

ABOVE THIS LINE FOR DIVISION USE ONLY

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



**ADMINISTRATIVE APPLICATION CHECKLIST** 30-015-21546

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 \_\_\_\_\_

*state*  
*eddy*

- [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.**

|                    |           |                             |         |
|--------------------|-----------|-----------------------------|---------|
| Miriam Morales     |           | Production Clerk            | 7/27/11 |
| Print or Type Name | Signature | Title                       | Date    |
|                    |           | mmorales@yatespetroleum.com |         |
|                    |           | e-mail Address              |         |

Submit 4 Copy To Appropriate District Office:  
 District I - (575) 393-6161  
 1625 N French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 October 13, 2009

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

|   |
|---|
| WELL API NO.<br>30-015-21546  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>V-3576  |
| 7. Lease Name or Unit Agreement Name<br>Aviette ALK State Com                                       |
| 8. Well Number 1  |
| 9. OGRID Number<br>025575   |
| 10. Pool name or Wildcat<br>Burton Flats/Strawn   |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (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.)  
 1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
 Yates Petroleum Corporation

3. Address of Operator  
 105 South Fourth Street Artesia, NM 88210

4. Well Location  
 Unit Letter L : 1980 feet from the south line and 660 feet from the west line  
 Section 17 Township 21S Range 27E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3214' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|  |  |  |  |
|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/> |  |
| OTHER: Pool Lease/Commingle gas only <input checked="" type="checkbox"/>   |  | OTHER: <input type="checkbox"/>  |  |

13. 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 Corporation respectfully request administrative approval to pool/lease commingle gas only on the following wells.

- |  |   |  |
|--|---|--|
| Aviette ALK State #1<br>Burton Flat/Strawn<br>Sec. 17-T21S-R27E<br>API# 30-015-21546<br>State Lease #V-3576<br>Eddy County, New Mexico | Aviette ALK State #2<br>Cedar Hills/Bonesprings<br>Sec. 17-T21S-R27E<br>API# 30-015-31003<br>State Lease #V-3576<br>Eddy County, New Mexico | Glider AKG #1<br>Burton Flat/Strawn<br>Sec. 17-T21S-R27E<br>API# 30-015-26906<br>State Lease#L-5036<br>Eddy County, New Mexico |
|--|---|--|

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings. The DCP's meter #724911 is located at Sec. 8 - T 21S-R27E.

The estimated production for the Aviette ALK #1 is 90 MCF per day, 3 MCF per day for the Aviette ALK #2, and 34 MCF per day for the Glider AKG #1.  
 Working interest owners are diversified and have been notified. Waivers, copies of letters and certified mail receipts are attached.  
 The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well  
 The proposed commingling 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 lease instrument.

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 7/27/11

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

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 |
|--------------------------|--|---|--|---|---------|
| Strawn                   | 1.162  | 1.160   |  |   |         |
| Bone Springs             | 1.100  |   |  |   |         |
|                          |  |   |  |   |         |
|                          |  |   |  |   |         |

- (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: 7/27/11

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

E-MAIL ADDRESS: mmorales@yatespetroleum.com

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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-102  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

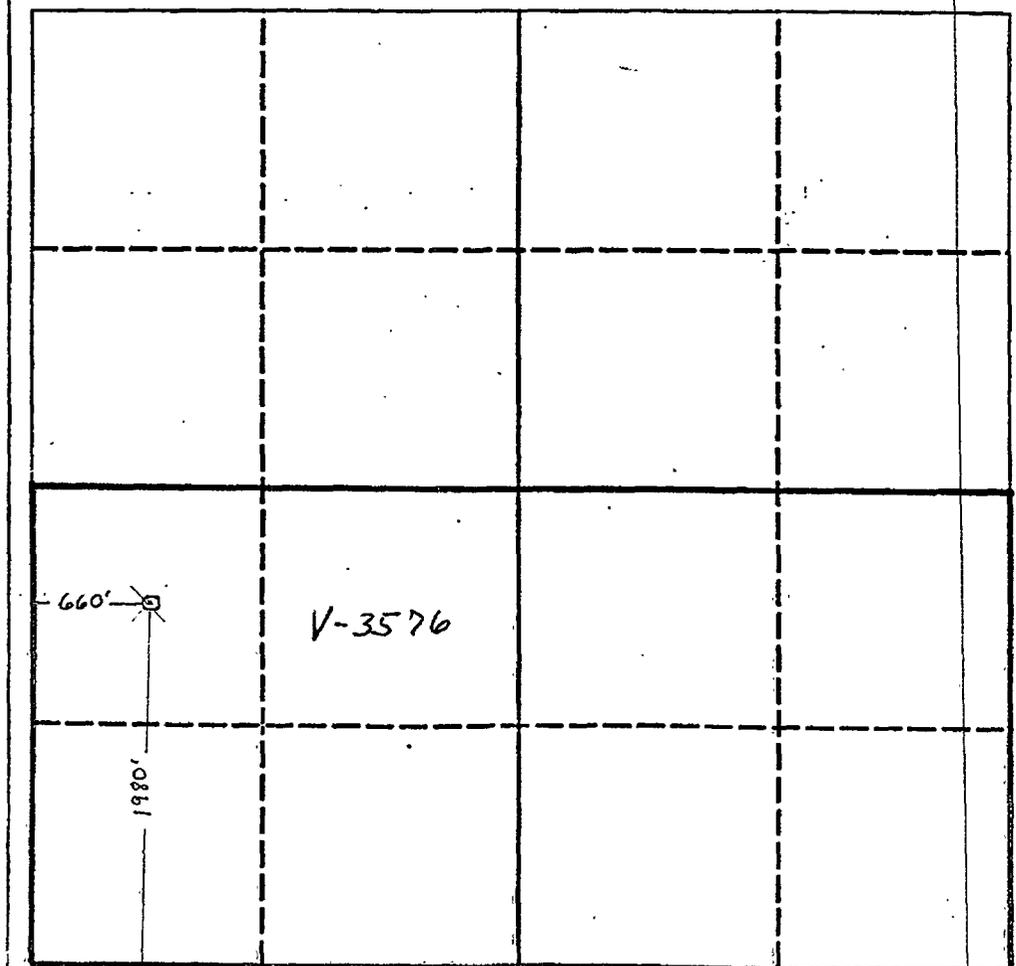
All Distances must be from the outer boundaries of the section

|   |               |                      |                              |                |               |
|---|---------------|----------------------|------------------------------|----------------|---------------|
| Operator<br>YATES PETROLEUM CORPORATION |               |                      | Lease<br>AVEITTE "ALK" State |                | Well No.<br>1 |
| Unit Letter<br>L                        | Section<br>17 | Township<br>21 South | Range<br>27 East             | County<br>NMPM | EDDY          |

Actual Footage Location of Well:  
 1980 feet from the South line and 660 feet from the West line

|                                |                               |   |                                 |
|--------------------------------|-------------------------------|---|---------------------------------|
| Ground level Elev.<br>3214' GR | Producing Formation<br>STRAWN | Pool<br>UNDESIGNATED BARTON FLAT STRAWN | Dedicated Acreage:<br>320 Acres |
|--------------------------------|-------------------------------|---|---------------------------------|

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
 Yes     No    If answer is "yes" type of consolidation \_\_\_\_\_  
 If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)  
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

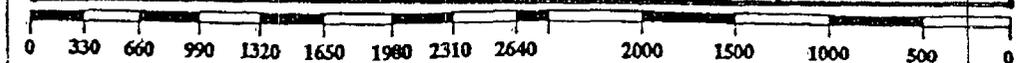


**OPERATOR CERTIFICATION**  
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: *Clifton R. May*  
 Printed Name: Clifton R. May  
 Position: Permit Agent  
 Company: Yates Petroleum Corporation  
 Date: October 2, 1992

**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 knowledge and belief.

Date Surveyed: \_\_\_\_\_  
 Refer to Original Plat: \_\_\_\_\_  
 Signature & Seal of Professional Surveyor: \_\_\_\_\_



District I  
1625 N. Francis 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. 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 October 12, 2005  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|   |  |   |  |  |                                   |
|---|--|---|--|--|-----------------------------------|
| <sup>1</sup> API Number<br>30-015-31003 |  | <sup>2</sup> Pool Code<br>11560                           |  | <sup>3</sup> Pool Name<br>Cedar Hills; Bone Spring |                                   |
| <sup>4</sup> Property Code<br>25437     |  | <sup>5</sup> Property Name<br>Avicette ALK State Comm     |  |  | <sup>6</sup> Well Number<br>2     |
| <sup>7</sup> OGRID No.<br>025575        |  | <sup>8</sup> Operator Name<br>Yates Petroleum Corporation |  |  | <sup>9</sup> Elevation<br>3248'GR |

<sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Ids | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| O             | 17      | 21S      | 27E   |         | 860           | South            | 1980          | East           | Eddy   |

<sup>11</sup> Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Ids | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
|               |         |          |       |         |               |                  |               |                |        |

|                                     |                               |                                  |                         |
|-------------------------------------|-------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicated Acres<br>40 | <sup>13</sup> Joint or Infill | <sup>14</sup> Consolidation Code | <sup>15</sup> 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.

|    |  |  |                            |  |
|----|--|--|----------------------------|--|
| 16 |  |  |                            | <p><sup>17</sup> 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 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</p> <p><i>Tina Huerta</i> October 3, 2008<br/>Signature Date</p> <p>Tina Huerta<br/>Printed Name</p> |
|    |  |  |                            |  |
|    |  |  |                            |  |
|    |  |  |                            | <p><sup>18</sup> 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>Date of Survey<br/>Signature and Seal of Professional Surveyor</p> <p>Certificate Number</p>  |
|    |  |  | <p>1980'E</p> <p>910'S</p> |  |

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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-102  
 Revised 1-1-89

RECEIVED

OIL CONSERVATION DIVISION  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DEC 27 1991

O. C. D.  
 ARTESIA OFFICE

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

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

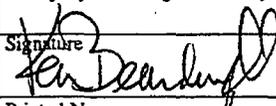
WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

|   |                                      |                                   |  |                                  |                      |
|---|--------------------------------------|-----------------------------------|--|----------------------------------|----------------------|
| Operator<br><b>YATES PETROLEUM CORPORATION</b>  |                                      |                                   | Lease<br><b>GLIDER AKG STATE</b>       |                                  | Well No.<br><b>1</b> |
| Unit Letter<br><b>F</b>   | Section<br><b>17</b>                 | Township<br><b>21 SOUTH</b>       | Range<br><b>27 EAST</b>                | County<br><b>EDDY COUNTY, NM</b> |                      |
| Actual Footage Location of Well:<br><b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>WEST</b> line  |                                      |                                   |  |                                  |                      |
| Ground level Elev.<br><b>3204.</b>  | Producing Formation<br><b>Morrow</b> | Pool<br><b>Borton Flat Morrow</b> | Dedicated Acreage:<br><b>320</b> Acres |                                  |                      |
| <p>1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____</p> <p>No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p> |                                      |                                   |  |                                  |                      |

OPERATOR CERTIFICATION

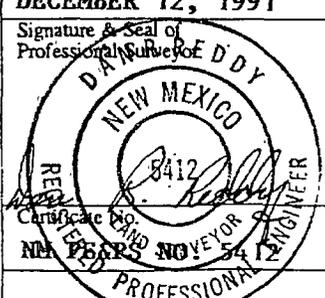
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

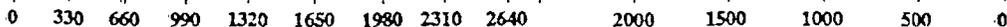
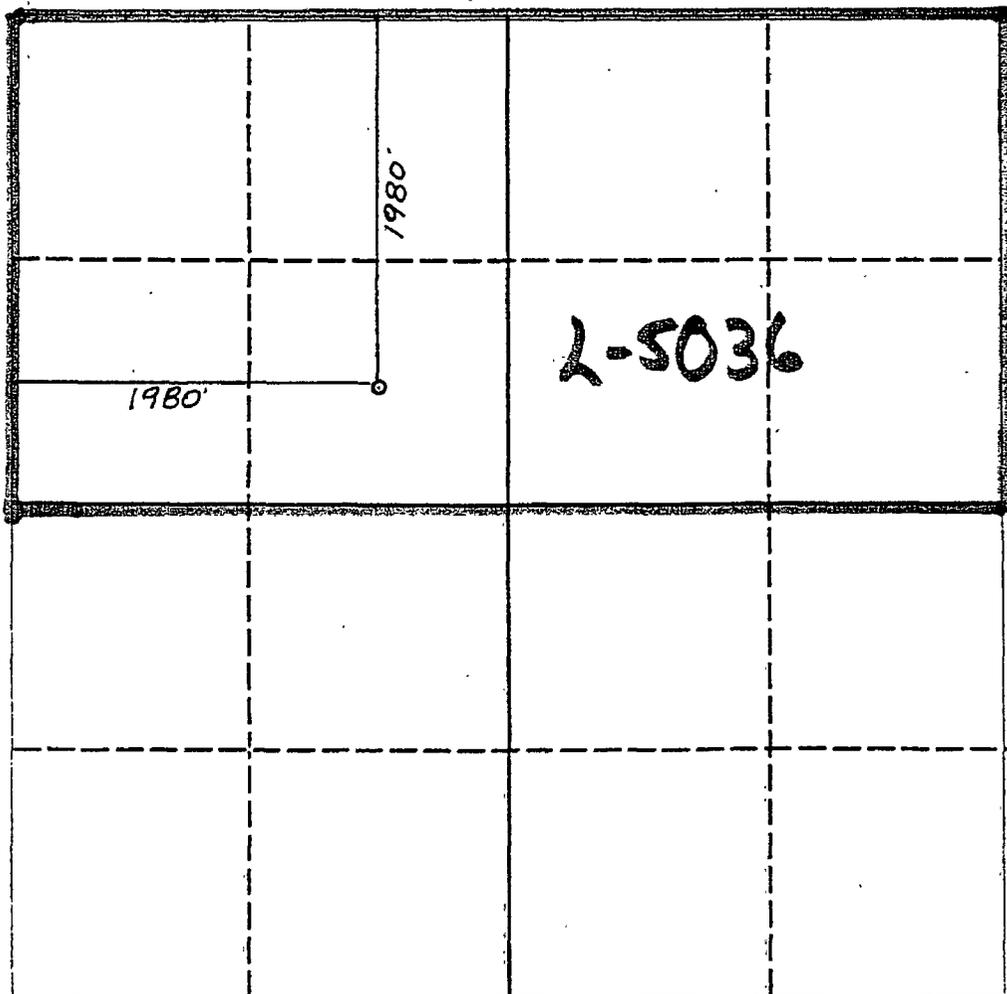
Signature  
  
 Printed Name  
**KEN BEARD**  
 Position  
**LANDMAN**  
 Company  
**Yates Pet. Corp.**  
 Date  
**12-20-91**

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 knowledge and belief.

Date Surveyed  
**DECEMBER 12, 1991**

Signature & Seal of Professional Surveyor  




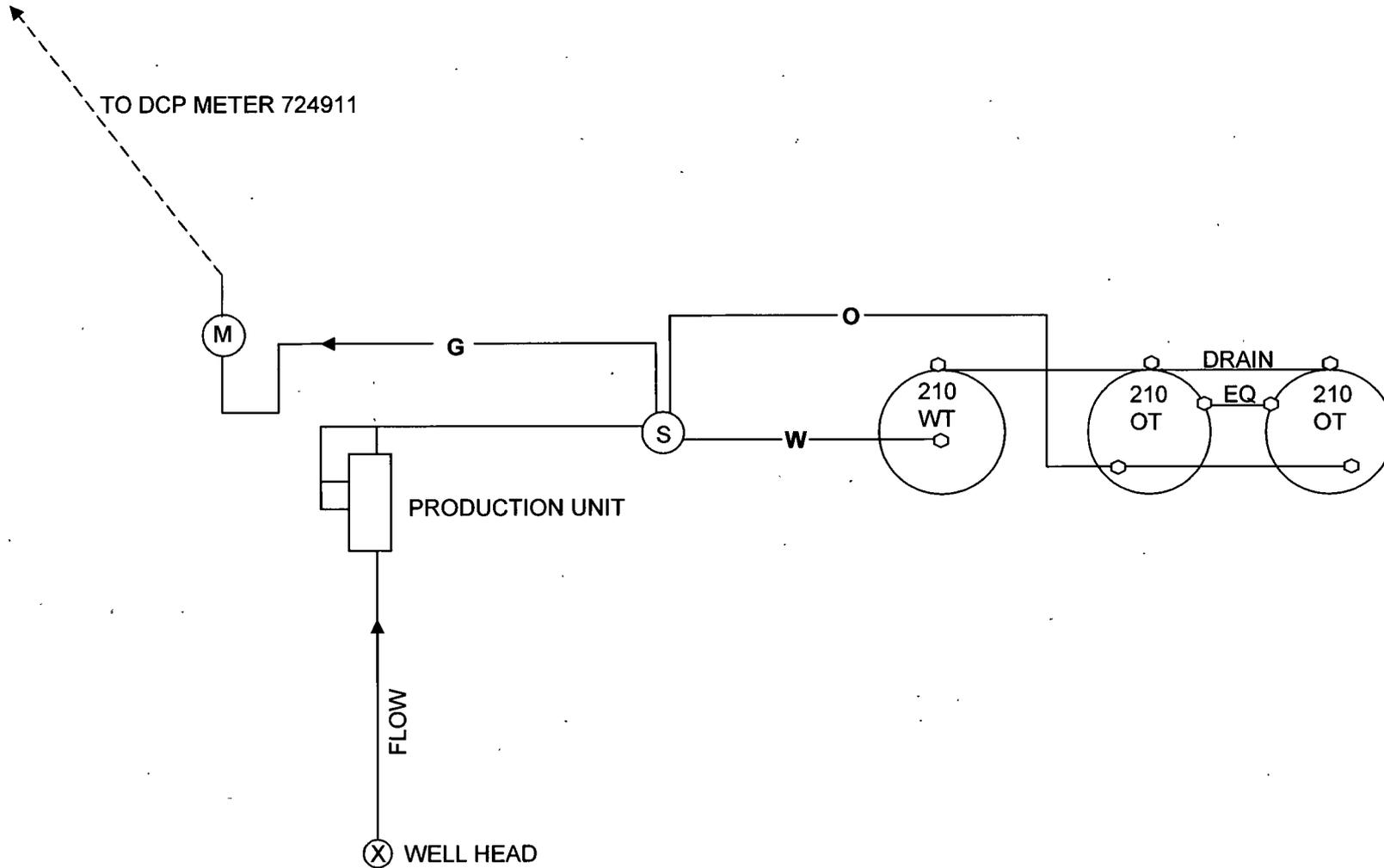


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

-Keith Hutchens  
July, 2011

# AVIETTE ALK STATE COM #1

1980' FSL & 660' FWL \* Sec 17 - T 21S - R 27E \* Unit L  
Eddy County, New Mexico  
API - 3001521546



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

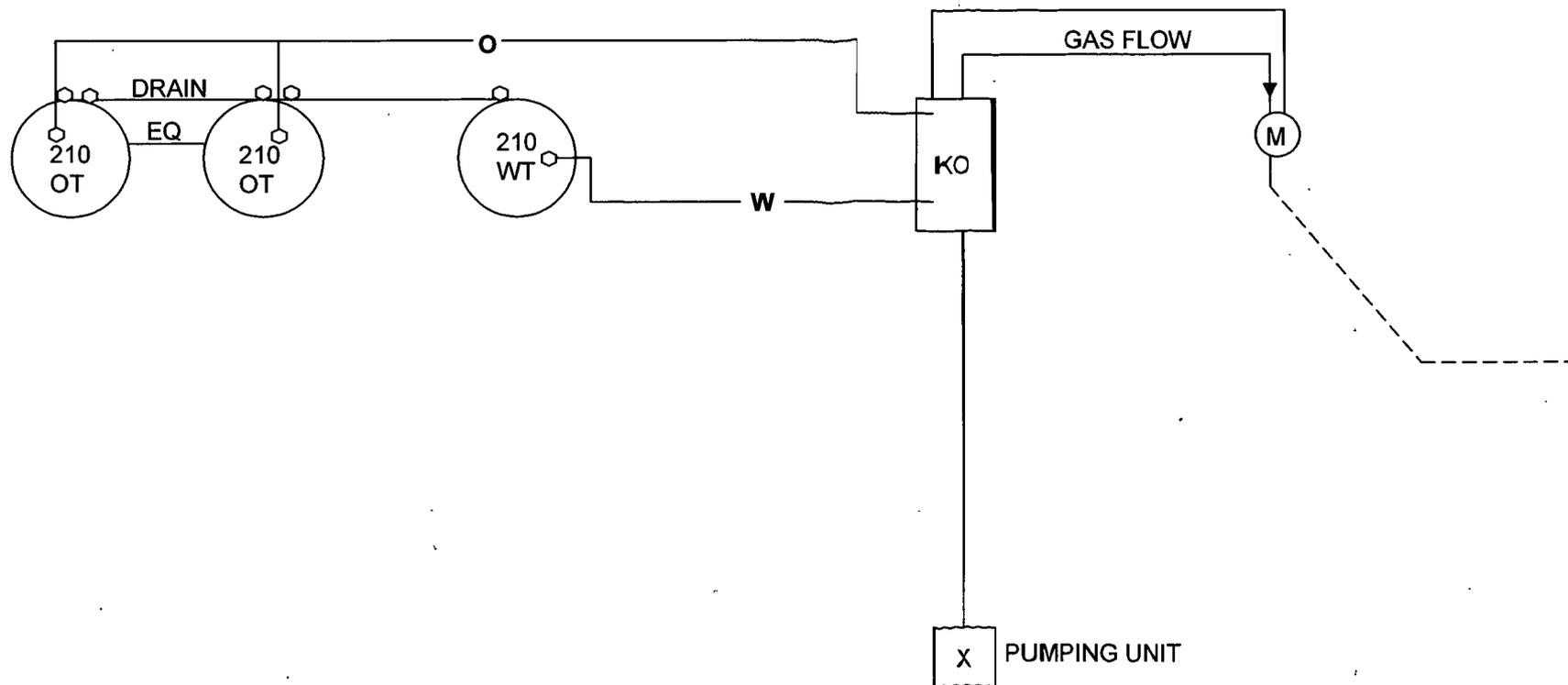


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

-Keith Hutchens  
July, 2011

## AVIETTE ALK STATE #2

860' FSL & 1980' FEL \* Sec. 17 ~ T 21S ~ R 27E \* Unit O  
Eddy County, New Mexico  
API - 3001531003



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

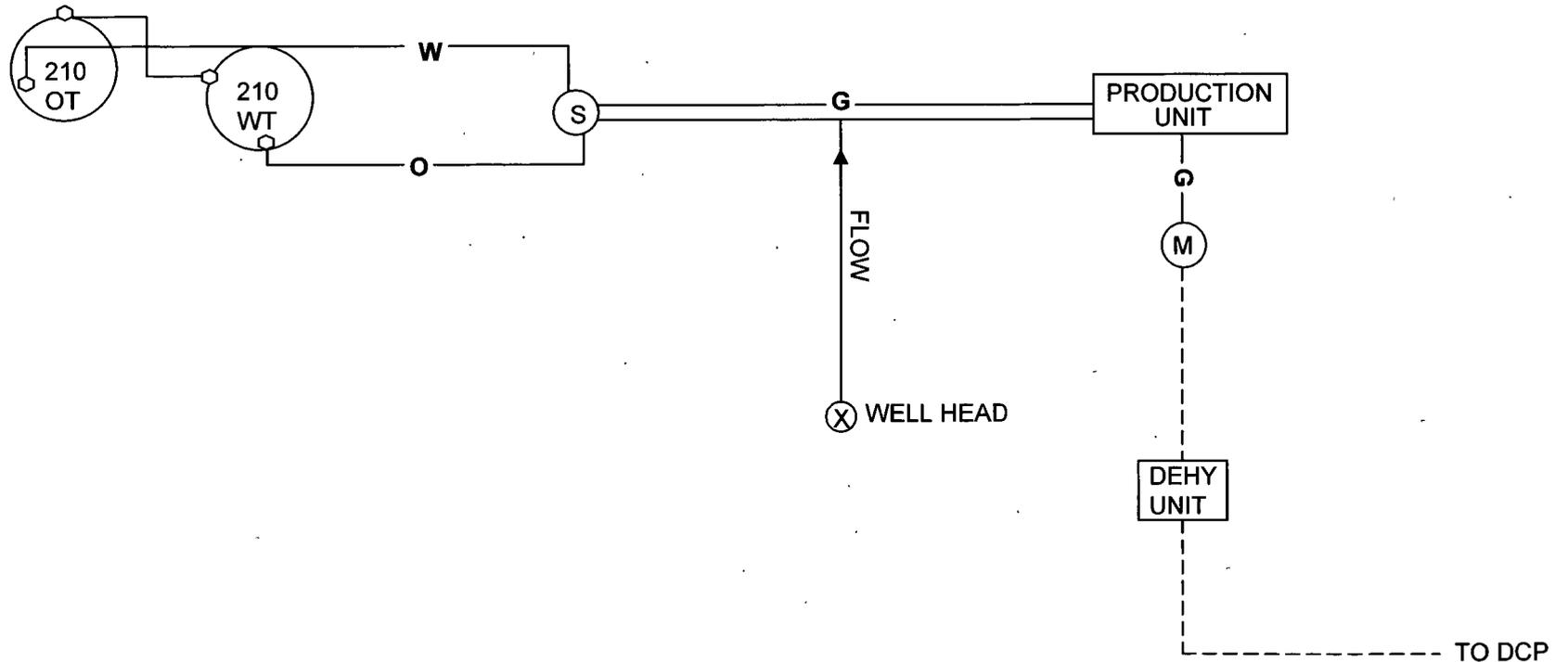


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

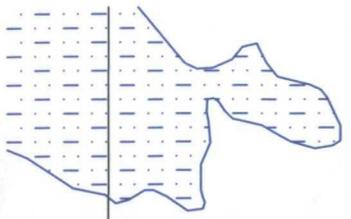
-Keith Hutchens  
July, 2011

# GLIDER AKG STATE #1

1980' FNL & 1980' FWL \* Sec 17 – T 21S – R 27E \* Unit F  
Eddy County, New Mexico  
API - 3001526906



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



CAMP  
7

8

RAINS RD. 9

RAINS RD.

GLIDER



17

16

AVALON

18

NORTH LOOP

AVIETTE



AVIETTE  
ALK #2



3

4

WIPP RELIEF ROUTE

5

T21S

6



19

20

21

GRASSBURR

EAGLE



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 27, 2011

Re: Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a pool/lease commingle gas only application for the following wells:

Aviette ALK State Com #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK #2  
Cedar Hills/Bone Springs  
Sec.17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8 -T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well.

The proposed commingling will not result in reduced royalty or improper measurement of production.

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

Sincerely,

Miriam Morales  
Production Clerk

I hereby approve this application

  
Company: Yates Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

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 27, 2011

Re: Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a pool/lease commingle gas only application for the following wells:

|  |   |   |
|--|---|---|
| Aviette ALK State Com #1<br>Burton Flats/Strawn<br>Sec.17-T21S-R27E<br>API# 30-015-21546<br>State Lease #V-3576<br>Eddy County, New Mexico | Aviette ALK #2<br>Cedar Hills/Bone Springs<br>Sec.17-T21S-R27E<br>API# 30-015-31003<br>State Lease #V-3576<br>Eddy County, New Mexico | Glider AKG #1<br>Burton Flats/Strawn<br>Sec.17-T21S-R27E<br>API# 30-015-26906<br>State Lease #L-5036<br>Eddy County, New Mexico |
|--|---|---|

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8 -T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well.

The proposed commingling will not result in reduced royalty or improper measurement of production.

If you should have any questions, please give me a call 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  
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 27, 2011

Re: Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a pool/lease commingle gas only application for the following wells:

|  |   |   |
|--|---|---|
| Aviette ALK State Com #1<br>Burton Flats/Strawn<br>Sec.17-T21S-R27E<br>API# 30-015-21546<br>State Lease #V-3576<br>Eddy County, New Mexico | Aviette ALK #2<br>Cedar Hills/Bone Springs<br>Sec.17-T21S-R27E<br>API# 30-015-31003<br>State Lease #V-3576<br>Eddy County, New Mexico | Glider AKG #1<br>Burton Flats/Strawn<br>Sec.17-T21S-R27E<br>API# 30-015-26906<br>State Lease #L-5036<br>Eddy County, New Mexico |
|--|---|---|

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8 -T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well.

The proposed commingling will not result in reduced royalty or improper measurement of production.

If you should have any questions, please give me a call 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

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 27, 2011

Re Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is requesting approval from the Oil Conservation Division and State Office for pool /lease commingle gas only for the following wells:

Aviette ALK State Com #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK #2  
Cedar Hills/Bone Springs  
Sec.17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8-T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well

The proposed commingling 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 7347  
7010 1670 0001 6455 7347

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

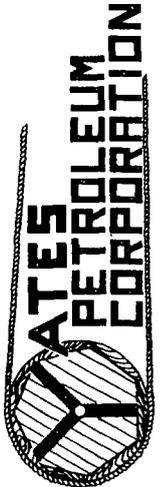
**OFFICIAL USE**  
 Arnette G. Holder, PLC owner letter

|   |    |               |
|---|----|---------------|
| Postage   | \$ | Miriam @ prod |
| Certified Fee                                     |    |               |
| Return Receipt Fee<br>(Endorsement Required)      |    |               |
| Restricted Delivery Fee<br>(Endorsement Required) |    |               |
| Total Postage & Fees                              | \$ |               |

Postmark Here

Sent To: OXY Y-1 Company  
 Street, Apt No., or PO Box No.: P.O. Box 841803  
 City, State, ZIP+4: Dallas TX 75284-1803

PS Form 3800, August 2006 See Reverse for Instructions



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

ADDRESS SERVICE REQUESTED



CERTIFIED MAIL

7010 1670 0001 6455 7286  
7010 1670 0001 6455 7286

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Owner/Postmaster: *OFFICE of the Clerk of the Supreme Court* *MS E 2/27/11*

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To: *Mumford & Co. Jean Mumford*  
 Street, Apt. No. or PO Box No.: *502 Rawhide*  
 City, State, ZIP+4: *Horseshoe Cr TX 78657*

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 THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>   |
| <p>1. Article Addressed to:</p> <p>Mumford = Company<br/>Attn: Jean E. Mumford<br/>502 Rawhide<br/>Horseshoe by, TX 78657</p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number<br/>(Transfer from service label)</p>   | <p>7010 1670 0001 6455 7286</p>  |

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 Remint**

- Certified Mail m
- Certified Mail is
- NO INSURANCE
- values, please
- For an additional
- delivery, to obtain
- Receipt (PS Form
- fee. Endorse ma
- a duplicate retur
- required.
- For an addition
- addressee's aut
- endorsement "A
- If a postmark or
- cle at the post
- receipt is not ne

**IMPORTANT: Sav**  
PS Form 3800, August

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7010 1670 0001 6455 7279  
7010 1670 0001 6455 7279

|  |    |
|--|----|
| <b>U.S. Postal Service</b>   |    |
| <b>CERTIFIED MAIL RECEIPT</b>  |    |
| <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>                                  |    |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |    |
| <i>Owner: Clatter Alette Rider PLOE 1/27/11</i>  |    |
| Postage  | \$ |
| Certified Fee  |    |
| Return Receipt Fee<br>(Endorsement Required)   |    |
| Restricted Delivery Fee<br>(Endorsement Required)  |    |
| Total Postage & Fees   | \$ |
| Postmark Here  |    |
| Sent To <i>E.L. Latham Co</i>  |    |
| Street, Apt. No.,<br>or PO Box No <i>P.O. Box 1392</i>                                       |    |
| City, State, ZIP+4 <i>Albuquerque NM 88241</i>   |    |
| PS Form 3800, August 2006 See Reverse for Instructions                                       |    |

PLACE STAMP OR POSTAGE HERE  
OF THE RETURN ADDRESS: FOLD AT DOTTED LINE

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p>   |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">E. L. Latham Company<br/>P.O. Box 1392<br/>Hobbs, NM 88241</p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>2. Article Number<br/>(Transfer from service label)</p>   | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| <p>7010 1670 0001 6455 7279</p>  |   |

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
- Certified Mail is **NO INSURANCE** for valuables, please
- For an additional fee, you may obtain Restricted Delivery. To obtain Restricted Delivery, you must pay an additional fee. Endorsement "R" is required.

- For an additional fee, you may obtain Restricted Delivery. To obtain Restricted Delivery, you must pay an additional fee. Endorsement "R" is required.
- If a postmark on the mailpiece is not present, a receipt is not needed.

**IMPORTANT: Save**

PS Form 3800, August

CERTIFIED MAIL™

7010 1670 0001 6455 7262  
7010 1670 0001 6455 7262

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Owner letter *Enrico/Slider PLB L 72711*

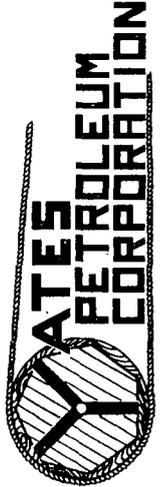
|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

*Miriam P. Fed.*

Postmark  
Here

Sent To *Hidden H. Gaston Jr.*  
 Street, Apt. No.,  
 or PO Box No. *1900 Summit Ridge Dr.*  
 City, State, ZIP+4 *Kerrville TX 77929*

PS Form 3800, August 2008 See Reverse for Instructions



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

ADDRESS SERVICE REQUESTED

PLEASE STICKER MAIL OR ENVIRONMENTAL FRIENDLY  
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:

Higdon H. Gaston Jr.  
1900 Summit Ridge Dr.  
Kerrville, TX 78028

**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

2. Article Number 7010 1670 0001 6455 7262  
 (*Transfer from service label*)

**Certified Mail**

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

**Important Reminders**

- Certified Mail is not insurable
- Certified Mail is not returnable
- NO INSURANCE for valuables, please use Registered Mail or Insured Mail
- For an additional fee, you may obtain a duplicate return receipt (PS Form 3811) for a fee. Endorsement required.
- For an additional fee, you may obtain a return receipt for a certified mail item (PS Form 3811) for a fee. Endorsement required.
- If a postmark on the mailpiece is not received, the receipt is not valid.

**IMPORTANT: Save**  
 PS Form 3800, August 2003

CERTIFIED MAIL™



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

7010 1670 0001 6455 7293  
7010 1670 0001 6455 7293

| U.S. Postal Service  |                  |
|--|------------------|
| <b>CERTIFIED MAIL RECEIPT</b>  |                  |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>                                  |                  |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |                  |
| <i>Owner of this Receipt: PLUSE</i>  |                  |
| Postage \$   | Postmark<br>Here |
| Certified Fee  |                  |
| Return Receipt Fee<br>(Endorsement Required)   |                  |
| Restricted Delivery Fee<br>(Endorsement Required)  |                  |
| Total Postage & Fees \$  |                  |
| Sent To <i>W.R. &amp; Wanda Ericksen</i>   |                  |
| Street, Apt. No.,<br>or PO Box No. <i>2400 Vineyard Dr.</i>                                  |                  |
| City, State, Zip+4 <i>Granbury, TX 76048-1493</i>  |                  |
| PS Form 3800, August 2006 See Reverse for Instructions                                       |                  |

ADDRESS SERVICE REQUESTED

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                         |                  |
|--|---|-------------------------|------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</span>  |                         |                  |
| 1. Article Addressed to:<br><br>W. R. & Wanda Erickson<br>2400 Vineyard Dr.<br>Granbury, TX 76048-1493   | B. Received by ( <i>Printed Name</i> )  | C. Date of Delivery     |                  |
| 2. Article Number<br>( <i>Transfer from service label</i> )  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><br>3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> 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 used for insured mail.
- NO INSURANCE for valuables, please use Registered Mail.
- For an additional fee, Endorse mail to obtain a duplicate return receipt.
- For an additional fee, addressee's endorsement is required.
- If a postmark on the mailpiece is not present, a receipt is not needed.

**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 7309  
7010 1670 0001 6455 7309

|  |                    |
|--|--------------------|
| U.S. Postal Service™   |                    |
| <b>CERTIFIED MAIL™ RECEIPT</b>   |                    |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>                                  |                    |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |                    |
| <i>Owner Letter Anette Slider P.O. Box 2424 Hobbs NM 88240</i>                               |                    |
| Postage  | \$ <i>Hobbs NM</i> |
| Certified Fee  |                    |
| Return Receipt Fee<br>(Endorsement Required)   |                    |
| Restricted Delivery Fee<br>(Endorsement Required)  |                    |
| Total Postage & Fees   | \$                 |
| Postmark Here  |                    |
| Sent To <i>Virgil J. Callaway</i>  |                    |
| Street, Apt. No.,<br>or PO Box No. <i>P.O. Box 2424</i>                                      |                    |
| City, State, ZIP+4 <i>Hobbs NM 88240</i>   |                    |
| 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:

Virgil J. Callaway  
 P.O. Box 2424  
 Hobbs, NM 88240

2. Article Number  
 (Transfer from service label)

7010 1670 0001 6455 7309

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  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 mailed in a container that is clearly marked "Certified Mail"
- NO INSURANCE for valuables, please
- For an additional fee, you may obtain a duplicate return receipt (PS Form 3811). Endorsement is required.
- For an additional fee, you may obtain a return receipt for the addressee's signature (PS Form 3811). Endorsement is required.
- If a postmark on the mailpiece is not needed, the return receipt is not needed.

**IMPORTANT: Save**  
 PS Form 3800, August 2003

CERTIFIED MAIL™



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

7010 1670 0001 6455 7316  
7010 1670 0001 6455 7316

SHIP TRUST

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

*Denver Denver* **OFFICIAL USE** *11/27/11*

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

*Minimised*

Sent To: *CBF Company Partnership Trust*  
 Street, Apt. No. or PO Box No.: *P.O. Box 5383*  
 City, State, ZIP+4: *Denver CO 80217*

PS Form 3800, August 2006 See Reverse for Instructions

ADDRESS SERVICE REQUESTED





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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL<sup>SM</sup>

7010 1670 0001 6455 7323  
7010 1670 0001 6455 7323

| U.S. Postal Service  |                  |
|--|------------------|
| <b>CERTIFIED MAIL RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided)        |                  |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |                  |
| Owned by <i>Artesia</i> <b>OFFICIAL USE</b> <i>PER 11/27/11</i>                              |                  |
| Postage \$   | Postmark<br>Here |
| Certified Fee  |                  |
| Return Receipt Fee<br>(Endorsement Required)   |                  |
| Restricted Delivery Fee<br>(Endorsement Required)  |                  |
| Total Postage & Fees \$  |                  |
| Sent To <i>Hubert L. Brown Jr.</i>   |                  |
| Street, Apt. No.,<br>or PO Box No. <i>P.O. Box 2237</i>                                      |                  |
| City, State, ZIP+4 <sup>®</sup> <i>Midland TX 79702</i>                                      |                  |
| PS Form 3800, August 2006 See Reverse for Instructions                                       |                  |



CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7010 1670 0001 6455 7330  
7010 1670 0001 6455 7330

PARTNERSHIP

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Owner Letter *Artesia/Slider PLS 7/27/11*

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

*Minam@100.*

Postmark  
Here

Sent To: *DXN USA Limited Partnership*  
 Street, Apt. No. or PO Box No.: *P.O. Box 27520*  
 City, State, ZIP+4: *Houston TX 77227*

PS Form 3800, August 2006 See Reverse for Instructions

OR 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:

OXY USA Limited Partnership  
 P.O. Box 27570  
 Houston, TX 77227

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7330

**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 must be placed in a certified mail envelope
- Certified Mail is not returnable

**NO INSURANCE**

- For an additional fee, you may insure your mailpiece up to \$500. For more information, see the back of this receipt. Endorsement fee, duplicate return receipt required.

- For an additior addresser's aut endorsement "F"

- If a postmark on cle at the post receipt is not ne

**IMPORTANT: Save**

PS Form 3800, August 2003

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

CERTIFIED MAIL

7010 1670 0001 6455 7170  
7010 1670 0001 6455 7170

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

PLC Arette/Glader 7/22/11

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To SLD Attn: Pete MTZ  
Street, Apt No. or PO Box No. P.O. Box #1148  
City, State, ZIP+4 Santa Fe, NM 87504-1148

PS Form 3800, August 2006

See Reverse for Instructions

Commissioner of Public Lands  
Attn: Pete Martinez  
P.O. Box #1148  
Santa Fe, NM 87504-1148

**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:

Commissioner of Public Lands  
Attn: Pete Martinez  
P.O. Box #1148  
Santa Fe, NM 87504-1148

2. Article Number  
(Transfer from service label)

7010 1670 0001 6455 7170

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