GUIDELINES FOR PRICESSING APD FOR WELL IN POTASH AREA -- R-111-P

BLM approves federal wells in potash area so we do not have to worry about this.

#### STATE & FEE LEASES

Post to map and if within the potash area outlined on map or within 1 mile of that area do the following:

- 1) Make certain operator has filed a plat of the area showing the potash lessees for the area where the well is located as well as the l-mile radius referred to.
- Make certain operator has notified all of the potash lessees by certified mail of the APD. They must send copy of delivery notice to us since 20-day waiting period starts from delivery date.
- 3) Send letter to BLM and SLO advising them of this APD and request they advise if this location is within LMR or buffer zone.

BUFFER ZONE -- shallow well is 1/4 mile of LMR -- deep well is 1/2 mile of LMR

- 4) If application is within LMR or buffer zone you must <u>DENY</u> it under R-III-P unless, there is a mutual agreement of lessor and lessees of oil & gas and potash interests. Copy of this agreement must be submitted with APD.
- 5) If application is outside LMR or buffer zone and no objection is received within 20 days from date of receipt by potash lessees of certified notice, the APD may be approved.

CHECK LIST FOR PROCESSING APD IN POTASH AREA
OPERATOR: Mitchell Energy Corp
OPERATOR: <u>Mitchell Energy Corp</u> LEASE & WELL <u>Anasazi 4 State</u> <u>44-6</u>
LOCATION 1650/N9 1980/E 4-205-33E PROPOSED DEPTH 12000
DATE APD RECEIVED 6-21-93 WAS PLAT OF AREA ATTACHED yes
WERE ALL POTASH LESSEES NOTIFIED BY CERTIFIED MAIL?
20-DAY WAITING PERIOD BEGINS $(2-20-93)$ ENDS $7(93)$
WERE WAIVERS RECEIVED?
DATE SLO NOTIFIED 405 DATE REPLY RECEIVED 93
DATE BLM NOTIFIED YPS DATE REPLY RECEIVED Y-13-93
IS LOCATION INSIDE LMR OR BUFFER ZONE? YES NO
IF LOCATION INSIDE LMR OR BUFFER ZONE WAS LESSEE/LESSOR AGREEMENT FURNISHED
DATE APD APPROVED 6-294 DATE APD DENIED



STATE OF NEW MEXICO



# ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

BRUCE KING GOVERNOR September 8, 1993

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

BUREAU OF LAND MANAGEMENT P.O. Box 1778 Carlsbad, NM 88221 STATE LAND OFFICE Attn: Ernie Szabo Joe MRAZ P.O. Box 1148 Santa Fe, NM 87504

RE: APPLICATION FOR PERMIT TO DRILL IN POTASH AREA OPERATOR Mitchell Energy Corp. LEASE NAME Anasazi 4 State #4-G, 4-20S-33E PROPOSED LOCATION 1650/N & 1980/E PROPOSED DEPTH 12000

Gentlemen:

The application for permit to drill identified above has been filled with this office of the New Mexico Oil Conservation Division. Pursuant to the provisions of Oil Conservation Division Order R-111-P, please advise this office whether the location is within an established Life-of-Mine-Reserve area filed with and approved by your office. If not, please advise whether it is within the buffer zone established by the order.

Thank you for your assistance. Please return as soon as possible.

Very truly yours,

OIL CONSERVATION DIVISION

Jerrv Sexton

Supervisor, District I

RESPONSE:	
The above-referenced location is in LMR	Yes No
The above-referenced location is within	the buffer zone Yes No
Signed	Date
Representing OGm-SGO	
· ·	///
New Mexica //	

tt's a State of Mind!

THE STREET	STATE OF NEW	L RESOURCES DEPARTMENT	
	September 8		POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161
Ρ.Ο.	Box 1778 Att sbad, NM 88221 P.C	ATE LAND OFFICE en: Ernie Szabo ). Box 1148 hta Fe, NM 87504	
RE:	APPLICATION FOR PERMIT TO DRILL IN OPERATOR <u>Mitchell Energy Corp</u> .		
	LEASE NAME Anasazi 4 State #4-G, 4 PROPOSED LOCATION 1650/N & 1980/E		
	PROPOSED DEPTH 12000		

Gentlemen:

The application for permit to drill identified above has been filled with this office of the New Mexico Oil Conservation Division. Pursuant to the provisions of Oil Conservation Division Order R-111-P, please advise this office whether the location is within an established Life-of-Mine-Reserve area filed with and approved by your office. If not, please advise whether it is within the buffer zone established by the order.

Thank you for your assistance. Please return as soon as possible.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton

Supervisor, District |

### **RESPONSE:**

The above-referenced location is in LMR			No -	<u> </u>
The above-referenced location is within	the buffer zone	Yes	No .	*
The above-referenced location is within Signed loug comben	Date	9-10-9	3	
Representing <u>BLM</u>				

Anasazi "4" State No. 4

	The rocaive the
NDER:	I also wish to receive the
Complete items 1 and/or 2 for additional services.	following services (for an extra g
Print your name and address on the reverse of	ff energe
un this card to you the front of the malipieca, or on the back i	if space
es not permit.	ticle number. 2 Restricted Delivery
The Return receipt will show to whom the article was delivered a	and the data
livered,	
3. Article Addressed.to:	P 225 375 306
Mr. Dick Manus	4b. Service Type
United States Dept. of Interior	Registered Clinsured
Bureau of Land Management	Certified
P.O. Box 1778	Express Mail
Carlsbad, NM 88220	7 - Date of Deliver
	8. Addressee's April & The answer a
Signature (Addressee)	and fee is paid
· · · · · · · · · · · · · · · · · · ·	A
5. Signature (Agent)	
() The Null	
S Form 3811, December 1991 - +U.S. GPO: 1992-3	
& Fees	
Postmark or Date	
Postmark or Date	
a constant of the second se	
	<b>_</b>
A CONTRACTOR OF A CONTRACTOR O	T
	I also wich to receive the
ENDER:	I also wish to receive the following services (for an extra
Complete items 1 and/or 2 for additional services.	I also wish to receive the following services (for an extra g
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 th	I also wish to receive the following services (for an extra fee):
ENDER: 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 th turn this card to you. Attach this form toghe front of the mailpiece, or on the back	I also wish to receive the following services (for an extra fee): If space 1. Addressee's Address
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 th turn this card to you. Attach this form to the front of the mailpiece, or on the back bes not permit.	following services (for an extra     g       nat we can     fee):     if space       if space     1. <ul> <li>Addressee's Address</li> <li>Addressee's addressee's address</li> <li>Addressee's addressee's address</li> <li>Addressee's addressee's a</li></ul>
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 th turn this card to you. Attach this form to the front of the mailpiece, or on the back bes not permit.	following services (for an extra     g       nat we can     fee):     if space       if space     1. <ul> <li>Addressee's Address</li> <li>Addressee's addressee's address</li> <li>Addressee's addressee's address</li> <li>Addressee's addressee's a</li></ul>
Complete nems 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 th turn this card to you. Attach this form to the front of the mailpiece, or on the back pes not permit. Write "Return receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered.	following services (for an extra       g         fee):       fee):         if space       1. □ Addressee's Address         rticle number.       2. □ Restricted Delivery         and the date       Consult postmaster for fee.
Complete nems 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 th turn this card to you. Attach this form to the front of the mailpiece, or on the back pes not permit. Write "Return receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered.	following services (for an extra       g         fee):       fee):         if space       1. □ Addressee's Address         rticle number.       2. □ Restricted Delivery         and the date       Consult postmaster for fee.
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 th ture this rard to you. Attach this form to the front of the mailpiece, or on the back less not permit. Write "Heumrhecept Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered	following services (for an extra         fee):         if space         nticle number.         and the date         4a. Article Number         V         P         14900         4b. Service TVP
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 the time this rard to you. Attach this form to the front of the mailpiece, or on the back less not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo	following services (for an extra         following services (for an extra         fee):         if space         1.       Addressee's Address         and the date         2.       Restricted Delivery         Consult postmaster for fee.         4a. Article Number         V       P         14b. Service TVP         Lawred
Complete nems 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 the urre this card to you. Attach this form to the front of the mailpiece, or on the back les not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered servered. 3. Article Addressed to: Ernie Szabo	following services (for an extra         following services (for an extra         fee):         if space         nif space         ticle number.         and the date         Q         Addressee's Address         Addressee's Address         Q         As. Article Number         V         V         P         144         900         4b. Service Type         Insured         Q         Cartified         COD
Complete nems 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 the turn this card to you. Attach this form to the front of the mailpiece, or on the back les not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office	following services (for an extra         fee):         if space         1.       Addressee's Address         and the date         2.       Restricted Delivery         Consult postmaster for fee.         4a. Article Number         V       P         4b. Service TVP         Registered         Insured         E Certified       COD         Beturn Receipt for
Complete nems 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 the time this card to you. Attach this form to the front of the mailpiece, or on the back les not permit. Write "neturn Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148	following services (for an extra         fee):         if space         1.       Addressee's Address         and the date         2.       Restricted Delivery         Consult postmaster for fee.         4a. Article Number         V       P         4b. Service TVP         Registered         Insured         E Certified       COD         Beturn Receipt for
Complete nems 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 the turn this card to you. Attach this form to the front of the mailpiece, or on the back les not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office	following services (for an extra fee):         if space         1.       Addressee's Address         and the date       2.       Restricted Delivery         Consult postmaster for fee.       2.         4a. Article Number       2.       Restricted Delivery         b.       Service TVEC       Insured         B.       Certified       COD         Certified       Return Receipt for       10.         7.       Date of Delivery       10.
Complete nems 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 the time this card to you. Attach this form to the front of the mailpiece, or on the back les not permit. Write "neturn Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148	hat we can       following services (for an extra         hat we can       fee):         if space       1.         Addressee's Address       degree         rticle number.       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       degree       degree         4a. Article Number       2.       P 144 900 650       degree         4b. Service Type       Insured       degree       degree         Actified       COD       degree       degree         Certified       COD       degree       degree       degree         7. Date of Delivery       degree       degree       degree       degree       degree
Complete nems 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 the time this rard to you. Attach this form to the front of the mailpiece, or on the back less not permit. Write "Return Receipt will show to whom the article was delivered all Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504	hat we can       following services (for an extra         hat we can       fee):         if space       1.         Addressee's Address       degree         rticle number.       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       degree       degree         4a. Article Number       2.       P 144 900 650       degree         4b. Service Type       Insured       degree       degree         Certified       COD       degree       degree         Certified       COD       degree       degree       degree         7. Date of Delivery       degree       degree       degree       degree       degree
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 the time this rard to you. Attach this form on the front of the mailpiece, or on the back less not permit. Write "Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee)	following services (for an extra         fee):         if space         1.       Addressee's Address         and the date         2.       Restricted Delivery         Consult postmaster for fee.         4a. Article Number         4b. Service Type         Registered         Insured         Certified       COD         Express Mail       Return Receipt for         7. Date of Delivery
Complete nems 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 th une this card to you. Attach this form to the front of the mailpiece, or on the back es not permit. Write "return Receipt will show to whom the article was delivered livered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee)	hat we can       following services (for an extra         hat we can       fee):         if space       1.         Addressee's Address       degree         rticle number.       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       degree       degree         4a. Article Number       2.       P 144 900 650       degree         4b. Service Type       Insured       degree       degree         Certified       COD       degree       degree         Certified       COD       degree       degree       degree         7. Date of Delivery       degree       degree       degree       degree       degree
Complete nems 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 th ure this card to you. Attach this form on the front of the mailpiece, or on the back les not permit. Write "fieldimmercept Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee)	hat we can       following services (for an extra         if space       1.       Addressee's Address         if space       1.       Addressee's Address         if space       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       1000         4a. Article Number       1000       1000         4b. Service TVE       Insured       1000         Ab. Service TVE       Insured       1000         Certified       COD       1000         Express Mail       Return Receipt for       10000         8. Addressee's Address (Onby if requested and fee is paid)       10000       10000         10000       10000       10000       10000
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 th ture this form on the front of the mailpiece, or on the back les not permit. Write "fietummercept Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered alivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) 	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       0         4a. Article Number       1.       1.         V       P       1.44       900       650         4b.       Service TVS       Insured       0         Actified       COD       1.       Registered       1.         Registered       Insured       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.       1.         1.       1.       1.
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 the time this rard to you. Attach this form on the front of the mailpiece, or on the back less not permit. Write "Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee)	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       0         4a. Article Number       1.       1.         V       P       1.44       900       650         4b.       Service TVS       Insured       0         Actified       COD       1.       Registered       1.         Registered       Insured       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.       1.         1.       1.       1.
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 the time this card to you. Attach this form to the front of the mailpiece, or on the back bes not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered a. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) 4. Signature (Addressee) 6. Signature (Addressee) PS Form 3811, December 1991 xU.S. GPO: 1992-	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       0         4a. Article Number       1.       1.         V       P       1.44       900       650         4b.       Service TVS       Insured       0         Actified       COD       1.       Registered       1.         Registered       Insured       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.       1.         1.       1.       1.
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 the time this card to you. Attach this form to the front of the mailpiece, or on the back bes not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered a. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) 4. Signature (Addressee) 6. Signature (Addressee) PS Form 3811, December 1991 xU.S. GPO: 1992-	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       0         4a. Article Number       1.       1.         V       P       1.44       900       650         4b.       Service TVS       Insured       0         Actified       COD       1.       Registered       1.         Registered       Insured       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.       1.         1.       1.       1.
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 the time this card to you. Attach this form to the front of the mailpiece, or on the back bes not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered a. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) 4. Signature (Addressee) 6. Signature (Addressee) PS Form 3811, December 1991 xU.S. GPO: 1992-	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       0         4a. Article Number       1.       1.         V       P       1.44       900       650         4b.       Service TVS       Insured       0         Actified       COD       1.       Registered       1.         Registered       Insured       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.       1.         1.       1.       1.
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 th time this rard to you. Attach this form to the front of the mailpiece, or on the back bes not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered a. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) 6. Signature (Addressee) Complete (Addressee) Signature (Addressee) Complete (Add	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Consult postmaster for fee.       0         4a. Article Number       1.       1.         V       P       1.44       900       650         4b.       Service TVS       Insured       0         Actified       COD       1.       Registered       1.         Registered       Insured       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.         8.       Addressee's Address (Only for an extra       1.       1.         1.       1.       1.       1.       1.       1.         1.       1.       1.
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 th time this rard to you. Attach this form to the front of the mailpiece, or on the back bes not permit. Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered a. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) 6. Signature (Addressee) Complete (Addressee) Signature (Addressee) Complete (Add	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Void P       144       900       650         4a. Article Number       10       10         Void P       144       900       650         4b.       Service TVS       Insured       Bigs         Certified       COD       Express Mail       Return Receipt for         7.       Date of Delivery       10       10         8.       Addressee's Address (Only if requested and fee is baid)       10       30         10       30       10       30       PECEIPT
Desployee thems 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 th ure this card to you. Attach this form for the front of the mailpiece, or on the back es not permit. Write "Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) WWW 6. Signature (Addressee) Form 3811, December 1991 RUS. GPO: 1992- Sime Form are or Date	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Void P       144       900       650         4a. Article Number       10       10         Void P       144       900       650         4b.       Service TVS       Insured       Bigs         Certified       COD       Express Mail       Return Receipt for         7.       Date of Delivery       10       10         8.       Addressee's Address (Only if requested and fee is baid)       10       30         10       30       10       30       PECEIPT
Signature (Addressee)         Signature (Addressee) <td< td=""><td>hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Void P       144       900       650         4a. Article Number       10       10         Void P       144       900       650         4b.       Service TVS       Insured       Bigs         Certified       COD       Express Mail       Return Receipt for         7.       Date of Delivery       10       10         8.       Addressee's Address (Only if requested and fee is baid)       10       30         10       30       10       30       PECEIPT</td></td<>	hat we can       following services (for an extra         fee):       1.       Addressee's Address         if space       1.       Addressee's Address         rticle number       2.       Restricted Delivery         and the date       2.       Restricted Delivery         Void P       144       900       650         4a. Article Number       10       10         Void P       144       900       650         4b.       Service TVS       Insured       Bigs         Certified       COD       Express Mail       Return Receipt for         7.       Date of Delivery       10       10         8.       Addressee's Address (Only if requested and fee is baid)       10       30         10       30       10       30       PECEIPT

.





in the second	na 1 na 🗝 👘 🛉
Complete items 1 and/or 2 for additional services. Complete items 2 and 4a & b. With your name an address on the reverse of this form so the eturn this card to your to the front of the mailpiece, or on the back i	f space 1. 🗋 Addressee's Address
loes not permit. Write "Return Receipt Requested" on the mailpiece below the arti The Return Receipt will show to whom the article was delivered a lelivered.	icle number. nd the date Consult postmaster for fee.
3. Article Addressed to:	4a. Article Number         C           4b. Service Type         C
Elizabeth ForBerry & Daniel C. P.O. Box 160 Eunice, NM 88231-0160 Marchand Addressee) 5. Sighature (Addressee)	4b. Service Type       and the service Type         Registered       Insured         Insured       Insured
6. Signature (Agent) PS Form <b>3811</b> , December 1991 <b>*</b> U.S. GPO: 1992-323	DOMESTIC RETURN RECEIPT
Postmark or Date	
SENDER: • Complete items 1 nd/or 2 for additional services. • Complete items 3 and 4a & b. • Print your price and address on the reverse of this form so the return was card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the a • The Return Receipt will show to whom the article was delivered	rticle number. 2. CRestricted Delivery
delivered. 3. Article Addressed to:	4a. Article Number
Malcolm S. Anderson <del>9530 Rangenview Rd</del> . Greeley, CO 80634 2010 46 <sup>+6</sup> Ave. # N3	4b. Service Type       Insured         Registered       Insured         Image: Certified       COD         Registered       Registered
5. Signature (Addressee)	Express Mail Merchandise      7. Date of Delivery      8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) JUN 24 PS Form 3811, December 1991 &U.S. GPO: 1992-	-323-402 DOMESTIC RETURN RECEIPT
A Finis Anticipation of Date	

Anasazi "4" State No. 4

NDER:		I also wish to receive the
omplete items 1 and/or 2 for additional services.	and and a second s	following services (for an extra
rint your name any address on the reverse of this form	n so that we can	fee):
rn this card to your to the front of the mailpiece, or on the	back if space	1. 🗌 Addressee's Address
s not permit.	1 A. S. 1997	
/rite "Return Receipt Requested" on the mailpiece below he Return Receipt will show to whom the article was delivered.		2. L Restricted Delivery Consult postmaster for fee.
Article Addressed to:	4a. Arti	cle Number
		P 144 900 660
Brookie L. Green & Dan Green 2814 Emerson Place	4b. Serv	rice Type tered
Midlands, TX 79701	Certif	
		of Delivery
		-24.93 KM
Signature (Addressee) (		essee's Address (Only if requested ee is paid)
Signature (Agent)		
Form <b>3811</b> , December 1991 +U.S. GPO: 19	92-323-402 DC	MESTIC RETURN RECEIPT
& Fees		ریسی از این بر دین بیشتر کانی و در کان <del>هی می</del> رد در این معتقد میرد میکند. این این از میکند این این این این این ای ا
Postmark or Date		
Postmark or Date		
\$ 32 F		
ا ا المحضوري المعص		
ENDER:		I also wish to receive the
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		I also wish to receive the following services (for an extra
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Frint your name and address on the reverse of this for	m so that we can	
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. mmt your halme any address on the reverse of this for urn this card to you		following services (for an extra
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Firm your name an address on the reverse of this for urn this card to you Attack this form to the mailpiece, or on the es not permit.	ne back if space	following services (for an extra fee): 1.
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Thirt your flaffe and address on the reverse of this for urn this card to you Attach this come to the front of the mailpiece, or on the es not permit.	ne back if space w the article number	following services (for an extra fee): 1.
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Thint your hame and address on the reverse of this for urn this card to you Attach this form to the front of the mailpiece, or on the sond permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered.	ne back if space w the article number livered and the date	following services (for an extra fee): 1.
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Thint your hame and address on the reverse of this for urn this card to you Attach this form to the front of the mailpiece, or on the sond permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered.	ne back if space w the article number livered and the date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. nmt your name are address on the reverse of this for urn this card to you Attach this former the front of the mailpiece, or on the es not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de livered. 3. Article Addressed to:	ne back if space w the article number livered and the date 4a. Ar	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Number P 144 900 653
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finnt your name and address on the reverse of this for urn this card to you Attach this chart the front of the mailpiece, or on the es not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. A Article Addressed to: Mary Ann Ham	ne back if space w the article number elivered and the date 4a. Ar 4 <u>b</u> vs.Se	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Number P 144 900 653 rvice Type
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your name are address on the reverse of this for urn this card to you Attach this former the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22	the back if space w the article number livered and the date 4a. Ar 4br Se Reg	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finnt your name and address on the reverse of this for urn this card to you Attach this chart the front of the mailpiece, or on the es not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. A Article Addressed to: Mary Ann Ham	he back if space w the article number livered and the date 4a. Ar 4br«Se Reg X Cert	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered, Insured ified CD
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your name are address on the reverse of this for urn this card to you Attach this former the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22	he back if space w the article number livered and the date 4a. Ar 4br«Se Reg X Cert	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number P 144 900 653 rvice Type istered Insured ified COD ress Mail Return Receipt for
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your name are address on the reverse of this for urn this card to you Attach this former the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22	the back if space w the article number elivered and the date 4a. Art 4br. Se Reg X Cert Exp	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your name are address on the reverse of this for urn this card to you Attach this former the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22	the back if space w the article number elivered and the date 4a. Art 4br. Se Reg X Cert Exp	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number P 144 900 653 rvice Type istered Insured ified COD ress Mail Return Receipt for
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finnt your name an address on the reverse of this for urn this card to you Attach this Lower the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. 3. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022	the back if space w the article number blivered and the date 4a. Ar 4bc Se Reg X Cert 500 200 200 200 200 200 200 200 200 200	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured ified COD ress Mail Return Receipt for Merchandise
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finnt your name an address on the reverse of this for urn this card to you Attach this Lower the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. 3. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022	the back if space w the article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 9 at 8. Add	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery Solution States (Only if requeste
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finnt your name an address on the reverse of this for urn this card to you Attach this Lower the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. 3. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022	the back if space w the article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 9 at 8. Add	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured ified COD ress Mail Return Receipt for Merchandise
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finnt your name an address on the reverse of this for urn this card to you Attach this Lower the front of the mailpiece, or on the s not permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. 3. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022	the back if space w the article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 9 at 8. Add	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery Solution States (Only if requeste
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your flattle and address on the reverse of this for urn this card to you Attack this form to the front of the mailpiece, or on the son opermit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022 Signature (Addressee)	the back if space w the article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 9 at 8. Add	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery Solution States (Only if requeste
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your flattle and address on the reverse of this for urn this card to you Attack this form to the front of the mailpiece, or on the sin ot permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022 Signature (Addressee) Mary Ann Ham Signature (Agent)	the back if space with article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 8. Adc and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. ticle Number P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery Solution States (Only if requeste
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Finit your flattle and address on the reverse of this for urn this card to you Attack this form to the front of the mailpiece, or on the sin ot permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de ivered. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, TX 76932-0022 Signature (Addressee) Mary Ann Ham Signature (Agent)	the back if space with article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 8. Adc and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery See 's Address (Only if requeste fee is paid)
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Thint your fiame and address on the reverse of this for urn this card to you Attach this card to you A	the back if space with article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 8. Adc and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery See 's Address (Only if requeste fee is paid)
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Thint your fiame and address on the reverse of this for urn this card to you Attach this card to you A	the back if space with article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 8. Adc and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery See 's Address (Only if requeste fee is paid)
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Thint your fiame and address on the reverse of this for urn this card to you Attach this card to you A	the back if space with article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 8. Adc and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery See 's Address (Only if requeste fee is paid)
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Firm your name and address on the reverse of this for urn this card to you Attach this former to the front of the mailpiece, or on the son ot permit. Write "Return Receipt Requested" on the mailpiece belo The Return Receipt will show to whom the article was de livered. 3. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, 'TX 76932-0022 Signature (Addressee) Signature (Addressee) Signature (Agent) S Form 3811, December 1991 \$U.S. GPO: S 7.11	the back if space with article number livered and the date 4a. Ar 4b. Se Reg X Cert Exp 8. Adc and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Restricted Delivery P 144 900 653 rvice Type istered Insured iffied COD ress Mail Return Receipt for Merchandise a of Delivery See 's Address (Only if requeste fee is paid)

Anasazi "4" State No. 4

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Complete items 4, and 1, and 1	if space 1. Addressee's Address
o. Signature (Agent)	E de la construcción de la const
PS Form 3811, December 1991 #U.S. GPO: 1992-323	3-402 DOMESTIC RETURN RECEIPT
Postmark or Date	
state and state	
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name an address on the reverse of this form so the eturn this card to you • Attach this form to the front of the mailpiece, or on the back i loes not permit. • Write "Return Receipt Requested" on the mailpiece below the article • The Return Receipt will show to whom the article was delivered a	if space 1. Addressee's Address of ticle number 2. Restricted Delivery
3. Article Addressed to:	4a. Article Number
Robert Romero, Executor 8560 Park Lane, #25 Dallas, TX 75321	4b. Service Type         Registered         Insured         Image: Service Type         Registered         Insured         Image: Service Type         Registered         Image: Service Type         Registered         Image: Service Type
6. Signature (Agent)	
PS Form <b>3811</b> , December 1991 &U.S. GPO: 1992-32	23-402 DOMESTIC RETURN RECEIPT
008 Eustmark or Date	

SENDER:		· · · · · · · · · · · · · · · · · · ·
• Complete items 1 and/or 2 for additional services. • Complete items 1 and 4a & b. • Item your name of address on the reverse of this form so the return this card to the service of the	at we can	I also wish to receive the following services (for an extra go fee):
• does not permit.		fee): 1.
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the an</li> <li>The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	ticle number. and the date	
3. Article Addressed to:	T	Consult postmaster for fee.
	4a. Arti	
	1.1.1.1	P.144 900,651
R. D. Lee, Jr. & Leora Lee P.O. Box 363	4b. Ser	P.144 900,651         5           vice Type         Insured
Lovington, NM 88260-0363	😡 Certi	
		7.90 L
		ess Mail D Return Receipt for S Merchandise
and plant and the second se	7. Date	of Delivery
- There		-IT.EZ
5. Signature (Addressee)	8. Addr and f	essee's Address (Only if requested ee is paid)
6. Signature (Agent)	i la capita de la	naya (ang ang ang ang ang ang ang ang ang ang
PS Form 3811, December 1991 #U.S. GPO: 1992-323	-402 DC	MESTIC RETURN RECEIPT
o & Fees	و الإنوار ممالاتها من ا	entre la constante de la const
Postmark or Date		
E		
10 III III III III III III III III III I		
sa s		





June 18, 1993

Roy E. Lee 600 Goliad Ave. Albuquerque, New Mexico 87107

RE: Anasazi "4" State Well No. 4 Lea County, New Mexico



Dear Mr. Lee:

By this letter, Mitchell Energy Corporation notifies you that it intends to file an Application for Permit to Drill (APD) with the State of New Mexico Oil Conservation Division for the above referenced well. The proposed location is 1650 feet from the north line and 1980 feet from the east line of Section 4, Township 20 South, Range 33 East (copy of APD and plat enclosed). According to our record check, this location is within a mile of your potash lease.

Please indicate below whether or not you have any objections to drilling the subject well at the proposed location, and return two copies of this letter to the undersigned. The third copy is for your files.

If you need further information, please contact me at (713) 377-5855.

Very truly yours,

MITCHELL ENERGY CORPORATION

1 nulle

George Mullen Regulatory Affairs Specialist

GM:mw APDNOLTR.GM Anasazi "4" State Well No. 4 Lea County, New Mexico June 18, 1993 Page 2

	"Roy E. Lee" has <b>NO OBJECTION</b> to this Application.
	"Roy E. Lee" INTENDS TO PROTEST this Application.
BY:	·
TITLE:	
DATE:	

GM:mw APDNOLTR.GM

Enclosures

cc: Ms. Evelyn Downs - OCD - Hobbs Mr. Michael Stogner - OCD - Santa Fe



### REMITTANCE ADVICE

PAYMENT DUE IN 15 DAYS OF INVOICE DATE

 1003-1096-1
 1-630-24599

 ACCOUNT NUMBER
 INVOICE NUMBER

1003109616302459998001052053

PLEASE DO NOT STAPLE OR PAPER CLIP

24 JUN 93 INVOICE DATE 105.20 Amount due in U.S. Dollars

INTERNATIONAL INVOICE EXPRESS TRANSPORTATION CHARGES

# THIS DOCUMENT WITH YOUR REMITTANCE.

R E M I T T O: Federal Express corporation P O Box 1140 Memphis, TN 38101-1140

T.I.N.: 71-0427007 INQUIRIES: CALL 800-622-1147

FedEx M-450 7/87

2



INVOICE DETAIL

MITCHELL ENERGY & DEVL CORP PO Box 4000 The Moodlands, TX 77387-4000 ACCOUNT NO: 1003-1096-1 PAGE: 2 OF 2 INVOICE NURBER: 1-630-24599

AN IPMENT NUMBERS	SENDER NAME AND ADDRESS	RECIPIENT	SERVICES	ITENS WEIGHT	CHARGES	USD
671	GEORGE MULLEN MITCHELL ENERGY & DEVL CORP 2001 TIMBERLOCH PL The Noodlands TX US 77380	FRANK CONDON NORANDA EXPLORATION INC 4 King Street West Suite 800 Toronto on CA M5H3X2	FEDEX LTR DISCOUNT	1.0P	22.00USD 4.40USD	22.00 4.40
14637	SENT: 16 JUN 93 Reference: 649	DELIVERED: 17 JUN 93, 10:20 SIGNED: T.CAMPBELL		(.5K)	NET DUE:	17.60
40021851686 CXO-YOO 649	GEORGE MULLEN HITCHELL ENERGY & DEVL CORP 2001 TIMBERLOCH PL The Woodlands TX US 77380	FRANK CONDON NORANDA EXPLORATION INC 4 KING STREET WEST SUITE 800 TORONTO ON CA M5H3X2	FEDEX LTR DISCOUNT	1 1.0P	22.00USD 4.40USD	22.00 4.40
31638	SENT: 22 JUN 93 REFERENCE: 649	DELIVERED: 23 JUN 93, 10:22 SIGNED: M.PICARD		(.5K)	NET DUE:	17.60
649 SUBTOTAL	35.20		INVOICE TO	TAL		105.20

----

FedEx M-450 7/87

EDERA

INVOICE DETAIL

NITCHELL ENERGY & DEVL CORP PO BOX 4000 THE HOODLANDS, TX 77387-4000 ACCOUNT NO: 1003-1096-1 PAGE: 1 OF 2 DATE: 24 JUN 93 INVOICE NUMBER: 1-630-24599

SHIPMENT NUMBERS	SENDER NAME AND ADDRESS	RECIPIENT	SERVICES	MEICHT	CHARGES	USD AMOUNT
	OOY HARKINS Mitchell Energy <b>&amp; Devl Corp</b> 2001 Timberloch Pl	MR RICH PEREIRA Beta Monitors Controls LTD 200 1615 10 Ave S M	PRIORITY SVC DISCOUNT	6.0P	65.50USD 13.10USD	65.50 13.10
28727	THE WOODLANDS TX US 77380 Sent: 10 Jun 93	CALGARY AB CA T2E7R3 55. 11 JUN 93, 13:01 DELIVERED: 18 JUN 93, 10:18 SIGNED: M.HUIR		(2.71K)	NET DUE:	52.40
$\left( \left( n\right) \right)$	JAY LEBALNC DEPT 151 MITCHELL ENERGY & DEVL CORP 2001 TIMBERLOCH PL	ACCOUNTS PAYABLE POLYSTAR HUBBER COP 265 N FRONT SRET	FEDEX LTR DISCOUNT	1.0P	22.00USD 4.40USD	22.00 4.40
81730	THE WOODLANDS TX US 77380 Sent: 15 Jun 93	SARNIA ON CA N7T7H2 DELIVERED: 16 JUN 93, 14:13 SICNEN: V.CONNAY		(.5K)	NET DUE:	17.60
UNREFERENCED	SUBTOTAL 70.00		CONTINUED	NEXT PAGE	• <u> </u>	

FedEx M-450 7/87



### VIA INTERNATIONAL FEDERAL EXPRESS

June 18, 1993

Frank Condon Noranda Exploration, Inc. 4 King Street West, Suite 800 Toronto, Canada M5H3X2

RE: Anasazi "4" State Well No. 4 Lea County, New Mexico



Dear Mr. Condon:

By this letter, Mitchell Energy Corporation notifies you that it intends to file an Application for Permit to Drill (APD) with the State of New Mexico Oil Conservation Division for the above referenced well. The proposed location is 1650 feet from the north line and 1980 feet from the east line of Section 4, Township 20 South, Range 33 East (copy of APD and plat enclosed). According to our record check, this location is within a mile of your potash lease.

Please indicate below whether or not you have any objections to drilling the subject well at the proposed location, and return two copies of this letter to the undersigned. The third copy is for your files.

If you need further information, please contact me at (713) 377-5855.

Very truly yours,

MITCHELL ENERGY CORPORATION

zge Muller

George Mullen Regulatory Affairs Specialist

GM:mw APDNOLTR.GM Anasazi "4" State Well No. 4 Lea County, New Mexico June 18, 1993 Page 2

"Noranda Exploration, Inc." has NO OBJECTION to this Application.

"Noranda Exploration, Inc." INTENDS TO PROTEST this Application.

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

GM:mw APDNOLTR.GM

Enclosures

cc: Ms. Evelyn Downs - OCD - Hobbs Mr. Michael Stogner - OCD - Santa Fe