

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Yates
Daphen BRG St # 1
Daphen BRG St # 2

ADMINISTRATIVE APPLICATION CHECKLIST

Woodchuck ABW St # 2
Woodchuck ABW St # 3

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]**

663

[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 _____

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[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	<i>Miriam Morales</i>	Production Analyst	11/9/12
Print or Type Name	Signature	Title	Date
		mmorales@yatespetroleum.com	
		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. Empire; Glorieta-Yeso 96210
(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: 11/9/12

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

WELL API NO. 30-015-39147
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-0228
7. Lease Name or Unit Agreement Name Gopher BRG State
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Empire; Glorieta-Yeso

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 S. Fourth Street Artesia, NM 88210

4. Well Location
 Unit Letter L : 1850 feet from the S line and 330 feet from the W line
 Section 13 Township 17S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3643' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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:

Gopher BRG State #1 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #VO-0228 API #30-015-39147 Eddy County, NM	Gopher BRG State #2 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #VO-0228 API #30-015-39153 Eddy County, NM	Woodchuck ABW State #2(not yet drilled) Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #LG-3782 API #30-015-39154 Eddy County, NM	Woodchuck ABW State #3 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #LG-3782 API #30-015-39155 Eddy County, NM
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The battery is located at the Gopher BRG State #1. Please see attached plats and site security diagram.

The ownership is diversified. All owner's notifications and in house waivers are 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 Gopher BRG State #1. 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.

Please see continuation

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 11/9/12

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 of Surface Lease Commingle for Gopher BRG State #1

Estimated daily production for each of the four wells is 100 bbl. with a gravity of 30.

Gas Measurement

Each of the wells will be equipped with allocation meters for gas prior to commingling. Total gas production and sales will be based on the measurement at the DCP's CDP and allocated back to each well based on EFM readings. The DCP meter will be located at the Gopher BRG State #1.

Estimated daily production for each of the four wells is 200 MCF with 1200 BTU.

The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

District I
 1825 N. French Dr., Hobbs, NM 88240
 Phone:(505) 393-6161 Fax:(505) 393-0720

District II
 1301 W. Grand Ave., Artesia, NM 88210
 Phone:(505) 748-1283 Fax:(505) 748-9720

District III
 1000 Rio Bracos Rd., Aztec, NM 87410
 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505
 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources

Form C-102
 Permit 153466

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-015-39147	2. Pool Code 96210	3. Pool Name EMPIRE; GLORIETA-YESO
4. Property Code 38671	5. Property Name GOPHER BRG STATE	
7. OGRID No. 25575	8. Operator Name YATES PETROLEUM CORPORATION	9. Elevation 3643

10. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
L	13	17S	28E		1850	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
12. Dedicated Acres 40.00		13. Joint or Infill		14. Consolidation Code			15. 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

	OPERATOR CERTIFICATION		
	<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: 6/20/2011</p>		
	SURVEYOR CERTIFICATION		
<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: 5/7/2011 Certificate Number: 7977</p>			

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

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

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

DISTRICT IV
1220 S. St. 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 30-015-39153	Pool Code 96210	Pool Name Empire; Gloria-Yeso
Property Code 38671	Property Name GOPHER "BRG" STATE	Well Number 2
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3702'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	13	17 S	28 E		330	SOUTH	2100	WEST	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 40.00	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>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>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>Email Address _____</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>Date Surveyed _____</p> <p>Signature & Seal of Professional Surveyor _____</p>
	<p>Certificate No. Gary L. Jones 7977</p> <p>BASIN SURVEYS 24588</p>

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1901 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 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 30-015-39154	Pool Code 96210	Pool Name Empire; Glorieta-Yeso
Property Code 38672	Property Name WOODCHUCK "ABW" STATE	Well Number 2
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3715'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	13	17 S	28 E		2050	SOUTH	2265	WEST	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 40.00	Joint or Infill	Consolidation Code	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>SURFACE LOCATION Lat - N 32°50'03.05" Long - W 104°07'51.97" NMSPC E 603452.372 (NAD-83)</p>	<p>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 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>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>Email Address _____</p>
	<p>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>Date Surveyed _____</p> <p>Signature & Seal of Professional Surveyor _____</p> <p></p> <p>W.O. No. _____</p>
	<p>Certificate No. Gary L. Jones 7977</p> <p>BASIN SURVEYS 24590</p>

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

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

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

DISTRICT IV
1220 S. St. 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 30-015-39155	Pool Code 96210	Pool Name Empire, Gloriaeta-Yeso
Property Code 38672	Property Name WOODCHUCK "ABW" STATE	Well Number 3
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3647'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	13	17 S	28 E		990	SOUTH	330	WEST	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 40.00	Joint or Infill	Consolidation Code	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>SURFACE LOCATION Lat - N 32°49'52.47" Long - W 104°08'14.37" NMSPE - N 666194.419 E 601543.116 (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 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>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>Email Address _____</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>Date Surveyed _____</p> <p>Signature & Seal of Professional Surveyor _____</p> <p></p>
	<p>Certificate No. Gary L. Jones 7977</p> <p>BASIN SURVEYS 24591</p>

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JUN 23 2011
NMOCD ARTESIA



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

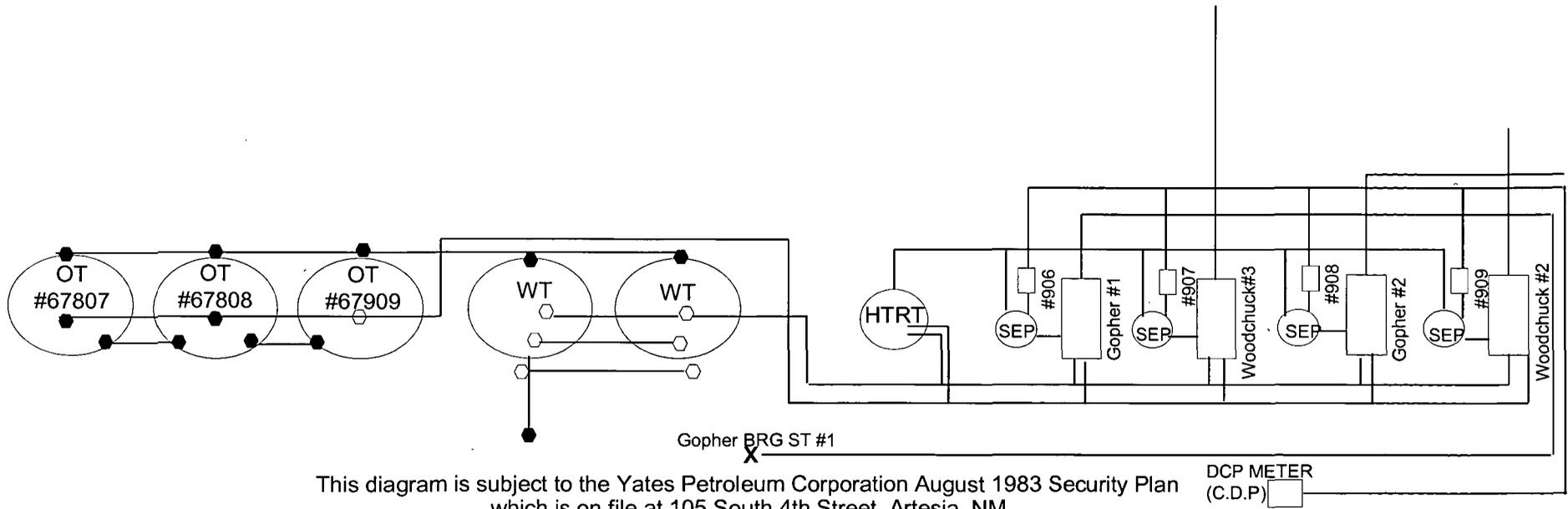
-Keith Hutchens Foreman
-October, 2012

← N

Gopher BRG ST #1

1850' FNL & 330' FWL * Sec13 – T17S R28E * Unit L
Eddy County, NM
API-300153914

- =Valve Closed
- =Valve Opened



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

DCP METER
(C.D.P.)

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

November 9, 2012

RE: Surface Lease Commingle
Gopher BRG State #1 & 2
Woodchuck ABW State #2 & 3
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle the following wells:

Gopher BRG State #1 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #VO-0228 API #30-015-39147 Eddy County, NM	Gopher BRG State #2 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #VO-0228 API #30-015-39153 Eddy County, NM	Woodchuck ABW State #2(not yet drilled) Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #LG-3782 API #30-015-39154 Eddy County, NM	Woodchuck ABW State #3 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #LG-3782 API #30-015-39155 Eddy County, NM
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The battery is located at the Gopher BRG State #1.

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 Gopher #1. 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 production for each of the four wells is 100 bbl. with a gravity of 30.

Gas Measurement

Each of the wells will be equipped with allocation meters for gas prior to commingling. Total gas production and sales will be based on the measurement at the DCPs CDP and allocated back to each well based on EFM readings. The DCP meter will be located at the Gopher BRG Sate #1.

Estimated daily production for each of the four wells is 200 MCF with 1200 BTU.

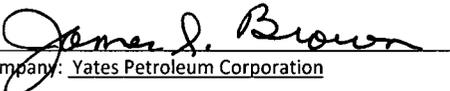
The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build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

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


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

JOHN A. YATES
CHAIRMAN OF THE BOARD

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JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

November 9, 2012

RE: Surface Lease Commingle
Gopher BRG State #1 & 2
Woodchuck ABW State #2 & 3
Eddy County, New Mexico

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Gopher BRG State #1 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #VO-0228 API #30-015-39147 Eddy County, NM	Gopher BRG State #2 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #VO-0228 API #30-015-39153 Eddy County, NM	Woodchuck ABW State #2(not yet drilled) Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #LG-3782 API #30-015-39154 Eddy County, NM	Woodchuck ABW State #3 Empire; Glorieta-Yeso Sec. 13-T17S-R28E St. lease #LG-3782 API #30-015-39155 Eddy County, NM
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The battery is located at the Gopher BRG State #1.

The ownership is diversified.

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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

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
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CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

November 9, 2012

RE: Surface Lease Commingle
Gopher BRG State #1 & 2
Woodchuck ABW State #2 & 3
Eddy County, New Mexico

Dear Interest Owner,

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

Gopher BRG State #1
Empire; Glorieta-Yeso
Sec. 13-T17S-R28E
St. lease #VO-0228
API #30-015-39147
Eddy County, NM

Gopher BRG State #2
Empire; Glorieta-Yeso
Sec. 13-T17S-R28E
St. lease #VO-0228
API #30-015-39153
Eddy County, NM

Woodchuck ABW State #2(not yet drilled)
Empire; Glorieta-Yeso
Sec. 13-T17S-R28E
St. lease #LG-3782
API #30-015-39154
Eddy County, NM

Woodchuck ABW State #3
Empire; Glorieta-Yeso
Sec. 13-T17S-R28E
St. lease #LG-3782
API #30-015-39155
Eddy County, NM

The battery is located at the Gopher BRG State #1.

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 Gopher #1. 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 production for each of the four wells is 100 bbl. with a gravity of 30.

Gas Measurement

Each of the wells will be equipped with allocation meters for gas prior to commingling. Total gas production and sales will be based on the measurement at the DCP's CDP and allocated back to each well based on EFM readings. The DCP meter will be located at the Gopher BRG State #1.

Estimated daily production for each of the four wells is 200 MCF with 1200 BTU.

The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

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

CERTIFIED MAIL



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

7009 2250 0004 1781 2118
7009 2250 0004 1781 2118

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See Reverse for Instructions

Street, Apt. No. or PO Box No. **OXY Y-1 Company**
City, State, Zip **P.O. Box 841803**
Dallas TX 75284-1803

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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 **Minneapolis**

-1803

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: X <input type="checkbox"/> Agent <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 <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 COMPANY P.O. BOX 841803 DALLAS, TX 75284-1803</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 se) 7009 2250 0004 1781 2118</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



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

7009 2250 0004 1781 2101
7009 2250 0004 1781 2101

ADDRESS SERVICE REQUESTED

PS Form 3800, July 2006 See Reverse for Instructions

Sent to: **JEFF D THOMAS**
 Street, Apt. No. or PO Box No.: **PO Box 5607**
 City, State, Zip+4: **Longview TX 75608**

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

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SPONSORIAL USE
 Attn: [unclear]

THOMAS
5607
W, TX 75608

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:

JEFF D THOMAS
P O BOX 5607
LONGVIEW, TX 75608

2. Article Number:

(Transfer from s) 7009 2250 0004 1781 2101

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



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

7009 2250 0004 1781 2095
7009 2250 0004 1781 2095

ADDRESS SERVICE REQUESTED

Sent to
 Street, Apt. No.,
 or PO Box No. Yates Industries LLC
 P O Box 1091
 City, State, ZIP+4 Artesia NM 88211-1091
 PS Form 3800, August 2008
 See Reverse for Instructions

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

U.S. Postal Service
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YATES LLC
88211-1091

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:

YATES INDUSTRIES LLC
P O BOX 1091
ARTESIA, NM 88211-1091

2. Article Number
(Transfer from se

7009 2250 0004 1781 2095

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



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

7009 2250 0004 1781 2088
7009 2250 0004 1781 2088

ADDRESS SERVICE REQUESTED

Sent to
Street, Apt. No.,
or PO Box No. **Sharbro Energy LLC**
City, State, ZIP+4[®] **Artesia NM 88211-0840**

PS 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

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CERTIFIED MAIL USE

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SHARBRO ENERGY LLC
P O BOX 840
ARTESIA, NM 88211-0840

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:

SHARBRO ENERGY LLC
P O BOX 840
ARTESIA, NM 88211-0840

2. Article Number
(Transfer from s)

7009 2250 0004 1781 2088

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™



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

7009 2250 0004 1781 2071
7009 2250 0004 1781 2071

ADDRESS SERVICE REQUESTED

Sent to
 Street, Apt. No.
 or PO Box No. *Spiral LLC*
 City, State, ZIP+4 *PO Box 1933*
Roswell NM 88201

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

W. Ryan Prod.

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SPIRAL INC
P O BOX 1933
ROSWELL, NM 88201

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:

SPIRAL INC
P O BOX 1933
ROSWELL, NM 88201

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

2. Article Number (Transfer from sender) 7009 2250 0004 1781 2071

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 2064
7009 2250 0004 1781 2064

Sent to
Street Apt. No.,
or PO Box No. 303 W. WALL AVE, STE. 1800
City, State, ZIP+4[®] MIDLAND TX 79701
PS Form 3811, August 2004 See Reverse for Instructions

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H. Nixon P. Prod.

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

Postmark Here

...TION 02 LTD
& RANCH LTD
...E SUITE 1800
...9701

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:

FASKEN ACQUISITION 02 LTD
FBO FASKEN OIL & RANCH LTD
303 W WALL AVE SUITE 1800
MIDLAND, TX 79701

2. Article Number
(Transfer from s

7009 2250 0004 1781 2064

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

CERTIFIED MAIL



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

7009 2250 0004 1781 2057
7009 2250 0004 1781 2057

ADDRESS SERVICE REQUESTED

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

Postmark Here
Winning Prod.

Sent To: *PAW PRINTS OIL & GAS ATTN: MARK MOURNE*
Street, Apt. No. or PO Box No.: *605 Canon Ridge Trail*
City, State, ZIP+4: *Canon City CO 81212*

U.S. Form 3800 August 2006 See Reverse for Instructions

SLTD
MAIL

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. 	<p>A. Signature: <i>X</i> <input type="checkbox"/> Agent <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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>PAW PRINTS OIL & GAS LTD ATTN: MARK MOURNE 605 CANON RIDGE TRAIL CANON CITY, CO 81212</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 s) 7009 2250 0004 1781 2057</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 2040
7009 2250 0004 1781 2040

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GLOBAL USE

Missions Corp.

M LLC

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

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

Send to: *Thunderbolt Petroleum LLC*
Street, Apt. No. or PO Box No. *PO Box 10523*
City, State, ZIP+4 *MIDLAND TX 79702-0523*

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. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</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> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>THUNDERBOLT PETROLEUM LLC P O BOX 10523 MIDLAND, TX 79702-0523</p> </div>	<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 s 7009 2250 0004 1781 2040)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7009 2250 0004 1781 2033
7009 2250 0004 1781 2033

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PROHIBITED USE

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

Postmark Here

Sent to: *Hunt Oil Company*
Street Apt. No. or PO Box No. *Lock Box 840722*
City, State, Zip+4 *Dallas TX 75284-0722*

PS Form 3800, August 2006 See Reverse for Instructions

NY 0722

PLACE STICKER AT TOP OF ENVELOPE OR FRONT 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. <p>1. Article Addressed to:</p> <p>HUNT OIL COMPANY LOCK BOX 840722 DALLAS, TX 75284-0722</p>	<p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
2. Article Number (Transfer from s) 7009 2250 0004 1781 2033	<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



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

7009 2250 0004 1781 2026
7009 2250 0004 1781 2026

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POSTAL USE

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

Postmark Here

Sent to: *Jalapeno Corporation*
Street, Apt. No. or PO Box No. *P O Box 1608*
City, State, ZIP+4 *Albuquerque NM 87103-1608*

PS Form 3800, August 2006 See Reverse for Instructions

103-1608

IF THE RETURN ADDRESS IS ON THE REVERSE OF THE ENVELOPE, 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. 	<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>JALAPENO CORPORATION P O BOX 1608 ALBUQUERQUE, NM 87103-1608</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 s) 7009 2250 0004 1781 2026</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 2156
7009 2250 0004 1781 2156

Sent to: **Nadel & Gussman Permian LLC**
 Street, Apt. No. or PO Box No.: **601 Marienfeld Ste. 508**
 City, State, ZIP+4: **Midland TX 79701**

PS 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

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NO POSTAL USE

PERMIAN LLC
SUITE 508

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: X <input type="checkbox"/> Agent <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 <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>NADEL & GUSSMAN PERMIAN LLC 601 N MARIENFELD SUITE 508 MIDLAND, TX 79701</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 sender's label): 7009 2250 0004 1781 2156</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



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

7009 2250 0004 1781 2149
7009 2250 0004 1781 2149

ADDRESS SERVICE REQUESTED

Sent to
 Street, Apt. No.
 or PO Box No. *Explorers Petroleum Corp.*
 City, State, ZIP+4 *PO Box 1933*
Roswell NM 88201
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
Mumps prod.

EXPLORERS PETROLEUM CORP
P O BOX 1933
ROSWELL, NM 88201

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT 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:

EXPLORERS PETROLEUM CORP
P O BOX 1933
ROSWELL, NM 88201

2. Article Number
(Transfer from s)

7009 2250 0004 1781 2149

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

CERTIFIED MAIL

7009 2250 0004 1781 2132
7009 2250 0004 1781 2132

Sent To: *Harvey E Yates Company*
Street, Apt. No.: *Sunwest Center 10 Box 1933*
or PO Box No.: *Roswell NM 88201*
City, State, ZIP+4: *Roswell NM 88201*
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	\$	

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CERTIFIED MAIL™
Domestic Mail Only. No Insurance Coverage Provided.

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

GAFFIGAL USE

William E. Prod.

HARVEY E YATES COMPANY
SUNWEST CENTRE
P O BOX 1933
ROSWELL, NM 88201

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 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>HARVEY E YATES COMPANY SUNWEST CENTRE P O BOX 1933 ROSWELL, NM 88201</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 2132</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

CERTIFIED MAIL

7009 2250 0004 1781 2125
7009 2250 0004 1781 2125

Sent To
Street Addr. No.
or PO Box No. *Andrew C Lattu*
City, State, ZIP+4 *PO Box 11644*
Spring, TX 77391-1644

PS Form 3800/August 2005 See Reverse for Instructions

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

Postmark Here

Andrew C Lattu

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

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Special Use

ANDREW C LATTU
P O BOX 11644
SPRING, TX 77391-1644

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:

ANDREW C LATTU
P O BOX 11644
SPRING, TX 77391-1644

2. Article Number
(Transfer from s)

7009 2250 0004 1781 2125

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 Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

7011 2970 0002 0898 9342
7011 2970 0002 0898 9342

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Gopher # CTB *11/12/12*

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

Postmark Here

Sent To *N.M. State Land Office*
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

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

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

2. Article Number

(Transfer from se

7011 2970 0002 0898 9342

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