BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION
OF YATES DRILLING COMPANY FOR
STATUTORY UNITIZATION,
CHAVES COUNTY, NEW MEXICO. CASE NO. 9809

IN THE MATTER OF THE APPLICATION
OF YATES DRILLING COMPANY FOR
A WATERFLOOD PROJECT,
CHAVES COUNTY, NEW MEXICO. CASE NO. 9810

IN THE MATTER OF THE APPLICATION
OF YATES DRILLING COMPANY FOR
A UNIT AGREEMENT,
CHAVES COUNTY, NEW MEXICO. CASE NO. 9823

AFFIDAVIT

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
YATES EXHIBIT NO. 8
CASE NO. 9809, 9810, 9823

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

WILLIAM F. CARR, attorney in fact and authorized representative of Yates Drilling Company, the Applicant herein, 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 in the above-

referenced cases as shown by Exhibit "A" attached hereto, and that pursuant to Rule 1207, notice has been given at the correct addresses provided by such rule.

WILLIAM F. CARR

SUBSCRIBED AND SWORN to before me this 28th day of November, 1989.

Notary Public

My Commission Expires:

January 7, 1991

EXHIBIT A

Mr. Raymond Spears
307 N. 7th Street
Lovington, New Mexico 88260

Mrs. J. D. Spears
Box 1017
Carlsbad, New Mexico 88220

Enserch Exploration, Inc.
6 Desta Drive, Suite 5250
Midland, Texas 79705
Attn: Steve Wright

Phillips Petroleum Company
4001 Penbrook
Odessa, Texas 79762
Attn: Frank Hulse

Reading & Bates Petroleum Company
2412 N. Grandview, Suite 201
Odessa, Texas 79761
Attn: Don Kipgen

Burk Royalty
Post Office Box BRC
Wichita Falls, Texas 76307

Rich Partnership
Post Office Box 3402
Casper, Wyoming 82602
Attn: Ken Snyder

Great Western Drilling Company
Box 1659
Midland, Texas 79702
Attn: Pat L. Shannahan

Dalport Oil Corporation
3471 Interfirst One
Dallas, Texas 75202

E. S. Mayer, Jr.
c/o Reading & Bates Petroleum Co.
2412 N. Grandview, Suite 201
Odessa, Texas 79761
Attn: Don Kipgen

C. R. Gallagher, Jr.
1005 Texas Commerce Bank
1208 - 14th Street
Lubbock, Texas 79401

Gregory J. Gallagher
8550 Kathy Freeway, Suite 208
Houston, Texas 77024

Robin C. Herndon, III
c/o Robin C. Herndon, Jr.
Post Office Box 2031
Mobile, Alabama 36601

Yates Drilling Company
105 South Fourth Street
Artesia, New Mexico 88210
Attn: Toby Rhodes

Floyd V. Doyal
919 E. McGaffey
Roswell, New Mexico 88201

Clarence Doyal
308 S. Kansas
Roswell, New Mexico 88201

Paul J. Doyal
Post Office Box 2877
Roswell, New Mexico 88201

F. G. Breckenridge
Post Office Drawer 4667
Midland, Texas 79704

Etoile M. Bennett
c/o F.G. Breckenridge
Post Office Drawer 3000
Midland, Texas 79702

G & P Exploration, Inc.
4800 San Felipe, Suite 620
Houston, Texas 77056
Attn: John W.T. Mediary

Mary B. Gallagher
1005 Texas Commerce Bank Bldg.
1208 - 14th Street
Lubbock, Texas 79401

R.F. Partnership, Ltd.
Post Office Box 243
Wheat Ridge, Colorado 80034

Raymond Stanley Herndon
c/o Robin C. Herndon, Jr.
Post Office Box 1283
Mobile, Alabama 36601

Charleen G. Knieriem
10889 Wilshire Blvd.
Suite 1100
Los Angeles, California 90024

Natalie G. Pope
10889 Wilshire Blvd., Suite 1100
Los Angeles, California 90024

Veronica Herndon
Post Office Box 1283
Mobile, Alabama 36601

Frances Herndon
Post Office Box 1283
Mobile, Alabama 36601

Christine Gallagher Seger
4607 - 20th Street
Lubbock, Texas 79407

W. G. Ross
Post Office Box 86
Midland, Texas 79702

Erlon E. Nowell
2735 South St. Paul
Denver, Colorado 80210

George Globe
Post Office Box 40577
Bakersfield, California 93384

C. E. Strange
Post Office Box 6438
Incline Village, Nevada 89450

Susan Gallagher Grey
1322 Marc Anthony Drive
Baton Rouge, Louisiana 70816

Charles Bernard Gallagher
1380 Asbury
Winnetka, Illinois 60093

Mary G. Herndon
Post Office Box 1283
Mobile, Alabama 36601

Mary Herndon Ray
Post Office Box 1283
Mobile, Alabama 36601

Peter G. Herndon
Post Office Box 1283
Mobile, Alabama 36601

William G. Pope, Jr.
4417 Tracy
Meraux, Louisiana 70075

Mary Margaret Pope
8550 Katy Freeway, Suite 208
Houston, Texas 77024

Natalie Pope
8550 Katy Freeway, Suite 208
Houston, Texas 77024

Marguerite Gallagher Price
8550 Katy Freeway, Suite 208
Houston, Texas 77024

Stephen Lawrence Knieriem
8550 Katy Freeway, Suite 208
Houston, Texas 77024

Gregory Charles Gallagher
8550 Katy Freeway, Suite 208
Houston, Texas 77024

Michael J. Gallagher
8550 Katy Freeway, Suite 208
Houston, Texas 77024

Delphine Pope Keller
9330 NE Schuyler
Portland, Oregon 97220

Christopher W. Knieriem
Post Office Box 5404
Petaleuma, California 94953

Mary Knieriem Taylor
4535 Miller Oak Drive
Auburn, California 95603

Kathleen Gallagher Cooper
Post Office Box 814
Vacaville, California 95688

Veda D. Williamson
c/o United New Mexico Bank
Post Office Box 1977
Roswell, New Mexico 88201

Dorothy Vargas
2055 Dalis
Concord, California 94520

Louis Doyal
810 Meadow Place
Roswell, New Mexico 88201

Leo Doyal
Box 183
Elida, New Mexico 88116

Ruth J. Penka
c/o James T. Hill, Attorney
Post Office Box 421
Durham, North Carolina 27702

CAMPBELL & BLACK, P.A.
LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
J. SCOTT HALL
JOHN H. BEMIS
WILLIAM P. SLATTERY
MARTE D. LIGHTSTONE
PATRICIA A. MATTHEWS

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

October 25, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL AFFECTED INTEREST OWNERS IN THE CACTUS QUEEN UNIT:

Re: Application of Yates Drilling Company for Statutory Unitization or, in the Alternative, a Unit Agreement, Chaves County, New Mexico

Gentlemen:

This letter is to advise you that Yates Drilling Company has filed an application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing for the purpose of establishing a secondary recovery project, all mineral interests in the Queen formation, Southeast Chaves Queen Field, underlying 560 acres, more or less, of Federal, State and Fee lands in portions of Sections 26, 27, 34 and 35 of Township 12 South, Range 31 East. Said unit is to be designated the Cactus Queen Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the determination of the horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a provision for carrying any nonconsenting working interest owner within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. In the alternative, Yates Drilling Company seeks approval of a voluntary unit containing 320 acres, more or less, of Federal and State lands in portions of Section 27 and 34, Township 12 South, Range 31 East.

Attached hereto as Exhibit A is a description of the lands to be included in each proposal for unitization.

This application has been set for hearing before an Examiner of the Oil Conservation Division on November 15, 1989. You do not need to be present at the hearing, but failure to appear at the hearing or otherwise become a party of record in this case will preclude you from challenging this matter at a later date.

Very truly yours,

WILLIAM F. CARR
ATTORNEY FOR YATES DRILLING COMPANY
WFC:mlh

EXHIBIT A

PROPOSED BOUNDARY FOR
STATUTORY UNITIZATION
OF CACTUS QUEEN UNIT
560 ACRES
TOWNSHIP 12 SOUTH, RANGE 31 EAST, N.M.P.M.

Section 26: SW/4 SW/4
Section 27: SE/4, E/2 SW/4, SW/4 SW/4
Section 34: N/2 NE/4, SE/4 NE/4, N/2 NW/4
Section 35: NW/4 NW/4

PROPOSED BOUNDARY FOR
VOLUNTARY UNITIZATION
OF CACTUS QUEEN UNIT
320 ACRES
TOWNSHIP 12 SOUTH, RANGE 31 EAST, N.M.P.M.

Section 27: W/2 SE/4, E/2 SW/4, SW/4 SW/4
Section 34: NW/4 NE/4, N/2 NW/4

CAMPBELL & BLACK, P.A.
LAWYERS

JACK M. CAMPBELL
BRUCE D. BLACK
MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
J. SCOTT HALL
JOHN H. BEMIS
WILLIAM P. SLATTERY
MARTE D. LIGHTSTONE
PATRICIA A. MATTHEWS

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

October 25, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL AFFECTED INTEREST OWNERS IN THE CACTUS QUEEN UNIT:

Re: Application of Yates Drilling Company for Approval of a Waterflood Project, Chaves County, New Mexico

Gentlemen:

This letter is to advise you that Yates Drilling Company has filed an application with the New Mexico Oil Conservation Division seeking authority to institute a waterflood project by injection of water into the Queen formation in its proposed Cactus Queen Unit, underlying portions of Sections 26, 27, 34 and 35, Township 12 South, Range 31 East, Southeast Chaves Queen Field, Chaves County, New Mexico.

This application has been set for hearing before an Examiner of the Oil Conservation Division on November 15, 1989. You do not need to be present at the hearing, but failure to appear at the hearing or otherwise become a party of record in this case will preclude you from challenging this matter at a later date.

Very truly yours,

William F. Carr

WILLIAM F. CARR
ATTORNEY FOR YATES DRILLING COMPANY
WFC:mlh

YATES DRILLING COMPANY
PROPOSED CACTUS QUEEN UNIT
CHAVES COUNTY, NEW MEXICO

NMOCD FORM C-108

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501

FORM C-108
Revised 7-1-81

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: [X] Secondary Recovery [ ] Pressure Maintenance [ ] Disposal [ ] Storage
Application qualifies for administrative approval? [ ] yes [X] no

II. Operator: Yates Drilling Company

Address: 105 South 4th Street, Artesia, New Mexico 88210

Contact party: Tobin L. Rhodes Phone: (505) 748-1471

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? [ ] yes [X] no
If yes, give the Division order number authorizing the project _____.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Tobin L. Rhodes Title Petroleum Engineer

Signature: Tobin L. Rhodes Date: 10-13-89

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. _____

If submitted, mailed and one copy to Santa Fe with one copy to the appropriate District

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

(1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.

(2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.

(3) A description of the tubing to be used including its size, lining material, and setting depth.

(4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

(1) The name of the injection formation and, if applicable, the field or pool name.

(2) The injection interval and whether it is perforated or open-hole.

(3) State if the well was drilled for injection or, if not, the original purpose of the well.

(4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.

(5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

(1) The name, address, phone number, and contact party for the applicant;

(2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;

(3) the formation name and depth with expected maximum injection rates and pressures; and

(4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

OIL CONSERVATION DIVISION
FORM C-108 (Supplement)

Application of Yates Drilling Company
For a Secondary Recovery Project
(Proposed Cactus Queen Unit)
Chaves County, New Mexico

I. Purpose:

Application is made for authorization to inject water into the Queen formation underlying the boundaries of the proposed Cactus Queen Unit. The proposed unit consists of 560 acres, more or less, of Federal, State, and Fee lands in Unit M (SW/4 SW/4) of Section 26, Units I, J, K, M, N, O, P, (SE/4, E/2 SW/4) of Section 27, Units A, B, C, D, H, (N/2 NE/4, NE/4 NW/4) of Section 34 and Unit D (NW/4 NW/4) of Section 35, Township 12 South, Range 31 East, Chaves County New Mexico. This project would be classified as a secondary recovery project with the objective of recovering hydrocarbons that will not and can not be recovered by primary means.

Many wells in the proposed unit area are primary depleted or are very near primary depletion. Our studies show that the injection of water into selected wells will result in the recovery of oil in economic quantities not otherwise recoverable. This project should provide economic benefits to all parties holding any type of interest in the unit acreage.

II. Operator:

Yates Drilling Company
105 South Fourth Street
Artesia, New Mexico 88210

Phone Number: (505) 748-1471

III. Injection Well Data:

A well data sheet is attached for each of the six wells proposed for water injection. Each injection well data sheet includes a downhole schematic of how each individual well will be configured if this application is approved.

IV. Existing Project:

The proposed project is not an expansion of an existing project and will be a totally new project.

V. Ownership:

A lease ownership map is attached which identifies all wells and lease ownership within two miles of any of the six proposed injection wells. A map is also attached on which the area of review has been identified by drawing a one-half mile circle around each injection well.

VI. Well Data:

There are presently seventeen wells including proposed injection wells that fall within the boundaries of the proposed unit or within the area of review. Two of these wells have been plugged and abandoned, one well is temporarily abandoned, and the remaining fourteen wells are active pumping oil wells producing from the Queen formation. Available data for each of the wells is included in the attached well data sheets. Additionally a downhole schematic has been drawn depicting each of the two plugged and abandoned wells.

Production figures and decline curves are attached for each well within the proposed unit that has produced from the Queen formation.

VII. Project Data:

1. The proposed daily average water injection rate is approximately 200 barrels per day for each of the six proposed water injection wells. Total water injection for the unit would be 1200 barrels per day. The maximum injection rate for any individual well will be based on fracture pressure as determined by step-rate pressure tests to be conducted on each injection well.

2. Produced water will be stored in covered steel storage tank(s) and in open top fiberglass tanks making the produced water system an open system. Any fresh water will be stored in a covered steel tank. Produced oil will immediately be separated from produced water.

The oil will be stored in a steel covered production tank until sold.

3. Initially the injection wells may take water on a vacuum, but as the reservoir fills a positive surface injection pressure will be required to inject water. The maximum injection pressure will also be determined by proposed step-rate pressure tests. At no time prior to the step-rate tests will the injection pressure exceed a pressure limitation of 0.2 PSIG per foot of depth to the top of the injection interval.

4. The source of injection fluid will be produced water from the producing wells within the unit and fresh water from the Ogollala aquifer in the area. No commitment has been made but commercial sources of fresh water are available in the area.

5. No water compatibility problems are expected as Ogollala water has been successfully injected into the Queen formation, throughout the Caprock Queen Field, without excessive problems. Compatibility tests have been run commingling the produced water and fresh water and no adverse problems were observed.

VIII. Geologic Data:

The Proposed Cactus Queen Unit produces from the upper sandstone member of the Queen formation, upper Guadalupian series, Permian system. The average producing depth in the field is approximately 2989 feet. The existing producing formation will be the interval into which water will be injected.

The productive/injection interval, as indicated from a whole core analysis on the DeLuna Federal #3 (330' FNL & 1980' FEL, 34-12s-31e) and sidewall core data from numerous wells, is fine grained, friable, gray, quartz sandstone. The grains are sub-angular to sub-rounded and well sorted. The cementing material is variously from anhydrite and dolomite. The exact depositional environment is unknown. Porosity and permeability are intergranular in nature. The sandstone is not naturally fractured.

The Cactus Queen Field is a stratigraphic trap. Cementation of the sandstone results in the loss of porosity and permeability, creating a barrier on all sides with the exception of the east. A tilted oil-water contact limits the production in that direction. The oil/water contact has been established at (+1440)

in the southeast end of the field and (+1446) at the northeast edge.

The primary underground source of fresh water in this area is the Ogollala formation of Tertiary age, the base of which is estimated to be 300 feet below the surface. This aquifer is protected behind the surface pipe and cement of all existing wells in the unit area. The Chinlee formation is also a fresh water aquifer which immediately underlies the Ogollala formation. The Base of the Chinlee is estimated to be approximately 500 feet below the surface in the unit area. The Chinlee is behind the production casing in all existing wells in the unit area.

IX. Stimulation Program:

Each of the currently producing wells has previously received a fracture treatment. The details of these treatments are outlined in the data sheet for each individual well. There are no plans to stimulate any of the existing wells which will be producing wells in this project.

The wells which will be injection wells may require a small clean-up acid treatment prior to injection. We plan to treat each of the proposed injection wells with 1000 to 2000 gallons of 15% hydrochloric acid. This treatment should insure that existing perforations are open and that each well will accept water or gas at the lowest possible pressure.

X. Well Logs:

Well logs for each of the existing wells in the proposed unit have previously been submitted to the Hobbs office of the NMOCD.

XI. Fresh Water:

The Office of the State Engineer in Roswell has a record of six wells within one mile of the proposed unit. The total depths of two of the wells are unknown, however all six wells are assumed to be producing from the Ogollala formation. Analysis

reports for water taken from three of the wells are attached.

XII. Injection Zone Isolation:

Available engineering and geologic data has been examined and no evidence of open faulting or any other hydrologic connection between the injection zone and any underground source of drinking water has been found.

XIII. Proof of Notice:

A listing of off-set leasehold operators within 1/2 mile of any injection wells and the surface owners that have received a copy of this application by certified mail is attached.

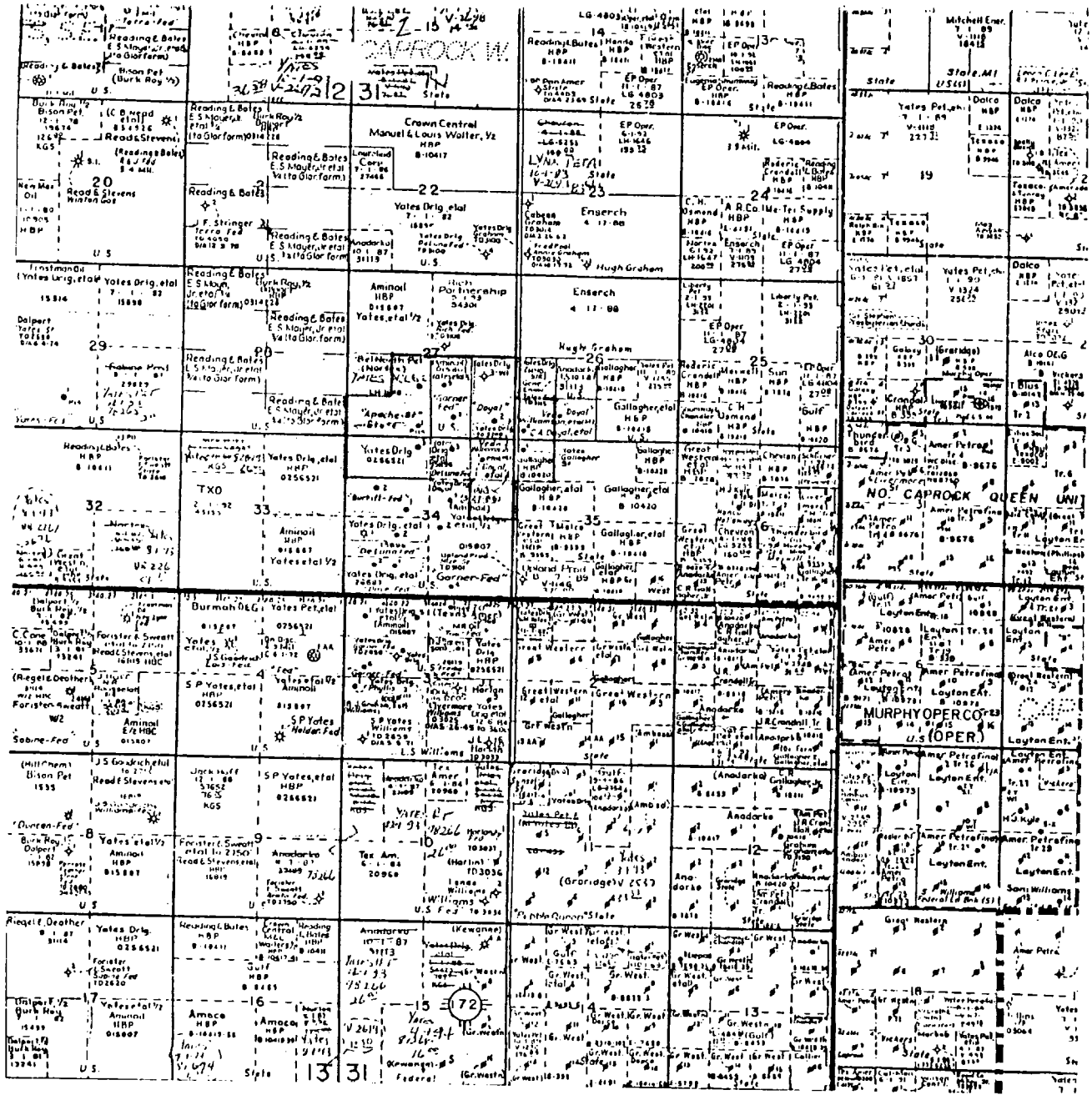
XIV. Certification:

I hereby certify that the information submitted with this application is true and correct to best of my knowledge and belief.

Tobin L. Rhodes — Petroleum Engineer

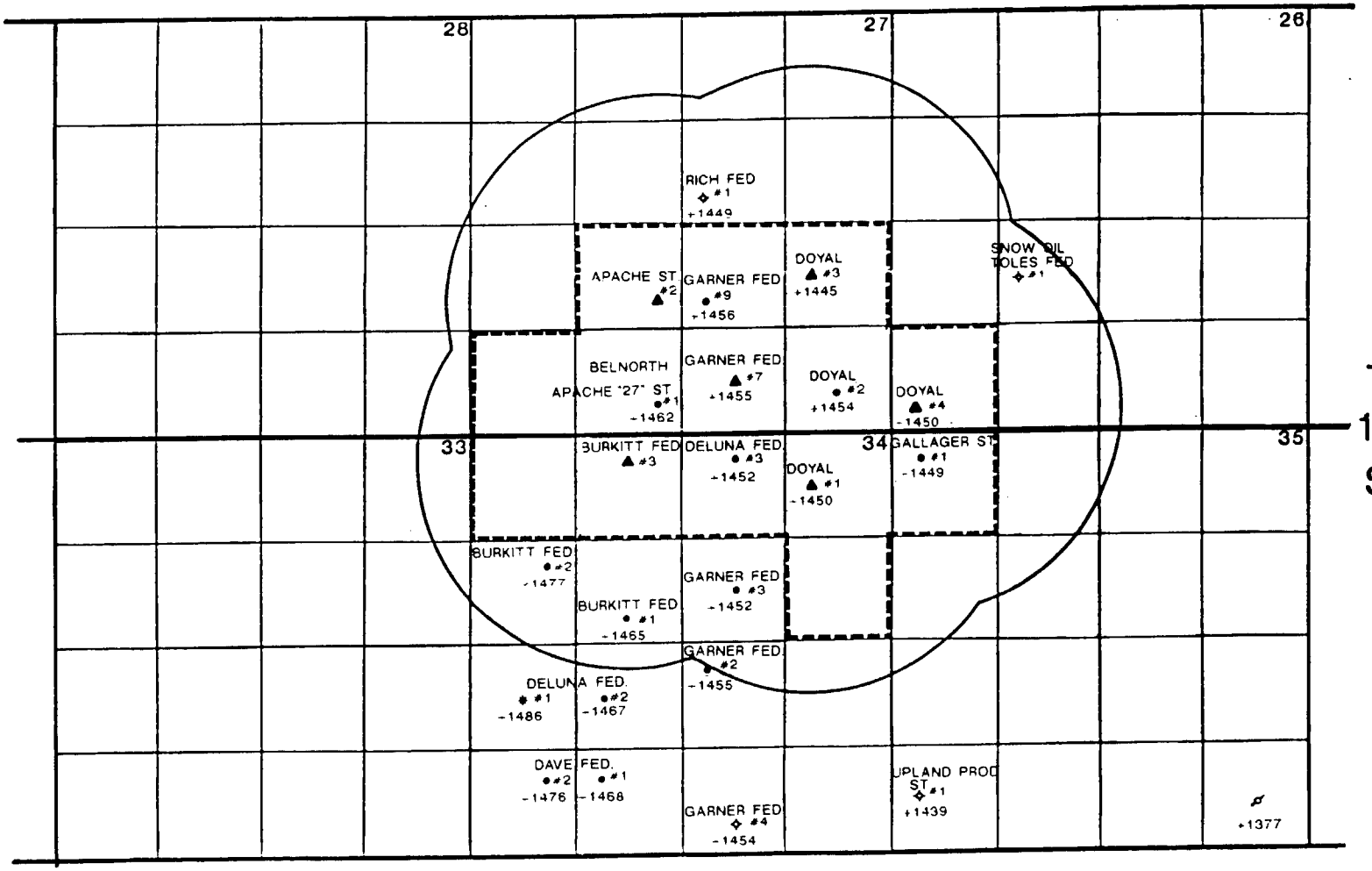
Tobin L. Rhodes

October 13, 1989



YATES DRILLING COMPANY
PROPOSED CACTUS QUEEN UNIT
CHAVES CO., NEW MEXICO
LEASE OWNERSHIP MAP

R31E



AREA OF REVIEW

▲ PROPOSED INJECTION WELL

UNIT OUTLINE

YATES DRILLING

PROPOSED CACTUS QUEEN UNIT

CHAVES CO., N.M.

WELL DATA SHEET

OPERATOR: Yates Drilling Company LEASE: Apache "27" State

WELL NO.: 1 FOOTAGE: 330'FSL-2310'FWL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" CEMENTED WITH: SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 422'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 4-1/2" CEMENTED WITH: SX.
TOC: 210' FEET DETERMINED BY:
HOLE SIZE: 7-7/8" SETTING DEPTH: 3150'
TOTAL DEPTH: 3150'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 5-9-85 COMPLETION DATE: 6-27-85
PERFORATED: 2984 FEET TO 2991 FEET

STIMULATION: 100 gals. 15% HCl acid, 12000 gals. gel water
4000 gals. CO2, 10500# 20/40 sand,10000# 12/20 sand

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Company LEASE: Apache "27" State

WELL NO.: 2 FOOTAGE: 1650'FSL-2310'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" CEMENTED WITH: _____SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 454'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: _____SX.
TOC: _____FEET DETERMINED BY: _____
HOLE SIZE: _____SETTING DEPTH: _____

LONG STRING

SIZE: 4-1/2" CEMENTED WITH: _____SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 7-7/8" SETTING DEPTH: 3150'
TOTAL DEPTH: 3150'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 7-29-85 COMPLETION DATE: 8-23-85
PERFORATED: 2996 FEET TO 3000 FEET

STIMULATION: 850 gals. 15% HCl acid, 16000 gals. gel water
25% CO2, 10500# 20/40 sand, 10000# 12/20 sand

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS: _____

INJECTION WELL DATA SHEET

OPERATOR: Yates Drilling Company LEASE: Apache "2Z" State

WELL NO.: 2 FOOTAGE: 1650'FSL-2310'FEL SEC: 2Z-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 454

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 4-1/2" CEMENTED WITH: SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 7-7/8" SETTING DEPTH: 3150'
TOTAL DEPTH: 3150'

INJECTION INTERVAL

2996' FEET TO 3000' FEET - PERFORATED

TUBING

TUBING SIZE: 2-3/8" LINED WITH: Plastic SET IN A
Baker AD-1 PACKER AT: 2946' FEET

OTHER DATA

1. NAME OF INJECTION FORMATION: Queen

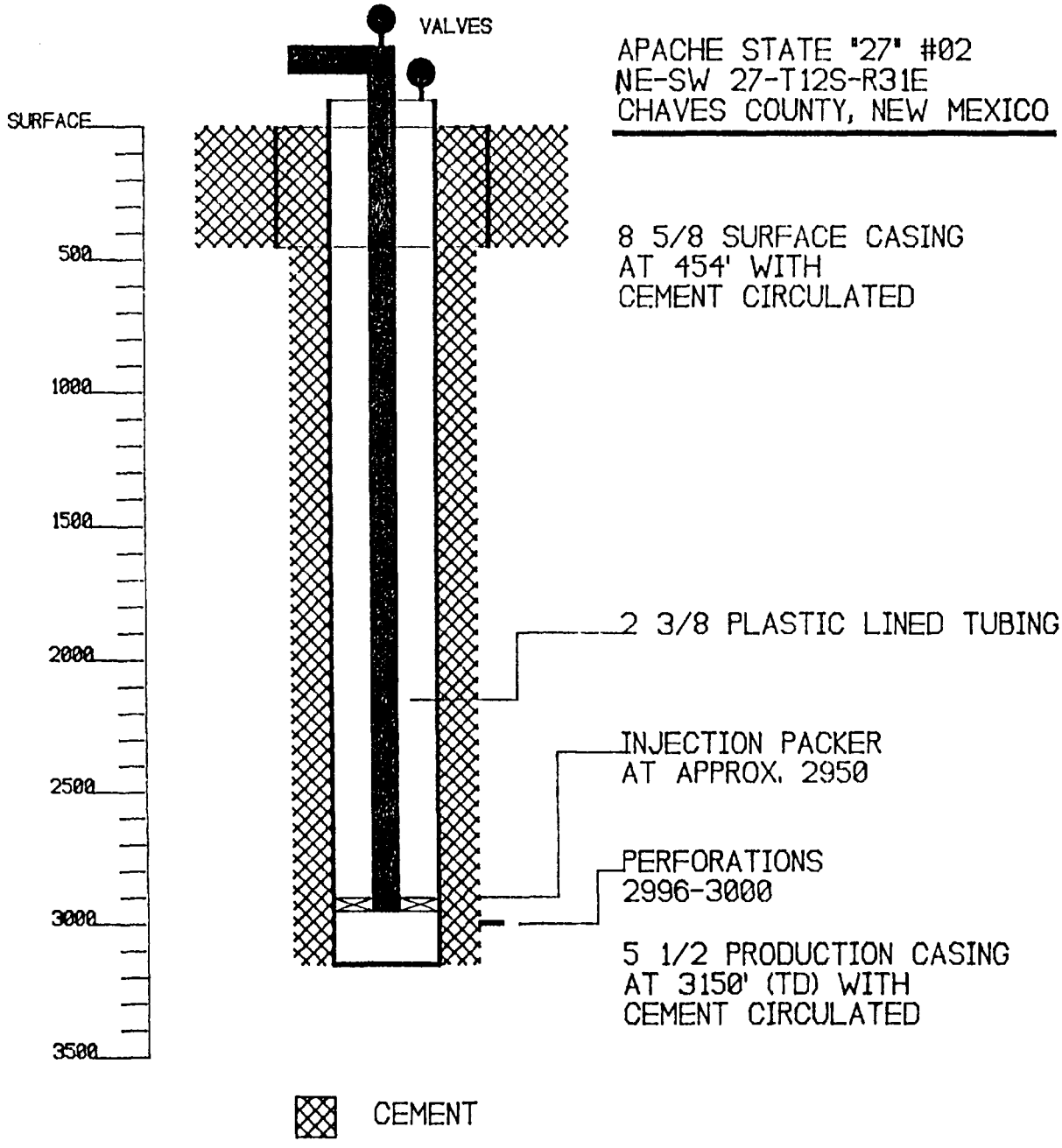
2. NAME OF FIELD OR POOL (IF APPLICABLE): SE Chaves Queen

3. IS THIS A NEW WELL DRILLED FOR INJECTION? No
   IF NO, FOR WHAT PURPOSE WAS THE WELL ORIGINALLY DRILLED?
   This well was drilled as a Queen producing well.

4. HAS WELL EVER BEEN PERFORATED IN ANY OTHER ZONE(S)? No
   LIST ALL SUCH PERFORATED INTERVALS AND GIVE PLUGGING DETAILS (SACKS OF CEMENT OR BRIDGE PLUG(S) USED):

5. GIVE DEPTH TO AND NAME OF ANY OVERLYING AND/OR UNDERLYING OIL OR GAS ZONES (POOLS) IN THIS AREA:
   None known.

WELL DIAGRAMATIC SKETCH


VALVES
SURFACE
500
1000
1500
2000
2500
3000
3500
APACHE STATE "27" #02
NE-SW 27-T12S-R31E
CHAVES COUNTY, NEW MEXICO
8 5/8 SURFACE CASING
AT 454' WITH
CEMENT CIRCULATED
2 3/8 PLASTIC LINED TUBING
INJECTION PACKER
AT APPROX. 2950
PERFORATIONS
2996-3000
5 1/2 PRODUCTION CASING
AT 3150' (TD) WITH
CEMENT CIRCULATED
CEMENT

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Burkitt Federal

WELL NO.: 1 FOOTAGE: 2310'FNL-1980'FEL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 300 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 450'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: _____ SX.
TOC: _____ FEET DETERMINED BY: _____
HOLE SIZE: _____ SETTING DEPTH: _____

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 360 SX.
TOC: 1650' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3080'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 3-23-84 COMPLETION DATE: 4-7-84
PERFORATED: 2874 FEET TO 2882 FEET

STIMULATION: 750 gals. 15% HCl acid, 20000 gals. 30# gel, 25% CO2, 16500# 20/40 sand, 6000# 12/20 sand

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OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS: _____

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Burkitt Federal

WELL NO.: 2 FOOTAGE: 1650'FNL- 990'FWL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 375 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 370'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 250 SX.
TOC: 1670' FEET DETERMINED BY: Cement Bond Log
HOLE SIZE: 7-7/8" SETTING DEPTH: 2845'
TOTAL DEPTH: 2850'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 5-5-84 COMPLETION DATE: 7-10-84
PERFORATED: 2754 FEET TO 2760 FEET

STIMULATION: 750 gals. 15% HCl acid, 15000 gals. 30# gel, 5000 gals CO2, 14500# 20/40 sand, 2500# 12/20 sand

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OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Burkitt Federal

WELL NO.: 3 FOOTAGE: 330'FNL-2310'FWL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 270 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 424'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 260 SX.
TOC: 1640' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3083'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 8-9-855 COMPLETION DATE: 10-1-85
PERFORATED: 2988 FEET TO 2992 FEET

STIMULATION: 750 gals. 15% HCl acid, 15000 gals. gel water
24 tons CO2, 12000# 20/40 sand, 7000# 12/20 sand

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

INJECTION WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Burkitt Federal

WELL NO.: 3 FOOTAGE: 330'FNL-2310'FWL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 270 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 424

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 260 SX.
TOC: 1640' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3083'
TOTAL DEPTH: 3100'

INJECTION INTERVAL

2988' FEET TO 2992' FEET - PERFORATED

TUBING

TUBING SIZE: 2-3/8" LINED WITH: Plastic SET IN A
Baker AD-1 PACKER AT: 2938' FEET

OTHER DATA

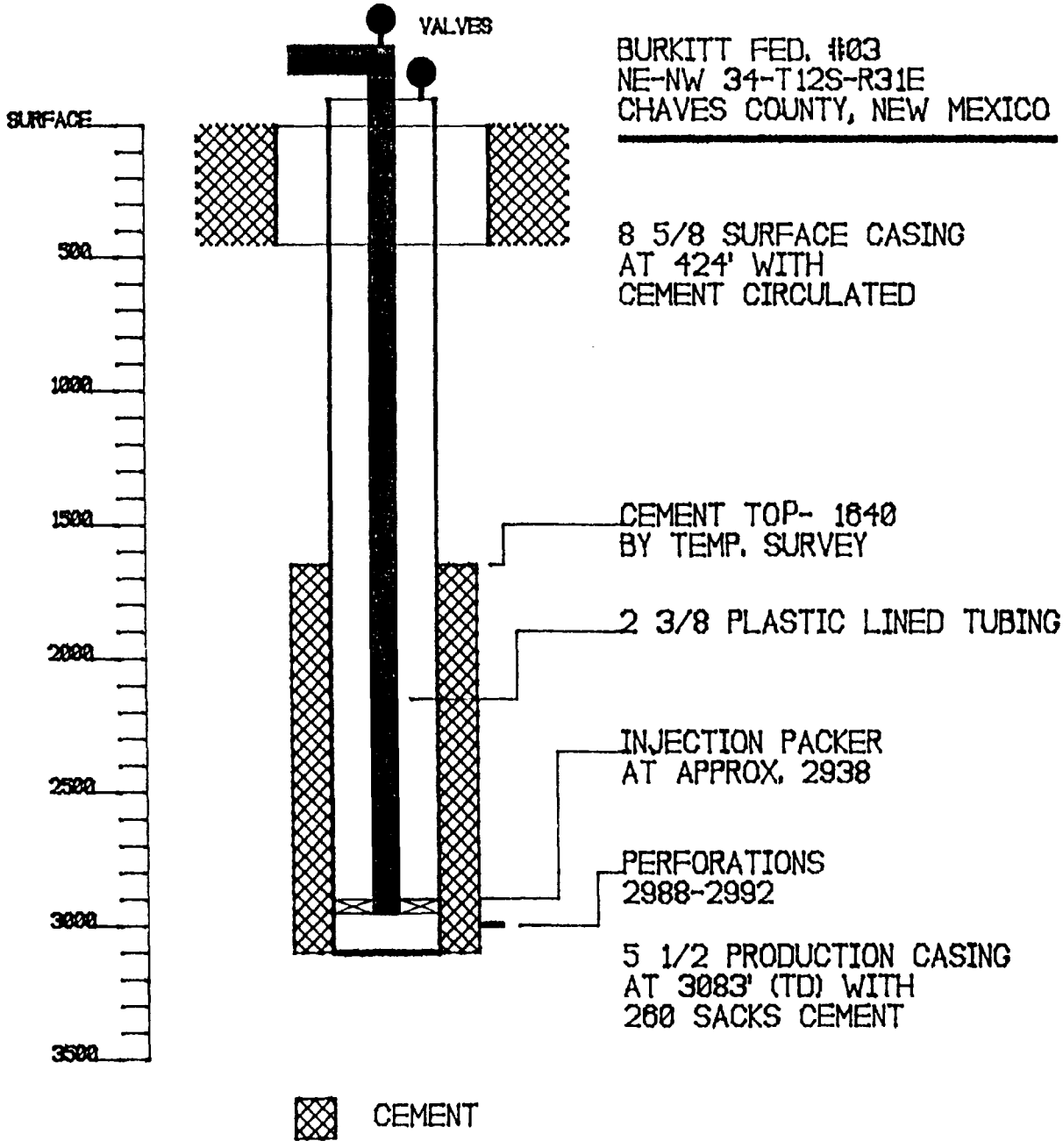
1. NAME OF INJECTION FORMATION: Queen

2. NAME OF FIELD OR POOL (IF APPLICABLE): SE Chaves Queen

3. IS THIS A NEW WELL DRILLED FOR INJECTION? No
   IF NO, FOR WHAT PURPOSE WAS THE WELL ORIGINALLY DRILLED?
   This well was drilled as a Queen producing well.

4. HAS WELL EVER BEEN PERFORATED IN ANY OTHER ZONE(S)? No
   LIST ALL SUCH PERFORATED INTERVALS AND GIVE PLUGGING
   DETAILS (SACKS OF CEMENT OR BRIDGE PLUG(S) USED):

5. GIVE DEPTH TO AND NAME OF ANY OVERLYING AND/OR
   UNDERLYING OIL OR GAS ZONES (POOLS) IN THIS AREA:
   None known.


VALVES
SURFACE
500
1000
1500
2000
2500
3000
3500
BURKITT FED. #103
NE-NW 34-T12S-R31E
CHAVES COUNTY, NEW MEXICO
8 5/8 SURFACE CASING
AT 424' WITH
CEMENT CIRCULATED
CEMENT TOP- 1640
BY TEMP. SURVEY
2 3/8 PLASTIC LINED TUBING
INJECTION PACKER
AT APPROX. 2938
PERFORATIONS
2988-2992
5 1/2 PRODUCTION CASING
AT 3083' (TD) WITH
260 SACKS CEMENT
CEMENT

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: DeLuna Federal

WELL NO.: 3 FOOTAGE: 330'FNL-1980'FEL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 300 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 433'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 410 SX.
TOC: 1900' FEET DETERMINED BY: Cement Bond Log
HOLE SIZE: 7-7/8" SETTING DEPTH: 3094'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 2-11-85 COMPLETION DATE: 3-20-85
PERFORATED: 2987-1/2 FEET TO 2993 FEET

STIMULATION: 750 gals. 15% hcl, 15000 gals. 30# gel, 23-1/2 tons CO2, 13000# 20/40 sand, 10000# 10/20 sand

---

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 1 FOOTAGE: 660'FNL- 990'FEL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 409.46'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" CEMENTED WITH: 250 SX.
TOC: 2200' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3098'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 7-31-84 COMPLETION DATE: 8-25-84
PERFORATED: 2982' FEET TO 2989' FEET

STIMULATION: 750 gallons of 15 % HCl, 15000 gallons 30# gel , 5000 SCF N2 per barrel, 10900# 20/40 sand, and 4200# 10/20 sand.

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well.

IF P&A, LIST PLUGGING DETAILS:

INJECTION WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 1 FOOTAGE: 660'FNL- 990'FEL SEC: 34-11Zs-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 409.46

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 250 SX.
TOC: 2200' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3100'
TOTAL DEPTH: 3100'

INJECTION INTERVAL

2982' FEET TO 2989' FEET - PERFORATED

TUBING

TUBING SIZE: 2-3/8" LINED WITH: Plastic SET IN A
Baker AD-1 PACKER AT: 2932' FEET

OTHER DATA

1. NAME OF INJECTION FORMATION: Queen

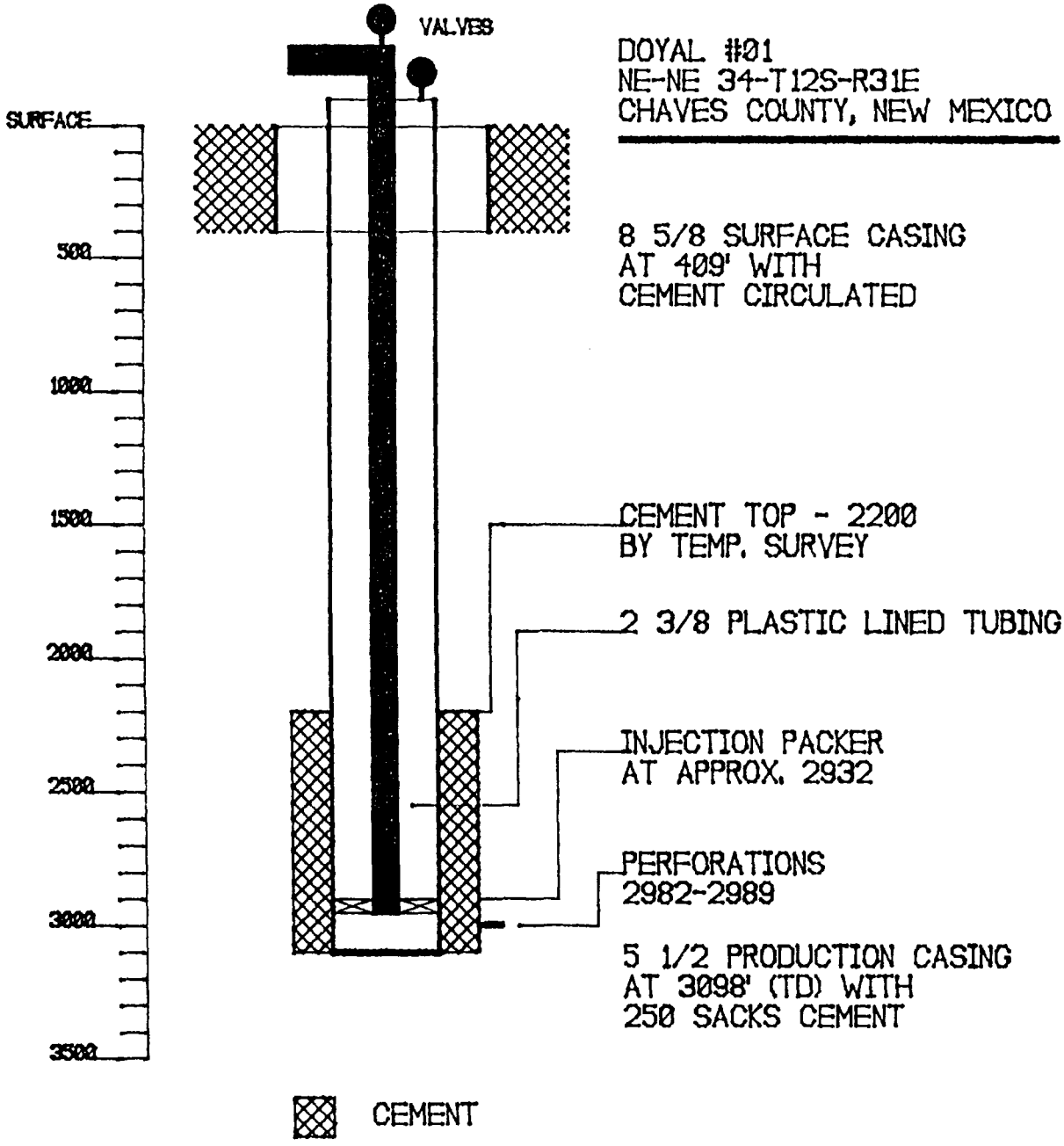
2. NAME OF FIELD OR POOL (IF APPLICABLE): SE Chaves Queen

3. IS THIS A NEW WELL DRILLED FOR INJECTION? No
   IF NO,FOR WHAT PURPOSE WAS THE WELL ORIGINALLY DRILLED?
   This well was drilled as a Queen producing well.

4. HAS WELL EVER BEEN PERFORATED IN ANY OTHER ZONE(S)? No
   LIST ALL SUCH PERFORATED INTERVALS AND GIVE PLUGGING
   DETAILS (SACKS OF CEMENT OR BRIDGE PLUG(S) USED):

5. GIVE DEPTH TO AND NAME OF ANY OVERLYING AND/OR
   UNDERLYING OIL OR GAS ZONES (POOLS) IN THIS AREA:
   None known.

WELL SCHEMATIC ATTACHED


VALVES
SURFACE
500
1000
1500
2000
2500
3000
3500
DOYAL #01
NE-NE 34-T12S-R31E
CHAVES COUNTY, NEW MEXICO
8 5/8 SURFACE CASING
AT 409' WITH
CEMENT CIRCULATED
CEMENT TOP - 2200
BY TEMP. SURVEY
2 3/8 PLASTIC LINED TUBING
INJECTION PACKER
AT APPROX. 2932
PERFORATIONS
2982-2989
5 1/2 PRODUCTION CASING
AT 3098' (TD) WITH
250 SACKS CEMENT
CEMENT

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 2 FOOTAGE: 500'FSL- 760'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 275 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 411'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" CEMENTED WITH: 250 SX.
TOC: 2200' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3098'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 9-7-84 COMPLETION DATE: 9-20-84
PERFORATED: 2981' FEET TO 2987' FEET

STIMULATION: 750 gallons of 15 % HCl, 15000 gallons 30# gel , 25% CO2 12000# 20/40 sand, 10000# 10/20 sand.

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well.

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 3 FOOTAGE: 1980'FSL- 990'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 260 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 409'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 850 SX.
TOC: 630' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3099'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 9-20-84 COMPLETION DATE: NONE
PERFORATED: 2991' FEET TO 2997' FEET

STIMULATION: 750 gallons of 15 % HCl, 15000 gallons 30# gel , 25% CO2 20000# 20/40 sand, 10000# 10/20 sand.

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Temp. Abandoned

IF P&A, LIST PLUGGING DETAILS:

INJECTION WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 3 FOOTAGE: 1980'FSL- 990'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 260 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 409'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 850 SX.
TOC: 630' FEET DETERMINED BY: Cement Bond Log
HOLE SIZE: 7-7/8" SETTING DEPTH: 3099'
TOTAL DEPTH: 3100'

INJECTION INTERVAL

2991' FEET TO 2997' FEET - PERFORATED

TUBING

TUBING SIZE: 2-3/8" LINED WITH: Plastic SET IN A
Baker AD-1 PACKER AT: 2941' FEET

OTHER DATA

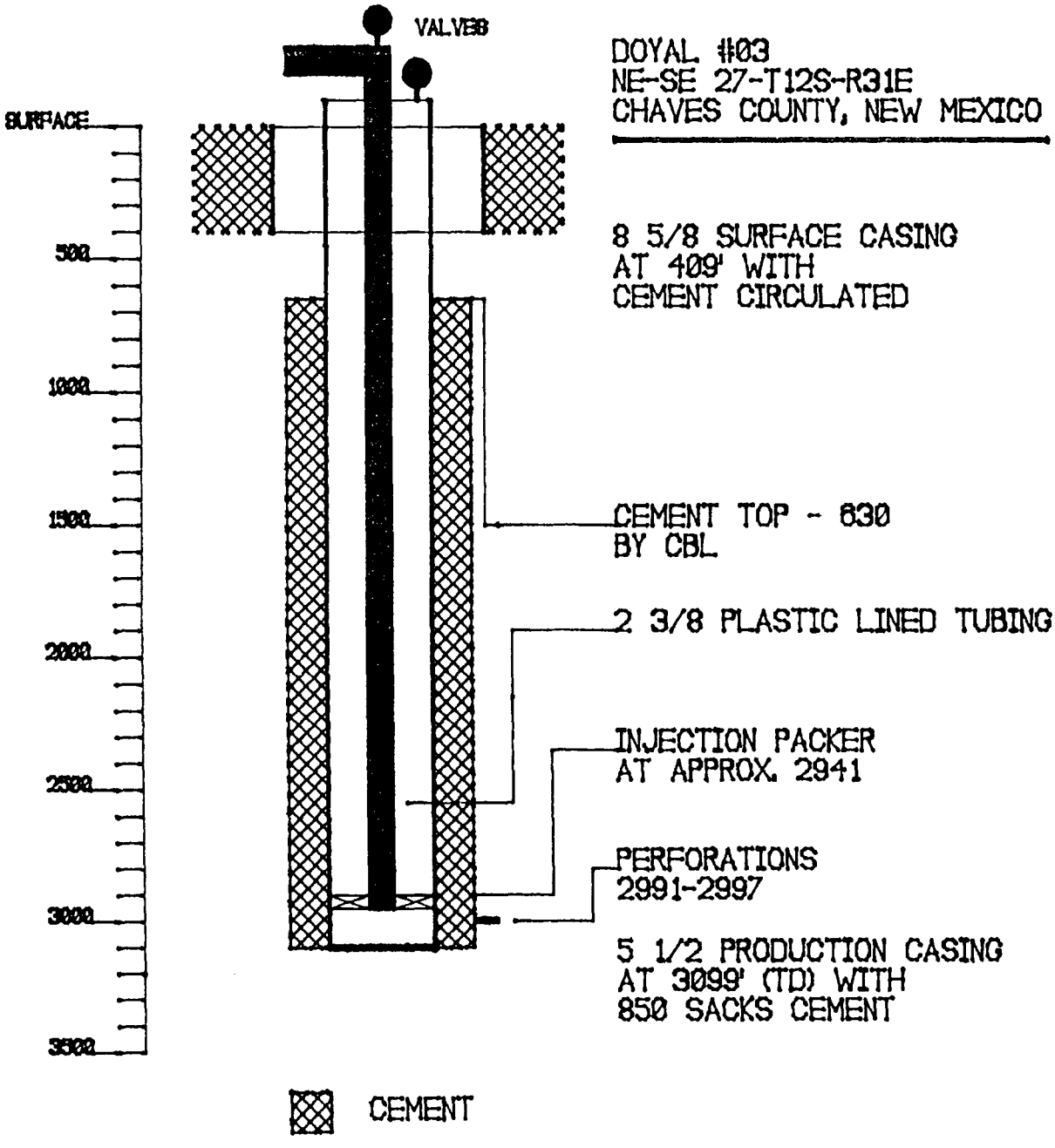
1. NAME OF INJECTION FORMATION: Queen

2. NAME OF FIELD OR POOL (IF APPLICABLE): SE Chaves Queen

3. IS THIS A NEW WELL DRILLED FOR INJECTION? No
   IF NO, FOR WHAT PURPOSE WAS THE WELL ORIGINALLY DRILLED?
   This well was drilled as a Queen producing well.
   This well is temp. aban. due to high water production

4. HAS WELL EVER BEEN PERFORATED IN ANY OTHER ZONE(S)? No
   LIST ALL SUCH PERFORATED INTERVALS AND GIVE PLUGGING
   DETAILS (SACKS OF CEMENT OR BRIDGE PLUG(S) USED):

5. GIVE DEPTH TO AND NAME OF ANY OVERLYING AND/OR
   UNDERLYING OIL OR GAS ZONES (POOLS) IN THIS AREA:
   None known.


VALVES
SURFACE
500
1000
1500
2000
2500
3000
3500
DOYAL #03
NE-SE 27-T12S-R31E
CHAVES COUNTY, NEW MEXICO
8 5/8 SURFACE CASING
AT 409' WITH
CEMENT CIRCULATED
CEMENT TOP - 630
BY CBL
2 3/8 PLASTIC LINED TUBING
INJECTION PACKER
AT APPROX. 2941
PERFORATIONS
2991-2997
5 1/2 PRODUCTION CASING
AT 3099' (TD) WITH
850 SACKS CEMENT
CEMENT

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 4 FOOTAGE: 330'FSL- 330'FWL SEC: 26-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 400'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 975 SX.
TOC: 310' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3088'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 11-18-84 COMPLETION DATE: 1-24-87
PERFORATED: 2982' FEET TO 2985' FEET

STIMULATION: 750 gallons of 15 % HCl, 15000 gallons 30# gel , 22 tons CO2, 12000# 20/40 sand, 8500 # 12/20 sand.

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

INJECTION WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Doyal

WELL NO.: 4 FOOTAGE: 330'FSL-330'FWL SEC: 26-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 400

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 975 SX.
TOC: 310' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3088'
TOTAL DEPTH: 3100'

INJECTION INTERVAL

2982' FEET TO 2985' FEET - PERFORATED

TUBING

TUBING SIZE: 2-3/8" LINED WITH: Plastic SET IN A
Baker AD-1 PACKER AT: 2932' FEET

OTHER DATA

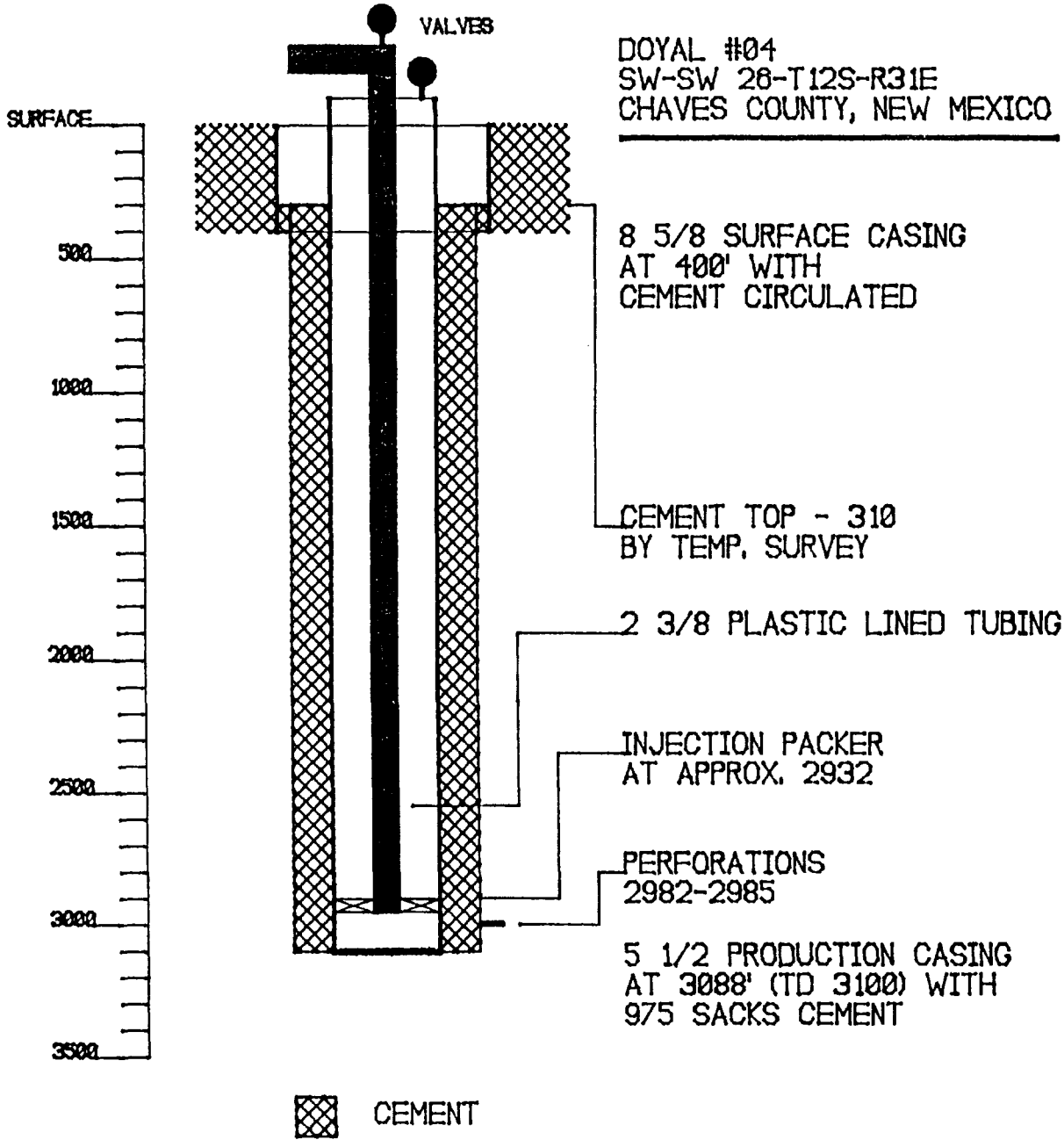
1. NAME OF INJECTION FORMATION: Queen

2. NAME OF FIELD OR POOL (IF APPLICABLE): SE Chaves Queen

3. IS THIS A NEW WELL DRILLED FOR INJECTION? No
   IF NO, FOR WHAT PURPOSE WAS THE WELL ORIGINALLY DRILLED?
   This well was drilled as a Queen producing well.

4. HAS WELL EVER BEEN PERFORATED IN ANY OTHER ZONE(S)? No
   LIST ALL SUCH PERFORATED INTERVALS AND GIVE PLUGGING DETAILS (SACKS OF CEMENT OR BRIDGE PLUG(S) USED):

5. GIVE DEPTH TO AND NAME OF ANY OVERLYING AND/OR UNDERLYING OIL OR GAS ZONES (POOLS) IN THIS AREA:
   None known.


VALVES
DOYAL #04
SW-SW 26-T12S-R31E
CHAVES COUNTY, NEW MEXICO
SURFACE
500
1000
1500
2000
2500
3000
3500
8 5/8 SURFACE CASING
AT 400' WITH
CEMENT CIRCULATED
CEMENT TOP - 310
BY TEMP. SURVEY
2 3/8 PLASTIC LINED TUBING
INJECTION PACKER
AT APPROX. 2932
PERFORATIONS
2982-2985
5 1/2 PRODUCTION CASING
AT 3088' (TD 3100) WITH
975 SACKS CEMENT
CEMENT

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Gallagher State

WELL NO.: 1 FOOTAGE: 330'FNL- 330'FWL SEC: 35-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 433'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 900 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 7-7/8" SETTING DEPTH: 3084'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 10-28-84 COMPLETION DATE: 11-9-84
PERFORATED: 2982' FEET TO 2987' FEET

STIMULATION: 650 gallons of 15 % HCl, 15000 gallons 30# gel , 22 tons CO2, 12000# 20/40 sand, 10750# 10/20 sand.

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Garner Federal

WELL NO.: 2 FOOTAGE: 2310'FSL-2310'FEL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 410'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: _____ SX.
TOC: _____ FEET DETERMINED BY: _____
HOLE SIZE: _____ SETTING DEPTH: _____

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 550 SX.
TOC: 1992' FEET DETERMINED BY: Cement Bond Log
HOLE SIZE: 7-7/8" SETTING DEPTH: 3098'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 4-29-84 COMPLETION DATE: 6-1-844
PERFORATED: 2982 FEET TO 2990 FEET

STIMULATION: 750 gals. 15% HCl acid, 20000 gals. 30# gel, 25% CO2, 16500# 20/40 sand, 1700# 12/20 sand

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OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS: _____

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Garner Federal

WELL NO.: 3 FOOTAGE: 1980'FNL-1980'FEL SEC: 34-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 225 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 408'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 250 SX.
TOC: 1810' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3100'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 7-2-84 COMPLETION DATE: 8-12-84
PERFORATED: 2981 FEET TO 2986 FEET

STIMULATION: 750 gals. 15% HCl acid, 15000 gals. 30# gel, 5000 SCF N2 per barre, 1500# 20/40 sand, 1700# 12/20 sand

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OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Garner Federal

WELL NO.: 7 FOOTAGE: 660'FSL-1980'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 424'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 270 SX.
TOC: 1900' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3098.54'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 10-14-84 COMPLETION DATE: 10-30-84
PERFORATED: 2987' FEET TO 2993' FEET

STIMULATION: 750 gallons of 15 % HCl, 15000 gallons 30# gel , 1000 SCF/BBL CO2 13000# 20/40 sand, 9000# 10/20 sand

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OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

INJECTION WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Garner Federal

WELL NO.: 7 FOOTAGE: 660'FSL-1980'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 424

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 270 SX.
TOC: 1900' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3098.54'
TOTAL DEPTH: 3100'

INJECTION INTERVAL

2987' FEET TO 2993' FEET - PERFORATED

TUBING

TUBING SIZE: 2-3/8" LINED WITH: Plastic SET IN A
Baker AD-1 PACKER AT: 2937' FEET

OTHER DATA

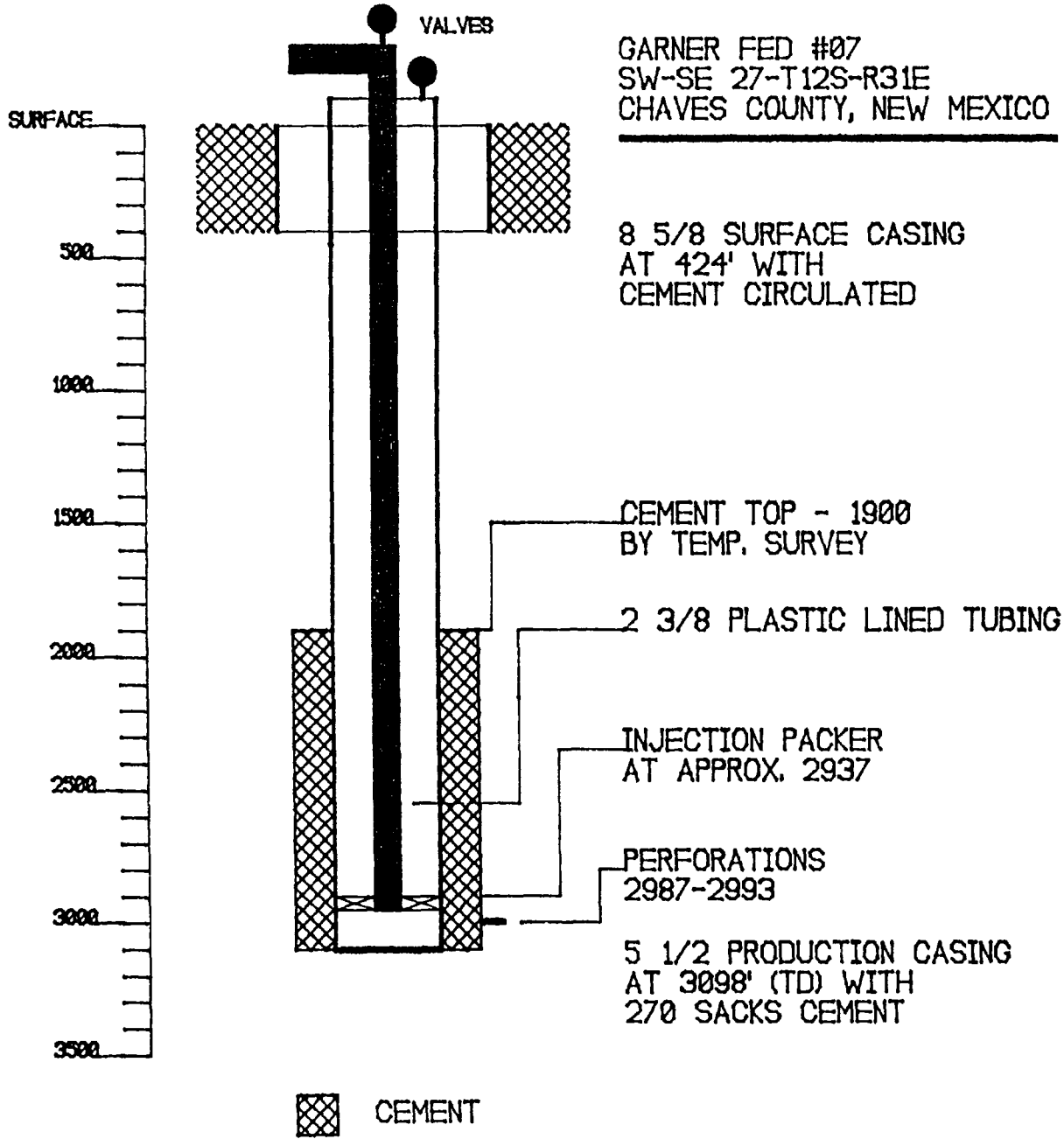
1. NAME OF INJECTION FORMATION: Queen

2. NAME OF FIELD OR POOL (IF APPLICABLE): SE Chaves Queen

3. IS THIS A NEW WELL DRILLED FOR INJECTION? No
   IF NO, FOR WHAT PURPOSE WAS THE WELL ORIGINALLY DRILLED?
   This well was drilled as a Queen producing well.

4. HAS WELL EVER BEEN PERFORATED IN ANY OTHER ZONE(S)? No
   LIST ALL SUCH PERFORATED INTERVALS AND GIVE PLUGGING
   DETAILS (SACKS OF CEMENT OR BRIDGE PLUG(S) USED):

5. GIVE DEPTH TO AND NAME OF ANY OVERLYING AND/OR
   UNDERLYING OIL OR GAS ZONES (POOLS) IN THIS AREA:
   None known.


VALVES
SURFACE
500
1000
1500
2000
2500
3000
3500
GARNER FED #07
SW-SE 27-T12S-R31E
CHAVES COUNTY, NEW MEXICO
8 5/8 SURFACE CASING
AT 424' WITH
CEMENT CIRCULATED
CEMENT TOP - 1900
BY TEMP. SURVEY
2 3/8 PLASTIC LINED TUBING
INJECTION PACKER
AT APPROX. 2937
PERFORATIONS
2987-2993
5 1/2 PRODUCTION CASING
AT 3098' (TD) WITH
270 SACKS CEMENT
CEMENT

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Garner Federal

WELL NO.: 9 FOOTAGE: 1650'FSL-2310'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 420'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: SX.
TOC: FEET DETERMINED BY:
HOLE SIZE: SETTING DEPTH:

LONG STRING

SIZE: 5-1/2" 14# CEMENTED WITH: 320 SX.
TOC: 1820' FEET DETERMINED BY: Temp. Survey
HOLE SIZE: 7-7/8" SETTING DEPTH: 3098'
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 11-11-84 COMPLETION DATE: 11-30-84
PERFORATED: 2985' FEET TO 2995' FEET

STIMULATION: 750 gallons of 15 % HCl, 15000 gallons 30# gel , 16 tons of CO2, 18000# 20/40 sand,12500# 10/20 sand

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OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Pumping oil well

IF P&A, LIST PLUGGING DETAILS:

WELL DATA SHEET

OPERATOR: Yates Drilling Co. LEASE: Rich Federal

WELL NO.: 1 FOOTAGE: 2310'FNL-2310'FEL SEC: 27-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" 24# CEMENTED WITH: 250 SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 412'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: _____ SX.
TOC: _____ FEET DETERMINED BY: _____
HOLE SIZE: _____ SETTING DEPTH: _____

LONG STRING

SIZE: None CEMENTED WITH: _____ SX.
TOC: _____ FEET DETERMINED BY: _____
HOLE SIZE: 7-7/8" SETTING DEPTH: _____
TOTAL DEPTH: 3100'

PRODUCING INTERVAL

FORMATION: None POOL OR FIELD: SE Chaves Queen
SPUD DATE: 11-30-84 COMPLETION DATE: None
PERFORATED: _____ FEET TO _____ FEET

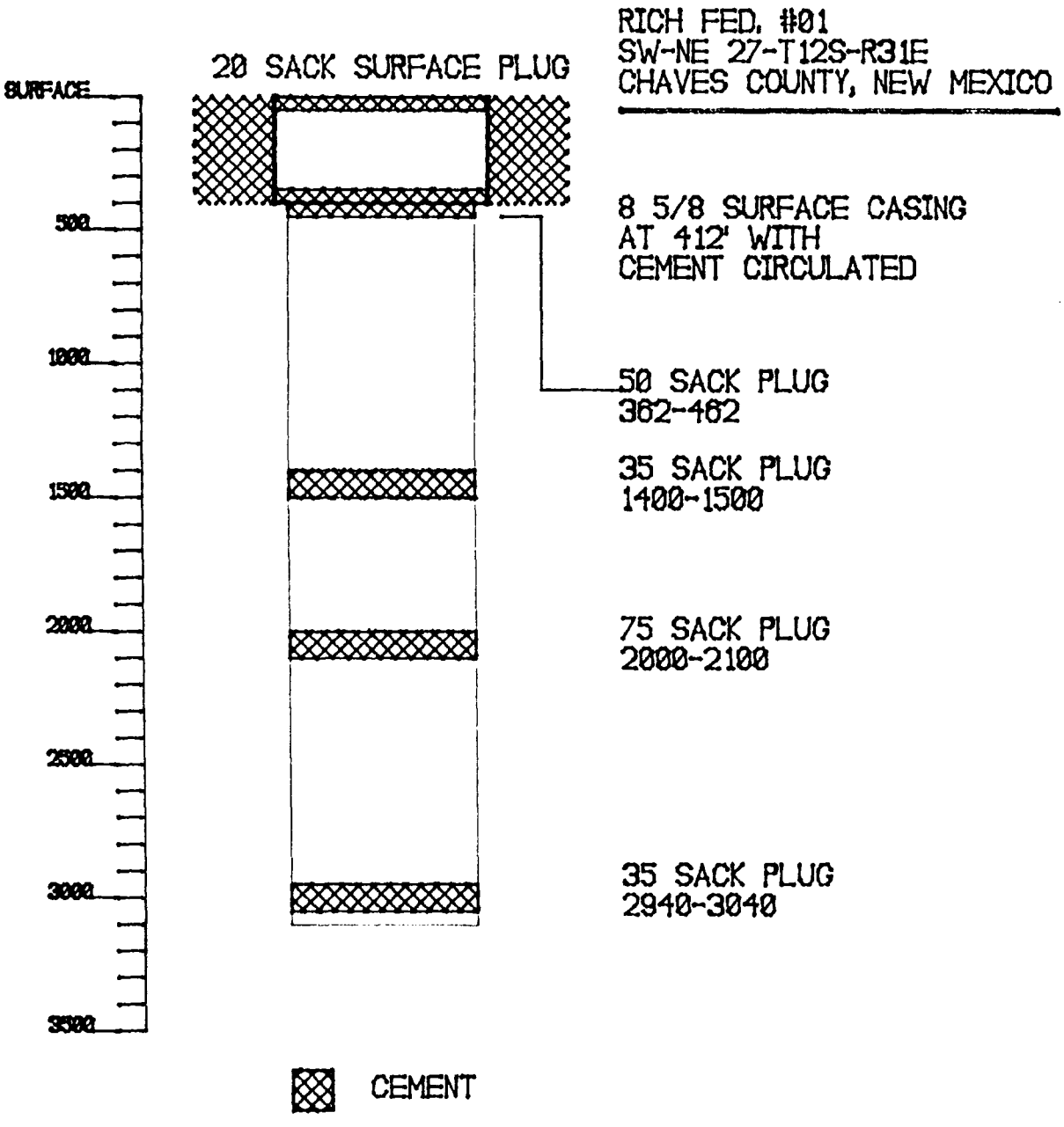
STIMULATION: None

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Plugged and Abandoned

IF P&A, LIST PLUGGING DETAILS: P&A 12-12-84
Plug 3040-2940' 35 sx Class "C" neat, Plug 2100-2000' 75 sx Class "C" w/2% CaCl2, plug 1500-1400' 35 sx Class "C" neat, Plug 462-362' 50 sx Class "C" w/2% CaCl2, Plug 50-Sur. 20sx Class "C" neat


RICH FED. #01
SW-NE 27-T12S-R31E
CHAVES COUNTY, NEW MEXICO
20 SACK SURFACE PLUG
SURFACE
500
1000
1500
2000
2500
3000
3500
8 5/8 SURFACE CASING
AT 412' WITH
CEMENT CIRCULATED
50 SACK PLUG
362-462
35 SACK PLUG
1400-1500
75 SACK PLUG
2000-2100
35 SACK PLUG
2940-3040
CEMENT

WELL DATA SHEET

OPERATOR: Snow Oil Company LEASE: Toles Federal

WELL NO.: 1 FOOTAGE: 1980'FSL-1650'FWL SEC: 26-T12s-R31e

TUBULAR DATA

SURFACE CASING

SIZE: 8-5/8" CEMENTED WITH: _____SX.
TOC: Surface FEET DETERMINED BY: Circulation
HOLE SIZE: 12-1/4" SETTING DEPTH: 473'

INTERMEDIATE CASING

SIZE: None CEMENTED WITH: _____SX.
TOC: _____FEET DETERMINED BY: _____
HOLE SIZE: _____SETTING DEPTH: _____

LONG STRING

SIZE: 4-1/2" CEMENTED WITH: _____SX.
TOC: 900' FEET DETERMINED BY: Estimate
HOLE SIZE: _____SETTING DEPTH: 3115'
TOTAL DEPTH: 3115'

PRODUCING INTERVAL

FORMATION: Queen POOL OR FIELD: SE Chaves Queen
SPUD DATE: 1-8-85 COMPLETION DATE: None
PERFORATED: 2344 FEET TO 2845 FEET

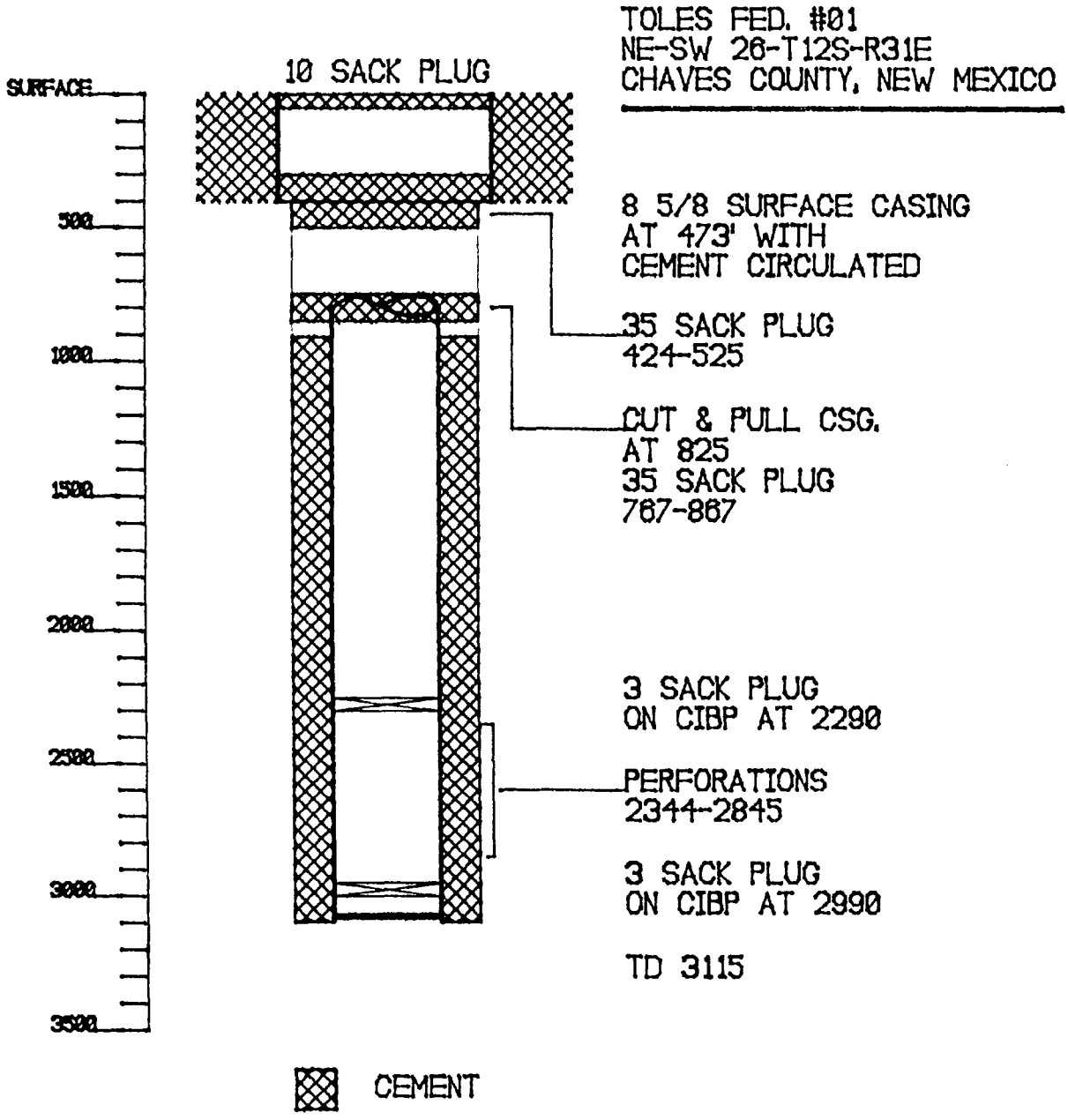
STIMULATION: _____

OTHER PERFORATED ZONES: None

CURRENT STATUS

WHAT IS CURRENT STATUS OF WELL? Plugged and Abandoned

IF P&A, LIST PLUGGING DETAILS: 3sx plug on CIBP @ 2990'
3sx plug on CIBP @ 2290', cut and pulled 4-1/2"casing @ 825
35sx plug @ 867', 35sx plug @ 524', 10sx plug @ surface


TOLES FED. #01
NE-SW 26-T12S-R31E
CHAVES COUNTY, NEW MEXICO
10 SACK PLUG
SURFACE
500
1000
1500
2000
2500
3000
3500
8 5/8 SURFACE CASING
AT 473' WITH
CEMENT CIRCULATED
35 SACK PLUG
424-525
CUT & PULL CSG.
AT 825
35 SACK PLUG
767-867
3 SACK PLUG
ON CIBP AT 2290
PERFORATIONS
2344-2845
3 SACK PLUG
ON CIBP AT 2990
TD 3115
CEMENT

YATES DRILLING COMPANY
PROPOSED CACTUS QUEEN UNIT
CHAVES COUNTY, NEW MEXICO

PRODUCTION & DECLINE CURVES

NUMBER: 10000005
NAME: APACHE 27 STATE No. 01
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PET4DATA\

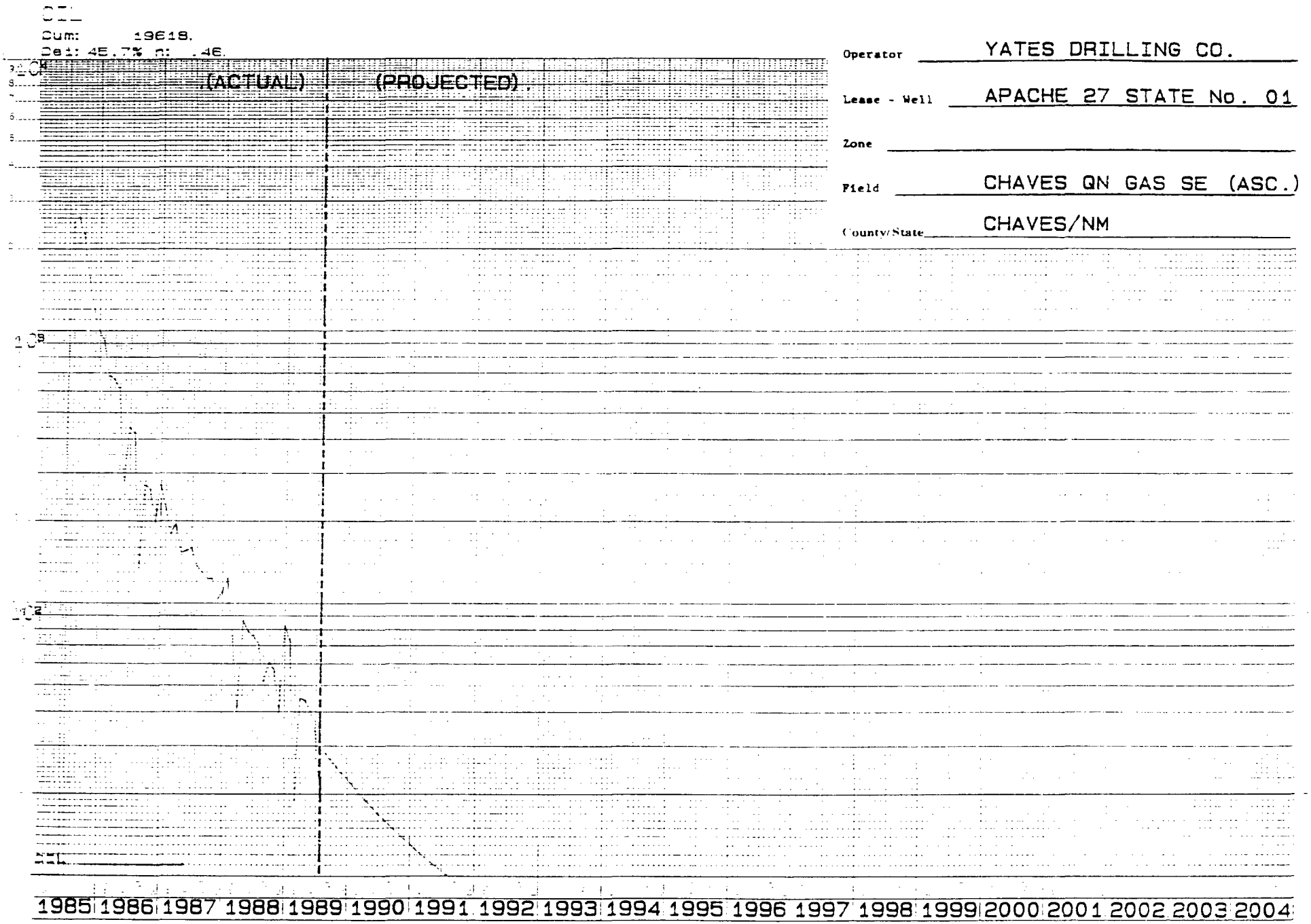
RESERVOIR:
FIELD: CHAVES QN GAS SE (ASC.)
OPERATOR: YATES DRILLING CO.
ID NUMBER:12S31E27NOOQN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1985	0	0	0	0	0	0	0	0	0	0	
02/1985	0	0	0	0	0	0	0	0	0	0	
03/1985	0	0	0	0	0	0	0	0	0	0	
04/1985	0	0	0	0	0	0	0	0	0	0	
05/1985	0	0	0	0	0	0	0	0	0	0	
06/1985	438	145	0	0	0	0	0	0	0	0	
07/1985	2480	160	92	0	0	0	0	0	0	0	
08/1985	2609	120	132	0	0	0	0	0	0	0	
09/1985	2247	116	62	0	0	0	0	0	0	0	
10/1985	1581	115	67	0	0	0	0	0	0	0	
11/1985	1198	112	31	0	0	0	0	0	0	0	
12/1985	1000	116	31	0	0	0	0	0	0	0	
1985/YTD	11553	884	415	0	0	0	0	0	0	0	
1985/CUM	11553	884	415	0	0	0	0	0	0	0	
01/1986	915	115	31	0	0	0	0	0	0	0	
02/1986	682	104	62	0	0	0	0	0	0	0	
03/1986	661	115	54	0	0	0	0	0	0	0	
04/1986	608	109	149	0	0	0	0	0	0	0	
05/1986	280	116	138	0	0	0	0	0	0	0	
06/1986	443	100	97	0	0	0	0	0	0	0	
07/1986	421	90	117	0	0	0	0	0	0	0	
08/1986	132	90	33	0	0	0	0	0	0	0	
09/1986	271	101	286	0	0	0	0	0	0	0	
10/1986	262	121	47	0	0	0	0	0	0	0	
11/1986	198	94	44	0	0	0	0	0	0	0	
12/1986	276	121	43	0	0	0	0	0	0	0	
1986/YTD	5149	1276	1101	0	0	0	0	0	0	0	
1986/CUM	16702	2160	1516	0	0	0	0	0	0	0	
01/1987	225	121	20	0	0	0	0	0	0	0	
02/1987	179	109	45	0	0	0	0	0	0	0	
03/1987	196	121	40	0	0	0	0	0	0	0	
04/1987	154	117	3	0	0	0	0	0	0	0	
05/1987	156	121	37	0	0	0	0	0	0	0	
06/1987	160	117	36	0	0	0	0	0	0	0	
07/1987	137	121	43	0	0	0	0	0	0	0	
08/1987	130	121	26	0	0	0	0	0	0	0	
09/1987	123	117	42	0	0	0	0	0	0	0	
10/1987	123	121	31	0	0	0	0	0	0	0	
11/1987	103	117	38	0	0	0	0	0	0	0	
12/1987	110	121	29	0	0	0	0	0	0	0	
1987/YTD	1796	1424	390	0	0	0	0	0	0	0	
1987/CUM	18498	3584	1906	0	0	0	0	0	0	0	

NUMBER: 10000005
NAME: APACHE 27 STATE No. 01
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PETRA\DATA\

RESERVOIR:
FIELD: CHAVES UN GAS SE (ASC.)
OPERATOR: YATES DRILLING CO.
ID NUMBER:12S31E27N000N

PERIOD	OIL	GAS	WATER							REMARKS
MONTHS	BBLS	MCF	BBLS							
01/1988	124	121	41	0	0	0	0	0	0	0
02/1988	75	113	35	0	0	0	0	0	0	0
03/1988	90	70	20	0	0	0	0	0	0	0
04/1988	67	117	18	0	0	0	0	0	0	0
05/1988	77	121	20	0	0	0	0	0	0	0
06/1988	76	117	48	0	0	0	0	0	0	0
07/1988	71	121	30	0	0	0	0	0	0	0
08/1988	51	117	10	0	0	0	0	0	0	0
09/1988	61	117	25	0	0	0	0	0	0	0
10/1988	57	121	30	0	0	0	0	0	0	0
11/1988	90	117	27	0	0	0	0	0	0	0
12/1988	83	121	19	0	0	0	0	0	0	0
1988/YTD	845	1373	321	0	0	0	0	0	0	0
1988 CUM	14243	4957	2227	0	0	0	0	0	0	0
01/1989	73	0	23	0	0	0	0	0	0	0
02/1989	47	0	15	0	0	0	0	0	0	0
03/1989	45	0	12	0	0	0	0	0	0	0
04/1989	44	82	3	0	0	0	0	0	0	0
05/1989	40	40	9	0	0	0	0	0	0	0
06/1989	34	63	3	0	0	0	0	0	0	0
07/1989	27	37	7	0	0	0	0	0	0	0
1989/YTD	275	222	72	0	0	0	0	0	0	0
1989/CUM	19518	5179	2299	0	0	0	0	0	0	0



Operator YATES DRILLING CO.

Lease - Well APACHE 27 STATE No. 01

Zone

Field CHAVES QN GAS SE (ASC.)

County/State CHAVES/NM

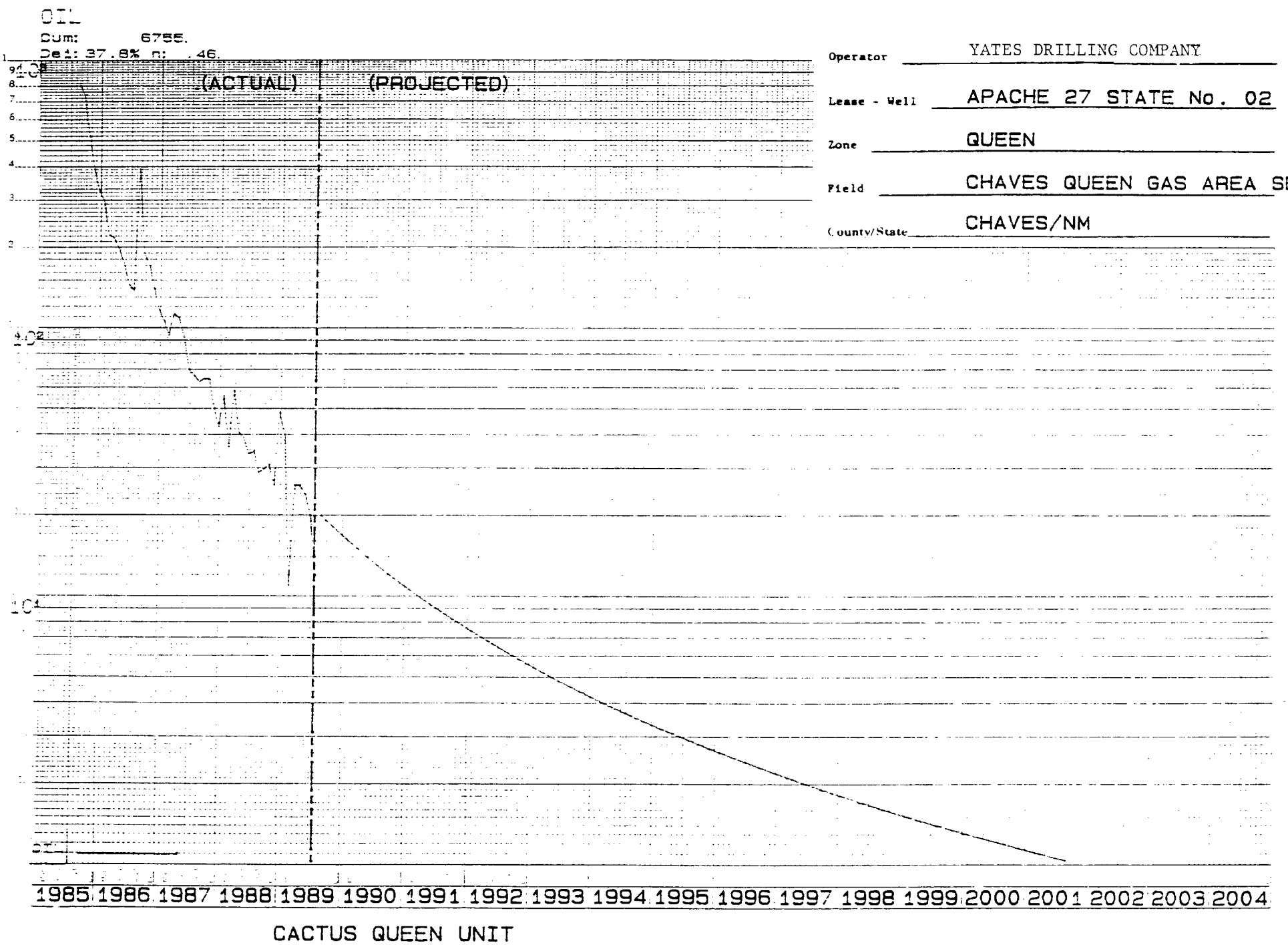
CACTUS QUEEN UNIT

NUMBER: 10000004 RESERVOIR:QUEEN
NAME: APACHE 27 STATE No. 02 FIELD: CHAVES QUEEN GAS AREA SE (ASSD.) ON
COUNTY/STATE: CHAVES/NM OPERATOR: Yates Drilling Company
DATABASE NAME:D:\PE14B4TA\ ID NUMBER:12931E27E0000N

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS								REMARKS
01/1985	0	0	0	0	0	0	0	0	0	0	
02/1985	0	0	0	0	0	0	0	0	0	0	
03/1985	0	0	0	0	0	0	0	0	0	0	
04/1985	0	0	0	0	0	0	0	0	0	0	
05/1985	0	0	0	0	0	0	0	0	0	0	
06/1985	0	0	0	0	0	0	0	0	0	0	
07/1985	0	0	0	0	0	0	0	0	0	0	
08/1985	815	700	0	0	0	0	0	0	0	0	
09/1985	434	30	44	0	0	0	0	0	0	0	
10/1985	517	32	155	0	0	0	0	0	0	0	
11/1985	342	31	67	0	0	0	0	0	0	0	
12/1985	336	31	31	0	0	0	0	0	0	0	
1985/YTD	2784	824	297	0	0	0	0	0	0	0	
1985/CUM	2784	824	297	0	0	0	0	0	0	0	
01/1986	278	30	20	0	0	0	0	0	0	0	
02/1986	223	27	62	0	0	0	0	0	0	0	
03/1986	216	30	55	0	0	0	0	0	0	0	
04/1986	178	27	0	0	0	0	0	0	0	0	
05/1986	174	22	0	0	0	0	0	0	0	0	
06/1986	145	20	38	0	0	0	0	0	0	0	
07/1986	128	25	37	0	0	0	0	0	0	0	
08/1986	145	30	54	0	0	0	0	0	0	0	
09/1986	107	101	28	0	0	0	0	0	0	0	
10/1986	173	121	21	0	0	0	0	0	0	0	
11/1986	141	117	56	0	0	0	0	0	0	0	
12/1986	117	121	50	0	0	0	0	0	0	0	
1986/YTD	2407	877	487	0	0	0	0	0	0	0	
1986/CUM	5191	1501	984	0	0	0	0	0	0	0	
01/1987	107	121	23	0	0	0	0	0	0	0	
02/1987	91	109	38	0	0	0	0	0	0	0	
03/1987	113	121	57	0	0	0	0	0	0	0	
04/1987	106	117	8	0	0	0	0	0	0	0	
05/1987	91	121	39	0	0	0	0	0	0	0	
06/1987	70	117	24	0	0	0	0	0	0	0	
07/1987	57	121	45	0	0	0	0	0	0	0	
08/1987	81	121	24	0	0	0	0	0	0	0	
09/1987	69	117	38	0	0	0	0	0	0	0	
10/1987	69	121	28	0	0	0	0	0	0	0	
11/1987	51	117	32	0	0	0	0	0	0	0	
12/1987	43	121	28	0	0	0	0	0	0	0	
1987/YTD	746	1424	396	0	0	0	0	0	0	0	
1987/CUM	6131	2925	1380	0	0	0	0	0	0	0	

NUMBER: 10000004 RESERVOIR:QUEEN
NAME: APACHE 27 STATE No. 02 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
COUNTY,STATE: CHAVES/NM OPERATOR: Yates Drilling Company
DATABASE NAME:D:\PETDATA\ ID NUMBER:12531E27KGOGN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1988	52	121	37	0	0	0	0	0	0	0	
02/1988	26	113	37	0	0	0	0	0	0	0	
03/1988	56	121	8	0	0	0	0	0	0	0	
04/1988	41	117	21	0	0	0	0	0	0	0	
05/1988	39	121	23	0	0	0	0	0	0	0	
06/1988	34	117	23	0	0	0	0	0	0	0	
07/1988	35	121	26	0	0	0	0	0	0	0	
08/1988	29	117	12	0	0	0	0	0	0	0	
09/1988	30	117	14	0	0	0	0	0	0	0	
10/1988	51	121	45	0	0	0	0	0	0	0	
11/1988	26	117	26	0	0	0	0	0	0	0	
12/1988	47	121	1	0	0	0	0	0	0	0	
1988/YTD	465	1424	275	0	0	0	0	0	0	0	
1988/CUM	5376	4347	1655	0	0	0	0	0	0	0	
01/1989	40	0	12	0	0	0	0	0	0	0	
02/1989	11	0	8	0	0	0	0	0	0	0	
03/1989	26	0	7	0	0	0	0	0	0	0	
04/1989	26	117	0	0	0	0	0	0	0	0	
05/1989	24	108	9	0	0	0	0	0	0	0	
06/1989	20	90	3	0	0	0	0	0	0	0	
07/1989	12	54	7	0	0	0	0	0	0	0	
1989/YTD	159	369	46	0	0	0	0	0	0	0	
1989/CUM	5755	4718	1701	0	0	0	0	0	0	0	



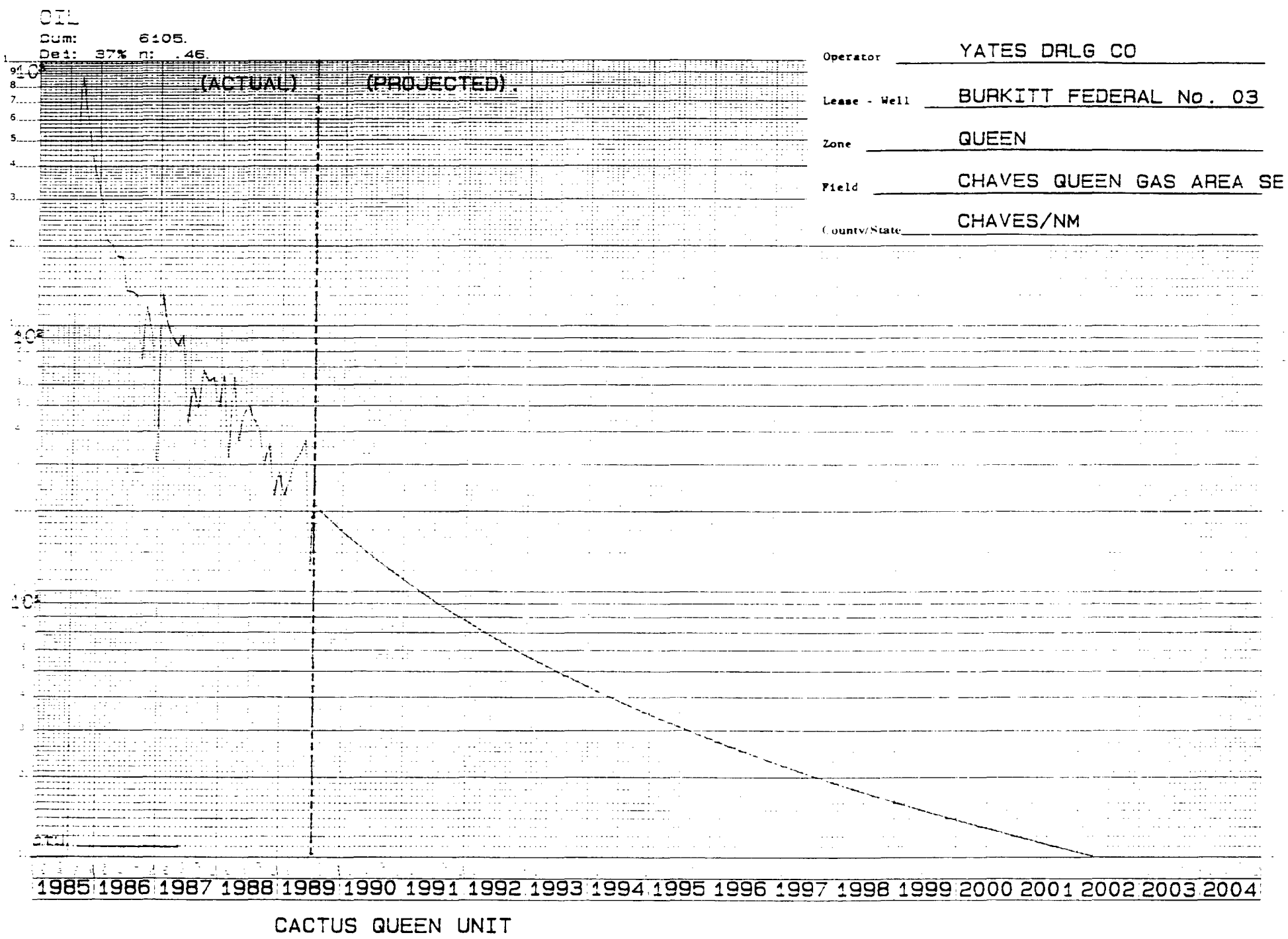
CACTUS QUEEN UNIT

NUMBER: 1000019 RESERVOIR:QUEEN
NAME: BURNITT FEDERAL No. 03 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\FET4DATA\ ID NUMBER:12S31E34C000GN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1985	0	0	0	0	0	0	0	0	0	0
02/1985	0	0	0	0	0	0	0	0	0	0
03/1985	0	0	0	0	0	0	0	0	0	0
04/1985	0	0	0	0	0	0	0	0	0	0
05/1985	0	0	0	0	0	0	0	0	0	0
06/1985	0	0	0	0	0	0	0	0	0	0
07/1985	0	0	0	0	0	0	0	0	0	0
08/1985	481	0	0	0	0	0	0	0	0	0
09/1985	882	349	0	0	0	0	0	0	0	0
10/1985	511	244	0	0	0	0	0	0	0	0
11/1985	432	173	90	0	0	0	0	0	0	0
12/1985	356	142	93	0	0	0	0	0	0	0
1985/TTL	2745	908	183	0	0	0	0	0	0	0
1985/CUM	2745	908	183	0	0	0	0	0	0	0
01/1986	294	118	93	0	0	0	0	0	0	0
02/1986	207	84	84	0	0	0	0	0	0	0
03/1986	201	80	93	0	0	0	0	0	0	0
04/1986	182	73	90	0	0	0	0	0	0	0
05/1986	131	126	93	0	0	0	0	0	0	0
06/1986	135	94	90	0	0	0	0	0	0	0
07/1986	134	93	93	0	0	0	0	0	0	0
08/1986	130	90	93	0	0	0	0	0	0	0
09/1986	75	52	90	0	0	0	0	0	0	0
10/1986	118	82	93	0	0	0	0	0	0	0
11/1986	94	65	90	0	0	0	0	0	0	0
12/1986	31	22	93	0	0	0	0	0	0	0
1986/TTL	1764	977	1095	0	0	0	0	0	0	0
1986/CUM	4527	1887	1278	0	0	0	0	0	0	0
01/1987	132	92	93	0	0	0	0	0	0	0
02/1987	101	70	84	0	0	0	0	0	0	0
03/1987	90	62	93	0	0	0	0	0	0	0
04/1987	84	58	90	0	0	0	0	0	0	0
05/1987	92	64	93	0	0	0	0	0	0	0
06/1987	43	30	90	0	0	0	0	0	0	0
07/1987	59	41	93	0	0	0	0	0	0	0
08/1987	49	34	93	0	0	0	0	0	0	0
09/1987	68	47	90	0	0	0	0	0	0	0
10/1987	62	43	93	0	0	0	0	0	0	0
11/1987	64	44	90	0	0	0	0	0	0	0
12/1987	49	34	93	0	0	0	0	0	0	0
1987/TTL	893	619	1075	0	0	0	0	0	0	0
1987/CUM	5420	2506	2373	0	0	0	0	0	0	0

NUMBER: 10-00-10
NAME: BURNETT FEDERAL No. 1-5
COUNTY/STATE: CHAVES/NM
DATABASE NAME: I:\PET4DATA\
RESERVOIR: QUEEN
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) QN
OPERATOR: YATES DRLG CO
ID NUMBER: 2531E34C000N

PERIOD NO YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1988	65	45	93	0	0	0	0	0	0	0
02/1988	32	22	61	0	0	0	0	0	0	0
03/1988	44	44	28	0	0	0	0	0	0	0
04/1988	27	26	19	0	0	0	0	0	0	0
05/1988	47	32	54	0	0	0	0	0	0	0
06/1988	50	111	72	0	0	0	0	0	0	0
07/1988	44	97	51	0	0	0	0	0	0	0
08/1988	41	91	61	0	0	0	0	0	0	0
09/1988	30	66	39	0	0	0	0	0	0	0
10/1988	36	80	74	0	0	0	0	0	0	0
11/1988	23	51	50	0	0	0	0	0	0	0
12/1988	28	62	20	0	0	0	0	0	0	0
1988/YTD	497	727	622	0	0	0	0	0	0	0
1988/CUM	5917	3233	2995	0	0	0	0	0	0	0
01/1989	23	51	39	0	0	0	0	0	0	0
02/1989	26	57	32	0	0	0	0	0	0	0
03/1989	31	69	30	0	0	0	0	0	0	0
04/1989	33	0	62	0	0	0	0	0	0	0
05/1989	37	0	26	0	0	0	0	0	0	0
06/1989	12	0	41	0	0	0	0	0	0	0
07/1989	26	0	37	0	0	0	0	0	0	0
1989/YTD	188	177	267	0	0	0	0	0	0	0
1989/CUM	6105	3410	3262	0	0	0	0	0	0	0



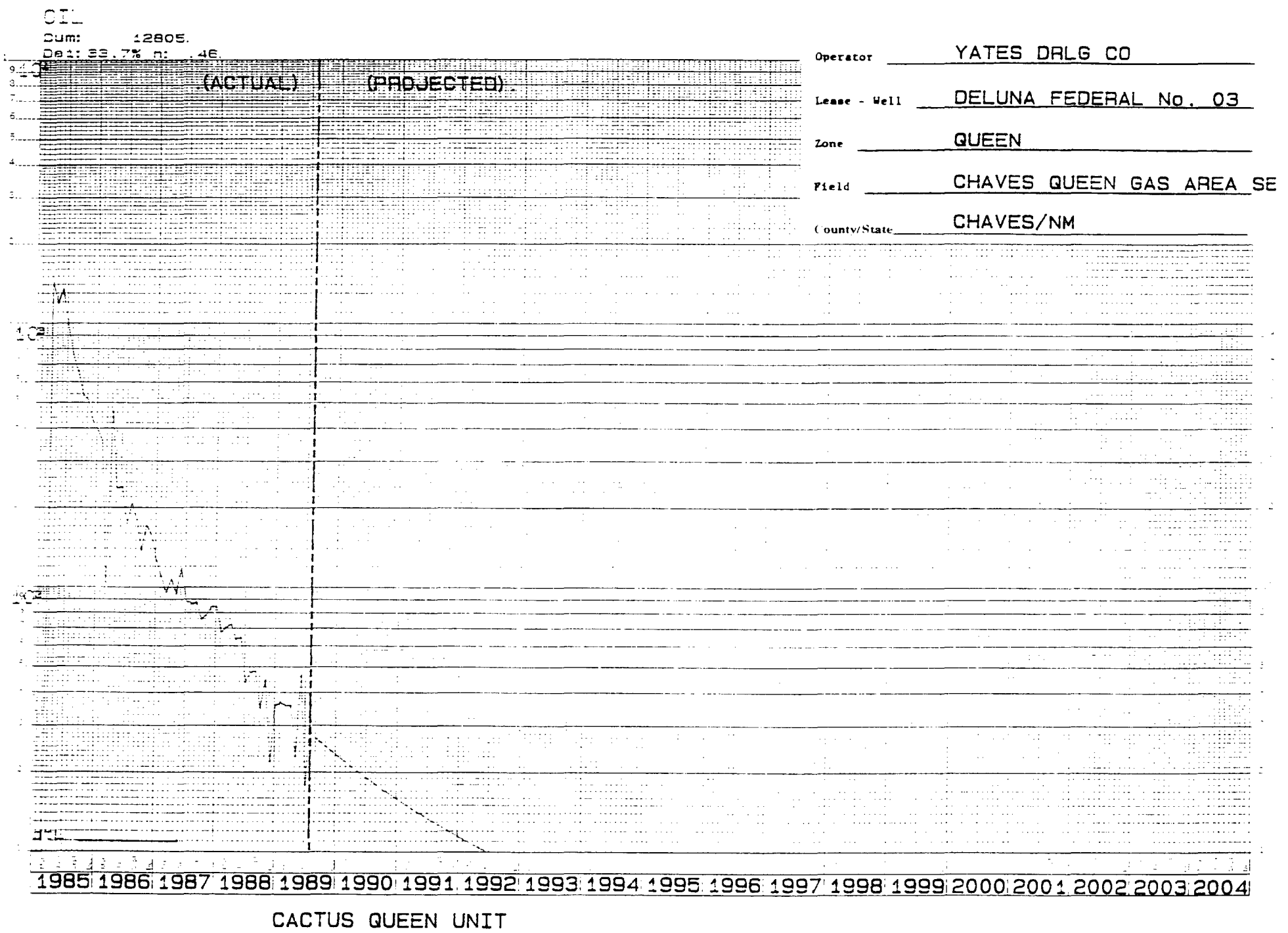
CACTUS QUEEN UNIT

NUMBER: 10000009 RESERVOIR:QUEEN
NAME: DELUNA FEDERAL NO. 03 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) GN
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\FET4DATA\ ID NUMBER:12S31E34B00GN

PERIOD NO./YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1985	0	0	0	0	0	0	0	0	0	0	
02/1985	0	0	0	0	0	0	0	0	0	0	
03/1985	1436	836	465	0	0	0	0	0	0	0	
04/1985	1185	611	450	0	0	0	0	0	0	0	
05/1985	1346	673	465	0	0	0	0	0	0	0	
06/1985	1013	523	450	0	0	0	0	0	0	0	
07/1985	764	393	465	0	0	0	0	0	0	0	
08/1985	658	338	465	0	0	0	0	0	0	0	
09/1985	536	276	450	0	0	0	0	0	0	0	
10/1985	513	264	465	0	0	0	0	0	0	0	
11/1985	427	291	150	0	0	0	0	0	0	0	
12/1985	395	203	155	0	0	0	0	0	0	0	
1985/YTD	8275	4358	3980	0	0	0	0	0	0	0	
1985/CUM	8275	4358	3980	0	0	0	0	0	0	0	
01/1986	357	184	155	0	0	0	0	0	0	0	
02/1986	193	53	140	0	0	0	0	0	0	0	
03/1986	466	240	155	0	0	0	0	0	0	0	
04/1986	327	122	150	0	0	0	0	0	0	0	
05/1986	240	163	155	0	0	0	0	0	0	0	
06/1986	172	117	150	0	0	0	0	0	0	0	
07/1986	208	141	155	0	0	0	0	0	0	0	
08/1986	182	124	155	0	0	0	0	0	0	0	
09/1986	138	94	150	0	0	0	0	0	0	0	
10/1986	172	117	155	0	0	0	0	0	0	0	
11/1986	157	107	150	0	0	0	0	0	0	0	
12/1986	127	86	155	0	0	0	0	0	0	0	
1986/YTD	2559	1548	1825	0	0	0	0	0	0	0	
1986/CUM	10834	5906	5805	0	0	0	0	0	0	0	
01/1987	110	75	155	0	0	0	0	0	0	0	
02/1987	96	65	140	0	0	0	0	0	0	0	
03/1987	108	73	155	0	0	0	0	0	0	0	
04/1987	95	65	150	0	0	0	0	0	0	0	
05/1987	119	82	155	0	0	0	0	0	0	0	
06/1987	89	61	150	0	0	0	0	0	0	0	
07/1987	87	60	155	0	0	0	0	0	0	0	
08/1987	88	60	155	0	0	0	0	0	0	0	
09/1987	76	52	150	0	0	0	0	0	0	0	
10/1987	79	54	155	0	0	0	0	0	0	0	
11/1987	85	58	150	0	0	0	0	0	0	0	
12/1987	85	58	155	0	0	0	0	0	0	0	
1987/YTD	1117	763	1825	0	0	0	0	0	0	0	
1987/CUM	11951	6669	7630	0	0	0	0	0	0	0	

NUMBER: 2000009 RESERVOIR:QUEEN
NAME: DELUNA FEDERAL No. 03 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\PE\GWTA\ ID NUMBER:12S31E34B000N

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1988	68	47	155	0	0	0	0	0	0	0	
02/1988	71	49	77	0	0	0	0	0	0	0	
03/1988	73	50	28	0	0	0	0	0	0	0	
04/1988	64	44	28	0	0	0	0	0	0	0	
05/1988	65	46	47	0	0	0	0	0	0	0	
06/1988	44	100	70	0	0	0	0	0	0	0	
07/1988	48	110	41	0	0	0	0	0	0	0	
08/1988	49	112	69	0	0	0	0	0	0	0	
09/1988	55	80	72	0	0	0	0	0	0	0	
10/1988	45	103	77	0	0	0	0	0	0	0	
11/1988	22	50	76	0	0	0	0	0	0	0	
12/1988	36	82	69	0	0	0	0	0	0	0	
1988/YTD	620	873	809	0	0	0	0	0	0	0	
1988/CUM	12571	7542	8439	0	0	0	0	0	0	0	
01/1989	37	84	32	0	0	0	0	0	0	0	
02/1989	36	82	34	0	0	0	0	0	0	0	
03/1989	36	82	35	0	0	0	0	0	0	0	
04/1989	23	0	72	0	0	0	0	0	0	0	
05/1989	48	0	28	0	0	0	0	0	0	0	
06/1989	18	0	48	0	0	0	0	0	0	0	
07/1989	36	0	32	0	0	0	0	0	0	0	
1989/YTD	234	248	279	0	0	0	0	0	0	0	
1989/CUM	12805	7790	8718	0	0	0	0	0	0	0	



CACTUS QUEEN UNIT

NUMBER: [illegible]
NAME: [illegible]
COUNTY,ST: [illegible]
DATABASE NAME:D:\PET40\PETDAT\

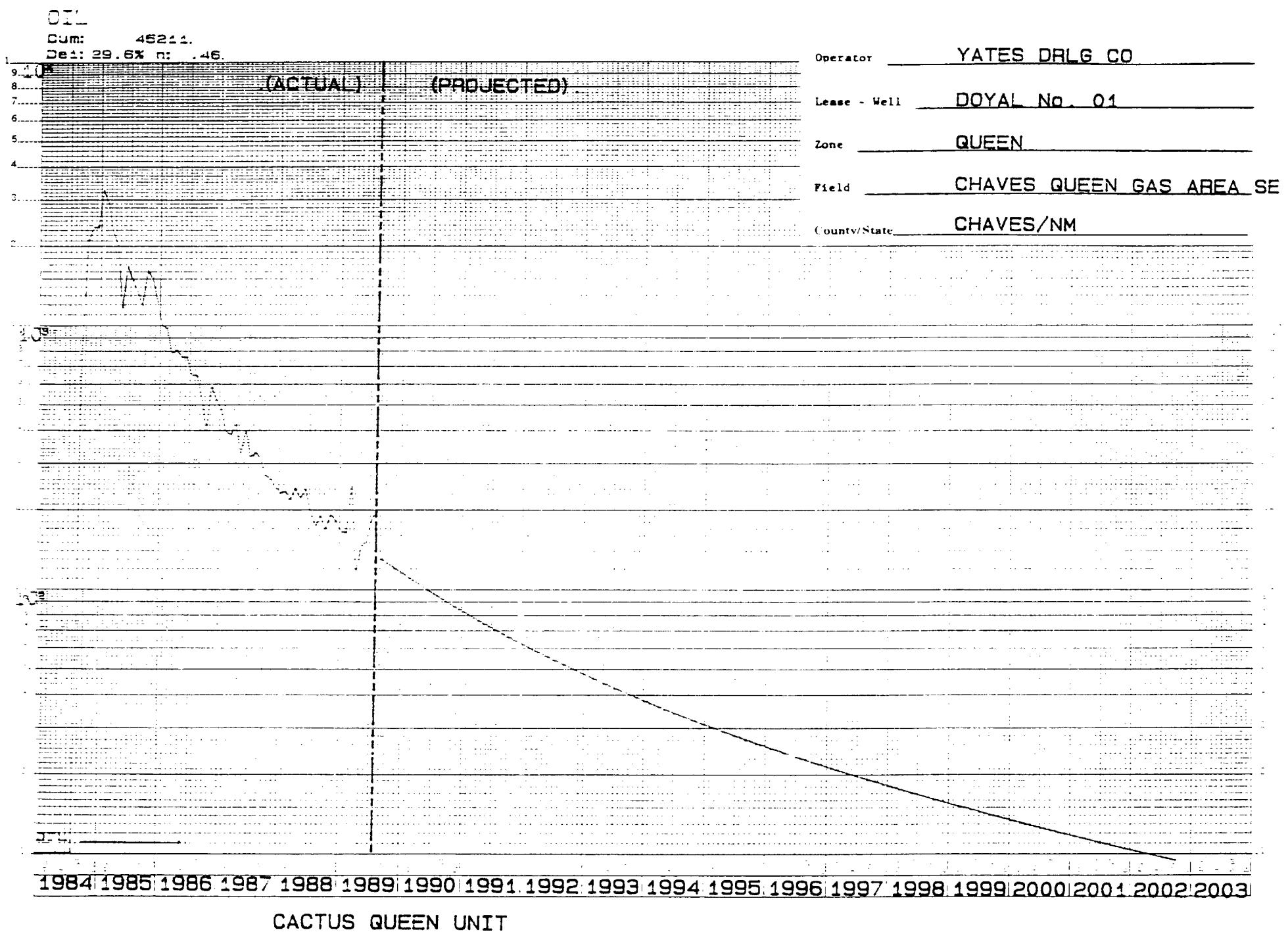
RESERVOIR:QUEEN
FIELD: CHAVES QUEEN SAS AREA SE (ASSO.) DN
OPERATOR: YATES DRLG CO
ID NUMBER:12531E34A00DN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0
02/1984	0	0	0	0	0	0	0	0	0	0
03/1984	0	0	0	0	0	0	0	0	0	0
04/1984	0	0	0	0	0	0	0	0	0	0
05/1984	0	0	0	0	0	0	0	0	0	0
06/1984	0	0	0	0	0	0	0	0	0	0
07/1984	0	0	0	0	0	0	0	0	0	0
08/1984	741	0	0	0	0	0	0	0	0	0
09/1984	2065	0	300	0	0	0	0	0	0	0
10/1984	2330	1165	310	0	0	0	0	0	0	0
11/1984	2320	0	300	0	0	0	0	0	0	0
12/1984	3204	1522	310	0	0	0	0	0	0	0
1984/YTD	10654	2628	1220	0	0	0	0	0	0	0
1984/CUM	10654	2628	1220	0	0	0	0	0	0	0
01/1985	2871	1364	310	0	0	0	0	0	0	0
02/1985	2207	1048	280	0	0	0	0	0	0	0
03/1985	2001	950	310	0	0	0	0	0	0	0
04/1985	1157	550	300	0	0	0	0	0	0	0
05/1985	1655	786	310	0	0	0	0	0	0	0
06/1985	1475	701	300	0	0	0	0	0	0	0
07/1985	1316	625	310	0	0	0	0	0	0	0
08/1985	1180	561	310	0	0	0	0	0	0	0
09/1985	1600	760	300	0	0	0	0	0	0	0
10/1985	1493	709	310	0	0	0	0	0	0	0
11/1985	1224	581	375	0	0	0	0	0	0	0
12/1985	995	473	388	0	0	0	0	0	0	0
1985/YTD	19174	9108	3803	0	0	0	0	0	0	0
1985/CUM	29828	11736	5023	0	0	0	0	0	0	0
01/1986	826	457	388	0	0	0	0	0	0	0
02/1986	780	371	350	0	0	0	0	0	0	0
03/1986	799	380	388	0	0	0	0	0	0	0
04/1986	753	358	375	0	0	0	0	0	0	0
05/1986	748	337	367	0	0	0	0	0	0	0
06/1986	642	289	375	0	0	0	0	0	0	0
07/1986	644	290	387	0	0	0	0	0	0	0
08/1986	530	239	367	0	0	0	0	0	0	0
09/1986	549	180	375	0	0	0	0	0	0	0
10/1986	585	263	387	0	0	0	0	0	0	0
11/1986	523	235	375	0	0	0	0	0	0	0
12/1986	478	215	387	0	0	0	0	0	0	0
1986/YTD	7847	3616	4561	0	0	0	0	0	0	0
1986/CUM	37675	15352	9584	0	0	0	0	0	0	0

NUMBER: 10000008
NAME: ROYAL No. 01
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PE14DATA\

RESERVOIR:QUEEN
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
OPERATOR: YATES DRLG CO
ID NUMBER:12S31E34A00QN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1987	356	178	387	0	0	0	0	0	0	
02/1987	383	172	356	0	0	0	0	0	0	
03/1987	423	190	349	0	0	0	0	0	0	
04/1987	330	149	338	0	0	0	0	0	0	
05/1987	397	176	350	0	0	0	0	0	0	
06/1987	318	141	338	0	0	0	0	0	0	
07/1987	329	146	350	0	0	0	0	0	0	
08/1987	313	139	350	0	0	0	0	0	0	
09/1987	269	119	338	0	0	0	0	0	0	
10/1987	262	116	350	0	0	0	0	0	0	
11/1987	244	108	239	0	0	0	0	0	0	
12/1987	232	103	313	0	0	0	0	0	0	
1987/YTD	3896	1737	4152	0	0	0	0	0	0	
1987/CUM	41571	17089	13736	0	0	0	0	0	0	
01/1988	235	104	313	0	0	0	0	0	0	
02/1988	219	97	148	0	0	0	0	0	0	
03/1988	241	107	72	0	0	0	0	0	0	
04/1988	223	98	118	0	0	0	0	0	0	
05/1988	259	106	131	0	0	0	0	0	0	
06/1988	194	334	102	0	0	0	0	0	0	
07/1988	175	301	130	0	0	0	0	0	0	
08/1988	196	327	102	0	0	0	0	0	0	
09/1988	170	292	113	0	0	0	0	0	0	
10/1988	193	332	156	0	0	0	0	0	0	
11/1988	182	313	112	0	0	0	0	0	0	
12/1988	165	117	78	0	0	0	0	0	0	
1988/YTD	2422	2928	1575	0	0	0	0	0	0	
1988 CUM	43757	17617	15351	0	0	0	0	0	0	
01/1989	165	284	43	0	0	0	0	0	0	
02/1989	248	427	58	0	0	0	0	0	0	
03/1989	116	200	139	0	0	0	0	0	0	
04/1989	147	118	111	0	0	0	0	0	0	
05/1989	153	123	58	0	0	0	0	0	0	
06/1989	164	148	97	0	0	0	0	0	0	
07/1989	101	161	70	0	0	0	0	0	0	
1989/YTD	1214	1461	567	0	0	0	0	0	0	
1989 CUM	45211	21078	15898	0	0	0	0	0	0	



CACTUS QUEEN UNIT

NUMBER: 10000007
NAME: DUTAL No. 02
COUNTY,STATE: CHAVES,NM
DATABASE NAME:D:\FET4DATA\

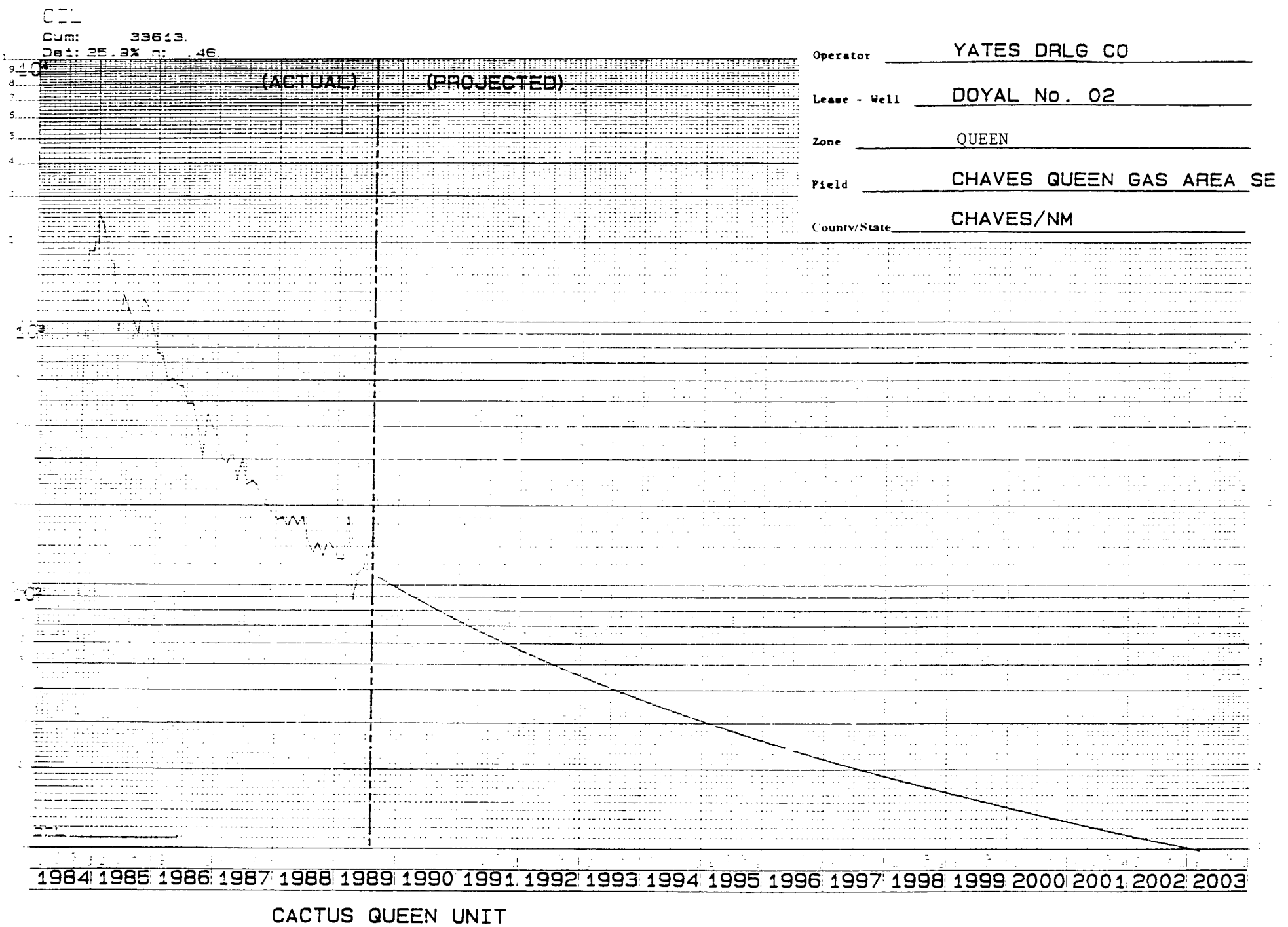
RESERVOIR:
FIELD: CHAVES QUEEN GAS AREA SE (ASSD.) QN
OPERATOR: YATES DRLG CO
ID NUMBER:12S31E27F00QN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS								REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0	
02/1984	0	0	0	0	0	0	0	0	0	0	
03/1984	0	0	0	0	0	0	0	0	0	0	
04/1984	0	0	0	0	0	0	0	0	0	0	
05/1984	0	0	0	0	0	0	0	0	0	0	
06/1984	0	0	0	0	0	0	0	0	0	0	
07/1984	0	0	0	0	0	0	0	0	0	0	
08/1984	0	0	0	0	0	0	0	0	0	0	
09/1984	605	0	0	0	0	0	0	0	0	0	
10/1984	1862	1024	0	0	0	0	0	0	0	0	
11/1984	1863	942	0	0	0	0	0	0	0	0	
12 1984	2572	1132	0	0	0	0	0	0	0	0	
1984/YTD	6902	3098	0	0	0	0	0	0	0	0	
1984/CUM	6902	3098	0	0	0	0	0	0	0	0	
01/1985	2304	1014	0	0	0	0	0	0	0	0	
02/1985	1771	779	0	0	0	0	0	0	0	0	
03/1985	1640	722	0	0	0	0	0	0	0	0	
04/1985	919	404	0	0	0	0	0	0	0	0	
05/1985	1263	556	0	0	0	0	0	0	0	0	
06/1985	1126	493	0	0	0	0	0	0	0	0	
07/1985	1004	440	0	0	0	0	0	0	0	0	
08/1985	901	395	0	0	0	0	0	0	0	0	
09/1985	1221	535	0	0	0	0	0	0	0	0	
10/1985	1140	497	0	0	0	0	0	0	0	0	
11/1985	934	409	375	0	0	0	0	0	0	0	
12/1985	759	332	388	0	0	0	0	0	0	0	
1985/YTD	14982	6578	763	0	0	0	0	0	0	0	
1985/CUM	21884	9676	763	0	0	0	0	0	0	0	
01/1986	738	331	388	0	0	0	0	0	0	0	
02/1986	636	261	350	0	0	0	0	0	0	0	
03/1986	610	267	368	0	0	0	0	0	0	0	
04/1986	574	251	375	0	0	0	0	0	0	0	
05/1986	570	237	387	0	0	0	0	0	0	0	
06/1986	489	203	375	0	0	0	0	0	0	0	
07/1986	491	204	387	0	0	0	0	0	0	0	
08/1986	404	168	387	0	0	0	0	0	0	0	
09/1986	304	126	375	0	0	0	0	0	0	0	
10/1986	446	185	387	0	0	0	0	0	0	0	
11/1986	399	166	375	0	0	0	0	0	0	0	
12/1986	365	152	388	0	0	0	0	0	0	0	
1986/YTD	5946	2543	4561	0	0	0	0	0	0	0	
1986 CUM	27829	12219	5324	0	0	0	0	0	0	0	

NUMBER: 1000007
NAME: DOYAL NO. 02
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PET4DATA\

RESERVOIR:
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) QN
OPERATOR: YATES DRLG CO
ID NUMBER:12531E27F060QN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1987	302	125	308	0	0	0	0	0	0	0	
02/1987	292	121	353	0	0	0	0	0	0	0	
03/1987	322	134	349	0	0	0	0	0	0	0	
04/1987	251	104	338	0	0	0	0	0	0	0	
05/1987	302	130	350	0	0	0	0	0	0	0	
06/1987	242	105	338	0	0	0	0	0	0	0	
07/1987	250	108	350	0	0	0	0	0	0	0	
08/1987	238	103	350	0	0	0	0	0	0	0	
09/1987	205	89	338	0	0	0	0	0	0	0	
10/1987	201	86	350	0	0	0	0	0	0	0	
11/1987	187	81	339	0	0	0	0	0	0	0	
12/1987	178	77	312	0	0	0	0	0	0	0	
1987/YTD	2947	1263	4152	0	0	0	0	0	0	0	
1987/CUM	30819	13482	9477	0	0	0	0	0	0	0	
01/1988	181	78	312	0	0	0	0	0	0	0	
02/1988	157	72	148	0	0	0	0	0	0	0	
03/1988	184	79	72	0	0	0	0	0	0	0	
04/1988	170	73	118	0	0	0	0	0	0	0	
05/1988	183	79	131	0	0	0	0	0	0	0	
06/1988	148	253	102	0	0	0	0	0	0	0	
07/1988	177	237	139	0	0	0	0	0	0	0	
08/1988	148	258	102	0	0	0	0	0	0	0	
09/1988	130	231	113	0	0	0	0	0	0	0	
10/1988	148	263	136	0	0	0	0	0	0	0	
11/1988	137	247	111	0	0	0	0	0	0	0	
12/1988	120	93	96	0	0	0	0	0	0	0	
1988/YTD	1854	1972	1591	0	0	0	0	0	0	0	
1988/CUM	32673	15455	11058	0	0	0	0	0	0	0	
01/1989	125	226	43	0	0	0	0	0	0	0	
02/1989	108	235	58	0	0	0	0	0	0	0	
03/1989	86	137	130	0	0	0	0	0	0	0	
04/1989	111	0	111	0	0	0	0	0	0	0	
05/1989	116	0	58	0	0	0	0	0	0	0	
06/1989	139	0	97	0	0	0	0	0	0	0	
07/1989	152	0	70	0	0	0	0	0	0	0	
1989/YTD	720	715	567	0	0	0	0	0	0	0	
1989/CUM	33613	16170	11635	0	0	0	0	0	0	0	



CACTUS QUEEN UNIT

NUMBER: 10000002
NAME: DORAL No. 04
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PE14DATA\

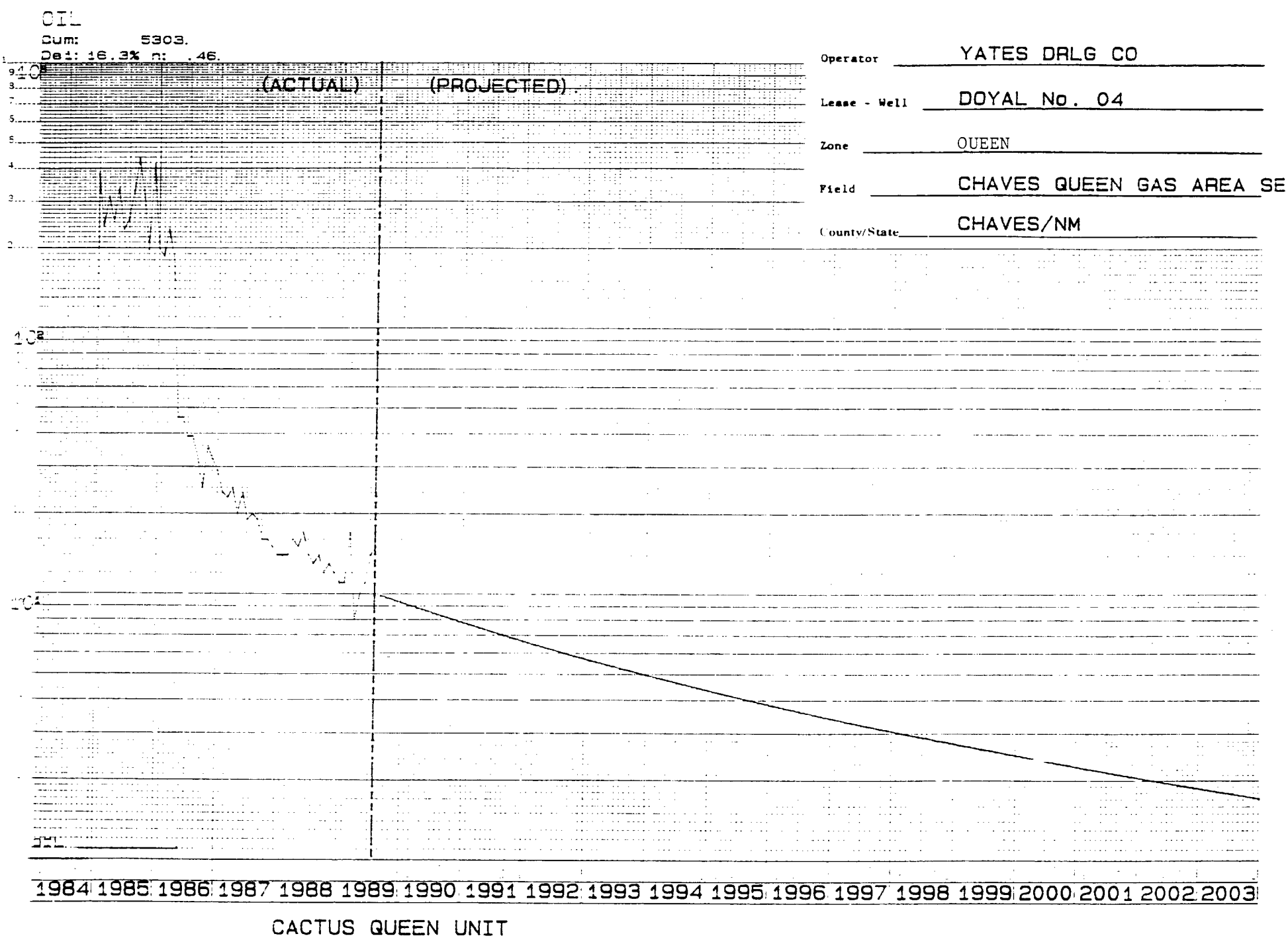
RESERVOIR:
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) QN
OPERATOR: YATES DRLG CO
ID NUMBER:12S31E26M00QN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0
02/1984	0	0	0	0	0	0	0	0	0	0
03/1984	0	0	0	0	0	0	0	0	0	0
04/1984	0	0	0	0	0	0	0	0	0	0
05/1984	0	0	0	0	0	0	0	0	0	0
06/1984	0	0	0	0	0	0	0	0	0	0
07/1984	0	0	0	0	0	0	0	0	0	0
08/1984	0	0	0	0	0	0	0	0	0	0
09/1984	0	0	0	0	0	0	0	0	0	0
10/1984	0	0	0	0	0	0	0	0	0	0
11/1984	0	0	0	0	0	0	0	0	0	0
12/1984	383	0	0	0	0	0	0	0	0	0
1984/YTD	383	0	0	0	0	0	0	0	0	0
1984/CUM	383	0	0	0	0	0	0	0	0	0
01/1985	240	240	1550	0	0	0	0	0	0	0
02/1985	312	312	1400	0	0	0	0	0	0	0
03/1985	249	247	1550	0	0	0	0	0	0	0
04/1985	336	336	1500	0	0	0	0	0	0	0
05/1985	234	234	1550	0	0	0	0	0	0	0
06/1985	255	223	1500	0	0	0	0	0	0	0
07/1985	326	285	1550	0	0	0	0	0	0	0
08/1985	433	379	1550	0	0	0	0	0	0	0
09/1985	316	277	1500	0	0	0	0	0	0	0
10/1985	196	172	1550	0	0	0	0	0	0	0
11/1985	413	361	1500	0	0	0	0	0	0	0
12/1985	197	174	1550	0	0	0	0	0	0	0
1985/YTD	3509	3242	18250	0	0	0	0	0	0	0
1985/CUM	3892	3242	18250	0	0	0	0	0	0	0
01/1986	188	163	1550	0	0	0	0	0	0	0
02/1986	235	206	1400	0	0	0	0	0	0	0
03/1986	180	158	1550	0	0	0	0	0	0	0
04/1986	46	40	1500	0	0	0	0	0	0	0
05/1986	46	0	1550	0	0	0	0	0	0	0
06/1986	39	0	1500	0	0	0	0	0	0	0
07/1986	39	0	1550	0	0	0	0	0	0	0
08/1986	32	0	1550	0	0	0	0	0	0	0
09/1986	25	0	1500	0	0	0	0	0	0	0
10/1986	26	0	1550	0	0	0	0	0	0	0
11/1986	32	0	1500	0	0	0	0	0	0	0
12/1986	29	0	1550	0	0	0	0	0	0	0
1986/YTD	925	567	18250	0	0	0	0	0	0	0
1986/CUM	4817	3809	36500	0	0	0	0	0	0	0

NUMBER: 10000002
NAME: DUVAL No. 04
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PET4DATA\

RESERVOIR:
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
OPERATOR: YATES DRLG CO
ID NUMBER:12S31E26M000N

PERIOD MO/YEAR	O I. BBLS	GAS MCF	WATER BBLS							REMARKS
01/1987	24	0	1550	0	0	0	0	0	0	0
02/1987	23	0	1400	0	0	0	0	0	0	0
03/1987	25	0	1627	0	0	0	0	0	0	0
04/1987	26	0	1574	0	0	0	0	0	0	0
05/1987	24	0	1598	0	0	0	0	0	0	0
06/1987	19	0	1546	0	0	0	0	0	0	0
07/1987	20	0	1596	0	0	0	0	0	0	0
08/1987	19	0	1596	0	0	0	0	0	0	0
09/1987	16	0	1545	0	0	0	0	0	0	0
10/1987	15	0	1568	0	0	0	0	0	0	0
11/1987	15	0	1546	0	0	0	0	0	0	0
12/1987	14	0	1425	0	0	0	0	0	0	0
1987 YTD	235	0	18502	0	0	0	0	0	0	0
1987 CUM	3052	3809	55102	0	0	0	0	0	0	0
01/1988	14	0	1425	0	0	0	0	0	0	0
02/1988	14	0	669	0	0	0	0	0	0	0
03/1988	16	0	537	0	0	0	0	0	0	0
04/1988	16	0	550	0	0	0	0	0	0	0
05/1988	17	0	609	0	0	0	0	0	0	0
06/1988	14	0	477	0	0	0	0	0	0	0
07/1988	13	0	603	0	0	0	0	0	0	0
08/1988	14	0	476	0	0	0	0	0	0	0
09/1988	12	0	529	0	0	0	0	0	0	0
10/1988	13	0	739	0	0	0	0	0	0	0
11/1988	12	0	520	0	0	0	0	0	0	0
12/1988	11	0	455	0	0	0	0	0	0	0
1988 YTD	165	0	7396	0	0	0	0	0	0	0
1988 CUM	3217	3809	62498	0	0	0	0	0	0	0
01/1989	11	0	304	0	0	0	0	0	0	0
02/1989	17	0	271	0	1	0	0	0	0	0
03/1989	8	0	612	0	0	0	0	0	0	0
04/1989	10	0	519	0	0	0	0	0	0	0
05/1989	11	0	270	0	0	0	0	0	0	0
06/1989	14	0	454	0	0	0	0	0	0	0
07/1989	15	0	324	0	0	0	0	0	0	0
1989 YTD	86	0	2654	0	0	0	0	0	0	0
1989 CUM	3303	3809	65152	0	0	0	0	0	0	0



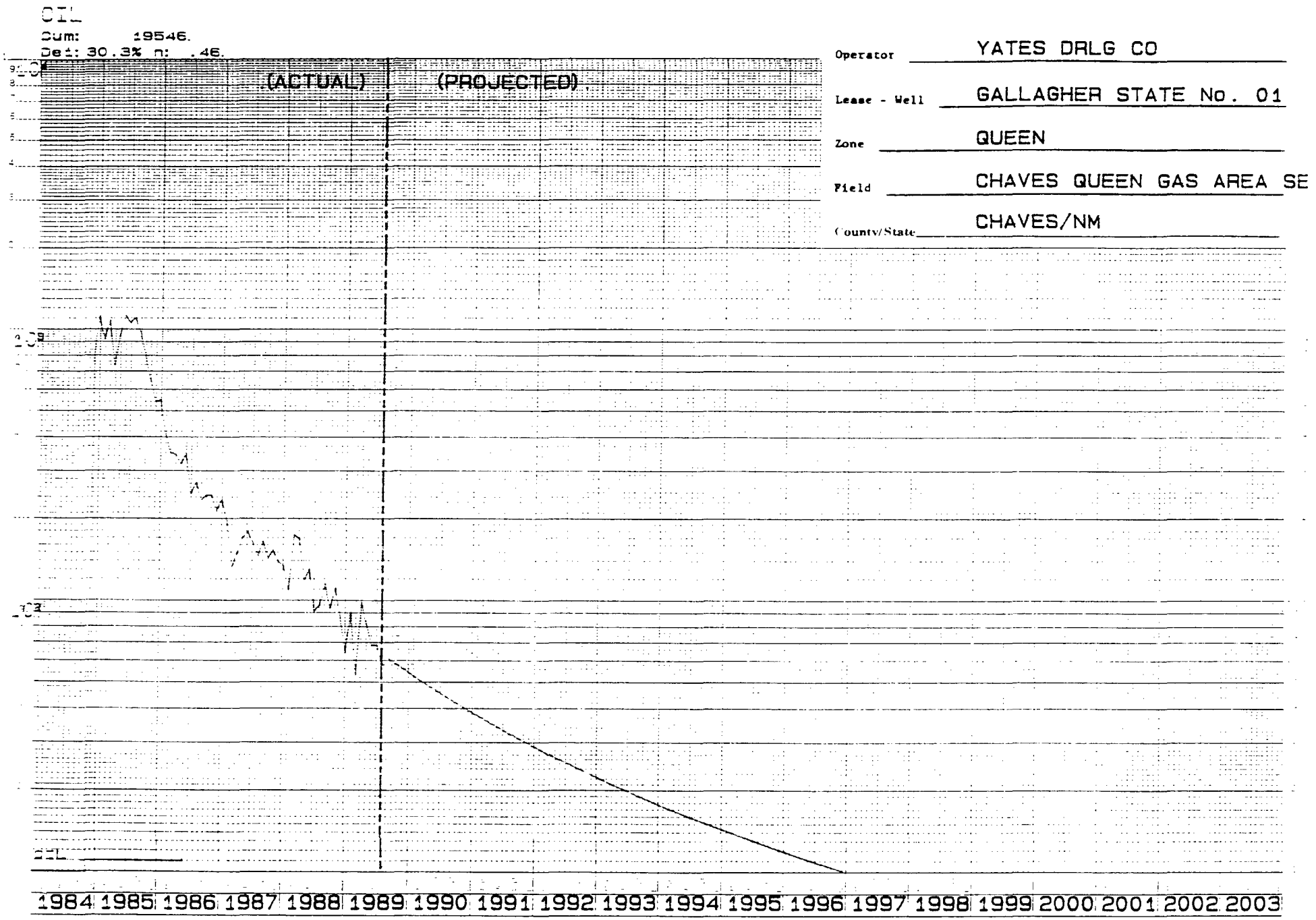
CACTUS QUEEN UNIT

NUMBER: 10000020 RESERVOIR:QUEEN
NAME: GALLAGHER STATE No. 01 FIELD: CHAVES QUEEN GAS AREA EE (ASSO.) QN
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\FET4DATA\ ID NUMBER:12S31E35D000N

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0	
02/1984	0	0	0	0	0	0	0	0	0	0	
03/1984	0	0	0	0	0	0	0	0	0	0	
04/1984	0	0	0	0	0	0	0	0	0	0	
05/1984	0	0	0	0	0	0	0	0	0	0	
06/1984	0	0	0	0	0	0	0	0	0	0	
07/1984	0	0	0	0	0	0	0	0	0	0	
08/1984	0	0	0	0	0	0	0	0	0	0	
09/1984	0	0	0	0	0	0	0	0	0	0	
10/1984	0	0	0	0	0	0	0	0	0	0	
11/1984	781	947	750	0	0	0	0	0	0	0	
12/1984	1115	1351	775	0	0	0	0	0	0	0	
1984/YTD	1896	2298	1525	0	0	0	0	0	0	0	
1984/CUM	1896	2298	1525	0	0	0	0	0	0	0	
01/1985	714	1108	775	0	0	0	0	0	0	0	
02/1985	1080	1309	700	0	0	0	0	0	0	0	
03/1985	737	893	775	0	0	0	0	0	0	0	
04/1985	940	1139	750	0	0	0	0	0	0	0	
05/1985	1119	1356	775	0	0	0	0	0	0	0	
06/1985	1035	978	750	0	0	0	0	0	0	0	
07/1985	1100	1020	775	0	0	0	0	0	0	0	
08/1985	972	901	775	0	0	0	0	0	0	0	
09/1985	797	739	750	0	0	0	0	0	0	0	
10/1985	653	605	775	0	0	0	0	0	0	0	
11/1985	541	502	750	0	0	0	0	0	0	0	
12/1985	549	509	775	0	0	0	0	0	0	0	
1985/YTD	10457	11059	9125	0	0	0	0	0	0	0	
1985/CUM	12353	13357	10650	0	0	0	0	0	0	0	
01/1986	479	379	775	0	0	0	0	0	0	0	
02/1986	549	524	700	0	0	0	0	0	0	0	
03/1986	481	516	775	0	0	0	0	0	0	0	
04/1986	318	295	750	0	0	0	0	0	0	0	
05/1986	347	327	775	0	0	0	0	0	0	0	
06/1986	247	232	750	0	0	0	0	0	0	0	
07/1986	271	295	775	0	0	0	0	0	0	0	
08/1986	234	220	775	0	0	0	0	0	0	0	
09/1986	244	210	750	0	0	0	0	0	0	0	
10/1986	244	230	775	0	0	0	0	0	0	0	
11/1986	213	200	750	0	0	0	0	0	0	0	
12/1986	236	222	775	0	0	0	0	0	0	0	
1986/YTD	3428	3324	9125	0	0	0	0	0	0	0	
1986/CUM	15808	16589	19775	0	0	0	0	0	0	0	

NUMBER: 1000020 RESERVOIR:QUEEN
NAME: GALLAGHER STATE No. 01 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\PET4DATA\ ID NUMBER:12S31E35D00JN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1987	176	184	775	0	0	0	0	0	0	0	
02/1987	133	125	700	0	0	0	0	0	0	0	
03/1987	147	140	775	0	0	0	0	0	0	0	
04/1987	146	155	750	0	0	0	0	0	0	0	
05/1987	177	165	775	0	0	0	0	0	0	0	
06/1987	165	150	750	0	0	0	0	0	0	0	
07/1987	145	135	775	0	0	0	0	0	0	0	
08/1987	153	152	775	0	0	0	0	0	0	0	
09/1987	143	132	750	0	0	0	0	0	0	0	
10/1987	153	141	775	0	0	0	0	0	0	0	
11/1987	130	127	750	0	0	0	0	0	0	0	
12/1987	133	122	775	0	0	0	0	0	0	0	
1987/TD	1858	1734	9125	0	0	0	0	0	0	0	
1987/CUM	17575	18323	28900	0	0	0	0	0	0	0	
01/1988	109	100	775	0	0	0	0	0	0	0	
02/1988	174	160	697	0	0	0	0	0	0	0	
03/1988	168	155	142	0	0	0	0	0	0	0	
04/1988	116	109	294	0	0	0	0	0	0	0	
05/1988	130	120	343	0	0	0	0	0	0	0	
06/1988	91	0	265	0	0	0	0	0	0	0	
07/1988	92	0	311	0	0	0	0	0	0	0	
08/1988	115	0	400	0	0	0	0	0	0	0	
09/1988	93	0	252	0	0	0	0	0	0	0	
10/1988	111	0	467	0	0	0	0	0	0	0	
11/1988	85	0	323	0	0	0	0	0	0	0	
12/1988	64	0	240	0	0	0	0	0	0	0	
1988/TD	1345	644	4214	0	0	0	0	0	0	0	
1988/CUM	19052	18967	33114	0	0	0	0	0	0	0	
01/1989	90	0	330	0	0	0	0	0	0	0	
02/1989	53	0	217	0	0	0	0	0	0	0	
03/1989	98	0	305	0	0	0	0	0	0	0	
04/1989	80	0	270	0	0	0	0	0	0	0	
05/1989	58	0	150	0	0	0	0	0	0	0	
06/1989	68	0	257	0	0	0	0	0	0	0	
07/1989	56	0	212	0	0	0	0	0	0	0	
1989/TD	515	0	1741	0	0	0	0	0	0	0	
1989/CUM	19546	18967	34855	0	0	0	0	0	0	0	



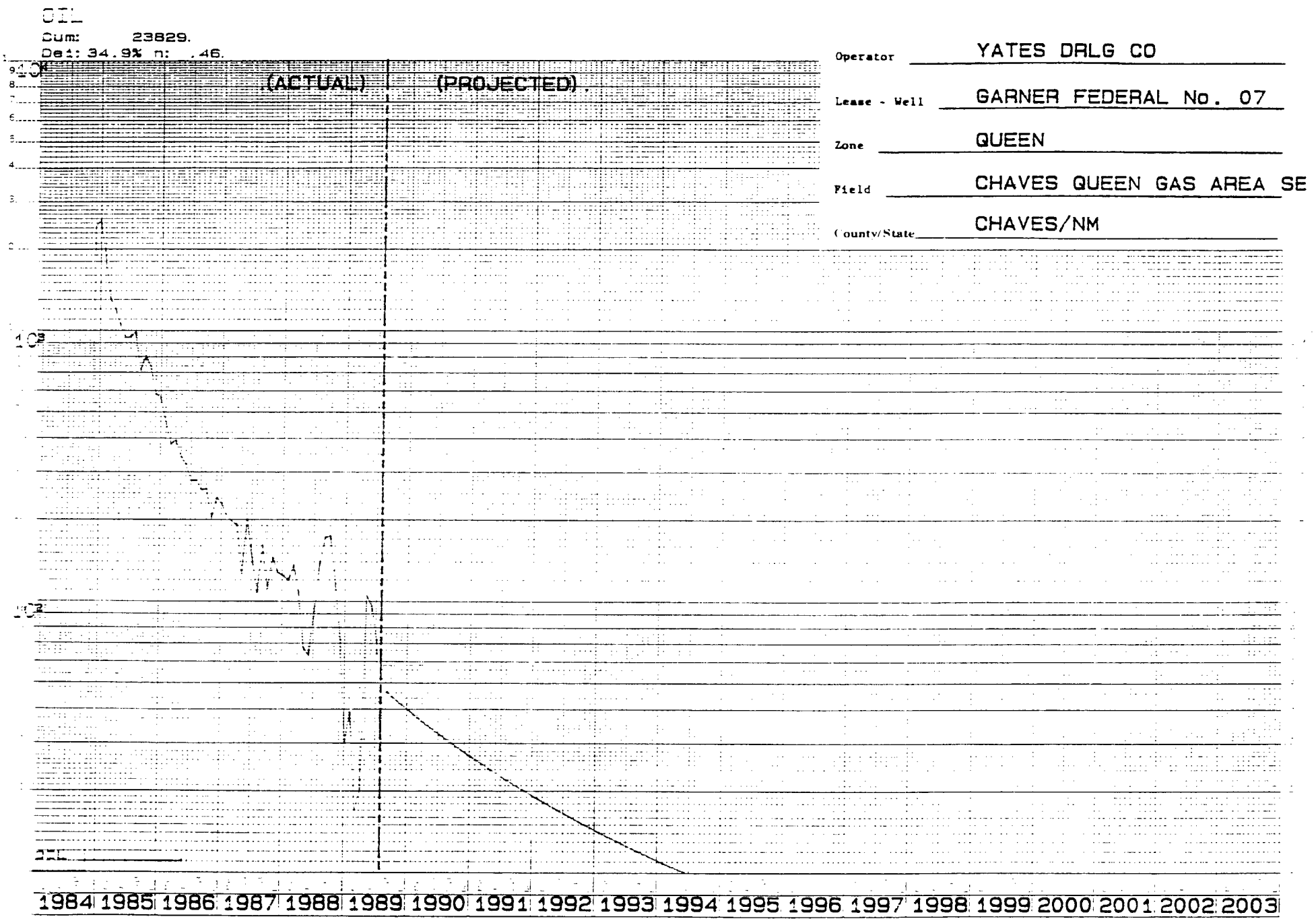
CACTUS QUEEN UNIT

NUMBER: 10000006 RESERVOIR:QUEEN
NAME: GARNER FEDERAL No. 07 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\PET4DATA\ ID NUMBER:12S31E27000QN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0	
02/1984	0	0	0	0	0	0	0	0	0	0	
03/1984	0	0	0	0	0	0	0	0	0	0	
04/1984	0	0	0	0	0	0	0	0	0	0	
05/1984	0	0	0	0	0	0	0	0	0	0	
06/1984	0	0	0	0	0	0	0	0	0	0	
07/1984	0	0	0	0	0	0	0	0	0	0	
08/1984	0	0	0	0	0	0	0	0	0	0	
09/1984	0	0	0	0	0	0	0	0	0	0	
10/1984	0	0	0	0	0	0	0	0	0	0	
11/1984	2400	0	300	0	0	0	0	0	0	0	
12/1984	2558	0	300	0	0	0	0	0	0	0	
1984/TTL	4958	0	600	0	0	0	0	0	0	0	
1984/CUM	4958	0	600	0	0	0	0	0	0	0	
01/1985	1950	0	300	0	0	0	0	0	0	0	
02/1985	1307	0	271	0	0	0	0	0	0	0	
03/1985	1197	0	300	0	0	0	0	0	0	0	
04/1985	1046	0	290	0	0	0	0	0	0	0	
05/1985	932	0	300	0	0	0	0	0	0	0	
06/1985	942	0	240	0	0	0	0	0	0	0	
07/1985	982	0	300	0	0	0	0	0	0	0	
08/1985	706	0	300	0	0	0	0	0	0	0	
09/1985	803	0	290	0	0	0	0	0	0	0	
10/1985	731	0	300	0	0	0	0	0	0	0	
11/1985	581	0	90	0	0	0	0	0	0	0	
12/1985	563	0	93	0	0	0	0	0	0	0	
1985/TTL	11730	0	3124	0	0	0	0	0	0	0	
1985/CUM	16688	0	3724	0	0	0	0	0	0	0	
01/1986	456	0	93	0	0	0	0	0	0	0	
02/1986	377	0	84	0	0	0	0	0	0	0	
03/1986	393	0	93	0	0	0	0	0	0	0	
04/1986	340	0	90	0	0	0	0	0	0	0	
05/1986	320	127	93	0	0	0	0	0	0	0	
06/1986	277	110	90	0	0	0	0	0	0	0	
07/1986	279	111	93	0	0	0	0	0	0	0	
08/1986	257	102	93	0	0	0	0	0	0	0	
09/1986	259	103	90	0	0	0	0	0	0	0	
10/1986	242	80	93	0	0	0	0	0	0	0	
11/1986	241	96	90	0	0	0	0	0	0	0	
12/1986	328	91	93	0	0	0	0	0	0	0	
1986/TTL	3681	820	1075	0	0	0	0	0	0	0	
1986/CUM	20329	820	4819	0	0	0	0	0	0	0	

NUMBER: 10000006 RESERVOIR:QUEEN
NAME: BARNER FEDERAL No. 07 FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
COUNTY/STATE: CHAVES/NM OPERATOR: YATES DRLG CO
DATABASE NAME:D:\PET4DATA\ ID NUMBER:12931E27D000N

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1987	205	81	93	0	0	0	0	0	0	0	
02/1987	196	79	84	0	0	0	0	0	0	0	
03/1987	191	76	93	0	0	0	0	0	0	0	
04/1987	126	50	90	0	0	0	0	0	0	0	
05/1987	200	76	93	0	0	0	0	0	0	0	
06/1987	144	50	90	0	0	0	0	0	0	0	
07/1987	137	57	93	0	0	0	0	0	0	0	
08/1987	161	56	93	0	0	0	0	0	0	0	
09/1987	111	39	90	0	0	0	0	0	0	0	
10/1987	145	51	93	0	0	0	0	0	0	0	
11/1987	127	44	90	0	0	0	0	0	0	0	
12/1987	124	43	93	0	0	0	0	0	0	0	
1987/YTD	1807	676	1095	0	0	0	0	0	0	0	
1987/CUM	22156	1496	5714	0	0	0	0	0	0	0	
01/1988	119	42	93	0	0	0	0	0	0	0	
02/1988	136	48	88	0	0	0	0	0	0	0	
03/1988	107	37	89	0	0	0	0	0	0	0	
04/1988	67	23	56	0	0	0	0	0	0	0	
05/1988	63	22	81	0	0	0	0	0	0	0	
06/1988	71	188	70	0	0	0	0	0	0	0	
07/1988	137	284	71	0	0	0	0	0	0	0	
08/1988	172	356	60	0	0	0	0	0	0	0	
09/1988	174	360	94	0	0	0	0	0	0	0	
10/1988	115	240	42	0	0	0	0	0	0	0	
11/1988	72	149	50	0	0	0	0	0	0	0	
12/1988	30	62	51	0	0	0	0	0	0	0	
1988/YTD	1284	1811	785	0	0	0	0	0	0	0	
1988/CUM	23430	3307	6699	0	0	0	0	0	0	0	
01/1989	39	81	63	0	0	0	0	0	0	0	
02/1989	17	35	50	0	0	0	0	0	0	0	
03/1989	20	41	78	0	0	0	0	0	0	0	
04/1989	105	87	43	0	0	0	0	0	0	0	
05/1989	96	79	39	0	0	0	0	0	0	0	
06/1989	72	60	93	0	0	0	0	0	0	0	
07/1989	30	25	44	0	0	0	0	0	0	0	
1989/YTD	379	408	410	0	0	0	0	0	0	0	
1989/CUM	23829	3715	7109	0	0	0	0	0	0	0	


OIL
Cum: 23829.
Dec: 34.9% n: .46.
(ACTUAL)
(PROJECTED)
Operator YATES DRLG CO
Lease - Well GARNER FEDERAL No. 07
Zone QUEEN
Field CHAVES QUEEN GAS AREA SE
County/State CHAVES/NM
1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003
CACTUS QUEEN UNIT

NUMBER: 10000003
NAME: GARNER FEDERAL No. 09
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PET4DATA\

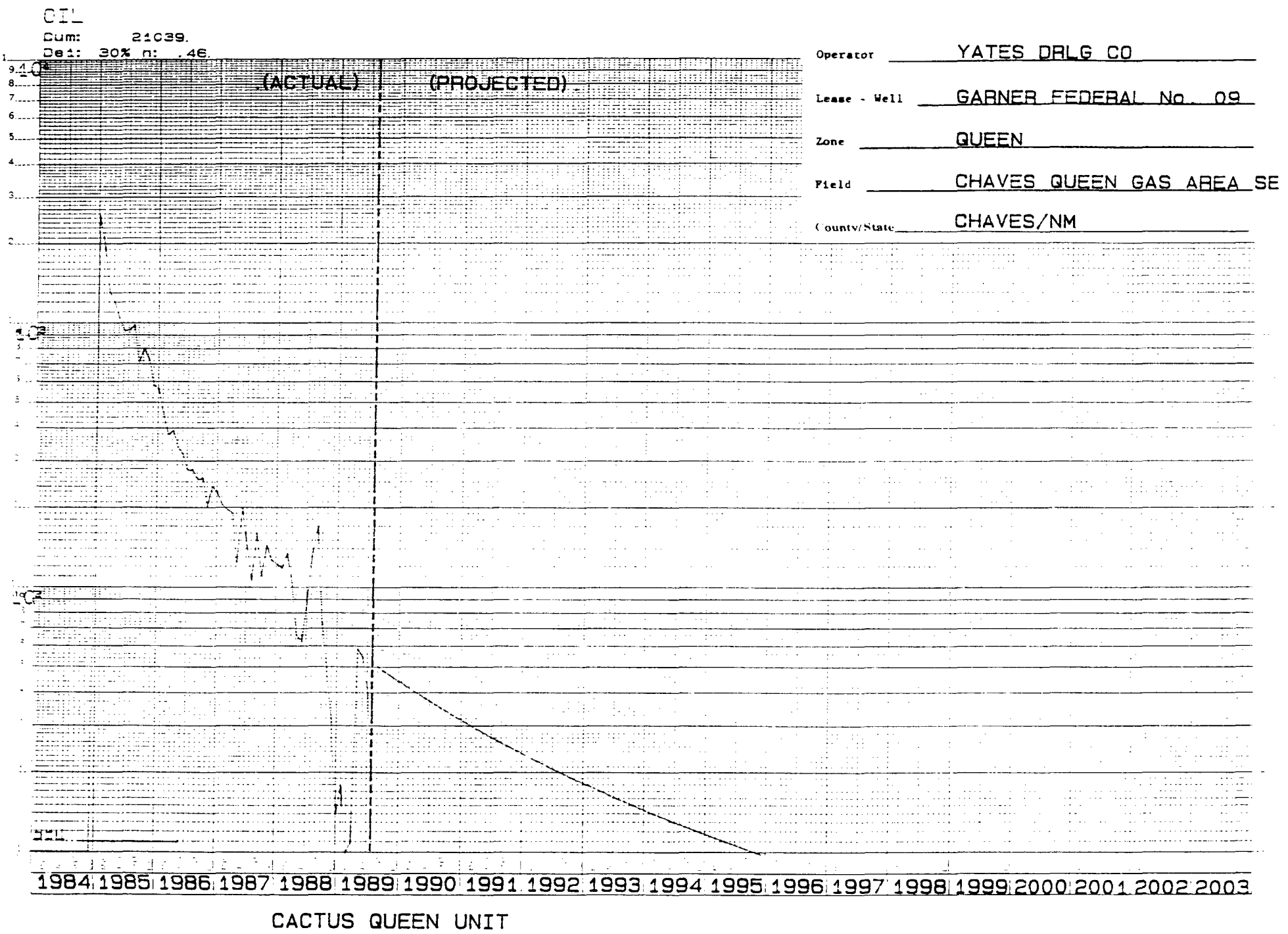
RESERVOIR:QUEEN
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
OPERATOR: YATES DRLG CO
ID NUMBER:12S31E27J00QN

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0
02/1984	0	0	0	0	0	0	0	0	0	0
03/1984	0	0	0	0	0	0	0	0	0	0
04/1984	0	0	0	0	0	0	0	0	0	0
05/1984	0	0	0	0	0	0	0	0	0	0
06/1984	0	0	0	0	0	0	0	0	0	0
07/1984	0	0	0	0	0	0	0	0	0	0
08/1984	0	0	0	0	0	0	0	0	0	0
09/1984	0	0	0	0	0	0	0	0	0	0
10/1984	0	0	0	0	0	0	0	0	0	0
11/1984	0	0	0	0	0	0	0	0	0	0
12/1984	2559	0	320	0	0	0	0	0	0	0
1984/YTD	2559	0	320	0	0	0	0	0	0	0
1984/CUM	2559	0	320	0	0	0	0	0	0	0
01/1985	1750	0	320	0	0	0	0	0	0	0
02/1985	1308	0	287	0	0	0	0	0	0	0
03/1985	1198	0	320	0	0	0	0	0	0	0
04/1985	1047	0	310	0	0	0	0	0	0	0
05/1985	932	0	320	0	0	0	0	0	0	0
06/1985	942	0	310	0	0	0	0	0	0	0
07/1985	982	0	320	0	0	0	0	0	0	0
08/1985	705	0	320	0	0	0	0	0	0	0
09/1985	893	0	310	0	0	0	0	0	0	0
10/1985	730	0	320	0	0	0	0	0	0	0
11/1985	580	0	90	0	0	0	0	0	0	0
12/1985	563	0	93	0	0	0	0	0	0	0
1985/YTD	11746	0	3522	0	0	0	0	0	0	0
1985/CUM	14299	0	3842	0	0	0	0	0	0	0
01/1986	455	0	93	0	0	0	0	0	0	0
02/1986	377	0	84	0	0	0	0	0	0	0
03/1986	393	0	93	0	0	0	0	0	0	0
04/1986	339	0	90	0	0	0	0	0	0	0
05/1986	320	127	93	0	0	0	0	0	0	0
06/1986	277	110	90	0	0	0	0	0	0	0
07/1986	278	110	93	0	0	0	0	0	0	0
08/1986	256	102	93	0	0	0	0	0	0	0
09/1986	259	103	90	0	0	0	0	0	0	0
10/1986	205	81	93	0	0	0	0	0	0	0
11/1986	242	90	90	0	0	0	0	0	0	0
12/1986	229	91	93	0	0	0	0	0	0	0
1986/YTD	3620	820	1095	0	0	0	0	0	0	0
1986/CUM	17919	820	4737	0	0	0	0	0	0	0

NUMBER: 10000003
NAME: SARNER FEDERAL No. 09
COUNTY/STATE: CHAVES/NM
DATABASE NAME:D:\PETRODATA\

RESERVOIR:QUEEN
FIELD: CHAVES QUEEN GAS AREA SE (ASSO.) ON
OPERATOR: YATES DRLG CO
ID NUMBER:12S31E27J00QN

PERIOD NO./YEAR	OIL BBLS	GAS MCF	WATER BBLS							REMARKS
01/1987	208	82	93	0	0	0	0	0	0	0	
02/1987	197	78	84	0	0	0	0	0	0	0	
03/1987	192	76	93	0	0	0	0	0	0	0	
04/1987	125	50	90	0	0	0	0	0	0	0	
05/1987	200	70	93	0	0	0	0	0	0	0	
06/1987	143	51	90	0	0	0	0	0	0	0	
07/1987	10	37	93	0	0	0	0	0	0	0	
08/1987	161	56	93	0	0	0	0	0	0	0	
09/1987	111	39	90	0	0	0	0	0	0	0	
10/1987	145	51	93	0	0	0	0	0	0	0	
11/1987	127	44	90	0	0	0	0	0	0	0	
12/1987	123	43	93	0	0	0	0	0	0	0	
1987/YTD	1639	677	1095	0	0	0	0	0	0	0	
1987/CUM	19768	1497	5832	0	0	0	0	0	0	0	
01/1988	119	42	93	0	0	0	0	0	0	0	
02/1988	136	48	67	0	0	0	0	0	0	0	
03/1988	106	37	69	0	0	0	0	0	0	0	
04/1988	66	23	56	0	0	0	0	0	0	0	
05/1988	63	22	61	0	0	0	0	0	0	0	
06/1988	90	186	70	0	0	0	0	0	0	0	
07/1988	137	284	71	0	0	0	0	0	0	0	
08/1988	171	354	60	0	0	0	0	0	0	0	
09/1988	74	153	94	0	0	0	0	0	0	0	
10/1988	50	104	42	0	0	0	0	0	0	0	
11/1988	32	66	50	0	0	0	0	0	0	0	
12/1988	14	29	51	0	0	0	0	0	0	0	
1988/YTD	1058	1348	784	0	0	0	0	0	0	0	
1988/CUM	20836	2845	6616	0	0	0	0	0	0	0	
01/1989	18	37	62	0	0	0	0	0	0	0	
02/1989	9	19	50	0	0	0	0	0	0	0	
03/1989	11	23	77	0	0	0	0	0	0	0	
04/1989	59	0	43	0	0	0	0	0	0	0	
05/1989	55	0	39	0	0	0	0	0	0	0	
06/1989	42	0	93	0	0	0	0	0	0	0	
07/1989	19	0	44	0	0	0	0	0	0	0	
1989/YTD	213	79	408	0	0	0	0	0	0	0	
1989/CUM	21039	2924	7024	0	0	0	0	0	0	0	



CACTUS QUEEN UNIT

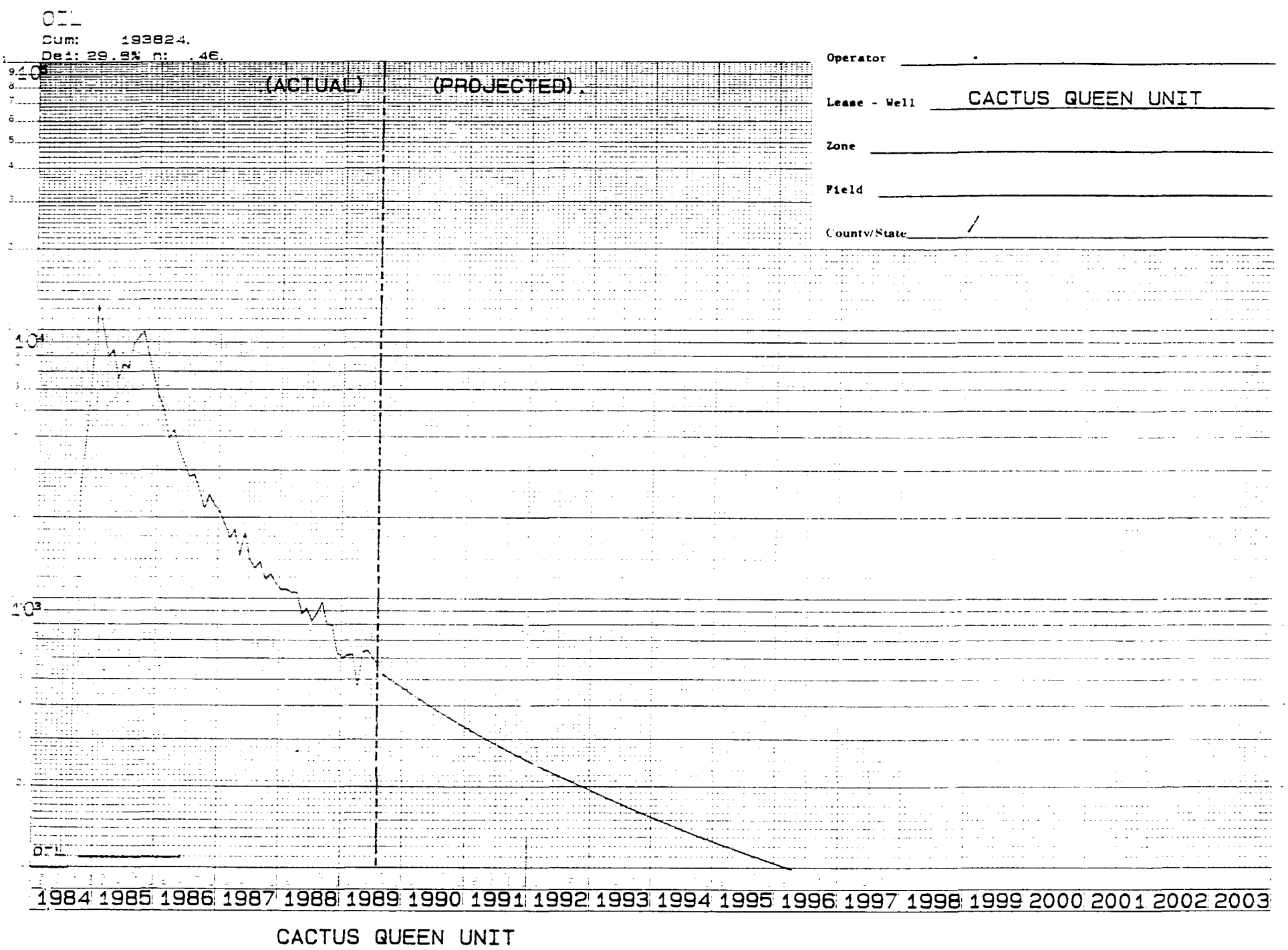
NUMBER: 10000082
NAME: CACTUS QUEEN UNIT
COUNTY/STATE: /
DATABASE NAME:D:\PET4DATA\

RESERVOIR:
FIELD:
OPERATOR:
ID NUMBER:

PERIOD MO/YEAR	OIL BBLS	GAS MCF	WATER BBLS								REMARKS
01/1984	0	0	0	0	0	0	0	0	0	0	
02/1984	0	0	0	0	0	0	0	0	0	0	
03/1984	0	0	0	0	0	0	0	0	0	0	
04/1984	0	0	0	0	0	0	0	0	0	0	
05/1984	0	0	0	0	0	0	0	0	0	0	
06/1984	0	0	0	0	0	0	0	0	0	0	
07/1984	0	0	0	0	0	0	0	0	0	0	
08/1984	741	0	0	0	0	0	0	0	0	0	
09/1984	2674	0	300	0	0	0	0	0	0	0	
10/1984	4182	2130	310	0	0	0	0	0	0	0	
11/1984	7364	1889	1350	0	0	0	0	0	0	0	
12/1984	12491	4905	1705	0	0	0	0	0	0	0	
1984/YTD	27352	8024	3665	0	0	0	0	0	0	0	
1984 CUM	27352	8024	3665	0	0	0	0	0	0	0	
01/1985	10129	3726	3253	0	0	0	0	0	0	0	
02/1985	7785	3448	2940	0	0	0	0	0	0	0	
03/1985	8458	3650	3720	0	0	0	0	0	0	0	
04/1985	8681	3640	3600	0	0	0	0	0	0	0	
05/1985	7481	3625	3720	0	0	0	0	0	0	0	
06/1985	7246	3063	3600	0	0	0	0	0	0	0	
07/1985	8954	3923	3812	0	0	0	0	0	0	0	
08/1985	7436	3394	3852	0	0	0	0	0	0	0	
09/1985	7919	3082	3706	0	0	0	0	0	0	0	
10/1985	8164	2640	3942	0	0	0	0	0	0	0	
11/1985	8765	2330	3518	0	0	0	0	0	0	0	
12/1985	6705	1980	2597	0	0	0	0	0	0	0	
1985/YTD	96787	35761	43362	0	0	0	0	0	0	0	
1985 CUM	124139	44585	46927	0	0	0	0	0	0	0	
01/1986	5074	1771	3596	0	0	0	0	0	0	0	
02/1986	3963	1430	3316	0	0	0	0	0	0	0	
03/1986	4212	1508	3644	0	0	0	0	0	0	0	
04/1986	3595	1278	3569	0	0	0	0	0	0	0	
05/1986	3226	1592	3671	0	0	0	0	0	0	0	
06/1986	2666	1275	3555	0	0	0	0	0	0	0	
07/1986	2963	1319	3689	0	0	0	0	0	0	0	
08/1986	2552	1165	3616	0	0	0	0	0	0	0	
09/1986	2183	1090	3992	0	0	0	0	0	0	0	
10/1986	2441	1200	3601	0	0	0	0	0	0	0	
11/1986	2240	1172	3520	0	0	0	0	0	0	0	
12/1986	2116	1121	3627	0	0	0	0	0	0	0	
1986/YTD	37371	16078	43396	0	0	0	0	0	0	0	
1986 CUM	161682	61063	90323	0	0	0	0	0	0	0	

NUMBER: 10000082 RESERVOIR:
NAME: [illegible] FIELD:
COUNTY/STATE: / OPERATOR:
DATABASE NAME:D:\PETROFIN\ ID NUMBER:

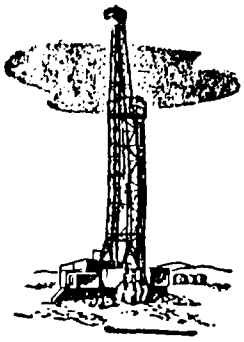
PERIOD	OIL	GAS	WATER							REMARKS
MO/YEAR	BBLS	MCF	BBLS							
01/1987	1903	1057	3577	0	0	0	0	0	0	0
02/1987	1694	926	3275	0	0	0	0	0	0	0
03/1987	1805	775	3631	0	0	0	0	0	0	0
04/1987	1414	670	3427	0	0	0	0	0	0	0
05/1987	1762	599	3583	0	0	0	0	0	0	0
06/1987	1393	823	3462	0	0	0	0	0	0	0
07/1987	1309	826	3393	0	0	0	0	0	0	0
08/1987	1387	842	3535	0	0	0	0	0	0	0
09/1987	1187	751	3472	0	0	0	0	0	0	0
10/1987	1250	784	3566	0	0	0	0	0	0	0
11/1987	1141	740	3468	0	0	0	0	0	0	0
12/1987	1071	723	3316	0	0	0	0	0	0	0
1987/YTD	17396	10317	41927	0	0	0	0	0	0	0
1987/CUM	179072	71380	132250	0	0	0	0	0	0	0
01/1988	1090	700	3337	0	0	0	0	0	0	0
02/1988	1061	722	1727	0	0	0	0	0	0	0
03/1988	1058	700	845	0	0	0	0	0	0	0
04/1988	887	630	1278	0	0	0	0	0	0	0
05/1988	925	669	1480	0	0	0	0	0	0	0
06/1988	832	1415	1297	0	0	0	0	0	0	0
07/1988	889	1553	1464	0	0	0	0	0	0	0
08/1988	977	1732	1352	0	0	0	0	0	0	0
09/1988	809	1416	1345	0	0	0	0	0	0	0
10/1988	800	1364	1819	0	0	0	0	0	0	0
11/1988	634	1110	1350	0	0	0	0	0	0	0
12/1988	607	687	1100	0	0	0	0	0	0	0
1988/YTD	10569	12701	18792	0	0	0	0	0	0	0
1988/CUM	189641	84981	150642	0	0	0	0	0	0	0
01/1989	621	760	851	0	0	0	0	0	0	0
02/1989	624	955	793	0	0	0	0	0	0	0
03/1989	479	572	1416	0	0	0	0	0	0	0
04/1989	639	404	1234	0	0	0	0	0	0	0
05/1989	648	350	884	0	0	0	0	0	0	0
06/1989	803	361	1186	0	0	0	0	0	0	0
07/1989	569	277	847	0	0	0	0	0	0	0
1989/YTD	4183	3679	7011	0	0	0	0	0	0	0
1989/CUM	193824	87760	157653	0	0	0	0	0	0	0



CACTUS QUEEN UNIT

YATES DRILLING COMPANY
PROPOSED CACTUS QUEEN UNIT
CHAVES COUNTY, NEW MEXICO

FRESH WATER WELL LOCATIONS



YATES DRILLING COMPANY

105 SOUTH FOURTH STREET — (505) 746-9889

FAX (505) 746-6480

TELEX 508891 (YPCART)

ARTESIA, NEW MEXICO 88210

May 31, 1989

'89 JUN 1 AM 8 35
STATE ENGINEER OFFICE
ROSWELL, NEW MEXICO

New Mexico State Engineer
District 2 Office
P.O. Box 1717
Roswell, New Mexico 88202

Attention: Glen Brim, District Supervisor

Gentlemen:

Yates Drilling Company is proposing to waterflood the Queen formation underlying portions of Township 12 South, Range 31 East and Township 13 South, Range 31 East, Chaves County, New Mexico.

To insure the protection of fresh water aquifers in this area we would like to obtain the location, depth and geological name of the producing formation for any water wells located in either described township. Additionally, the identification of any commercial water wells in the area would be helpful.

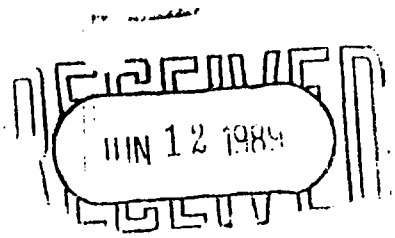
Any information that your office can provide concerning this matter will be greatly appreciated.

Sincerely yours,

YATES DRILLING COMPANY

Toby Rhodes

Tobin L. Rhodes
Petroleum Engineer



June 9, 1989

Yates Drilling Company
ATTN: Tobin L. Rhodes, Petroleum Engineer

Enclosed are well locations and some information pertaining to these wells. They were drilled and finished in the Ogallala Formation (TO). Record of other wells finished deeper on other water formations were found north of Township 12 South in Township 11 South, Range 31 East. These wells are finished in the Triassic Formation (TRC), depth of wells are between ± 200 feet to 300 feet.

Johnny R. Hernandez
Basin Supervisor

Section 24 Township 12 South Range 31 East

L-4993	NE¼SW¼	Dom.	T.D. 140'	5½" casing - Shallow
L-6649	S.E.¼SE¼	Dom & STK	T.D. 160'	4½" casing - Shallow

Section 26 Township 12 South Range 31 East

L-2117	NW¼SW¼	Irr.		
L-6746	SW¼NW¼	Dom. & Stk	T.D. 166'	Not cased - shallow
L-6749	SW¼SE¼	comm. & DOM & STK	T.D. 193'	6" casing - Shallow
**L-9566	SW¼SE¼	COM, Oil & Gas	Same	

Well L-9566 is stock well L-6749 comm.

Section 27 Township 12 S Range 31 E.

L-6650	SE¼NE¼	Dom & Stk	T.D. 160'	4½ casing - shallow

Section 35 Township 12 South Range 31 East

L-2932	SE¼	OWD		
L-4170	NW¼SE¼NW¼	Dom.	T.D. 55'	casing 8" Shallow
L-4296	NW¼NW¼	WF	cancelled	↑
L-4296-X	SW¼SW¼	WF	cancelled	No wells
L-4296-X-2	NE¼NE¼	WF	cancelled	
L-4296-X-3	SE¼SE¼	WF	Cancelled	↓

Section 23	Township 13 South	Range 31 East	
L-3914-X-10	SE¼SE¼	Ind.	
L-3914-X-11	SE¼NW¼	Ind.	
L-3914-X-12	NE¼NE¼	Ind.	Wells NOT Drilled
L-3914-X-13	SE¼SW¼	Ind.	
L-3914-X-14	NW¼SE¼	Ind.	

Section 24	Township 13 South	Range 31 East	
L-3914	~~SW¼~~ NE¼ SE¼ NE¼	Ind.	T.D. 176' 8 5/8" casing — Shallow
L-3914-X	NE¼SW¼	Ind.	
L-3914-X-2	NE¼NW¼	Ind.	
L-3914-X-3	SW¼SE¼	Ind.	
L-3914-X-4	SE¼NE¼	Ind.	
L-3914-X-5	NE¼SE¼	Ind.	Wells not Drilled
L-3914-X-6	NW¼NE¼	Ind.	
L-3914-X-7	NE¼NE¼	Ind.	
L-3914-X-8	SW¼NW¼	Ind.	
L-3914-X-9	SE¼NW¼	Ind.	

Section 35	Township 13 South	Range 31 East	
L-2849	SW¼SE¼NW¼	Dom.	No well record info.

Section 1 Township 13 South Range 31 East

L-3460	SE¼NE¼SW¼	WF	— TD 17~' 8⅝" casing - Shallow
L-3461	SE¼SE¼SE¼	WF	— TD. 220' 8⅝ casing - Shallow
L-3837	SW¼SW¼SW¼	Com. & Stock	Rptrd TD 165' 6" casing - Shallow
L-3837-X	SW¼SW¼SW¼	Com. & Stock	Rptrd TD. 190' 7" casing - Shallow

---

Section 2 Township 13 South Range 31 East

L-3806	SE¼SE¼SE¼	Stock	NO well record info
L-3833	NE¼NE¼SE¼	Com.	With shown no well
L-3834	SW¼SE¼NE¼	Dec.	— Rptrd — TD 165', 6 7/8 casing - Shallow
L-3835	SW¼SE¼NE¼	Dec.	— Rptrd — TD 165', 6 7/8 casing — Shallow
L-4295	SE¼NE¼	WF	
L-2914	NW¼SE¼NE¼	SRO	— T.D 196' 8⅝" casing - Shallow
L-2745	W½NE¼SE¼	SRO	— T.D. 216' 6¼" casing - Shallow

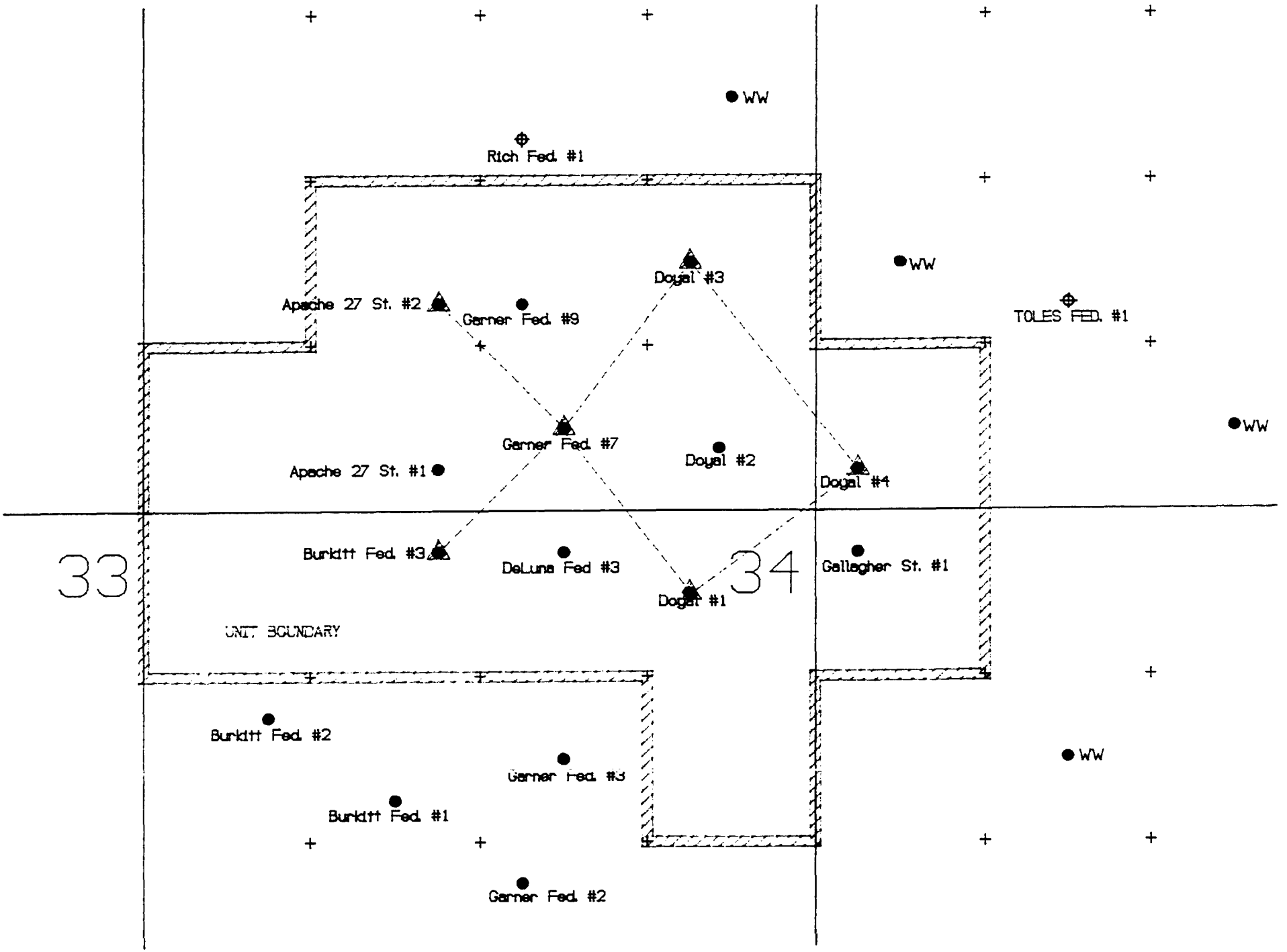
Section 12 Township 13 South Range 31 East

L-2934	NE¼	OWD	NO well record info.
L-3460	NE¼NE¼	SRO	— T.D. 217' — 8⅝" casing — Shallow

Section 13 Township 13 South Range 31 East

L-2933	NE½	OWD	NO well record info.

SEC	TWN	RNG	UNIT LTR	QTR OF UNIT	TD	TYPE	#
24	12S	31E	K	?	148	DOM.	L4993
24	12S	31E	P	?	160	DOM.	L6649
26	12S	31E	E	?	166	DOM. & STK	L6746
✓26	12S	31E	L	?	?	TMR.	L2117
✓26	12S	31E	O	?	198	COM. (OIL & GAS)	L9566
✓26	12S	31E	O	?	198	COM., DOM. & STK	L6749
✓27	12S	31E	H	?	160	DOM. & STK	L6650
✓35	12S	31E	F	NW	55	DOM.	L4170
✓35	12S	31E	IJOP	?	?	?	L2932
1	13S	31E	K	SE	190	WF	L3460
1	13S	31E	P	SE	220	WF	L3461
1	13S	31E	M	SW	190	COM. & STK	L3837X
1	13S	31E	N	SW	165	COM. & STK	L3837
2	13S	31E	H	SW	165	DEC.	L3834
2	13S	31E	H	?	?	WF	L4295
2	13S	31E	H	NE	196	SRO	L3914
2	13S	31E	H	SW	165	DEC.	L3835
2	13S	31E	P	SE	?	?	L3806
2	13S	31E	I	NE	216	SRO	L2745
10	13S	31E	A	?	217	SRO	L3460
13	13S	31E	ABCD	?	?	OWD	L2933
24	13S	31E	H	NE	196	TTD.	L3914
35	13S	31E	P	SW	?	DOM.	L2849


WW
Rich Fed. #1
WW
Doyal #3
Apache 27 St. #2
Garner Fed. #9
TOLES FED. #1
WW
Garner Fed. #7
Doyal #2
Apache 27 St. #1
Doyal #4
33
Burkitt Fed. #3
DeLuna Fed #3
34
Gallagher St. #1
Doyal #1
UNIT BOUNDARY
Burkitt Fed. #2
WW
Garner Fed. #3
Burkitt Fed. #1
Garner Fed. #2

PERMIAN
Treating Chemicals, Inc.

P. O. BOX 728
LOVINGTON, NM 88260
PHONE (505) 396-5674

WATER ANALYSIS REPORT

Company: Yates Drilling | Date Sampled: 1-22-88

Field: Caprock | County: Chavez

Lease: Graham Water Station | State: NM

Well: | Formation:

Type of Water: Fresh | Water, B/D:

Sampling Point: Water Tanks | Sampled By: Blackwell

DISSOLVED SOLIDS

CATIONS	mg/l		meq/l
Sodium, Na+(Calc)	230	÷ 23	10
Calcium, Ca++	120	÷ 20	6
Magnesium, Mg++	24	÷ 12.2	2
Barium, Ba++	neg	÷ 68.7	-
Iron, Fe (Total)			

ANIONS			
Chloride, Cl-	350	÷ 35.5	10
Sulfate, So_4=	120	÷ 48	3
Carbonate, Co_3=	0	÷ 30	0
Bicarbonate, HCo_3-	300	÷ 61	5

OTHER PROPERTIES

pH: 8.2

Specific Gravity: 1.000

H_2S: neg

Total Dissolved Solids: 1144

Total Hardness: 400

Remarks and Recommendations:

PERMIAN
Treating Chemicals, Inc.

P. O. BOX 728
LOVINGTON, NM 88260
PHONE (505) 396-5674

WATER ANALYSIS REPORT

Company: Yates Drilling
Date Sampled: 1-22-88
Field: Caprock
County: Chavez
Lease: Graham Water well (fresh)
State: NM
Well: North of Lease
Formation:
Type of Water: Fresh
Water, B/D: Blackwell
Sampling Point: Well head
Sampled By:

DISSOLVED SOLIDS

CATIONS	mg/l		meq/l
Sodium, Na+(Calc)	115	÷ 23	5
Calcium, Ca++	120	÷ 20	6
Magnesium, Mg++	15	÷ 12.2	1
Barium, Ba++	Neg	÷ 68.7	
Iron, Fe (Total)			

ANIONS			
Chloride, Cl-	200	÷ 35.5	6
Sulfate, So_4=	55	÷ 48	1
Carbonate, Co_3=	0	÷ 30	0
Bicarbonate, HCo_3-	312	÷ 61	5

OTHER PROPERTIES

pH 8.3
Specific Gravity 1.000
H_2S Neg
Total Dissolved Solids 817
Total Hardness 360

Remarks and Recommendations

ERMIAN
eating Chemicals, Inc.
P. O. BOX 728
LOVINGTON, NM 88260
PHONE (505) 396-5674

WATER ANALYSIS REPORT

Company: Yates Drilling Report
Date Sampled: 1-22-88
Field: Caprock
County: Lea
Lease: Williams Ranch
State: NM
Well: Williams Fresh Water
Formation:
Type of Water: Fresh Water
Water, B/D:
Sampling Point: Well head
Sampled By: Blackwell

DISSOLVED SOLIDS

CATIONS	mg/l		meq/l
Sodium, Na+(Calc)	70	÷ 23	3.0
Calcium, Ca++	80	÷ 20	4.0
Magnesium, Mg++	20	÷ 12.2	1.6
Barium, Ba++	Neg	÷ 68.7	
Iron, Fe (Total)			

ANIONS			
Chloride, Cl-	100	÷ 35.5	2.8
Sulfate, So_4=	40	÷ 48	0.8
Carbonate, Co_3=	0	÷ 30	0
Bicarbonate, HCo_3-	292	÷ 61	4.8

OTHER PROPERTIES

pH: 8.2
Specific Gravity: 1.000
H_2S: Neg
Total Dissolved Solids: 602
Total Hardness: 271

Remarks and Recommendations

PERMIAN
Treating Chemicals, Inc.

P. O. BOX 728
LOVINGTON, NM 8
PHONE (505) 396-

WATER ANALYSIS REPORT

Company	Yates Drilling	Date Sampled	1-22-88
Field	Caprock	County	Lea
Lease	Gallagher	State	NM
Well	1	Formation	Queens
Type of Water	Produced	Water, B/D	
Sampling Point	Treater	Sampled By	Blackwell

DISSOLVED SOLIDS

CATIONS	mg/l		meq/l
Sodium, Na+(Calc)	98100	÷ 23	4265
Calcium, Ca++	3750	÷ 20	188
Magnesium, Mg++	12900	÷ 12.2	1057
Barium, Ba++	neg	÷ 68.7	
Iron, Fe (Total)			

ANIONS			
Chloride, Cl-	198000	÷ 35.5	5577
Sulfate, So_4=	1350	÷ 48	28
Carbonate, Co_3=	0	÷ 30	0
Bicarbonate, HCo_3-	140	÷ 61	2.3

OTHER PROPERTIES

pH 5.9

Specific Gravity 1.200

H_2S Neg

Total Dissolved Solids 314,240

Total Hardness 62,800

Remarks and Recommendations

PERMIAN
Treating Chemicals, Inc.

P. O. BOX 728
LOVINGTON, NM 88
PHONE (505) 396-5

WATER ANALYSIS REPORT

Company	Yates Drilling	Date Sampled	1-22-88
Field	Caprock	County	Lea
Lease	Doyle	State	NM
Well	12 & 4	Formation	Queens
Type of Water	Produced	Water, B/D	
Sampling Point	Treater	Sampled By	Blackwell

DISSOLVED SOLIDS				
CATIONS	mg/l		meq/l	
Sodium, Na+(Calc)	97900	÷ 23	4257	
Calcium, Ca++	3800	÷ 20	190	
Magnesium, Mg++	13300	÷ 12.2	1090	
Barium, Ba++	0	÷ 68.7		
Iron, Fe (Total)	58			
ANIONS				
Chloride, Cl-	196,000	÷ 35.5	5521	
Sulfate, So_4=	1400	÷ 48	29	
Carbonate, Co_3=	0	÷ 30	0	
Bicarbonate, HCo_3-	140	÷ 61	2.3	

OTHER PROPERTIES	
pH	5.7
Specific Gravity	1.200
H_2S	neg.
Total Dissolved Solids	312,598
Total Hardness	64,900

Remarks and Recommendations

PERMIAN
Treating Chemicals, Inc.

P.O BOX 728
LOVINGTON, NM 88260
PHONE (505) 396-5674

WATER ANALYSIS REPORT

Company: Yates Drilling | Date Sampled: 1-22-88
Field: Caprock | County: Lea
Lease: Burkett | State: NM
Well: | Formation: Queens
Type of Water: Produced | Water, B/D:
Sampling Point: Treater | Sampled By: Blackwell

DISSOLVED SOLIDS

CATIONS	mg/l		meq/l
Sodium, Na+(Calc)	98000	÷ 23	4261
Calcium, Ca++	4100	÷ 20	205
Magnesium, Mg++	12800	÷ 12.2	1049
Barium, Ba++	Neg	÷ 68.7	
Iron, Fe (Total)			

ANIONS			
Chloride, Cl-	197,000	÷ 35.5	5549
Sulfate, So_4=	1200	÷ 48	25
Carbonate, Co_3=	0	÷ 30	
Bicarbonate, HCo_3-	120	÷ 61	2

OTHER PROPERTIES

pH: 5.9
Specific Gravity: 1.200
H_2S: Neg.
Total Dissolved Solids: 313,220
Total Hardness: 6300

Remarks and Recommendations

ERMIAN
eating Chemicals, Inc.

Company	Yates Drilling	Date Sampled	1-22-88
Field		County	Lea
Lease	Deluna	State	NM
Well		Location	Queens
Type of Water	Produced	Date Rec'd	
Sampling Point	Treater	Sampled By	Blackwell

DISSOLVED SOLIDS

CATIONS	mg/l		meq/l
Sodium, Na+ (calc)	97600	÷	4243
Calcium, Ca++	3960	÷	198
Magnesium, Mg++	12900	÷	1075
Barium, Ba++		÷	
Iron, Fe (Total)	0		

ANIONS			
Chloride, Cl-	194,000	÷	5465
Sulfate, SO_4=	1200	÷	25
Carbonate, CO_3=	0	÷	
Bicarbonate, HCO_3-	88	÷	1.1

Comments and Recommendations

OTHER PROPERTIES

pH	6.0
Specific Gravity	1.200
H_2S	Neg
Total Dissolved Solids	135,148
Total Hardness	63,000

ERMIAN
eating Chemicals, Inc.

Company	Yates Drilling			
Field				
Lease	Garner			
Well	7			
Type of Water	Produced			
Sampling Point				
DISSOLVED GASES				
CATIONS	mg/l			
Sodium, Na	105,000	:	4565	
Calcium, Ca	4,750	:	238	
Magnesium, Mg	11,900	:	975	
Barium, Ba		:		
Iron, Fe (Total)		:		
ANIONS				
Chloride, Cl	204,000	:	5746	
Sulfate, SO4	1,100	:	23	
Carbonate, CO3	0	:		
Bicarbonate, HCO3	205	:	3.4	
Other Comments				

Date Sampled: 1-22-88

County: Lea

State: NM

Location: Queens

Water, B/L:

Submitted by: Blackwell

OTHER PROPERTIES

pH: 5.8

Specific Gravity: 1.200

H_2S: Neg

Total Dissolved Solids: 326,955

Total Hardness: 60,700

CAMPBELL & BLACK, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

NOV 1 1989

LN-

CERTIFIED
P-106 679 327
MAIL

Christopher W. Knieriem
Post Office Box 5404
Petaleuma, CA 94953

P-106 679 327

Christopher W. Knieriem
Post Office Box 5404
Petaleuma, CA 94953

PS Form 3800 June 1985

.25
.85
.90
2.00

OCT 25 1989

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:

Floyd V. Doyal
919 E. McGaffey
Roswell, NM 88201

4. Article Number

P 106 679 269

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 — Address

X Floyd V. Doyal

6. Signature — Agent

X

7. Date of Delivery

10-24-89

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**

P-106 679 269

RECEIPT FOR CERTIFIED MAIL

Floyd V. Doyal
919 E. McGaffey
Roswell, NM 88201

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

P-106 679 268

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Robin C. Herndon, III
c/o Robin C. Herndon, Jr.
Post Office Box 2031
Mobile, Alabama 36601

Postage	$ 2.40
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

C. R. Gallagher, Jr.
1005 Texas Commerce Bank
1208 - 14th Street
Lubbock, Texas 79401

4. Article Number
P 106 679 267

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 — Address
X

6. Signature — Agent
X C.R. Gallagher Jr. Ltr D.F.

7. Date of Delivery
10-27-89

8. Addressee's Address *(ONLY if requested and fee paid)*
same as #3

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

P-106 679 267

RECEIPT FOR CERTIFIED MAIL

C. R. Gallagher, Jr.
1005 Texas Commerce Bank
1208 - 14th Street
Lubbock, Texas 79401

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Dalport Oil Corporation
3471 Interfirst One
Dallas, TX 75202

4. Article Number

P 106 679 266

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 — Address

X

6. Signature — Agent

X Sylvia Bruce

7. Date of Delivery OCT 30 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**

P-106 679 266

RECEIPT FOR CERTIFIED MAIL

Dalport Oil Corporation
3471 Interfirst One
Dallas, TX 75202

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Rich Partnership
Post Office Box 3402
Casper, Wyoming 82602
Attn: Ken Snyder

4. Article Number

P 106 679 265

Type of Service:

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

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

5. Signature — Address

X

6. Signature — Agent

X D. Day

7. Date of Delivery

10-27-89

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**

P-106 679 265

RECEIPT FOR CERTIFIED MAIL

See Reverse

Rich Partnership
Post Office Box 3402
Casper, Wyoming 82602
Attn: Ken Snyder

Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Reading & Bates
Petroleum Company
2412 N. Grandview, # 201
Odessa, TX 79761
Attn: Don Kipgen

4. Article Number

P 106 679 264

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 — Address

X Beverly Gray

6. Signature — Agent

X

7. Date of Delivery

10-27-89

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

2412 N. Grandview

KOM

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

P-106 679 264

RECEIPT FOR CERTIFIED MAIL

Reading & Bates
Petroleum Company
2412 N. Grandview, # 201
Odessa, TX 79761
Attn: Don Kipgen

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	.90
Return Receipt Showing to Whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:	4. Article Number
Enserch Exploration, Inc. 6 Desta Drive, Suite 5250 Midland, TX 79705 Attn: Steve Wright	P 106 679 263
	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 — Address X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature — Agent X D. Walker	
7. Date of Delivery 10-27-89	

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

P-106 679 263

RECEIPT FOR CERTIFIED MAIL

Enserch Exploration, Inc.
6 Desta Drive, Suite 5250
Midland, TX 79705
Attn: Steve Wright

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Mr. Raymond Spears
307 N. 7th Street
Lovington, NM 88260

4. Article Number
P 106 679 262

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 — Address
X Virginia Spears

6. Signature — Agent
X

7. Date of Delivery
11-1-89

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**

P-106 679 262

RECEIPT FOR CERTIFIED MAIL

Mr. Raymond Spears
307 N. 7th Street
Lovington, NM 88260

Postage	$ 2.40
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Marguerite Gallagher Price
8550 Katy Freeway, # 208
Houston, Texas 77024

4. Article Number
P 106 679 200

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 — Address
X

6. Signature — Agent
X Kathleen McJordan

7. Date of Delivery
10-27-89

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**

P-106 679 200

RECEIPT FOR CERTIFIED MAIL

Marguerite Gallagher Price
8550 Katy Freeway, # 208
Houston, Texas 77024

Postage	$ .21
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

P-106 679 199

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Leo Doyal
Box 183
Elida, NM 88116

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 the 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.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery *(Extra charge)*
(Extra charge)

3. Article Addressed to:
Leo Doyal
Box 183
Elida, NM 88116

4. Article Number
P 106 679 199

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 — Address
X Leo Doyal

6. Signature — Agent
X

7. Date of Delivery
10-26-89

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. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Dorothy Vargas
2055 Dalis
Concord, CA 94520

4. Article Number

P 106 679 198

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 — Address

X Dorothy D. Vargas

6. Signature — Agent

X

7. Date of Delivery

10-28-89

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**

P-106 679 198

RECEIPT FOR CERTIFIED MAIL

Dorothy Vargas
2055 Dalis
Concord, CA 94520

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

E.S. Mayer, Jr.
c/o Reading & Bates Pet. Co.
2412 N. Grandview
Suite 201
Odessa, Texas 79761
Attn: Don Kipgen

4. Article Number

P 106 679 197

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 — Address

X Beverly Gray

6. Signature — Agent

X

7. Date of Delivery

10-27-89

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

2412 N. Grandview
Odessa

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

P-106 679 197

RECEIPT FOR CERTIFIED MAIL

E.S. Mayer, Jr.
c/o Reading & Bates Pet. C
2412 N. Grandview
Suite 201
Odessa, Texas 79761
Attn: Don Kipgen

Postage	$ .20
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 1.95
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Phillips Petroleum Co.
4001 Penbrook
Odessa, Texas 79762
Attn: Frank Hulse

4. Article Number

P 106 679 196

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 — Address

X

6. Signature — Agent

X G Galvan

7. Date of Delivery

10-27-88 2565

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**

P-106 679 196

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Phillips Petroleum Co.
4001 Penbrook
Odessa, Texas 79762
Attn: Frank Hulse

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.00
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1988

PS Form 3800, June 1985

P-106 679 195

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Charles Bernard Gallagher
1380 Asbury
Winnetka, Illinois 60093

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:
Charles Bernard Gallagher
1380 Asbury
Winnetka, Illinois 60093

4. Article Number
P 106 679 195

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 – Address
X

6. Signature – Agent
X

7. Date of Delivery
11-1-89

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

PARK, CA 94025 NOV 1

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 fee 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:

Veda D. Williamson
c/o United New Mexico Bank
Post Office Box 1977
Roswell, NM 88201

4. Article Number

P 106 679 192

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 — Address

X

6. Signature — Agent

X Rue Merchant

7. Date of Delivery

27 oct 89

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

Service not paid for

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

P-106 679 192

RECEIPT FOR CERTIFIED MAIL

Veda D. Williamson
c/o United New Mexico Bank
Post Office Box 1977
Roswell, NM 88201

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 fee 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:

Louis Doyal
810 Meadow Place
Roswell, NM 88201

4. Article Number

P 106 679 193

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 — Address

X Louis C. Doyal

6. Signature — Agent

X

7. Date of Delivery

10/27/89

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

810 Meadow Place

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

P-106 679 193

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Louis Doyal
810 Meadow Place
Roswell, NM 88201

Postage	$ 1.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Charleen G. Knieriem
10889 Wilshire Blvd.
Suite 1100
Los Angeles, CA 90024

4. Article Number

P 106 679 282

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 — Address

X

6. Signature — Agent

X Thomas J. O'Brien

7. Date of Delivery

11/2/89

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

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

P-106 679 282

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL

Charleen G. Knieriem
10889 Wilshire Blvd.
Suite 1100
Los Angeles, CA 90024

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 fee 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:

Raymond Stanley Herndon
c/o Robin C. Herndon, Jr.
Post Office Box 1283
Mobile, Alabama 36601

4. Article Number
P 106 679 281

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 — Address
X

6. Signature — Agent
X

7. Date of Delivery OCT 30 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**

P-106 679 281

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Raymond Stanley Herndon
c/o Robin C. Herndon, Jr.
Post Office Box 1283
Mobile, Alabama 36601

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

R.F. Partnership, Ltd.
Post Office Box 243
Wheat Ridge, CO 80034

4. Article Number

P 106 679 280

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 — Address

X

6. Signature — Agent

X

7. Date of Delivery

10 27 87

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**

P-106 679 280

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

R.F. Partnership, Ltd.
Post Office Box 243
Wheat Ridge, CO 80034

Postage	$ .35
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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)* FEE NOT PAID
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Mary B. Gallagher
1005 Texas Commerce Bank
1208 14th Street
Lubbock, TX 79401

4. Article Number
P 106 679 279

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 — Address
X M R Langston

6. Signature — Agent
X

7. Date of Delivery
10/30/89

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**

P-106 679 279

RECEIPT FOR CERTIFIED MAIL

Mary B. Gallagher
1005 Texas Commerce Bank
1208 - 14th Street
Lubbock, TX 79401

Postage	$ .25
Certified Fee	.15
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	.90
Return Receipt Showing to Whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 fee 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:

G & P Exploration, Inc.
4800 San Felipe, Suite 620
Houston, TX 77056
Attn: John W.T. Mediary

4. Article Number

P 106 679 278

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 — Address

X

6. Signature — Agent

X

7. Date of Delivery

10-30-89

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**

P-106 679 278

RECEIPT FOR CERTIFIED MAIL

G & P Exploration, Inc.
4800 San Felipe, Suite 62(
Houston, TX 77056
Attn: John W.T. Mediary

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Etoile M. Bennett
c/o F.G. Breckenridge
Post Office Drawer 3000
Midland, Texas 79702

4. Article Number
P 106 679 277

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 — Address
X

6. Signature — Agent
X Kim Reeves

7. Date of Delivery
OCT 31 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**

P-106 679 277

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Etoile M. Bennett
c/o F.G. Breckenridge
Post Office Drawer 3000
Midland, Texas 79702

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

P-106 679 276

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Paul J. Doyal
Post Office Box 2877
Roswell, NM 88201

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date OCT 25 1989	

PS Form 3800, June 1985

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 fee.
1. ☒ Show to whom delivered, date, and address of delivery. (Extra charge)
2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Paul J. Doyal
Post Office Box 2877
Roswell, NM 88201

4. Article Number
P 106 679 276

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 – Address
X

6. Signature – Agent
X

7. Date of Delivery
OCT 26 1989

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

ROSWELL NM 88201

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. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:	4. Article Number
Clarence Doyal 308 S. Kansas Roswell, NM 88201	P 106 679 275
	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 — Address X Cl Doyal	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature — Agent X	
7. Date of Delivery 10-26 89	

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

P-106 679 275

RECEIPT FOR CERTIFIED MAIL

Clarence Doyal
308 S. Kansas
Roswell, NM 88201

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 fee 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:

Yates Drilling Company
105 South Fourth Street
Artesia, NM 88210
Attn: Toby Rhodes

4. Article Number
P 106 679 274

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 — Address
X

6. Signature — Agent
X

7. Date of Delivery
10-27-89

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

P-106 679 274

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Yates Drilling Company
105 South Fourth Street
Artesia, NM 88210
Attn: Toby Rhodes

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Gregory J. Gallagher
8550 Kathy Freeway
Suite 208
Houston, Texas 77024

4. Article Number
P 106 679 273

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 — Address
X

6. Signature — Agent
X Kathleen M Jordan

7. Date of Delivery
10-27-89

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**

P-106 679 273

RECEIPT FOR CERTIFIED MAIL

Gregory J. Gallagher
8550 Kathy Freeway
Suite 208
Houston, Texas 77024

Postage	$ 2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Great Western Drilling
Box 1659
Midland, TX 79702
Attn: Pat L. Shannahan

4. Article Number

P 106 679 272

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

Donna Huddleston

6. Signature — Agent

X

7. Date of Delivery

10-27-89

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**

P-106 679 272

RECEIPT FOR CERTIFIED MAIL

Great Western Drilling
Box 1659
Midland, TX 79702
Attn: Pat L. Shannahan

Postage	$2.40
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

P-106 679 271

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Burk Royalty
Post Office Box BRC
Wichita Falls, TX 76307

Postage	$ 2.40
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date OCT 25 1989	

PS Form 3800, June 1985

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 fee.
1. ☒ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)
3. Article Addressed to:
Burk Royalty
Post Office Box BRC
Wichita Falls, TX 76307
4. Article Number
P 106 679 271
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 — Address
X
6. Signature — Agent
X
7. Date of Delivery
OCT 27 1989
8. Addressee's Address (ONLY if requested and fee paid)
FEE NOT PAID
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P-106 679 270

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Mrs. J. D. Spears
Box 1017
Carlsbad, NM 88220

Postage	$ 2.40
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 4.15
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 fee.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery *(Extra charge)*

and check box(es) for additional service(s) requested.

3. Article Addressed to:

Mrs. J. D. Spears
Box 1017
Carlsbad, NM 88220

4. Article Number
P 106 679 270

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 — Address
X

6. Signature — Agent
X

7. Date of Delivery
10-25-89

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. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Ruth J. Penka
c/o James T. Hill, Esq.
Post Office Box 421
Durham, NC 27702

4. Article Number
P 106 679 194

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 — Address
X

6. Signature — Agent
X

7. Date of Delivery
OCT 31 1989

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

RALEIGH NC
2 PM

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

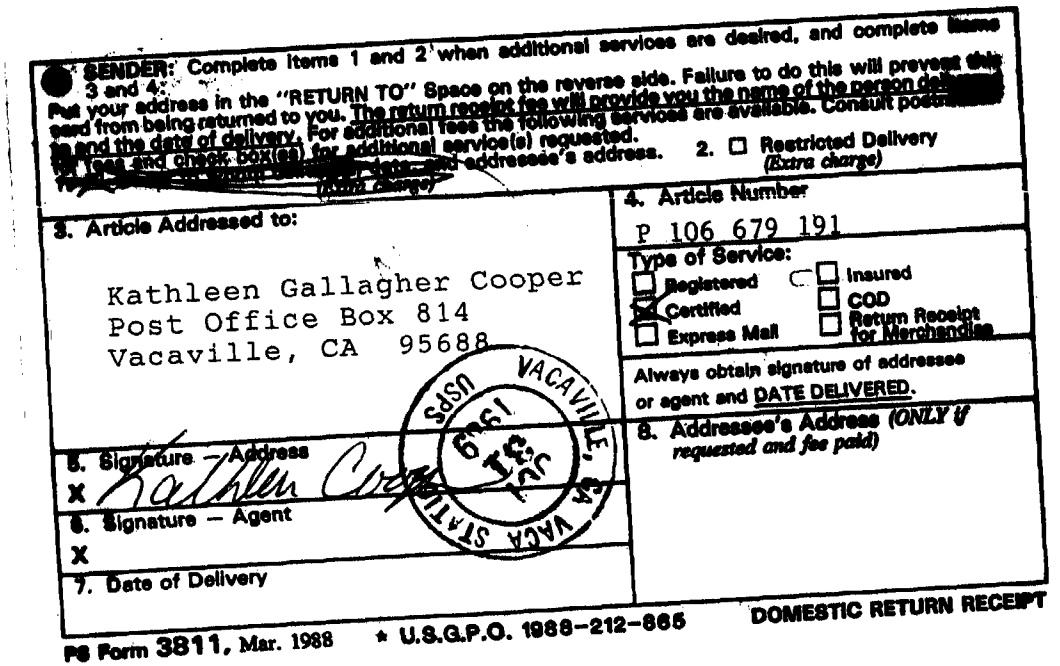
P-106 679 194

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Ruth J. Penka
c/o James T. Hill, Esq.
Post Office Box 421
Durham, NC 27702

Postage	$ .21
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985



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 and date delivered (Extra charge)
2. ☐ Restricted Delivery (Extra charge)
3. Article Addressed to:

Kathleen Gallagher Cooper
Post Office Box 814
Vacaville, CA 95688

4. Article Number
P 106 679 191

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 — Address
X Kathleen Cooper

6. Signature — Agent
X

7. Date of Delivery

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

VACAVILLE, CA USPS 1989 STATION

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

P-106 679 191

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Kathleen Gallagher Cooper
Post Office Box 814
Vacaville, CA 95688

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Mary Knieriem Taylor
4535 Miller Oak Drive
Auburn, CA 95603

4. Article Number

P 106 679 328

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 — Address

X Mary Taylor

6. Signature — Agent

X

7. Date of Delivery

10-30-89

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**

P-106 679 328

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Mary Knieriem Taylor
4535 Miller Oak Drive
Auburn, CA 95603

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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 fee 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:

William G. Pope, Jr.
4417 Tracy
Meraux, Louisiana 70075

4. Article Number
P 106 679 326

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 — Address
X Bill Pope

6. Signature — Agent
X

7. Date of Delivery

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

OCT 31 1989

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

P-106 679 326

RECEIPT FOR CERTIFIED MAIL

William G. Pope, Jr.
4417 Tracy
Meraux, Louisiana 70075

Postage	$ .25
Certified Fee	.65
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Peter G. Herndon
Post Office Box 1283
Mobile, Alabama 36601

4. Article Number

P 106 679 301

Type of Service:

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

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

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

OCT 30 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**

P-106 679 301

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Peter G. Herndon
Post Office Box 1283
Mobile, Alabama 36601

Postage	$ .45
Certified Fee	.45
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

P-106 679 300

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Delphine Pope Keller
9330 NE Schuyler
Portland, Oregon 97220

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date OCT 25 1989	

PS Form 3800, June 1985

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:
Delphine Pope Keller
9330 NE Schuyler
Portland, Oregon 97220

4. Article Number
P 106 679 300

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 [signature]

6. Signature — Agent
X

7. Date of Delivery
10.30.89

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

P-106 679 299

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Michael J. Gallagher
8550 Katy Freeway, # 208
Houston, Texas 77024

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date OCT 25 1989	

PS Form 3800, June 1985

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 fee.
1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)
(Extra charge)

3. Article Addressed to:
Michael J. Gallagher
8550 Katy Freeway, # 208
Houston, Texas 77024

4. Article Number
P 106 679 299

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 — Address
X

6. Signature — Agent
X Kathleen McGordan

7. Date of Delivery 10-27-89

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. [X] Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. [ ] Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Gregory Charles Gallagher
8550 Katy Freeway, # 208
Houston, Texas 77024

4. Article Number

P 106 679 298

Type of Service:

- [ ] Registered
- [X] Certified
- [ ] Express Mail
- [ ] Insured
- [ ] COD
- [ ] Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X Kathleen M Jordan

7. Date of Delivery

10-27-89

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**

P-106 679 298

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Gregory Charles Gallagher
8550 Katy Freeway, # 208
Houston, Texas 77024

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

P-105 679 297

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Stephen Lawrence Knieriem
8550 Katy Freeway, # 208
Houston, Texas 77024

Postage	$ .25
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:
Stephen Lawrence Knieriem
8550 Katy Freeway, # 208
Houston, Texas 77024

4. Article Number
P 106 679 297

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 – Address
X

6. Signature – Agent
X Kathleen M. Knieriem

7. Date of Delivery
10-30-89

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. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:

Natalie Pope
8550 Katy Freeway, # 208
Houston, Texas 77024

4. Article Number

P 106 679 296

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 — Address

X

6. Signature — Agent

X Kathleen M Jordan

7. Date of Delivery

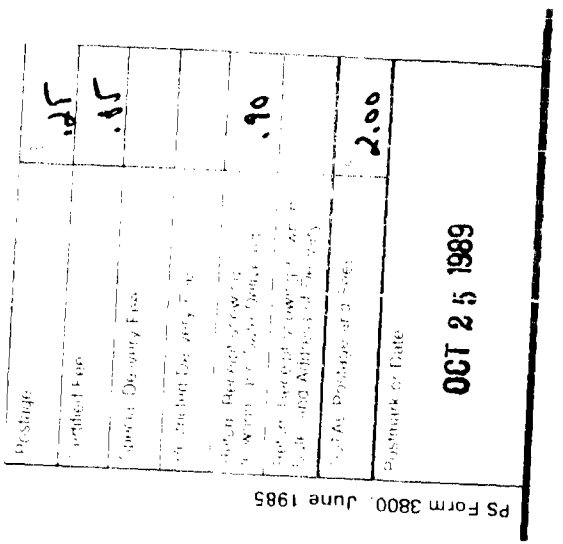
10-27-89

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

P-106 679 296

Natalie Pope
8550 Katy Freeway, # 208
Houston, Texas 77024



PS Form 3800, June 1985

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:

Mary Margaret Pope
8550 Katy Freeway, # 208
Houston, Texas 77024

4. Article Number

P 106 679 295

Type of Service:

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

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

5. Signature — Address

X

6. Signature — Agent

X Kathleen M. Jordan

7. Date of Delivery

10-30-89

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**

P-106 679 295

Mary Margaret Pope
8550 Katy Freeway, # 208
Houston, Texas 77024

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom and Date Delivered	.90
Return Receipt Showing to Whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Christine Gallagher Seger
4607 - 20th Street
Lubbock, Texas 79407

4. Article Number
P 106 679 294

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 — Address
X Christine Seger

6. Signature — Agent
X

7. Date of Delivery
10-27-89

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**

P-106 679 294

Christine Gallagher Seger
4607 - 20th Street
Lubbock, Texas 79407

.35	
.25	
.90	
2.00	
	OCT 25 1989

PS Form 3800, June 1985

● **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:

Frances Herndon
Post Office Box 1283
Mobile, Alabama 36601

4. Article Number

P 106 679 293

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 — Address

X

6. Signature — Agent

X

7. Date of Delivery

OCT 25 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**

P-106 679 293

Frances Herndon
Post Office Box 1283
Mobile, Alabama 36601

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom & Date Delivered	.90
Return Receipt for Merchandise	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Mary Herndon Ray
Post Office Box 1283
Mobile, Alabama 36601

4. Article Number

P 106 679 292

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 — Address

X

6. Signature — Agent

X

7. Date of Delivery

OCT 25 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**

P-106 679 292

Mary Herndon Ray
Post Office Box 1283
Mobile, Alabama 36601

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

Mary G. Herndon
Post Office Box 1283
Mobile, Alabama 36601

4. Article Number

P 106 679 291

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 — Address

X

6. Signature — Agent

X

7. Date of Delivery

OCT 25 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**

P-106 679 291

Mary G. Herndon
Post Office Box 1283
Mobile, Alabama 36601

Postage	.45
Certified Fee	.45
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Susan Gallagher Grey
1322 Marc Anthony Drive
Baton Rouge, LA 70816

4. Article Number

P 106 679 290

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 — Address

X Susan Gallagher Grey

6. Signature — Agent

X

7. Date of Delivery

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

1322 Marc Anthony
70816

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

P-106 679 290

Susan Gallagher Grey
1322 Marc Anthony Drive
Baton Rouge, LA 70816

Postage	.25
Certified Fee	.15
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

C. E. Strange
Post Office Box 6438
Incline Vil., NV 89450

4. Article Number
P 106 679 289

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 — Address
X C E Strange

6. Signature — Agent
X

7. Date of Delivery
10-28

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**

P-106 679 289

C. E. Strange
Post Office Box 6438
Incline Vil., NV 89450

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.40
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.50
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

George Globe
Post Office Box 40577
Bakersfield, CA 93384

4. Article Number

P 106 679 288

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 Geo Globe

6. Signature — Agent

X

7. Date of Delivery

NOV 13 1989

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

P.O. Box 40577

BAKERSFIELD, CA SUPPLY NOV 13 1989 USPS STATION

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

P-106 679 288

George Globe
Post Office Box 40577
Bakersfield, CA 93384

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Erlon E. Nowell
2735 South St. Paul
Denver, Colorado 80210

4. Article Number
P 106 679 287

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 — Address
X

6. Signature — Agent
X

7. Date of Delivery
10-27-89

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

DENVER CO MAIN OCT 25 1989 USPS

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

P-106 679 287

Erlon E. Nowell
2735 South St. Paul
Denver, Colorado 80210

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:
W. G. Ross
Post Office Box 86
Midland, Texas 79702

4. Article Number
P 106 679 286

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 — Address
X

6. Signature — Agent
X

7. Date of Delivery
OCT 30 1989

8. Addressee's Address *(ONLY if requested and fee paid)*
fee not pd

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

P-106 679 286

W. G. Ross
Post Office Box 86
Midland, Texas 79702

Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

● **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:

F. G. Breckenridge
Post Office Drawer 4667
Midland, Texas 79704

4. Article Number

P 106 679 285

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 — Address

X

6. Signature — Agent

X Kim Reeves

7. Date of Delivery

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**

P-106 679 285

F. G. Breckenridge
Post Office Drawer 4667
Midland, Texas 79704

Postage	.25
Certified Fee	.65
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1988

PS Form 3800, June 1985

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:

Veronica Herndon
Post Office Box 1283
Mobile, Alabama 36601

4. Article Number

P 106 679 284

Type of Service:

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address

X

6. Signature — Agent

X

7. Date of Delivery

MAY 30 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**

P-106 679 284

RECEIPT FOR CERTIFIED MAIL

Veronica Herndon
Post Office Box 1283
Mobile, Alabama 36601

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985

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:

Natalie G. Pope
10889 Wilshire Blvd., #1100
Los Angeles, CA 90024

4. Article Number

P 106 679 283

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

6. Signature — Agent

X Thomas W O'Brien

7. Date of Delivery

10/27/89

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**

P-106 679 283

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

Natalie G. Pope
10889 Wilshire Blvd., #1100
Los Angeles, CA 90024

Postage	$ .35
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	OCT 25 1989

PS Form 3800, June 1985