

DATE IN 1/12/12	SUSPENSE	ENGINEER RE	LOGGED IN 1/12/12	TYPE CTB	APP NO. 1201256448
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



Yates 25575

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] ☒ Working, Royalty or Overriding Royalty Interest Owners
 [B] ☐ Offset Operators, Leaseholders or Surface Owner
 [C] ☐ Application is One Which Requires Published Legal Notice
 [D] ☐ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
 [E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,
 [F] ☒ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Miriam Morales

Print or Type Name

Signature

Production Analyst

Title

Date

mmorales@yatespetroleum.com
 e-mail Address

CTB-639

D-34-185-26E

Eddy

2012 JAN 12 P 2:31

RECEIVED OGD

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-39301
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No.
3. Address of Operator 105 S 4 th Street Artesia, NM 88210		7. Lease Name or Unit Agreement Name Waldrip JY
4. Well Location Unit Letter <u>D</u> : <u>180</u> feet from the <u>N</u> line and <u>960</u> feet from the <u>W</u> line Section <u>34</u> Township <u>18S</u> Range <u>26E</u> NMPM County <u>Eddy</u>		8. Well Number <u>3H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3380' GR		9. OGRID Number <u>025575</u>
		10. Pool name or Wildcat Atoka;Glorieta/Yeso ✓

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: Surface/Lease Commingle Oil Only ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions, Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum Corporation respectfully requests administrative approval to Surface/lease commingle oil only on the following wells:

Waldrip JY #1 ✓
Atoka;Glorieta/Yeso
Sec. 34-T18S-R26E
API# 30-015-22755
Eddy County, New Mexico

Waldrip JY #2 ✓
Atoka;Glorieta/Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

Waldrip JY #3H ✓
Atoka;Glorieta/Yeso
Sec. 34-T18S-R26E
API# 30-015-39301
Eddy County, New Mexico

The battery is located at the Waldrip JY #1. Please see attached site security diagram.

Ownership between the #1 and #2 wells are identical; however, the #3H will have diversified ownership. All notifications to owners are attached.

Oil Measurement

The Waldrip JY #3H shall be equipped with a continuous metering separator for oil production allocation prior to oil commingled for sales. Due to marginal well production periodic well tests will be performed on the #1 and #2 wells for allocation.

The average production for Waldrip JY #1 is 1 bbl of oil per day, for the Waldrip JY #2 is 5 bbls per day and the estimated production for the Waldrip JY #3 is 56 bbls per day.

The purpose of Surface/Lease commingle of oil production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing battery on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten life of the well. All this time Yates is unable to obtain oil contracts for some of the new facilities. Existing batteries will need to be utilized as much as possible to ensure transportation and sales of oil production for new wells.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Miriam Morales TITLE Production Analyst DATE 11/01/12

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-1471

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Yates Petroleum Corporation

OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210

APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☒ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☐ Yes ☒ No

(A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code. Atoka, Glorieta - 4-250-3250

(2) Is all production from same source of supply? ☒ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No

(4) Measurement type: ☒ Metering ☐ Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

(1) Is all production from same source of supply? ☐ Yes ☐ No

(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Miriam Morales

TITLE: Production Analyst

DATE: 11/01/02

TYPE OR PRINT NAME Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-128
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

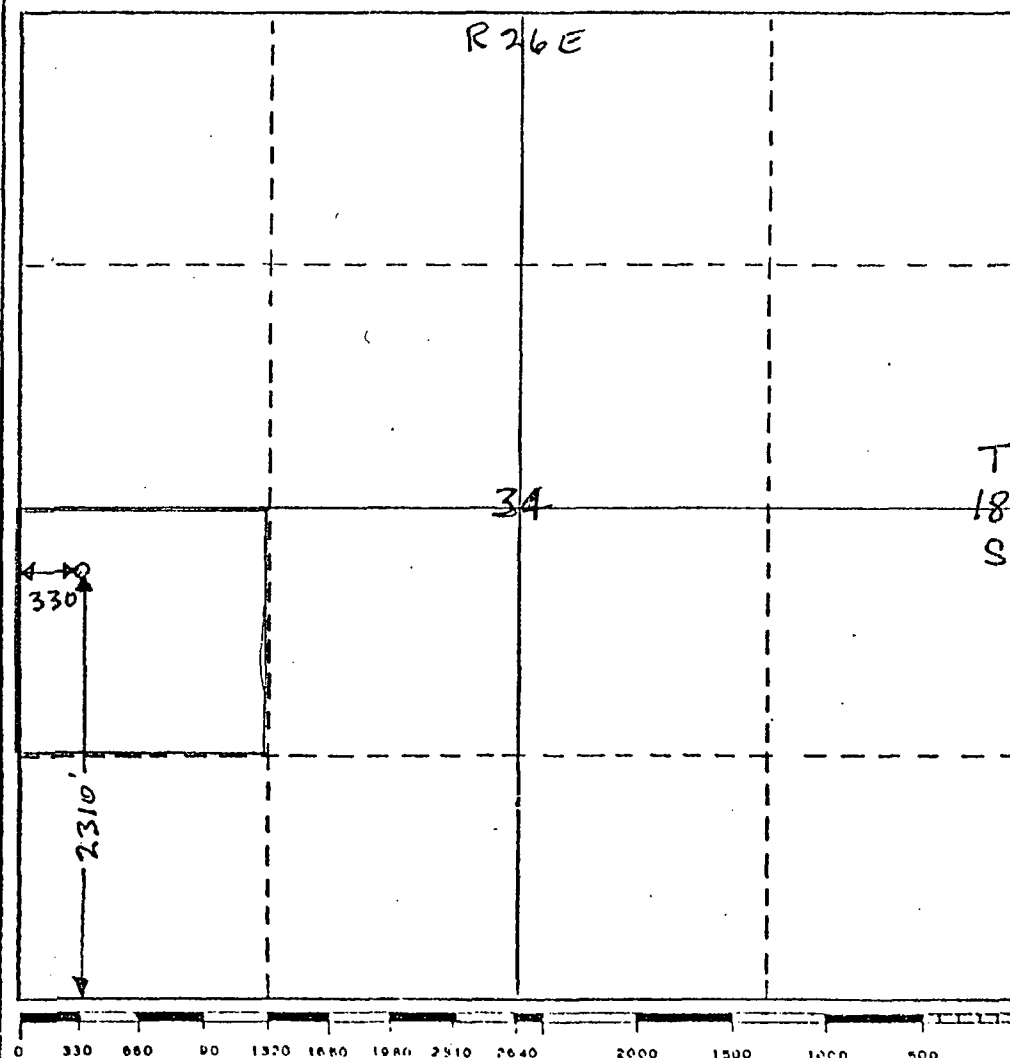
Operator YATES PETROLEUM CORP		Lease WALDRIP JY		Well No. 1
Unit Letter L	Section 34	Township 18-S	Range 26-E	County EDDY
Actual Footage Location of Well: 2310 feet from the South line and 330 feet from the West line				
Ground Level Elev. 3358	Producing Formation Yeso, S.A.	Pool Und. ATOKA Yeso	Dedicated Acreage 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Eddie M. Mahfood
Name

EDDIE M. MAHFOOD
Position

ENGINEER
Company

YATES PETROLEUM CORP
Date

12-5-78

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Dan R. Reddy

Certificate No.
NM PE&LS #5412

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

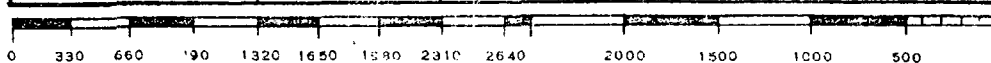
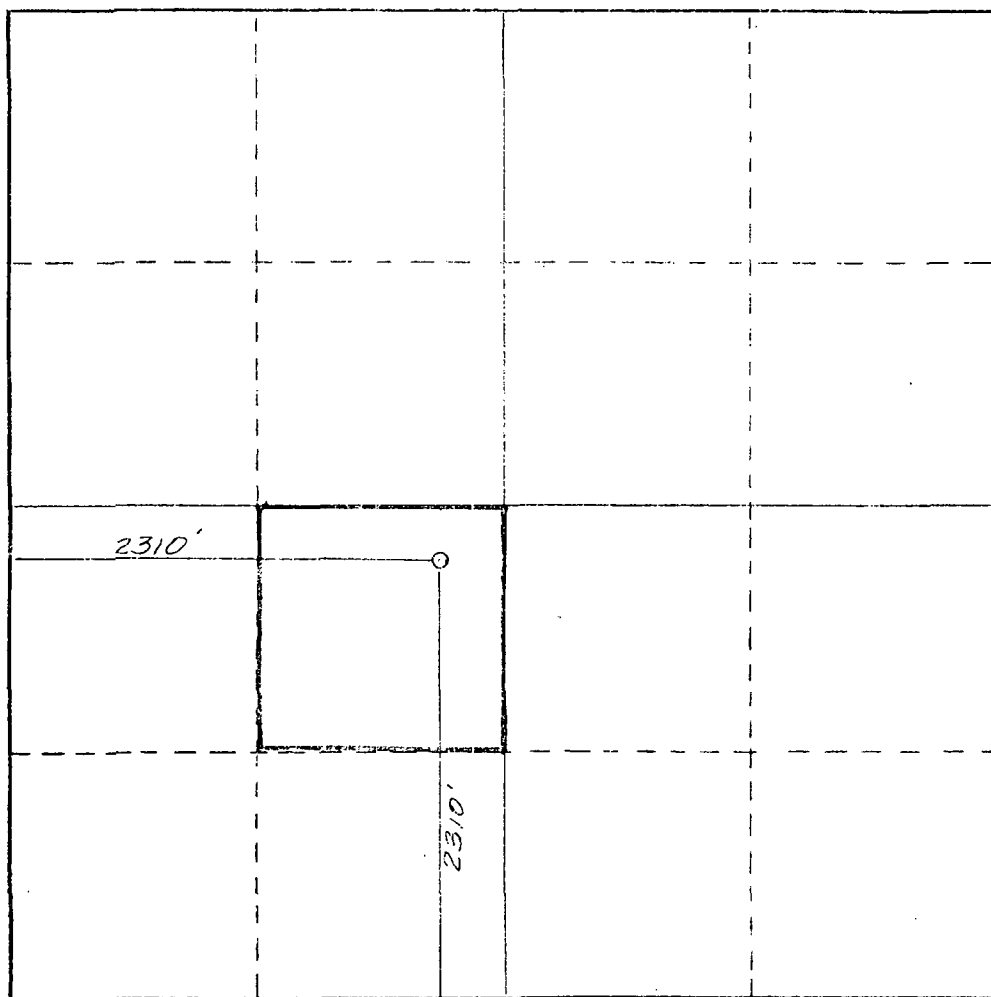
Operator YATES PETROLEUM CORPORATION		Lease Waldrip JY		Well No. 2
Unit Letter K	Section 34	Township 18 South	Range 26 East	County Eddy
Actual Footage Location of Well: 2310 feet from the South line and 2310 feet from the West line.				
Ground Level Elev. 3349.	Producing Formation Yeso		Pool Atoka/Glorieta/Yeso	Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Cy Cowan

Name

Cy Cowan

Position

Regulatory Agent

Company

Yates Petroleum Corp.

Date

7/20/84

DAN R. REDDY
NEW MEXICO
hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.
REGISTERED PROFESSIONAL

Date Surveyed

July 14, 1984

Registered Professional Engineer and/or Land Surveyor

Dan R. Reddy

Certificate No.

NM PE&LS #5412

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-102
August 1, 2011
Permit 155670

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-015-39301	2. Pool Code 3250	3. Pool Name ATOKA;GLORIETA-YESO
4. Property Code 12870	5. Property Name WALDRIP JY	6. Well No. 003H
7. OGRID No. 25575	8. Operator Name YATES PETROLEUM CORPORATION	9. Elevation 3380

10. Surface Location

UL - Lot D	Section 34	Township 18S	Range 26E	Lot Idn M	Feet From 180	N/S Line N	Feet From 960	E/W Line W	County EDDY
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11. Bottom Hole Location If Different From Surface

UL - Lot M	Section 34	Township 18S	Range 26E	Lot Idn M	Feet From 330	N/S Line S	Feet From 960	E/W Line W	County EDDY
12. Dedicated Acres 160.00	13. Joint or Infill	14. Consolidation Code	15. Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: Monti Sanders

Title:

Date: 8/9/2011

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: Gary Jones

Date of Survey: 7/18/2011

Certificate Number: 7977

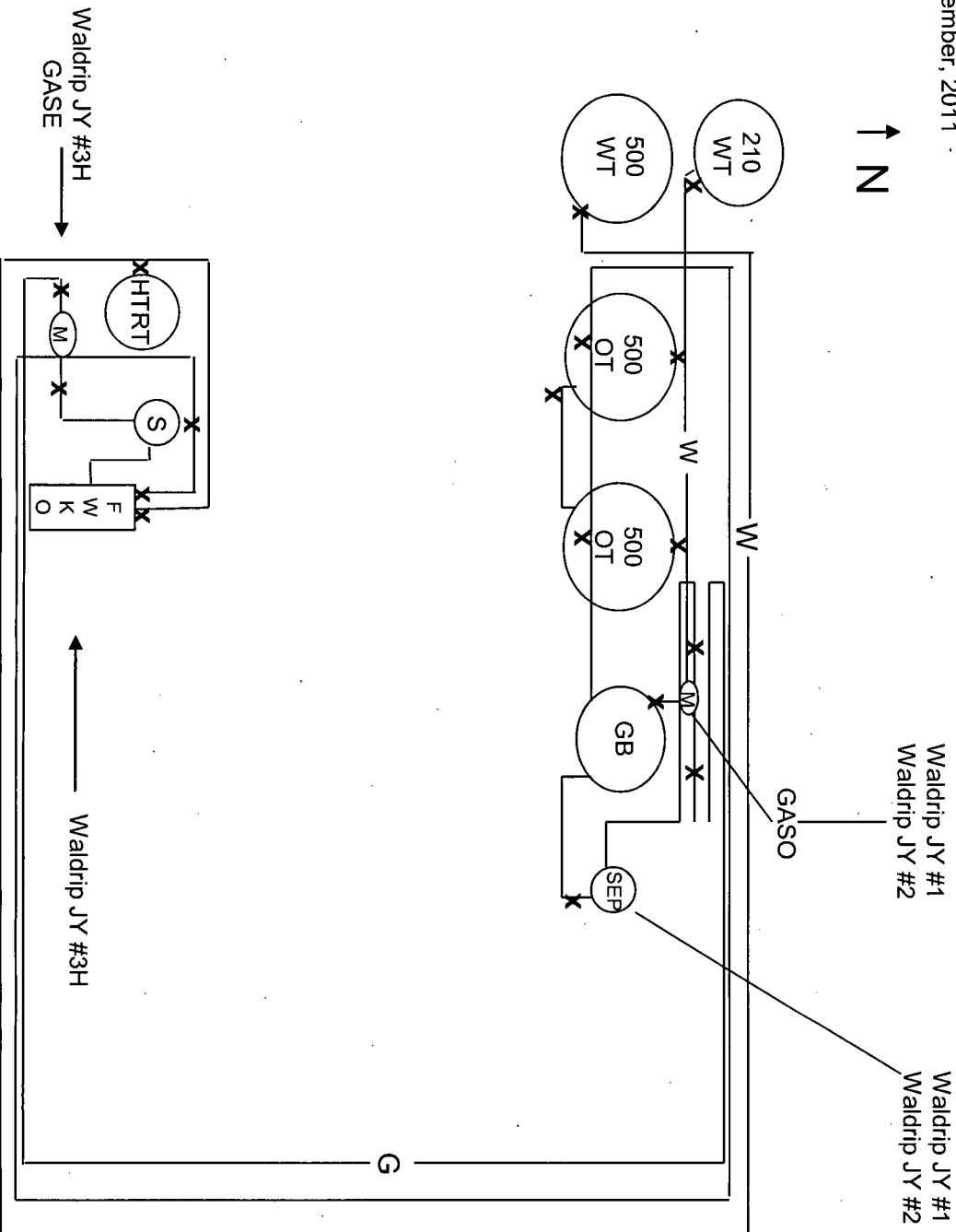


105 South 4th Street * Artesia, NM 88210
(575)-748-1471

-Chance Sexton
September, 2011

WALDRIP JY BATTERY

1980' FNL & 1980' FWL * Sec 34 - T18S - R26E * Unit L
Eddy County, NM



This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan
which is on file at 105 South 4th Street, Artesia, NM

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

SCOTT M. YATES
VICE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 6, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a Surface/lease commingle oil only on the following wells:

Waldrip JY #1
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-22755
Eddy County, New Mexico

Waldrip JY #2
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

Waldrip JY #3H
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-39301
Eddy County, New Mexico

The battery is located at the Waldrip JY #1. Please see attached site security diagram.

Ownership between the #1 and #2 wells are identical; however, the #3 will have diversified ownership.

Oil Measurement

The Waldrip JY #3H shall be equipped with a continuous metering separator for oil production allocation prior to oil commingled for sales. Due to marginal well production periodic well tests will be performed on the #1 and #2 wells for allocation.

The average production for Waldrip JY #1 is 1 bbl. of oil per day, for the Waldrip JY #2 is 5 bbls. per day and the estimated production for the Waldrip JY #3H is 56 bbls. per day.

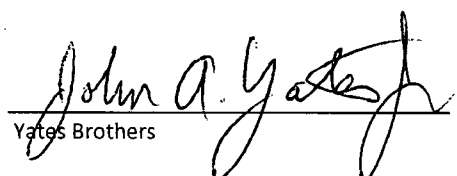
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If you should have any questions, please call me at (575) 748- 4200(direct line)

Sincerely, o

Miriam Morales
Production Analyst

I hereby approve this application


Yates Brothers

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

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Sec. 34-T18S-R26E
API# 30-015-24940
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Miriam Morales
Production Analyst

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MYCO Industries, INC.

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



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Sec. 34-T18S-R26E
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Miriam Morales
Production Analyst

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ABO Petroleum Corporation

MARTIN YATES, III

1912-1985

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S.P. YATES

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Eddy County New, Mexico

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Yates Petroleum Corporation is notifying you of a Surface/lease commingle oil only on the following wells:

Waldrip JY #1
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-22755
Eddy County, New Mexico

Waldrip JY #2
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

WaldripJY #3H
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-39301
Eddy County, New Mexico

The battery is located at the Waldrip JY #1. Please see attached site security diagram.

Ownership between the #1 and #2 wells are identical; however, the #3 will have diversified ownership.
All notifications to owners are attached.

Oil Measurement

The Waldrip JY #3H shall be equipped with a continuous metering separator for oil production allocation prior to oil commingled for sales. Due to marginal well production periodic well tests will be performed on the #1 and #2 wells for allocation.

The average production for Waldrip JY #1 is 1 bbl. of oil per day, for the Waldrip JY #2 is 5 bbls. per day and the estimated production for the Waldrip JY #3H is 56 bbls. per day.

The purpose of Surface/lease commingle of oil production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing battery on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten life of the well. All this time Yates is unable to obtain oil contracts for some of the new facilities. Existing batteries will need to be utilized as much as possible to ensure transportation and sales of oil production for new wells.

If you should have any questions, please call me at (575) 748- 4200(direct line)

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

SHARBRO Energy, LLC

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

JOHN A. YATES
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VICE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 6, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

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API# 30-015-22755
Eddy County, New Mexico

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Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

Waldrip JY #3H
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
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Miriam Morales
Production Analyst

I hereby approve this application

John A. Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

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Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

Trust Q.U/W/O Peggy A Yates, Deceased

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

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CHIEF ADMINISTRATIVE OFFICER

January 6, 2012

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Eddy County New, Mexico

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Sec. 34-T18S-R26E
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Eddy County, New Mexico

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Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
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Sincerely,

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Production Analyst

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Los Chicos

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SECRETARY

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JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 6, 2012

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Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

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API# 30-015-22755
Eddy County, New Mexico

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Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
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Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
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Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

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JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

January 9, 2012

Re: Surface/ lease commingle oil only
Waldrip JY #1, 2, and 3H
Eddy County New, Mexico

Dear Interest Owner,

Yates Petroleum Corporation is requesting approval from the Oil Conservation Division to Surface/lease commingle oil only on the following wells:

Waldrip JY #1 ✓
Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-22755
Eddy County, New Mexico

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Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
API# 30-015-24940
Eddy County, New Mexico

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Atoka; Glorieta/ Yeso
Sec. 34-T18S-R26E
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Any objections must be file in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please call me at (575) 748- 4200(direct line)

Sincerely,

Miriam Morales
Production Analyst

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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2012 JAN 12 PM 2:32



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ARTESIA, NEW MEXICO 88210-2118

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Total Postage & Fees	\$

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Street, Apt. No. or PO Box No. *P.O. Box 255*
City, State, ZIP+4 *Roswell, NM 88202-0255*

PS Form 3811, February 2004 See Reverse for Instructions

BMR PROPERTIES, LLC
5
NM 88202-0255

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- A mailing receipt
- A unique identifier
- A record of delivery

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- For an additional fee, Endorsement required.
- For an additional fee, Endorsement required.
- For an additional fee, Endorsement required.

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PS Form 3800, August 2003

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from sender) 7010 2780 0002 8287 8846

1. Article Addressed to: BMR PROPERTIES, LLC
PO BOX 255
ROS WELL, NM 88202-0255

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

B. Received by (Printed Name) C. Date of Delivery

A. Signature ☒ Addressee ☐ Agent

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



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ARTESIA, NEW MEXICO 88210-2118

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7010 2780 0002 8287 8853

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP
PS Form 3800, August 2006
See Reverse for Instructions

CBR OIL PROPERTIES, LLC
P.O. Box 1518
Roswell, NM 88202

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Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

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Volume 37, Issue 1, April 15, 2007
Printed on Demand

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PROPERTIES, LLC
518
NM 88202

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1. Article Addressed to:

CBR OIL PROPERTIES, LLC
PO BOX 1518
ROSWELL, NM 88202

2. Article Number
(Transfer from s)

7010 2780 0002 8287 8853

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A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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If YES, enter delivery address below: ☐ No

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- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

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7010 2780 0002 8287 8860

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Street, Apt. No.,
or PO Box No.
City, State ZIP+4
Post Office
PS Form 3800, August 2006
See Reverse for Instructions

JP Morgan Chase Bank
PO Box 99084
Fort Worth TX 76199-0084

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

\$
\$
\$
\$
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\$

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Walter E. Smith
Post Office
Maine

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JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/B/O WILLIAM L. MASSEY, III
PO BOX 99084
FORT WORTH, TX 76199-0084

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/B/O WILLIAM L. MASSEY, III
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number
(Transfer from s)

7010 2780 0002 8287 8860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

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7010 2780 0002 8287 8877

Sent To
Street, Apt. No.
or PO Box No. *JP Morgan Chase Bank*
City, State, ZIP+4® *PO Box 99084*
Ft Worth TX 76199-0084

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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CHASE BANK, N.A.
E BOYKIN TRUST D
LOTTE E. MASSEY BOYD
84
H, TX 76199-0084

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JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/B/O CHARLOTTE E. MASSEY BOYD
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number
(Transfer from S)

7010 2780 0002 8287 8877

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

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C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

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102595-02-M-1540

Mail
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August



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8884
7010 2780 0002 8287 8884

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006

JP Morgan Chase Bank
PO Box 99084
Fort Worth, TX 76199-0084

Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Postage
Certified Fee
Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For delivery information visit our website at www.usps.com

Walter E. UGIBAL
Hiram J. Paul

N CHASE BANK, N.A.
ITE BOYKIN TRUST D
OMAS W. PAUL, JR.
9084
RTH, TX 76199-0084

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MARY WHITE BOYKIN TRUST D
F/B/O THOMAS W. PAUL, JR.
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number
(Transfer from s

7010 2780 0002 8287 8884

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☐ Agent
☐ Addressee

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☐ Insured Mail ☐ C.O.D.

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For delivery information, visit our website at www.usps.com	
0.0037 EL PASO TX 76199-0084	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: JP Morgan Chase Bank	
Street, Apt. No. or PO Box No. 10 Box 99084	
City, State, Zip+4 Fort Worth TX 76199-0084	
PS Form 3800, August 2006 See Reverse for Instructions	

JPMORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/O ZACHARIAH W. PAUL
PO BOX 99084
FORT WORTH, TX 76199-0084

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN TRUST D
F/B/O ZACHARIAH W. PAUL
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number
(Transfer from S)

7010 2780 0002 8287 8891

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

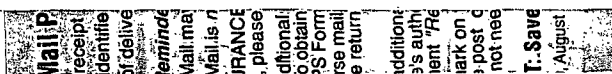
- D. Is delivery address different from item 1?** ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 8907

7010 2780 0002 8287 8907

PS Form 3800, August 2006 See Reverse for Instructions

City, State, ZIP+4[®]
El Paso, TX 79913-0730

Street, Apt. No.,
or PO Box No.
PO Box 12730

Sent to
Harvey Property Trust

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

For delivery information visit our website at www.usps.com

Domestic Mail Only No Insurance Coverage Provided

U.S. Postal Service
CERTIFIED MAIL RECEIPT

Domestic Mail Only No Insurance Coverage Provided

HARVEY PROPERTY TRUST
PO BOX 12730
EL PASO, TX 79913-0730

Postmark
Here

Hinane Ind.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THE HARVEY PROPERTY TRUST
PO BOX 12730
EL PASO, TX 79913-0730

2. Article Number
(Transfer from s)

7010 2780 0002 8287 8907

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8914

7010 2780 0002 8287 8914

Sent to Pamela L. Kerlin
Street, Apt. No., or PO Box No. 4024 El Macero Dr.
City, State, ZIP+4 DAVIS CA 95618-4302
PS Form 3800, August 2006 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
MAILED 511 First Avenue MS E 11011
Union City, CA

A. R. KERLIN
MACERO DR.
CA 95618-4302

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAMELA R. KERLIN
4024 EL MACERO DR.
DAVIS, CA 95618-4302

2. Article Number
(Transfer from se

7010 2780 0002 8287 8914

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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00, August



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8921

7010 2780 0002 8287 8921

Sent To
Street, Apt. No.,
or PO Box No. 509
City, State, ZIP+4[®] El Paso, TX 79902

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

WINDYBUSH, TEXAS
U.S. E 11/13
Linton Prod.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

MICHAEL D. MASON
509 MISSISSIPPI AVE
EL PASO, TX 79902

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL D. MASON
509 MISSISSIPPI AVE
EL PASO, TX 79902

2. Article Number
(Transfer from s

7010 2780 0002 8287 8921

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8938
7010 2780 0002 8287 8938

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at: www.usps.com	
Sent to: MORRIS E. SCHERTZ	
Street, Apt. No.: PO BOX 2588	
City, State, ZIP+4: ROSWELL NM 88202-2588	
PS Form 3800, August 2006 See Reverse for Instructions	
Postage \$	Certified Fee
Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	

MORRIS E. SCHERTZ
X 2588
ROSWELL, NM 88202-2588

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MORRIS E. SCHERTZ
PO BOX 2588
ROSWELL, NM 88202-2588

2. Article Number
(Transfer from s

7010 2780 0002 8287 8938

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING — 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8945

7010 2780 0002 8287 8945

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Postmark
Here

WRIGHT, BRIAN C. WRIGHT, 6305 AMERICAN COURT, NASHVILLE, TN 37209

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

C. WRIGHT
AMERICAN COURT
VILLE, TN 37209

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIAN C. WRIGHT
6305 AMERICAN COURT
NASHVILLE, TN 37209

2. Article Number
(Transfer from s

7010 2780 0002 8287 8945

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8952

7010 2780 0002 8287 8952

Sent to Bruce Wright
Street, Apt. No. PO Box 2643
or PO Box No. Eugene OR 97402
City, State, ZIP+4
PS Form 3800, August 2005 See Reverse for Instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Handwritten: *Handwritten*

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
WRIGHT, BRUCE
PO BOX 2643
EUGENE, OR 97402
USE

WRIGHT
BOX 2643
EUGENE, OR 97402

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRUCE WRIGHT
PO BOX 2643
EUGENE, OR 97402

2. Article Number
(Transfer from s

7010 2780 0002 8287 8952

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 8976

7010 2780 0002 8287 8976

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark Here

Sent To: JP Morgan Chase Bank
Street, Apt. No. or PO Box No.: PO Box 99084
City, State, ZIP+4: Fort Worth TX 76199-0084

PS Form 3811, August 2005 See Reverse for Instructions

JP MORGAN CHASE BANK, N.A.
WHITE BOYKIN
WILLIAM MASSEY, JR., TRUST B
PO BOX 99084
FORT WORTH, TX 76199-0084

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN
WILLIAM MASSEY, JR., TRUST B
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number

(Transfer from si

7010 2780 0002 8287 8976

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8983

7010 2780 0002 8287 8983

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006. See Reverse for Instructions.

Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Postage
Certified Fee
Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

ORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN
MARY M. PAUL, TRUST C
PO BOX 99084
FORT WORTH, TX 76199-0084

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JP MORGAN CHASE BANK, N.A.
MARY WHITE BOYKIN
MARY M. PAUL, TRUST C
PO BOX 99084
FORT WORTH, TX 76199-0084

2. Article Number
(Transfer from s)

7010 2780 0002 8287 8983

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X. ☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 8990
7010 2780 0002 8287 8990

Sent To
Street Apt. No.
or PO Box No. 10 Box 2649
City, State, ZIP+4
Ranchos de Taos NM 87557
PS Form 3800, August 2003 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
TYREE G. MINTON
PO BOX 2649
RANCHOS DE TAOS, NM 87557
ELIOT

TYREE G. MINTON
PO BOX 2649
RANCHOS DE TAOS, NM 87557

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TYREE G. MINTON
PO BOX 2649
RANCHOS DE TAOS, NM 87557

2. Article Number
(Transfer from s

7010 2780 0002 8287 8990

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9003

7010 2780 0002 8287 9003

Sent To
Helen L. Paris
Street, Apt. No.,
or PO Box No. 1104 E. Pryor St.
City, State, ZIP+4 Athens, AL 35611-2162
PS Form 3800, August 2003

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

WALSH & WALSH
US E 1/12
H. H. W. & P. O.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

HELEN RUTH PARIS
1104 E PRYOR ST.
ATHENS, AL 35611-2162

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HELEN RUTH PARIS
1104 E PRYOR ST.
ATHENS, AL 35611-2162

2. Article Number
(Transfer from s)

7010 2780 0002 8287 9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9010

7010 2780 0002 8287 9010

Sent To
Elizabeth A. Savoie
Street, Apt. No.,
or PO Box No. 437 W. 9th St.
City, State, Zip Grafton ND 58237
PS Form 3811, February 2004 See Instructions

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
11/10/17
William E. Ford

TH ANN SAVOIE
TH ST.
N, ND 58237

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELIZABETH ANN SAVOIE
437 W 9TH ST.
GRAFTON, ND 58237

2. Article Number
(Transfer from s)

7010 2780 0002 8287 9010

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9027
7010 2780 0002 8287 9027

Sent To
Street, Apt. No.,
or PO Box No. *Shriners Hospitals for Children*
City, State, ZIP+4 *PO Box 226270*
Dallas TX 75222-6270
PS Form 3800, August 2006 See Reverse for Instructions

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

\$
\$
\$
\$
\$
\$

Postmark
Here

DO NOT WRITE IN THESE SPACES
Minnow C prod.
E/10/03

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

SHRINERS HOSPITALS FOR CHILDREN
NORTHERN TRUST CO.
270
75222-6270

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHRINERS HOSPITALS FOR CHILDREN
WITH THE NORTHERN TRUST CO.
PO BOX 226270
DALLAS, TX 75222-6270

2. Article Number
(Transfer from s

7010 2780 0002 8287 9027

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9034

7010 2780 0002 8287 9034

Sent To *Lex Shudde*
Street, Apt. No.,
or PO Box No. *27105 Arriba Way*
City, State, ZIP+4 *Carmel, CA 93923*
PS Form 3800, August 2006 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

Winn @ prod.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

DDE
ARRIBA WAY
CA 93923

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

REX SHUDDE
27105 ARRIBA WAY
CARMEL, CA 93923

2. Article Number

(Transfer from s

7010 2780 0002 8287 9034

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9041
7010 2780 0002 8287 9041

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2005 See Reverse for Instructions

Wells Fargo Bank Oil/Gas
PO Box 5383
Denver, CO 80217

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

WELLS FARGO BANK N.A. OIL/GAS
ALLIE M. LEE TRUST
PO BOX 5383
DENVER, CO 80217

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WELLS FARGO BANK N.A. OIL/GAS
ALLIE M. LEE TRUST
PO BOX 5383
DENVER, CO 80217

2. Article Number
(Transfer from s

7010 2780 0002 8287 9041

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL



ARTESIA PETROLEUM CORPORATION
YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9058
7010 2780 0002 8287 9058

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: J. Stanley Waldrip	
Street, Apt. No., or PO Box No. 480 #2 N. Lake Rd.	
City, State, ZIP+4 Artesia NM 88210	
PS Form 3800, August 2003 See Reverse for Instructions	

ALDRIP
A REV. TRUST
H LAKE RD
88210

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. STANLEY WALDRIP
J.S. & WANDA REV. TRUST
480 #2 NORTH LAKE RD
ARTESIA, NM 88210

2. Article Number
(Transfer from)

7010 2780 0002 8287 9058

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9065
7010 2780 0002 8287 9065

Sent to
Street, Apt. No.,
or PO Box No. 706 W. Grand Ave.
City, State, Zip+4 Artesia, NM 88210-1935
PS Form 3811, August 2006 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark
Here

For delivery information, visit our website at www.usps.com.
John W. Gates, LLC
706 W. Grand Ave.
Artesia, NM 88210-1935
John@prod.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

YATES, LLC
706 W. GRAND AVE.
ARTESIA, NM 88210-1935

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN W. GATES, LLC
706 W. GRAND AVE.
ARTESIA, NM 88210-1935

2. Article Number
(Transfer from s)

7010 2780 0002 8287 9065

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9072

7010 2780 0002 8287 9072

Sent To
Street, Apt. No.,
or PO Box No. Nora H. McCaw
City, State, ZIP+4 210 Crossbow Rd.
Artesia NM 88210

PS Form 3800 (August 2004) See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Walmart
Artesia NM 88210
11/19/03

RA HELEN MCCA
MCCA FAMILY TRUST
CROSSBOW RD.
ESIA, NM 88210

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NORA HELEN MCCA
THE MCCA FAMILY TRUST
210 CROSSBOW RD.
ARTESIA, NM 88210

2. Article Number
(Transfer from s

7010 2780 0002 8287 9072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9089
7010 2780 0002 8287 9089

Sent To
William J. McCaw; Mary G. Riddle
Street Apt No.,
or PO Box No. PO Box 127
City, State, Zip+4 Artesia NM 88211-0127
PS Form 3811, August 2006 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Artesia NM 88211-0127
E 11/19/07
Diane J. McCaw

J. MCCA W & MARY G. RIDDLE
MCCA W ESTATE
27
NM 88211-0127

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM J. MCCA W & MARY G. RIDDLE
JACK W. MCCA W ESTATE
PO BOX 127
ARTESIA, NM 88211-0127

2. Article Number
(Transfer from s

7010 2780 0002 8287 9089

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9096

7010 2780 0002 8287 9096

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]
PS Form 3800, August 2006
See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

For delivery information visit our website at www.usps.com
Domestic Mail Only (No Insurance Coverage Provided)
US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)

ANN MCCA
X 127
IA, NM 8211-0127

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARY ANN MCCA
PO POX 127
ARTESIA, NM 8211-0127

2. Article Number
(Transfer from se

7010 2780 0002 8287 9096

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9102

7010 2780 0002 8287 9102

PS Form 3800, August 2006 See reverse for instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Uinam @ pad.

For delivery information visit our website at www.usps.com

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

F G. CURRIER
BOX 540
ESIA, NM 88211-0540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (<i>Printed Name</i>)</p>	<p>C. Date of Delivery</p>
<p>CLIFF G. CURRIER PO BOX 540 ARTESIA, NM 88211-0540</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from s</p>		<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>7010 2780 0002 8287 9102</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 911
7010 2780 0002 8287 911

Sent to
Street, Apt. No.,
or PO Box No. 1517 Vineyard Court
City, State, ZIP+4 Carlsbad, NM 88220
PS Form 3811, August 2004 See Reverse for Instructions

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

For delivery information visit our website at www.usps.com.
U.S. MAIL
FIRST CLASS PERMIT NO. 1000 CARLSBAD, NM

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL C. CURRIER
1517 VINEYARD COURT
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise
☒ Certified Mail ☐ Registered ☐ C.O.D.
☐ Insured Mail
4. Restricted Delivery (Extra Fee) ☐ Yes

2. Article Number
(Transfer from S)

7010 2780 0002 8287 911

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9126

7010 2780 0002 8287 9126

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

Sent to: Angela Franklin
Street, Apt. No., or PO Box No. PO Box 144
City, State, ZIP+4 Savory TX 75479

PS Form 3800, August 2006 See back for instructions

LA FRANKLIN
DX 144
RY, TX 75479

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANGELA FRANKLIN
PO BOX 144
SAVORY, TX 75479

2. Article Number
(Transfer from s

7010 2780 0002 8287 9126

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL



YATES BUILDING — 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9133
7010 2780 0002 8287 9133

Street, Apt. No.,
or PO Box No. *Citizens Bank & Trust Co.*
City, State, ZIP+4® *PO Box 277*
Armore, OK 73402

PS Form 3800, August 2006 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

Winn @ prod

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CITIZENS BANK & TRUST CO.
JUNE B. STROMBERG REV. TRUST
BOX 277
ARMORE, OK 73402

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CITIZENS BANK & TRUST CO.
T.C. & JUNE B. STROMBERG REV. TRUST
PO BOX 277
ARMORE, OK 73402

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9133

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 2780 0002 8287 9140

7010 2780 0002 8287 9140

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at: www.usps.com

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

Sent to
Street, Apt. No.,
or PO Box No.
City, State ZIP+4
First American Bank
P.O. Box AA
Artesia, NM 88211-7526

PS Form 3800, August 2006 See Reverse for Instructions

AMERICAN BANK
JUNE B. STROMBERG REV. TRUST
X AA
A, NM 88211-7526

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST AMERICAN BANK
T.C. & JUNE B. STROMBERG REV. TRUST
PO BOX AA
ARTESIA, NM 88211-7526

2. Article Number
(Transfer from s)

7010 2780 0002 8287 9140

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9157

7010 2780 0002 8287 9157

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]
PS Form 3800, August 2006 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

LEUM
ENTO PARTNERS

88211

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANTO PETROLEUM
C/O SACRAMENTO PARTNERS
PO BOX 1020
ARTESIA, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from s) 7010 2780 0002 8287 9157

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9164
7010 2780 0002 8287 9164

Sent to David Westall
Street, Apt. No. 2222 E Westchester Dr.
or PO Box No. Chandler, AZ 85249-4686
City, State, ZIP Chandler, AZ 85249-4686
PS Form 3800, August 2006 See Reverse for Instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Handwritten postmark: ELI 10/13

For delivery information visit our website at www.usps.com
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

STALL
STCHESTER DR
AZ 85249-4686

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID WESTALL
2222 E WESTCHESTER DR
CHANDLER, AZ 85249-4686

2. Article Number
(Transfer from s)

7010 2780 0002 8287 9164

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9171

7010 2780 0002 8287 9171

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]
PS Form 3800, August 1, 2003 See Reverse for Instructions

OXY Y-1 Company
PO Box 841803
Dallas TX 75284-1803

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com

W. J. Yates
Dallas TX 75284-1803

COMPANY
1803
K 75284-1803

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OXY Y-1 COMPANY
PO BOX 841803
DALLAS, TX 75284-1803

2. Article Number
(Transfer from s)

7010 2780 0002 8287 9171

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 2780 0002 8287 9188
7010 2780 0002 8287 9188

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: Yates Industries, LLC	
Street, Apt. No., or PO Box No. PO BOX 1091	
City, State, ZIP+4 Artesia, NM 88211	
PS Form 3800, August 2006 See Reverse for Instructions	

YATES INDUSTRIES, LLC
PO BOX 1091
ARTESIA, NM 88211

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YATES INDUSTRIES, LLC
PO BOX 1091
ARTESIA, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number
(Transfer from s

7010 2780 0002 8287 9188



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 2780 0002 8287 9195

7010 2780 0002 8287 9195

Sent to: **Sarann Company**
Street Apt. No.,
or PO Box No. **1042 Carlisle Dr.**
City, State, ZIP+4[®] **Allen TX 75002-5073**
PS Form 3800, August 2004 See Reverse for Instructions

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

WALDO B. STOLLA
US E/M/1/2
Division Prod.

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)
For delivery information visit our website at www.usps.com

SARANN COMPANY
C/O SARA STROMBERG JONES
1042 CARLISILE DR.
ALLEN, TX 75002-5073

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SARANN COMPANY
C/O SARA STROMBERG JONES
1042 CARLISILE DR.
ALLEN, TX 75002-5073

2. Article Number
(Transfer from)

7010 2780 0002 8287 9195

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540