

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. 9869  
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 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, certified mail, return receipt requested, postage prepaid envelopes, addressed to the following named parties:

Marilyn Cone, Trustee  
for the D. C. Trust  
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

on the 29th day of of January, 1990, as reflected by the copies of the letters transmitting such copies of the Application and the return receipts executed on behalf of the addressees, attached hereto.

  
\_\_\_\_\_  
Patti Wier

SUBSCRIBED AND SWORN TO before me this 29th day of January, 1990, by PATTI WIER.

My commission expires:  
1-2-94

  
\_\_\_\_\_  
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

January 29, 1990

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Ms. Marilyn Cone, Trustee  
for the D. C. Trust  
P. O. Box 64244  
Lubbock, Texas 79464

Re: John "AGU" No. 1 Well  
Township 20 South, Range 24 East, NMPM  
Section 14: N/2  
Eddy County, New Mexico

Dear Ms. Cone:

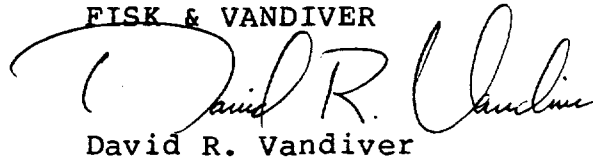
Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on February 21, 1990.

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

Very truly yours,

FISK & VANDIVER

A handwritten signature in dark ink, appearing to read "David R. Vandiver", is written over the typed name. The signature is fluid and cursive.

David R. Vandiver

DRV:pvw  
Enclosure

cc: Yates Petroleum Corporation

# FISK & VANDIVER

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DAVID R. VANDIVER

FAX  
(505) 746-4208

January 29, 1990

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

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

Re: John "AGU" No. 1 Well  
Township 20 South, Range 24 East, NMPM  
Section 14: N/2  
Eddy County, New Mexico

Dear Mr. Cone:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on February 21, 1990.

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

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(505) 746-4208

January 29, 1990

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

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

Re: John "AGU" No. 1 Well  
Township 20 South, Range 24 East, NMPM  
Section 14: N/2  
Eddy County, New Mexico

Dear Mr. Cone:


Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

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David R. Vandiver

DRV:pvw  
Enclosure

cc: Yates Petroleum Corporation

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DAVID R. VANDIVER

FAX  
(505) 746-4208

January 29, 1990

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

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

Re: John "AGU" No. 1 Well  
Township 20 South, Range 24 East, NMPM  
Section 14: N/2  
Eddy County, New Mexico

Dear Ms. Auvenshine:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on February 21, 1990.

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

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SEVENTH & MAHONE / SUITE E  
ARTESIA, NEW MEXICO 88210

(505) 746-9841

JOHN FISK  
DAVID R. VANDIVER

FAX  
(505) 746-4208

January 29, 1990

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

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

Re: John "AGU" No. 1 Well  
Township 20 South, Range 24 East, NMPM  
Section 14: N/2  
Eddy County, New Mexico

Dear Mr. Cone:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

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Very truly yours,

FISK & VANDIVER



David R. Vandiver

DRV:pvw  
Enclosure

cc: Yates Petroleum Corporation

P 132 555 030

Marilyn Cone, Trustee  
for the D. C. Trust  
P. O. Box 64244  
Lubbock, TX 79464

P 132 555 031

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

P 132 555 032

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

P 132 555 033

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

P 132 555 034

Clifford Cone  
P. O. Box 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 (Extra charge)

|  |  |
|--|--|
| 3. Article Addressed to:<br><br>Marilyn Cone, Trustee<br>for the D. C. Trust<br>P. O. Box 64244<br>Lubbock, TX 79464 | 4. Article Number<br>P 132 555 030<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address<br>X <i>Pat Krug</i>  | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X  |  |
| 7. Date of Delivery<br>1-30-90   |  |

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 (Extra charge)

|   |  |
|---|--|
| 3. Article Addressed to:<br><br>Kenneth G. Cone<br>P. O. Box 11310<br>Midland, TX 79702<br><br><i>Kenneth G. Cone</i> | 4. Article Number<br>P 132 555 031<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X   |  |
| 7. Date of Delivery<br>JAN 31 1991  |  |

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 (Extra charge)

|   |  |
|---|--|
| 3. Article Addressed to:<br><br>Tom R. Cone<br>P. O. Box 778<br>Jay, OK 74346 | 4. Article Number<br>P 132 555 032<br><br>Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise<br><br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address<br>X <i>Tom R. Cone</i>                                | 8. Addressee's Address (ONLY if requested and fee paid)  |
| 6. Signature - Agent<br>X   |  |
| 7. Date of Delivery<br>2-5-90   |  |

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

|   |   |                                     |                                  |   |                              |                                       |   |
|---|---|-------------------------------------|----------------------------------|---|------------------------------|---------------------------------------|---|
| <p>● <b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p> |   |                                     |                                  |   |                              |                                       |   |
| <p>3. Article Addressed to:</p> <p>Cathie Cone Auvenshine<br/>P. O. Box 33280-296<br/>Austin, TX 78764</p>  | <p>4. Article Number<br/>P 132 555 033</p> <p>Type of Service:</p> <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p> | <input type="checkbox"/> Registered | <input type="checkbox"/> Insured | <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD | <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured  |                                     |                                  |   |                              |                                       |   |
| <input checked="" type="checkbox"/> Certified   | <input type="checkbox"/> COD  |                                     |                                  |   |                              |                                       |   |
| <input type="checkbox"/> Express Mail   | <input type="checkbox"/> Return Receipt for Merchandise   |                                     |                                  |   |                              |                                       |   |
| <p>5. Signature — Address<br/>X</p>   | <p>8. Addressee's Address (ONLY if requested and fee paid)</p>  |                                     |                                  |   |                              |                                       |   |
| <p>6. Signature — Agent<br/>X <i>Janet T. Sprouse</i></p>   |   |                                     |                                  |   |                              |                                       |   |
| <p>7. Date of Delivery<br/><i>2-3-90</i></p>  |   |                                     |                                  |   |                              |                                       |   |

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|   |   |                                     |                                  |   |                              |                                       |   |
|---|---|-------------------------------------|----------------------------------|---|------------------------------|---------------------------------------|---|
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| <p>3. Article Addressed to:</p> <p>Clifford Cone<br/>P. O. Box 1509<br/>Lovington, NM 88260</p>   | <p>4. Article Number<br/>P 132 555 034</p> <p>Type of Service:</p> <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p> | <input type="checkbox"/> Registered | <input type="checkbox"/> Insured | <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD | <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured  |                                     |                                  |   |                              |                                       |   |
| <input checked="" type="checkbox"/> Certified   | <input type="checkbox"/> COD  |                                     |                                  |   |                              |                                       |   |
| <input type="checkbox"/> Express Mail   | <input type="checkbox"/> Return Receipt for Merchandise   |                                     |                                  |   |                              |                                       |   |
| <p>5. Signature — Address<br/>X <i>Clifford Cone by C. Kimbel</i></p>   | <p>8. Addressee's Address (ONLY if requested and fee paid)</p>  |                                     |                                  |   |                              |                                       |   |
| <p>6. Signature — Agent<br/>X</p>   |   |                                     |                                  |   |                              |                                       |   |
| <p>7. Date of Delivery</p>  |   |                                     |                                  |   |                              |                                       |   |

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