

DATE IN 8/6/12	SUSPENSE 8/26	ENGINEER Ezeanyim	LOGGED IN 8/7/12	TYPE PLC	APP NO. PKVR122058151
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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



RECEIVED OOD

AUG -6 P 12:50

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]**

Yates Petroleum Corp.
Hanagan APL
Federal Comm
#s 1324
359

[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

8/3/12
 Date

mmorales@yatespetroleum.com
 e-mail Address

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM-58815, NM-62211

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well



Oil Well



Gas Well



Other PA

2. Name of Operator

Yates Petroleum Corporation

3a. Address

105 S. 4th St., Artesia, NM 88210

3b. Phone No. (include area code)

575-748-1471

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)

1600' FSL & 330' FWL Sec. 31-T19S-R30E Unit L, NWSW Surface

1980' FSL & 330' FEL Sec. 31-T19S-R30E Unit I, NESE Bottom

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Hanagan APL Federal Com #2H

9. API Well No.

30-015-39511

10. Field and Pool or Exploratory Area

Parkway; Bone Spring

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION



Notice of Intent



Subsequent Report



Final Abandonment Notice



Acidize



Alter Casing



Casing Repair



Change Plans



Convert to Injection



Deepen



Fracture Treat



New Construction



Plug and Abandon



Plug Back



Production (Start/Resume)



Reclamation



Recomplete



Temporarily Abandon



Water Disposal



Water Shut-Off



Well Integrity



Other Surface

pool/lease

commingle of gas

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Yates Petroleum respectfully requests approval to Surface Pool/lease commingle and off-lease measure gas only for the Hanagan #1 and Hanagan #2H.

Please see attached plats and site security diagrams.

Ownership is diversified and all owners have been notified. A copy of the letter, a list of owners, and waivers are attached.

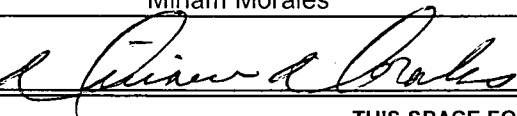
Continuation attached

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Miriam Morales

Title **Production Analyst**

Signature



Date

8/3/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Continuation on Surface pool/lease commingle gas only for the Hanagan #1 and Hanagan #2H

Federal Lease #NM-62211, CA #94463

<u>Well name</u>	<u>Pool (DHC)</u>	<u>MCFpd</u>	<u>BTU</u>
Hanagan APL Federal Com #1	HG; Morrow	3	1177
Sec. 31-T19S-R30E	HG; Atoka	31	
30-015-28635			
Eddy County, NM			

Federal lease #NM-58815 & CA # not available at this time

<u>Well name</u>	<u>Pool</u>	<u>MCFpd</u>	<u>BTU</u>
Hanagan APL Federal Com #2H	Parkway; Bone Spring	257	1381
Sec. 31-T19S-R30E			
30-015-39511			
Eddy County, NM			

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Hanagan #1 shall be the difference between the volume recorded at the DCP sales meter and the volume recorded at the Hanagan #2 EFM meter. The sales meter will be DCP meter #13131052, located at Sec. 30-T19S-R30E.

The purpose of the Off-lease, Surface pool/lease Commingle of 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 batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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
HG; Morrow 78400	1177	1245			
HG; Atoka 96461	1177				
Parkway; Bone Spring 49622	1381				

- (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.
(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: 8/3/12
TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471
E-MAIL ADDRESS: mmorales@yatespetroleum.com

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number		Pool Code		Pool Name <i>HACKBERRY MORROW</i>	
Property Code		Property Name HANAGAN "APL" FEDERAL Com.			Well Number 1
OGRID No. 025575		Operator Name YATES PETROLEUM CORPORATION			Elevation 3319

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	31	19S	30E		1980	NORTH	1980	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No. TO BE COMMUNITIZED
------------------------	-----------------	--------------------	---------------------------------

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

<p>16</p> <p>1980'</p> <p>1980'</p>				<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Clifton R. May</i></p> <p>Signature</p> <p>Clifton R. May</p> <p>Printed Name</p> <p>Regulatory Agent</p> <p>Title</p> <p>8-1-95</p> <p>Date</p>	
				<p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p>7/28/95</p> <p>Date of Survey</p> <p><i>Herschel L. Jones</i></p> <p>Signature of Registered Professional Surveyor</p> <p>HERSCHEL L. JONES</p> <p>3640</p> <p>Certificate Number</p>	

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1000 Rio Brazos Rd., 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-102
Revised July 16, 2010

Submit one copy to appropriate
District Office

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-39511	Pool Code 49622	Well Name Parkway; Boone Spring Wildcat; Boone Spring
Property Code 17558	Property Name HANAGAN "APL" FEDERAL COM	Well Number 2H
OGRID No. 025575	Operator Name YATES PETROLEUM CORPORATION	Elevation 3324'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	31	19 S	30 E	3	1600	SOUTH	330	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	31	19 S	30 E		1980	SOUTH	330	EAST	EDDY

Dedicated Acres 160 159.28	Joint or Infill	Consolidation Code	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

<p>SURFACE LOCATION Lat - N 32°36'50.76" Long - W 104°01'07.56" NMSPC- N 587277.193 E 638196.401 (NAD-83)</p> <p>Project Area</p>	<p>BOTTOM HOLE LOCATION Lat - N 32°36'54.37" Long - W 104°00'13.77" NMSPC- N 587662.84 E 642793.58 (NAD-83)</p>	<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 undivided mineral interest in the land including the proposed bottom hole location 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.</p> <p><i>Cy Cowan</i> 4/14/11 Signature Date</p> <p>Cy Cowan Printed Name cy@yatespetroleum.com Email Address</p>
<p>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.</p> <p>APR 14 2011 Date Surveyed Signature & Seal of Professional Surveyor W.O. Jones Certification No. Gary L. Jones 7977 BASIN SURVEYS 24387</p>		<p>Diagram NM-62211 Penetration Point 1640' FSL & 802' FWL Producing Zone 3327.7' 3328.3' 330' 3323.9' 3321.2' 1600' 4813.3' 330' 1980'</p>



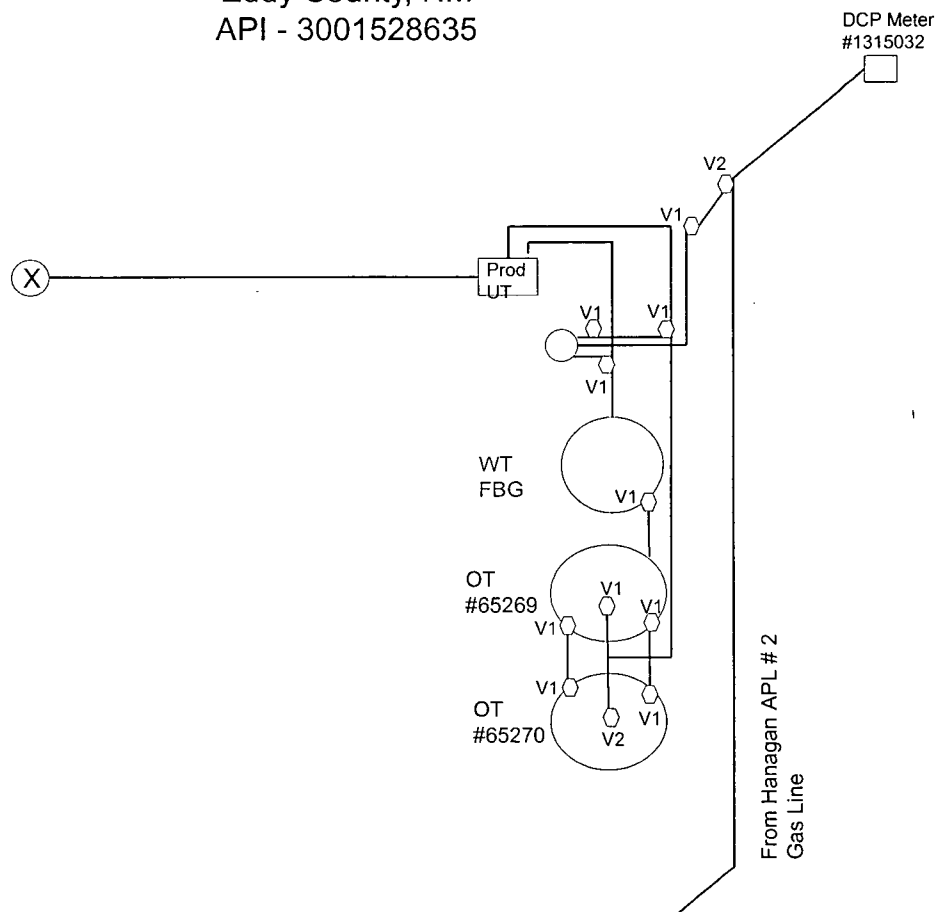
105 South 4th Street * Artesia, NM 88210
(575)-748-1471

-Keith Hutchens
July, 2012

Hanagan APL Fed Com # 1

1980' FSL & 1980' FEL * Sec31 – T19S R30E * Unit G
Eddy County, NM
API - 3001528635

N↑



V1= Valve Closed
V2= Valve Opened

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



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

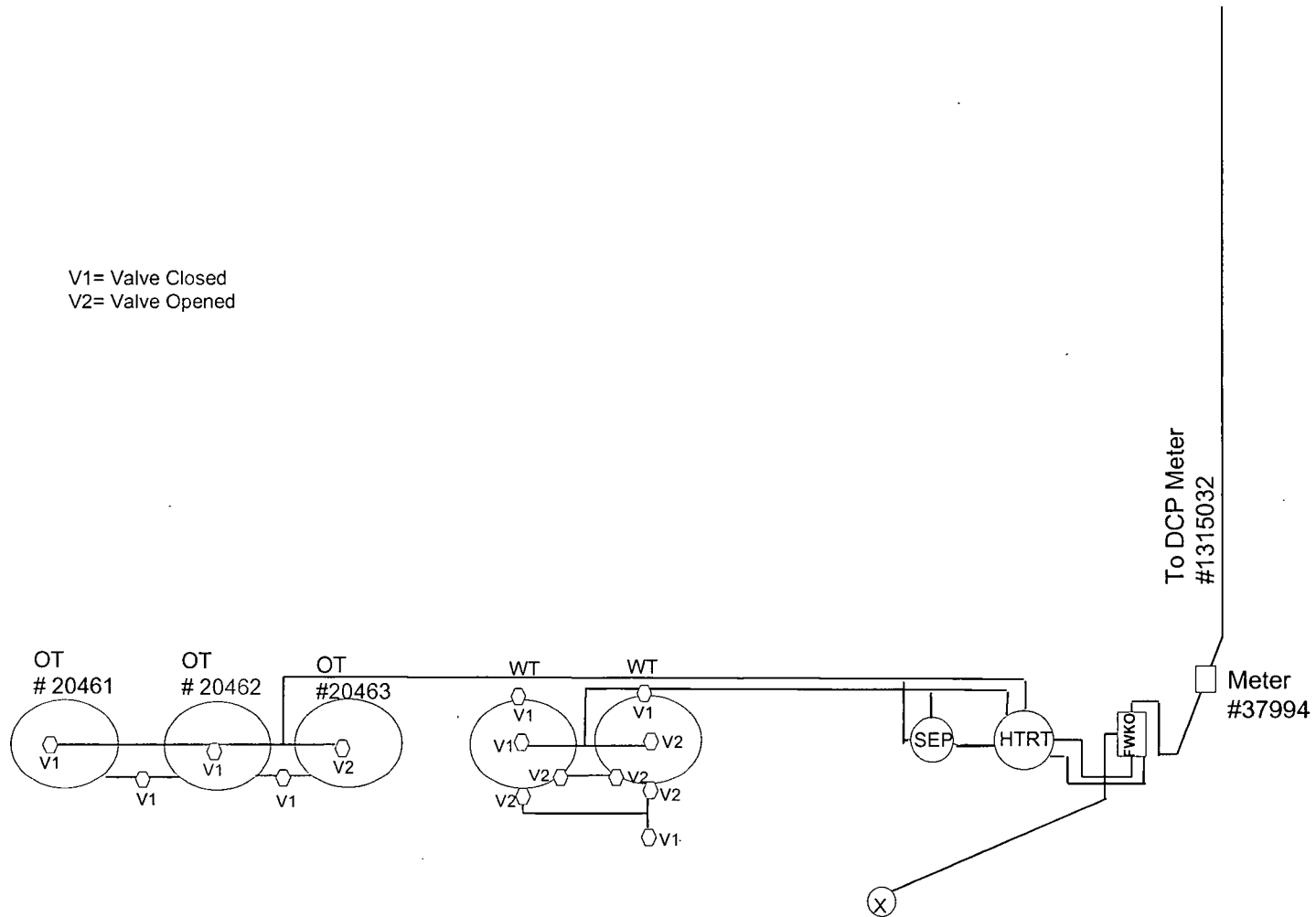
-Keith Hutchens
July, 2012

Hanagan APL Fed Com # 2

1600' FSL & 330' FWL * Sec31 – T19S R30E * Unit L
Eddy County, NM
API - 3001539511

N ↑

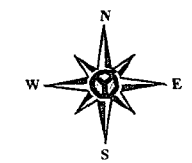
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V2= Valve Opened



This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan
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105 SOUTH FOURTH (575) 748-1471
ARTESIA, NEW MEXICO 88210



LEGEND

- GAS WELL
- OIL WELL
- GPS ROADS
- GAS LINE YATES

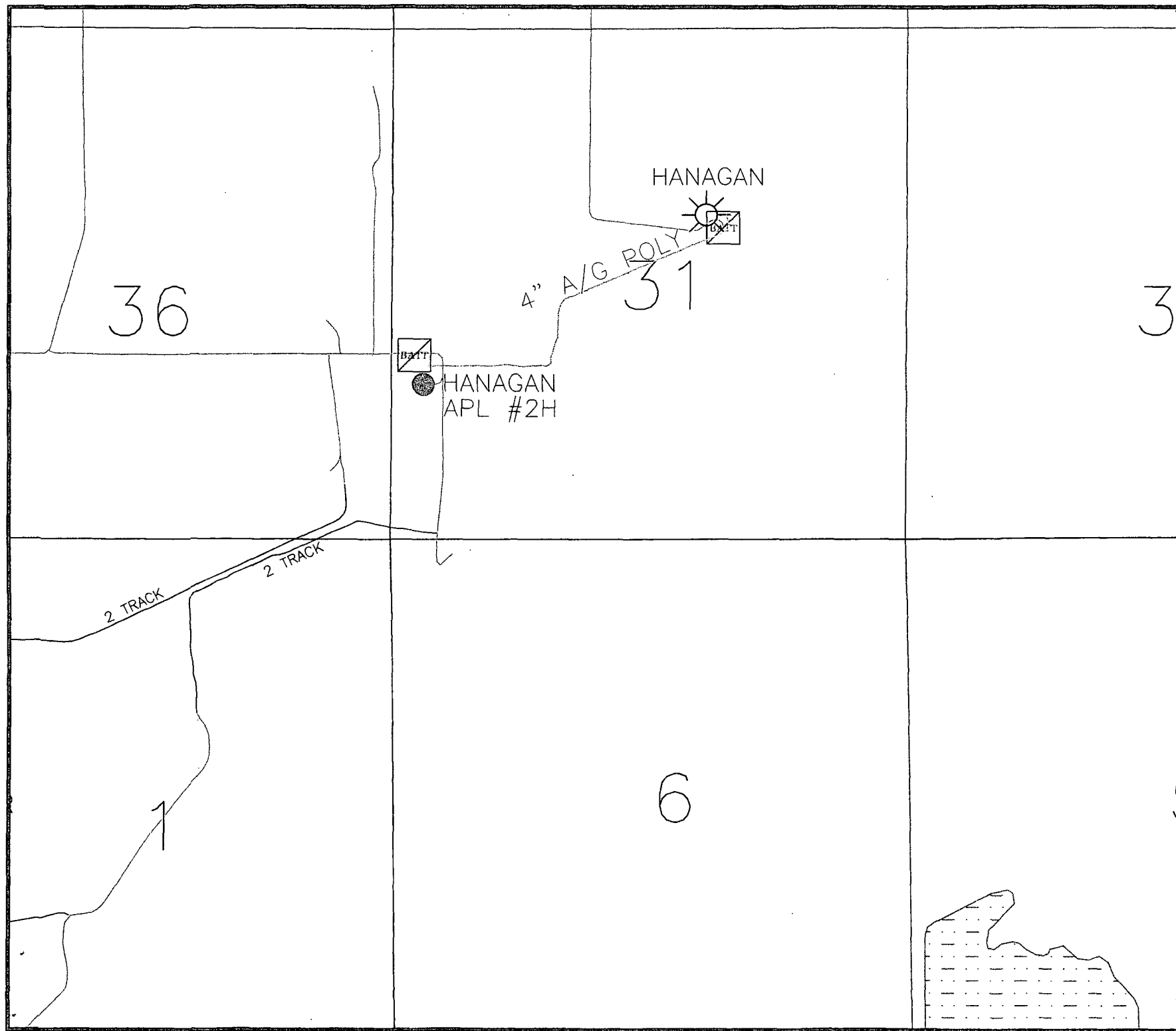
TOWNSHIP AND RANGE	
T19S R30E	
SECTION	FOOTAGE
31	

- NM STATE
- US BUREAU OF LAND MANAGEMENT

DRAWN BY: JAH
DATE DRAWN: 07-17-12
COUNTY: EDDY
STATE: NEW MEXICO
SHEET NUMBER: 1 OF 1
SCALE: 1" = 1/4 MILE

TITLE:

THIS MAP HAS BEEN CAREFULLY
COMPILED AND PRINTED BY YATES
PETROLEUM CORPORATION FROM
AVAILABLE INFORMATION. YATES
PETROLEUM CORPORATION DOES NOT
GUARANTEE THE ACCURACY OF THIS
MAP OR INFORMATION DELINEATED
THEREON.
NOR DOES YATES PETROLEUM
CORPORATION ASSUME
RESPONSIBILITY FOR ANY RELIANCE
THEREON. RECIPIENT AGREES NOT TO
COPY, DISTRIBUTE OR DIGITIZE THIS
MAP WITHOUT EXPRESS CONSENT
FROM YATES PETROLEUM
CORPORATION OR ITS AFFILIATES.



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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

August 2, 2012

RE: Surface Pool/Lease Commingle
Hanagan APL Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of a Surface Pool/lease commingle for the Hanagan APL Federal Com #1 and Hanagan APL Federal Com #2H.

Ownership is diversified.

Federal Lease #NM-62211, CA #94463

<u>Well name</u>	<u>Pool (DHC)</u>	<u>MCFpd</u>	<u>BTU</u>
Hanagan APL Federal Com #1	HG; Morrow	3	1177
Sec. 31-T19S-R30E	HG; Atoka	31	
30-015-28635			
Eddy County, NM			

Federal lease #NM-58815 & CA # not available at this time

<u>Well name</u>	<u>Pool</u>	<u>MCFpd</u>	<u>BTU</u>
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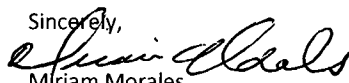
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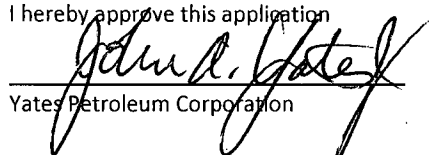
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If you should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
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ARTESIA, NEW MEXICO 88210-2118
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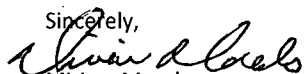
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Production Analyst

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MYCO Industries, INC

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1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



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ARTESIA, NEW MEXICO 88210-2118
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Eddy County, NM			

Federal lease #NM-58815 & CA # not available at this time

<u>Well name</u>	<u>Pool</u>	<u>MCFpd</u>	<u>BTU</u>
Hanagan APL Federal Com #2H	Parkway; Bone Spring	257	1381
Sec. 31-T19S-R30E			
30-015-39511			
Eddy County, NM			


Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Hanagan #1 shall be the difference between the volume recorded at the DCP sales meter and the volume recorded at the Hanagan #2H EFM meter. The sales meter will be DCP meter #13131052, located at Sec. 30-T19S-R30E.

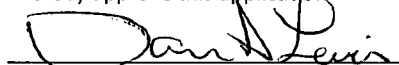
The purpose of the Off-lease, Surface pool/lease Commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


ABO Petroleum Corporation

CERTIFIED MAIL™

7009 2250 0004 1781 1456
7009 2250 0004 1781 1456

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 88210 *Postage paid*

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

Sent To *BM*

Street, Apt. No.,
or PO Box No. *620 E. Greene St.*

City, State, ZIP+4® *Carlsbad NM 88220*

PS Form 3800, August 2006 See Reverse for Instructions

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

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:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

2. Article Number
(Transfer from)

7009 2250 0004 1781 1456

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

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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

August 2, 2012

RE: Surface Pool/Lease Commingle
Hanagan APL Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is requesting approval from the Bureau of Land Management and Oil Conservation Division to Surface Pool/lease commingle the Hanagan APL Federal Com #1 and Hanagan APL Federal Com #2H.

Ownership is diversified.

Federal Lease #NM-62211, CA #94463

<u>Well name</u>	<u>Pool (DHC)</u>	<u>MCFpd</u>	<u>BTU</u>
Hanagan APL Federal Com #1	HG; Morrow	3	1177
Sec. 31-T19S-R30E	HG; Atoka	31	
30-015-28635			
Eddy County, NM			

Federal lease #NM-58815 & CA # not available at this time

<u>Well name</u>	<u>Pool</u>	<u>MCFpd</u>	<u>BTU</u>
Hanagan APL Federal Com #2H	Parkway; Bone Spring	257	1381
Sec. 31-T19S-R30E			
30-015-39511			
Eddy County, NM			

Gas Measurement

Yates is requesting alternate gas measurement using a subtraction method. The production/sales from the Hanagan #1 shall be the difference between the volume recorded at the DCP sales meter and the volume recorded at the Hanagan #2H EFM meter. The sales meter will be DCP meter #13131052, located at Sec. 30-T19S-R30E.

The purpose of the Off-lease, Surface pool/lease Commingle of 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 batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division receives the application. Application will be sent in conjunction with notification to owners.

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

Sincerely,

Miriam Morales
Production Analyst



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2000 0002 6458 2808

7011 2000 0002 6458 2808

Sent To: David Petroleum Corp
Street, Apt. No.: 116 W. First St.
or PO Box No.:
City, State, ZIP+4: Roswell NM 88203
PS Form 3800, August 2008 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
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M CORP
EET
8203

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DAVID PETROLEUM CORP 116 W FIRST STREET ROSWELL, NM 88203		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from ser		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"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6458 2815

7011 2000 0002 6458 2815

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

First Roswell Company
P.O. Box 1797
Roswell, NM 88202-1797
See Reverse for Instructions

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

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

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

Postmark Here

Handwritten: *Winnipeg, Man. 8/3/02*

COMPANY
202-1797

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 ROSWELL COMPANY
PO BOX 1797
ROSWELL, NM 88202-1797

2. Article Number
(Transfer from ser)

7011 2000 0002 6458 2815

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 1060 0000 0300 5168
7010 1060 0000 0300 5168

Sent to
Street, Apt. No.,
or PO Box No. *P.O. Box 2990*
City, State, ZIP *Ruidoso, NM 88355-2990*
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 \$

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

990

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 T GROOMS
PO BOX 2990
RUIDOSO, NM 88355-2990

2. Article Number
(Transfer from sender)

7010 1060 0000 0300 5168

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



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

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2005 See Reverse for Instructions

Sent To
Street Address
or PO Box No. 10 Box 1737
City, State ZIP+4
Roswell NM 88202-1737

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

Postmark
Here

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

HANAGAN
RESIDUARY

1737

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:

HUGH E & MICHAEL G HANAGAN
C/O BETTY L HANAGAN RESIDUARY
TRUST
PO BOX 1737
ROSWELL, NM 88202-1737

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

2. Article Number
(Transfer from serv)

7010 1060 0000 0300 5151

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7010 1060 0000 0300 5144
7010 1060 0000 0300 5144

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: <i>Natalie V Hanagan</i> Street, Apt. No.: <i>1922 N 18th Ave W</i> or PO Box No.: <i>Williston ND 58801-2553</i> City, State, ZIP+4: <i>Williston ND 58801-2553</i> PS Form 3800, August 2006 See Reverse for Instructions	

01-2553

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: NATALIE V HANAGAN 1922 N 18 TH AVE W WILLISTON, ND 58801-2553		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	
2. Article Number (Transfer from service)		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.	
7010 1060 0000 0300 5144		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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

ADDRESS SERVICE REQUESTED

7010 1060 0000 0300 5137
7010 1060 0000 0300 5137

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

HANAGAN Petroleum Corp.
PO Box 1737
Roswell NM 88202-1737

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

HANAGAN Petroleum Corp. U.S. 8/5/02
Minimum paid

PLEASE STICK A 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:

HANAGAN PETROLEUM CORP
PO BOX 1737
ROSWELL, NM 88202-1737

2. Article Number
(Transfer from sender)

7010 1060 0000 0300 5137

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 1060 0000 0300 5120
7010 1060 0000 0300 5120

**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 \$ 4.94 **Postmark** Albuquerque NM 8/3/02

Certified Fee None

Return Receipt Fee None

Restricted Delivery Fee None

Endorsement Required None

Total Postage & Fees \$ 4.94

Sent to Madison M Hinkle
Street, Apt. No.: Box 2292
or PO Box No. Box 2292
City, State, Zip+4 Roswell NM 88202-2292

PS Form 3800, August 2000 See Reverse for Instructions

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 <u>X</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MADISON M HINKLE PO BOX 2292 ROSWELL, NM 88202-2292</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number <u>7010 1060 0000 0300 5120</u> (Transfer from service)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



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

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See Reverse for Instructions

City, State, ZIP+4[®] PO BOX 2292 ROSWELL NM 88202-2292

Rolla R III, Rosemary H Hinkle

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

USPS CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Handwritten: Hinkle, Rosemary H, U.S. 8/12, Window prod.

USPS CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)

HINKLE 2

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>ROLLA R III & ROSEMARY H HINKLE PO BOX 2292 ROSWELL, NM 88202-2292</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>2. Article Number (Transfer from): 7010 1060 0000 0300 5113</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</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>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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			



7010 1060 0000 0300 5106

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

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

Address *Amelia #24094101 U.S. 8/5/02*

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

*Sept 10
 Edsel B Jeff Jr.
 Street, Apt. No. 403 Tema Nevada
 City, State, ZIP
 Issued On 88201*

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

<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

102595-02-M-1540



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7011 2000 0002 6458 2884

7011 2000 0002 6458 2884

Sent to
Thomas R. Nickoloff
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
Midland TX 79710-1807
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: Thomas R. Nickoloff
Handwritten: 8/31/02
Handwritten: Airline post.

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

07

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: THOMAS R NICKOLOFF PO BOX 51807 MIDLAND, TX 79710-1807		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.	
2. Article Number (Transfer from serv)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 2000 0002 6458 2884			

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6458 2877

7011 2000 0002 6458 2877

Sent to Nuevo Seis, LTD
 Street, Apt. No.,
 or PO Box No. PO Box 2588
 City, State, ZIP+4 Roswell NM 88202-2588
 PS Form 3800, August 2005 See Reverse for Instructions

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

Postmark
Here

For delivery information, visit our website at www.usps.com
U.S. Postal Service™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
Received by ACPLC on 8/3/03
Postage paid

LTD

88202-2588

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 X <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>NUEVO SEIS, LTD PO BOX 2588 ROSWELL, NM 88202-2588</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from) <u>7011 2000 0002 6458 2877</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

all indic deli min il m il is il CMC eas onal For mal tur tor auti R on st nee ave just



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7011 2000 0002 6458 2860
7011 2000 0002 6458 2860

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

Jose R. Perez
PO Box 3091
Corpus Christi, TX 78463

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

\$

\$

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

Jose R. Perez
PO Box 3091
Corpus Christi, TX 78463

JOSE R PEREZ
PO BOX 3091
CORPUS CHRISTI, TX 78463

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>JOSE R PEREZ PO BOX 3091 CORPUS CHRISTI, TX 78463</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from se</p> <p>7011 2000 0002 6458 2860</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>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.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6458 2853
7011 2000 0002 6458 2853

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 Street Apt. No. or PO Box No. City, State, Zip+4	Morris E. Schertz PO Box 2588 Roswell NM 88202-2588
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

MORRIS E SCHERTZ
PO BOX 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 THIS SECTION ON DELIVERY	
■ 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.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: MORRIS E SCHERTZ PO BOX 2588 ROSWELL, NM 88202-2588		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from serv)		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"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 2000 0002 6458 2853



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2000 0002 6458 2846

7011 2000 0002 6458 2846

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

Chalcam Exploration LLC
403 Tierra Berrenda
Roswell NM 88201

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

CHALCAM EXPLORATION LLC
403 TIERRA BERRENDA
ROSWELL, NM 88201

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:

CHALCAM EXPLORATION LLC
403 TIERRA BERRENDA
ROSWELL, NM 88201

2. Article Number

(Transfer from servi

7011 2000 0002 6458 2846

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

7011 2000 0002 6458 2839
7011 2000 0002 6458 2839

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$ <u>None paid.</u>	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: <u>William B Owen</u>	
Street, Apt. No., or PO Box No. <u>116 W First St.</u>	
City, State, ZIP+4 [®] <u>Roswell NM 88203</u>	
PS Form 3811, August 2006 See Reverse for Instructions	

WILLIAM B OWEN
116 W FIRST STREET
ROSWELL, NM 88203

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: WILLIAM B OWEN 116 W FIRST STREET ROSWELL, NM 88203		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from serial number) <u>7011 2000 0002 6458 2839</u>		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	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2000 0002 6458 2822

7011 2000 0002 6458 2822

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Hanagan Properties</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to <i>Hanagan Properties</i>	
Street, Apt. No. or PO Box No. <i>PO Box 1887</i>	
City, State, ZIP+4 <i>Santa Fe NM 87504-1887</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

NAGAN PROPERTIES
BOX 1887
NTA FE, NM 87504-1887

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:

HANAGAN PROPERTIES
PO BOX 1887
SANTA FE, NM 87504-1887

2. Article Number

(Transfer from service)

7011 2000 0002 6458 2822

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™

7009 2250 0004 1781 1357
7009 2250 0004 1781 1357

Sent
Permian Basin Investment Corp
Street, Apt. No.
or PO Box No. 10 Box 1638
City, State, Zip+4 Roswell NM 88202-1638
PS Form 3800, August 2005 See Reverse for Instructions

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

Postmark
Here

Permian Basin Investment Corp
U.S. 8/3/02
Roswell, NM

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

PERMIAN BASIN INVESTMENT CORP
C/O BANK OF THE SOUTHWEST
PO BOX 1638
ROSWELL, NM 88202-1638

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:

PERMIAN BASIN INVESTMENT CORP
C/O BANK OF THE SOUTHWEST
PO BOX 1638
ROSWELL, NM 88202-1638

2. Article Number
(Transfer from se)

7009 2250 0004 1781 1357

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

7009 2250 0004 1781 1364

7009 2250 0004 1781 1364

PS Form 3800, AUGUST 2006 See Reverse for Instructions

Sent to
Street Apt. No.,
or PO Box No.
City, State ZIP+4[®]

Scott Exploration Inc.
PO Box 1834
Roswell NM 88202-1834

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

Handwritten: *Minneapolis*

SCOTT EXPLORATION INC
PO BOX 1834
ROSWELL, NM 88202-1834

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>SCOTT EXPLORATION INC PO BOX 1834 ROSWELL, NM 88202-1834</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from se)</p> <p>7009 2250 0004 1781 1364</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1371
7009 2250 0004 1781 1371

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 Innoventions Inc PO Box 40 Cedar Crest NM 87008	Street, Apt. No., or PO Box No. City, State, ZIP+4
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee Postage Total Postage & Fees
Postmark Here	\$

INNOVENTIONS INC
PO BOX 40
CEDAR CREST, NM 87008

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: INNOVENTIONS INC PO BOX 40 CEDAR CREST, NM 87008		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s)		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"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
7009 2250 0004 1781 1371		7009 2250 0004 1781 1371	

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

7009 2250 0004 1781 1388

7009 2250 0004 1781 1388

Sent by NADEL & Gussman Permian LLC
Street, Apt. No.,
or PO Box No. 15 E 5th St, Ste 3200
City, State, Zip+4 Tulsa OK 74103
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: NADEL & Gussman Permian LLC

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

NADEL & GUSSMAN PERMIAN LLC
15 E 5TH STREET SUITE 3200
TULSA, OK 74103

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:

NADEL & GUSSMAN PERMIAN LLC
15 E 5TH STREET SUITE 3200
TULSA, OK 74103

2. Article Number
(Transfer from s)

7009 2250 0004 1781 1388

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

Mail receipt of delivery
Article Number
Postmark
Signature
Date of Delivery
Service Type
Restricted Delivery
Return Receipt for Merchandise
C.O.D.

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1401
7009 2250 0004 1781 1401

US Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Sent to Stephen T. Mitchell Street, Apt. No.: 6212 Homestead Blvd. or PO Box No. City, State, ZIP+4®: Midland, TX 79707	Certified Fee Postage \$ Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
PS Form 3800, August 2006 See Reverse for Instructions	Postmark Here

STEPHEN T. MITCHELL
6212 HOMESTEAD BLVD.
MIDLAND, TX 79707

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p>STEPHEN T. MITCHELL 6212 HOMESTEAD BLVD. MIDLAND, TX 79707</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>	
<p>2. Article Number (Transfer from s) 7009 2250 0004 1781 1401</p>		<p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1418

7009 2250 0004 1781 1418

U.S. Postal ServiceTM	
CERTIFIED MAIL[®] RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
<i>Artesia NM 88210</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to <i>Monica Ann Solis</i>	
Street, Apt. No., or PO Box No. <i>1908 W. Ray Ave.</i>	
City, State, ZIP+4 [®] <i>Artesia NM 88210</i>	
US Form 3800, August 2006 See Reverse for Instructions	

MONICA ANN SOLIS
1908 W. RAY AVE
ARTESIA, NM 88210

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MONICA ANN SOLIS 1908 W. RAY AVE ARTESIA, NM 88210		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from si 7009 2250 0004 1781 1418		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	



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1425
7009 2250 0004 1781 1425

US Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Handwritten: <i>Handwritten signature</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Handwritten: <i>8/5/12</i>	
Sent to: <i>Southwest Petroleum Land Services</i>	
Street Apt. No., or PO Box No. <i>100 N. Pennsylvania</i>	
City, State, Zip <i>Roswell NM 88203</i>	
PS Form 3811, August 2006 See Reverse for Instructions	

SOUTHWEST PETROLEUM LAND
SERVICES LLC
100 N PENNSYLVANIA
ROSWELL, NM 88203

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SOUTHWEST PETROLEUM LAND
SERVICES LLC
100 N PENNSYLVANIA
ROSWELL, NM 88203

2. Article Number
(Transfer from sender's record)

7009 2250 0004 1781 1425

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



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7009 2250 0004 1781 1432
7009 2250 0004 1781 1432

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP
PS Form 3800, August 2005
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

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

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only: No Insurance Coverage Provided

PANY
03
5284-1803

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
P.O. BOX 841803
DALLAS, TX 75284-1803

2. Article Number
(Transfer from s)

7009 2250 0004 1781 1432

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