

DATE IN 7.22.11	SUSPENSE <i>S/10/11</i>	ENGINEER RE.	LOGGED IN 7.22.11	TYPE <i>CTB</i>	APP NO 1120339916
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



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ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] TYPE OF APPLICATION - Check Those Which Apply for [A]
- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR
- [D] Other: Specify _____

*Melson 25 Fed. #2H
 30-015-38665*

*BANJO BNO Fed #1
 30-015-36923*

- [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply
- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

<u>Miriam Morales</u>	<u><i>Miriam Morales</i></u>	<u>Production Clerk</u>	<u>7/20/11</u>
Print or Type Name	Signature	Title	Date
		<u>mmorales@yatespetroleum.com</u>	
		e-mail Address	

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

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.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Yates Petroleum Corporation
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210
APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No

(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

(2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
(4) Measurement type: Metering Other (Specify)
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code.
(2) Is all production from same source of supply? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Miriam Morales TITLE: Production Clerk DATE: 7/20/11

TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM-31649
6 If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other PA

7. If Unit or CA/Agreement, Name and/or No.

2. Name of Operator
Yates Petroleum Corporation

8. Well Name and No.

Melson ZS Federal #2H

3a. Address
105 S. 4th Str., Artesia, NM 88210

3b. Phone No. (include area code)
575-748-1471

9. API Well No.

30-015-38665

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)
330' FSL & 660' FEL Unit P, SESE Sec.8-T26S-R30E Surface

10. Field and Pool or Exploratory Area

Wildcat/Bone Springs

330' FNL & 660' FEL Unit A, NENE Sec.8-T26S-R30E Bottom

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Surface/Lease</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Commingle</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>gas only</u>

13. Describe Proposed or Completed Operation. Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Yates Petroleum Corporation respectfully requests administrative approval to Surface/Lease Commingle gas only on the following wells:

Melson ZS Federal #2H(not yet drilled)
~~Wildcat/Bone Springs (96403)~~
Sec.8-T26S-R30E
API# 30-015-38665 ✓
Federal Lease #31649
Eddy County, New Mexico

POINT OF SALES ✓
Banjo BNO Federal #1 ✓
Corral Canyon/Bone Springs, South (13354) ✓
Sec.5-T26S-R30E
API# 30-015-36923 ✓
Federal Lease #102034
Eddy County, New Mexico

Please see attach.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) Miriam Morales	Title Production Clerk
Signature <i>Miriam Morales</i>	Date 7/20/11

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Continuation of Melson ZS Federal #2H Surface/Lease Commingle gas only application.

Diversified ownership. Attached notification to owners.

Each of the wells will be equipped with allocation meters for gas prior to commingling and the BLM point of measurement for this commingled production is at the Southern Union CDP meter #57210 located at the Banjo BNO Federal #1 Sec. 5-26S-30E.

Estimated daily production for the Melson ZS Federal #2H is 300 bbls per day and 500-1000 MCF per day. Average daily production for the Banjo is 4 bbls per day and 72 MCF per day.

The proposed commingling is necessary for economic operations and will not result in reduced royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the leaser instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

DISTRICT I
1023 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Avenue, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Ed., Aztec, NM 87410

DISTRICT IV
1220 E. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised July 16, 2010

Submit one copy to appropriate
District Office

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30-015-38665	Pool Code 96403	Pool Name Wildcat; Bone Spring
Property Code 12554	Property Name MELSON "ZS" FEDERAL	Well Number 2H
OGRD No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3079'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	B	26 S	30 E		330	SOUTH	660	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	8	26 S	30 E		330	NORTH	660	EAST	EDDY

Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.
-------------------------------	-----------------	--------------------	-----------

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

PROPOSED BOTTOM HOLE LOCATION
 Lat - N 32°03'48.86"
 Long - W 103°53'34.92"
 NNSPCE- N 387137.92
 E 678504.26
 (NAD-83)

SURFACE LOCATION
 Lat - N 32°03'02.801"
 Long - W 103°53'49.223"
 NNSPCE- N 382484.197
 E 676519.614
 (NAD-83)

Penetration Point
 807' FSL &
 660' FEL

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 unleased 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.

Signature: Cy Cowan Date: 10/11

Printed Name: Cy Cowan

Email Address: cy@yatespetroleum.com

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 Surveyed: NOVEMBER 28, 2010

Signature & Seal of Professional Surveyor: [Signature]

Certificate No. Gary L. Jones 7977

BASIN SURVEYS 23639

DISTRICT I
1620 N. French Dr., Hobbs, NM 88240

DISTRICT II
1501 W. Grand Avenue, Artesia, NM 88210

DISTRICT III
1000 Elc Brazos Rd., Artoe, NM 87410

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised October 12, 2005

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30-015-36923	Pool Code	Pool Name Wildcat Bone Springs
Property Code 37586	Property Name BANJO "BNO" FEDERAL	Well Number 1
OGHD No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3097'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	5	26 S	30 E		510	SOUTH	330	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 40	Joint or Infill	Consolidation Code	Order No.
-----------------------	-----------------	--------------------	-----------

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

<p>SURFACE LOCATION Lat - N32°03'57.19" Long - W103°53'45.37" SPC- N.: 387980.373 E.: 676831.385 (NAD-83)</p>	<p>OPERATOR CERTIFICATION</p> <p>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 unleased mineral interest in the land including the proposed bottom hole 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.</p> <p><i>Cy Cowan</i> 12/22/08 Signature Date</p> <p>Cy Cowan Printed Name</p>	
	<p>SURVEYOR CERTIFICATION</p> <p>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.</p> <p>DECEMBER 16, 2008 Date Surveyed</p> <p>GARY L. JONES Signature & Seal Professional Surveyor</p> <p>W.O. Jones Certificate No. Gary L. Jones 7977</p> <p>BASIN SURVEYS</p>	

NR

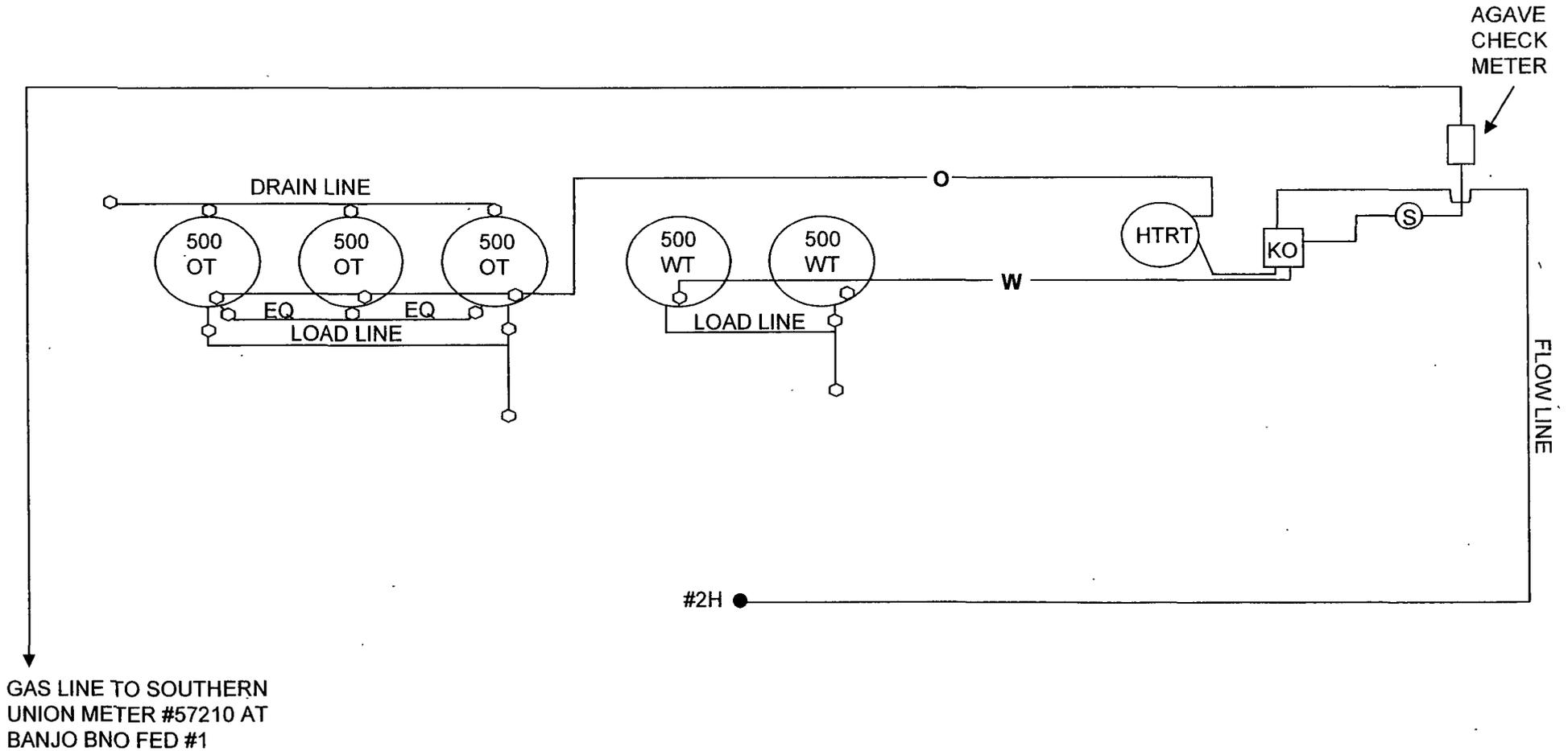


105 South 4th Street * Artesia, NM 88210
(575)-748-1471

-Junior Orquiz
July, 2011

MELSON ZS FED #2H

330' FSL & 660' FEL * Sec 08 – T26S – R30E * Unit P
Eddy County, NM



This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan
which is on file at 105 South 4th Street, Artesia, NM

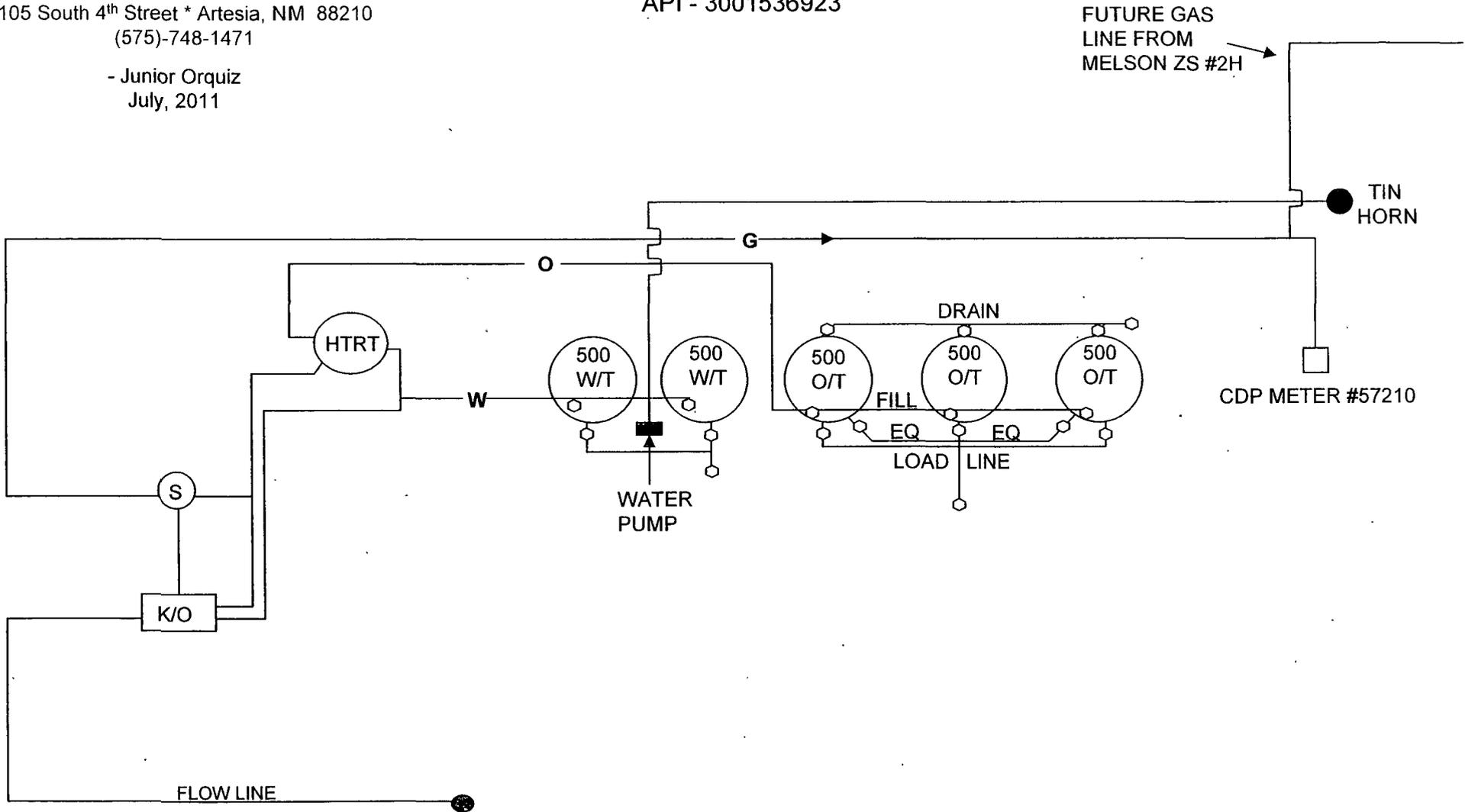


105 South 4th Street * Artesia, NM 88210
(575)-748-1471

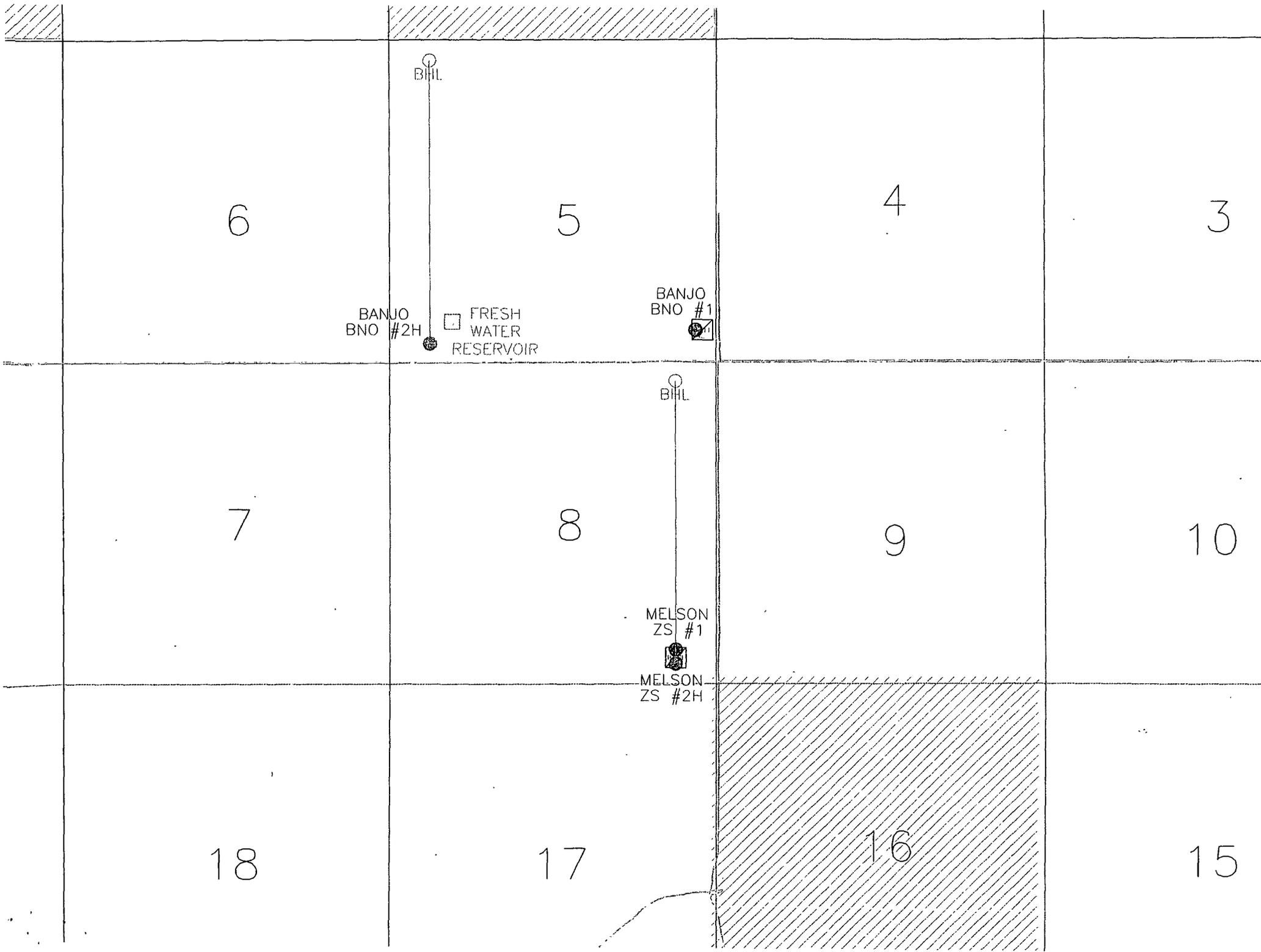
- Junior Orquiz
July, 2011

BANJO BNO FED #1

510' FSL & 330' FEL * Sec 05 - T26S - R30E * Unit P
Eddy County, NM
API - 3001536923



This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan
which is on file at 105 South 4th Street, Artesia, NM



MARTIN YATES, III
1912-1985
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
SCOTT M. YATES
VICE PRESIDENT
JAMES S. BROWN
CHIEF OPERATING OFFICER
JOHN D. PERINI
CHIEF FINANCIAL OFFICER
JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

July 20, 2011

RE: Surface/Lease Commingle gas only
Wildcat/Bone Springs, Corral Canyon/Bone Springs
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a Surface/Lease Commingle gas only application for the following wells:

Melson ZS Federal #2H (not yet drilled)
Wildcat/Bone Springs
Sec.8-T26S-R30E
API# 30-015-38665
Federal Lease #31649
Eddy County, New Mexico

Banjo BNO Federal #1
Corral Canyon/Bone Springs
Sec.5-T26S-R30E
API# 30-015-36923
Federal Lease #102034
Eddy County, New Mexico

Diversified ownership. Attached notification to owners.

Each of the wells will be equipped with allocation meters for gas prior to commingling and the BLM point of Measurement for this commingled production is at the Southern Union CDP meter #57210 located at the Banjo BNO Federal #1 Sec 5-26S-30E.

Estimated daily production for the Melson ZS Federal #2H is 300 bbls per day and 500-1000 MCF per day.
Average daily production for the Banjo is 4 bbls per day and 72 MCF per day.

The proposed commingling is necessary for economic operations and will not result in reduced royalty or improper measurement of production.

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

Sincerely,

Miriam Morales
Production Clerk

I hereby approve this application

Company: ABO Petroleum Corporation

MARTIN YATES, III
1912-1985
FRANK W. YATES
1936-1986
S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

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CHIEF ADMINISTRATIVE OFFICER

July 20, 2011

RE: Surface/Lease Commingle gas only
Wildcat/Bone Springs, Corral Canyon/Bone Springs
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a Surface/Lease Commingle gas only application for the following wells:

Melson ZS Federal #2H (not yet drilled)
Wildcat/Bone Springs
Sec.8-T26S-R30E
API# 30-015-38665
Federal Lease #31649
Eddy County, New Mexico

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Sec.5-T26S-R30E
API# 30-015-36923
Federal Lease #102034
Eddy County, New Mexico

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The proposed commingling is necessary for economic operations and will not result in reduced royalty or improper measurement of production.

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

Sincerely,

Miriam Morales
Production Clerk

I hereby approve this application

Company: MYCO Industries, INC.

MARTIN YATES, III
1912-1985
FRANK W. YATES
1936-1986
S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
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JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

July 20, 2011

RE: Surface/Lease Commingle gas only
Wildcat/Bone Springs, Corral Canyon/Bone Springs
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a Surface/Lease Commingle gas only application for the following wells:

Melson ZS Federal #2H (not yet drilled)
Wildcat/Bone Springs
Sec.8-T26S-R30E
API# 30-015-38665
Federal Lease #31649
Eddy County, New Mexico

Banjo BNO Federal #1
Corral Canyon/Bone Springs
Sec.5-T26S-R30E
API# 30-015-36923
Federal Lease #102034
Eddy County, New Mexico

Diversified ownership. Attached notification to owners.

Each of the wells will be equipped with allocation meters for gas prior to commingling and the BLM point of Measurement for this commingled production is at the Southern Union CDP meter #57210 located at the Banjo BNO Federal #1 Sec 5-26S-30E.

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The proposed commingling is necessary for economic operations and will not result in reduced royalty or improper measurement of production.

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

Sincerely,

Miriam Morales
Production Clerk

I hereby approve this application

Company: Yates Petroleum Corporation

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S. P. YATES

1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

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CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

July 20, 2011

RE: Surface/Lease Commingle gas only
Wildcat/Bone Springs, Corral Canyon/Bone Springs
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is requesting approval from the Bureau of Land Management and the Oil Conservation Division to Surface/Lease Commingle gas only on the following wells

Melson ZS Federal #2H (not yet drilled)
Wildcat/Bone Springs
Sec.8-T26S-R30E
API# 30-015-38665
Federal Lease #31649
Eddy County, New Mexico

Banjo BNO Federal #1
Corral Canyon/Bone Springs
Sec.5-T26S-R30E
API# 30-015-36923
Federal Lease #102034
Eddy County, New Mexico

Diversified ownership. Attached notification to owners.

Each of the wells will be equipped with allocation meters for gas prior to commingling and the BLM point of measurement for this commingled production is at the Southern Union CDP meter #57210 located at the Banjo BNO Federal #1 Sec 5-26S-30E.

Estimated daily production for the Melson ZS Federal #2H is 300 bbls per day and 500-1000 MCF per day
Average daily production for the Banjo is 4 bbls per day and 72 MCF per day.

The proposed commingling is necessary for economic operations and will not result in reduced royalty or improper measurement of production

Any objection 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 give me a call at (575) 748-4200 (direct line)

Sincerely,

Miriam Morales
Production Clerk

CERTIFIED MAIL

7010 1670 0001 6455 7378
7010 1670 0001 6455 7378

VICE

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner *Letter Nelson/Bajo Lease Comm* *7/21/11*

Postage	\$	Nirana@prod. Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Generals Management Service*
Ocotillo Production LLC
 Street, Apt. No.,
 or PO Box No. *1705 Washington Ave.*
 City, State, ZIP+4 *Artesia NM 88210*

PS Form 3800, August 2006 See Reverse for Instructions



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

- 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:

Minerals Management Svcs.
 Ocotillo Production LLC
 1705 Washington Ave.
 Artesia, NM 88210

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7378

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail P

- A mailing receipt
- A unique identifier
- A record of delivery

Important Remind

- Certified Mail is not
- NO INSURANCE
- valuations, please
- For an additional
- delivery. To obtain
- Receipt (PS Form
- fee. Endorse mail
- a duplicate return
- required.

- For an additional
- addressee's auth
- endorsement "R"
- if a postmark on
- cle at the post
- receipt is not nec

IMPORTANT: Sav

PS Form 3800, August

SENDER: COMPLETE THIS SECTION

- 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:
 Ray Hallbeck
 3509 Dominion Ridge
 San Angelo, TX
 76904

2. Article Number
(Transfer from service label)

7010 1670 0001 6455 7385

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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
 ■ A mailing receipt
 ■ A unique identifie
 ■ A record of deliv
Important Remind
 ■ Certified Mail ma
 ■ Certified Mail is
 ■ NO INSURANC
 ■ valubles, please
 ■ For an addition
 ■ delivery. To obtain
 ■ Receipt (PS Form
 ■ fee. Endorse mail
 ■ a duplicate return
 ■ required.
 ■ For an addition
 ■ addressee's auth
 ■ endorsement "R
 ■ If a postmark on
 ■ cle at the post
 ■ receipt is not nec
IMPORTANT: Save
 PS Form 3800, August

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 1670 0001 6455 7392
7010 1670 0001 6455 7392

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner Letter *Walter Nelson/Burn Lease Comm* 1/20/11

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Miriam E. Prod.

Postmark
Here

Sent To *Robert H. Bullock*
 Street, Apt. No.,
 or PO Box No. *P.O. Box 1703*
 City, State, ZIP+4 *Artesia NM 88211*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:

Robert H. Bullock
 P.O. Box 1703
 Artesia, NM 88211

2. Article Number
(Transfer from service label)

7010 1670 0001 6455 7392

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail mailpiece
- Certified Mail is not returnable
- NO INSURANCE for valuables, please
- For an additional fee, you may obtain a duplicate return receipt. (PS Form fee. Endorse mailpiece with a duplicate return receipt required.)

- For an additional fee, you may obtain a duplicate return receipt. (PS Form fee. Endorse mailpiece with a duplicate return receipt required.)
- For an additional fee, you may obtain a duplicate return receipt. (PS Form fee. Endorse mailpiece with a duplicate return receipt required.)

IMPORTANT: Save
PS Form 3800, August 2003

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

7010 1670 0001 6455 7408
7010 1670 0001 6455 7408

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Official Use 7/2011
Quemada Nelson Bay to Lake Carbon

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *David Harper*
 Street, Apt. No.,
 or PO Box No. *43-1 W. Funk Rd.*
 City, State, ZIP+4[®] *Lake Arthur NM 88253*

PS Form 3800, August 2006 See Reverse for Instructions

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

- 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:
 David Harper
 43-1 W. Funk Rd.
 Lake Arthur, NM
 88253

2. Article Number
 (Transfer from service label)

7010 1670 0001 6455 7408

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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 P
 ■ A mailing receipt
 ■ A unique identifier
 ■ A record of delivery
Important Reminds
 ■ Certified Mail ma
 ■ Certified Mail is
 ■ NO INSURANC
 ■ valuables, please
 ■ For an additional
 delivery. To obtain
 Receipt (PS Form
 fee. Endorse mail
 a duplicate return
 required.
 ■ For an addition
 addressee's auth
 endorsement "R"
 ■ If a postmark on
 die at the post
 receipt is not net
IMPORTANT: Save
 PS Form 3800, August

CERTIFIED MAIL™

7010 1670 0001 6455 7415
7010 1670 0001 6455 7415

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner *DEF M/L/BA Lease Comm* *7/20/11*

Postage	\$	<i>Miniam @ /wcd.</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark
Here

Sent To *Juanel Harper*
 Street, Apt. No.,
 or PO Box No. *2103 W. Centre*
 City, State, ZIP+4 *Artesia NM 88210*

PS Form 3800, August 2006 See Reverse for Instructions



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

- 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:

Juanet Harper
2103 W. Centre
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7415

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail must be paid for
- NO INSURANCE coverage for valuables, please
- For an additional fee, you may obtain a duplicate return receipt (PS Form 3811). Endorsement required.

- For an additional fee, you may obtain a duplicate return receipt (PS Form 3811). Endorsement required.
- If a postmark on the mailpiece is not present, the return receipt is not valid.

IMPORTANT: Save
PS Form 3800, August 2003

CERTIFIED MAIL

7010 1670 0001 6455 7422
7010 1670 0001 6455 7422

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner *Letter Jackson Bayo Lease Form* **OFFICIAL USE** 7/2011

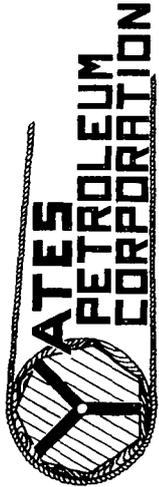
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Miriam E prod.

Postmark
Here

Sent To *Jami Harl*
 Street, Apt. No.,
 or PO Box No. *8406 S. Gary Ave.*
 City, State, ZIP+4 *Tulsa OK 74137*

PS Form 3800, August 2006 See Reverse for Instructions



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

- 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:

Jami Harl
 8406 S. Gary Ave.
 Tulsa, OK 74137

2. Article Number
(Transfer from service label)

7010 1670 0001 6455 7422

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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**

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail must be properly packaged.
- Certified Mail is not insurable for more than \$500.
- NO INSURANCE for valuables, please use Registered Mail for additional protection.
- For an additional fee, you may obtain a Receipt (PS Form 3811). Endorse mail with a duplicate return address if required.

- For an additional fee, you may obtain an endorsement (PS Form 3811) if a postmark on the mailpiece is not required.

IMPORTANT: Save

PS Form 3800, August 2003

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 1670 0001 6455 7439
7010 1670 0001 6455 7439

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>David Letterman Nelson Cruz Lowell AR</i> OFFICIAL USE <i>120111</i> <i>Minam @ Prod.</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To <i>James Carson</i> Street, Apt. No., or PO Box No. <i>P.O. Box 1761</i> City, State, ZIP+4 <i>Lowell AR 72745-1761</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark
Here

SENDER: COMPLETE THIS SECTION

- 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:

James Carson
 P.O. Box 1761
 Lowell, AR
 72745-1761

2. Article Number

7010 1670 0001 6455 7439

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

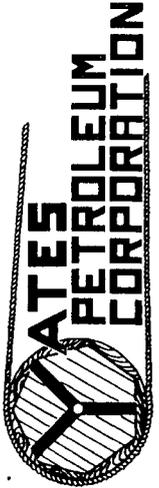
- Certified Mail is insured up to \$500.
- NO INSURANCE for valuables, please.
- For an additional fee, you may obtain a Return Receipt (PS Form 3800). Enclose mailpiece and a duplicate return receipt.

- For an additional fee, you may obtain a Return Receipt (PS Form 3800). Enclose mailpiece and a duplicate return receipt.
- If a postmark on the mailpiece is not needed, you may cancel the return receipt.

IMPORTANT: Save

PS Form 3800, August 2003

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

7010 1670 0001 6455 7446
7010 1670 0001 6455 7446

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner: *Official USE 7/2011*
Milton Blair, Jr. Comm
 Miram @ Prod.

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: *Terry Owen*
 Street, Apt. No., or PO Box No.: *13011 Royal George Ave*
 City, State, ZIP+4: *Odessa TX 33556*

PS Form 3800, August 2006 See Reverse for Instructions

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

- 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:

Terry Owen
 13011 Royal George Ave.
 Odessa, TX 33556

2. Article Number
 (Transfer from service label)

7010 1670 0001 6455 7446

COMPLETE THIS SECTION ON DELIVERY

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

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

- A mailing receipt
- A unique identification number
- A record of delivery

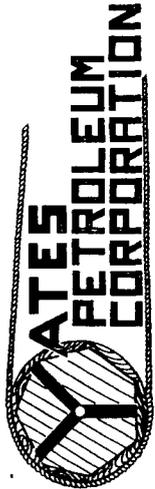
Important Reminders

- Certified Mail must be paid for
- Certified Mail is not returnable
- NO INSURANCE for valuables, please
- For an additional fee, you may obtain a Receipt (PS Form 3811) and a duplicate return receipt.
- For an additional fee, you may obtain a Return Receipt for Merchandise (PS Form 3811) and a duplicate return receipt.
- If a postmark on the mailpiece is not needed, the return receipt is not needed.

IMPORTANT: Save

PS Form 3800, August

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

7010 1670 0001 6455 7453
7010 1670 0001 6455 7453

VALERIE ANN

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner *Official Use* *7/20/11*
Letter Method/Engr - Lease/Owner

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Eddie M. Mahfood - Valerie Ann*
Street, Apt. No.,
or PO Box No. *3014 Barrywood*
City, State, Zip+4
Whita Falls TX 76309

PS Form 3800, August 2006 See Reverse for Instructions

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION

- 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:

Eddie M. Mahfood
 Jalee Ann
 3014 Barrywood
 Wichita Falls, TX
 76309

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7453

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail must be delivered to the addressee's address.
- Certified Mail is not insurable.
- NO INSURANCE for valuables, please.
- For an additional fee, you may obtain a Receipt for PS Form 3811. Endorse mail a duplicate return required.

For an additional fee, you may obtain a Receipt for PS Form 3811. Endorse mail a duplicate return required.

For an additional fee, you may obtain a Receipt for PS Form 3811. Endorse mail a duplicate return required.

For an additional fee, you may obtain a Receipt for PS Form 3811. Endorse mail a duplicate return required.

IMPORTANT: Save

PS Form 3800, August

CERTIFIED MAIL



YATES BUILDING -- 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 1670 0001 6455 7460
7010 1670 0001 6455 7460

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner: *Letter Nelson Balgo* *4856* *7/20/11*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Mineau@prod.

Sent To: *B:G Royalties*

Street, Apt. No.,
or PO Box No. *P.O. Box 376*

City, State, ZIP+4 *Artesia NM 88211*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: B & G Royalties P.O. Box 376 Artesia, NM 88211	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7010 1670 0001 6455 7460		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail must be paid for at the time of mailing.
- Certified Mail is not insurable for more than \$500.
- NO INSURANCE for valuables, please use Registered Mail for items over \$500.
- For an additional fee, you may obtain a duplicate return receipt (PS Form 3811).
- For an additional fee, you may obtain an endorsement (PS Form 3811) if a postmark on the receipt is not needed.

IMPORTANT: Save
PS Form 3800, August 2003

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7010 1670 0001 6455 7477
7010 1670 0001 6455 7477

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Owner: *Letter Nelson/Benz Leas & Comm* *7/20/11*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Miriam e pod.

Sent To: *Johnny M. Morgan*
 Street, Apt. No.,
 or PO Box No. *4200 Irwin Dr.*
 City, State, ZIP+4 *Noidland TX 79703*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:
Johnny M. Morgan
4200 Irvin Drive
Midland, TX 79703

2. Article Number
(Transfer from service label)

7010 1670 0001 6455 7477

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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
 ■ A mailing receipt
 ■ A unique identifier
 ■ A record of delivery
Important Reminders
 ■ Certified Mail must be used for insured mail
 ■ Certified Mail is not insurable for more than \$5,000
 ■ NO INSURANCE for valuables, please
 ■ For an additional fee, you may obtain a Return Receipt for Merchandise (PS Form 3811). Endorsement fee.
 ■ For an additional fee, you may obtain a Return Receipt for Merchandise (PS Form 3811). Endorsement fee.
 ■ If a postmark on the mailpiece is not present, the receipt is not valid.
IMPORTANT: Save
 PS Form 3800, August 2003



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL[®]

7010 1670 0001 6455 7484
7010 1670 0001 6455 7484

U.S. Postal Service [®]	
CERTIFIED MAIL [®] RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Owner	OF FLORIDA Lease U.S.E. 1/20/11 Miami@psd.
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To OXY Y-1 Company	
Street, Apt. No.; or PO Box No. P.O. Box 4294	
City, State, ZIP+4 Houston TX 77210-4294	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- 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:

OXY Y-1 Company
 P.O. Box 4294
 Houston, TX
 77210-4294

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7484

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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 P**

- A mailing receipt
- A unique identifier
- A record of delivery

Important Remind

- Certified Mail ma
- Certified Mail is r
- NO INSURANCE
- valubles, please

For an additional
 delivery. To obtain
 Receipt (PS Form
 fee. Endorse mail
 a duplicate return
 required.

- For an addition
 addressee's auth
 endorsement "Re
- If a postmark on
 cle at the post c
 receipt is not nee

IMPORTANT: Save
 PS Form 3800, August



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 1670 0001 6455 7491
7010 1670 0001 6455 7491

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
<small>For delivery information visit our website at www.usps.com</small>	
Recipient Name: Mr. & Mrs. M. S. Green Address: 810 Houston St. Ste. 2000 Houston TX 77002-1298	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: XTO Energy Inc Street, Apt. No., or PO Box No.: 810 Houston St. Ste. 2000 City, State, ZIP+4: Houston TX 77002-1298	
<small>PS Form 3800, April 2006. See Back for Instructions.</small>	

OF THE RETURN ADDRESS: FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- 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:

XTO ENERGY INC.
 810 Houston Street, Ste 2000
 Fort Worth, TX
 76102-6298

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7491

COMPLETE THIS SECTION ON DELIVERY

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

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

- A mailing receipt
- A unique identifier
- A record of delivery

Important Remind

- Certified Mail me
- Certified Mail is
- NO INSURANCE
- valubles, please
- For an additional
- delivery. To obtain
- Receipt, (PS Form
- fee. Endorse mail
- a duplicate return
- required.
- For an addition
- addressee's auth
- endorsement "R
- If a postmark on
- cle at the post
- receipt is not nec

IMPORTANT: Save

PS Form 3800, August

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

CERTIFIED MAIL™

7010 1670 0001 6455 7361
7010 1670 0001 6455 7361

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

Lease *Garrett Nelson/Bingo* **OFFICIAL USE**
blm@psd

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Encorsement Required)		
Restricted Delivery Fee (Encorsement Required)		
Total Postage & Fees	\$	

Sent To *BLM*

Street, Apt. No.,
or P.O. Box No. *620 E. Greene St.*

City, State, ZIP+4® *Carlsbad NM 88220*

PS Form 3800 August 2006 See Reverse for Instructions

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

SENDER: COMPLETE THIS SECTION

- 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:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

2. Article Number
(Transfer from service label)

7010 1670 0001 6455 7361

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS