

ABOVE THIS LINE FOR DIVISION USE ONLY

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



PLC-319

ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

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

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

Check One Only for [B] or [C]

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

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

- [D] Other: Specify _____

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

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

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

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

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

MAYTE REYES Mayte Reyes Production Clerk 10-13-08
 Print or Type Name Signature Title Date
 mayte@ypc.nm.com
 e-mail Address

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 4TH STREET 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
<u>FOUR LAKES/AUSTIN SOUTH</u> ⁹⁷¹⁶⁴ ₈₃₄₅₀	<u>54.6 / 1.163</u>	<u>56.0 / 1.1820</u>		
<u>RANGER LAKE DEVONIAN WEST</u>	<u>57.4 / 1.200</u>	<u>56.0 / 1.1820</u>		

(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: Marta Reese TITLE: PRODUCTION CLERK DATE: 10-13-08

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 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

Form C-103
 Revised March 25, 1999

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

WELL API NO. 30-025-36816
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-5874
7. Lease Name or Unit Agreement Name: Orbison State Unit
8. Well No. 1
9. Pool name or Wildcat Four Lakes: Austin, South

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. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 Yates Petroleum Corporation

3. Address of Operator
 105 South Fourth Street, Artesia, NM 88210

4. Well Location
 Unit Letter H : 1750' feet from the North line and 915' feet from the East line
 Section 14 Township 12S Range 34E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Surface Pool/Lease Commingle <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum Corporation respectfully requests approval for Surface Pool/Lease Commingle the following wells:

STATE Orbison State Unit #1 Section 14-T12S-R34E Formation: Four Lakes: Austin, South API# 30-025-36816 Lea County, New Mexico State Lease: VO-5874	(Frak)	STATE Orbison State Unit #2 (not yet completed) Section 14-T12S-R34E Formation: Ranger Lake Devonian West API# 30-025-38888 Lea County, New Mexico State Lease: V-5875
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The battery is located at the Orbison State Unit #1. Please see attached plat, and site facility diagram.

Working interest owners are diversified and have been notified. Waivers attached.

Each of these wells shall be equipped with continuous metering separators for oil production prior to oil being commingled for sales. Total sales volumes will be allocated back to individual wells based on these meter readings. Each of these wells shall be equipped with allocation meters on gas prior to commingling for sales. The gas sales point for this commingled production shall be located at the Orbison State Unit #1.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production. Estimated daily gas production for the Orbison State Unit #1 is 100 mcf and 4 barrels of oil per day, and for the Orbison State Unit #2 is 200 mcf per day and 50 barrels of oil per day.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The purpose of the Surface/Pool Commingling, is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to built separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

The proposed commingling is necessary for economic operation of the above referenced leases.

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

SIGNATURE Mayte Reyes TITLE Production Secretary DATE October 13, 2008

Type or print name Mayte Reyes Telephone No. (505) 748-4213

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Avenue, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Ed., Aztec, NM 87410

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87605

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised October 12, 2005

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code 83480	Pool Name Ranger Lake; Devonian, West (Gas)
Property Code	Property Name ORBISON STATE UNIT	Well Number 2
OCRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 4155'

Surface Location

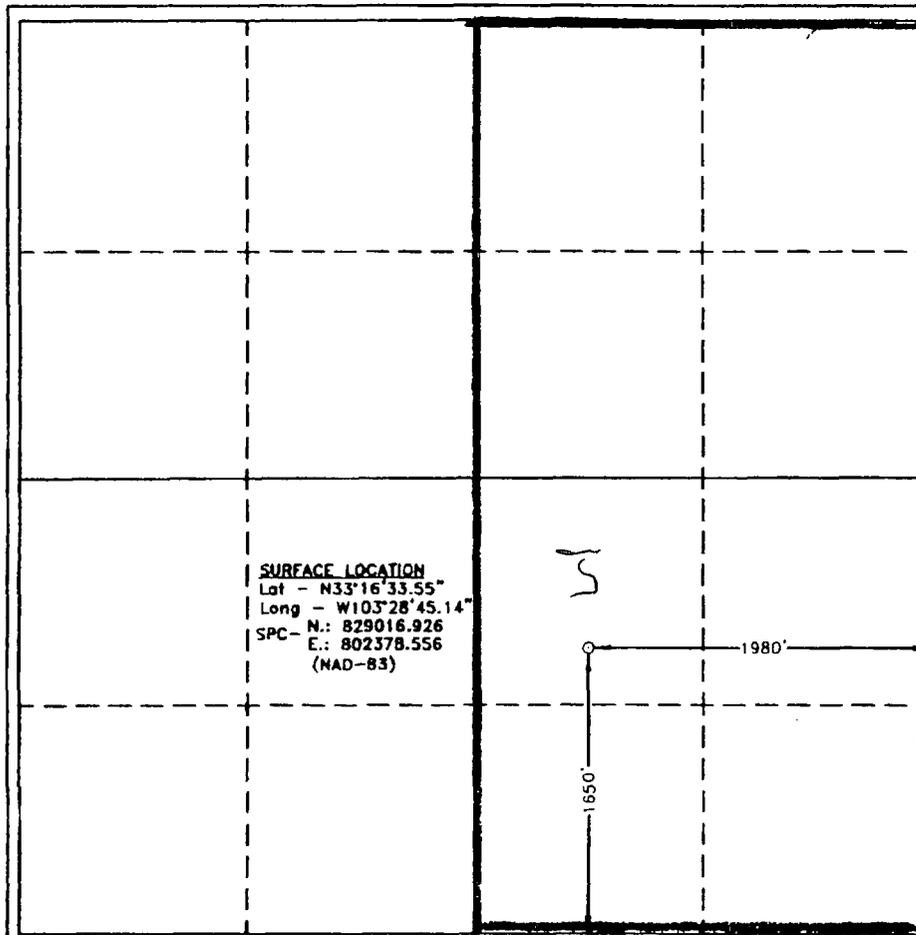
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	14	12 S	34 E		1650	SOUTH	1980	EAST	LEA

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 E/2	Joint or Infill	Consolidation Code	Order No.
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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



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location 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.

Clifton R. May 5/8/08
Signature Date

CLIFTON R. MAY
Printed Name

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.

APRIL 22 2008
Date Surveyed

GARY L. JONES
Signature
Professional Surveyor

W. P. [Seal]

Certificate No. Gary L. Jones 7977

BASIN SURVEYS



105 South 4th Street * Artesia, NM 88210
(505)-748-1471

-NOEL GOMEZ
OCTOBER 2007

Orbison St. Unit # 1

1,750' N & 915'FWL * Sec14 - T12S-R34E
LEA, NM
API -30-025-36816



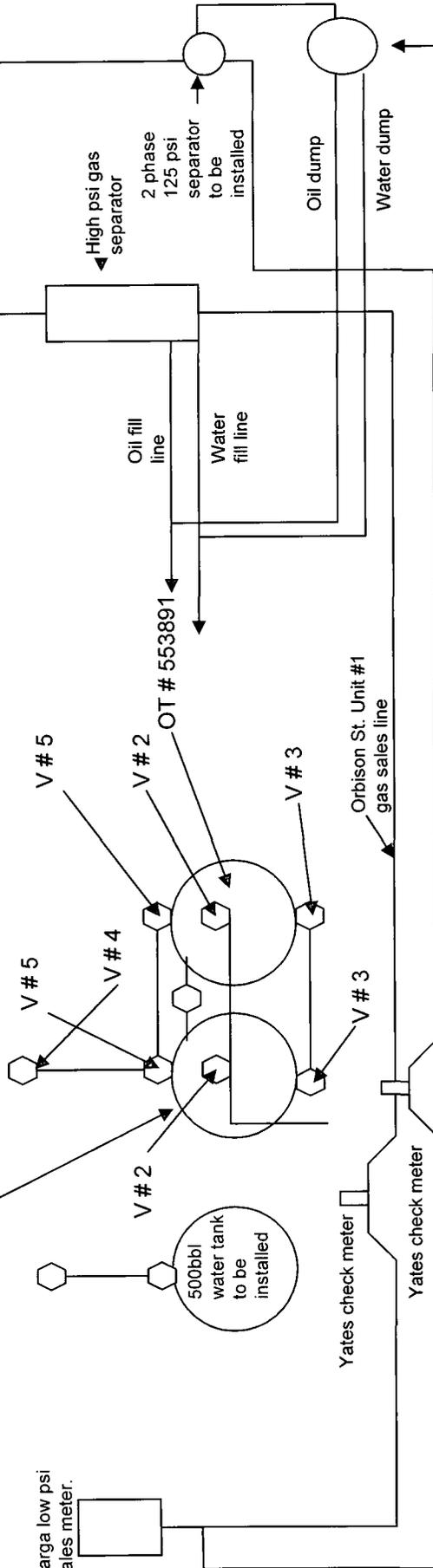
Flow line from
Orbison St.
Unit # 2

⊗ Orbison St.
Unit # 1

500 bbl Tank to
be installed.

Targa low psi
sales meter.

500bbl
water tank
to be
installed



6' x 20'
Heater treater to
Be installed

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

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986



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

October 13, 2008

Re: Surface Pool /Lease Commingle
Ranger Lake Devonian West/ Four Lakes: Austin, South
Lea County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation respectfully requests approval for Surface Pool/Lease Commingle the following wells:

STATE
Orbison State Unit #1
Section 14-T12S-R34E
Formation: Four Lakes: Austin, South
Lea County, New Mexico
State Lease: VO-5874

STATE
Orbison State Unit #2 (not yet completed)
Section 14-T12S-R34E
Formation: Ranger Lake Devonian West
Lea County, New Mexico
State Lease: V-5875

The battery is located at the Orbison State Unit #1. Please see attached plat, and site facility diagram.

Each of these wells shall be equipped with continuous metering separators for oil production prior to oil being commingled for sales. Total sales volumes will be allocated back to individual wells based on these meter readings. Each of these wells shall be equipped with allocation meters on gas prior to commingling for sales. The gas sales point for this commingled production shall be located at the Orbison State Unit #1.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production. Estimated daily gas production for the Orbison State Unit #1 is 100 mcf and 4 barrels of oil per day, and for the Orbison State Unit #2 is 200 mcf per day and 50 barrels of oil per day.

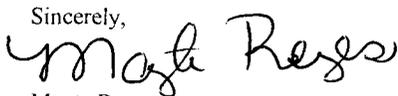
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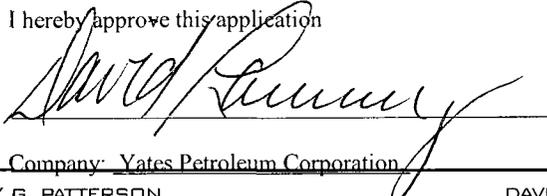
The proposed commingling is necessary for economic operation of the above referenced leases.

Any objection must be filed in writing with District Office within 20 days from the date the division received the application.

If you should have any questions, please give me a call at (575) 748-4213 (direct line).

Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application



Company: Yates Petroleum Corporation

RANDY G. PATTERSON
SECRETARY

DAVID LANNING
CHIEF OPERATING OFFICER

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

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October 13, 2008

Re: Surface Pool /Lease Commingle
Ranger Lake Devonian West/ Four Lakes: Austin, South
Lea County, New Mexico

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Formation: Four Lakes: Austin, South
Lea County, New Mexico
State Lease: VO-5874

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Orbison State Unit #2 (not yet completed)
Section 14-T12S-R34E
Formation: Ranger Lake Devonian West
Lea County, New Mexico
State Lease: V-5875

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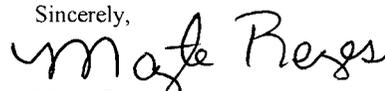
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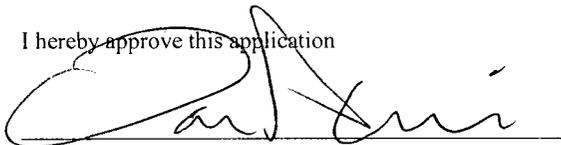
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If you should have any questions, please give me a call at (575) 748-4213 (direct line).

Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application



Company: ABO Petroleum Corporation

RANDY G. PATTERSON
SECRETARY

DAVID LANNING
CHIEF OPERATING OFFICER

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

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October 13, 2008

Re: Surface Pool /Lease Commingle
Ranger Lake Devonian West/ Four Lakes: Austin, South
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STATE
Orbison State Unit #2 (not yet completed)
Section 14-T12S-R34E
Formation: Ranger Lake Devonian West
Lea County, New Mexico
State Lease: V-5875

The battery is located at the Orbison State Unit #1. Please see attached plat, and site facility diagram.

Each of these wells shall be equipped with continuous metering separators for oil production prior to oil being commingled for sales. Total sales volumes will be allocated back to individual wells based on these meter readings. Each of these wells shall be equipped with allocation meters on gas prior to commingling for sales. The gas sales point for this commingled production shall be located at the Orbison State Unit #1.

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application



Company: MYCO Industries Inc.

RANDY G. PATTERSON
SECRETARY

DAVID LANNING
CHIEF OPERATING OFFICER

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986



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October 13, 2008

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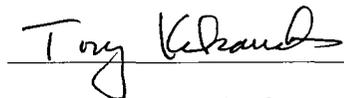
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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application



Company: Yates Drilling Company

RANDY G. PATTERSON
SECRETARY

DAVID LANNING
CHIEF OPERATING OFFICER

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

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Sincerely,


Mayte Reyes
Production Clerk



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9318
7007 0710 0000 3415 9318

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	
OFFICIAL USE	
Postage \$	MAYE-PND 10-13-08 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Kenneth Barbe, Jr. P.O. Box #2107 Roswell, NM 88202-2107	
PS Form 3800, August 2006 See Reverse for Instructions	

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

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

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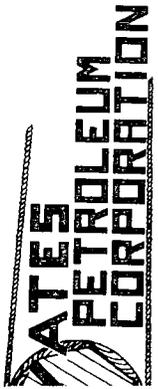
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

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10-13-08
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See
of
Ci
Hanagan Petroleum Corporation
P.O. Box #1737
Roswell, NM 88202-1737

PS Form 3800, August 2006 See Reverse for Instructions

H P R



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

DRESS SERVICE REQUESTED

PLACE TICKET AT TOP OF ENVELOPE TO THE RIGHT
OF THE ADDRESS. FOLD AT DOTTED LINE
TO REVEAL ADDRESS. FOLD AT DOTTED LINE
TO REVEAL DELIVERY SERVICE.

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:

Hamagan Petroleum Corporation
P.O. Box #1737
Roswell, NM 88202-1737

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7007 0710 0000 3415 9325
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MAIL PERMIT NO. 10000
OF THE RETURN ADDRESS FOLD TO 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:

Kenneth Barbe, Jr.
P.O. Box #2107
Roswell, NM 88202-2107

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

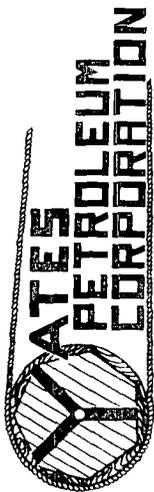
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7007 0710 0000 3415 9318
(Transfer from serv)

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

7007 0710 0000 0000 3415 9271
7007 0710 0000 0000 3415 9271

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	
OFFICIAL USE	
Postage \$	MAYTE-PROD 10-13-08 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total: Wise Oil & Gas No. 7, LTD	
Sent to	6851 NE Loop 820
Street, or PO	Suite 110
City, S	N Richland Hill, Texas 76180
PS Form 3800, August 2006 See Reverse for Instructions	

POSTNET

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:

Wise Oil & Gas No. 7, LTD
6851 NE Loop 820
Suite 110
N Richland Hill, Texas 76180

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X
- B. Received by (Printed Name) Agent
 Addressee
- 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 7007 0710 0000 3415 9271
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identification number
- A record of delivery

Important Restrictions

- Certified Mail cannot be used for return receipts.
- Certified Mail cannot be used for valuables, postage, or for an additional delivery. To obtain a Return Receipt (PS Form 3811), a fee is required. Endorsement is required.
- For an additional delivery, the addressee's signature and endorsement are required.
- If a postmark is present at the time of receipt, a receipt is not required.

IMPORTANT:

PS Form 3800, April 2003

**TES
PETROLEUM
CORPORATION**

3 -- 105 SOUTH FOURTH ST.
EW MEXICO 88210-2118

SERVICE REQUESTED

7007 0710 0000 3415 9264
7007 0710 0000 3415 9264

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

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

0015011142 **USPS**

Postage	\$	
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Restricted Delivery Fee (Endorsement Required)		
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MAYTE-POO
10-12-08
Postmark
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Sent To: **Miller Raye**
Street, Apt. or PO Box: **2308 Sierra Vista Road**
City, State: **Artesia, NM 88210**

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLDED 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:

Miller Raye
2308 Sierra Vista Road
Artesia, NM 88210

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
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7007 0710 0000 3415 9264
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Registered Mail
mailing receipt
unique identification
record of delivery
Important Reminder
Certified Mail
Certified Mail
INSURANCE
limitations, please
for an additional
copy. To obtain
receipt (PS Form
3811), Endorsement
duplicate return
required.
for an additional
addressee's address
endorsement
a postmark
at the post office
receipt is not required.

IMPORTANT: See
Form 3800, August

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

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. Hanagan
P.O. Box #1737
Roswell, NM 88202-1737

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?

If YES, enter delivery address below:

Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

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

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

OFFICIAL USE
Onsison #1 & 2 comm.

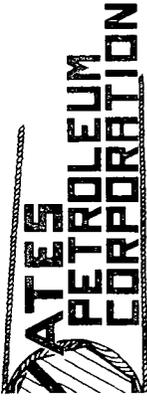
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

MAYTE-PWD
10-13-08
Postmark
Here

To
Hugh, E. Hanagan
P.O. Box #1737
Roswell, NM 88202-1737

PS Form 3800, August 2006 See Reverse for Instructions

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

ADDRESS SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

4526 5THE 0000 0120 2004

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael G. Hanagan
P.O. Box #1737
Roswell, NM 88202-1737

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

4. Restricted Delivery? (Extra Fee)

Yes

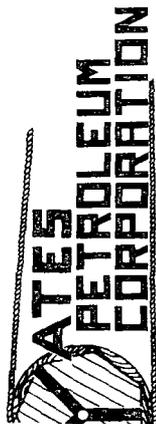
2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9257
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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

ONE STOP #10 & 2 COMB

Postage	\$	MAYE-PL00 10-13-08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pos		
Sent To Michael G. Hanagan		
P.O. Box #1737		
Roswell, NM 88202-1737		

PS Form 3800, August 2006 See Reverse for Instructions

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7007 0710 0000 3415 9301

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 ®	
Chase #180 USA	
Postage \$	MAYTE-PRO 10-18-08 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total \$	
Sent To	Marbob Energy Corporation
Street, / or PO B	P.O. Box #227
City, Sta	Artesia, NM 88211 -0227
PS Form 3800, August 2006 See Reverse for Instructions	

**RES
ETROLEUM
CORPORATION**

3 - 105 SOUTH FOURTH ST.
NEW MEXICO 88210-2118

SERVICE REQUESTED

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

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:

Marbob Energy Corporation
P.O. Box #227
Artesia, NM 88211-0227

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
<input checked="" type="checkbox"/>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7007 0720 0000 3425 9301
(Transfer from service label)

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

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