



on the 13th day of May, 1988, as reflected by the copy of the letter transmitting such copy of the application and the return receipt executed on behalf of the addressee, attached hereto.

Patti Wier  
Patti Wier

SUBSCRIBED AND SWORN TO before me this 13th day of May, 1988.

My commission expires:  
1-2-90

Karw Polrow  
Notary Public

May 13, 1988

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Kaztex Joint Venture  
350 Bishops Way  
P. O. Box 1040  
Brookfield, Wisconsin 53005

Re: Witz "VN" State No. 3 Well  
Township 9 South, Range 26 East, NMPM  
Section 26: S/2  
Chaves County, New Mexico

Gentlemen:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for an Unorthodox Well Location, Chaves County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on May 25, 1988.

Please contact the undersigned if you have any questions regarding this application.

Sincerely yours,

DICKERSON, FISK & VANDIVER

  
Chad Dickerson

CD:pvw  
Enclosure

cc: Ms. Janet Richardson

P 728 600 558

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to <b>Kaztex Joint Venture</b>	
Street and No <b>350 Bishops Way</b>	
P.O. State and ZIP Code <b>P. O. Box 1040</b>	
Postage	S
<b>Brookfield, WI</b>	<b>53005</b>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the receipt of the return delivered to you and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery.

3. Article Addressed to:  <b>Kaztex Joint Venture 350 Bishops Way P. O. Box 1040 Brookfield, WI 53005</b>	4. Article Number <b>P 728 600 558</b>
	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature - Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature <b>X</b>	
7. Date of Delivery <b>5-17-88</b>	