

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Yates Petroleum Corp.
 Maduro Bow State Com #1H
 ED OOD
 Tarpedo Bow State Com #1H
 2012 SEP 11 P 12:39

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 _____

[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 of 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 _____
 Print or Type Name Signature Title Date

mmorales@yatespetroleum.com
 e-mail Address

CTB - 657

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. Bone Spring 97816 & 98406
(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 Analyst DATE: 9/6/12

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

E-MAIL ADDRESS: mmorales@yatespetroleum.com

Submit 1 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
 Revised August 1, 2011

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

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.)		WELL API NO. 30-015-37495
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation		6. State Oil & Gas Lease No. VO-7347
3. Address of Operator 105 S. Fourth Street Artesia, NM 88210		7. Lease Name or Unit Agreement Name Torpedo BOW State Com
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>11</u> Township <u>25S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		8. Well Number <u>1H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3170' GR		9. OGRID Number <u>025575</u>
10. Pool name or Wildcat Wildcat; Bone Spring		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Surface/ Lease Commingle <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 respectfully requests administrative approval to Surface/Lease Commingle the following wells:

~~Maduro BOW State Com #1H~~
~~Wildcat; Bone Spring~~
 Sec. 10-T25S-R27E
 API #30-015-37537
 St. Lease #V-7317
 Eddy County, NM

~~Torpedo BOW State Com #1H~~
~~Wildcat; Bone Spring~~
 Sec. 11-T25S-R27E
 API #30-015-37495
 St. Lease #VO-7347

The battery is located at the Maduro #1H. Please see attached plats and site security diagram.

The ownership is diversified. All owners were notified and documentation is attached.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Maduro #1H. Total sales/production will be allocated back to each individual well using the metered(daily well tests)volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

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

SIGNATURE Miriam Morales TITLE Production Analyst DATE 9/6/12

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): _____

Continuation for Surface/Lease Commingle for Torpedo BOW State Com #1H

Estimated daily oil production for the Maduro #1H is 37 bbl and for the Torpedo #1H is 280 bbl with a gravity of 47.4.

Gas Measurements

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

The Agave's CDP meter #10993 is located at the Maduro #1H, Sec. 10-T25S-R27E.

Estimated daily gas production for the Maduro #1H is 175 MCF, 342 BTU and for the Torpedo #1H is 400 MCF with an average BTU of 1342.

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

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State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-102
Permit 107136

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-015-37495	2. Pool Code	3. Pool Name WILDCAT
4. Property Code 37990	5. Property Name TORPEDO "BOW" ST. COM.	6. Well No. 01 H
7. OGRID No. 25575	8. Operator Name YATES PETROLEUM CORPORATION	9. Elevation 3170

10. Surface Location

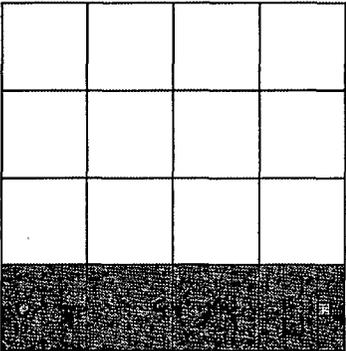
UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
P	11	25S	27E		660	S	330	W	EDDY

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
P	11	25S	27E		660	S	330	E	EDDY

12. Dedicated Acres 160.00	13. Joint or Infill	14. Consolidation Code	15. Order No.
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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

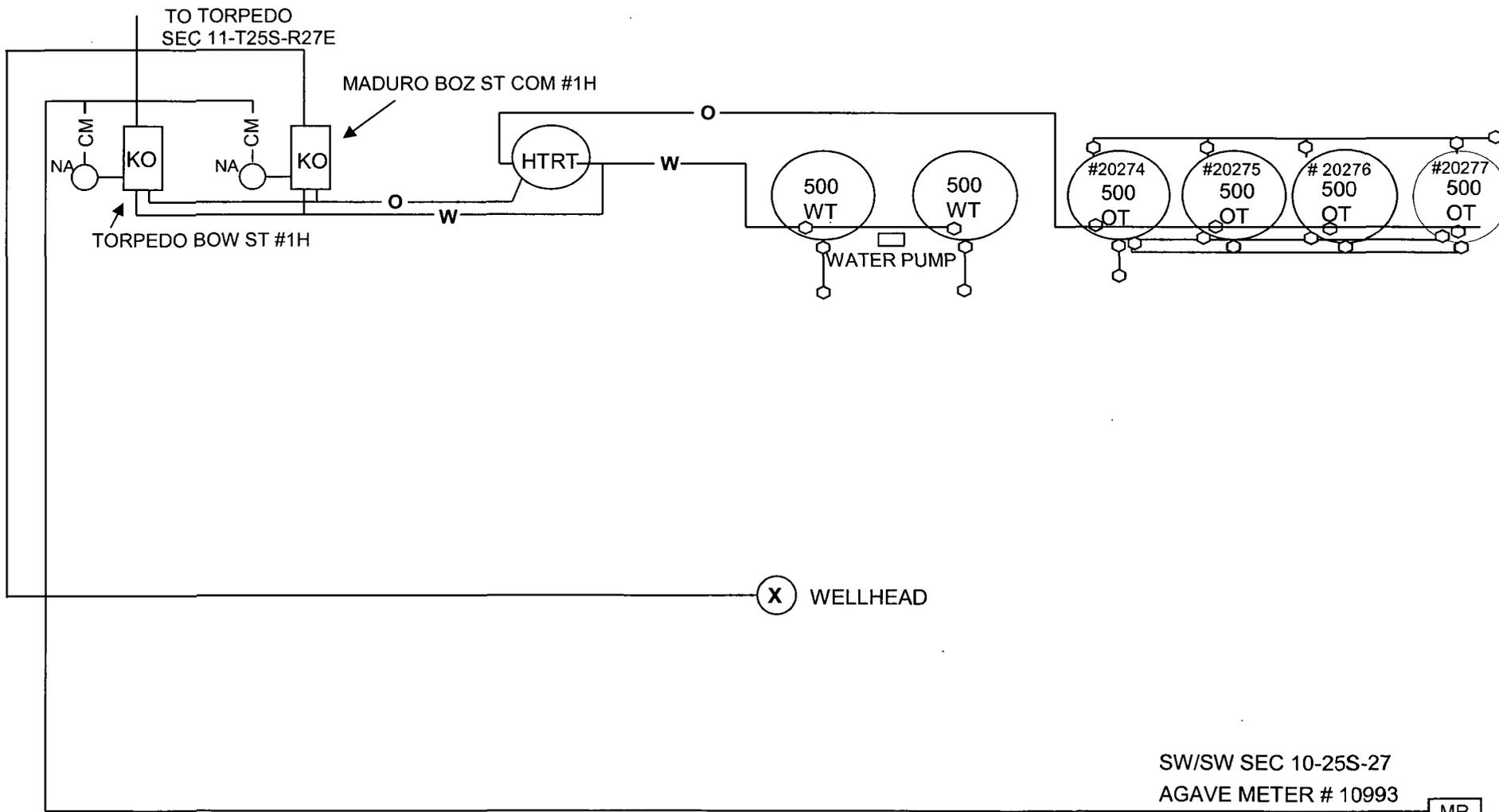
	<p style="text-align: center;">OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) 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.</i></p> <p>E-Signed By: Monti Sanders Title: Date: 12/29/2009</p> <hr/> <p style="text-align: center;">SURVEYOR CERTIFICATION</p> <p><i>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.</i></p> <p>Surveyed By: Gary Jones Date of Survey: 12/10/2009 Certificate Number: 7977</p>
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105 South 4th Street * Artesia, NM 88210
(575)-748-1471
-Junior Orquiz
August, 2012

MADURO BOZ ST COM # 1H

660' FSL & 330' FEL * Sec 10 – T 25S – R 27E * Unit P
Eddy County, NM
API - 3001537537



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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

September 6, 2012

RE: Surface/Lease Commingle
Torpedo BOW State Com #1H
Eddy County, NM

Yates Petroleum is notifying you of a Surface/Lease Commingle on the following wells:

Maduro ³BOX State Com #1H
Wildcat; Bone Spring
Sec. 10-T25S-R27E
API #30-015-37537
St. Lease #V-7317
Eddy County, NM

Torpedo BOW State Com #1H
Wildcat; Bone Spring
Sec. 11-T25S-R27E
API #30-015-37495
St. Lease #VO-7347

The battery is located at the Maduro #1H.

The ownership is diversified.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Maduro #1H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Maduro #1H is 37 bbl and for the Torpedo #1H is 280 bbl with a gravity of 47.4.

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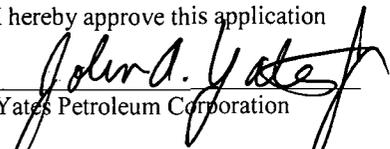
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If you should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application



Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
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I hereby approve this application


MYCO Industries Inc.

MARTIN YATES, III
1912-1985

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1936-1986

S.P. YATES
1914-2008



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ARTESIA, NEW MEXICO 88210-2118
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September 6, 2012

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Eddy County, NM

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Production Analyst

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ABO Petroleum Corporation

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1912-1985

FRANK W. YATES
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September 6, 2012

RE: Surface/Lease Commingle
Torpedo BOW State Com #1H
Eddy County, NM

Yates Petroleum approval from the Oil Conservation Division and the State Land Office to Surface/Lease Commingle the following wells:

Maduro BOX State Com #1H
Wildcat; Bone Spring
Sec. 10-T25S-R27E
API #30-015-37537
St. Lease #V-7317
Eddy County, NM

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Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division receives 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 Analyst

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

7009 2250 0004 1781 1906
7009 2250 0004 1781 1906

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Torres E/H CTB 9/1/12

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

Monroe, La.

Postmark
Here

Sent To N.M. SLO
Street, Apt. No.,
or PO Box No. 310 Old Santa Fe Tr.
City, State, ZIP+4 Santa Fe, NM 87504-1148

PS Form 3800, August 2006

See Reverse for Instructions

New Mexico State Land Office
Commissioner of Public Lands
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, New Mexico 87504-1148



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1838
7009 2250 0004 1781 1838

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4® PS Form 3811, August 2004 See Reverse for Instructions	Total Postage & Fees \$
EOG Resources Inc P O Box 840321 Dallas TX 75284-0321	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
Topalio #140043- U9114 a Must use postmark Here	Postmark Here

EOG RESOURCES INC
P O BOX 840321
DALLAS, TX 75284-0321

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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: EOG RESOURCES INC P O BOX 840321 DALLAS, TX 75284-0321	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s#)	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	
	7009 2250 0004 1781 1838	



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1845
7009 2250 0004 1781 1845

Sent to
Street, Apt. No.,
or PO Box No. EG 3 INC
City, State, ZIP+4 P O Box 1567
Graham, TX 76450-1567
P.S. Form 3800, August 2006 See reverse for instructions

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

Postmark Here

Whane pos

US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For delivery information visit our website at www.usps.com

EG3, INC
O BOX 1567
GRAHAM, TX 76450-1567

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:

EG3, INC
P O BOX 1567
GRAHAM, TX 76450-1567

2. Article Number
(Transfer from s

7009 2250 0004 1781 1845

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 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



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1814
7009 2250 0004 1781 1814

Sent to
Street, Apt. No.,
or PO Box No. *Oxy Y-1 Company*
City, State, ZIP+4® *P.O. Box 841803*
Dallas TX 75284-1803
PS Form 3800, August 2004 See Reverse for Instructions

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

For delivery information visit our website at www.usps.com
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)
To PO Box 841803 Dallas TX 75284-1803

OXY Y-1 COMPANY
P.O. BOX 841803
DALLAS, TX 75284-1803

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 841803
DALLAS, TX 75284-1803

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

2. Article Number (Transfer from s) 7009 2250 0004 1781 1814



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1821
7009 2250 0004 1781 1821

Sent to: **John Thoma**
Street, Apt. No. or PO Box No.: **P O BOX 17656**
City, State, ZIP: **Golden CO 80402**
PS Form 3800, August 2005 See Reverse for Instructions

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

Postage & Fees Paid

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

JOHN THOMA
P O BOX 17656
GOLDEN, CO 80402

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>JOHN THOMA P O BOX 17656 GOLDEN, CO 80402</p>	<p>3. Service Type</p> <p><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.</p>
<p>2. Article Number (Transfer from s) 7009 2250 0004 1781 1821</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1852
7009 2250 0004 1781 1852

CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

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

Postage \$ 4.50

Certified Fee 1.00

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.50

Postmark Here

Sent to: Three Rivers Acquisition LLC
Street Apt. No.: 1122 S Capital of Texas Hwy
or PO Box No.: St. 325
City, State, Zip: Austin TX 78746

PS Form 3811, August 2000 See Reverse for Instructions

THREE RIVERS ACQUISITION LLC
1122 S CAPITAL OF TEXAS HWY
SUITE 325
AUSTIN, TX 78746

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:

THREE RIVERS ACQUISITION LLC
1122 S CAPITAL OF TEXAS HWY
SUITE 325
AUSTIN, TX 78746

2. Article Number (Transfer from): 7009 2250 0004 1781 1852

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL



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

7009 2250 0004 1781 1869
7009 2250 0004 1781 1869

ADDRESS SERVICE REQUESTED

Sent to
Street Apt. No.,
or PO Box No. *The Allar Company*
City, State, Zip *P O BOX 1567*
Graham, TX 76450-1567
PS Form 3811, August 2006 See Reverse for Instructions

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

Postmark Here
Artesia, TX

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com

ALLAR COMPANY
PO BOX 1567
GRAHAM, TX 76450-1567

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:
THE ALLAR COMPANY
P O BOX 1567
GRAHAM, TX 76450-1567

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 No
If YES, enter delivery address below:

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 (Transfer from s) **7009 2250 0004 1781 1869**

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1876
7009 2250 0004 1781 1876

US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

18925 FIVE STAR L BLDG
M. Howard post.

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

Postmark Here

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

COG Operating LLC
PO Box 849929
Dallas TX 75284-9929

PS Form 3800, August 2006 See Reverse for Instructions

COG Operating LLC
P O BOX 849929
DALLAS, TX 75284-9929

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:

COG Operating LLC
P O BOX 849929
DALLAS, TX 75284-9929

2. Article Number (Transfer from sender) 7009 2250 0004 1781 1876

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1883
7009 2250 0004 1781 1883

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only. No Insurance Coverage Provided.)</small>	
<small>For delivery information visit our website at www.usps.com</small>	
Sent to Street, Apt. No. or PO Box No. City, State, Zip PS Form 3800, August 2006. See Reverse for Instructions.	Sandra M Thoma 8530 Mill Run Rd Athens TX 75751
Certified Fee Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$
Postmark Here	Postmark Here Postmark Here

SANDRA M THOMA
MILL RUN RD
ATHENS, TX 75751

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> SANDRA M THOMA 8530 MILL RUN RD ATHENS, TX 75751 </div>	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from s)	D. Is delivery address different from item 1? If YES, enter delivery address below:
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7009 2250 0004 1781 1883	



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 1890
7009 2250 0004 1781 1890

CERTIFIED MAIL

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

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

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

Postmark Here *PHOENIX AZ*

PS Form 3811, August 2006 See Reverse for Instructions

Street, Apt. No. or PO Box No. *Concho Oil & Gas LLC*
City, State, ZIP+4 *Dallas TX 75284-9929*

7009 2250 0004 1781 1890

CONCHO OIL & GAS LLC
P O BOX 849929
DALLAS, TX 75284-9929

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

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. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CONCHO OIL & GAS LLC P O BOX 849929 DALLAS, TX 75284-9929</p>	<p>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.</p>
<p>2. Article Number (Transfer from)</p> <p>7009 2250 0004 1781 1890</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>