

**VANDIVER & BOWMAN, P. C.**

**Attorneys at Law**

611 West Mahone, Suite E  
Artesia, New Mexico 88210-2075  
(575) 746-9841

DAVID R. VANDIVER  
JEFFREY L. BOWMAN

FAX  
(575) 746-4208

March 15, 2011

Mr. Richard Ezeanyim, P.E.  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505

*Re: New Mexico Oil Conservation Division Case No. 14598;  
In the Matter of the Application of Yates Petroleum  
Corporation for a Non-Standard Spacing and Proration  
Unit and Compulsory Pooling, Eddy County, New  
Mexico.*

Dear Mr. Ezeanyim:

Yates Petroleum Corporation presented evidence in this case at the February 17, 2011 examiner hearing. The case was continued to the March 17 examiner hearing because notice of the application had not been given to offset operators. In order to be in a position to take the case under advisement, you requested that Yates provide the following additional matters to which Yates responds as follows:

1. You requested that Yates provide notice of its application to offset operators and working interest owners in adjoining spacing units. In response to this request, I am enclosing the original and one copy of Affidavit of Notice which reflects compliance with Rules 19.15.4.9 and 19.15.4.12 NMAC with respect to the affected parties.
2. You requested a plat showing the project area for Yates' proposed horizontal well. Enclosed are two copies of Oil Conservation Division Form C-102, Well Location and Acreage Dedication Plat, for the proposed Dee 36 SE State Com. No. 7H Well which shows the surface location, the penetration point of the producing formation and the proposed bottom hole location. The proposed project area for this horizontal well consists

of S/2 S/2 Section 36, Township 19 South, Range 24 East, which is highlighted in yellow on the plat.

Yates moves that the enclosed Affidavit of Notice and Oil Conservation Division Form C-102 be admitted into evidence in this case.

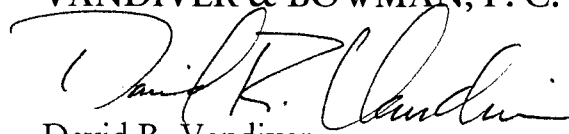
3. The third matter you requested was information regarding whether or not the API number would change after the well is re-entered and converted from a vertical to a horizontal well. The original API number for the well which is the subject of this application is 3001526185. Yates has made several inquiries regarding the API number. It appears that the well will continue to have the same ten-digit number, which is tied to its surface location, but it is possible that by virtue of the re-entry of the well, either the numbers 01 or 0001 could be added to the original API number. Yates cannot report with any certainty whether the API number will change from a ten-digit to a twelve or fourteen-digit number.

I noticed that this case is not listed on the docket for the March 17 examiner hearing, but I understand from Ms. Davidson that the docket will be supplemented to include Case No. 14598. I do not have any other cases scheduled for the March 17 examiner hearing, and I therefore request permission to appear by telephone if necessary. Please let me know whether or not it will be acceptable for me to be available by telephone. I can be reached at either 575-746-9841 or 575-513-1138.

We previously submitted to you a proposed order for your use in this case. Please let me know if we can provide any additional evidence or documentation which will assist the Division in entering an order. Thank you for considering the enclosures with respect to the issues presented in this case.

Very truly yours,

VANDIVER & BOWMAN, P. C.



David R. Vandiver

DRV:ldc

Encl./as stated

cc w/encl.: Mr. James Bruce  
Mr. Chuck Moran

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION  
OF YATES PETROLEUM CORPORATION  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT AND COMPULSORY  
POOLING, EDDY COUNTY, NEW  
MEXICO.

CASE NO. 14598

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AFFIDAVIT OF NOTICE

---

STATE OF NEW MEXICO     )  
                                     :     ss.  
COUNTY OF EDDY         )

DAVID R. VANDIVER, being first duly sworn, upon oath, states that affiant is the attorney for Yates Petroleum Corporation in this case and has personal knowledge of the matters stated herein; that the notice provisions of Rules 19.15.4.9 and 19.15.4.12 NMAC have been complied with; that applicant has caused to be conducted a good-faith diligent effort to find the correct addresses of all interested persons entitled to receive notice with respect to applicant's Application for Non-Standard Spacing and Proration Unit and Compulsory Pooling; and that pursuant to Rules 19.15.4.9 and 19.15.4.12 NMAC, notice has been given at the correct addresses as provided by such rules.

In support hereof, affiant states that a true copy of the Application of Yates Petroleum Corporation for a Non-Standard Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico, on file in this case was mailed in accordance with

Rules 19.15.4.9 and 19.15.4.12 NMAC, to each known individual owning an interest in the mineral estate consisting of an uncommitted leasehold interest, an unleased and uncommitted mineral interest, or royalty interest not subject to a pooling or unitization clause in any portion of the lands affected by such application, which interest must be committed and has not been voluntarily committed to the area proposed to be pooled or unitized, and to each offset operator or if none, to each working interest owner in each adjoining spacing unit, in a securely sealed, certified mail, return receipt requested, postage prepaid envelope, addressed to the following parties:

Abo Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Auvenshines's Children's Testamentary Trust  
Cathie Cone McCown, Trustee  
P.O. Box 507  
Dripping Spring, Texas 78620

Bank of Oklahoma, N.A., Successor Trustee of the Trust created under the Will and  
Codicil of Kathleen Cone, deceased, f/b/o children of Tom R. Cone  
P.O. Box 1588  
Tulsa, Oklahoma 74101-1588

Bureau of Land Management  
620 East Green Street  
Carlsbad, New Mexico 88220

Cathie Cone McCown  
P.O. Box 658  
Dripping Spring, Texas 78620

Clayton Barnhill  
P.O. Box 2304  
Roswell, New Mexico 88202-2304

Kenneth G. Cone  
P.O. Box 11310  
Midland, Texas 79702

Kenneth G. Cone, Trustee of the Trusts created under the Will and Codicil of Kathleen  
Cone, deceased, f/b/o children of Kenneth G. Cone

P.O. Box 11310

Midland, Texas 79702

Myco Industries, Inc.

105 South Fourth Street

Artesia, New Mexico 88210

Nearburg Producing Company

3300 North "A" Street

Building 2, Suite 120

Midland, Texas 79705

Oxy USA WTP Limited Partnership

P.O. Box 27570

Houston, Texas 77227

OXY Y-1 Company

Attn: Land Manager

P.O. Box 4294

Houston, Texas 77210-4294

Randy Lee Cone

P.O. Box 231034

Anchorage, Alaska 99523

Sacramento Partners Limited Partnership

105 South Fourth Street

Artesia, New Mexico 88210

Sharbro Oil Ltd. Co.

105 South Fourth Street

Artesia, New Mexico 88210

Stipp Properties, LLC

P.O. Box 2613

Midland, Texas 79702

The De Compiegne Property Company No. 20 Ltd.

P.O. Box 1071

Midland, Texas 79702-1071

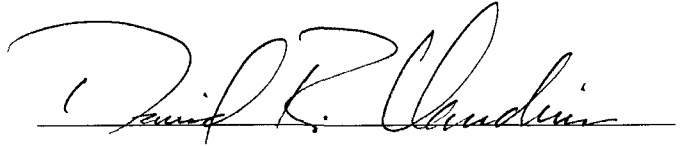
Tierra Oil Company, LLC  
P.O. Box 700968  
San Antonio, Texas 78270-0968

Tom R. Cone  
P.O. Box 400  
Southwest City, Missouri 64863

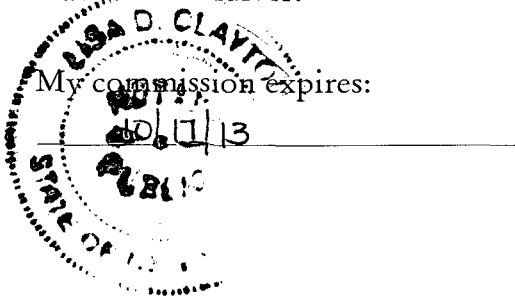
Torch Oil & Gas Company  
670 Dona Ana Road SW  
Deming, New Mexico 88030

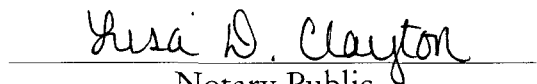
W. Chris Barnhill and Donna M. Barnhill  
19950 Park Ranch  
San Antonio, Texas 78259

on the 25th day of February, 2011, as reflected by the copy of the letter transmitting such  
copies of the application and the return receipts executed on behalf of the addressees,  
attached hereto.

  
David R. Vandiver

SUBSCRIBED AND SWORN TO before me this 15th day of March, 2011, by  
David R. Vandiver.



  
Notary Public

✓ ANDIVER & BOWMAN, P.C.

Attorneys at Law

611 West Mahone, Suite E  
Artesia, New Mexico 88210-2075  
(575) 746-9841

DAVID R. VANDIVER  
JEFFREY L. BOWMAN

FAX  
(575) 746-4208

February 25, 2011

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

TO: *OFFSET OPERATORS AND WORKING INTEREST OWNERS IDENTIFIED ON  
EXHIBIT "A"*

*Re: New Mexico Oil Conservation Division Case No. 14598, In the  
Matter of the Application of Yates Petroleum Corporation for a Non-  
Standard Spacing and Proration Unit and Compulsory Pooling, Eddy  
County, New Mexico.*

Ladies and Gentlemen:

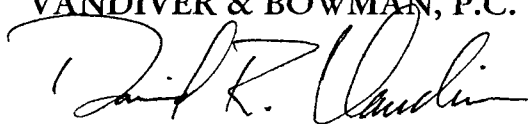
This letter will advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order (1) creating a non-standard spacing unit comprised of S/2 S/2 Section 36, Township 19 South, Range 24 East, N.M.P.M., Eddy County, New Mexico, which will be a 160-acre project area for its Dee 36SE State Com. No. 7H Well (formerly known as the Dee 36SW State Com. No. 2 Well), and (2) pooling all mineral interests in the Cisco formation underlying S/2 S/2 of said Section 36. Yates proposes to reenter and drill the well, located 940 feet from the south line and 990 feet from the west line of Section 36, to a true vertical depth of approximately 7,500 feet (estimated measured depth of approximately 11,255 feet), and then in an easterly direction to a terminus 940 feet from the south line and 660 feet from the east line of Section 36 to test the Cisco formation underlying the proposed project area.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 17, 2011. The hearing will be held in the Oil Conservation Division Hearing Room located at 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Oil Conservation Division's Santa Fe Office, counsel for the Applicant and other parties with a pre-hearing statement at least four business days in advance of the scheduled hearing, but no later than on the Thursday preceding the hearing, in accordance with Division Rule 19.15.4.13. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing and in case of expert witnesses, their fields of expertise; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

**VANDIVER & BOWMAN, P.C.**

A handwritten signature in black ink, appearing to read "David R. Vandiver", is written over the printed name.

David R. Vandiver

Attorneys for Yates Petroleum Corporation

DRV:ldc

*Encl. as stated*

*cc: Mr. Chuck Moran*



Yates Petroleum Corporation  
Dee 36SE State Com #7H  
Offset Operators / Working Interest Owners Notice

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Abo Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210

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

Bank of Oklahoma, N.A. Successor Trustee  
of the Trust Created Under the Will and  
Codicil of Kathleen Cone, Deceased for the  
Benefit of the Children of Tom R. Cone  
P. O. Box 1588  
Tulsa, OK 74101-1588

Bureau of Land Management  
620 E. Green Street  
Carlsbad, NM 88220

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

Clayton Barnhill  
P. O. Box 2304  
Roswell, NM 88202-2304

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

Kenneth G. Cone, Trustee of the Trusts  
Created Under the Will and Codicil of  
Kathleen Cone, Deceased for the Benefit of  
the Children of Kenneth G. Cone  
P. O. Box 11310  
Midland, TX 79702

Myco Industries, Inc.  
105 S. 4th Street  
Artesia, NM 88210

Nearburg Producing Company  
3300 North "A" Street  
Building 2, Suite 120  
Midland, TX 79705

Oxy USA WTP Limited Partnership  
P. O. Box 27570  
Houston, TX 77227

Oxy Y-1 Company  
Attn: Land Manager  
P. O. Box 4294  
Houston, TX 77210-4294

Randy Lee Cone  
P. O. Box 231034  
Anchorage, AK 99523

Sacramento Partners Limited Partnership  
105 S. 4th Street  
Artesia, NM 88210

Sharbro Oil., Ltd., Co.  
105 S. 4th Street  
Artesia, NM 88210

Stipp Properties, LLC  
P. O. Box 2613  
Midland, TX 79702

The De Compiegne Property Company No.  
20, Ltd.  
P. O. Box 1071  
Midland, TX 79702-1071

Tierra Oil Company, LLC  
P. O. Box 700968  
San Antonio, TX 78270-0968

Tom R. Cone  
P. O. Box 400  
Southwest City, MO 64863

Torch Oil & Gas Company  
670 Dona Ana Road SW  
Deming, NM 88030

W. Chris Barnhill and Donna M. Barnhill,  
H&W  
19950 Park Ranch  
San Antonio, TX 78259

Yates Petroleum Corporation  
105 S. 4th Street  
Artesia, NM 88210

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input 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 <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to:		3. Service Type	
She De Compagne Property Company No 20 Ltd		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
P.O. Box 1071		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Midland, Tx 79702-1071		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label) 7009 0820 0001 4129 5521			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input 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 <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to:		3. Service Type	
Stipp Properties, LLC		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
P.O. Box 2613		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Midland, Tx 79702		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label) 7009 0820 0001 4129 5514			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input 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 <input type="checkbox"/> No If YES, enter delivery address below:</p>	
Article Addressed to:		3. Service Type	
Sharbro Oil Ltd, Co.		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
105 S. 4th Street		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Artesia, nm 88210		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label) 7009 0820 0001 4129 5507			
Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input 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 <input type="checkbox"/> No If YES, enter delivery address below:</p>	
Article Addressed to:		3. Service Type	
Sacramento Partners Limited Partnership		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
105 South 4th Street		<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Artesia, nm 88210		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label) 7009 0820 0001 4129 5491			
Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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>	
MIDLAND TX 79701	
Postage	\$ 1.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.10
0612 09 FEB 25 2011 02/25/2011 USPS 88210	
Sent To	
She De Compagne Property Company	
Street, Apt. No., or PO Box No. P.O. Box 1071 No. 20 Ltd	
City, State, ZIP+4 Midland, Tx 79702-1071	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
MIDLAND TX 79702	
Postage	\$ 1.22
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.32
0612 09 FEB 25 2011 02/25/2011 USPS 88210	
Sent To	
Stipp Properties, LLC	
Street, Apt. No., or PO Box No. P.O. Box 2613	
City, State, ZIP+4 Midland, Tx 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
MIDLAND TX 79702	
Postage	\$ 2.80
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Sharbro Oil Ltd, Co.	
Street, Apt. No., or PO Box No. 105 S. 4th St.	
City, State, ZIP+4 Artesia, nm 88210	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
MIDLAND TX 79702	
Postage	\$ 2.80
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Sacramento Partners Limited Partnership	
Street, Apt. No., or PO Box No. 105 S. 4th St.	
City, State, ZIP+4 Artesia, nm 88210	
PS Form 3800, August 2006 See Reverse for Instructions	

ENDER: 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.

Article Addressed to:

Randy Lee Cone  
P.O. Box 231034  
Anchorage, AK 99523

Article Number (Transfer from service label) 7009 0820 0001 4129 5484

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 ☐ 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

ENDER: 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.

Article Addressed to:

Oxy Y-1 Company  
Attn Land Manager  
P.O. Box 4294  
Houston, Tx 77210-4294

Article Number (Transfer from service label) 7009 0820 0001 4129 5477

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 ☐ 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

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Article Addressed to:

Oxy USA WTP Limited Partnership  
P.O. Box 27570  
Houston, TX 77227

Article Number (Transfer from service label) 7009 0820 0001 4129 5460

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 ☐ 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

ENDER: 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.

Article Addressed to:

Nearburg Producing Company  
3300 North "A" Street  
Bldg 2, Suite 120  
Midland, TX 79705

Article Number (Transfer from service label) 7009 0820 0001 4129 5453

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 ☐ 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

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

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

ANCHORAGE AK 99523

OFFICIAL USE

Postage \$ 1.22 0612

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.32 02/25/2011

Sent To Randy Lee Cone  
P.O. Box 231034  
Anchorage, AK 99523

PS Form 3800, August 2006 See Reverse for Instructions

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

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

HOUSTON TX 77210

OFFICIAL USE

Postage \$ 1.22 0612

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.32 02/25/2011

Sent To Oxy Y-1 Company-attn  
P.O. Box 4294 Land Mgr  
Houston, TX 77210-4294

PS Form 3800, August 2006 See Reverse for Instructions

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

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

HOUSTON TX 77227

OFFICIAL USE

Postage \$ 1.22 0612

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.32 02/25/2011

Sent To Oxy USA WTP Limited Partnership  
P.O. Box 27570  
Houston, TX 77227

PS Form 3800, August 2006 See Reverse for Instructions

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

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

MIDLAND TX 79705

OFFICIAL USE

Postage \$ 1.22 0612

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.32 02/25/2011

Sent To Nearburg Producing Company  
3300 North "A" Street  
Bldg 2, Suite 120  
Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</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 <input type="checkbox"/> No If YES, enter delivery address below:</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>	
1. Article Addressed to: Cathie Cone McCown P.O. Box 658 Dripping Spring, TX 78620-0658			
2. Article Number (Transfer from service label) 7009 0820 0001 4129 5408			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</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 <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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>	
1. Article Addressed to: Bureau of Land Management 620 E. Green Street Carlsbad, nm 88220			
2. Article Number (Transfer from service label) 7009 0820 0001 4129 5392			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</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 <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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>	
1. Article Addressed to: Bank of Oklahoma, NA Successor Trust of Trust created under will of Cathie Cone, dec. Fbo children of Tom R. Cone P.O. Box 1588 Tulsa, OK 74101-1588			
2. Article Number (Transfer from service label) 7009 0820 0001 4129 5385			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</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 <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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>	
1. Article Addressed to: Auwenshine's Children's Testamentary Trust Cathie Cone McCown, Trustee P.O. Box 507 Dripping Spring, TX 78620-0507			
2. Article Number (Transfer from service label) 7009 0820 0001 4129 5378			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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>	
DRIPPING SPRINGS TX 78620	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

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>	
CARLSBAD NM 88220	
Sent To: Cathie Cone McCown Street, Apt. No., or PO Box No. P.O. Box 658 City, State, ZIP+4 Dripping Spring, TX 78620-0658	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
CARLSBAD NM 88220	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

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>	
CARLSBAD NM 88220	
Sent To: Bureau of Land Management Street, Apt. No., or PO Box No. 620 E. Green Street City, State, ZIP+4 Carlsbad, nm 88220	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
TULSA OK 74101	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

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>	
TULSA OK 74101	
Sent To: Bank of Oklahoma, NA Successor Trust of Trust created under will of Cathie Cone, dec. Fbo children of Tom R. Cone P.O. Box 1588 Tulsa, OK 74101-1588	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
TULSA OK 74101	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
TULSA OK 74101	
Sent To: Bank of Oklahoma, NA Successor Trust of Trust created under will of Cathie Cone, dec. Fbo children of Tom R. Cone P.O. Box 1588 Tulsa, OK 74101-1588	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
TULSA OK 74101	
Sent To: Bank of Oklahoma, NA Successor Trust of Trust created under will of Cathie Cone, dec. Fbo children of Tom R. Cone P.O. Box 1588 Tulsa, OK 74101-1588	
PS Form 3800, August 2006 See Reverse for Instructions	

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>	
DRIPPING SPRINGS TX 78620	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

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>	
DRIPPING SPRINGS TX 78620	
Sent To: Auwenshine's Children's Testamentary Trust Cathie Cone McCown, Trustee P.O. Box 507 Dripping Spring, TX 78620-0507	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mico Industries, Inc.  
105 S 4th Street  
Artesia, NM 88210

2. Article Number  
(Transfer from service label) 7009 0820 0001 4129 5446

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 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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth G Cone, Trustee of  
Trusts created under  
Will of Kathleen  
Cone, dec. P.O. children of  
Kenneth G Cone  
P.O. Box 11310  
Midland, TX 79702

2. Article Number  
(Transfer from service label) 7009 0820 0001 4129 5439

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 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

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.

Article Addressed to:

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

Article Number  
(Transfer from service label) 7009 0820 0001 4129 5422

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 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

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:

Clayton Barnhill  
P.O. Box 2304  
Roswell, NM 88202-2304

2. Article Number  
(Transfer from service label) 7009 0820 0001 4129 5415

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 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

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

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

OFFICIAL USE

Postage \$ 2.80

Certified Fee 2.30

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To Mico Industries, Inc.  
Street, Apt. No., or PO Box No. 105 S. 4th  
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, August 2006 PS Form 3801, August 2006 See Reverse for Instructions

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

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

MIDLAND TX 79702 OFFICIAL USE

Postage \$ 1.00

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.10

Sent To Kenneth G Cone, Trustee of Trusts created under Will of Kathleen Cone, dec. P.O. children of Kenneth G Cone  
Street, Apt. No., or PO Box No. P.O. Box 11310  
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, August 2006 PS Form 3801, August 2006 See Reverse for Instructions

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

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

MIDLAND TX 79702 OFFICIAL USE

Postage \$ 1.00

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.10

Sent To Kenneth G. Cone  
Street, Apt. No., or PO Box No. P.O. Box 11310  
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, August 2006 PS Form 3801, August 2006 See Reverse for Instructions

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

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

ROSWELL NM 88202 OFFICIAL USE

Postage \$ 1.00

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.10

Sent To Clayton Barnhill  
Street, Apt. No., or PO Box No. P.O. Box 2304  
City, State, ZIP+4 Roswell, NM 88202-2304

PS Form 3800, August 2006 PS Form 3801, August 2006 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.		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
w. Chris Barnhill & Donna M. Barnhill, H+W 19950 Park Ranch San Antonio, TX 78259		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Article Number (Transfer from service label) 7009 0820 0001 4129 5576		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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.		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Article Number (Transfer from service label) 7009 0820 0001 4129 5569		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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.		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Tom R. Cone P.O. Box 400 Southwest City, MO 64863		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Article Number (Transfer from service label) 7009 0820 0001 4129 5545		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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.		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Sierra Oil Company, LLC P.O. Box 700968 San Antonio, TX 78270-0968		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Article Number (Transfer from service label) 7009 0820 0001 4129 5552		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
SAN ANTONIO, TX 78259	
Postage	\$ 1.02
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
DENING, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
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For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
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Return Receipt Fee (Endorsement Required)	\$ 2.30
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Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
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Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Torch Oil & Gas Company 670 Dona Ana Road SW Deming, NM 88030	
Postage	\$ 1.22
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.32
0612 09 Postmark Here FEB 25 2011 02/25/2011	

DER: 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, on the front if space permits.

Article Addressed to:  
  
Albo Petroleum Corporation  
105 South Fourth St.  
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? ☐ 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

Article Number (Transfer from service label)

7009 0820 0001 4129 5361

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7009 0820 0001 4129 5361  
7009 0820 0001 4129 5361

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 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

Albo Petroleum Corporation

Street, Apt. No., or PO Box No. 105 South Fourth St.

City, State, Zip+4 Artesia NM 88210

PS Form 3800, August 2006

See Reverse for Instructions

## 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-102

Revised July 16, 2010

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-26185	<sup>2</sup> Pool Code 15472	<sup>3</sup> Pool Name North Dagger Draw Upper Penn
<sup>4</sup> Property Code 34577	<sup>5</sup> Property Name DEE 36 SE State Com	<sup>6</sup> Well Number 7H
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3621

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	36	19S	24E		940	S	940	W	Eddy

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

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	36	19S	24E		940	S	660	E	Eddy

<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<div style="border: 1px solid black; padding: 10px;"> <p>16</p> </div>	<p><b>17 OPERATOR CERTIFICATION</b></p> <p><i>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.</i></p> <p>Signature: <u>Clifton May</u> Date: <u>9/20/10</u></p> <p>Printed Name: <u>Clifton May</u></p> <p>E-mail Address: <u>cliff@yatespetroleum.com</u></p>	
	<p><b>18 SURVEYOR CERTIFICATION</b></p> <p><i>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.</i></p> <p><b>REFER TO ORIGINAL PLAT</b></p> <p>Date of Survey: _____</p> <p>Signature and Seal of Professional Surveyor: _____</p> <p>Certificate Number: _____</p>	



DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
DISTRICT II  
1301 W. Grand Avenue, Artesia, NM 88210

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised July 16, 2010

Submit one copy to appropriate  
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OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code	Pool Name
Property Code	Property Name DEE "36" SE STATE COM	Well Number 7H
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3625'

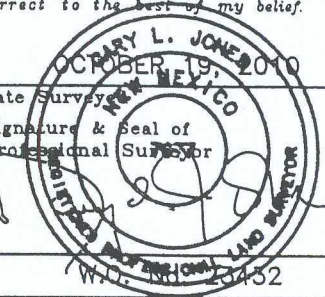
Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	36	19 S	24 E		940	SOUTH	990	WEST	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
P	36	19 S	24 E		940	SOUTH	660	EAST	EDDY
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.						

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

<p><b>SURFACE LOCATION</b> Lat - N 32°36'46.151" Long - W 104°32'49.059" NMSPCE- N 586740.76 E 475559.65 (NAD-83)</p> <p>Penetration point of producing formation 940' FSL and 1203.56' FWL</p> <p><b>PROPOSED BOTTOM HOLE LOCATION</b> Lat - N 32°36'46.032" Long - W 104°32'06.227" NMSPCE- N 586721.57 E 479223.03 (NAD-83)</p> <p>990' 940' 3674.9' 660' 940'</p>	<p><b>OPERATOR CERTIFICATION</b> 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.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>Email Address _____</p> <p><b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date Surveyed _____</p> <p>Signature &amp; Seal of Professional Surveyor </p> <p>Certificate No. Gary L. Jones 7977</p> <p>BASIN SURVEYS 23432</p>
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