

BEFORE THE
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL
RESOURCES

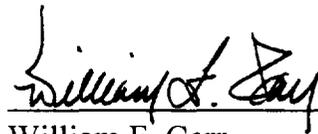
IN THE MATTER OF THE APPLICATION
OF YATES PETROLEUM COPORATION FOR
AMENDEMENT OF DIVISION ORDER NO. R-11061,
LEA COUNTY, NEW MEXICO

CASE NO. 12269

AFFIDAVIT

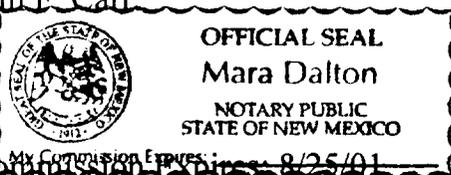
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

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 parties 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 this 20th day of October, 1999 by
William F. Carr



My Commission Expires 8/25/01



Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12269 Exhibit No. 1
Submitted by: Yates Petroleum Corporation
Hearing Date: October 21, 1999

EXHIBIT A

**APPLICATION OF YATES PETROLEUM CORPORATION
TO AMEND OIL CONSERVATION DIVISION ORDER NO. R-11061**

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

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

Clifford Cone
Post Office Drawer 1629
Lovington, New Mexico 88260-1629

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

Tommy Gene Schnaubert
4404 Odessa Ave.
Ft. Worth, TX 76117

Bobby Joe Schnaubert
4404 Odessa Ave.
Ft. Worth, TX 76117

Mary Irwinsky
4404 Odessa Avenue
Ft. Worth, Texas 76133

Ruth Marle Dake
401 West Cielo
Hobbs, NM 88240

Laverna Howard
5221 Ira
Ft. Worth, TX 76117

Joan Garrison
5221 Ira
Ft. Worth, Texas 76117

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

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

JACK M. CAMPBELL
1916-1999

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

September 28, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: Application of Yates Petroleum Corporation for amendment of
Division Order No. R-11061, Lea County, New Mexico.

Gentlemen:

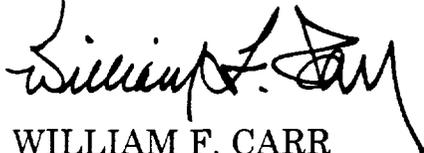
This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking amendment of Order No. R-11601 which force pooled the mineral interests from the surface to the base of the Morrow formation in certain spacing and proration units in Lots 11, 12, 13 and 14 and the SW/4 of irregular Section 2, Township 16 South, Range 35 East, NMPM. Yates only seeks to amend this order to reflect the actual location of the Field "APK" State Com. Well No. 3 which has been drilled 1880 feet from the South line and 1650 feet from the West line of said irregular Section 2.

This application has been set for hearing before a Division Examiner on October 21, 1999. 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.

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,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is written in a cursive style with a large initial "W" and a long, sweeping tail.

WILLIAM F. CARR

ATTORNEY FOR YATES PETROLEUM CORPORATION

Enc.

Z 559 541 940

US Postal Service

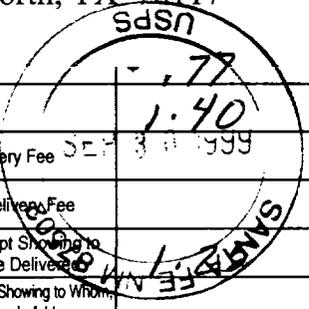
Receipt for Certified Mail

No Insurance Coverage Provided.

Bobby Joe Schnaubert
4404 Odessa Avenue
Fort Worth, TX 76117

Certified Fee	1.77
Special Delivery Fee	1.40
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

PS Form 3800, April 1995



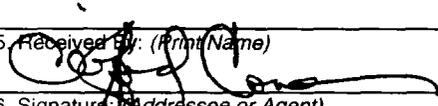
Z 559 541 941

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Restrictions for International Mail (See reverse)

Clifford Cone
P.O. Drawer 1629
Lovington, NM 88260-1629

PS Form 3800, April 1995	Certified Fee	1.40
	Special Delivery Fee	1.99
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	1.22
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$ 3.42
Postmark or Date		

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: Clifford Cone P.O. Drawer 1629 Lovington, NM 88260-1629		4a. Article Number Z 559 541 941	
		4b. Service type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received by: (Print Name) 		7. Date of Delivery	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

Z 559 541 943

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Tommy Gene Schnaubert
4404 Odessa Avenue
Fort Worth, TX 76117

PS Form 3800, April 1995

Postage	\$ 1.77
Certified Fee	1.40
Special Delivery Fee	SEP 30 1999
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

100

100

100

Z 559 541 944

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Katherine Cone Keck
1801 Avenue of the Stars, #446
Los Angeles, CA 90067-5906

Postage	
Certified Fee	1.40
Special Delivery Fee	SEP 30 1999
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

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:

Katherine Cone Keck
1801 Avenue of the Stars, #446
Los Angeles, CA 90067-5906

4a. Article Number

Z 559 541 944

4b. Service type

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

7. Date of Delivery

10-4

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

x Phyllis Wilson

Thank you for using Return Receipt Service.

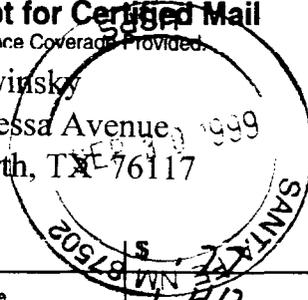
Z 559 541 936

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

Mary Irwinsky
4404 Odessa Avenue
Fort Worth, TX 76117



PS Form 3800, April 1995

Postage	\$ 2.40
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

Z 559 541 935

US Postal Service

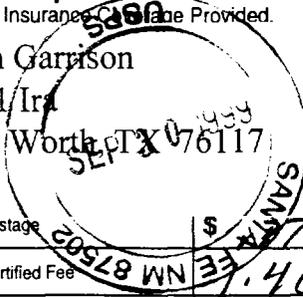
Receipt for Certified Mail

No Insurance Coverage Provided.

Joan Garrison

5221 Ira

Fort Worth, TX 76117



PS Form 3800, April 1995

Postage	\$ 7.47
Certified Fee	04.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

Z 559 541 937

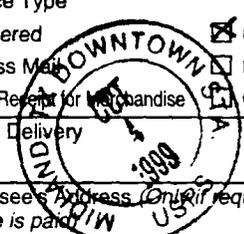
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Kenneth G. Cone
P.O. Box 11310
Midland, TX 79702-8310

Postage	8850 77
Certified Fee	1.70
Special Delivery Fee	
Restricted Delivery Fee	SEP 30 1999
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	SANTA FE NM
TOTAL Postage & Fees	5.42
Postmark or Date	

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: Kenneth G. Cone P.O. Box 11310 Midland, TX 79702-8310	4a. Article Number Z 559 541 937	7. Date of Delivery 
4b. Service type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> Insured <input type="checkbox"/> COD	5. Received By: (Print Name) 6. Signature (Addressee or Agent) X <i>K. Shapiro</i>	
8. Addressee's Address (Only if requested and fee is paid)		

Thank you for using Return Receipt Service.

Z 559 541 938

US Postal Service
Receipt for Certified Mail

A.L. Cone Partnership
P.O. Box 3457
Lubbock, TX 79452-3457

Postage	\$ 1.77
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date Delivered	.25
Return Receipt Showing to Whom Date, & Address of Addressee	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

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.

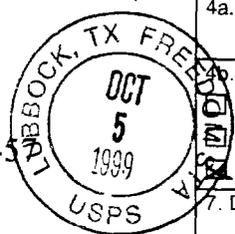
I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

A.L. Cone Partnership
P.O. Box 3457
Lubbock, TX 79452-3457



4a. Article Number
Z 559 541 938

4b. Service type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)
L. Bates

6. Signature: (Addressee or Agent)
X L. Bates

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

Thank you for using Return Receipt Service.

Z 559 541 939

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Laverna Howard
5221 Ira
Fort Worth, TX 76117

Postage	SEP 20 1994 \$ 1.77
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.42
Postmark or Date	

PS Form 3800, April 1995