

NEW MEXICO OIL CONSERVATION DIVISION  
- Engineering Bureau -  
1120 South St. Francis Drive, Santa Fe, NM 87505



Yates Pet.

5 wells

Eddy Co.

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 SLC  
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      Mate Reyes      Production CLERK      1-18-2010  
Print or Type Name      Signature      Title      Date  
mayte@yatespetroleum.com  
e-mail Address

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.  
30-015-26980  
5. Indicate Type of Lease  
STATE ☒ FEE ☐  
6. State Oil & Gas Lease No.  
K-6385

7. Lease Name or Unit Agreement Name:  
Dee 36SE State

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 ☐

\*\*\*AMENDED\*\*\*

2. Name of Operator  
Yates Petroleum Corporation

8. Well No.  
6

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

9. Pool name or Wildcat  
Canyon/Wolfcamp; Glorieta Yeso. North

4. Well Location

Unit Letter J 1: 1830' feet from the South line and 890' feet from the East line

Section 36 Township 19S Range 24E NMPM Eddy 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

OTHER: Surface/Pool Lease Commingle Oil only ☒ (Amendment to previously submitted sundry dated March 9, 2004; Commingling Order PLC-253)

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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 to amend the approved Surface/Pool Lease Commingle oil only sundry filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004. Amendment is due to recompletion on the Dee 36SE State #6, and possible recompletion on the Dee 36SW State #2

See attachment.

The battery is located at the Dee 36SW State #2. Please see attached plat, and site facility diagram.

Note: No plats attached at this time for the Dee 36SW State #2. (Will furnish if/when plans begin to recomplete)

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

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 Marte Reyes TITLE Production Secretary DATE January 18, 2010

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

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

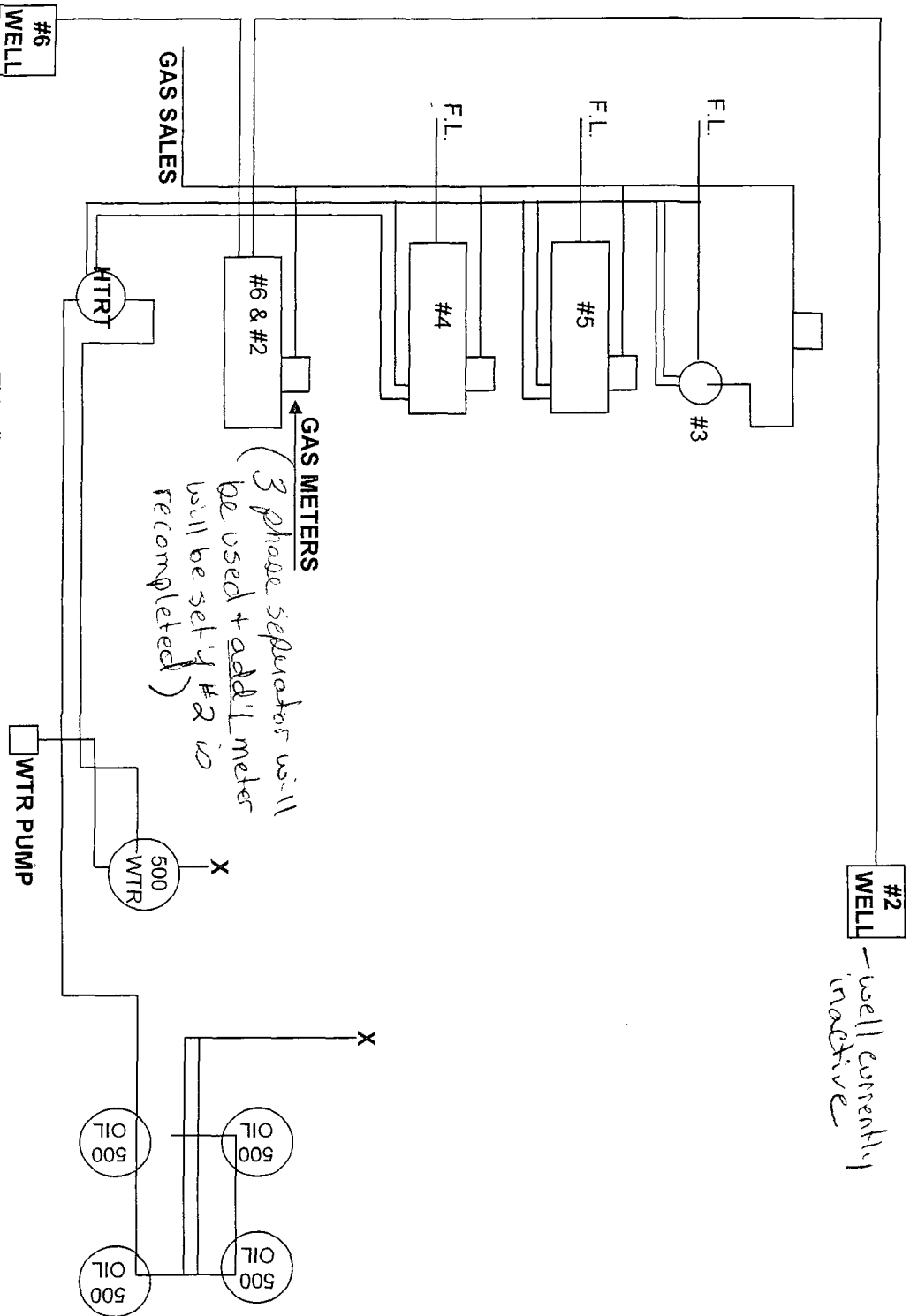
Conditions of approval, if any:



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

~~Joe Chavez~~ LEE R07  
January, 2010

**Dee 36SW State #32**  
Lease # LG-1525  
36-19S-24E  
Eddy County, New Mexico



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

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STATE  
Dee 36SE State #6 ✓  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #5, ✓  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn

Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36SE State #3 ✓  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #2, ✓  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

STATE  
Dee 36 SW State #4 ✓  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

District I  
1425 N. French Drive, Hobbs, NM 88240  
District II  
1501 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Artesia, 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 EQUATH STREET ARTESIA, NM 88210  
APPLICATION TYPE:

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

LEASE TYPE: ☐ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☒ Yes ☐ No If "Yes", please include the appropriate Order No. PLC-253

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
CANYON, WOLF CAMP 8450				
DANGER DRAW, UPPER PENN 15472				
SEVEN RIVER, GILBERTA YES NORTH				

- (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: Maite Rego

TITLE: PRODUCTION CLERK

DATE: 1-18-10

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1008 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised October 15, 2009  
Submit one copy to appropriate  
District Office  
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-16980	<sup>2</sup> Pool Code	<sup>3</sup> Pool Name Seven-Rivers-Glorieta-Yeso-North
<sup>4</sup> Property Code 20904	<sup>5</sup> Property Name Dee 36 SE State	
<sup>6</sup> OGRID No. 025575	<sup>7</sup> Operator Name Yates Petroleum Corporation	<sup>8</sup> Well Number 6  <sup>9</sup> Elevation 3589'GL

<sup>10</sup> 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	36	19S	24E		1830	South	890	East	Eddy

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature Date December 29, 2009 Printed Name	
	<sup>18</sup> 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. Date of Survey Signature and Seal of Professional Surveyor	
	Certificate Number	

District I  
1825 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, 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 & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised October 15, 2009  
Submit one copy to appropriate  
District Office  
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-26980		<sup>2</sup> Pool Code 08450		<sup>3</sup> Pool Name Canyon-Wolfcamp	
<sup>4</sup> Property Code 20904		<sup>5</sup> Property Name Dee 36 SE State			<sup>6</sup> Well Number 6
<sup>7</sup> OGRID No. 025575		<sup>8</sup> Operator Name Yates Petroleum Corporation			<sup>9</sup> Elevation 3589'GL

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot 1st	Feet from the	North/South line	Feet from the	East/West line	County
1	36	19S	24E		1830	South	890	East	Eddy

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot 1st	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

<sup>16</sup> 	<sup>17</sup> 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 or has a right to drill this well in this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <u>[Signature]</u> Date: December 29, 2009 Printed Name: _____	
	<sup>18</sup> 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. Date of Survey: _____ Signature and Seal of Professional Surveyor: _____ Certificate Number: _____	

MARTIN YATES, III

1912-1983

FRANK W. YATES

1936-1986

S.P. YATES

1914-2006



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

JOHN A. YATES  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

January 18, 2010

To Whom It May Concern:

Re: Surface Pool/Lease Commingle Oil Only.  
Amendment to previously submitted sundry dated  
March 9 2004.

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division, and State Land Office to amend the approved Surface Pool/Lease Commingle oil only filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004. Amendment is due to recompletion on the Dee 36SE State #6, and possible recompletion on the Dee 36SW State #2

STATE Dee 36SE State #6 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # K-6385 API # 30-015-26980	STATE Dee 36SE State #3 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Eddy County, New Mexico State Lease # K-6385 API # 30-015-26623	STATE Dee 36 SW State #4 Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Eddy County, New Mexico State Lease # LG-1525 API # 30-015-27221
STATE Dee 36SE State #5, Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn  Eddy County, New Mexico State Lease # K-6385 API # 30-015-26671	STATE Dee 36 SW State #2, Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # LG-1525 API # 30-015-26185	

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

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

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

The purpose of the Surface Pool/Lease 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 build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER



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STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

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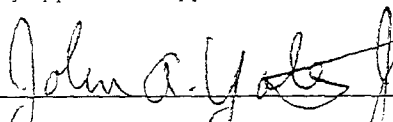
Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

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

Sincerely,

Mayte Reyes  
Production Clerk

I hereby approve this application

  
\_\_\_\_\_  
Company: Yates Petroleum Corporation.

MARTIN YATES, III

1913-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2005



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
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STATE Dee 36SE State #6 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # K-6385 API # 30-015-26980	STATE Dee 36SE State #3 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Eddy County, New Mexico State Lease # K-6385 API # 30-015-26623	STATE Dee 36 SW State #4 Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Eddy County, New Mexico State Lease # LG-1525 API # 30-015-27221
STATE Dee 36SE State #5, Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn  Eddy County, New Mexico State Lease # K-6385 API # 30-015-26671	STATE Dee 36 SW State #2, Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # LG-1525 API # 30-015-26185	

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CHIEF FINANCIAL OFFICER

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

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

Sincerely,

Mayte Reyes  
Production Clerk

I hereby approve this application

Hannah Palomin

Company: MYCO Industries, Inc.

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



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

JOHN A. YATES  
CHAIRMAN OF THE BOARD

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PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

January 18, 2010

To Whom It May Concern:

Re: Surface Pool/Lease Commingle Oil Only.  
Amendment to previously submitted sundry dated  
March 9 2004.

Dear Interest Owner:

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STATE Dee 36SE State #6 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # K-6385 API # 30-015-26980	STATE Dee 36SE State #3 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Eddy County, New Mexico State Lease # K-6385 API # 30-015-26623	STATE Dee 36 SW State #4 Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Eddy County, New Mexico State Lease # LG-1525 API # 30-015-27221
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DENNIS G. KINSEY  
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Sincerely,

Mayte Reyes  
Production Clerk

I hereby approve this application

Company: ABO Petroleum Corporation.

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STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
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Mayte Reyes  
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Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
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MARTIN YATES, III

1912-1983

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Dee 36SE State #6  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn

Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
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Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
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Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
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ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

JOHN A. YATES  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

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

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

Sincerely,

Mayte Reyes  
Production Clerk

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



105 SOUTH FOURTH STREET  
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VICE PRESIDENT

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CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

January 18, 2010

To Whom It May Concern:

Re: Surface Pool/Lease Commingle Oil Only.  
Amendment to previously submitted sundry dated  
March 9 2004.

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division, and State Land Office to amend the approved Surface Pool/Lease Commingle oil only filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004. Amendment is due to recompletion on the Dee 36SE State #6, and possible recompletion on the Dee 36SW State #2

STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation: Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation: Canyon, Wolfcamp  
Formation: Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

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

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

The purpose of the Surface Pool/Lease 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.

MARTIN YATES. III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2009



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Sincerely,

Mayte Reyes  
Production Clerk

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ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

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January 18, 2010

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Re: Surface Pool/Lease Commingle Oil Only.  
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March 9 2004.

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STATE  
Dee 36SE State #6

Section 36-T19S-R24E

Formation: Canyon, Wolfcamp

Formation: Seven Rivers, Glorieta Yeso North

Eddy County, New Mexico

State Lease # K-6385

API # 30-015-26980

STATE

Dee 36SE State #3

Section 36-T19S-R24E

Formation: Canyon, Wolfcamp

Eddy County, New Mexico

State Lease # K-6385

API # 30-015-26623

STATE

Dee 36 SW State #4

Section 36-T19S-R24E

Formation: Dagger Draw, Upper Penn

Eddy County, New Mexico

State Lease # LG-1525

API # 30-015-27221

STATE

Dee 36SE State #5,

Section 36-T19S-R24E

Formation: Dagger Draw, Upper Penn

Eddy County, New Mexico

State Lease # K-6385

API # 30-015-26671

STATE

Dee 36 SW State #2,

Section 36-T19S-R24E

Formation: Dagger Draw, Upper Penn

Formation: Canyon, Wolfcamp

Formation: Seven Rivers, Glorieta Yeso North

Eddy County, New Mexico

State Lease # LG-1525

API # 30-015-26185

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

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

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KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER



**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 G. Cone  
P.O. Box # 11310  
Midland, TX 79702-11310

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Nu 7009 2250 0004 1781 0671  
(Transfer from previous delivery)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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**PORTANT:**  
Form 3800. At



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

RESS SERVICE REQUESTED

7009 2250 0004 1781 0671  
7009 2250 0004 1781 0671

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery to:	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production 1/19/10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post:	
Sent To:	Kenneth G. Cone P.O. Box # 11310 Midland, TX 79702-11310
Street, Apt. No. or PO Box No.	
City, State, Zip	
PS Form 3800, August 2006	
See Reverse for Instructions	



**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:

Robert E Chambers Jr.  
2441 Stanmore drive  
Houston, TX 77019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7009 2250 0004 1781 0664  
(Transfer from se)

PS Form 3811, February 2004



**TES  
ETROLEUM  
ORPORATION**

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

SERVICE REQUESTED

7009 2250 0004 1781 0664  
7009 2250 0004 1781 0664

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Retu.  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage

Sent to

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP

Robert E Chambers Jr.  
2441 Stanmore drive  
Houston, TX 77019

PS Form 3800, August 2006

See Reverse for Instructions

**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:

Randy Lee Cone  
P.O. Box #552  
Jay, OK 74346-552

2. Article Number **7009 2250 0004 1781 0657**  
(Transfer from serial number)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**Certified Mail**

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

**Important Restrictions**

- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811), fee. Endorsement a duplicate receipt required.
- For an additional addressee's endorsement
- If a postmark is placed at the post office, receipt is not valid

**IMPORTANT: See back of card for restrictions.**  
PS Form 3800, August 2003

**ATES  
PETROLEUM  
CORPORATION**

DING - 105 SOUTH FOURTH ST.  
A. NEW MEXICO 88210-2118

SS SERVICE REQUESTED

7009 2250 0004 1781 0657  
7009 2250 0004 1781 0657

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

For  
Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Here

R  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Randy Lee Cone  
P.O. Box #552  
Jay, OK 74346-552

PS Form 3800, August 2006 See Reverse for Instructions



**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:

Kathleen Cone Trust F/B/O  
The Children of Kenneth G. Cone  
P.O. Box # 11310  
Midland, TX 79702-11310

2. Article Number **7009 2250 0004 3781 0640**  
(Transfer from s...)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**Certified Mail**

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

**Important Reminders**

- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery, To a Receiver (PS Form 3811), a duplicate is required.
- For an additional addressee's endorsement
- If a postmark is placed at the time of receipt is not

**IMPORTANT:**  
PS Form 3800, February 2004

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

For delivery to addressee only, use this receipt to obtain a refund of the postage paid.  
Dee 36SE State #6 & #2

Amendment Commingle PLC-253

Mayte Reyes Production

1/19/10

Re  
(Endorsement)

Restricted Delivery Fee  
(Endorsement Required)

Total Post Kathleen Cone Trust F/B/O

Sent To The Children of Kenneth G. Cone

Street, Apt. or PO Box P.O. Box # 11310

City, State, Midland, TX 79702-11310

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0004 1781 0640

7009 2250 0004 1781 0640

ES  
ETROLEUM  
IRPORATION

105 SOUTH FOURTH ST.  
/ MEXICO 88210-2118

IVICE REQUESTED

PS Form 3811, February 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:

Kathleen Cone Trust F/B/O  
The Children of Tom R. Cone  
P.O. Box # 1588  
Tulsa, OK 74101-1588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ 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 7009 2250 0004 1781 0633

(Transfer from Service Inventory)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

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

**Important Reminders**

- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811), a duplicate receipt is required.
- For an additional addressee's endorsement
- If a postmark is placed at the post office, the receipt is not valid.

**IMPORTANT: Send to Addressee**

PS Form 3800, August 2003

7009 2250 0004 1781 0633

7009 2250 0004 1781 0633

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
c 1/19/10

Return to  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Total

Sent

Street,  
or P.O. Box  
City, State

Kathleen Cone Trust F/B/O  
The Children of Tom R. Cone  
P.O. Box # 1588  
Tulsa, OK 74101-1588

PS Form 3800, August 2006

See Reverse for Instructions

**KATHLEEN CONE  
PETROLEUM  
CORPORATION**

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

LESS SERVICE REQUESTED

**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:

Cathie Cone McCown  
P.O. Box #658  
Dripping Spring, TX 78620-0658

2. Article Number  
(Transfer from service label)

7009 2250 0004 1781 0626

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

**3. Service Type**

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**Certified Mail P**

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

**Important Reminders**

- Certified Mail must be paid for.
- Certified Mail is not insurable.
- NO INSURANCE for valuables, please.
- For an additional delivery: To obtain Receipt (PS Form 3811), fee. Endorse mail with a duplicate return required.
- For an additional addressee's authorization: Endorsement "For" required.
- If a postmark on the receipt is not needed.

**IMPORTANT: Save**

PS Form 3800, August 2003



CERTIFIED MAIL

5 TROLEUM  
CORPORATION

105 SOUTH FOURTH ST.  
MEXICO 88210-2118

DUPLICATE REQUESTED

7009 2250 0004 1781 0626  
7009 2250 0004 1781 0626

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

For delivery information, see back of envelope.

Dec 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

(End: \_\_\_\_\_ Here

Restricted Delivery Fee \_\_\_\_\_  
(Endorsement not required)

Total: Cathie Cone McCown  
Sent To: P.O. Box #658  
Street, or PO: Dripping Spring, TX 78620-0658  
City, St.:

PS Form 3800, August 2006 See Reverse for Instructions

78620-0658

WIM DELIVERED

**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:

Leo C. Graves  
11920 South Sangre Road  
Perkins, OK 74059

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7005 1820 0000 6573 1922  
(Transfer from serv.)

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:
- NO INSURANCE coverage for valuables, perishables, etc.
- For an additional delivery. To obtain a Return Receipt (PS Form 3811), a duplicate is required.
- For an addressee's endorsement.
- If a postmaster is not present at the time of delivery, a receipt is not required.

**IMPORTANT:**  
Internet access  
addressed to

7005 1820 0000 6573 1922  
7005 1820 0000 6573 1922

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

**For delivery**

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

City

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Signature  
Here

Leo C. Graves  
11920 South Sangre Road  
Perkins, OK 74059

PS Form 3800, June 2002

See Reverse for Instructions

**ATES  
PETROLEUM  
CORPORATION**

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

ESS SERVICE REQUESTED



**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:

Neva Chambers Dawson  
2418 Del Monte  
Houston, TX 77019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service) 7005 1820 0000 6573 1915

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 Return Receipt**  
■ Certified Mail  
■ Certified Mail  
■ NO INSURANCE  
valuables, perishables, etc.  
■ For an additional delivery. To obtain a Receipt (PS Form 3811), fee. Endorsement required.  
■ For an additional addressee's endorsement  
■ If a postmark is placed at the post office, receipt is not required.  
**IMPORTANT:** Send Internet access card addressed to Addressee

**TES  
PETROLEUM  
CORPORATION**

G - 105 SOUTH FOURTH ST.  
NEW MEXICO 86210-2118

SERVICE REQUESTED

7005 1820 0000 6573 1915  
7005 1820 0000 6573 1915

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail)	
For delivery to:	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production 1/19/10
C	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To	
Sent	Neva Chambers Dawson
Street or PO	2418 Del Monte
City, State	Houston, TX 77019
PS Form 3800, June 2002	
See Reverse for Instructions	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT		(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery to addressee only		Dee 36SE State #6 & #2		1/19/10	
Amendment Commingle PLC-253		Mayte Reyes Production		1/19/10	
Res. (Endorsement Required)		Res. (Endorsement Required)		Res. (Endorsement Required)	
Total P		Total P		Total P	
Sent to		Lollie Dee King Chambers		Lollie Dee King Chambers	
Street, Apt. or P.O. Box		Estate, Deceased Robert E. Chambers		Estate, Deceased Robert E. Chambers	
City, State		Houston, TX 77019		Houston, TX 77019	
PS Form 3800, June 2002		See Reverse for Instructions		See Reverse for Instructions	

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Lollie Dee King Chambers  
Estate, Deceased Robert E. Chambers  
Houston, TX 77019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** Agent  
☐ Addressee

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

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

J. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from PS Form 3811, February 2004) 7005 1820 0000 6573 1908

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

Restricted Mail  
mailing receipt  
unique identifi  
record of deliv  
ortant Reminc  
ertified Mail m  
ertified Mail is  
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elivery. To obt  
receipt (PS For  
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or an additio  
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a postmark o  
ie at the post  
receipt is not n  
ORTANT: Se  
ernet access  
ressed to Al

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Lollie Dee King Chambers  
Estate, Deceased Robert E. Chambers  
Houston, TX 77019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent  
☐ Addressee

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

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

J. 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 to) 7005 1820 0000 6573 1908

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Registered Mail is a mailing receipt that provides a record of delivery, unique identification, and return receipt for the mailpiece. Registered Mail is required for certain mailpieces, such as those containing cash, negotiable instruments, and other items of value. Registered Mail is also required for certain international mailpieces. Registered Mail is not available for certain types of mailpieces, such as bulk mail, and certain types of international mailpieces. Registered Mail is not available for certain types of mailpieces, such as bulk mail, and certain types of international mailpieces. Registered Mail is not available for certain types of mailpieces, such as bulk mail, and certain types of international mailpieces.





**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:

Celeste Chambers Lipscombe  
480 North Warson Road  
St. Louis, MO 63124

2. Article Number  
(Transfer from service)

7005 1820 0000 6573 1892

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? 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

**Certified Mail**  
■ A mailing receipt  
■ A unique identifier  
■ A record of delivery  
**Important Reminder**  
■ Certified Mail  
■ Certified Mail  
■ NO INSURANCE  
valuables, perishables, etc.  
■ For an additional delivery. To receive a duplicate Receipt (Postage fee. Endorsement required.)  
■ For an addressee endorsement  
■ If a postmark is at the receipt is  
**IMPORTANT**  
Internet addressed

**TES  
PETROLEUM  
CORPORATION**

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

IS SERVICE REQUESTED

7005 1820 0000 6573 1892  
7005 1820 0000 6573 1892

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<b>For a full</b>	Dee 36SE State #6 & #2
	Amendment Commingle PLC-253
	Mayte Reyes Production
	1/19/10
Return (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	Celeste Chambers Lipscombe
Street, or PO Box	480 North Warson Road
City, State	St. Louis, MO 63124
PS Form 3800, June 2002	
See Reverse for Instructions	

Celeste  
480 North  
St. Louis

U.S. MAIL  
FIRST CLASS PERMIT NO. 1000  
MIDLAND, TX 79701  
POSTAGE WILL BE PAID BY ADDRESSEE  
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:

W.T. Probandt  
415 W. Wall St. Ste 2206  
Midland, TX 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) **7005 1820 0000 6573 1885**

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 Return Receipt**  
■ Certified Mail

■ NO INSURANCE for valuables, please  
■ For an additional delivery. To obtain a Receipt (PS Form 3811), fee. Endorsement a duplicate receipt is required.

■ For an additional addressee's endorsement

■ If a postmark is not at the post office, receipt is not valid.

**IMPORTANT:** If Internet access is not available, mailpiece must be addressed to the addressee.

**ATES  
PETROLEUM  
CORPORATION**

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

IS SERVICE REQUESTED

7005 1820 0000 6573 1885  
7005 1820 0000 6573 1885

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

**For** Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

**Re** (Endorsement Required) \_\_\_\_\_ **Here**  
**Restricted Delivery Fee** (Endor) \_\_\_\_\_  
**Total** W.T. Probandt  
**Sent To** 415 W. Wall St. Ste 2206  
**Street, or PO** Midland, TX 79701  
**City, S** \_\_\_\_\_

PS Form 3800, June 2002 **See Reverse for Instructions**

W.T.  
415  
Midl

CERTIFIED MAIL™

7005 1820 0000 6573 1878  
7005 1820 0000 6573 1878

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

For: Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

Toby B. Graves  
11440 E. Desert Troon LN  
Scottsdale, AZ 85255-8266

PS Form 3800, June 2002

See Reverse for Instructions

**ATES  
PETROLEUM  
CORPORATION**

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

S SERVICE REQUESTED

DO NOT WRITE IN THESE SPACES  
DO NOT WRITE IN THESE SPACES  
DO NOT WRITE IN THESE SPACES

**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:

Toby B. Graves  
11440 E. Desert Troon LN  
Scottsdale, AZ 85255-8266

**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 7005 1A20 0000 6573 1A7A  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery
- Certified Mail is
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811), fee. Endorse mail a duplicate return required.
- For an additional addressee's authentication
- If a postmark on the receipt is not needed

**IMPORTANT:** See Internet access to address to API



**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:

Palsy Graves Hampton  
1422 Logan  
Lawton, OK 73501

2. Article Number  
(Transfer from service)

7005 1820 0000 6573 1A6J

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**Certified Mail**

- A mailing receipt
- A unique identification number
- A record of delivery
- Certified Mail Receipt
- Certified Mail Return Receipt
- NO INSURANCE for valuables, money, etc.
- For an additional delivery, To Collect (PS Form 3811, fee, Endorsement required)
- For an addressee's endorsement
- If a postmark is at the receipt is not

**IMPORTANT**  
Internet address

**ES  
TROLEUM  
IRPORATION**

- 105 SOUTH FOURTH ST.  
N MEXICO 88210-2118

SERVICE REQUESTED

7005 1820 0000 6573 1861  
7005 1820 0000 6573 1861

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

For delivery to:

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Retu.  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Po:

Sent To

Patsy Graves Hampton

Street, Apt.  
or PO Box

1422 Logan

City, State

Lawton, OK 73501

PS Form 3800, June 2002

See Reverse for Instructions



**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:

Bank of Oklahoma  
Kathleen Cone Dec'd Trust  
P.O. Box #1588  
Tulsa, OK 74101-1588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service /) 7005 1620 0000 6573 1854

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery
- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain a Receipt (PS Form 3811), fee. Endorsement: a duplicate receipt is required.
- For an additional addressee's endorsement
- If a postmark is not clear at the post office, receipt is not valid.


**IMPORTANT:** For Internet access, address to 102595-02-M-1540

**ATES  
PETROLEUM  
CORPORATION**

DING - 105 SOUTH FOURTH ST.  
IA, NEW MEXICO 88210-2118

ESS SERVICE REQUESTED

7005 1820 0000 6573 1854  
7005 1820 0000 6573 1854

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit <a href="http://www.usps.com">www.usps.com</a>	
	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production
Cert	1/19/10
Return Rec. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	Bank of Oklahoma
Sent To	Kathleen Cone Dec'd Trust
Street, or PO	P.O. Box #1588
City, State	Tulsa, OK 74101-1588
PS Form 3800, June 2002	

PLACE STICKER ON THE FRONT OF THE ENVELOPE TO THE RIGHT

**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:

Tom R. Cone  
P.O. Box #778  
Jay, OK 74346-778

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type

- ☒ 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)

7009 2252 0004 1781 0688

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Postage and Fees**  
Certified Mail requires a mailing receipt, a unique identifier, and a record of delivery.

**Important Reminders**  
Certified Mail may be used for insured mail. Certified Mail is not insurable for valuable contents. For an additional delivery, To obtain receipt (PS Form 3811), Endorse mail with a duplicate return required.

For an additional addressee's authorization, Endorsement "R" must be placed on the post. If a postmark or receipt is not needed.

**IMPORTANT: See**  
PS Form 3800, August 2003

CERTIFIED MAIL

7009 2250 0004 1781 0688  
7009 2250 0004 1781 0688

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Dee 36SE State #6 & #2	
Amendment Commingle PLC-253	
Mayte Reyes Production	
1/19/10	
Return (Endorsement)	
Restricted Delivery fee (Endorsement Required)	
Total Postage	Tom R. Cone
Sent to	P.O. Box #778
Street, Apt. A or PO Box N	Jay, OK 74346-778
City, State, Z	
PS Form 3800, August 2006	
See Reverse for Instructions	

**ATES  
PETROLEUM  
CORPORATION**

DING - 105 SOUTH FOURTH ST.  
A, NEW MEXICO 88210-2118

SS SERVICE REQUESTED

**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:

Auvenshine Children's Testamentary Trust  
Cathie Cone McCown, Trustee  
P.O. Box #507  
Dripping Spring, TX 78620-0507

2. Article Number  
(Transfer from service label)

7005 1820 0000 6573 1847

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? 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

**Certified Mail**

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

**Important Reminders**

- Certified Mail must be paid for by the sender.
- Certified Mail is not insurable for more than \$500.
- NO INSURANCE for valuables, please.
- For an additional delivery. To obtain Receipt (PS Form 3811). Endorse mail a duplicate return required.
- For an additional addressee's authorization. Endorsement "Return to Sender" is required.
- If a postmark on the receipt is not needed.

**IMPORTANT:** Save internet access to address to APO

CERTIFIED MAIL

7005 1820 0000 6573 1847  
7005 1820 0000 6573 1847

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Return  
(Endorsement)

Restricted Delivery Fee  
(Endorsement Required)

Total

Sent To Auvenshine Children's Testamentary Trust  
Cathie Cone McCown, Trustee  
Street, or PO Box P.O. Box #507  
City, State Dripping Spring, TX 78620-0507

PS Form 3800, June 2002

See Reverse for Instructions

**TES  
PETROLEUM  
CORPORATION**

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

3 SERVICE REQUESTED

<p>1. Article Addressed to:</p> <p>Commissioner of Public Lands          Attn: Pete Martinez          P.O. Box #1148          Santa Fe, NM 87504-1148</p>		<p>2. Article Number: 7009 2250 0004 1787 0701</p> <p>(Transfer from)</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> C.O.D.  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise</p>		<p>4. Restricted Delivery? (Extra Fee)</p> <p><input type="checkbox"/> Yes</p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>		<p>102595-02-M-1540</p>	

2009 2250 0004 1781 0695

7009 2250 0004 1781 0695  
7009 2250 0004 1781 0695

First Class Service  
**REGISTERED MAIL RECEIPT**  
(Domestic Mail Only - No International Coverage Provided)

Dee 36SE State #6 & #2  
Amendment Commingled PLC-253  
Mayte Reyes Production  
119-10

Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505

Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505

**STANDARD COMPLETE THIS SECTION**

1. Article Addressed to:  
Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505

2. Article Number  
7009 2250 0004 1781 0695

PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-15-0

**COMPLETE THIS SECTION ON DELIVERY**

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



January 18, 2010

To Whom It May Concern:

Re: Surface Pool/Lease Commingle Oil Only.  
Amendment to previously submitted sundry dated  
March 9 2004.

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division, and State Land Office to amend the approved Surface Pool/Lease Commingle oil only filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004. Amendment is due to recomplection on the Dee 36SE State #6, and possible recomplection on the Dee 36SW State #2

STATE Dee 36SE State #6 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # K-6385 API # 30-015-26980	STATE Dee 36SE State #3 Section 36-T19S-R24E Formation: Canyon, Wolfcamp Eddy County, New Mexico State Lease # K-6385 API # 30-015-26623	STATE Dee 36 SW State #4 Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Eddy County, New Mexico State Lease # LG-1525 API # 30-015-27221
STATE Dee 36SE State #5, Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn  Eddy County, New Mexico State Lease # K-6385 API # 30-015-26671	STATE Dee 36 SW State #2, Section 36-T19S-R24E Formation: Dagger Draw, Upper Penn Formation: Canyon, Wolfcamp Formation: Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # LG-1525 API # 30-015-26185	

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

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

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

The purpose of the Surface Pool/Lease 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.

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
---------	----------	----------	-----------	------	---------

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] ☐ 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 Mate Reyes Production Clerk 1-12-2010  
Print or Type Name Signature Title Date  
mayte@yxtorpetroleum.com  
e-mail Address

District:

1625 N. French Dr., Hobbs, NM 88240

District II:

811 South First, 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 & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 15, 2000

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

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-015-26623		<sup>2</sup> Pool Code 08450	<sup>3</sup> Pool Name Canyon-Wolfcamp
<sup>4</sup> Property Code 20904	<sup>5</sup> Property Name Dee 36SE State		<sup>6</sup> Well Number 3
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation		<sup>9</sup> Elevation 3603' GR

<sup>10</sup> 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	36	19S	24E		1650	South	1980	East	Eddy

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
-------------------------------------	-------------------------------	----------------------------------	-------------------------

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

<div style="position: relative; height: 100px;"> </div>	<p><sup>17</sup> OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p>Signature: <u>Tina Huerta</u></p> <p>Printed Name: Tina Huerta</p> <p>Title: Regulatory Compliance Supervisor</p> <p>Date: May 2, 2003</p>	
	<p><sup>18</sup> SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey:</p> <p>Signature and Seal of Professional Surveyor:</p> <p>See Original Plat</p> <p>Certificate Number:</p>	

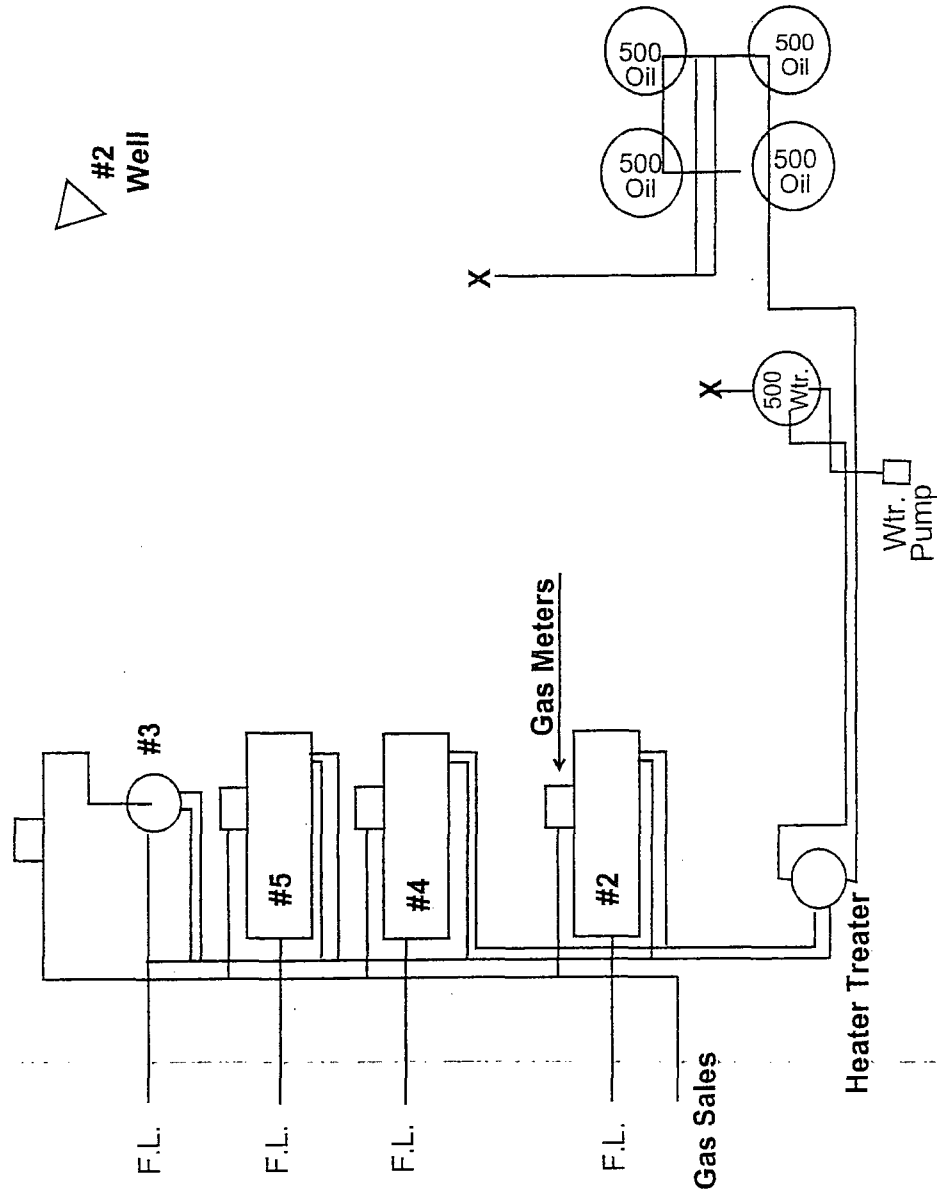


105 South 4th Street \* Artesia, NM 88210  
(505) 748-1471

Joe Chavez - Foreman  
January 16, 2004  
Sight Security Diagram

Dee 36SW State #3

Lease #  
36-19S-24E  
Eddy County, NM



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



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

ADDRESS SERVICE REQUESTED

7003 3110 0006 1794 7944

Auvenshine Children's Testamentary Trust,  
Cathie Cone McCown, Trustee  
P.O. Box 507  
Dripping Spring TX 78620-0507

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
Here

Sent To AUENSCHINE CHILDREN'S TRUST  
Street, Apt. No. P.O. Box 507  
or PO Box No.   
City, State, ZIP+4<sup>®</sup> DRIPPING SPRING TX 78620-0507  
PS Form 3800, June 2002 PSN 7530-01-000-9001

7003 3110 0006 1794 7944

PS Form 3811, July 1999

70003 3110 0006 1794 7944

**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:

Auvenshine Children's Testamentary Trust,  
Cathie Cone McCown, Trustee  
P.O. Box 507  
Dripping Spring TX 78620-0507

**COMPLETE THIS SECTION ON DELIVERY**

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

2. Article Number (Copy from service label)

70003 3110 0006 1794 7944

Domestic Return Receipt

PS Form 3811, July 1999

102595-99-M-1789

**Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail<sup>®</sup> or Priority Mail<sup>®</sup>.
  - Certified Mail is *not* available for any class of international mail.
  - NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
  - For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS<sup>®</sup> postmark on your Certified Mail receipt is required.
  - For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
  - If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.
- IMPORTANT:** Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.



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

ADDRESS SERVICE REQUESTED

Patsy  
1422 L  
Lawton

Recipient's Patsy Graves Hampton  
Street, Apt. # 1422 Logan  
City, State, Zip Lawton, OK 73501

Postage \$	
Postmark Date	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	

DEC 30 SE #3 (COMMING)

7000 0520 0017 1088 6821  
7000 0520 0017 1088 6821

U.S. Postal Service  
CERTIFIED MAIL - RECEIPT  
(Postage, Mail, and Insurance Coverage Provided)



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

ADDRESS SERVICE REQUESTED

Bank of  
Kathleen  
P.O. Box  
Tulsa, O

Recipient's Bank of Oklahoma  
Street, Apt. No. Kathleen Cone Dec'd Trust  
City, State, Zip P.O. Box 1588  
Tulsa, Ok 74101-1588

Postage \$	
Postmark Date	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	

DEC 30 SE STATE #3 (COMM)

7000 0520 0017 1088 6869  
7000 0520 0017 1088 6869

U.S. Postal Service  
CERTIFIED MAIL - RECEIPT  
(Postage, Mail, and Insurance Coverage Provided)

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Received by (Please Print Clearly) _____ E. Date of Delivery _____  C. Signature _____ X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
1. Article Addressed to:  Patsy Graves Hampton 1422 Logan Lawton, OK 73501			
2. Article Number (Copy from service label) 7000 0520 0017 1088 6821			

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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all mail.  
Certified Mail. For  
to provide proof of  
and attach a Return  
postage to cover the  
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rified Mail receipt is  
the addressee or  
the mailpiece with the  
also present the arti-  
in the Certified Mail  
e and mail.  
aking an inquiry.  
102595-99-M-1938

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Received by (Please Print Clearly) _____ E. Date of Delivery _____  C. Signature _____ X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
1. Article Addressed to:  Bank of Oklahoma Kathleen Cone Dec'd Trust P.O. Box 1588 Tulsa, Ok 74101-1588			
2. Article Number (Copy from service label) 7000 0520 0017 1088 6869			

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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all mail.  
Certified Mail. For  
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the mailpiece with the  
also present the arti-  
in the Certified Mail  
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aking an inquiry.  
102595-99-M-1938



**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:

Toby B. Graves  
11440 E. Desert Troon LN  
Scottsdale, AZ 85255-8266

2. Article Number (Copy from service label)

7000 0520 0017 1088 6876

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) E. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

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

102595-99-M-1930

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Mail or Priority Mail,  
all mail.  
Certified Mail. For  
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postage to cover the  
ceive a fee waiver for  
ertified Mail receipt  
the addressee  
is mailpieces with th  
also present the art-  
in the Certified Mail  
e and mail.  
aking an inquiry.

**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:

W. T. Probandt  
415 W. Wall St. Ste 2206  
Midland, TX 79701

2. Article Number (Copy from service label)

7000 0520 0017 1088 8719

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) E. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

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

102595-99-M-1930

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all mail.  
Certified Mail. For  
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U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Postage Paid Only; No Insurance Coverage Provided)

DEE 36 SE STATE #3 (comm)

Postage \$ MAYTE  
PAID

Postmark Here

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Recipient's Name Toby B. Graves

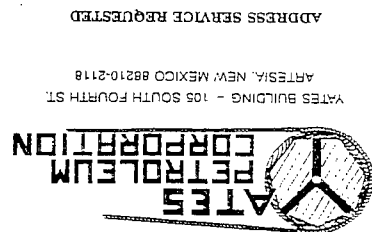
Street, Apt. No. 11440 E. Desert Troon LN

City, State, ZIP Scottsdale, AZ 85255-8266

PS Form 3800, February 2009 See Reverse for Instructions

7000 0520 0017 1088 8276

7000 0520 0017 1088 8276



U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Postage Paid Only; No Insurance Coverage Provided)

DEE 36 SE STATE #3 (comm)

Postage \$ MAYTE  
PAID

Postmark Here

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total P.

Recipient's Name W. T. Probandt

Street, Apt. 415 W. Wall St. Ste 2206

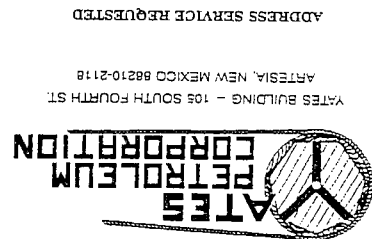
City, State Midland, TX 79701

PS Form 3800, February 2009 See Reverse for Instructions

7000 0520 0017 1088 8276

7000 0520 0017 1088 8276

W. T. Probandt  
 415 W. Wall St.  
 Midland



U.S. POSTAL SERVICE  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

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

Postmark Here

Recipient's Name  
 Celeste Chambers Lipscombe  
 Street, Apt. No.: or 480 North Watson Road  
 City, State, ZIP+4 St. Louis, MO 63124

PS Form 3800, January 2001 See Reverse for Instructions

7000 0520 0027 1088 6645  
 7000 0520 0027 1088 6645

Celeste O  
 480 North  
 St. Louis



YATES BUILDING - 105 SOUTH FOURTH ST  
 ARTESIA, NEW MEXICO 88210-2118  
 ADDRESS SERVICE REQUESTED

U.S. POSTAL SERVICE  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

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

Postmark Here

Recipient's Name  
 Lollie Dee King Chambers  
 Estate, Deceased Robert E. Chambers  
 Houston, TX 77019

PS Form 3800, January 2001 See Reverse for Instructions

7000 0520 0027 1088 6638  
 7000 0520 0027 1088 6638

Lollie Dee K  
 Estate, Dece  
 Houston,



YATES BUILDING - 105 SOUTH FOURTH ST  
 ARTESIA, NEW MEXICO 88210-2118  
 ADDRESS SERVICE REQUESTED

102595-99-M-1938



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

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6807  
7000 0520 0017 1088 6807

U.S. Postal Service CERTIFIED MAIL RECEIPT (Postage Mail Only. No Insurance Coverage Provided)	
DEF 36 SE STATE #3 (10mm)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Postmark May 1980	
Recipient Neva Chambers Dawson Street, Apt. 2418 Del Monte Houston, TX 77019	
City, State, Zip	
See Reverse for Instructions	

Neva Chambers  
2418 Del Monte  
Houston, TX 77019



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

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6814  
7000 0520 0017 1088 6814

U.S. Postal Service CERTIFIED MAIL RECEIPT (Postage Mail Only. No Insurance Coverage Provided)	
DEF 36 SE STATE #3 (10mm)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Postmark May 1980	
Recipient's Leo C. Graves Street, Apt. No. 11920 South Sangre Road Perkins, OK 74059	
City, State, Zip	
See Reverse for Instructions	

Leo C. Graves  
11920 South Sangre Road  
Perkins, OK 74059

**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:

Neva Chambers Dawson  
2418 Del Monte  
Houston, TX 77019

2. Article Number (Copy from service label)

7000 0520 0017 1088 6807

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-99-M-1938

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19

**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:

Leo C. Graves  
11920 South Sangre Road  
Perkins, OK 74059

2. Article Number (Copy from service label)

7000 0520 0017 1088 6814

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-99-M-1938

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mail.

19



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

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 8702  
7000 0520 0017 1088 8702

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

DEF 36 SE STATE #3 (Comm)

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

Postmark  
May 15  
P.O.D.

Recipient  
Kenneth G. Cone  
P.O. Box 11310  
Street, Apt. Midland, TX 79702 - 11310  
City, State, Zip

U.S. Form 3800, February 2000. See Reverse for Instructions.



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

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6852  
7000 0520 0017 1088 6852

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

DEF 36 SE STATE #3 (Comm)

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

Postmark  
May 15  
P.O.D.

Recipient  
Tom R. Cone  
P.O. Box 778  
Street, Apt. Jay, OK 74346 - 0778  
City, State, Zip

U.S. Form 3800, February 2000. See Reverse for Instructions.

Tom R. Cone  
P.O. Box 778  
Jay, OK 74346 - 0778

02595-99-M-1938

68-1-W-66-665701

Domestic Return Receipt:

PS Form 3817, July 1999

2. Article Number (copy from service label)  
0000 0050 1007 8801 6589

Tom R. Cone  
P.O. Box 778  
Jay, OK 74346 - 0778

1. Article Addressed to:

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. Received by (Please Print Clearly) _____		C. Signature _____	
B. Date of Delivery _____		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	

COMPLETE THIS SECTION ON DELIVERY

**SENDER: COMPLETE THIS SECTION**

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

years  
Mail or Priority Mail.  
mail.  
Certified Mail. For  
to provide proof of  
and attach a Return  
to postage to cover the  
a fee waiver for  
Certified Mail receipt is  
to the addressee only  
the mailpiece with the  
please present the arti  
it on the Certified Mail  
age and mail.  
making an inquiry.

002595-99-M-1930

68-1-W-55-565201

Domestic Return Receipt

PS Form 3811, July 1999

2. Article Number (Copy from service label)

Kenneth G. Cone  
P.O. Box 11310  
Midland, TX 79702 - 11310

5. Article Addressed to:

- 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. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_

D. Is delivery address different from item 1? ☐ Yes ☐ No

E. If YES, enter delivery address below: \_\_\_\_\_

**COMPLETE THIS SECTION ON DELIVERY**

**SENDER: COMPLETE THIS SECTION**





