of delivery. 2. ☐ Restricted Delivery.	
3. Article Addressed to: NADINE OWENS 909 W. TAOS HOBBS, NM 88240	
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	Article Number P 495 091 418
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	
6. Signature — Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. ☒ Show to whom, date and address of delivery. 2. ☐ Restricted Delivery.	
3. Article Addressed to: CHEVRON USA INC. P. O. BOX 670 HOBBS, NM 88240	
4. Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail	Article Number P 495 091 417
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature — Addressee X	
6. Signature — Agent X	
7. Date of Delivery	
8. Addressee's Address (<i>ONLY if requested and fee paid</i>)	

RECEIVED

MAR 1 1969

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