

hinklelawfirm.com

## HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

WRITER

Gary W. Larson,  
Partner

glarson@hinklelawfirm.com

September 29, 2016

### VIA CERTIFIED MAIL

Abo Petroleum Corporation  
105 S. 4<sup>th</sup> Street  
Artesia, NM 88210

Re: Rockcliff Operating New Mexico LLC NMOCD Application

Dear Sir or Madam:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that Rockcliff Operating New Mexico LLC ("Rockcliff") has filed with the New Mexico Oil Conservation Division ("the Division").

The proposed non-standard spacing and proration unit is comprised of the E/2 E/2 of Section 20, Township 8 South, Range 34 East, N.M.P.M., Roosevelt County, New Mexico. The location of the proposed project area is orthodox. Abo Petroleum Corporation's ("Abo") interests are not being pooled, but as the owner of an interest in an offsetting tract, it is entitled to receive notice of Rockcliff's application.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 27, 2016 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Abo is not required to attend this hearing, but as an owner of an interest in an offset tract, it has the right to appear at the hearing and present testimony. If Abo does not appear at the hearing it will be precluded from contesting the matter at a later date.

A party appearing in the case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, October 20, 2016. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

OCD Case No. 15558

**ROCKCLIFF  
Exhibit # 5**

GWL:sm  
Enclosure

PO BOX 10  
ROSWELL, NEW MEXICO 88202  
575-622-6510  
(FAX) 575-623-9332

PO BOX 1720  
ARTESIA, NEW MEXICO 88210  
575-622-6510  
(FAX) 575-746-6316

PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
505-982-4554  
(FAX) 505-982-8623

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p><b>Abo Petroleum Corp.</b>  <b>105 S. 4th St.</b>  <b>Artesia, NM 88210</b></p> <p>9590 9402 1933 6123 6358 02</p> <p>2. Article Number (Transfer from service label)</p> <p><b>7014 0510 0000 9539 2565</b></p>		<p>A. Signature  <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>C. Date of Delivery</b>  <b>C. Stover</b> <b>10-5-16</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p><b>BLM</b>  <b>1849 C St NW, #5665</b>  <b>Washington, DC</b>  <b>20240</b></p> <p>9590 9402 1933 6123 6358 19</p> <p>2. Article Number (Transfer from service label)</p> <p><b>7014 0510 0000 9539 2572</b></p>		<p>A. Signature  <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>C. Date of Delivery</b>  <b>C. Richardson</b> <b>10-5-16</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <b>Byron Stover</b></p> <p>Street, Apt. No., or PO Box No. <b>1 NW Rocklin Rd.</b></p> <p>City, State, ZIP+4® <b>Bend, OR 97701</b></p>	

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

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

**OFFICIAL USE**

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

Sent To **Continental Corp.**  
 Street, Apt. No., or PO Box No. **321 S. Boston**  
 City, State, ZIP+4® **Tulsa OK 74103**

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 2596

USPS SANTA FE NM 87501  
 Postmark OCT 29 2016  
 SANTA FE MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Elizabeth Bear</b>  <b>1428 E. Maplewood Ct.</b>  <b>Centennial, CO 80121</b></p> <p>9590 9402 1933 6123 6358 40</p> <p>2. Article Number (Transfer from service label)</p> <p><b>7014 0510 0000 9539 2602</b></p>	<p>A. Signature</p> <p><b>Elizabeth Bear</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><b>Elizabeth Bear</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Jennis Kauffman</b>  <b>10735 Villa Lea</b>  <b>Houston, TX 77071</b></p> <p>9590 9402 1933 6123 6358 41</p> <p>2. Article Number (Transfer from service label)</p> <p><b>7014 0510 0000 9539 2619</b></p>	<p>A. Signature</p> <p><b>Jennis Kauffman</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><b>Jennis Kauffman</b></p> <p>C. Date of Delivery</p> <p><b>10/05/16</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7014 0510 0000 9539 2632

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: <b>Joseph Kennedy</b> Street, Apt. No. or PO Box No.: <b>P.O. Box 532</b> City, State, ZIP+4: <b>Stephenville TX 76401</b>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<b>A. Signature</b> <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<b>1. Article Addressed to:</b> <b>Kerr-McGee Oil &amp; Gas</b> <b>1201 Lake Robbins Dr.</b> <b>The Woodlands, TX 77380</b>	<b>B. Received by (Printed Name)</b>  <b>C. Date of Delivery</b> <b>10/25/16</b>
<b>2. Article Number (Transfer from service label)</b> <b>7014 0510 0000 9539 2633</b>	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (00)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<b>A. Signature</b> <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<b>1. Article Addressed to:</b> <b>Liessa Wright</b> <b>5777 Carell Ave.</b> <b>Agoura Hills, CA 91301</b>	<b>B. Received by (Printed Name)</b> <b>Liessa Wright</b> <b>C. Date of Delivery</b> <b>10/25</b>
<b>2. Article Number (Transfer from service label)</b> <b>7014 0510 0000 9539 2640</b>	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.  
☒ 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:

Marc Schuman  
 10627 Pictured Rocks Dr.  
 Peyton, CO 80831

9590 9402 1933 6123 6358 95

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2657

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Marc Schuman

C. Date of Delivery

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

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

all Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.  
☒ 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:

Matt Schumann  
 789 Horatio Ave.  
 Buffalo Grove, IL 60089

9590 9402 1933 6123 6359 01

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2664

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Matt Schumann

C. Date of Delivery

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

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

all Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.  
☒ 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:

Myco Industries Inc.  
 423 W. Main St.  
 Artesia, NM 88210

9590 9402 1933 6123 6359 01

2. Article Number (Transfer from service label)

7014 0510 0000 9539 2671

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Chris Hunt

C. Date of Delivery

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

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

all Restricted Delivery

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete Items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		<b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> <b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b> <b>If YES, enter delivery address below: <input type="checkbox"/> No</b>	
1. Article Addressed to: OXY 41 Company 5 Greenway Plaza #110 Houston, TX 77046 9590 9402 1933 6123 6359 25		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7014 0510 0000 9539 2688		<input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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<input checked="" type="checkbox"/> Complete Items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		<b>A. Signature</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> <b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b> <b>If YES, enter delivery address below: <input type="checkbox"/> No</b>	
1. Article Addressed to: PEC Minerals LP 16400 N. Dallas Pkwy #400 Dallas, TX 75248 9590 9402 1933 6123 6359 25		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7014 0510 0000 9539 2695		<input type="checkbox"/> Restricted Delivery	
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OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP	
Royalty Exchange P.O. Box 6264 San Antonio, TX 78209	
PS Form 3800, August 2006 See Reverse for Instructions	

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**OFFICIAL USE**

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

Sent to: **Daniel & Vida Schuman Trust**  
 Street, Apt. No., or PO Box No. **3818 S. Florence Place**  
 City, State, ZIP+4 **Tulsa OK 74105**

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9539 2718

USPS SANTA FE NM 87501  
 Postmark OCT 29 2016  
 SANTA FE MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete Items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:  <b>Yates Petroleum Corp.</b>  <b>105 S. 4th St.</b>  <b>Artesia, NM 88210</b></p> <p>9590 9402 1933 6123 636U 21</p> <p>2. Article Number (Transfer from service label)  <b>7014 0510 0000 9539 2725</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>BR</b> C. Date of Delivery <b>10/31/10</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

AFFIDAVIT OF LEGAL PUBLICATION

LEGAL # 51800

STATE OF NEW MEXICO  
COUNTY OF ROOSEVELT:

The undersigned, being duly sworn, says:  
That she is a Legal Clerk of  
The PORTALES NEWS-TRIBUNE, a daily  
Newspaper of general circulation,  
published in English at Portales,  
said county and state, and that the  
hereto attached


LEGAL 51800 OCTOBER 4, 2

was published in said PORTALES NEWS-TRIBUNE,  
a daily newspaper duly  
qualified for that purpose within  
the meaning of Chapter 167 of the  
1937 Session Laws of the State of  
New Mexico for 1 consecutive  
days/weeks on the same days as follows:

10/04/2016

*Tammy Newby*  
Legal Clerk

Subscribed and sworn to before me  
4th day of October, 2016

*Leslie Nagy*  
Notary Public  
Leslie Nagy  
 OFFICIAL SEAL  
LESLIE NAGY  
NOTARY PUBLIC STATE OF NEW MEXICO  
My commission expires \_\_\_\_\_

My Commission Expires: 05/24/2019

LEGAL 51800  
October 4, 2016

This is to notify all interested parties, including Robert Carey Welsh, Darryl Allan Welsh, Charles Ray Welsh, Brandon Detamore, Kevin Detamore, Erik Detamore, the Bureau of Land Management, PEC Minerals LP, Royalty Exchange Inc., Byron Stover, Elizabeth Bear, heir of Helen Vickers, Liessa T. Wright, Matt J. Schumann, Jennis Kaufman, Marc Schuman, the Daniel P. and Vida K. Schuman Revocable Trust, Continental Corporation, Yates Petroleum Corporation, Myco Industries Inc., Abo Petroleum Corp., Kerr-McGee Oil & Gas Onshore LP, Joseph D. Kennedy, and their heirs, devisees, successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application filed by Rockcliff Operating New Mexico LLC ("Rockcliff") at 8:15 a.m. on October 27, 2016 in Porter Hall at 1220 South St. Francis Drive, Santa Fe, New Mexico. Rockcliff seeks an order (i) approving a 160-acre, non-standard oil spacing and proration unit (project area) comprised of the E/2 E/2 of Section 20, Township 8 South, Range 34 East, NMPM, in Roosevelt County, and (ii) pooling all uncommitted mineral interests in the San Andres formation underlying this acreage. The project area is to be dedicated to Rockcliff's Annapurna 20 #1H well, which will be horizontally drilled from a surface location in Unit P of Section 17, Township 8 South, Range 34 East to a bottom hole location in Unit P of Section 20, Township 8 South, Range 34 East. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Rockcliff as the operator of the well, and a 200% charge for the risk involved in drilling and completing the

well. The proposed project area is located approximately nine (9) miles west of Milnesand, New Mexico.

OCD Case No. 15558

**ROCKCLIFF  
Exhibit # 6**