

BEFORE THE OIL CONSERVATION DIVISION
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE APPLICATION :
OF YATES PETROLEUM CORPORATION :
FOR COMPULSORY POOLING, EDDY : CASE NO. 9700
COUNTY, NEW MEXICO :
_____ :

AFFIDAVIT OF MAILING

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

PATTI WIER, being first duly sworn, upon oath, states that the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division 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, and that pursuant to Rule 1207, notice has been given at the correct addresses as provided by such rule.

In support hereof, affiant states that true copies of the Amended Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico, were mailed in accordance with Rule 1207, to each known individual owning an uncommitted leasehold interest, an unleased and uncommitted mineral interest, or royalty interest not subject to a pooling or unitization clause in 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, in securely sealed,

YATES PETROLEUM CORPORATION
Case No. 9700
10/4/89 Examiner Hearing
Exhibit No. 7

certified mail, return receipt requested, postage prepaid envelopes, addressed to the following named parties:

Douglas L. Cone
P. O. Box 64244
Lubbock, Texas 79464

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

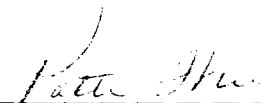
Tom R. Cone
P. O. Box 778
Jay, Oklahoma 74346

Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, Texas 78764

Clifford Cone
P. O. Box 1509
Lovington, New Mexico 88260

Kathleen Cone
P. O. Drawer 1509
Lovington, New Mexico 88260

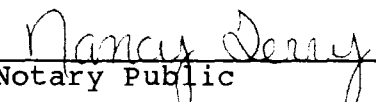
on the 19th day of September, 1989, as reflected by the copies of the letters transmitting such copies of the Amended Application and the return receipts executed on behalf of the addressees, attached hereto.



Patti Wier

SUBSCRIBED AND SWORN TO before me this 19th day of September, 1989, by PATTI WIER.

My commission expires:
9-23-92



Notary Public

FISK & VANDIVER

ATTORNEYS AT LAW

SEVENTH & MAHONE / SUITE E
ARTESIA, NEW MEXICO 88210

(505) 746-9841

JOHN FISK
DAVID R. VANDIVER

FAX
(505) 746-4208

September 18, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Douglas L. Cone
P. O. Box 64244
Lubbock, Texas 79464

Re: Oil Conservation Division Case No. 9700
Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

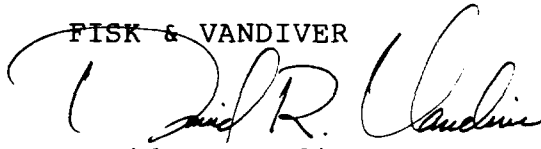
Enclosed, please find a copy of the Amended Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico. The only change in the Amended Application from the original Application sent to you on June 19, 1989, is the well location.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on October 4, 1989.

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

Very truly yours,

FISK & VANDIVER



David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

FISK & VANDIVER

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September 18, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

Re: Oil Conservation Division Case No. 9700
Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

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Mr. Tom R. Cone
P. O. Box 778
Jay, Oklahoma 74346

Re: Oil Conservation Division Case No. 9700
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September 18, 1989

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RETURN RECEIPT REQUESTED

Ms. Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, Texas 78764

Re: Oil Conservation Division Case No. 9700
Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Ms. Auvenshine:

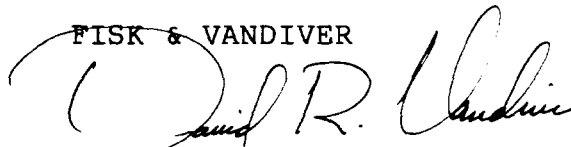
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September 18, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Clifford Cone
P. O. Box 1509
Lovington, New Mexico 88260

Re: Oil Conservation Division Case No. 9700
Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

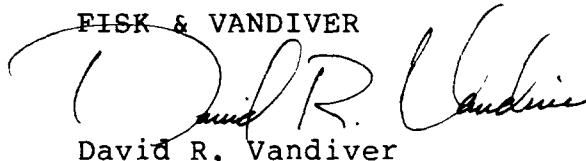
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JOHN FISK
DAVID R. VANDIVER

FAX
(505) 746-4208

September 18, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Kathleen Cone
P. O. Drawer 1509
Lovington, New Mexico 88260

Re: Oil Conservation Division Case No. 9700
Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Ms. Cone:

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FISK & VANDIVER



David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

P 132 555 012

Douglas L. Cone
P. O. Box 64244
Lubbock, TX 79464

P 132 555 013

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

P 132 555 014

Tom R. Cone
P. O. Box 778
Jay, OK 74346

P 132 555 015

Cathie Cone Auvenshine

P. O. Box 33280-296

Austin, TX 78764

P 132 555 016

Clifford Cone

P. O. Box 1509

Lovington, NM 88260

P 132 555 017

Kathleen Cone

P. O. Drawer 1509

Lovington, NM 88260

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 name of the person delivered to 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:
Douglas L. Cone
P. O. Box 64244
Lubbock, TX 79464

4. Article Number
P 132 555 012

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X *Pat Knight*

6. Signature - Agent
X

7. Date of Delivery

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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 name of the person delivered to 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Kenneth G. Cone
P. O. Box 11310
Midland, TX 79702

4. Article Number
P 132 555 013

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X *Kenneth G. Cone*

6. Signature - Agent
X

7. Date of Delivery
SEP 20 1989

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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 name of the person delivered to 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:
Tom R. Cone
P. O. Box 778
Jay, OK 74346

4. Article Number
P 132 555 014

Type of Service:
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X *Joe Ray*

6. Signature - Agent
X

7. Date of Delivery
9-25-89

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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 name of the person delivered to 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.

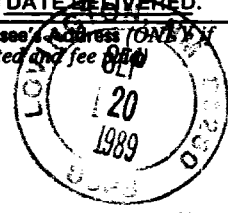
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Cathie Cone Aulenshine P. O. Box 33280-296 Austin, TX 78764	4. Article Number P 132 555 015 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>G. Mitchell</i>	
7. Date of Delivery 9-22-89	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

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 name of the person delivered to 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.

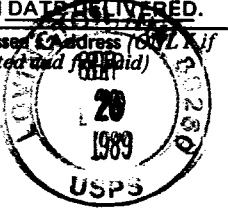
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Clifford Cone P. O. Box 1509 Lovington, NM 88260	4. Article Number P 132 555 016 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X <i>Clifford Cone by C. Kimbrell</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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3. Article Addressed to: Kathleen Cone P. O. Drawer 1509 Lovington, NM 88260	4. Article Number P 132 555 017 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X <i>Kathleen Cone by C. Kimbrell</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT