

DATE <u>9.29.10</u>	SUSPENSE	ENGINEER <u>RE,</u>	LOGGED IN <u>9.29.10</u>	TYPE <u>CTB</u>	APP NO <u>1027237149</u>
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Branch

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

2010 SEP 29 A 9:53



Yates
25575

ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

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

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

Check One Only for [B] or [C]

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

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

[D] Other: Specify _____

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

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

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

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

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

MAYTE REYES Mayte Reyes Production Clerk 9-27-10
 Print or Type Name Signature Title Date

mayte@yates.petroleum.com
 e-mail Address

CTB-622

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88216
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

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

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

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: YATES PETROLEUM CORPORATION
OPERATOR ADDRESS: 105 SOUTH 4th STREET
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. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☒ Yes ☐ No

(A) POOL COMMINGLING

Please attach sheets with the following information

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

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.
(4) Measurement type: ☐ Metering ☐ Other (Specify)
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

- (1) Pool Name and Code.
(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: Y. M. R. Rego

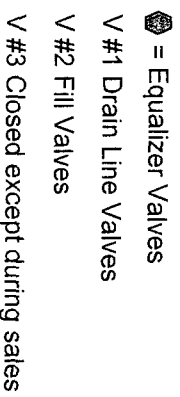
TITLE: PRODUCTION CLERK

DATE: 9-27-10



1770' FSL & 410' FEL * Sec 12 - T18S - R29E * Unit L
Eddy County, NM

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

District I
1625 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-402
Revised October 12, 2005
Submit to Appropriate District Office
State Lease-4 Copies
Fee Lease-3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-37168	Pool Code 96832	Pool Name Sand Tank; Bone Spring
Property Code 37754	Property Name BAILOUT BOA FED. COM	Well Number 1H
OGRIID No. 7377	Operator Name EOG RESOURCES, INC.	Elevation 3522.0'

Surface Location

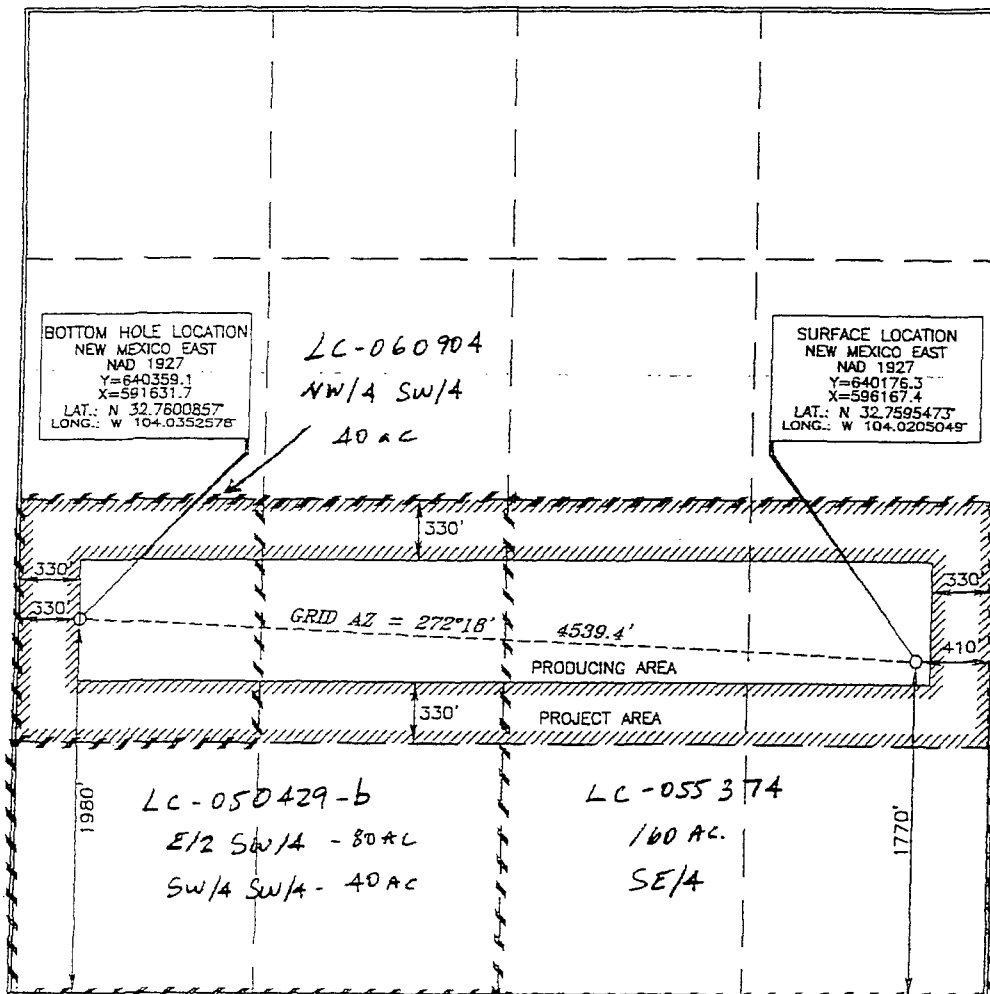
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	12	18 SOUTH	29 EAST, N.M.P.M.		1770'	SOUTH	410'	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	12	18 SOUTH	29 EAST, N.M.P.M.		1980'	SOUTH	330'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

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

Don D. Ritz 4/21/09
Signature Date

Donny G. Glanton
Printed Name

SURVEYOR CERTIFICATION

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

APRIL 7, 2009
Date of Survey

Terry J. Paul
Signature and Seal of Professional Surveyor

15079
Certificate Number

WO# 090407WL-b (KA)

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-37167	Pool Code 96832	Pool Name Sand Tank; Bone Spring
Property Code 37754	Property Name BAILOUT BOA FED. COM	Well Number 2H
OGRIID No. 7377	Operator Name EOG RESOURCES, INC.	Elevation 3509.5'

Surface Location

UL or lot no.	Section	Township	Range	Lot 14n	Feet from the	North/South line	Feet from the	East/West line	County
P	12	18 SOUTH	29 EAST, N.M.P.M.		460'	SOUTH	380'	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot idn	Feet from the	North/South line	Feet from the	East/West line	County
M	12	18 SOUTH	29 EAST, N.M.P.M.		660'	SOUTH	330'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

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.

BOTTOM HOLE LOCATION
NEW MEXICO EAST
NAD 1927
Y=639039.1
X=591635.1
LAT.: N 32.7564574°
LONG.: W 104.0352586°

SURFACE LOCATION
NEW MEXICO EAST
NAD 1927
Y=638866.5
X=596200.2
LAT.: N 32.7559468°
LONG.: W 104.0204109°

LC-050429-B 330' 80 AC

LC-055374 330' 80 AC

330' 330' 330' 330'

660' 4568.3' 380' 460'

GRID AZ = 272°10'

PRODUCING AREA

PROJECT AREA

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 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 Am J. Met Date 2/3/09

Donny G. Glanton
Printed Name

SURVEYOR CERTIFICATION

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

15079
2009
APR 7 2009
Date of Survey

Signature and Seal of
Professional Surveyor

Terry A. Asel 4/17/2009
Certificate Number 15079

WOF 090407WL-a (KA)

Yates Petroleum Corp. (Operator's Name) is requesting approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following formation(s) and well(s):

Federal Lease No. LC055374 (SHL) LC060904 (BHL)

Well Name	API No.	Loc: 1/4 1/4 Sec. Twp. Rng.	Formation	BOPD	Oil Gravity	MCFPD	BTU
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Bailout BOA Federal Com #1H 30-015-37168	NESE Sec. 12-T18S-R29E	Bone Spring	200 BPD	41.6	780 MCFPD	1,304
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6000/m
23,400/m
24

With hydrocarbon production from:

Federal Lease No. LC055374 (SHL) LC050429B (BHL)

Well Name	API No.	Loc: 1/4 1/4 Sec. Twp. Rng.	Formation	BOPD	Oil Gravity	MCFPD	BTU
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Sand Tank APS Federal Com #2H 30-015-37167	*SESE Sec. 12-T18S-R29E	Bone Spring	200 BPD	41.6	600 MCFPD	1,304
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6000/m
18,000/m
24

The storage and measuring facility is located at NESE 1/4, Sec. 12, T 18, S, R 29, E, on Lease No. LC055374

✓

Lea/Eddy (circle one), New Mexico. BLM will be notified if there is any future change in the facility location.

4901
Jennell
Tr. 39
ATES PET.
PER)
Duggan 12K
com & WIL

0-2-Yates Pet.
Cerritos Fed
R.L. Roy
Tr. 25
SL 2

051102
Fed.
Yates Pet.
Newmont

5 6 0495
1-AOM - L7M
3774
Yates
Cerritos
(Newmont)

Tr. 37
Newmont
B-6570 2
HBP
GRBG

Welch
Tr. 26
2 Tr. 40

Yates Pet.
Enervest
HBP

5
75
EOG
Sand
Tank

Costilla
Tr. 32
Newmont
Tr. 30
HBP

Brinson
Tr. 3
TO2717
37
3- A

Newmont
Yates Pet.
060904
TO274
HBP
5-AX
EOB
Duggan - (mo) 1
B50 Disc

EOG
Sand
Tank
Disc
EOG D
(Newmont)
0472
HBP

Costilla
HBP
B-6058

HBP
Dixon
Yates
HBP
Newmont
HBP
0.45

Yates Pet.
(2) 055374
(Enervest)
Yates
Sand Tank
Fed

93 31
3
Yates Pet.
5
98
14
22

hunderbolt
Pet.
HBP

M. Yates
HBP
0437523
Sand Tank Fed
WIL
(YPL)

Yates Pet.
2
055830
Tr. 7-A
(Enervest) (5507)

EOG
025614
Newmont
21 Cont
061027
Tr. 21-B

Yates Petr. et al
HBP
EOG
Sand
Tank

Cy Cowan, Regulatory Agent

Office: (575) 748-4372

Cell: 365-7022

Legend:

Highway

County Road

New BLM Surface Road

Existing BLM Surface Road

Fee Surface Road

State Surface Road

New State Road

Well Name:

Sand Tank APS Federal Com. #2H

460' FSL and 380' FEL Surface Location

660' FSL and 330' FWL Bottom Hole Location

Section 12, T18S-R29E

Eddy County, New Mexico

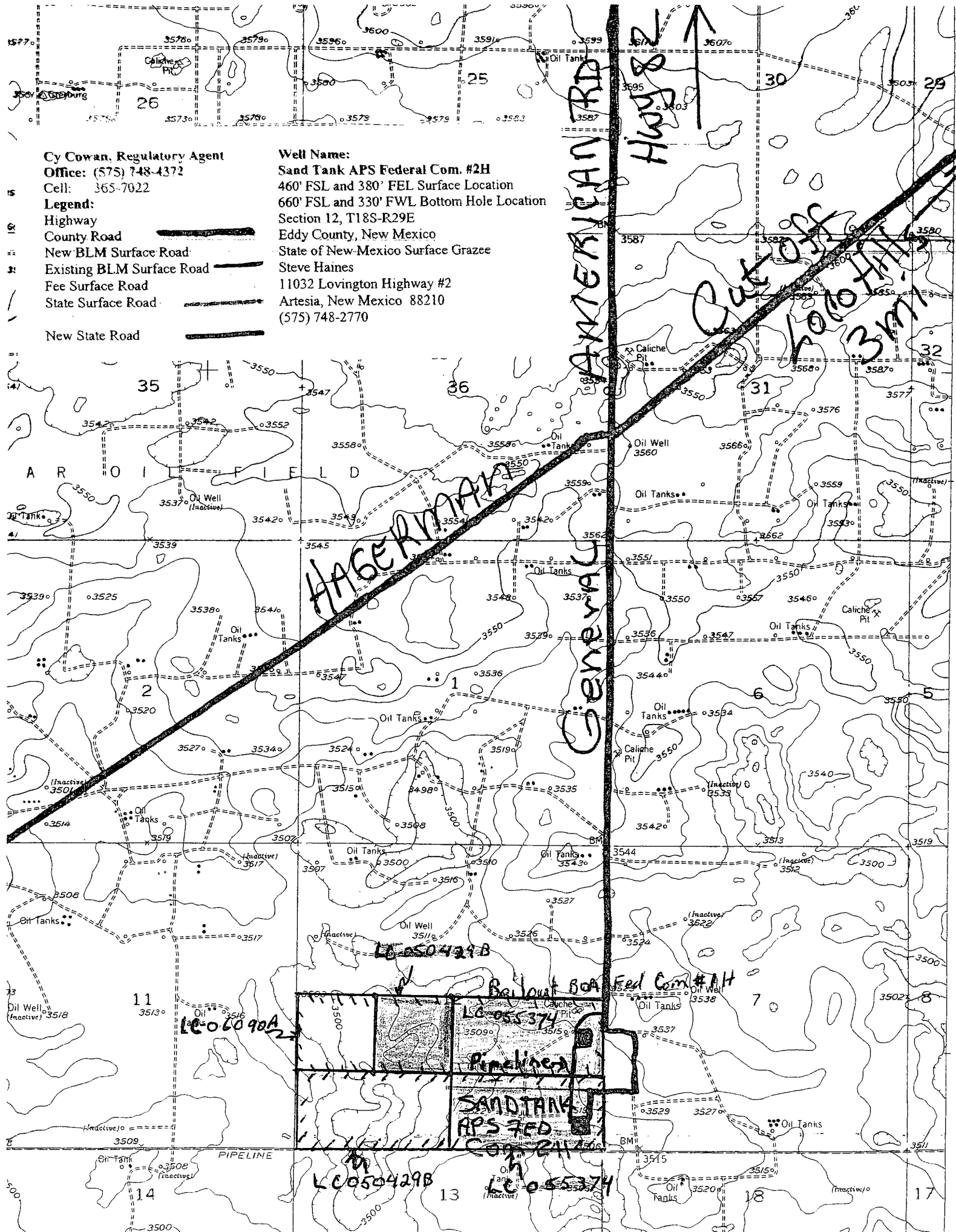
State of New-Mexico Surface Grazee

Steve Haines

11032 Lovington Highway #2

Artesia, New Mexico 88210

(575) 748-2770



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
PRESIDENT

JOHN A. YATES JR.
ASSISTANT TO THE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

November 12, 2009

To Whom It May Concern:

Re: Surface/Lease Commingle Oil & Gas
Eddy County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division and the Bureau of Land Management to Surface/Lease Commingle the attached list of wells:

FEDERAL

Bailout BOA Federal Com #1H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC050429B(BHL)

API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

OIL Measurement

The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

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 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.

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: Manco Exploration, INC.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

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November 12, 2009

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Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
API#30-015-37167

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: John A. Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

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1936-1986

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ARTESIA, NEW MEXICO 88210-2118
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November 12, 2009

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Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: ABO Petroleum Corporation.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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1912-1985

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November 12, 2009

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Eddy County, New Mexico

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Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL
Sand Tank APS Federal Com #2H
Sec-12-18S-29E
Sand Tank/Bone Spring
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LC055374(SHL);LC050429B(BHL)
API#30-015-37167

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

Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: Sharbro Oil LTD CO.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



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ARTESIA, NEW MEXICO 88210-2118
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November 12, 2009

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API# 30-015-37168

FEDERAL
Sand Tank APS Federal Com #2H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

OIL Measurement

The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

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.

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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: MYCO Industries, INC.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



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PRESIDENT

JOHN A. YATES JR.
ASSISTANT TO THE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

November 12, 2009

To Whom It May Concern:

Re: Surface/Lease Commingle Oil & Gas
Eddy County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division and the Bureau of Land Management to Surface/Lease Commingle the attached list of wells:

FEDERAL

Bailout BOA Federal Com #1H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC050429B(BHL)

API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

OIL Measurement

The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: Yates Petroleum Corporation.

KATHY H. PORTER
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FEDERAL

Sand Tank APS Federal Com #2H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: Yates Drilling Company.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
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November 12, 2009

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November 12, 2009

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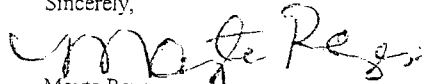
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Sec-12-18S-29E

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LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

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Eddy County, NM

LC055374(SHL);LC050429B(BHL)

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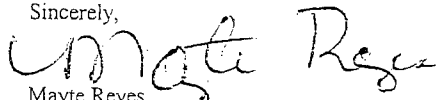
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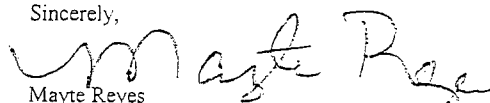
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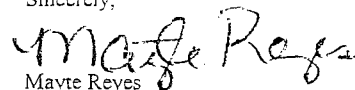
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The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

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 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.

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

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

CERTIFIED MAIL™

7005 1820 0000 6573 1809
7005 1820 0000 6573 1809

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

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

BAIRD & GILBERT

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

MAYTE-P
11-12-
Postmark
Here

Laverne Short Estate
C/O Thomas Short
1806 Margaret LN
Kingsville, TX 78363-2803

PS Form 3800, June 2002

See Reverse for Instructions



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

ADDRESS SERVICE REQUESTED

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Laverne Short Estate
C/O Thomas Short
1806 Margaret LN
Kingsville, TX 78363-2803

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 7005 1820 0000 6573 1809
(Transfer from service tag)

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 Reminder
Certified Mail is
NO INSURANCE
For an additional
value, please
delivery. To obtain
Receipt (PS Form
fee. Endorsement
a duplicate return
required.
For an additional
address and
endorsement
If a postmark or
receipt is not required
at the post office
Internet access
addressed to AP

ATES PETROLEUM CORPORATION

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

RESS SERVICE REQUESTED

E 6 W

PS Form 3800, June 2002 See Reverse for Instructions

Sent To	City, State, &
Street, Apt. or PO Box	
Evelyn De Sanderson 614 E. Washington Street Walters, OK 73572	

Total Postage

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

Postmark Here

MAY 17 11-13-04

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

7005 1820 0000 6573 1793
7005 1820 0000 6573 1793

INTERNET MAIL CERTIFIED

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:

Evelyn De Sanderson
614 E. Washington Street
Walters, OK 73572

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

2. Article Number
(Transfer from service) 7005 1820 0000 6573 1793

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 a Receipt (PS Form 3811), fee. Endorsement a duplicate is required.
- For an addressee's endorsement
- If a postmark is at the time of receipt is not

IMPORTANT
Internet address
addressed to

ATES PETROLEUM CORPORATION

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

SS SERVICE REQUESTED

PS Form 3800, June 2002	
City	Edmond, OK 73034
State	Phillips Family Revocable Trust
Zip	5019 Pheasant Crest Road
See Reverse for Instructions	

Postage	7005 1.820 0000 6.573 1.786
Certified Fee	7005 1.820 0000 6.573 1.786
Return Receipt Fee	
(Endorsement Required)	
Restricted Delivery Fee	
(Endorsement Required)	

Postmark Here 11-02-99

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

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)



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:

Phillips Family Revocable Trust
5019 Pheasant Crest Road
Edmond, OK 73034

2. Article Number
(Transfer from service label)

7005 1820 0000 6573 1786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

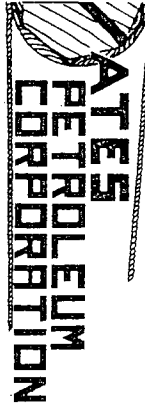
B. Received by (Printed Name) C. Date of Delivery

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 identifier
A record of delivery
Important Reminder
Certified Mail
NO INSURANCE
For an additional fee, Endorsement (PS Form 3811) is required.
For an addressee's endorsement, a duplicate receipt is required.
IMPORTANT:
If a postmark is placed at the time of delivery, the receipt is not valid.
Internet access addressed to



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)

For: Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production
11-12-09
Restrictd Delivery Fee
(Endorsement Required)
Endorsement
Total Po Terence Perkins
304 S Avenue F.
Portales, NM 88130-6226
City, State, ZIP+4
or PO Box
Street, Apt
Form 3800, June 2002 See Reverse for Instructions

7005 1820 0000 6573 1755
7005 1820 0000 6573 1755



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:

Terence Perkins
304 S Avenue F.
Portales, NM 88130-6226

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 s)

7005 1820 0000 6573 1755

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 is not insurable for more than \$500 without additional postage.
- 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, a duplicate receipt is required.
- If a postmark is not legible at the post office, a duplicate receipt is required.

IMPORTANT:
Internet access
addressed to



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7005 1820 0000 6573 1748
7005 1820 0000 6573 1748

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Rett
(Endorse 11-12-09

Restricted Delivery Fee
(Endorsement Required)

Total

Sent

Street
or PO

City,

Elyse Saunders Patterson Trust
Investments LLC, with Farmers
National Company as Agent
P.O. Box #3480
Omaha, NE 68103-0480

PS Form 3800, June 2002

See Reverse for Instr

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

Elyse Saunders Patterson Trust
Investments LLC, with Farmers
National Company as Agent
P.O. Box #3480
Omaha, NE 68103-0480

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service it)

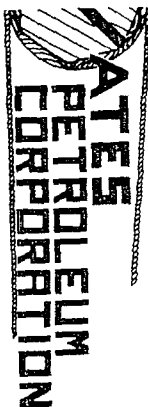
7005 1620 0000 6573 1748

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

certified Mail
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A unique identifier
A record of delivery
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Certified Mail
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For an additional
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a duplicate receipt
required.
For an additional
addresser's endorsement
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clear at the post
receipt is not
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internet access
addressed to



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

ADDRESS SERVICE REQUESTED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

PS Form 3800, June 2002 See Reverse for Instructions

Se Annette Kirk Pacso
St 16601 Garfield Space 312
City Paramount, CA 90723

Re Mayte-Production
Endors 11-12-09
Restriction (Endorsement Required)
Delivery (Endorsement Required)

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle

11-12-09
Mayte-Production
Restriction (Endorsement Required)
Delivery (Endorsement Required)

Se Annette Kirk Pacso
St 16601 Garfield Space 312
City Paramount, CA 90723

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0000 6573 1731
7005 1820 0000 6573 1731

CERTIFIED MAIL

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:

Annette Kirk Paeso
16601 Garfield Space 312
Paramount, CA 90723

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: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from serv) 7005 1820 0000 6573 1731

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

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ATES PETROLEUM CORPORATION

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

SS SERVICE REQUESTED

PS Form 3800, June 2002
See Reverse for Instructions

City, S	Street or P.O.	Sent to	Total
	New Caney, TX 77357	Angela Long P.O. Box #334	7005 1820 0000 6573 1724
			7005 1820 0000 6573 1724

Return
Mayte-Production
Surface/Lease Commingle
Tank APS Federal Com #2H
Bailout Boa Fed Com #1H & Sand

11-12-09
(Endorsement Required)
Restricted delivery fee

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

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Angela Long P.O. Box #334 New Caney, TX 77357</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1620 0000 6573 1724</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		102595-02-M-1540	

PS Form 3811, February 2004

CERTIFIED MAIL

7005 1820 0000 6573 1717
7005 1820 0000 6573 1717

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage For Registered Mail)

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

OFFICIAL MAIL

Bailout Boa Fed Com #1H & S
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret.
(Endorse)

Restrict
(Endorse)

11-12-09

Total

Sent To

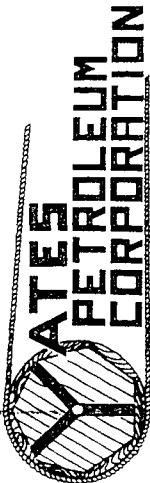
Street,
or PO

City, S

Murchison Jon
Account 43400024909
Prudential Securities
193 Rainbow Dr. #9328
Livingston, TX 77399-1093

PS Form 3800, October 2003

Murchis
Account
Prudenti
193 Rain
Livingst



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

ADDRESS SERVICE REQUESTED

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Murchison Jon
Account 43400024909
Prudential Securities
193 Rainbow Dr. #9328
Livingston, TX 77399-1093

2. Article Number

(Transfer from)

7005 1820 0000 6573 1717

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent

X

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

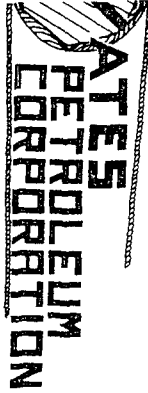
Certified Mail

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

Important Reminders

- Certified Mail is not insurable for more than \$500. For an additional delivery, To obtain a Receipt (PS Form 3811), Endorsement fee, Endorsement fee, a duplicate return receipt is required.
- For an additional addressee's address, an endorsement is required.
- If a postmark circle at the post office receipt is not in place, the return receipt will not be processed.

IMPORTANT: Send Internet access addressed to Addressee



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

DRESS SERVICE REQUESTED

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

Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Re	Mayte-Production
Endors	Resitic 11-12-09
(Endorsement Required)	
Total	
Sent	Loretta J. Moore
Street or PO	901 Washington
City, State, ZIP+4 [®]	Ryan, OK 73565-9514

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0000 6573 1700
7005 1820 0000 6573 1700

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

CERTIFIED MAIL

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:

Lorelta J. Moore
901 Washington
Ryan, OK 73565-9514

2. Article Number
(Transfer from service label)

7005 1820 0000 6573 1700

PS Form 3811, February 2004

Domestic Return Receipt

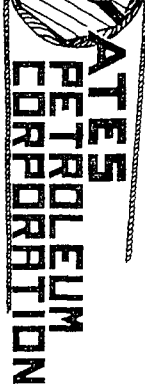
102595-02-M-1540

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



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

ADDRESS SERVICE REQUESTED

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

PS Form 3800, June 2002 See Reverse for Instructions

End: 11-12-09
Restricted Delivery Fee
Mayte-Production
Surface/Lease Commingle
Tank APS Federal Com #2H
Bailout Boa Fed Com #1H & Sand

To: Sue S. Graham
P.O. Box #987
Roswell, NM 88202-987

City, State, or Zip

7005 1620 0000 6573 1694
7005 1620 0000 6573 1694

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AND TIGHTEN 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:

Sue S. Graham
P.O. Box #987
Roswell, NM 88202-987

2. Article Number
(Transfer from se.

7005 1820 0000 6573 1694

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

Registered Mail
A unique identifier
A record of delivery
Certified Mail
Certified Mail
NO INSURANCE
/valuables, please
-or an additional
delivery, to obtain
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duplicate required.
-or an additional
addressee's address
endorsement
if a postmark
receipt is not
PORTANT: S
ernal access
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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 information visit our website at www.usps.com®	
Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
Reg. 11-12-09	
(Endorsement Required)	
To: First Roswell Company	
P.O. Box #1797	
Roswell, NM 88202-1797	
City, State or ZIP+4®	
PS Form 3800, June 2002	
See Reverse for Instructions	

First Roswell
P.O. Box
Roswell

PLACE STICKER AT TOP OF MAIL ONE TO THE RIGHT
OF THE RETURN ADDRESS AND AT THE RED 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:

First Roswell Company
P.O. Box #1797
Roswell, NM 88202-1797

COMPLETE THIS SECTION ON DELIVERY

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

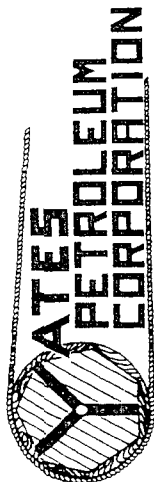
2. Article Number
(Transfer from service) 7005 1820 0000 6573 1687

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1670
7005 1820 0000 6573 1670

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
Ret (Endorse)	11-12-09
Restricted Delivery Fee (Endorsement Required)	
Tot:	Kathleen Fox
Sent	205 Valentine Lane
Sire or F	Longview, TX 75604
City,	
PS Form 3800, June 2002	

Kath
205
Lon

1. COMPLETE THIS SECTION ON DELIVERY
PLACE STICKER OFF TO THE RIGHT
OF THE RETURN ADDRESS
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:

Kathleen Fox
205 Valentine Lane
Longview, TX 75604

2. Article Number
(Transfer from service tag)

7005 1620 0000 6573 1670

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?
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
- Certified Mail
- Certified Mail
- NO INSURANCE on valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811, February 2004). Endorsement required.
- For an additional addressee's endorsement
- If a postmark is not at the post office, receipt is not required.

IMPORTANT: If Internet access is addressed to a

CERTIFIED MAIL

7005 1820 0000 6573 1663
7005 1820 0000 6573 1663

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

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

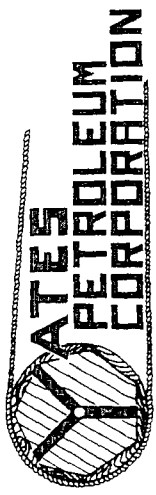
Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret
(Endorse
11-12-09
Restricted Delivery Fee
(Endorsement Required)

Total

Sent To: Mary Dorothe Duggan
15 E. Greenway Plaza Unit 12G
Houston, TX 77046-1504
Street, or PO Box
City, State

PS Form 3800, June 2002 See Reverse for Instructions

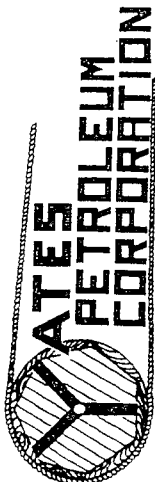


YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

IMPORTANT: \$
Internet acces
addressed to /

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1656
7005 1820 0000 6573 1656

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

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

Bailout Boa Fed Com #1H & San
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret: 11-12-09
(Endorse) Restricted Delivery Fee
(Endorsement Required)

To: Florence Martha, Dooley Estate
Patrick T. Dooley, Personal
1006-South 2nd Street
Artesia, NM 88210

PS Form 3800, June 2002

See Reverse for Instructions

Florence
Patrick
1006
Artesia

MAIL DELIVERY POINT SENDER/RECIPIENT AND ADDRESS INFORMATION FOR POSTAL SERVICE USE ONLY

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:

Florence Martha Dooley Estate
Patrick T. Dooley, Personal
1006 South 2nd Street
Artesia, NM 88210

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

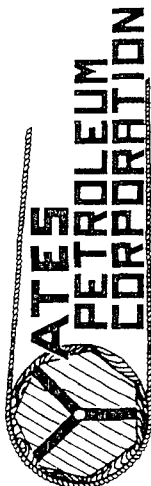
2. Article Number
(Transfer from service) 7005 1820 0000 6573 165b

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
■ NO INSURANCE on valuables, please
■ For an additional delivery. To obtain Receipt (PS Form 3811), a duplicate return receipt is required.
■ For an additional addressee's endorsement.
■ If a postmark is not received, the postmark is not valid.
IMPORTANT: Internet access addressed to



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

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1649
7005 1820 0000 6573 1649

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Reti (Endorse) Mayte-Production
Restrict 11-12-09
(Endorsement Required)

Marsha Dolinsky
14805 Mockinbird Drive
Germantown, MD 20874

PS Form 3800, June 2002

See Reverse for Instructions

POSTNET ADDRESS ONLY

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:

Marsha Dolinsky
14805 Mockinbird Drive
Germantown, MD 20874

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

2. Article Number 7005 1820 0000 6573 1649
(Transfer from ser)

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 Return Receipt
- 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 required.

IMPORTANT: Send Internet access addressed to A

CERTIFIED MAIL™

7005 1820 0000 6573 1632
7005 1820 0000 6573 1632

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Rett
(Endorse)
11-12-09
Restricted Delivery Fee
(Endorsement Required)

To

Sue Lafett Day
1705 Jennifer
Houston, TX 77029

PS Form 3800, June 2002

See Reverse for



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

ADDRESS 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:

Sue Lafelt Day
1705 Jennifer
Houston, TX 77029

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 Sender's copy)

7005 1820 0000 6573 1632

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), fee. Endorsement required.
- For an additional addressee's address, endorsement
- If a postmark is placed at the post office, receipt is not required.

IMPORTANT: S Internet access addressed to A

UNITED MAIL

7005 1820 0000 6573 1625
7005 1820 0000 6573 1625

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

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

Bailout Boa Fed Com #1H & San	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
Ret. (Endorse)	11-12-09
Restricted Delivery Fee (Endorsement Required)	
Total Pct	
Sent To	Frances J. Day
Street, Apt. or PO Box	C/O Angela Long
City, State	P.O. Box #334
	New Caney, TX 77357

PS Form 3800, June 2002 See Reverse

FOR NO



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

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

3. Article Addressed to:

Frances J. Day
C/O Angela Long
P.O. Box #334
New Caney, TX 77357

2. Article Numr
(Transfer fro
7005 1820 0000 6573 1625

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 Reminder

- ☐ Certified Mail
- ☐ Certified Mail
- ☐ NO INSURANCE for valuables, please
- ☐ For an additional delivery. To obtain Receipt (PS Form 3800), fee. Endorsement a duplicate receipt required.
- ☐ For an additional addressee's endorsement
- ☐ If a postmark clearly at the post office is not

IMPORTANT:
Internet access
addressed to

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Certified Mail

☐ Express Mail☐ Registered☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

7005 1620 0000 6573 1618
7005 1620 0000 6573 1618

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle

At
(End on) Mayte-Production

11-12-09
Restricted Delivery Fee
(Endorsement Required)

To
Bobby Lee Carrell
19951 Monday Hargrove
New Caney, TX 77357

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

Bobby Lee Carrell
19951 Monday Hargrove
New Caney, TX 77357

2. Article Number

(Transfer from service)

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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

3. Service Type

☒ Certified Mail

☐ Express Mail☐ Registered
☐ Insured 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
valuables, please

- For an additional delivery. To obtain Receipt (PS Form 3840), fee. Endorse on a duplicate return required.

- For an addit
- addressee's a
- endorsement

- If a postmark is not present on the receipt, the receipt is not valid.

IMPORTANT: S
Internet access:
addressed to A



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

ADDRESS SERVICE REQUESTED

7005 1620 0000 6573 1601
7005 1620 0000 6573 1601

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Rel
(Endorse)
11-12-09
Restricted Delivery Fee
(Endorsement)

Tot.
Sent By Royalty LTD.
P.O. Box #840
Artesia, NM 88211

Street,
or P.O.
City, St.

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:

By Royalty LTD.
P.O. Box #840
Artesia, NM 88211

2. Article Number
(Transfer from service lat

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

[illegible]

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

7005 1820 0000 6512 2000

Certified Manager

- A mailing receipt
 - A unique identification number
 - A record of the item's location
- Important Reminder:**
- Certified Mail is required for all items.
 - Certified Mail is required for all items.
 - NO INSURANCE coverage for valuables, please.
 - For an additional mailing receipt, a delivery. To obtain a Receipt (PS Form 3800), an additional fee, Endorsement, a duplicate receipt is required.
 - For an additional mailing receipt, an addressee's address and endorsement.
 - If a postmark is not clear at the post office, a receipt is not required.
- IMPORTANT:** Send all Internet access information addressed to:

IMPORTANT: S
Internet acces
addressed to 7

MAIL CERTIFICATE
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:

Ruby Crosby Bell Family
Limited Partnership #1
1331 3rd Street
New Orleans, LA 70130-5743

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service)

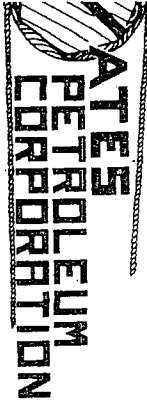
7005 1,820 0000 6573 1595

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Ma Rec g ide d of c Ren Mail Mail Ma SURJ ps, pl additi To c (PS) Jorse Date r Date s add see's emer timate the p is nc ANT: 3cc2 ed to



S 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)	
For delivery information visit our website at www.usps.com	
Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
Re	Endors
11-12-09	(Endorsement Required)
Restricted Delivery Fee	
Total F	
Sent To	Street, A
Limited Partnership #1	or PO Box
1331 3rd Street	City, State
New Orleans, LA 70130-5743	
PS Form 3800, June 2002	
See Reverse for Instructions	

7005 1820 0000 6573 1595
7005 1820 0000 6573 1595

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:

Harvey E. Yates Company
Sunwest Centre
P.O. Box #1933
Roswell, NM 88202-1933

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service)

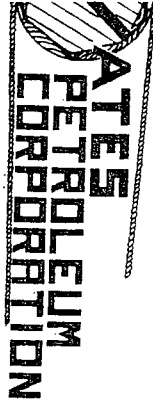
7005 1820 0000 6573 1588

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

2005 1820 0000 6573 1588
2005 1820 0000 6573 1588

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

Bailout Boa Fed Com #1H & Sand
Tank APS-Federal Com #2H
Surface/Lease Commingle
Mayte-Production
Re
Endorse
11-12-09
Restricted Delivery Fee
(Endorsement Required)

1 Harvey E. Yates Company
Sunwest Centre
P.O. Box #1933
City: Roswell, NM 88202-1933
State or PO
PS Form 3800, June 2002
See Reverse for Instructions

CERTIFIED MAIL

7005 1820 0000 6573 1571
7005 1820 0000 6573 1571

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

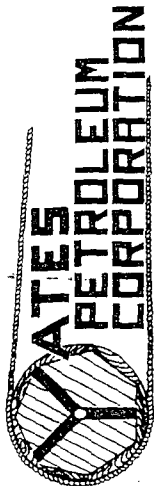
For delivery information visit our website at www.usps.com

Bailout Boa Fed Com #1H & Sar
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production
Ret (Endorse 11-12-00
Restricted Delivery Fee (Endorsement Required)

Total
Trust Q. U/W/O Peggy A. Yates
P.O. Box #900
Artesia, NM 88211-0900

Sent To
Street,
or PO Box
City, State

PS Form 3800, June 2002 See Reverse



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

ADDRESS 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:

Trust Q. U/W/O Peggy A. Yates
P.O. Box #900
Artesia, NM 88211-0900

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 ☐ No
If YES, enter delivery address below:

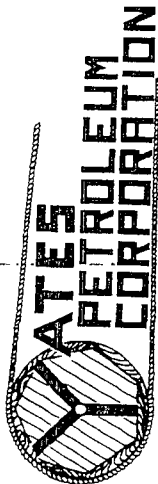
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Numl 7005 1820 0000 6573 1577
(Transfer from service meter)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-10

Certified Mail
 ■ A mailing receipt
 ■ A unique identifier
 ■ A record of delivery
Important Reminder
 ■ Certified Mail®
 ■ Certified Mail®
 ■ NO INSURANCE for valuables, please
 ■ For an additional delivery. To obtain Receipt (PS Form 3811), fee. Endorsement a duplicate return required.
 ■ For an additional addressee's address endorsement.
 ■ If a postmark is clear at the post office, the receipt is not required.
IMPORTANT: Send Internet access addressed to A

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1564
7005 1820 0000 6573 1564

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

(End 11-17-09
Restricted Delivery Fee
(Endorsement Required)

Total

Sent to: EOG Resources, INC
Street or PO: P.O. Box #840321
City, S: Dallas, TX 75284-0321

PS Form 3800, June 2002

See Reverse for

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:

EOG Resources, INC
P.O. Box #840321
Dallas, TX 75284-0321

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 ☒ No
If YES, enter delivery address below:

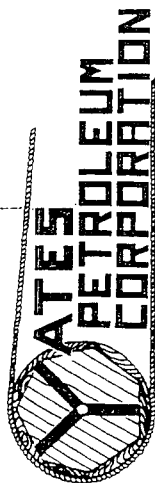
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7005 1820 0000 6573 1564
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 102396-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identifier
■ A record of delivery
Important Reminders
■ Certified Mail is not insurable for more than \$500. For valuables, please use Registered Mail.
■ For an additional delivery, To obtain a Return Receipt (PS Form 3811), you must pay a fee. Endorsement required.
■ For an additional delivery, To obtain a Return Receipt (PS Form 3811), you must pay a fee. Endorsement required.
■ If a postmark on the receipt is not needed, the postmark on the receipt is not needed.
IMPORTANT: Save this card. It is your proof of delivery.
Internet access to delivery status is available at www.usps.com

CERTIFIED MAIL[™]



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

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1557
7005 1820 0000 6573 1557

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

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

_____ Bailout Boa Fed Com #1H & Sar
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Reti
(Endorse
11-12-09
Restricted Delivery Fee
(Endorsement Required)

To

Ser Jalapeno Corporation
Str P.O. Box #1608
or
City Albuquerque, NM 87103-1608

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jalapeno Corporation
P.O. Box #1608
Albuquerque, NM 87103-1608

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

2. Article Number 7005 1820 0000 6573 1557
(Transfer from serviceability)

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 must be paid for at the time of mailing.
■ Certified Mail is not insurable for more than \$500.
■ For an additional delivery, To obtain a Return Receipt (PS Form 3811), Endorsement must be made on the back of the mailpiece.
■ For an additional addressee's address, Endorsement must be made on the back of the mailpiece.
■ If a postmark circle at the post office, the receipt is not valid.
IMPORTANT: Send Internet access addressed to Al

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

Paula Dooley, Personal
Representative of the Estate of
William Patrick Dooley
1006 South 2nd Street
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7005 1820 0000 6573 1540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

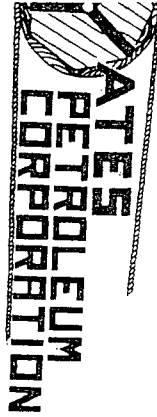
B. Received by (Printed Name)

C. Date of Delivery

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

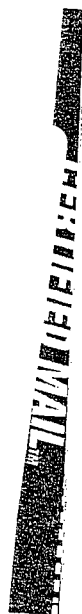
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED



7005 1820 0000 6573 1540
7005 1820 0000 6573 1540

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

Relt	11-12-09	Endorse
(Endorsement Required)	Restricted Delivery Fee	
Total	Paula Dooley, Personal	
Sent To	Representative of the Estate of	
Street	William Patrick Dooley	
City, St.	1006 South 2nd Street	
	Artesia, NM 88210	

Post-Form 3800, June 2002 See Reverse for Instructions

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

PLACE STICKERS AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AND 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:

Wills Royalty, INC.
P.O. Box #1658
Carlsbad, NM 88221-1658

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

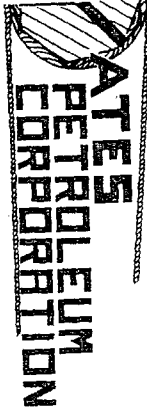
2. Article Number
(Transfer from se...)

7005 1820 0000 6573 1533

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7005 1620 0000 6573 1533
7005 1620 0000 6573 1533

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
(Endo)	11-12-09
(Endorsement Required)	
Tr	Willis Royalty, INC.
Ser	P.O. Box #1658
Stn	Carlsbad, NM 88221-1658
City	

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martha I. Gaither
3827 Sioux Avenue
Kingman, AZ 86401-7353

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

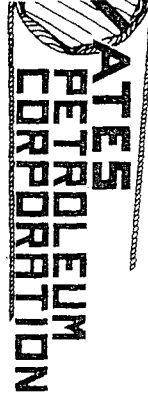
2. Article Num¹
(Transfer fro¹)

7005 1820 0000 6573 1526

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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

ADDRESS SERVICE REQUESTED

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

Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
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11-12-09	
(Restricted Delivery Fee)	
Total	
Sent to	Street
3827 Sioux Avenue	
City, St.	
Kingman, AZ 86401-7353	

PS Form 3800, June 2004
See reverse for instructions

7005 1820 0000 6573 1526
7005 1820 0000 6573 1526

PS Form 3811, February 2004
PSN 7530-01-000-9001
U.S. POSTAL SERVICE
FIRST CLASS PERMIT NO. 1001
WASHINGTON, DC 20501-0001

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Toles Company, A LTD PTNSP
P.O. Box #1300
Roswell, NM 88202-1300

COMPLETE THIS SECTION ON DELIVERY

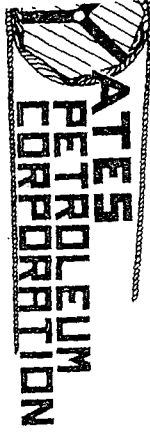
- A. Signature ☐ Agent
☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7003 2260 0001 0516 8537

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

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ARTES 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 information visit our website at www.usps.com	
Bailout Boa Fed Com #1H & Sand	0516 8537
Tank APS Federal Com #2H	0516 8537
Surface/Lease Commingle	0001
Mayte-Production	2260
Return (Endorsement Required)	0001
11-12-09	2260
Restricted Delivery Fee	2260
(Endorsement Required)	2260
Total Postage & Fees	2260
Sent	7003
The Toles Company, A LTD PTNSP	7003
P.O. Box #1300	7003
Roswell, NM 88202-1300	7003
City, St	7003
Street or P.O.	7003
PS Form 3849, June 2002	
See Reverse for Instructions	

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Brothers
105 South 4th Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

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

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

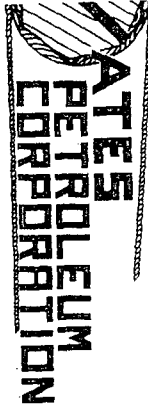
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service) 7003 2260 0001 0516 0513

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



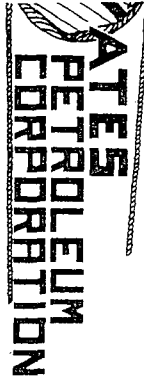
S BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at usps.com	
Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
Endorsement	1-1-12-09
Restricted Delivery Fee (Endorsement Required)	
Total P	
Sent To	
Street, Apt or PO Box	Yates Brothers
City, State	105 South 4 th Street
Artesia, NM 88210	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 2260 0001 0516 8513
7003 2260 0001 0516 8513



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

PRESS SERVICE REQUESTED

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
To: Bailout Boa Fed Com #1H & Sand	
Tank APS Federal Com #2H	
Surface/Lease Commingle	
Mayte-Production	
11-12-09	
(Endorsement Required)	
Restricted Delivery Fee	
(Endorsement Required)	
Total:	
Sent To	Richard Yates
Street	105 South 4 th Street
City, St	Artesia, NM 88210
or PO Box	
PS Form 3800, June 2002	
See Reverse for Instructions	

PLACE STICKER HERE TO RETURN TO SENDER
DO NOT REMOVE THIS STICKER

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Richard Yates 105 South 4th Street Artesia, NM 88210</p>		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 2260 0001 0516 8520	

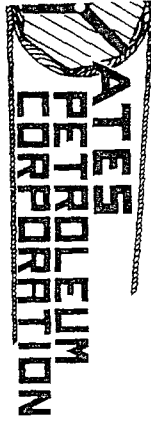
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Mail receipt identification
number and delivery
point

PLEASE STICKEN AT TOP OF ENVELOPE TO THE RIGHT
UNIT YELLOW LABEL ADDRESS FIELD RETURN MAIL TO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <div><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>	
1. Article Addressed to: Peyton Yates 105 South 4 th Street Artesia, NM 88210		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from ser)		7003 2260 0001 0516 8506	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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ES 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)	
For Del	Return Receipt Fee
Bailout Boa Fed Com #1H & Sand	11-12-09
Tank APS Federal Com #2H	Mayte-Production
Surface/Lease Commingle	
	Return receipt fee
	(Endorsement Required)
	Restricted Delivery Fee
	(Endorsement Required)
	Total Pct
7003	2260 0001 0516 8506
7003	2260 0001 0516 8506
Sent to	
Peyton Yates	
Street, Ap	105 South 4 th Street
or PO Box	Artesia, NM 88210
City, State	
PS Form 3800, June 2002	
See Reverse for Instructions	

CERTIFIED MAIL™

7009 2250 0004 1781 0961
7009 2250 0004 1781 0961

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
SANDTANIC & BALLOTT COMM 9-27-10	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
MAITE-PROP 9-27-10 Postmark Here	
Bureau of Land management 620 E. Greene Carlsbad, NM 88220	
PS Form 3800, August 2006	See Reverse for Instructions

Bureau of Land management
620 E. Greene
Carlsbad, NM 88220

PS Form 3811, February 2004	
Domestic Return Receipt	
102595-02-M-1540	
2. Article Number (Transfer from service) 7009 2250 0004 1781 0961	
1. Article Addressed to: Bureau of Land management 620 E. Greene Carlsbad, NM 88220	
3. Service Type <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	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
B. Received by (Printed Name) C. Date of Delivery	
A. Signature X <input type="checkbox"/> Addressee <input type="checkbox"/> Agent	
COMPLETE THIS SECTION ON DELIVERY	
SENDER: COMPLETE THIS SECTION	
1. Article Addressed to: Bureau of Land management 620 E. Greene Carlsbad, NM 88220	
2. Article Number (Transfer from service) 7009 2250 0004 1781 0961	
3. Service Type <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	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
B. Received by (Printed Name) C. Date of Delivery	
A. Signature X <input type="checkbox"/> Addressee <input type="checkbox"/> Agent	
COMPLETE THIS SECTION ON DELIVERY	
SENDER: COMPLETE THIS SECTION	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Serial No.
LC055374(SHL);LC060904(BHL)
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well



Oil Well



Gas Well



Other

Re-Submit

2. Name of Operator

Yates Petroleum Corporation

3a. Address

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

3b. Phone No. (include area code)

575-748-1471

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

1770' FSL & 410 FEL NESE Unit Letter I of Section 12-T18S-R29E

1958' FSL & 427' FWL NWSW Unit Letter L of Section 12-T18S-R29E

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

8. Well Name and No.

Bailout BOA Federal Com #1H

9. API Well No.

30-015-37168

10. Field and Pool or Exploratory Area

Sand Tank; Bone Spring

11. County or Parish, State

Eddy, County

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Surface/Lease</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Commingle</u>

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

Yates Petroleum Corporation respectfully requests administrative approval to Surface/Lease Commingle the following wells:

FEDERAL

Bailout BOA Federal Com #1H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

Sec-12-18S-29E

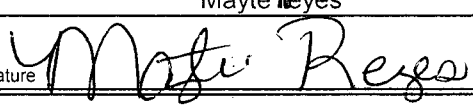
Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC050429B(BHL)

API#30-015-37167

See attached.

14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) Mayte Reyes	Title Production Clerk
Signature 	Date September 27, 2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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

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