

DATE IN 4/21/08	SUSPENSE 5/7/08	ENGINEER W Jones	LOGGED IN 4/5/11/08	TYPE SWD	APP NO. PKV0812231274
--------------------	--------------------	---------------------	------------------------	-------------	--------------------------

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



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] ☒ X Offset Operators, Leaseholders or Surface Owner

[C] ☒ X 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.

Mike Hill

Print or Type Name

Mike Hill
Signature

Area Engineer

Title

4/8/08

Date

mhill@ypcnm.com
 e-mail Address

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986



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

S.P. YATES
CHAIRMAN EMERITUS
JOHN A. YATES
CHAIRMAN OF THE BOARD
FRANK YATES, JR.
PRESIDENT
PEYTON YATES
DIRECTOR
JOHN A. YATES, JR.
DIRECTOR

April 16, 2008

New Mexico Energy & Minerals Department
Oil Conservation Division
1220 South St Francis Drive
Santa Fe, NM 87505

Dear Mr. Jones

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit ~~4~~, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill (Mike)
Operations Engineer

Enclosure

RECEIVED
2008 APR 21 PM 3 52

OGRID
25575

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance X Disposal _____ Storage
Application qualifies for administrative approval? _____ Yes _____ No
- II. OPERATOR: Yates Petroleum Corporation
ADDRESS: 105 South Fourth
CONTACT PARTY: Mike Hill PHONE: (575) 748-4219
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? _____ Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: James M. Hill TITLE: Operations Engineer
SIGNATURE: [Signature] DATE: 3/17/08
E-MAIL ADDRESS: mhill@ypcnm.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

**C-108 Application for Authorization to Inject
Yates Petroleum Corporation
Cigarillo SWD No. 1
(Originally – Coquina oil Corp's HNG State No. 1)
Unit G Sec. 36, T23S, R27E
Eddy County, New Mexico**

- I. The purpose of completing this well is to make a disposal well for produced Delaware Sand and Bone Spring Sand water into the Devonian formation.

Yates Petroleum Corporation plans to re-enter and convert this well to a water disposal well into the Devonian formation.

- II. Operator: Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210
James M. Hill (505) 748-4219
- III. Well Data: See Attachment A
- IV. This is not an expansion of an existing project.
- V. See attached map, Attachment B.
- VI. 0 well within the area of review penetrate the proposed injection zone. (See Attachment C)
- VII. 1. Proposed average daily injection volume approximately 2500 BWPD. Maximum daily injection volume approximately 8000 BWPD.
2. This will be a closed system.
3. Proposed average injection pressure –unknown.
Proposed maximum injection pressure –2,600 psi.
4. Sources of injected water would be produced water from the Delaware, Bone Spring, Strawn, Atoka and Morrow formations. (Attachment D)
- VIII. 1. The proposed injection interval is the portion of the Devonian Carbonate consisting of porous Dolomite at an estimated depth of +/- 13,500'.

Application for Authorization to Inject

~~Humidor SWD No. 1~~

-2-

2. Possible Fresh water zones overlie the proposed injection formations at depths to approximately 50'. There are no fresh water zones underlying the formation.
- IX. The proposed disposal interval may be acidized with 20% HCL acid.
- X. Logs were filed at your office when the well was drilled, but we plan on deepening this well +/- 600' and new cased hole logs will be pulled and filed with your office.
- XI. There are no windmills within a one-mile radius of the subject location.
- XII. Yates Petroleum Corporation has examined geologic and engineering data and has found that there is no evidence of faulting in the proposed interval. (Attachment G)
- XIII. Proof of notice.
 - A. Certified letters sent to the surface owner and offset operators attached (Attachment E)
 - B. Copy of legal advertisement attached. (Attachment F)
- XIV. Certification is signed.

**Yates Petroleum Corporation
Cigarillo SWD No. 1
Unit G Sec. 36, T23S, R27E
Eddy County, New Mexico**

Attachment A

III. Well Data

- A.**
1. Lease Name/Location
Cigarillo SWD No. 1
API No. 30-015-21643
Unit G Sec. 36, T243, R27E
Eddy County, New Mexico
 2. Casing Strings:
 - a. Present well condition
13-3/8", 68# K55 ST&C @ 500' w/475 sx (circ)
9-5/8", 36# K55 ST&C @ 2,958' w/ 1,000 sx. (Did not circ.)
w\ a Surface plug, a cement plug at 800'-1,000' and shoe plug
from 2,900' – 3000'
8-1/2", Open hole section down to 12,965' w\ 6 cement plugs from
5,800' down to 12,100'
 - b. Present Status:
Plugged and Abandoned
 3. Proposed well condition:
Deepen 8-1/2" hole approximately 600'. Run and cement 5-1/2" casing in
place, bringing cement back to the surface. Drill out the shoe joint and to
expose the Devon Dolomite. 2.875" 6.5# L-80 plastic-coated injection
tubing would be installed at +/- 13,500' with a nickel plated injection
packer.
 4. Propose to use Guiberson or Baker plastic-coated or nickel-plated packer
set at 13,500'.
- B.**
1. Injection Formation: Devonian Dolomite
 2. Injection Interval will be through ~~perforations~~ *Open Hole* from approximately
13,565'-13,665' gross interval.
 3. Well was originally drilled as a Morrow Sand gas well. Well will be
Deepened to the Devonian Dolomite (13,565'-13,665') when work is
completed.
 4. ~~Perforations:~~ Open hole in carbonate section 13,565'-13,665'.
 5. Next higher (shallower) oil or gas zone within 2 miles-Morrow.
Next lower (deeper) oil or gas zone within 2 miles-None.

WELL NAME: Cigarillo SWD No. 1 **FIELD:**
LOCATION: 1,980' FNL & 1,980' FEL of Section 36-23S-27E Eddy Co., NM
GL: 3,137' **ZERO:** **KB:**
SPUD DATE: 10/8/75 **COMPLETION DATE:**
COMMENTS: API No.: 30-015-21643
 P&A'd 12/6/75 2nd P&A 5/3/77
 State – Surface (Formerly HNG #1)

CASING PROGRAM

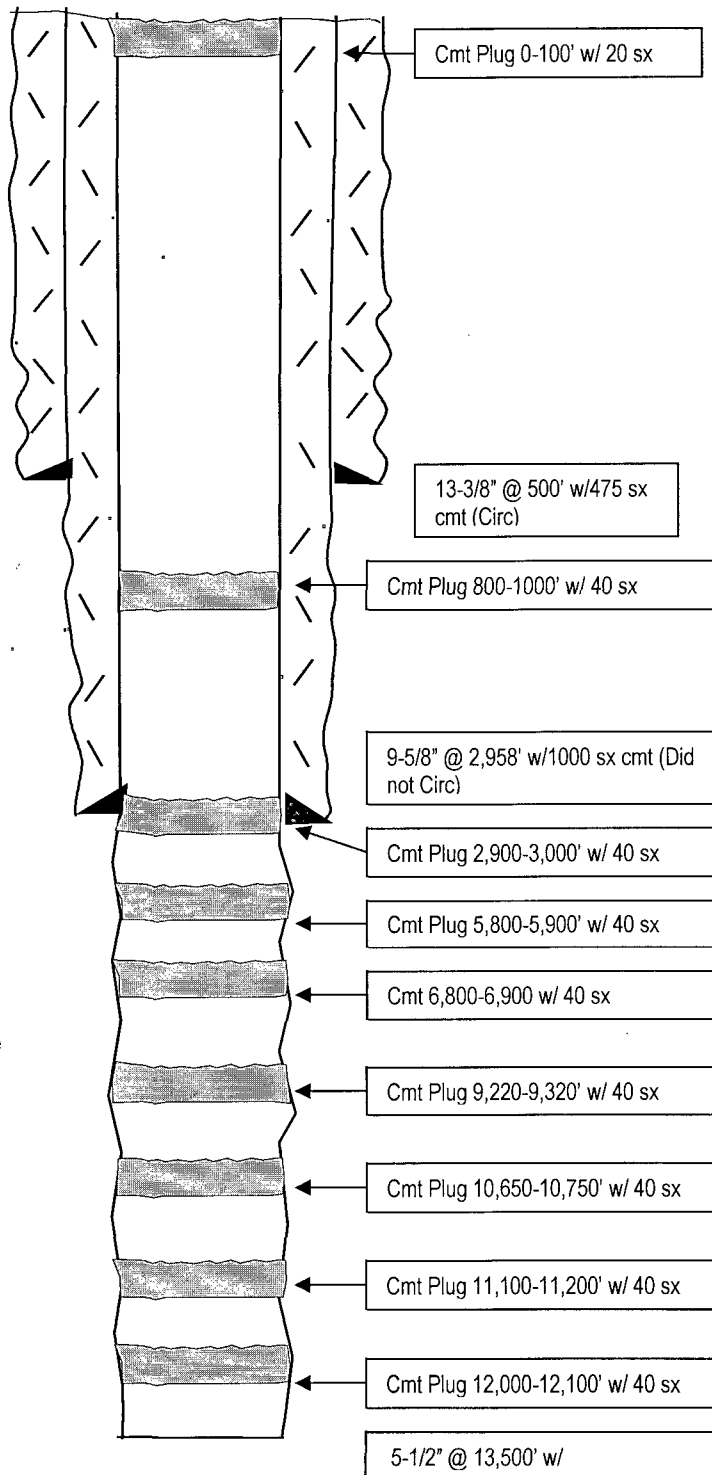
13-3/8" 68# K-55	<u>500'</u>
9-5/8" 36# K-55	<u>2,958'</u>
5-1/2" 20# P110 (?)	<u>13,500'</u>

17-1/2"
Hole

Before

12-1/4" Hole

8-1/2" Hole



TD: 12,965'

TOPS

DW Sand	2,350'
BS	5,915'
1 st BS Sd	6,930'
WC	9,270'
Strawn	10,950'
Atoka	11,235'
Morrow Ls	11,955'
Morrow Clas	12,099'

Not to Scale

1/4/08
DC/Hill

WELL NAME: Cigarillo SWD No. 1 FIELD: _____

LOCATION: 1,980' FNL & 1,980' FEL of Section 36-23S-27E Eddy Co., NM

GL: 3,137' ZERO: _____ KB: _____

SPUD DATE: 10/8/75 COMPLETION DATE: _____

COMMENTS: API No.: 30-015-21643

P&A'd 12/6/75 2nd P&A 5/3/77

State – Surface (Formerly HNG #1)

CASING PROGRAM

13-3/8" 68# K-55	<u>500'</u>
9-5/8" 36# K-55	<u>2,958'</u>
5-1/2" 20# P110 (?)	<u>13,500'</u>

17-1/2"
Hole

12-1/4" Hole

?" Hole

After

13-3/8" @ 500' w/475 sx
cmt (Circ)

9-5/8" @ 2,958' w/1000 sx cmt (Did
not Circ)

5-1/2" @ +/- 13,500' w/
+/- 1,550 sx

TOPS

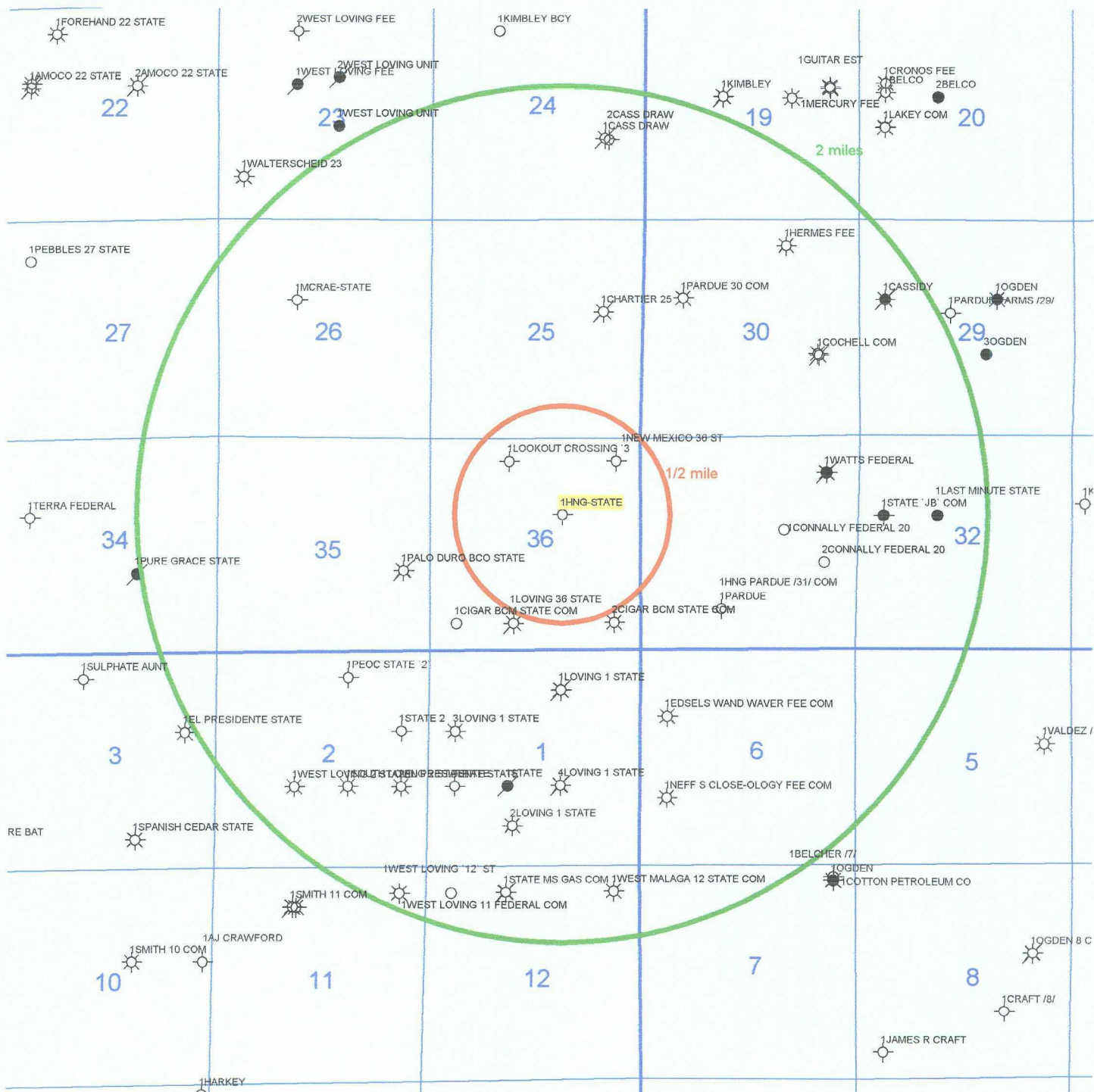
DW Sand 2,350'
BS 5,915'
1st BS Sd 6,930'
WC 9,270'
Strawn 10,950'
Atoka 11,235'
Morrow Ls 11,955'
Morrow Clas 12,099'

TD: 13,656'

Devonian carbonate open hole
interval from 13.565' - 13.665'

02 13500 - 13665

Not to Scale
1/23/08
DC/Hill



YATES PETROLEUM

Cigarillo SW D #1

Author:
Debbie Chavez

36-23S-27E

Date:
11 March, 2008

Mike Hill

Attachment B

Attachment "C" part I

Cigarillo SWD #1
Form C-108

Tabulation of data on wells within area of review

Well Name	Operator	Type	Spud	Total		Producing	Perforations	Completion Information
				Depth	Zone			

None

ATTACHMENT D



MASTER FILE

MILLER CHEMICALS, INC.
 Post Office Box 298
 Artesia, N.M. 88211-0298
 (505) 746-1919 Artesia Office
 (505) 392-2893 Hobbs Office
 (505) 746-1918 Fax
 mci@plateautel.net

WATER ANALYSIS REPORT

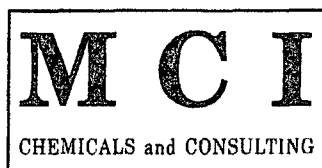
Company	: YATES PETROLEUM	Date	: 3/1/08
Address	: ARTESIA, NM	Date Sampled	: 2/29/08
Lease	: HUMIDOR STATE UNIT	Analysis No.	:
Well	: #2		
Sample Pt.	: WELLHEAD		

ANALYSIS		mg/L		* meq/L
1. pH	6.2			
2. H2S	0			
3. Specific Gravity	1.040			
4. Total Dissolved Solids		206362.0		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	244.0	HCO3	4.0
12. Chloride	Cl	127161.0	Cl	3587.1
13. Sulfate	SO4	1075.0	SO4	22.4
14. Calcium	Ca	29600.0	Ca	1477.0
15. Magnesium	Mg	991.3	Mg	81.6
16. Sodium (calculated)	Na	47240.8	Na	2054.8
17. Iron	Fe	50.0		
18. Barium	Ba	NR		
19. Strontium	Sr	NR		
20. Total Hardness (CaCO3)		78000.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	= mg/L
+-----+			
1477 *Ca <----- *HCO3 4	Ca (HCO3) 2	81.0 4.0	324
----- /-----> -----	CaSO4	68.1 22.4	1524
82 *Mg -----> *SO4 22	CaCl2	55.5 1450.7	80497
----- <-----/ -----	Mg (HCO3) 2	73.2	
2055 *Na -----> *Cl 3587	MgSO4	60.2	
+-----+	MgCl2	47.6 81.6	3882
Saturation Values Dist. Water 20 C	NaHCO3	84.0	
CaCO3 13 mg/L	Na2SO4	71.0	
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4 2054.8	120085
BaSO4 2.4 mg/L			

REMARKS:	Paul R.	George F.
	Jim B.	Ron B.
	Ray S.	Wade B.
	Wade W.	Mark M.
	Pinson M.	Tim M



MILLER CHEMICALS, INC.

Post Office Box 298
Artesia, N.M. 88211-0298
(505) 746-1919 Artesia Office
(505) 392-2893 Hobbs Office
(505) 746-1918 Fax
mci@plateautel.net

WATER ANALYSIS REPORT

Company :
Address :
Lease : MEGELLAN FED.
Well : # 1
Sample Pt. : WATER TANK

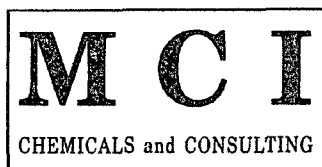
Date : 3/19/08
Date Sampled : 3/18/08
Analysis No. :

ANALYSIS		mg/L		* meq/L
1. pH	6.3			
2. H2S	0			
3. Specific Gravity	1.040			
4. Total Dissolved Solids		66870.8		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	305.0	HCO3	5.0
12. Chloride	Cl	41748.0	Cl	1177.7
13. Sulfate	SO4	250.0	SO4	5.2
14. Calcium	Ca	7200.0	Ca	359.3
15. Magnesium	Mg	1947.9	Mg	160.3
16. Sodium (calculated)	Na	15364.9	Na	668.3
17. Iron	Fe	55.0		
18. Barium	Ba	NR		
19. Strontium	Sr	NR		
20. Total Hardness (CaCO3)		26000.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	=	mg/L
+-----+				
359 *Ca <----- *HCO3 5	Ca (HCO3) 2	81.0	5.0	405
----- /-----> -----	CaSO4	68.1	5.2	354
160 *Mg -----> *SO4 5	CaCl2	55.5	349.1	19370
----- <-----/ -----	Mg (HCO3) 2	73.2		
668 *Na -----> *Cl 1178	MgSO4	60.2		
+-----+	MgCl2	47.6	160.3	7629
Saturation Values Dist. Water 20 C	NaHCO3	84.0		
CaCO3 13 mg/L	Na2SO4	71.0		
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	668.3	39057
BaSO4 2.4 mg/L				

REMARKS:



MILLER CHEMICALS, INC.

Post Office Box 298
Artesia, N.M. 88211-0298
(505) 746-1919 Artesia Office
(505) 392-2893 Hobbs Office
(505) 746-1918 Fax
mci@plateautel.net

WATER ANALYSIS REPORT

Company : YATES PETROLEUM CORP Date : 3/19/08
Address : Date Sampled : 3/18/08
Lease : HUMIDOR ST. Analysis No. :
Well : # 1
Sample Pt. : PROD. UNIT

ANALYSIS	mg/L	* meq/L
1. pH 6.0		
2. H2S 0		
3. Specific Gravity 1.050		
4. Total Dissolved Solids 92250.9		
5. Suspended Solids NR		
6. Dissolved Oxygen NR		
7. Dissolved CO2 NR		
8. Oil In Water NR		
9. Phenolphthalein Alkalinity (CaCO3)		
10. Methyl Orange Alkalinity (CaCO3)		
11. Bicarbonate HCO3 1037.0 HCO3 17.0		
12. Chloride Cl 55380.0 Cl 1562.2		
13. Sulfate SO4 1000.0 SO4 20.8		
14. Calcium Ca 4600.0 Ca 229.5		
15. Magnesium Mg 1484.6 Mg 122.1		
16. Sodium (calculated) Na 28699.3 Na 1248.3		
17. Iron Fe 50.0		
18. Barium Ba NR		
19. Strontium Sr NR		
20. Total Hardness (CaCO3) 17600.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	= mg/L
+-----+			
230 *Ca <----- *HCO3 17	Ca (HCO3) 2	81.0	1378
----- /-----> -----	CaSO4	68.1	1417
122 *Mg -----> *SO4 21	CaCl2	55.5	10638
----- <-----/ -----	Mg (HCO3) 2	73.2	
1248 *Na -----> *Cl 1562	MgSO4	60.2	
+-----+	MgCl2	47.6	5815
Saturation Values Dist. Water 20 C	NaHCO3	84.0	
CaCO3 13 mg/L	Na2SO4	71.0	
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	72953
BaSO4 2.4 mg/L			

REMARKS:

ATTACHMENT E

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required) 5.38

Total Pt

Sent To

Williamson Enterprises
P.O. Box 32570
Santa Fe, NM 87594-2570

Street, Apt or P.O. Box

City, State

1. Article Addressed to:

Williamson Enterprises,
P.O. Box 32570
Santa Fe, NM 87594-2570

2. Article Number
(Transfer from service label)

7007 2680 0000 5030 9340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

0 8 7 3 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature *James M. Hill* ☐ Agent ☐ Addressee

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill

James M. Hill (Mike)
Operations Engineer

Enclosure

<div style="display: flex; justify-content: space-between;"> MARTIN 191 FRANK 193 </div>		CERTIFIED MAIL <small>(Domestic Return Receipt)</small>	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Postage \$		<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 <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>
Certified Fee		1. Article Addressed to:		B. Received by (Printed Name)
Return Receipt Fee (Endorsement Required)		Mr Pete Martinez State of New Mexico Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM 87504-1148		C. Date of Delivery
Restricted Delivery Fee (Endorsement Required)		2. Article Number <small>(Transfer from service label)</small>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Total Postage		7007 2680 0000 5030 9357		3. Service Type <input type="checkbox"/> Certified Mail <input checked="" 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.
Sent To <small>Street, Apt. No. or PO Box No.</small> P.O. Box 1148 <small>City, State, Zip</small> Santa Fe, NM		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

March 14, 2008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

Pete Martinez
 State of New Mexico
 Commissioner of Public Lands
 P. O. Box 1148
 Santa Fe, NM 87504-1148

Re: Pete Martinez

Gentlemen:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill (Mike)
 Operations Engineer

Enclosure

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only - No Int'l)		SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
MARTI 15 FRAN 15 7007 2680 0000 5030 9333		■ 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 Brenda Stewart <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
OFFICIAL Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 5.35 Total Post		1. Article Addressed to: Roy G. Barton, Jr. 1919 N. Turner Street Hobbs, NM 88240-2712		B. Received by (Printed Name) Brenda Stewart C. Date of Delivery 3-28-08	
Sent To Roy G. Barton, 1919 N. Turner Hobbs, NM 88240		2. Article Number (Transfer from service label) 7007 2680 0000 5030 9333		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
				3. Service Type <input 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	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Roy G. Barton, Jr.,
 P.O. Box 978
 Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.


Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


 James M. Hill (Mike)
 Operations Engineer

Enclosure

7007 2680 0000 5030 8688

U.S. POSTAL SERVICE CERTIFIED MAIL (Domestic Mail Only - No Insurance) Special Agent for Delivery		SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$		<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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Certified Fee		1. Article Addressed to:		B. Received by (Printed Name) Mona Koshaba	
Return Receipt Fee (Endorsement Required)		Kingdom R. Hughes Family LP P.O. Box 2424 Midland, TX 79702		C. Date of Delivery 3-26-18	
Restricted Delivery Fee (Endorsement Required)	5.38			D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Total Postage				3. Service Type <input 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.	
Sent To	Kingdom R. Hughes Family LP P.O. Box 2424 Midland, TX 79702	2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Street, Apt. No. or PO Box No.		7007 2680 0000 5030 8688			
City, State, ZIP					

March 14, 20

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Kingdom R. Hughes Family LP
P.O. Box 2424
Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)
Operations Engineer

Enclosure

CERTIFIED MAIL		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Domestic Mail Only. No Insulation		<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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
OFFICIAL		1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5-24-02</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) <i>5.38</i> Total Postage		Charles C. Showalter & Louise B Showalter Trustees of the 1993 Showalter Trust % Richard G. Murray, Esq 25301 Cabot Road, Ste 106 Laquna Hills, CA 92653		3. Service Type <input 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.	
Sent To Charles C. Showalter & Trustees of the 1993 S % Richard G. Murray, 25301 Cabot Road, St Laquna Hills, CA 926		2. Article Number (Transfer from service label) <i>7007 2680 0000 5030 8589</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1541

Charles C. Showalter & Louise B Showalter
 Trustees of the 1993 Showalter Trust
 % Richard G. Murray, Esq
 25301 Cabot Road, Ste 106
 Laquna Hills, CA 92653

Gentlemen:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

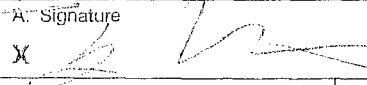
Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

[Signature]

James M. Hill (Mike)
 Operations Engineer

Enclosure

CERTIFIED MAIL		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
7007 2680 0000 5030 8572 MAF FR/		<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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Post		1. Article Addressed to: Wesmax Ltd. 1821 Westlake Dr., Ste 123 Austin, TX 78746		B. Received by (Printed Name) C. Date of Delivery 3-22-8	
Sent To Wesmax Ltd 1821 Westla Austin, TX Street, Apt. or PO Box City, State		2. Article Number (Transfer from service label) March 14		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 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			
		7007 2680 0000 5030 8572			
		PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

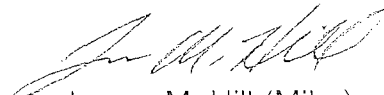
Wesmax Ltd.
 1821 Westlake Dr., Ste 123
 Austin, TX 78746

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


 James M. Hill (Mike)
 Operations Engineer

Enclosure

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No Ins.)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
MARTIN 19	7007 2680 0000 5030 8657	<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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
FRAN 19	7007 2680 0000 5030 8657	1. Article Addressed to: Ila Hanks 711 Seco Drive Hobbs, NM 88240	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
	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Post	2. Article Number (Transfer from service label)	3. Service Type <input 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
	Sent To Ila Hanks 711 Seco Drive Hobbs, NM 88	7007 2680 0000 5030 8657	

Ila Hanks
711 Seco Drive
Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)
Operations Engineer

Enclosure

MART
FRAI
7007 2680 0000 5030 8619

CERTIFIED MAIL
(Domestic Mail Only)

OFFICIAL MAIL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required) 5
Total Postage
Sent To
Street, Apt. No. or P.O. Box No.
City, State, Zip

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 K Foundation
William R. Lissau, President
P.O. Box 470372
Tulsa, OK 74147

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *ALLY MAXTER*
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
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 service label) 7007 2680 0000 5030 8619
March 14,
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

William K Foundation
William R. Lissau, President
P.O. Box 470372
Tulsa, OK 74147

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

[Signature]

James M. Hill (Mike)
Operations Engineer

Enclosure

CERTIFIED MAIL (Domestic Mail Only)		SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total \$		1. Article Addressed to: Trainer Partners Ltd P.O. Box 754 Midland, TX 79702		A. Signature X <i>James M. Hill</i>	
Sent To P.O. Box 754 Midland, TX 79702		2. Article Number (Transfer from service label)		B. Received by (Printed Name) <i>James M. Hill</i>	
City, St.		3. Service Type <input 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.		C. Date of Delivery 3/25/08	
7007 2680 0000 5030 8626		4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

March 14, 2008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Trainer Partners Ltd
 P.O. Box 754
 Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

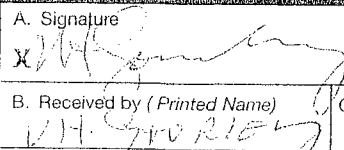
Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill

James M. Hill (Mike)
 Operations Engineer

Enclosure

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
MART 7007 2680 0000 5030 8671 FRA 7007 2680 0000 5030 8671		■ 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 type="checkbox"/> Addressee	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Pmt		1. Article Addressed to: V.H. Gourley II Trust P.O. Box 2215 Ardmore, OK 73402		B. Received by (Printed Name) V.H. Gourley II C. Date of Delivery 1/14/04	
Sent To V.H. Gourley P.O. Box 2 Ardmore, OK		2. Article Number (Transfer from service label) 7007 2680 0000 5030 8671		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
Street, Apt. or P.O. Box City, State		3. Service Type <input 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	

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

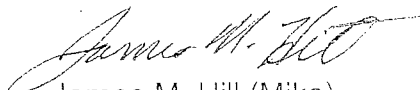
V.H. Gourley II Trust
 P.O. Box 2215
 Ardmore, OK 73402

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


 James M. Hill (Mike)
 Operations Engineer

Enclosure

7007 2680 0000 5030 8718

CERTIFIED MAIL
Domestic Mail Only

OFFICIAL

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) 5

Total Fee PFZ LLC

Send To c/o The Trust

Street, Apt. or P.O. Box Oklahoma

City, State P.O. Box 362

Tulsa, OK 7

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:

PFZ LLC
c/o The Trust Company of
Oklahoma
P.O. Box 3627
Tulsa, OK 74101-3627

2. Article Number

(Transfer from service label)

7007 2680 0000 5030 8718

COMPLETE THIS SECTION ON DELIVERY

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

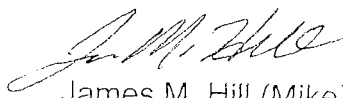
PFZ LLC
c/o The Trust Company of Oklahoma
P.O. Box 3627
Tulsa, OK 74101-3627

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


James M. Hill (Mike)
Operations Engineer

Enclosure

MARTIN Y.
1912-1

FRANK W.
1936-1

7007 2680 0000 5030 8565

CERTIFIED MAIL (Domestic Mail Only)		SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage: \$		<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
Certified Fee		<input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.		B. Received by (Printed Name)	
Return Receipt Fee (Endorsement Required)		<input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		C. Date of Delivery	
Restricted Delivery Fee (Endorsement Required)		1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Total Post		OGX Resources, LLC P.O. Box 2064 Midland, TX 79702		3. Service Type <input 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.	
Sent To		2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Street, Apt. or P.O. Box		(Transfer from service label)			
City, State		7007 2680 0000 5030 8565			
March 14, 2008					

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

OGX Resources, LLC
P.O. Box 2064
Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


James M. Hill (Mike)
Operations Engineer

Enclosure

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>CERTIFIED MAIL (Domestic Mail Only)</p> <p>Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage</p> <p>1. Article Addressed to: Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr & Opal Barton Revocable Trust 1919 N. Turner Hobbs, NM 88240</p> <p>2. Article Number (Transfer from service label)</p>		<p>A. Signature X <u>Brenda Stewart</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Brenda Stewart</u></p> <p>C. Date of Delivery <u>3-18-08</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 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>7007 2680 0000 5030 8596</p> <p>March 14, 2008</p>		<p>7007 2680 0000 5030 8596</p>	

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

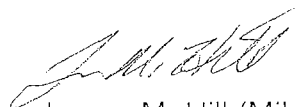
Roy G. Barton, Jr., Trustee of the
Roy G. Barton, Sr & Opal Barton Revocable Trust
c/o Richard G Murray
1919 N. Turner
Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)
Operations Engineer

Enclosure

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No Insur.)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<div style="float: left; width: 150px;"> MAF 1107 2680 0000 5030 8640 FR </div> <div style="float: right; width: 150px; text-align: right;"> OFFICE </div> <div style="clear: both;"></div> <div style="float: left; width: 150px;"> Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Po </div> <div style="float: right; width: 150px;"> 5.3 Norma J. Chanley P.O. Box 728 Hobbs, NM 88240 </div> <div style="clear: both;"></div> <div style="float: left; width: 150px;"> Sent To Street, Ap or PO Box City, State </div> <div style="float: right; width: 150px;"> March 14, 200 </div> <div style="clear: both;"></div>		1. Article Addressed to: 2. Article Number (Transfer from service label)	A. Signature <i>Norma Chanley</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If YES, enter delivery address below: 3. Service Type <input 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

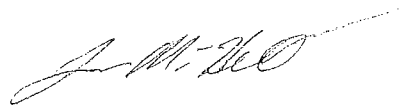
Norma J. Chanley
 P.O. Box 728
 Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

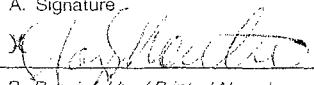
Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)
 Operations Engineer

Enclosure

U.S. POSTAL SERVICE CERTIFIED MAIL (Return to Mailing Office)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
MAF FR 7007 2680 0000 5030 8664		<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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
B. Received by (Printed Name) C. Date of Delivery 3-24		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 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.	
1. Article Addressed to: Jerry M. Lynch 607 NW 14th Andrews, TX 79714		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service label) 7007 2680 0000 5030 8664	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 5.3 Total \$ Sent To Street, Apt. or P.O. Box City, State		Jerry M. Lynch 607 NW 14th Andrews, TX 79		March 14, 21 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	


Jerry M. Lynch
607 NW 14th
Andrews, TX 79714

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


James M. Hill (Mike)
Operations Engineer

Enclosure

MA 7007 2680 0000 5030 8695
FR

CERTIFIED MAIL <i>(Permit to Mail Only - No Insurance)</i>	
OFFICIAL	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	5.38
Total Postage	
Sent To: Donald G & Betty Gourley	
Street, Apt. or P.O. Box: 526 W. Taos	
City, State: Hobbs, NM 88240	

SENDER: COMPLETE THIS SECTION	
<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.	
1. Article Addressed to:	
Donald G & Betty Gourley 526 W. Taos Hobbs, NM 88240	
2. Article Number (Transfer from service label)	
7007 2680 0000 5030 8695	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <input checked="" type="checkbox"/> <i>Donald Gourley</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery 3-18-08
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 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	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

Donald G & Betty Gourley
526 W. Taos
Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill

James M. Hill (Mike)
Operations Engineer

Enclosure

U.S. Postal Service CERTIFIED MAIL (Postage & Mail Only Noted) OFFICIAL		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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X. <i>Dorothy Westlake</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total P.C.		1. Article Addressed to: Richard L. & Dorothy Westlake P.O. Box 647 Salado, TX 76571		3. Service Type <input 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	
Sent To Street, Apt. or P.O. Box City, State		2. Article Number (Transfer from service label) March 14, 2006		7007 2680 0000 5030 8725 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

Richard L. & Dorothy Westlake
 P.O. Box 647
 Salado, TX 76571

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill
 James M. Hill (Mike)
 Operations Engineer

Enclosure

CERTIFIED MAIL™ (Domestic Mail Only - No Insurance) OFFICIAL		SENDER: COMPLETE THIS SECTION <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.		COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>PA Redman</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>PA Redman</i> C. Date of Delivery <i>3-25-08</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Postage \$		1. Article Addressed to:			
Certified Fee		2. Article Number		7007 2680 0000 5030 8701	
Return Receipt Fee (Endorsement Required)		(Transfer from service label)			
Restricted Delivery Fee (Endorsement Required)	5.38	Meadco Properties P.O. Box 2236 Midland, TX 79704		3. Service Type <input 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.	
Total Postage		Sent To		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		P.O. Box 2236 Midland, TX 7970			
		Street, Apt. No. or PO Box No.			
		City, State, Zip			

March 14, 200

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Meadco Properties
P.O. Box 2236
Midland, TX 79704

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill

James M. Hill (Mike)
Operations Engineer

Enclosure

CERTIFIED MAIL (Domestic Mail Only - No Insured)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
MZ F, 7007 2680 0000 5030 8756	OFFICIAL	<div style="border: 1px solid black; padding: 2px;"> Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Leo & Fay Bernard 2008 N. Fowler Str Hobbs, NM 88240 </div>	<div style="border: 1px solid black; padding: 2px;"> <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. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 1. Article Addressed to: Leo & Fay Bernard 2008 N. Fowler Street Hobbs, NM 88240 </div>	<div style="border: 1px solid black; padding: 2px;"> A. Signature X <i>Fay Bernard</i> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> B. Received by (Printed Name) FAY BERNARD </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> C. Date of Delivery 3-18-08 </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div>	<div style="border: 1px solid black; padding: 2px;"> 3. Service Type <input 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. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div>
2. Article Number (Transfer from service label)		7007 2680 0000 5030 8756			

March 14, 2008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Leo & Fay Bernard
 2008 N. Fowler Street
 Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill

James M. Hill (Mike)
 Operations Engineer

Enclosure

7007 2680 0000 5030 8763

U.S. POSTAL SERVICE
CERTIFIED MAIL
 (Domestic Mail Only)
 OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Pk
 Sent to
 Street, Apt. or P.O. Box
 City, State

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:
 Sun-West Oil & Gas, Inc.
 P.O. Box 1684
 Midland, TX 79702

2. Article Number
 (Transfer from service label)
 7007 2680 0000 5030 8763

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name):
 J. M. Hill

C. Date of Delivery
 3/10/08

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

March 14, PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Sun-West Oil & Gas, Inc.
 P.O. Box 1684
 Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,


 James M. Hill (Mike)
 Operations Engineer

Enclosure

<p>CERTIFIED MAIL (Domestic Mail Only - No Insurance) For delivery information, visit our website</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">OFFICIAL</p> <p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required) <u>5.38</u></p> <p>Total P.</p> <p>Sent To P.O. Box 1684 Midland, TX 79702</p> <p>Street, Apt. or PO Box</p> <p>City, State</p>	<p>SENDER: COMPLETE THIS SECTION</p> <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 style="text-align: center;">Conquistador Petroleum LLC P.O. Box 1684 Midland, TX 79702</p> <p>2. Article Number (Transfer from service label) <u>7007 2680 0000 5030 8749</u></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Lee Saunders</u> C. Date of Delivery <u>3/04/08</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 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>
--	--	---

7007 2680 0000 5030 8749

March 14, 2008

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

Conquistador Petroleum LLC
P.O. Box 1684
Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

[Signature]

James M. Hill (Mike)
Operations Engineer

Enclosure

Affidavit of Publication

NO.

20112

STATE OF NEW MEXICO

County of Eddy:

GARY D. SCOTT

being duly

sworn, says: That he is the PUBLISHER of The

Artesia Daily Press, a daily newspaper of general

circulation, published in English at Artesia, said county

and county and state, and that the here to attached

Legal Notice

was published in a regular and entire issue of the said

Artesia Daily Press, a daily newspaper duly qualified

for that purpose within the meaning of Chapter 167 of

the 1937 Session Laws of the state of New Mexico for

1 Consecutive week/days on the same

day as follows:

First Publication March 16, 2008

Second Publication _____

Third Publication _____

Fourth Publication _____

Fifth Publication _____

Subscribed and sworn to before me this

28th Day March 2008Amanda K. Lamb
Notary Public, Eddy County, New MexicoMy Commission expires April 5, 2011**Copy of Publication:**

Yates Petroleum Corporation, 105 South Fourth Street, Artesia, NM 88210, has filed form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for an injection well. The proposed well the Cigarillo SWD No. 1 located 1,980' FNL & 1,980' FEL, Unit G, Section 36, Township 23 South, Range 27 East of Eddy County, New Mexico, will be used for salt-water disposal. Disposal waters from the Delaware, Bone Spring, Strawn, Atoka and Morrow will be re-injected into the Devonian Dolomite at a depth of 13,565'-13,656' with a maximum pressure of 2,600 psi and a maximum rate of 8,000 BWPD.

All interested parties opposing the aforementioned must file objections or requests for a hearing with the Oil Conservation Division, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505-5472, within 15 days. Additional information can be obtained by contacting James M. Hill at (505) 748-4219.

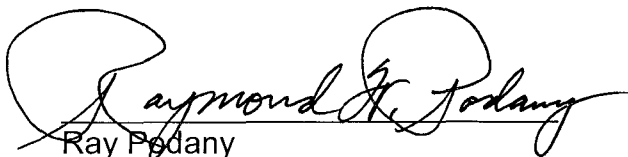
Published in the Artesia Daily Press, Artesia, N.M. March 16, 2008.

Legal 20112

Attachment G

C-108 Application for Authorization to Inject
Yates Petroleum Corporation
Cigarillo SWD #1
API No. 30-015-21643
Unit G Sec. 36, T23S, R27E
Eddy County, New Mexico

Available engineering and geological data have been examined and no evidence of open faults of hydrologic connection between the disposal zone and any underground sources of drinking water has been found.



Ray Godany
Geologist
Yates Petroleum Corporation

3-17-2008
Date

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J.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

OCT 23 1975

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p>SUNDY NOTICES AND REPORTS ON WELLS O. C. C. <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH OR TO USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small> ARTESIA, OFFICE</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>5. State Oil & Gas Lease No. L-4679</p>		
<p>6. Unit Agreement Name Drilling</p>		
<p>7. Farm or Lease Name HNG State</p>		
<p>8. Well No. 1</p>		
<p>9. Field and Pool, or Wildcat Wildcat</p>		
<p>10. Elevation (Show whether DF, RT, GR, etc.) 3137 GR</p>		
<p>11. County Eddy</p>		

<p>Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p>	<p>SUBSEQUENT REPORT OF:</p>
<p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>
<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> Drilling To completion</p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded Oct 8, 1975, @ 1:30 PM. October 9, drld 17 1/2" hole to 501', ran 13 jts of 13 3/8" 68# K-55 STC 8rd casing, landed @ 500.09'. Cemented w/325 sxs Howco Lite Wate & 150 sxs Class C w/1/4# Flocele, 2% CaCl₂ in all cement. Circ 40 sxs to pit. Plug displacement w/70 bbls FW. Plug down @ 9:20 AM, 10-9-75. WOC 18 hrs. Tested to 500 psi - held OK. October 17, drilled 12 1/4" hole to 2956'. Ran 73 jts 9 5/8" 36# K-55 LTC 8rd casing, landed @ 2953.82'. Cemented w/800 sxs Howco Lite Wate, 5# Gilsonite/sx + 200 sxs Class C, 2% CaCl₂ & 1/4# Flocele in all cement. Displaced w/228 BFW. Plug down @ 7:55 PM, Oct 15. WOC 18 hrs. Tested 1500 psi - Held OK. October 19, drlg ahead w/8 1/2" hole @ 4067' - No problems.

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

<p>SIGNED <u>C. Alan Bump</u> C. Alan Bump</p>	<p>TITLE <u>Engineering Assitant</u></p>	<p>DATE <u>10-21-75</u></p>
<p>APPROVED BY <u>W. R. Gressett</u></p>	<p>TITLE <u>SUPERVISOR, DISTRICT II</u></p>	<p>DATE <u>OCT 24 1975</u></p>
<p>CONDITIONS OF APPROVAL, IF ANY:</p>		

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED

DEC 5 1975

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-4679
7. Unit Agreement Name
8. Farm or Lease Name HNG State
9. Well No. 1
10. Field and Pool, or Willcat Wildcat
12. County Eddy

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Coquina Oil Corporation

3. Address of Operator
P. O. Drawer 2960, Midland, TX 79701

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 36, TOWNSHIP 23-S, RANGE 27-E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3137 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Drilling to completion
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spueede October 8, 1975 @ 1:30 PM. 10-9-75, drld to 501'. Ran 13 jts 13 3/8" 68# K-55 STC 8rd casing, landed @ 500.09'. Cemented w/325 sxs Howco Lite Wate & 150 sxs Class C w/1/4# flocele, 2% CaCl₂ in all cement. Circ 40 sx to pit. Plug displacement w/70 bbls FW. PD @ 9:20 AM, 10-9-75. WOC 18 hrs. Tested to 500 psi - held OK. 10-17-75, drld 12 1/4" hole to 2956'. Ran 73 jts 9 5/8" 36# K-55 LTC 8rd casing, landed @ 2958.82'. Cemented w/800 sxs Howco Lite Wate, 5# Gilsonite/sx + 200 sxs Class C 2% CaCl₂ & 1/4# flocele in all cement. Displaced w/228 BFW. Plug down @ 7:55 PM, 10-17-75. WOC 18 hrs. Tested 1500 psi. Held OK. 12-3-75, drld 8 3/4" hole to 12,736'. Prep to run DST's.

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

SIGNED C. Alan Bump TITLE Engineering Assistant DATE Dec. 4, 1975

APPROVED BY W. R. Gressett SUPERVISOR, DISTRICT II DATE DEC 8 1975

CONDITIONS OF APPROVAL, IF ANY:

EDDY
COQUINA OIL CORP.

Wildcat
1 HNG State
Sec 36, T23S, R27E

NM
Page #3

12-16-75 Continued
SP-DST (Morrow) 12,256-306', Pkr Failed
SP-DST (Morrow) 12,167-380', open 1 hr 15
mins, rec 3060' WB + 6768' HGCM, 1 hr ISIP
4436#, FP 2763-3078#, 2 hr FSIP 4908#, HP
6180-6119#, BHT 190 deg
SP-DST (Morrow) 12,167-380', open 4 hrs 15
mins, rec 240' very sli GCM, 1 hr ISIP 4782#,
FP 2921-2952#, 4 hr FSIP 4940#, HP 6150-6150#,
BHT 200 deg
12-22-75 TD 12,965'; Dry & Abandoned
LOG TOPS: Delaware 2350', Bone Spring 5915',
Wolfcamp 9270', Pennsylvanian 10,740', Strawn
10,950', Atoka 11,235', Morrow Lime 11,955',

12-3-4 NM

12-22-75 Continued
Morrow Sand 12,095'
12-27-75 COMPLETION ISSUED

12-4-4 NM
IC 30 015 70053 75

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED

JAN 5 1976

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Dry Hole</u>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <u>Coquina Oil Corporation</u> ✓	5. State Oil & Gas Lease No. <u>L-4679</u>
3. Address of Operator <u>P.O. Drawer 2960, Midland, TX 79701</u>	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>23-S</u> RANGE <u>72-E</u> NMPM.	8. Farm or Lease Name <u>HNG-State</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3137 GR</u>	9. Well No. <u>1</u>
	10. Field and Pool, or Wildcat <u>Wildcat</u>
	12. County <u>Eddy</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

December 16, 1975, Plug Dry Hole as Follows:

Plug No.	Depth	No. of Sacks
1	12000'-12100'	40
2	11,100'-11200'	40
3	10,650'-10,750'	40
4	9220'-9320'	40
5	6800'-6900'	40
6	5800'-5900'	40
7	2900'-3000'	40
8	Surface Plug	10

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

SIGNED C. Ward B. P. TITLE Engineering Assistant DATE January 2, 1976

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

Jones, William V., EMNRD

From: Mike Hill [mhill@YPCNM.COM]
Sent: Thursday, May 08, 2008 2:22 PM
To: Jones, William V., EMNRD
Subject: FW: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643
Attachments: Cigarillo SWD 1 after(HNG).doc

Hi Will

I think this drawing is exactly like the legal notice that was sent to the paper and described in the application.

Thanks again,

Mike

Hi Will;

Sorry about that, the original plan was to perforate the Devonian, but cementing and lost circulations concerns made the open hole option more practical.

The Geologist thinks we will pick up the Devonian top at +/- 13,450' if that is correct our TD will be at 13,500'.

We will set the Casing just above the top of the Dolomite and drill down into the dolomite a short distance +/- 50' and inject into the open hole.

I hope this is what you needed; once again sorry about the omission and the mistake.

If you need anything else please let me know.

Mike

-----Original Message-----

From: Jones, William V., EMNRD [mailto:William.V.Jones@state.nm.us]
Sent: Wednesday, May 07, 2008 2:35 PM
To: Mike Hill
Subject: RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hey Mike:

This diagram does not show any Open Hole interval in the Devonian - is this correct? I thought the application said Yates would re-enter, set pipe, and drillout, and inject?

William V. Jones PE
New Mexico Oil Conservation Division
1220 South St. Francis
Santa Fe, NM 87505
505-476-3448

From: Mike Hill [mailto:mhill@YPCNM.COM]
Sent: Wednesday, May 07, 2008 2:19 PM
To: Jones, William V., EMNRD
Subject: RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

5/12/2008

Hi Will;

I think this is the drawing you need.

I think that the Financial Assurance issues will be cleared up by Friday.
The foster well stuff has been sent to our insurance company and they have sent it overnight it to Santa Fe.
The other well is back on production and we sent our reports today so we should be good to go by Friday.

If you need anything let me know.

Mike

-----Original Message-----

From: Jones, William V., EMNRD [mailto:William.V.Jones@state.nm.us]

Sent: Wednesday, May 07, 2008 8:33 AM

To: Mike Hill

Cc: Ezeanyim, Richard, EMNRD; Warnell, Terry G, EMNRD; Brooks, David K., EMNRD

Subject: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hello Mike:

Just need:

- 1) After conversion Wellbore Diagram.
- 2) Let me know when Yates gets the Financial Assurance fixed with Dorothy Phillips here at OCD.

Thanks,

Will Jones

Yates Petroleum Corporation showed yesterday to have a few inactive wells needing financial assurance money to be posted with Dorothy Phillips of this Santa Fe OCD office 505-476-3461. You can click on the following link and see the wells needing attention as the "Y" in the far right column.

<http://www.emnrd.state.nm.us/OCD/OCDPermitting/Report/Stats/InactiveWellFinancialAssuranceReport.aspx?Operator=25575>

I am prohibited from releasing this injection permit until the additional bonding is posted - this can be done very rapidly, so I have the order prepared and ready for release.

FYI but not applicable to this well:

Applications in the past from Yates have simply stated that (for example) the affected parties are all or in part: "Yates companies" and no official notice was given. From now on, our attorney has advised us to require at least signed waivers from each Yates affected entity to be in our files for applications from one Yates entity where there are other Yates entities involved.

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5/12/2008

Jones, William V., EMNRD

From: Margrethe Hotter [mhotter@YPCNM.COM]

Sent: Monday, May 12, 2008 4:12 PM

To: Jones, William V., EMNRD

Subject: RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hello William Jones,

The one well without bond is a well that went back on production (Apparejo) , and I am told it is a timing issue, they cancelled the bond, but had not sent in the production numbers yet. They made sure and sent that in the same day I notified them when I got your email, so it ought to clear very soon. The bond for the Foster well was fed-ex'ed overnight and should have been there Thursday last week. I was told this morning that Dorothy Phillips is out of the office and will not be back until tomorrow (or Wednesday?). I don't know where our bond will be in her inbox, from personal experience those boxes seems to pile up more than normal when taking a day off, but hopefully it will not be too deep down.

Thank you for checking!

Margrethe Hotter

Area Engineer

Yates Petroleum Corporation

105 S. 4th St

Artesia, NM 88210

Tel.575-748-4165

Cell.575-706-0749

Fax. 575-748-4585

-----Original Message-----

From: Jones, William V., EMNRD [mailto:William.V.Jones@state.nm.us]

Sent: Monday, May 12, 2008 1:58 PM

To: Mike Hill; Margrethe Hotter; Phillips, Dorothy, EMNRD

Cc: Ezeanyim, Richard, EMNRD; Macquesten, Gail, EMNRD

Subject: RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hello Mike and Margrethe:

Thought I could release your two SWDs today - but the financial assurance still shows at least two wells without bonds.

I will check again on Friday, or release when Dorothy Phillips assures me this is corrected.

Thanks,

William V. Jones PE

New Mexico Oil Conservation Division

1220 South St. Francis

Santa Fe, NM 87505

505-476-3448

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5/12/2008

SWD Order Number _____ Dates: Division Approved _____ District Approved _____
 Well Name/Num: CIGARILLO SWD #1 Date Spudded: W-2 COQUINA OIL CORPS
8/8/75 HUG State No. 1
 API Num: (30-) 015-21643 County: EDDY
 Footages 1980 FNL/1980 FEL Sec 36 Tsp 23S Rge 27E
 Operator Name: Y.P.C. Contact MIKE HILL
 Operator Address: 105 S. 4th St. ART. NM. 88210
 Current Status of Well: PEAED Planned Work: RE-ENTER & RE-ENTER Inj. Tubing Size: 27/8" @ 1350'

	Hole/Pipe Sizes	Depths	Cement	Top/Method
Surface	13 3/8	500	475	CIRC
Intermediate	9 5/8	2958	1000	(PEAED 21977)
Production	8 1/2"	(12965 TD)		1975
Last DV Tool				
Open Hole/Liner				
Plug Back Depth				

Diagrams Included (Y/N): Before Conversion ☒ After Conversion ☒

Checks (Y/N): Well File Reviewed ☒ ELogs in Imaging ☒

Intervals:	Depths	Formation	Producing (Yes/No)
Salt/Potash	OK		
Capitan Reef	OK		
Cliff House, Etc.			
Formation Above			
Top Inj Interval	13,500	Dev	NO
Bottom Inj Interval	13,665	Dev	NO
Formation Below			

will run 5 1/2"
 ~ 6 miles
 (West of LOVING, NM)

2713 PSI Max. WHIP
 1/2" Open Hole (Y/N)
 NO Deviated Hole (Y/N)

Fresh Water: Depths: 0-50 Wells (Y/N) NO Analysis Included (Y/N): NO Affirmative Statement ☒

Salt Water Analysis: Injection Zone (Y/N/NA) NO Disp Waters (Y/N/NA) NO Types: DOZ/BS/STRM/ATRA/mon

Notice: Newspaper (Y/N) NO Surface Owner SLD Mineral Owner(s) TRAINER/GOV/PAZ/OG/KAY

Other Affected Parties: WILLIAMSON ENT./ROY G. BARTON/HUGHES/SANDER/WILSON/ANNE/WILK

AOR/Repairs: NumActiveWells 0 Repairs? NO Producing in Injection Interval in AOR NO

AOR Num of P&A Wells 0 Repairs? NO Diagrams Included? NO RBDMS Updated (Y/N) NO

Well Table Adequate (Y/N) Y AOR STRs: Sec _____ Tsp _____ Rge _____ UIC Form Completed (Y/N) ☒

New AOR Table Filename _____ Sec _____ Tsp _____ Rge _____ This Form completed 5/6/08

Conditions of Approval: Sec _____ Tsp _____ Rge _____ Data Request Sent 5/6/08

File Name 0165

Notice NOTICE

AFTER CONV. WBD

AOR Required Work: Commercial?

Required Work to this Well: _____