TYPE CTB

APP NO. PRG 1308439247

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



Vates Pet.

ADMINISTRATIVE APPLICATION CHECKLIST

т	HIS CHECKLIST IS M	MANDATORY FOR ALL ADMINISTRATIVE APPL	LICATIONS FOR EXCEPTIONS TO DIVISION RU	ILES AND REGULATIONS
		WHICH REQUIRE PROCESSING	AT THE DIVISION LEVEL IN SANTA FE	, LEG 7 (11) 1 (LEG 25 (11) 4 (11)
Арр ік	[DHC-Dow [PC-Po	ndard Location] [NSP-Non-Standar nhole Commingling] [CTB-Lease ool Commingling] [OLS - Off-Leas [WFX-Waterflood Expansion] [Pi	MX-Pressure Maintenance Expansio [IPI-Injection Pressure Increase]	commingling] urement] n]
[1]	TYPE OF AI [A]	PPLICATION - Check Those Which Location - Spacing Unit - Simulta NSL NSP SD		
	Check [B]	one Only for [B] or [C] Commingling - Storage - Measure ☐ DHC ☒ CTB ☐ PLC		
	[C]	Injection - Disposal - Pressure Inc WFX PMX SW		
	[D]	Other: Specify Existing (JTB - 414 A	
[2]	NOTIFICAT [A]	TION REQUIRED TO: - Check The Working, Royalty or Overrid	·	bly
	[B]	Offset Operators, Leaseholde	ers or Surface Owner	
	[C]	Application is One Which Re	equires Published Legal Notice	
	[D]	Notification and/or Concurre U.S. Bureau of Land Management - Commis	ent Approval by BLM or SLO signer of Public Lands, State Land Office	
	[E]	For all of the above, Proof of	f Notification or Publication is Attache	ed, and/or,
	[F]	Waivers are Attached		
[3]		CCURATE AND COMPLETE INF ATION INDICATED ABOVE.	FORMATION REQUIRED TO PR	OCESS THE TYPE
	val is accurate a		ormation submitted with this application vieldge. I also understand that no action are submitted to the Division.	
	Note		ividual with managerial and/or supervisory o	capacity.
	Morales	Signature K fd	Production Analyst	3/19/1 3
rrint (or Type Name	Signature	Title <u>mmorales@yatespetrolet</u> e-mail Address	ım.com

<u>District I</u> 1625 N. French Drive, Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210 <u>District III</u>

1000 Rio Brazos Road, Aztec, NM 87410

TYPE OR PRINT NAME Miriam Morales

E-MAIL ADDRESS: <u>mmorales@yatespetrolem.com</u>

District IV

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B Revised June 10, 2003

OIL CONSERVATION DIVISION

1220 S. St Francis Drive Santa Fe, New Mexico 87505 Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

TELEPHONE NO.: (575) 748-1471

1220 S. St Francis Dr, Santa Fe, NN 87505	Santa Fe,	New Mexico 87505		appropriate Dis	1 -					
	APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP) OPERATOR NAME: Yates Petroleum Corporation									
OPERATOR ADDRESS:	105 South Fourth St. Artesia, 1	NM 88210		-						
APPLICATION TYPE:										
☐ Pool Commingling ☐ Lease	e Commingling Pool and Lease Co	mmingling Dff-Lease	Storage and Measure	ment (Only if not Surface	e Commingled)					
LEASE TYPE: 🛛 F	ee 🗌 State 🗎 Fede	eral								
	sting Order? Yes No If anagement (BLM) and State Land									
(A) POOL COMMINGLING Please attach sheets with the following information										
(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes					
		_								
(3) Has all interest owners be (4) Measurement type:	at top allowables?		☐Yes ☐No.	ng should be approved						
	(B) LEA	SE COMMINGLIN	1G							
		ts with the following in	nformation							
	N. Seven Rivers; Glorietta-Yeso #9' ne source of supply? Yes \B\									
(3) Has all interest owners bee	n notified by certified mail of the pro		⊠Yes □No							
(4) Measurement type: $\square M$	1etering									
		LEASE COMMIN								
(1) Complete Sections A and		ts with the following in	nformation							
(1) Complete Sections A and	E.									
	(D) OFF-LEASE ST									
(1) Is all moduation from some		ets with the following	information							
1	(1) Is all production from same source of supply? Yes No (2) Include proof of notice to all interest owners.									
	(T) ABBUTIONAL INFO	ADM A TRONG (A								
	(E) ADDITIONAL INFO	DRMATION (for all ts with the following in		pes)						
_ ·	acility, including legal location.			····						
	ries showing all well and facility locat Well Numbers, and API Numbers.	ions. Include lease numb	ers if Federal or Stat	e lands are involved.						
I hereby certify that the information	ation above is true and complete to the	e best of my knowledge ar	nd belief.							
SIGNATURE:	Morales T	ITLE:_Production Analy	st	DATE: 3//	3/13					

Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION 30-015-28404 District II - (575) 748-1283 5. Indicate Type of Lease 811 S. First St., Artesia, NM 88210 1220 South St. Francis Dr. STATE FEE District III - (505) 334-6178 Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Rodke AOY 1. Type of Well: Oil Well Gas Well Other 8. Well Number 1 9. OGRID Number 025575 2. Name of Operator Yates Petroleum Corporation 3. Address of Operator 10. Pool name or Wildcat 105 S. Fourth Street Artesia, NM 88210 N. Seven Rivers; Glorietta-Yeso 4. Well Location Unit Letter feet from the North feet from the East : <u>660</u> line and 660 County Eddy Section 21 Township 19S Range 25E **NMPM** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3487' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS.□ P AND A П PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB П DOWNHOLE COMMINGLE

OTHER: Amend Surface/Lease Commingle CTB-414-A OTHER:

OTHER: OTHER:

OTHER: OTHER:

OTHER: OTHER:

OTHER: OTHER:

I.3. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum respectfully requests administrative approval to amend Surface/Lease Commingle order #CTB-414-A for the leases below:

Patriot AIZ #6 N. Seven Rivers; Glorietta-Yeso Sec. 21-T19S-R25E AP1 #30-015-28405 FEE Eddy County, NM Rodke AOY #1 N. Seven Rivers; Glorietta-Yeso Sec. 21-T19S-R25E AP1 #30-015-28404 FEE Eddy County, NM Cutter APC #1
N. Seven Rivers; Glorietta-Yeso
Sec. 21-T19S-R25E

API #30-015-28397 FEE Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G. Please see attached plats and site security diagram.

The ownership is diversified. All owners have been notified. (see attached copies of certified mail)

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered(daily well tests)volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Patriot #6 is 28 bbls, for the Rodke #1 is 8 bbls, and for the Cutter #1 is 43 bbls.

Gas Measurement

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

I hereby certify that the information above is true and	complete to the best of my knowledge and belief	
SIGNATURE Com a Proles	TITLE_Production Analyst	DATE 3/16/13
Type or print name Miriam Morales For State Use Only	E-mail address: <u>mmorales@yatespetroleum.co</u>	om PHONE: <u>575-748-4200</u>
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Lemois Dr., Santa Fe, NAI 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102 Revised July 16, 2010 Submit one copy to appropriate District Office



WELL LOCATION AND ACREAGE DEDICATION PLAT API Number 30-015-28404 Property Code 34689 NHDUP Unit OGRID No * Operator Name ⁷ Elevation 025575 Yates Petroleum Corporation 3487'GR ¹⁰ Surface Location UL or lot no Section Lownship Range Lot Idn Feet from the North/South line Feet from the East/West line County 198 660 North Eddy Bottom Hole Location If Different From Surface Township Range UL or lot no. Lot Idn Feet from the North/South line Feet from the Section East/West line County 12 Dedicated Acres 13 Joint or Infill Consolulation Code 4 Order No. 40

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16		N.039	17 OPERATOR CERTIFICATION I hereby certife that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either towns a working interest or indeveed mineral interest in the lood including the proposed buttom hade location or has a right to drift this well at this location pursuant to a contract with an owner of such a mineral or working timerest, or to a voluntary prolong agreement or a compulsary prolong order hereinfore entered by the division December 10, 2010 Signature Date Lina Huerta Printed Name
		EIVED	tmah@yatespetroleum.com L-mail Address
		D ARTESIA	18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey
			Signature and Seal of Professional Surveyor Certificate Number



District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102 Revised July 16, 2010 Submit one copy to appropriate District Office

+atrio +#Le - AMENDED REPORT

30-4	014 79404		1	² Pool Code	•		³ Pool Na	me	
	30-015-28405 97565 N. Seven Rivers							lorieta-Yeso	
* Property Co	⁴ Property Code					Name			Well Number
34689	-				NDDUP	Unit			69H
OGRID No		***************************************		8 Operator	Name			' Elevation	
025575			Yates Petroleum Corporation					3473°GR	
					10 Surface	Location			
Lor lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
t	21	198	25E		1980	South	660	East	Eddy
			11 Вс	ottom Ho	le Location I	f Different From	m Surface	····	L
L or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	FEB NMOC	VED 8 2011 D ARTES	A	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or sulcased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. True Tr
			600'E	18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor.
		14805		Certificate Number

District I 1625 N. French Dr., Hobbs, NM 88240 District II

1301 W. Grand Avenue, Artesia, NM 88210 District [1]

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102

Revised July 16, 2010

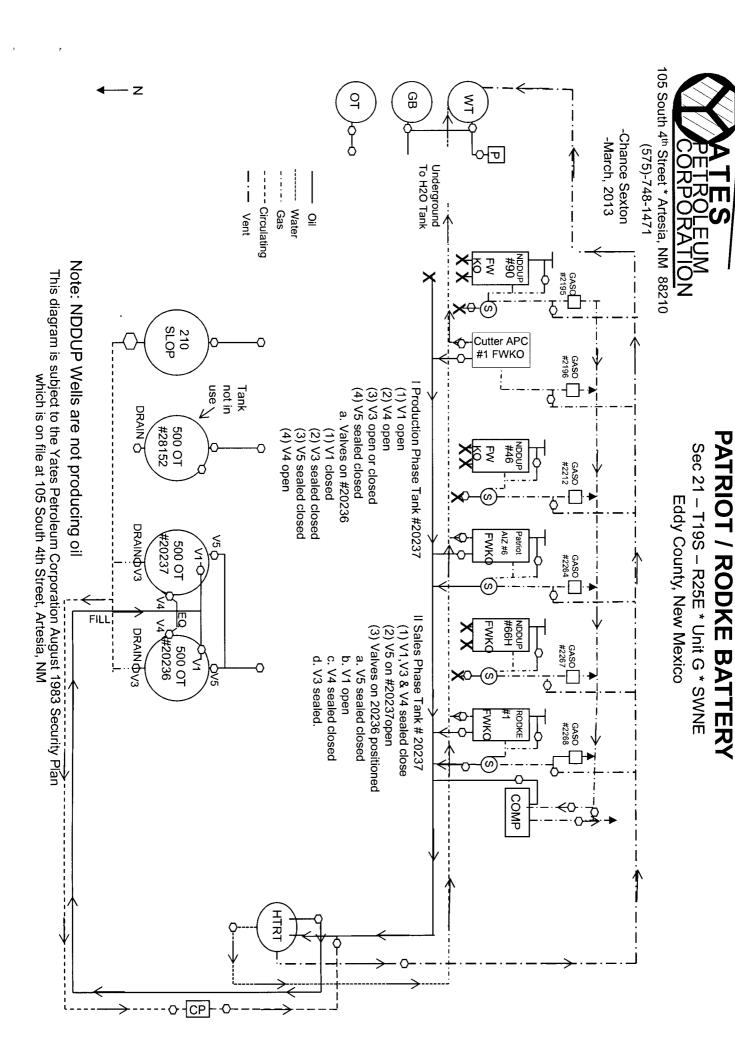
RECEIVED District Office

APR 17 2012 AMENDED REPORT

			ELL LC			REAGE DEDIC			<u> </u>	
' /	API Number	r	1	² Pool Code	1	³ Pool Name				
. 3			97565		N. Seven Rivers; Glorieta-Yeso					
⁴ Property (Code			⁵ Property Name					Well Number	
16871				Cutter APC					1	
OGRID	No.			······································		, Elevation				
025575 Yates						Corporation			3475'GR	
					10 Surface	Location				
JL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South line	Feet from the	East/West line	County	
P	21	198	25E		-6 60	South	660	East	Eddy	
	L	k	11 B	ottom Ho	le Location I	f Different From	m Surface			
JL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
² Dedicated Acres	s ¹³ Joint o	r Infitt 14 Co	nsolidation	Code 15 Or	der No.	L	<u> </u>		<u> </u>	
40										

division.

10 OPERATOR CERTIFICATION 1 Intercly cruft due de ejements in mounted herein a new and complete to the lexit of any boundage and habit, and that also appearants in the common at working netwest or mulacand materia in the leard including the proposal become their common in the southern are has a neglet or shift that well also to contain promote to a common plant out of the and mental or occupied material, or to a submitting pooling agreement the a computatory pooling order typenfigure entered byth division Lina Hortz Printed Name 18 SURVEYOR CERTIFICATION 1 Interchy certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the some is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor					7
to the best of my boundadge and balad, and that thes organization either own a working instead an instead material material instead is that the boundary the proposal domain hole boundary for an owner of and a mineral of a computory pooling order hymologic agreements a computory pooling order hymologic entered byth division. April 12, 2012 Signature Time Hustra Printed Name Limathigh interested from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor	16				17 OPERATOR CERTIFICATION
owns a working interest or indicated mainral mainral in the land archading the proposed bottom hole boother or has a right to drill that well at their location paramet to a contract with an owner of such an interest of working interest, or to a whenton provide generating to a compulsory pooling order hampfore interest by the division of the print 12, 2012. Signature Ima Huerta Printed Name Land Moreas 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervission, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor					I hereby certify that the information contained herein is true and complete
the proposed bottom hole business or hear a right to drill this well at this location pursuent to a control with an own of such a mineral or working material, or in a whether poorling agreement of a computary pooling order hypertifiers entered by the drivator. Institute					to the best of my knowledge and belief, and that this organization either
Date 18 SURVEYOR CERTIFICATION I hereby certify that he well location shown on his plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature Date OTE 18 SURVEYOR CERTIFICATION I hereby certify that he well location shown on his plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor					owns a working interest or unleased numeral interest in the land including
The state of the s					the proposed bottom hole location or has a right to drill this well at this
Time Hiberts Prunted Name Ina Hiberts Prunted Name Ina Hiberts Prunted Name In Address I SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor					location pursuant to a contract with an owner of such a nuneral or working
Date In a Hierta Inna Hierta					interest, or to a voluntary pooling agreement or a compulsory pooling
Ima Huerta Printed Name Linah Gavatespetroleum com E-mail Address 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor					order hyperofore entered by the division
Ima Huerta Printed Name Linah Gavatespetroleum com E-mail Address 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor		3,111			April 12, 2012
Tina Hiserta Printed Name tinah@vatespetroleum com E-mail Address 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor					L'ann Nuer Xa
Printed Name tunah@witespetroleum com E-mail Address 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Date of Survey Signature and Seal of Professional Surveyor	1				Signature C Date
The survey of the state of the					Tina Huerta
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Date of Survey Signature and Seal of Professional Surveyor					1
Date of Survey Signature and Seal of Professional Surveyor					made by me or under my supervision, and that the
Signature and Seal of Professional Surveyor					same is true and correct to the best of my belief
Signature and Seal of Professional Surveyor					
Signature and Seal of Professional Surveyor					Date of Survey
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FRANK W. YATES 1936-1986

S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

CHIEF FINANCIAL OFFICER JAMES S. BROWN

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION

JOHN A. YATES

CHAIRMAN OF THE BOARD JOHN A. YATES JR.

March 19, 2013

RE: Amend Surface/ Lease Commingle Patriot AIZ #6, Rodke AOY #1, and Cutter APC #1 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend Surface/Lease Commingle order #CTB-414-A for the leases below:

Patriot AIZ #6

N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E API #30-015-28405

FEE

Eddy County, NM

Rodke AOY #1

N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E

API #30-015-28404

FEE

Eddy County, NM

Cutter APC #1

N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E API #30-015-28397

FEE

Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Patriot #6 is 28 bbls, for the Rodke #1 is 8 bbls, and for the Cutter #1 is 43 bbls.

Gas Measurement

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

If you should have any questions, please call me at (575)748-4200 (direct line)

Sincerely

Miriam Morales Production Analyst

I hereby approve this application

Company: ABO Petroleum Corporation

KATHY H. PORTER

DENNIS G. KINSEY

FRANK W. YATES 1936-1986

> S.P YATES 1914-20DB



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

CHAIRMAN OF THE BOARD JOHN A. YATES JR.

JOHN A. YATES

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

> JAMES S. BROWN CHIEF OPERATING OFFICER

March 19, 2013

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N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E

API #30-015-28405

FEE

Eddy County, NM

Rodke AOY #1

N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E

API #30-015-28404

FEE

Eddy County, NM

Cutter APC #1

N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E

API #30-015-28397

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Eddy County, NM

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KATHY H. PORTER

Sincerely.

Miriam Morales Production Analyst

I hereby approve this application

Company: MYCO Industries Inc.

DENNIS G. KINSEY

FRANK W. YATES 1936-1986

S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES CHAIRMAN OF THE BOARD

JOHN A. YATES JR. PRESIDENT

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

March 19, 2013

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Sec. 21-T19S-R25E

API #30-015-28404

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Eddy County, NM

Cutter APC #1

N. Seven Rivers; Glorietta-Yeso

Sec. 21-T19S-R25E

API #30-015-28397

FEE

Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Patriot #6 is 28 bbls, for the Rodke #1 is 8 bbls, and for the Cutter #1 is 43 bbls.

Gas Measurement

Each well will have its own meter.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

If you should have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales Production Analyst

I hereby approve this application

any: Yates Petroleum Corporation

KATHY H. PORTER

DENNIS G. KINSEY

FRANK W. YATES 1936-1986

S.P YATES



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JAMES S. BROWN

CHIEF OPERATING OFFICER

JOHN A. YATES

CHAIRMAN OF THE BOARD

JOHN A. YATES JR.

JOHN D. PERINI
EXECUTIVE V.P. OF MONETIZATION
CHIEF FINANCIAL OFFICER

March 19, 2013

RE: Amend Surface/ Lease Commingle Patriot AIZ #6, Rodke AOY #1, and Cutter APC #1 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting administrative approval from the Oil Conservation Division to amend Surface/Lease Commingle order #CTB-414-A for the leases below:

Patriot AIZ #6 Rodke AOY #1 Cutter APC #1 N. Seven Rivers; Glorietta-Yeso N. Seven Rivers; Glorietta-Yeso N. Seven Rivers; Glorietta-Yeso Sec. 21-T19S-R25E Sec. 21-T19S-R25E Sec. 21-T19S-R25E API #30-015-28405 API #30-015-28404 API #30-015-28397 FEE FEE FEE Eddy County, NM Eddy County, NM Eddy County, NM

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Any objections must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales Production Analyst

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0001 7460 3499 7012 3460 0001 7460 3499

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PETROLEUM CORPORATION

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

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PS Form 3811, February 2004

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PETROLEUM CORPORATION



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0001 7466 0973 7012 3460 0001 7466 0973

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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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☐ Yes

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

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ENERGY PRODUCTION CO X 842485 5, TX 75284-2485

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PS Form 3811, February 2004

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from Item 1? 1. Article Addressed to: If YES, enter delivery address below: NEVA EICHENBERGER 630 32 ND STREET RICHMOND, CA 94804 3. Service Type ☐ Certified Mail ☐ Express Mall ☐ Return Receipt for Merchandise □ Registered ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 3460 0001 7466 1062 (Transfer from s

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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1079 7012 3460 0001 7466 1079

ADDRESS SERVICE REQUESTED

Sent To Street, A; JAMES H ESSMAN or PO Bo PO BOX 32 City, Stati MIDLAND, TX 79702 PS Form 3800, August 2006	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
See Reverse for Instructions			Postmark Here		grand is	at www.usps.com®	CEIPT Coverage Provided)

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		THE PROPERTY OF THE PARTY.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JAMES H EŚSMAN P O BOX 32	
MIDLAND, TX 79702	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0001	7466 1079
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1086 7012 3460 0001 7466 1086

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	City, State, ROSWELL, NM 88202-1090		Sent To GOOD EARTH MINERALS LLC	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Red CH omen OTD 4/14A 3/6/	(Domestic Mail Only; No Insurance Coverage Provided)	ostal Service™	H MINERALS LLO AH L GOLUSKA O M 88202-1090	С
See Reverse for Instructions)90	KA	STIC —		4444	Here Here		sticame prod.	A SAME	RECEIP I Ince Coverage Provided)) 		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: GOOD EARŤH MINERALS LLC C/O DEBORAH L GOLUSKA P O BOX 1090	D. Is delivery address different from item 1? If YES, enter delivery address below: No
ROSWELL, NM 88202-1090	3. Service Type Certified Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
2. Article Number (Transfer from se 7012 3460 0001	4. Restricted Delivery? (Extra Fee) ☐ Yes 7466 1086
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1093 7012 3460 0001 7466 1093

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits,	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
ALICE A HAŃKS FREEMAN P O BOX 9087	
WICHITA FALLS, TX 76308-9087	3. Service Type Certified Maii
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7012 3460 0001	7466 1093
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

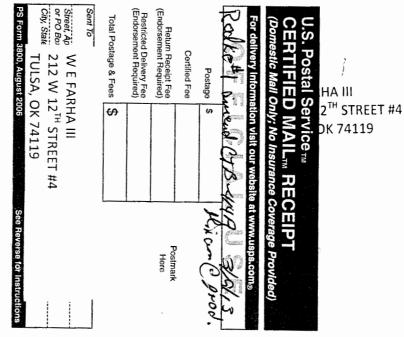




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: W E FARHA III 212 W 12 TH STREET #4	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TULSA, OK 74119	3. Service Type Certified Mail
2. Article Number (Transfer from s. 7012 3460 0001	7466 1109
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154

CERTIFIED WAIL





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1116 7012 3460 0001 7466 1116

ADDRESS SERVICE REQUESTED

Sent To Street, Apr MARY L FAI or PO Box 1731 WILD City, State. SKIATOOK, PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery informa	CERTIFIED (Domestic Mail Or	U.S. Postal S	ARY L FARHA 31 WILDCAT HILL RD
MARY L FARHA 1731 WILDCAT HILL RD SKIATOOK, OK 74070-1442 See Reverse for Instructions	€		Here		K. names	on visit our website at waxwaisps.com	CERTIFIED MAIL™ RECEIP I Domestic Mail Only; No Insurance Coverage Provided)	ervice TM	IATOOK, OK 74070-1442
ructions					pac.	3)		

COMPLETE THIS SECTION ON DELIVERY
A. Signature X
B. Received by (Printed Name) C. Date of Delive
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3. Service Type Certified Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes
7466 1116

102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1123 7012 3460 0001 7466 1123

ADDRESS SERVICE REQUESTED

Sent To Sireet, Ap or PO Bo: P O BOX 261427 City, State PLANO, TX 75026-1427 PS Form 3800, August 2006	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Rollot amend of bull A Sigle of Postage &	CERTIFIED MAIL (Domestic Mall Only; No Insurance Coverage Provided)
See Heverse for Instructions	Postmark Here	Many Dead.	EIPT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A Signature X
Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SARA C GARRETSON P O BOX 261427	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
PLANO, TX 75026-1427	3. Service Type Certified Mail
2. Article Number 7012 3460 0001	7466 1123
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1130 7012 3460 0001 7466 1130

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	PS Form 3800, August 2006	PS Form 3800
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	C/O CHARLEY HEARD	Street, Ac. C
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	e & Fees \$	Total Postage & Fees
	livery Fee Required)	Restricted Delivery Fee (Endorsement Required)
Here	Required)	Return Receipt Fee (Endorsement Required)
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at www.usps.come	(Domestic Mair Only; No insurance Coverage Frontier)	Eor deliver
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	stal Service™	U.S. Postal

YRTLE HEARD O CHARLEY HEARD MARCUS LANE STLE ROCK, CO 80108

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SENDER: COMPLE	TE THIS SE	CTION		COMPLE	ETE THIS SE	CTION ON DEL	IVERY
Complete items 1, item 4 if Restricted Print your name a so that we can ret Attach this card to or on the front if s	d Delivery is nd address ourn the card othe back of	desired. on the revolute you. the mailp	erse	X B. Recei	iture ived by (<i>Prin</i>	ited Name)	☐ Agent☐ Addressee☐ C. Date of Delivery
Article Addressed to:						different from ite ery address belo	_
MYRTLE HEARD							
C/O CHARLEY H	EARD						
33 MARCUS LAN	1E						
CASTLE ROCK, C	O 80108		•	☐ Re	ce Type artified Mail egistered sured Mail	Express Ma	ail elpt for Merchandise
				4. Restri	icted Deliver	y? (Extra Fee)	☐ Yes
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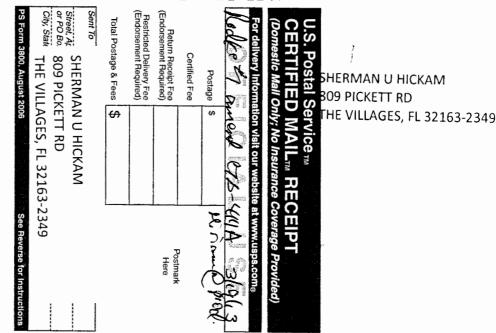




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1147 7012 3460 0001 7466 1147

ADDRESS SERVICE REQUESTED



COMPLETE THIS SECTION ON DELIVERY
A. Signature
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL.





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1154 7012 3460 0001 7466 1154

ADDRESS SERVICE REQUESTED

or PO BC 480 N WARSON ROAD City, Stat ST LOUIS, MO 63124-1343 PS Form 8800, August 2006	Sent To Sent T	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM RE	al Service™	TE CHAMBERS LIPSCOM WARSON ROAD JIS, MO 63124-1343	ИB
43	SCOMB			Here		Minom to fall.		AIL _™ RECEIPT No Insurance Coverage Provided)			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired, Print your name and address on the reverse 	A. Signature X			
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery			
1. Article Addressed to:	D. Is delivery address different from item 1?			
CELESTE CHÁMBERS LIPSCOMB				
480 N WARSON ROAD				
ST LOUIS, MO 63124-1343	3. Service Type Certified Mail			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Transfer from se 7012 3460 0001	7466 1154			
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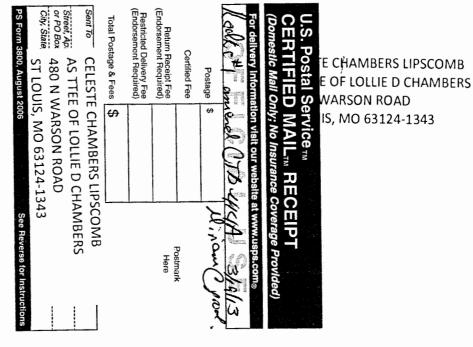


YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**



7466 7012 3460 0001 7012 3460 0001 7466 7767

ADDRESS SERVICE REQUESTED



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE COMPLETE THIS SECTION ON DELIVERY A. Signature □ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery If YES, enter delivery address below: Şervice Type Certified Mail
Registered ☐ Express Mali ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7012 3460 0001 7466 1161

PS Form 3811, February 2004

2. Article Number

(Transfer from s

480 N WARSON ROAD ST LOUIS, MO 63124-1343

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete

Print your name and address on the reverse

Attach this card to the back of the mailpiece,

item 4 if Restricted Delivery is desired.

so that we can return the card to you.

CELESTE CHAMBERS LIPSCOMB AS TTEE OF LOLLIE D CHAMBERS

or on the front if space permits.

1. Article Addressed to:

Domestic Return Receipt

102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1178 7012 3460 0001 7466 1178

ADDRESS SERVICE REQUESTED

77842 See Reverse for Instructions	or PO Box P O BOX 9917 City, State. COLLEGE STATION, TX 77842 PS Form 3800, August 2006	Sireet, Apor PO Box City, State
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KINDOM JOU	Postage \$	
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CEIPT Coverage Provided)	CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CER (Domes
	II C Dostal Carvice	ם ס

DA FARHA LACEY REV TRUST BOX 9917 LEGE STATION, TX 77842

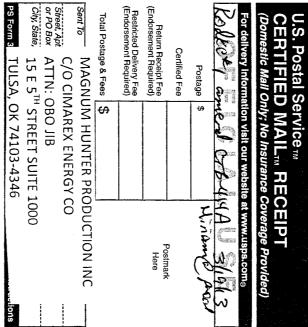
SENDER: COMPLET	COMPLETE THIS SECTION ON DELIVERY						
 Complete items 1, 2 item 4 if Restricted Print your name and so that we can retured Attach this card to to or on the front if span 	A. Signature X						
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
LINDA FAR HA L P O BOX 9917 COLLEGE STAT	3. Service Type Certified Mail						
Article Number (Transfer from set)	7012	3460	0001	L			165
PS Form 3811, February 2004 Domestic Ret				um Receipt			102595-02-M-1540





7012 3460 0001 7466 1192 7012 3460 0001 7466 1192

ADDRESS SERVICE REQUESTED



GNUM HUNTER PRODUCTION INC CIMAREX ENERGY CO N: OBO JIB E 5TH STREET SUITE 1000 .SA, OK 74103-4346

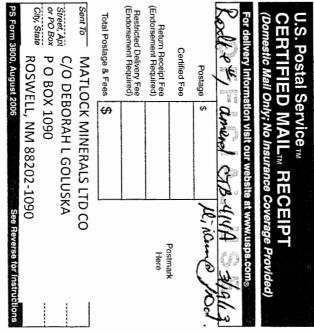
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: MAGNUM HUNTER PRODUCTION INC C/O CIMAREX ENERGY CO ATTN: OBO JIB 15 E 5TH STREET SUITE 1000 	A. Signature X
TULSA, OK 74103-4346	3. Service Type Certified Mail
2. Article Number (Transfer from s 7012 3460 0001	
PS Form 3811, February 2004 Domestic Re	





7012 3460 0001 7466 1185 7012 3460 0001 7466 1185

ADDRESS SERVICE REQUESTED



LOCK MINERALS LTD CO DEBORAH L GOLUSKA OX 1090 VELL, NM 88202-1090

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: MATLOCK MINERALS LTD CO 	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
C/O DEBORAH L GOLUSKA P O BOX 1090 ROSWELL, NM 88202-1090	3. Service Type
NOSWELL, NIN 60202 1030	Certified Mall
2. Article Number 7012 3460 0001	7466 1185
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

CERTIFIED MAIL





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1208 7012 3460 0001 7466 1208

ADDRESS SERVICE REQUESTED

P O BOX 1290 ARTESIA, NM 88211-1290	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required) Here	Certified Fee	Postage \$ 16 hours prod	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™
ions						S	W)		

MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-1290

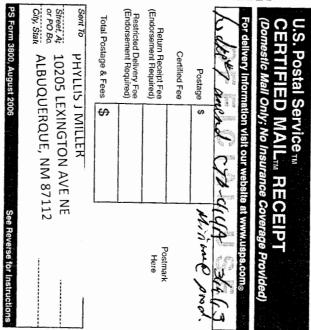
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Dat	Agent Addressed
1. Article Addressed to: MARIGOLD LLLP P O BOX 1290	Di lo doll'oly decisor differentialità il	⊒ No
ARTESIA, NM 88211-1290 -	3. Service Type D. Certified Mail	Merchandis
	4. Restricted Delivery? (Extra Fee)	7 Vae
2. Article Number (Transfer from se 7012 3460 0001		☐ Yes





7012 3460 0001 7466 1215 7012 3460 0001 7466 1215

ADDRESS SERVICE REQUESTED



PHYLLIS J MILLER 10205 LEXINGTON AVE NE ALBUQUERQUE, NM 87112

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
PHYLLIS J MILLER 10205 LEXINGTON AVE NE ALBUQUERQUE, NM 87112	
	3. Service Type A Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from s 7012 3460 0001	7466 1215
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540



7012 3460 0001 7466 1222

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See Reverse for Instructions	2006	PS Form 3800, August
	P O BOX 51570 MIDLAND, TX 79710	
ORE	MICHAEL HARRIS MOORE	Sent To MICHA
	€	Total Postage & Fees
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e at www.usps.com⊕	For delivery information visit our website at www.usps.come	For delivery inform
CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	DERTIFIED MAIL™ RECEIPT	CERTIFIEI
	Service TM	U.S. Postal Service™

HAEL HARRIS MOORE BOX 51570 LAND, TX 79710

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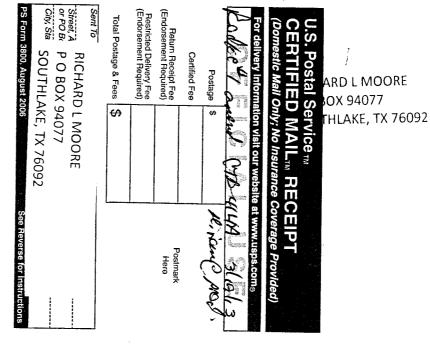
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
MICHAEL HARRIS MOORE P O BOX \$1570	
MIDLAND, TX 79710	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7012 3460 000	
PS Form 3811, February 2004 Domestic I	Return Receipt 102595-02-M-154





7012 3460 0001 7466 1239 7012 3460 0001 7466 1239

ADDRESS SERVICE REQUESTED



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1. Article Addressed to: RICHARD L MOO P O BOX 94077			D. Is delive If YES,	ery address enter delive	different from iter ery address belo	m 1? □ Yes w: □ No
SOUTHLAKE, TX	76092	ים	☐ Reg	tified Mali Istered Ired Mail	☐ Express Ma☐ Return Red☐ C.O.D.	all selpt for Merchandise
Article Number (Transfer from sei	7012 3460	1000	7466	1239		
PS Form 3811, Febr		omestic Ret				102595-02-M-1540





SENDER: COMPLETE THIS SECTION

2. Article Number

(Transfer from s

PS Form 3811, February 2004

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ADDRESS SERVICE REQUESTED

See Reverse for Instructions	006	PS Form 3800, August 2006	PS Fo
	SOUTHLAKE, TX 76092		City, Sta.
	94077	B P O BOX 94077	or PO B
RE & MICHEAL	ESTATE RICHARD L MOORE & MICHEAL		Street
	Sent To STEPHEN SCOTT MOORE	STEPHEN	Sent 1
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Here		Return Receipt Fee (Endorsement Required)	Endo:
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at www.usps.come	For delivery information visit our website at www.usps.come	delivery informa	Į.
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	èrvice™	U.S. Postal Service™	<u>C</u>

PHEN SCOTT MOORE ATE RICHARD L MOORE & MICHEAL BOX 94077 JTHLAKE, TX 76092

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	 D. Is delivery address different from iter If YES, enter delivery address below 	
STEPHEN SCOTT MOORE		
P O BOX 94077		
SOUTHLAKE, TX 76092	3. Service Type Certified Mail Express Mal	n
	☐ Registered ☐ Return Rece	elpt for Merchandise

Insured Mail

7012 3460 0001 7466 1246

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

COMPLETE THIS SECTION ON DELIVERY

☐ C.O.D.

☐ Yes

102595-02-M-1540





7012 3460 0001 7466 1253 7012 3460 0001 7466 1253

ADDRESS SERVICE REQUESTED

Sent To Sirset At WILLIAM J MCCAW or PO Bo. P O BOX 376 City State ARTESIA, NM 88211-0376 PS Form 8800 August 2005	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	MCCAW 76 U.S. Postal Service MAILTM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)
76 See Reverse for Instructions.		Here -		Kiname Med	attwww.usps.come	™ _™ RECEIPT surance Coverage Provided)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: WILLIAM J/MCCAW P O BOX 376 	A. Signature X
ARTESIA, NM 88211-0376	3. Service Type A Certified Mail
2. Article Number (Transfer from s 7012 3460 0001	7466 1253
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

PETROLEUM CORPORATION



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1444 7012 3460 0001 7466 1444

ADDRESS SERVICE REQUESTED

0	or PO Box 1 1544 S N	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Rower By our	(Domestic Mail On	U.S. Postal Service MAII
TULSA, OK 74120 See Reverse for Instructions	STREET ADT. BARBARA FARHA MCKINNIS or PO Box 1 1544 S NORFOLK AVENUE		\$		Here			Elly E Ahh Te Charle Le chos	(Domestic Mail Only; No insurance Coverage Provided)	MAII BECEIDT
or instructions					raik re		Hiram @ proof	3/4//3	vided)	

BARBARA FARHA MCKINNIS 544 S NORFOLK AVENUE ULSA, OK 74120

HE RETURN ADDRESS, FOLD AT DOTTED LINE	1 - 11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature Agent Addresses
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
BARBARA FARHA MCKINNIS 1544 S NORFOLK AVENUE	
TULSA, OK 74120	3. Service Type Certified Mail Registered Return Receipt for Merchandis C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from s 7012 3460 0001	7466 1444
S Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-15





7012 3460 0001 7466 1451 7012 3460 0001 7466 1451

ADDRESS SERVICE REQUESTED

Siried, Aj NEARBURG EXPLORATION CO LLC or PO Bc P O BOX 678100 City, Stat DALLAS, TX 75267-8100 PS Form 3800, August 2006 See Reverse	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come		U.S. Postal Service
ON CO LLC			Postmark Here		Mirran & prod.	Ite at www.usps.com	CEIPT Coverage Provided)	

NEARBURG EXPLORATION CO LLC P O BOX 678100 DALLAS, TX 75267-8100

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name) C.	☐ Agent ☐ Addressee Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1 If YES, enter delivery address below:	? ☐ Yes ☐ No
NEARBURG EXPLORATION CO LLC P O BOX 678100		
DALLAS, TX 75267-8100	3. Service Type All Certified Mail	for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se 7012 3460 0001	7466 1451	
(11212111111111111111111111111111111111	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

CERTIFIED MAIL.





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0001 7466 1468 7012 3460 0001 7466 1468

URA RESOURCES INC

WELL, NM 88202-2292

BOX 2292

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	7	PS Form 3800, August 2006
	P O BOX 2292	
	OSCURA RESOURCES INC	
		Sent To
	€	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
M. Kome & Post	\$	Postage
A 3/4/15	Cot anged CTD 914A	ladies / an
at www.usps.come	For delivery information visit our website at www.usps.como	For delivery informs
CEIPT Coverage Provided)	CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIED
	ervice™	U.S. Postal Service™

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1?
OSCURA RESOURCES INC P O BOX 2292 ROSWELL, NM 88202-2292	
1103WEEL, NIVI 86202-2292	3. Service Type Calcertified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0001	7466 1468
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154

CERTIFIED MAIL.



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7012 3460 0001 7466 1475 7012 3460 0001 7466 1475

ADDRESS SERVICE REQUESTED

See Reverse for Instructions		PS Form 3800, August 2006
3112-5672	OKLAHOMA CITY, OK 73112-5672	
IITF 300	5400 N GRAND BLVD SUITE 300	Street, Ap 5400 N
INC	PANHANDLE OIL & GAS INC	į
		Sent To
	€	Total Postage & Fees \$
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Doctoral		Certified Fee
He. Nom (o for co.	4	Postage
4A 3/4/3,	A hip of O proper	College H
at www.usps.come	For delivery information visit our website at www.usps.com⊛	For delivery informa
Coverage Provided)	(Domestic Mail Only; No insurance Coverage Provided)	(Domestic Mail O
CEIDT).S. Postal Service™ PERTIFIED MAII — RECFIPT	OS. Postal Service

E OIL & GAS INC ND BLVD SUITE 300 CITY, OK 73112-5672

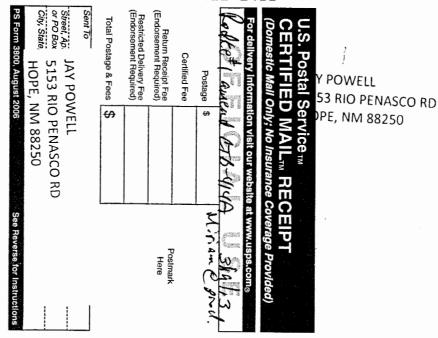
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
PANHANDLÉ OIL & GAS INC 5400 N GRAND BLVD SUITE 300	
OKLAHOMA CITY, OK 73112-5672	3. Service Type AD Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from sei 7012 3460 000)	L 7466 1475
DC Come 2011 Cohmisms 2004 Demostic D	eturn Deceint 100505 00 M 154/





7012 3460 0001 7466 1482 7012 3460 0001 7466 1482

ADDRESS SERVICE REQUESTED



SENDER: COMPLE	TE THIS SE	CTION	12 N N	COMPLETE THIS SE	CTION ON DEL	IVERY
 Complete items 1, item 4 if Restricted Print your name are so that we can ret Attach this card to 	Delivery is ad address ourn the card the back of	desired. on the reve to you. the mailp	erse	A. Signature X B. Received by (Prin	ted Name)	Agent Addressee C. Date of Delivery
or on the front if sp 1. Article Addressed to:		3. 		D. Is delivery address If YES, enter delivery		
JAY POWELL 5153 RIO PEN	ASCO RD					
HOPE, NM 88	250			3. Service Type Certified Mall Registered Insured Mail	☐ Express M.☐ Return Red	all celpt for Merchandise
				4. Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from sa)	7012	3460	0007	7466 1482		
PS Form 3811, Feb	ruary 2004		Domestic Re	turn Receipt		102595-02-M-1540





7012 3460 0001 7466 1499 7012 3460 0001 7466 1499

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Similar FRANK W PODPECHAN Similar Agin REV. TRUST DATED 01/11/1993 OF PO BOX 3226 TULSA, OK	Posta	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at Cacke in Carpel CTB -444A	CERTIFIED MAIL Domestic Mall Only; No Insurance
See Reverse for Instructions				Postmark Here		putinam & propl) E	CEIPT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature Agent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
FRANK W PODPECHAN REV. TRUST DATED 01/11/1993 P O BOX 3226	
TULSA, OK	3. Service Type Cartified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7012 3460 0001	
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

CERTIFIED MAIL,





YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7466 1505 7012 3460 0001 7466 1505

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	006	PS Form 3800, August 2006
), TX 79707	
BANDT	W T AND JEANETTE J PROBANDT	
	€	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Doctor		Certified Fee
Miname prod	4	Postage
HAN 3/19/13	on visit our website	For delivery informati
RECEIPT nce Coverage Provided)	ED MAIL _{TM} RECEIPT Only; No Insurance Coverage Provided)	CERTIFIED
	ervice™	U.S. Postal S
), (JEANETTE J PR AR CT D, TX 79707
		OBANDT

SENDER: COMPLETE THIS SECTION				COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, a item 4 if Restricted De Print your name and a so that we can return t Attach this card to the or on the front if space 	A. Signature X						
1. Article Addressed to:							
W T AND JÉANET 5 RIDGMAR CT		DBANDT		:			
MIDLAND, TX 797	707				tified Mail	☐ Express Ma	
MIDLAND, TX 79.	707			ÄQ Cer □ Reg	tified Mail		all elpt for Merchandise
MIDLAND, TX 79.	707			ASI Cer ☐ Reg ☐ Insu	tified Mail Istered Ired Mail	☐ Return Rec	
2. Article Number		3460	0001	ASI Cer ☐ Reg ☐ Insu	tified Mail listered ired Mail ted Deliver	☐ Return Rec	elpt for Merchandise





7012 3460 0001 7466 1512 7012 3460 0001 7466 1512

ADDRESS SERVICE REQUESTED

DALLAS, TX /5284-9929 PS Form 3800. August 2006 See	Street, At CONVCINO OIL & CAS LLC OIPO Bo. P O BOX 849929 City, State City, State	Sent To CONCHO OII & GAS II C	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	wheet analogo were a manifest one	(Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™ CERTIFIED MAIL™ RECE	× 84 99	& GAS 929 5284-9	
See Reverse for Instructions					Postmark Here		Le, Nan @ pres	7/6/13	rage Provided)	PT			

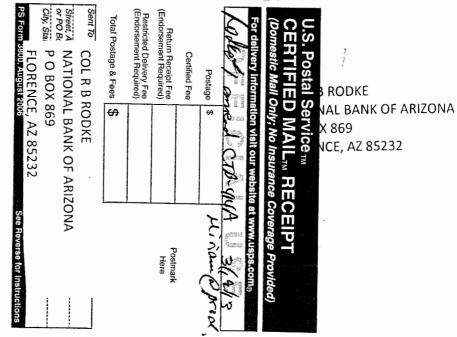
_			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X		
Attach this card to the back of the mailpiece, or on the front if space permits,	B. Received by (Printed Name) C. Date of Deliver.		
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
<i>[</i>			
CONCHO OIL & GAS LLC			
P O BOX 849929			
DALLAS, TX 75284-9929	3. Service Type Certified Mall Registered Receipt for Merchandise C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7012 3460 0001	7466 1512		
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540		





7012 3460 0001 7466 1529 7012 3460 0001 7466 1529

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
NATIONAL BANK OF ARIZONA P O BOX 869 FLORENCE, AZ 85232	3. Service Type Li Certifled Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from s 7012 3460 0001	7466 1529
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540





7012 3460 0001 7460 3000 7012 3460 0001 7460 3000

ADDRESS SERVICE REQUESTED

ANE	Total Postage & Fees \$ Sent To Sireet; RONKAR PROPERTIES or POE EL PASO, TX 79912 PS Form Struty-August Zuus
Postmark Here	Certifled Fee Return Receipt Fee (Endorsement Required)
Manual Common Ma	For delivery information visit our website at [Laster] may on the first of the firs
e™ IL™ RECEIPT Insurance Coverage Provided)	OD GO LL PASO,
	PROPERTIES ISON CLOUD LANE TX 79912

SENDER: COMPLETE THIS SECTION				COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 				A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No			
RONKAR PROP 312 CRIMSON EL PASO, TX 79	CLOHDIA	NE		☐ Re	ertified Mall gistered sured Mall	☐ Express Ma ☐ Return Rec ☐ C.O.D.	ail selpt for Merchandise
Article Number (Transfer from s	2075	3460	0007	<u> </u>	3000	yr (Lxba r cc)	
PS Form 3811, Feb	ruary 2004		omestic Re	turn Recelp	t		102595-02-M-1540





3460 1000 7460 7012 3460 0001 7460 3017

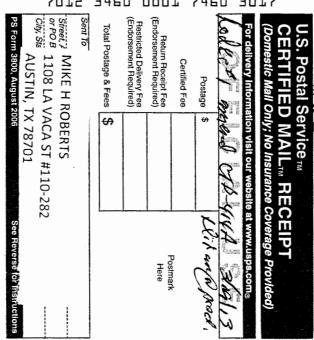
H ROBERTS

IN, TX 78701

102595-02-M-1540 }

LA VACA ST #110-282

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: MIKE H ROBERTS 1108 LA VACA ST #110-282	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AUSTIN, TX 78701	3. Service Type Certified Mail
2. Article Number 7012 3460 0001	
PS Form 3811, February 2004 Domestic Ret	

Domestic Return Receipt

PETROLEUM



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3024 7012 3460 0001 7460 3024

ADDRESS SERVICE REQUESTED

Siriest, A WILLIAM ROSS or PO Bt. 3401 S 13 STREET City, Sta. ARTESIA, NM 88210 PS Form 3800, August 2006 See Re	(Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required)	For delivery information visit our website at www.usps.come	U.S. Postal Service MAIL M RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
See Reverse for Instructions		Postmark Here	Ciriania Deag	oT ge Provided)

SENDER: COMPLETE	TION	COMPLETE THIS SECTION ON DELIVERY					
Complete items 1, 2 item 4 if Restricted I Print your name and	esired.	- 11	A. Signatu X	☐ Agent☐ Addressee			
so that we can return Attach this card to the or on the front if span	you. 🎽		B. Receive	C. Date of Delivery			
1. Article Addressed to:				ery address enter deliv			
WILLIAM ROSS 3401 S 13 STREET							
ARTESIA, NM 88210					a Type tified Mall listered ured Mail	☐ Express Ma ☐ Return Red ☐ C.O.D.	ail selpt for Merchandise
				4. Restric	ted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from se	2075	3460	2001	7460	3024		
PS Form 3811, Febru	D.	omeetic Bet	urn Receipt			102595-02-M-1540	





7012 3460 0001 7460 3031 7012 3460 0001 7460 3031

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	006	PS Form 3800, August 2006
	GARY ROSS 205 INDIAN TR SEARCY, AR 72143	Sizet, A Or PO Bc City, Stat SEARCY, AR 72
	€	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
M. James grace	₩	Postage
EIDE TH	eneral OTB-9	1 38 m
at www.usps.com⊚	For delivery information visit our website at www.usps.com⊛	For delivery informs
Domestic Mail Only; No Insurance Coverage Provided)	NIAIL™ KE	(Domestic Mail On
	rvice™	ostal
-	05 INDIAN TR EARCY, AR 72143	j SARY ROSS
	;	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X				
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery				
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
GARY ROSS					
205 INDIAN TR SEARCY, AR 72143	3. Service Type Certified Mail				
205 INDIAN TR	Certified Mail				
205 INDIAN TR	Certified Mail				





7012 3460 0001 7460 3048 7012 3460 0001 7460 3048

ADDRESS SERVICE REQUESTED

LAKEWOOD, NM 88254 PS Form 3800, August 2006	STREET, JAMES TROSS OF POBOX 216 City Sta	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	(only ame of the	For delivery information visit our website at www.uses.com	CERTIFIED MAIL REC	у	MES T O BOX KEWO	216	M 882	54
See Reverse for instructions					Postmark Here		Mixwe god	(14)A 3/5/13	overage Provided)	RECEIPT					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
JAMES T ROSS (PO BOX 216	
LAKEWOOD, NM 88254	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	A. Bankalaka d Dalliman A (Codes Con)
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7012 3460 000	

CERTIFIED MAIL,



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7012 3460 0001 7460 3055 7012 3460 0001 7460 3055

ADDRESS SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X					
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery					
1. Article Addressed to:	D. Is delivery address different from item 1?					
RALPH E AND LAURIE A ROSS REV LIVING TRUST						
P O BOX 234						
LAKEWOOD, NM 88254-0234	3. Service Type Di-Certified Mail					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number 7012 3460 0003	1 7460 3055					
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540					

CERTIFIED MAIL.





YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3413 7012 3460 0001 7460 3413

ADDRESS SERVICE REQUESTED

City, St. SEARCY, AR 72145-8334	or POE D O ROY 8334	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	(Domestic Mail Only; No Insuran	M	OB OB	вох	ROSS 8334 AR 72	145-83	34
4 See Reverse for Instructions					Here	Desimark	Milang Giro.	site at www.usps.come	Mail Only; No Insurance Coverage Provided)	RECEIPT					

SENDER: COMPLETE	THIS SE	CTION		СОМР	ETE THIS SE	ECTION ON DEL	IVERY
 Complete items 1, 2, item 4 if Restricted De Print your name and a so that we can return Attach this card to the or on the front if space 	elivery is address of the card back of	desired. on the reve to you. the mailp	erse	A. Sign X B. Rec	eived by (<i>Prin</i>	ited Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: ROBERT ROSS P O BOX 8334		· · · · · · · · · · · · · · · · · · ·				different from iter ery address belov	
SEARCY, AR 72145	-8334		•	D F	ice Type ertified Mail egistered sured Mail ricted Delivery	□ C.O.D.	Il slipt for Merchandise
Article Number (Transfer from s	7012	3460	0001	7460	3413		
PS Form 3811, February	2004	D	omestic Ret	urn Recei	ot		102595-02-M-1540

CERTIFIED MAIL





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3420 7012 3460 0001 7460 3420

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	006	PS Form 3800, August 2006
	ARTESIA, NM 88210	City, State, ARTESI/
	1902 HERMOSA DRIVE	
) ROSS	RONALD ROSS
		Sent To
	\$	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Događa		Certified Fee
M. Kan & prod.	↔	Postage
MA STALS	me cos	Roder 1 0
at www.usps.com _®	For delivery information visit our website at www.usps.com _®	For delivery informs
NECEIT I Ince Coverage Provided)	(Dem I FIED VIAIL™ RECEIF Domestic Mail Only; No Insurance Coverage Provided	(Domestic Mail O
	ervice™	l ŏ
		/ LD RO:
	OSA D 1 882:	
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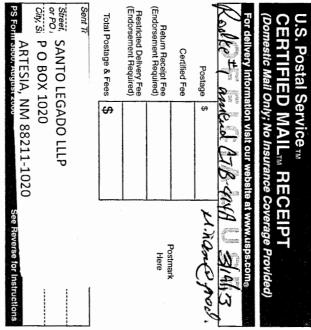
SENDER: COMPLETE THIS S		COMPLETE THIS SE	CTION ON DEL	IVERY
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the can Attach this card to the back or on the front if space permi 	s desired. on the reverse d to you. of the mailpiece	A. Signature X B. Received by (Print	led Name)	Agent Addressee C. Date of Delivery
Article Addressed to:		D. Is delivery address of the second of the	different from iter	n 1? 🔲 Yes v: 🔲 No
RONALD ROŚS 1902 HERMOSA DRIVE ARTESIA, NM 88210				
-5m, NW 68210		☐ Registered ☐ Insured Mail	∐ C.O.D.	l lpt for Merchandise
2. Article Number		4. Restricted Delivery?	(Extra Fee)	☐ Yes
(Transfer from si 7012	3460 0001	7460 3420	-	
PS Form 3811, February 2004	Domestic Ret			102595-02-M-1540 1





7012 3460 0001 7460 3437 7012 3460 0001 7460 3437

ADDRESS SERVICE REQUESTED



SANTO LEGADO LLLP P O BOX 1020 ARTESIA, NM 88211-1020

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
SANTO LEGADO LLLP P O BOX 1020	
ARTESIA, NM 88211-1020	3. Service Type 2 Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from s 7012 3460 0001	7460 3633
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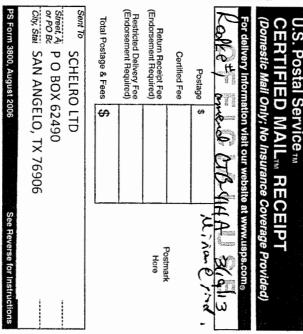
PETROLEUM CORPORATION



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3130 7012 3460 0001 7460 3130

ADDRESS SERVICE REQUESTED



SCHELRO LTD P O BOX 62490 SAN ANGELO, TX 76906

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: SCHELRO LTD P O BOX 62490 SAN ANGELO, TX 76906 3. Service Type The Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number (Transfer from st.		COMPLETE THIS SECTION ON DELIVERY
3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes Yes Certified Mail Express Mail Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes Certified Mail Express Mail Return Receipt for Merchandise Insured Mail C.O.D. Return Receipt for Merchandise Return Recei	 item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: SCHELRO LTD P O BOX 62490 	A. Signature X
2. Article Number 7012 3460 0001 7460 3130		☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.
DO Form 3811 February 2004 Domestic Return Receipt	(Transfer from st	7460 3130





7012 3460 0001 7460 3147 7012 3460 0001 7460 3147

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Street, Apr. JOHN S SELLMEYER or PO Box. 2 PECAN GROVE CIRCLE City, State. LUCAS, TX 75002	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	AMALD lower L. OTHON	For delivery information visit our website at w	CERTIFIED MAILTM REC	al Service™] JOHN S SELLMEYER 2 PECAN GROVE CIRCLE LUCAS, TX 75002
See Reverse for Instructions	1 1	1			Here		K. Kum C Jan.	3/4/18	at www.usps.com	ILTM RECEIPT Insurance Coverage Provided)		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery			
JOHN S SELLMEYER 2 PECAN GROVE CIRCLE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
LUCAS, TX 75002	3. Service Type Certified Mail			
2. Article Number (Transfer from se 7012 3460 0001	7460 3147			
PS Form 3811, February 2004 Domestic Ref	urn Receipt 102595-02-M-1540 :			

Carillalau Maila





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3154 7012 3460 0001 7460 3154

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See F	Siriest, A. SOLARI LUZ LLC or PO Bo P O BOX 1783 City, Stat EL PRADO, NM 87529	Sent To	Total Postage & Fees \$	Restricted Delivery Fee Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Code Tome & CB. 44A	For delivery information visit our website at www.usps.com⊚	RTIFIE estic Mail	ox	.UZ LLC 1783 O, NM 875
See Reverse for Instructions					Here	Doctmark	June of war	30 3	@moo.edsn.	T ge Provided)	A	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLET	E THIS SE	CTION		COMPLE	TE THIS SE	CTION ON DEL	IVERY
 Complete items 1, item 4 if Restricted Print your name and so that we can return attach this card to or on the front if sp 	Delivery is of address or the card the back of	desired. n the reve to you. the mailpi	rse		ved by (Prin	ted Name)	☐ Agent ☐ Addressee C. Date of Delivery
SOLARI LUZ LLC P O BOX 1783					•	ery address belov	
EL PRADO, NM 8	37529		•	☐ Rep	rtified Mall gistered ured Mall	☐ Express Ma☐ Return Reco	II elpt for Merchandise
2. Article Number (Transfer from s	2075	3460	נססס	7460	3154		
PS Form 3811, Febru	ary 2004	D	omestic Ret	urn Receipt			102595-02-M-1540

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3161

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	PS Form 3800, August 2006	PS Form
	", MIDLAND, TX 79708	City, State,
	ж РО ВОХ 9612	or PO Box
	pi: MANER B SHAW	Street, Apt.
		Sent To
	Total Postage & Fees \$	Total Po
	Restricted Delivery Fee (Endorsement Required)	Restricte (Endorser
Here	Return Receipt Fee (Endorsement Required)	Retu (Endorser
Dormark	Certified Fee	
Will an E /W.	Postage \$	
14 8/0/13	DIST HAM ON STORY BINGS	Loll
et warmi liene come		
CEIPT	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	CEF
	J.S. Postal Service™	U.S.

MANER B SHAW P O BOX 9612 MIDLAND, TX 79708

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MANER B SHAW P O BOX 9612	
MIDLAND, TX 79708	3. Service Type Certified Mail Registered Respirate Co.D. Return Receipt for Merchandise C.O.D.
-	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7012 3460 0001	7460 3161
PS Form 3811, February 2004 Domestic Re	

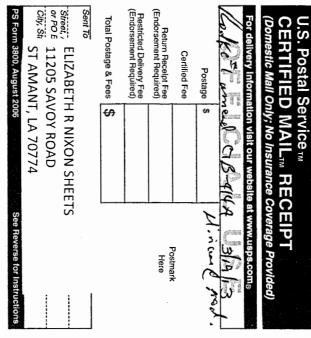
PETROLEUM CORPORATION



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3178 7012 3460 0001 7460 3178

ADDRESS SERVICE REQUESTED



IZABETH R NIXON SHEETS 205 SAVOY ROAD AMANT, LA 70774

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: ELIZABETH R NIXON SHEETS 11205 SAVOY ROAD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ST AMANT, LA 70774	3. Service Type Certified Mail
2. Article Number (Transfer from se 7012 3460 0001	7460 3178
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

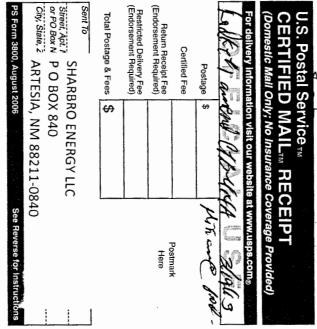
CERTIFIED MAIL





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0001 7460 3185 7012 3460 0001 7460 3185

ADDRESS SERVICE REQUESTED



ARBRO ENERGY LLC BOX 840 TESIA, NM 88211-0840

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SE	CTION ON DEL	IVERY		
 Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print your name and address on the re 		A. Signature		☐ Agent☐ Addressee		
 so that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	lpiece,	B. Received by (Printed Name) C. Date of Deliver				
Article Addressed to:		D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No				
SHARBRO ENERGY LLC						
P O BOX 840						
ARTESIA, NM 88211-0840	L	3. Service Type IN Certified Mall Registered Insured Mail	Express Ma	ill eipt for Merchandise		
		4. Restricted Delivery	∩ (Extra Fee)	☐ Yes		
2. Article Number (Transfer from se 7012 346)	0007	7460 3185		-		
PS Form 3811, February 2004	Domestic Ret	urn Receint		102595-02-M-1540		





7012 3460 0001 7460 3192 7012 3460 0001 7460 3192

ADDRESS SERVICE REQUESTED

Sent To Sinest, Taj. EVA TROIKE or PO Bo. G10, State RICHMOND, CA 9 PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery informati	CERTIFIED	EVA TROIKE
EVA TROIKE 630 32 ND STREET RICHMOND, CA 94804	€				₩	or delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	330 32 ND STREET SICHMOND, CA 94804
See Reverse for Instructions			Here		M. same gall	CA 3/0/2	≻EIPT overage Provided)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
EVA TROIKE (630 32ND STREET	
RICHMOND, CA 94804	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from si 7012 3460 0001	7460 3192
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0001 7460 3208 7012 3460 0001 7460 3208

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	ARTESIA, NM 88210 00, August 2006	PS Form 3800, August 2006
	105 S 4 TH STREET	
	N LLC	TULIPAN LLC
		Sent To
	€	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
Doetmark		Certified Fee
Willows had.	ச	Postage
MA Shifts	wed Com-4	Ledko 4 am
For delivery information visit our website at www.usps.com⊚	tion visit our websi	For delivery informs
CERTIFIED MAIL _{TM} RECEIPT Domestic Mail Only; No Insurance Coverage Provided)) MAIL™ REC	CERTIFIED (Domestic Mail O
	Service TM	U.S. Postal S
)5 S 4 [™] RTESIA,) JLIPAN
	STREE NM 88	LLC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature				
Print your name and address on the reverse so that we can return the card to you.	X Agent				
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver				
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
TULIPAN LLC					
105 S 4 TH STREET					
ARTESIA, NM 88210					
	Service Type Certified Mail □ Express Mail Registered □ Return Receipt for Merchandise Insured Mail □ C.O.D.				
Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes				
(Transfer from se 7012 3460 0001 S Form 3811, February 2004 Domestic Returns 2004	7460 320A				
S FORM KRIT F. I					





7012 3460 0001 7460 3215 7012 3460 0001 7460 3215

ADDRESS SERVICE REQUESTED

See Reverse for Instructions		PS Form 3800, August 2006
04-1024	1524 PARK AVENUE SW AI BUOUERQUE, NM 87104-1024	
UST	NANCY P TONKIN REV TRUST	~ '
		Sent To
	↔	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Postmark Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
me and frost	₩	Postage
metion visit our website at www.usps.come	For delivery information visit our website at www.usps.come Red Ke F mound DB 404A Shi	For delivery information of the state of the
CEIPT Coverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	CERTIFIEL (Domestic Mall o
	ervice _™	U.S. Postal Service™

NANCY P TONKIN REV TRUST 1524 PARK AVENUE SW ALBUQUERQUE, NM 87104-1024

•	SOLIT STANCES SOLIT I		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X		
NANCY P TONKIN REV TRUST 1524 PARK AVENUE SW	ii 126, enter delivery address below.		
ALBUQUERQUE, NM 87104-1024	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)		
2. Article Number 7012 3460 000			
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540		



7012 3460 0001 7460 3222 7012 3460 0001 7460 3222

ADDRESS SERVICE REQUESTED

DDERBURN PROPERTIES LLC ELOISE N JONES 1 LONDONDERRY ROAD ARLESTON, WV 25314-2213

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. X Addressee ■ Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: If YES, enter delivery address below: WEDDERBURN PROPERTIES LLC C/O ELOISE N JONES 1121 LONDONDERRY ROAD CHARLESTON, WV 25314-2213 Service Type Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ C.O.D. Insured Mail 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7012 3460 0001 7460 3222 (Transfer from s 102595-02-M-1540 Domestic Return Receipt PS Form 3811, February 2004

CERTIFIED MAIL





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0001 7460 3482 7012 3460 0001 7460 3482

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Sent To YATES INDUSTIES LLC STREET, A P O BOX 1091 or PO B: City, State ARTESIA, NM 88211-1091	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
See Reverse for Instructions	1			Here	Dostmark	History of the No.	TINA Stalls	EIPT Overage Provided)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X		
1. Article Addressed to: YATES INDUSTIES LLC P O BOX 1091 ARTESIA, NM 88211-1091	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	3. Service Type Certified Mail		
2. Article Number 7012 3460 0001	7460 3482		
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540		