

BEFORE THE
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

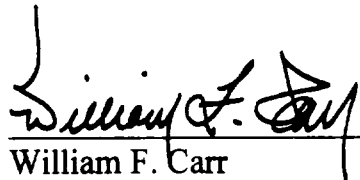
IN THE MATTER OF THE APPLICATION
OF YATES PETROLEUM CORPORATION
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 11934

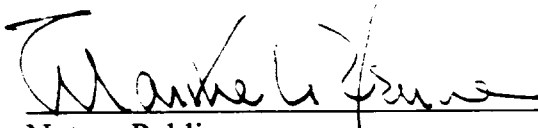
AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.


William F. Carr

SUBSCRIBED AND SWORN to before me this 13th day of May, 1998.


Notary Public

My Commission Expires:

August 19, 1999

EXHIBIT A

Mark L. Shidler, Inc.
1010 Lamar, Suite 500
Houston, TX 77002

Constance Cobb Keen
4915-D 94th Street
Lubbock, TX 79424

Clifford Cone
Post Office Drawer 1629
Lovington, NM 88260-1629

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702-8310

Five States 1995-B, Ltd.
Five States 1995-D, Ltd.
4925 Greenville Ave., #1220
Dallas, TX 75206

Marjorie Cone Kastman
Post Office Box 5930
Lubbock, TX 79408-5930

Pride Energy Company
Post Office Box 701602
Tulsa, OK 74170-1602

Marilyn Cone, Trustee for
D. C. Cone Trust
Post Office Box 64244
Lubbock, TX 79408

Amerind Oil Company, Ltd.
Suite 500, Wilco Building
415 W. Wall Street
Midland, TX 79701-4467

UMC Petroleum Corporation
410 17th Street, Suite 1400
Denver, CO 80202
Attn: Laura B. Smith

Dan Field
Post Office Box 1105
Lovington, NM 88260

W. Chris Barnhill
(Donna Marie, wife)
2027 Encino Belle
San Antonio, TX 78259

Charles R. Wiggins
Post Office Box 10862
Midland, TX 79702

Flo Scott Brown
8610 Miami Avenue
Midland, TX 79423

Carlton James Carmichael, Jr.
9309 Joe Montoya, NW
Albuquerque, NM 87114

Mary Carolyn Johnston
320 Oakbrook
Greenwood, IN 46142

Mary Irwinsky
4404 Odessa Avenue
Ft. Worth, TX 76133

Bristol Resources Corporation
6655 S. Lewis, Suite 200
Tulsa, OK 74136

A. L. Cone Partnership
Post Office Box 3457
Lubbock, TX 79452-3457

Katherine Cone Keck
1801 Ave. of Stars, #446
Los Angeles, CA 90067-5906

Mike Field
2112 Indiana
Lubbock, TX 79410

Emory Isenberg
2518 S. Donosa Drive
Rowland Heights, CA 91748

Charles M. Fuchtman
Post Office Box 10109
Huntsville, AL 35801

Tom W. Schnaubert
4232 N. Dal Paso Street
Hobbs, NM 88240

Clara Cordella Carmichael
Trustee of the Clara Cordelia
Carmichael Living Tr. UTS 4-19-93
605½ Quay Street
Artesia, NM 88210

Mobil Exp. & Producing U.S., Inc.
12450 Greenspoint Drive
Houston, TX 77060-1991
Attn: David Collins

R.G. Barton, Sr. & O. Barton Rev.
Trust, Roy G. Barton, Jr. Trustee
Post Office Box 978
Hobbs, NM 88241-0978

Mesa Operating Limited Partnership
Post Office Box 2009
301 S. Polk
Amarillo, TX 79189-2009

Ameristate Oil & Gas, Inc.
Ameristate Exploration L.L.C.
1211 W. Texas
Midland, TX 79701

Fuel Products, Inc.
Post Office Box 3098
Midland, TX 79702-3098

John F. Herbig, Jr.
Suite 280, One Marienfeld Place
Midland, TX 79701

Marion S. Bennett
9110 Bluff Springs Road
Austin, TX 78774

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B CAMPBELL
WILLIAM F CARR
BRADFORD C BERGE
MARK F SHERIDAN
MICHAEL H FELDEWERT
ANTHONY F MEDEIROS
PAUL R OWEN

JACK M CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: ccbspa@ix.netcom.com

February 26, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for Compulsory Pooling, Lea
County, New Mexico

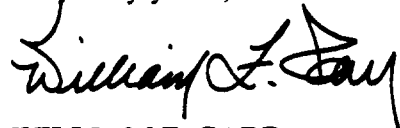
Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the force pooling of certain mineral interests in all formations from the surface to the base of the Mississippian formation, in and under the W/2 of Section 2, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Yates Petroleum Corporation proposes to dedicate the referenced pooled unit to its Field "APK" State Com Well No. 3 which will be drilled at a standard location 3300 feet from the South line and 760 feet from the West line of said Section 2.

This application has been set for hearing before a Division Examiner on March 19, 1998. You are not required to attend this hearing, but as an owner of an interest that may be subject to pooling, 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.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR
ATTORNEY FOR YATES PETROLEUM CORPORATION
WFC:mlh

Enc.

cc: Mr. Robert Bullock

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Mark L. Shidler, Inc.
1010 Lamar, Suite 500
Houston, TX 77002

4a. Article Number

Z 180 954 678

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

3/2/98

8. Addressee's Address (Only if requested and fee is paid)

5. Receiver By: (Print Name)

Mark L. Shidler

6. Signature: (Addressee or Agent)

X *Minor*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 678

US Postal Service

Receipt for Certified Mail

Mark L. Shidler, Inc.
1010 Lamar, Suite 500
Houston, TX 77002

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Clifford Cone
Post Office Drawer 1629
Lovington, NM 88260-1629

4a. Article Number
Z 180 954 679

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt (if Mailpiece)
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery MAR 9 1998

8. Addressee's Address (Only if Requested and fee is paid) 1998

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 679
US Postal Service
Receipt for Certified Mail

Clifford Cone
Post Office Drawer 1629
Lovington, NM 88260-1629

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Z 180 954 680
US Postal Service

Receipt for Certified Mail

Five States 1995-B, Ltd.
Five States 1995-D, Ltd.
4925 Greenville Ave., #1220
Dallas, TX 75206

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return the card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Five States 1995-B, Ltd. Five States 1995-D, Ltd. 4925 Greenville Ave., #1220 Dallas, TX 75206		4a. Article Number Z 180 954 680	
5. Received By: (Print Name) X <i>Ally L. Davis</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
6. Signature: (Addressee or Agent) <i>Ally L. Davis</i>		7. Date of Delivery 3/2/98	
8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt			

Thank you for using Return Receipt Service.

Z 180 954 681
US Postal Service
Receipt for Certified Mail

Pride Energy Company
Post Office Box 701602
Tulsa, OK 74170-1602

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: * Complete items 1 and/or 2 for additional services. * Complete items 3, 4a, and 4b. * Print your name and address on the reverse of this form so that we can return the card to you. * Attach this form to the front of the mailpiece, or on the back if space does not permit. * Write "Return Receipt Requested" on the mailpiece below the article number. * The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Pride Energy Company Post Office Box 701602 Tulsa, OK 74170-1602		4a. Article Number Z 180 954 681	
5. Received By: (Print Name) West 1111		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
6. Signature: (Addressee or Agent) X West		7. Date of Delivery 2-4	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- * Complete items 1 and/or 2 for additional services.
- * Complete items 3, 4a, and 4b.
- * Print your name and address on the reverse of this form so that we can return this card to you.
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- * Write "Return Receipt Requested" on the mailpiece below the article number.
- * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Amerind Oil Company, Ltd.
Suite 500, Wilco Building
415 W. Wall Street
Midland, TX 79701-4467

4a. Article Number

Z 180 954 682

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

5-5-98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Robert Lee Shock

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 682

US Postal Service

Receipt for Certified Mail

Amerind Oil Company, Ltd.
Suite 500, Wilco Building
415 W. Wall Street
Midland, TX 79701-4467

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	
FEB 26 1998	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dan Field
Post Office Box 1105
Lovington, NM 88260

4a. Article Number
Z 180 954 683

4b. Service Type

- ☐ Registered
- ☐ Registered ☒ Certified
- ☐ Express Mail
- ☐ Return Receipt for *Registration*
- ☐ COD
- ☐ Insured

7. Date of Delivery
Feb 26 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Dan Field

6. Signature: (Addressee or Agent)
Dan Field

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 683
US Postal Service
Receipt for Certified Mail

Dan Field
Post Office Box 1105
Lovington, NM 88260

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece before the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Charles R. Wiggins
Post Office Box 10862
Midland, TX 79702

4a. Article Number
Z 180 954 684

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

3-3-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Charles R. Wiggins

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 684

US Postal Service

Receipt for Certified Mail

Charles R. Wiggins
Post Office Box 10862
Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

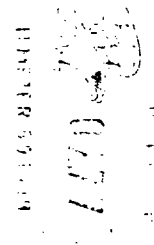
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

Z 180 954 685

CERTIFIED

MAIL



1ST CLASS
2ND CLASS
RETURN

☐ Forwarding Order
☐ Insufficient Address
☐ Moved, Left No Address
☐ Attempted - Not Known
☐ No Such Street
☐ No Such Number
Route No. _____
Date _____
Post Office _____
Post Station _____

Carlton James Carmichael, Jr.
9309 Joe Montoya, NW
Albuquerque, NM 87114

Z 180 954 685

US Postal Service

Receipt for Certified Mail

Carlton James Carmichael, Jr.
9309 Joe Montoya, NW
Albuquerque, NM 87114

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.77
Postmark or Date	FEB 26 1998

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Constance Cobb Keen
4915-D 94th Street
Lubbock, TX 79424

4a. Article Number
Z 180 954 686

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery
2/28/98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Xc 1/35 Constance Keen

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 686

US Postal Service

Receipt for Certified Mail

Constance Cobb Keen
4915-D 94th Street
Lubbock, TX 79424

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702-8310

4a. Article Number

Z 180 954 687

4b. Service Type

- ☐ Registered
- ☐ Registered Mail
- ☒ Certified
- ☐ Insured
- ☐ COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *K. Shapiro*



7. Date of Delivery

8. Addressee's Address (Only if requested)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 687
US Postal Service
Receipt for Certified Mail

Kenneth G. Cone
Post Office Box 11310
Midland, TX 79702-8310

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Z 180 954 688
US Postal Service
Receipt for Certified Mail

Marjorie Cone Kastman
Post Office Box 5930
Lubbock, TX 79408-5930

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800 April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return the card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Marjorie Cone Kastman Post Office Box 5930 Lubbock, TX 79408-5930		4a. Article Number Z 180 954 688	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt (if Requested) <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Marjorie Cone Kastman</i>		7. Date of Delivery FEB 26 1998	
PS Form 3811, December 1994		8. Addressee's Address (if different from requested and fee waived) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Marilyn Cone, Trustee for
D. C. Cone Trust
Post Office Box 64244
Lubbock, TX 79408

4a. Article Number

Z 180 954 689

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

3-2-98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jamara Wilde*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 689

US Postal Service

Receipt for Certified Mail

Marilyn Cone, Trustee for
D. C. Cone Trust
Post Office Box 64244
Lubbock, TX 79408

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800 April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4e, and 4f.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

UMC Petroleum Corporation
410 17th Street, Suite 1400
Denver, CO 80202
Attn: Laura B. Smith

4e. Article Number

Z 180 954 690

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

02 MAR 1998

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 690
US Postal Service
Receipt for Certified Mail
UMC Petroleum Corporation
410 17th Street, Suite 1400
Denver, CO 80202
Attn: Laura B. Smith

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W. Chris Barnhill
(Donna Marie, wife)
2027 Encino Belle
San Antonio, TX 78259

4a. Article Number
Z 180 954 691

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
3/2/98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
W. Chris Barnhill

6. Signature: (Address only)
X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 691

US Postal Service

Receipt for Certified Mail

W. Chris Barnhill
(Donna Marie, wife)
2027 Encino Belle
San Antonio, TX 78259

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Flo Scott Brown
8610 Miami Avenue
Midland, TX 79423

4a. Article Number

Z 180 954 692

4b. Service Type

- ☐ Registered
- ☐ Express Mail ☒ X
- ☐ Registered Mail ☐ Insured
- ☐ Registered Mail ☐ COD

7. Date of Delivery

8. Addressed to Addressee Only if requested and addressed

5. Received By: (Print Name)

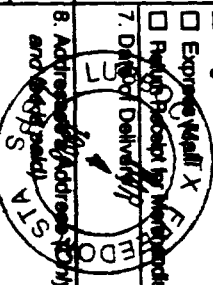
Flo Scott Brown

6. Signature: (Addressee or Agent)

X *Flo Scott Brown*

PS Form 3811, December 1994

Domestic Return Receipt



Thank you for using Return Receipt Service.

Z 180 954 692

US Postal Service

Receipt for Certified Mail

Flo Scott Brown
8610 Miami Avenue
Midland, TX 79423

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 a Complete items 3, 4a, and 4b.
 a Print your name and address on the reverse of this form so that we can return this card to you.
 a Attach this form to the front of the mailpiece, or on the back if space does not permit.
 a Write "Return Receipt Requested" on the mailpiece below the article number.
 a The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

Mary Carolyn Johnston
 320 Oakbrook
 Greenwood, IN 46142

4a. Article Number

Z 180 954 693

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

3-3-98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

MARY CAROLYN JOHNSTON

6. Signature: (Addressee or Agent)

Mary Carolyn Johnston

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 693
 US Postal Service
Receipt for Certified Mail

Mary Carolyn Johnston
 320 Oakbrook
 Greenwood, IN 46142

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary Irwinsky
4404 Odessa Avenue
Ft. Worth, TX 76133

4a. Article Number

Z 180 954 694

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 694
US Postal Service
Receipt for Certified Mail

Mary Irwinsky
4404 Odessa Avenue
Ft. Worth, TX 76133

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Z 180 954 695
US Postal Service
Receipt for Certified Mail

Bristol Resources Corporation
6655 S. Lewis, Suite 200
Tulsa, OK 74136

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1985

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: *Complete items 1 and/or 2 for additional services. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece before the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Bristol Resources Corporation 6655 S. Lewis, Suite 200 Tulsa, OK 74136		4a. Article Number Z 180 954 695	
5. Received By: (Print Name) STEED		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
6. Signature: (Addressee or Agent) X		7. Date of Delivery FEB 26 1998 8. Addressee's Address (Only if requested)	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 696
US Postal Service
Receipt for Certified Mail

A. L. Cone Partnership
Post Office Box 3457
Lubbock, TX 79452-3457

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: * Complete items 1 and/or 2 for additional services. * Complete items 3, 4a, and 4b. * Print your name and address on the reverse of this form so that we can return this card to you. * Attach this form to the front of the mailpiece, or on the back if space does not permit. * Write "Return Receipt Requested" on the mailpiece below the article number. * The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: A. L. Cone Partnership Post Office Box 3457 Lubbock, TX 79452-3457		4a. Article Number Z 180 954 696	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) X <i>Wanda H. Cooke</i>		6. Addressee's Address (Only if requested and fully paid) X <i>Amie Cooke</i>	
8. Signature: (Addressee or Agent) X <i>Amie Cooke</i>		7. Date of Delivery FEB 26 1998	

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 697
US Postal Service
Receipt for Certified Mail

Katherine Cone Keck
1801 Ave. of Stars, #446
Los Angeles, CA 90067-5906

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return the card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Katherine Cone Keck 1801 Ave. of Stars, #446 Los Angeles, CA 90067-5906		4a. Article Number Z 180 954 697	
5. Registered By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery 3-2	
8. Addressee's Address (Only if requested and fee is paid) 1801 Ave. of Stars			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 698
US Postal Service
Receipt for Certified Mail

Mike Field
2112 Indiana
Lubbock, TX 79410

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

is your **RETURN ADDRESS** complete?

<p>ER:</p> <p>Write items 1 and/or 2 for additional services. Write items 3, 4a, and 4b. Write your name and address on the reverse of this form so that we can return this to you. Write the form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Mike Field 2112 Indiana Lubbock, TX 79410</p>		<p>4a. Article Number Z180 954 698</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature (Addressee or Agent)</p> <p>X <i>Mike Field</i></p>		<p>7. Date of Delivery 3-2-98</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Domestic Return Receipt

Thank you for using Return Receipt Service.

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

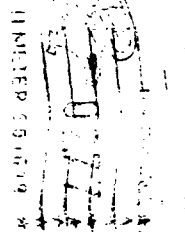
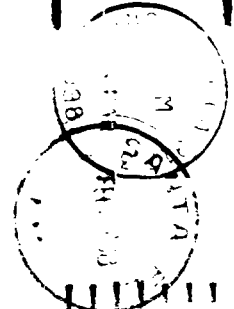
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 180 954 699

MAIL



1998 FEB 26
TIME
4

Emory Isenberg
2518 S. Donosa Drive
Rowland Heights, CA 91748

Z 180 954 699

US Postal Service

Receipt for Certified Mail

Emory Isenberg
2518 S. Donosa Drive
Rowland Heights, CA 91748

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete item 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Charles M. Fuchtmann
Post Office Box 10109
Huntsville, AL 35801

4a. Article Number

Z 180 954 700

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

3/5/98 - SP

8/ Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

CHARLES FUCHTMANN

6. Signature: (Addressee or Agent)

Charles M. Fuchtmann

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 700
US Postal Service
Receipt for Certified Mail

Charles M. Fuchtmann
Post Office Box 10109
Huntsville, AL 35801

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1985

US Postal Service
Receipt for Certified Mail

Tom W. Schnaubert
 4232 N. Dal Paso Street
 Hobbs, NM 88240

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of the form so that we can return the card to you. *Attach this form to the front of the mailpiece, or on the back if space does not permit. *Write "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Tom W. Schnaubert 4232 N. Dal Paso Street Hobbs, NM 88240		4a. Article Number Z 180 954 701	
5. Received By: (Print Name) MARY LEVINSKY		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Mary Levensky		7. Date of Delivery 2-14-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

LAWYERS

SANTACRISTINA

POST OFFICE BOX 2208
OFFICE NEW MEXICO 87504-2208
1/90

CERTIFIED

MAIL



0777
HML 5R 5069

1st NOTICE	2nd NOTICE
022878	3-3
	3-24

~~Clara Cordella Carmichael
Trustee of the Clara Cordella
Carmichael Living Tr. UTS 4-19-93
605 1/2 Quady Street
Artesia, NM 88210~~

1. ☐ NO ORDER
 2. ☐ NO ORDER
 3. ☐ NO ORDER
 4. ☐ NO ORDER
 5. ☐ NO ORDER
 6. ☐ NO ORDER
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 242. ☐ NO ORDER
 243. ☐ NO ORDER
 244. ☐ NO ORDER
 245. ☐ NO ORDER
 246. ☐ NO ORDER
 247. ☐ NO ORDER

US Postal Service

Clara Cordella Carmichael
Trustee of the Clara Cordelia
Carmichael Living Tr. UTS 4-19-93
605½ Quay Street
Artesia, NM 88210

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.77
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

Z 180 954 703
US Postal Service
Receipt for Certified Mail

Mobil Exp. & Producing U.S., Inc.
12450 Greenspoint Drive
Houston, TX 77060-1991
Attn: David Collins

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: * Complete items 1 and/or 2 for additional services. * Complete items 3, 4a, and 4b. * Print your name and address on the reverse of this form so that we can return the card to you. * Attach this form to the front of the mailpiece, or on the back if space does not permit. * Write "Return Receipt Requested" on the mailpiece below the article number. * The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mobil Exp. & Producing U.S., Inc. 12450 Greenspoint Drive Houston, TX 77060-1991 Attn: David Collins		4a. Article Number Z 180 954 703	
5. Received By: (Print Name) <i>Judy Bockhorst</i> 6. Signature of Addressee or Returner X JUDY BOCKHORST		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery FEB 26 1998		8. Addressee's Address (Only if requested and fee is paid) (Blank)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R.G. Barton, Sr. & O. Barton Rev.
Trust, Roy G. Barton, Jr. Trustee
Post Office Box 978
Hobbs, NM 88241-0978

4a. Article Number

Z 180 954 704

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

2-3

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

JTSBELL

6. Signature: (Addressee or Agent)

X O. Barton

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 704

US Postal Service

Receipt for Certified Mail

R.G. Barton, Sr. & O. Barton Rev.
Trust, Roy G. Barton, Jr. Trustee
Post Office Box 978
Hobbs, NM 88241-0978

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Z 180 954 705
US Postal Service
Receipt for Certified Mail

Mesa Operating Limited Partnership
Post Office Box 2009
301 S. Polk
Amarillo, TX 79189-2009

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mesa Operating Limited Partnership
Post Office Box 2009
301 S. Polk
Amarillo, TX 79189-2009

4a. Article Number

Z 180 954 705

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

7. Date of Delivery

2/26/98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b
- Print your name and address on the reverse of the form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece before the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Ameristate Oil & Gas, Inc.
Ameristate Exploration L.L.C.
1211 W. Texas
Midland, TX 79701

4a. Article Number

Z 180 954 714

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

2/2

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 714

US Postal Service

Receipt for Certified Mail

Ameristate Oil & Gas, Inc.
Ameristate Exploration L.L.C.
1211 W. Texas
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.77
Postmark or Date	FEB 26 1998

PS Form 3800 April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece before the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Fuel Products, Inc.
Post Office Box 3098
Midland, TX 79702-3098

4a. Article Number

Z 180 954 715

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

3.3.98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 180 954 715
US Postal Service
Receipt for Certified Mail

Fuel Products, Inc.
Post Office Box 3098
Midland, TX 79702-3098

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Z 180 954 716
US Postal Service
Receipt for Certified Mail

John F. Herbig, Jr.
Suite 280, One Marienfeld Place
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1985

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: John F. Herbig, Jr. Suite 280, One Marienfeld Place Midland, TX 79701		4a. Article Number Z 180 954 716	
5. Received By: (Print Name) JOHN F. HERBIG JR.		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Address only) X		7. Date of Delivery 3 2 98	
PS Form 3811, December 1984		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Z 180 954 717
US Postal Service
Receipt for Certified Mail

Marion S. Bennett
9110 Bluff Springs Road
Austin, TX 78774

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.77
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

<p>SENDER:</p> <p>a Complete items 1 and/or 2 for additional services. a Complete items 3, 4a, and 4b. a Print your name and address on the reverse of this form so that we can return this card to you. a Attach the form to the front of the mailbox, or on the back if space does not permit. a Write "Return Receipt Requested" on the mailbox below the article number. a The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Marion S. Bennett 9110 Bluff Springs Road Austin, TX 78774</p>		<p>4a. Article Number</p> <p>Z 180 954 717</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>Marion S. Bennett</i></p>		<p>7. Date of Delivery</p> <p>2/26/98</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Domestic Return Receipt

Thank you for using Return Receipt Service.

**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case Nos. 11934 (consolidated with 11958 and 11959)

Exhibit No. 3

Submitted by: Yates Petroleum Corporation

Hearing Date: May 14, 1998

LARGE FORMAT
EXHIBIT HAS
BEEN REMOVED
AND IS LOCATED
IN THE NEXT FILE