

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

RECEIVED OGD

Anthony AAK #Cork

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ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

[D] Other: Specify _____

Proposed 1/4/B
BY SANTA PETROLEUM
Retrieved 1/28/13

[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 _____
 Print or Type Name *Miriam Morales* Signature Production Analyst Title *12/14/12* 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 (25575)
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. Parkway; Bone Spring 49622
 (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: 12/14/12

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. 30-015-38576
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Anthill AAK State Com
8. Well Number 3H
9. OGRID Number 025575
10. Pool name or Wildcat Parkway; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3297' GR

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 P : 560 feet from the S line and 330 feet from the E line
 Section 2 Township 20S Range 29E NMPM Eddy County

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 oil 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 respectfully requests administrative approval to Surface/Lease Commingle oil only the following wells:

Anthill AAK State Com #2H
 Parkway; Bone Spring
 Sec. 2-T20S-R29E
 St. Lease #LG-2041
 API #30-015-38575
 Eddy County, NM

Anthill AAK State Com #3H
 Parkway; Bone Spring
 Sec. 2-T20S-R29E
 St. Lease #LG-4525
 API #30-015-38576
 Eddy County, NM

Anthill AAK State Com #4H
 Parkway; Bone Spring
 Sec. 2-T20S-R29E
 St. Lease #LG-4525
 API #30-015-40731
 Eddy County, NM

The battery is located at the Anthill State Com #2H. Please see attached plats and site security diagram.

The ownership is diversified. All owner's notifications and 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 Anthill #2H. 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. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

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.

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 12/14/12

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

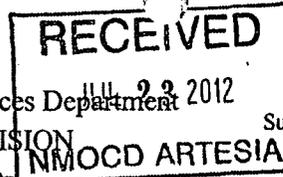
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

District I
1625 N French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720
District II
811 S First St., Artesia, NM 88210
Phone (575) 748-1283 Fax (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone (505) 334-6178 Fax (505) 334-6170
District IV
1220 S St Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax (505) 476-3462

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 August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-38575	² Pool Code 49622	³ Pool Name Parkway; Bone Spring
⁴ Property Code 38544	⁵ Property Name Anthill AAK State Com	
⁷ OGRID No. 025575	⁶ Operator Name Yates Petroleum Corporation	⁸ Well Number 2H ⁹ Elevation 3303'GR

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	2	20S	29E		1980	South	330	East	Eddy

¹⁰ 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
L	2	20S	29E		1985	South	361	West	Eddy

¹² Dedicated Acres 160	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.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or leased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division. Signature Date July 19, 2012 Tina Huerta Printed Name tinah@yatespetroleum.com E-mail Address	
	¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor Certificate Number	

on 8/8/12 CS

District III

1000 Rio Brazos 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

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-015-38576	2. Pool Code 49622	3. Pool Name PARKWAY;BONE SPRING
4. Property Code 38544	5. Property Name ANTHILL AAK STATE COM	
7. OGRID No. 25575	8. Operator Name YATES PETROLEUM CORPORATION	9. Elevation 3297

10. Surface Location

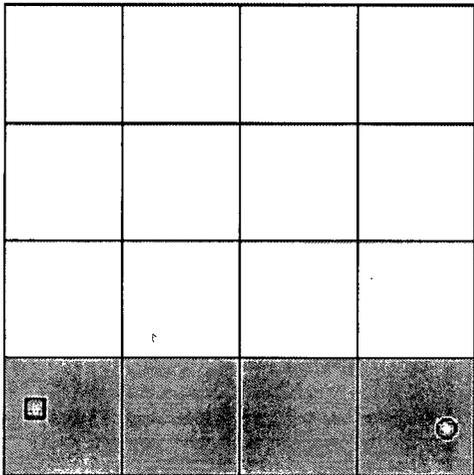
UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
P	2	20S	29E		560	S	330	E	EDDY

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
M	2	20S	29E	M	760	S	330	W	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

	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: 3/22/2011</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: 1/24/2011 Certificate Number: 7977</p>			

DISTRICT I
1825 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
1301 W. Grand Avenue, Artesia, NM 88210
Phone (575) 746-1283 Fax: (575) 746-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6176 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

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 30-015-40731	Pool Code 49622	Pool Name Parkway Wildcat/2nd Bone Spring Sand
Property Code	Property Name ANTHILL "AAK" STATE COM	Well Number 4H
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3296

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	2	20 S	29 E		435	SOUTH	330	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	2	20 S	29 E		435	SOUTH	330	WEST	EDDY

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

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

Production Zone

Project Area

Penetration Point
435' FSL & 821' FEL

PROPOSED BOTTOM HOLE LOCATION

Lat - N 32°56'47.19"
Long - W 104°03'11.44"
NMSPC - N 580830.53
E 627615.09
(NAD-83)

SURFACE LOCATION

Lat - N 32°35'47.06"
Long - W 104°02'47.35"
NMSPC - N 580829.36
E 632242.31
(NAD-83)

4628.32

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date 9/14/12

Travis Hahn

Printed Name

thahn@yatespetroleum.com

Email Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

Date Surveyed _____

Signature of Professional Surveyor _____

Certificate No. Gary L. Jones 7977

BASIN SURVEYS 27197

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

December 14, 2012

RE: Surface Lease Commingle oil only
Anthill AAK State Com #2H, 3H, & 4H
Eddy County, New Mexico

Dear interest owner,

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

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H.
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 Anthill #2H. 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. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

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 and shorten the economic life of all the wells.

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


Company: Trust O U/W/O Peggy A Yates, Deceased

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

Well Selection Criteria Quick Print

opno = 25575 and WH_SEC = 2 and WH_TWPN = 20 and WH_TWPD Like 'S' and WH_RNGN = 29 and WH_RNGD Like 'E'

API Well #	Well Name and No.	Operator Name	Typ	Stat	County	Surf	UL	Sec	Twp	Rng	Ft N/S	Ft E/W	UICPrmt	Lst Insp Dt
30-015-38575-00-00	ANTHILL AAK STATE COM	002H YATES PETROLEUM CORPORAT	O	A	Eddy	S	I	2	20 S	29 E	1980 S	330 E		12/27/2012
30-015-24964-00-00	ANTHILL AAK STATE	001 YATES PETROLEUM CORPORAT	G	A	Eddy	S	O	2	20 S	20 E	600 S	2150 E		3/22/2012
30-015-40731-00-00	ANTHILL AAK STATE COM	004H YATES PETROLEUM CORPORAT	O	N	Eddy	S	P	2	20 S	29 E	435 S	330 E		
30-015-38576-00-00	ANTHILL AAK STATE COM	003H YATES PETROLEUM CORPORAT	O	N	Eddy	S	P	2	20 S	29 E	560 S	330 E		

Well Master

30-015-38575-00-00

YATES PETROLEUM CORPORATION
ANTHILL AAK STATE COM No 002H

Eddy

Production Summary

(16 Month Default) 5 Year Data

Months Since Production > Zero: **2**

Specify Beginning Date for Summary... **9/29/2011** 1/29/2008

Date of Last Production Report:

Production Pool(s)	Oil Prod	Gas Prod	Wtr Prod	Days Prod	Rpt Date
PARKWAY;BONE SPRING	13583	15707	14390	21	7/1/2012
PARKWAY;BONE SPRING	18082	25463	14534	31	8/1/2012
PARKWAY;BONE SPRING	13800	27433	14058	30	9/1/2012
PARKWAY;BONE SPRING	11792	27725	12312	31	10/1/2012
PARKWAY;BONE SPRING	8734	23203	10634	30	11/1/2012

Injection Pool(s)	Wtr Inj	CO2 Inj	Gas Inj	Other Inj	Days Inj	Prod Date	Rpt Inj psi
PARKWAY;BONE SPRING	0	0	0	0	21	7/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	31	8/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	30	9/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	31	10/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	30	11/1/2012	0

Total Volumes for Above Filtered Recordset...

Oil Total: **65,991** Gas Total: **119,531** Water Total: **65,928**
 Water Inj Total: **0** CO2 Inj Total: **0** Gas Inj Total: **0** Other Inj Total: **0**

Double-Click on '5 Year Data' Label Above to Automatically Apply That Date and Show 5 Year Production History!
 Double-Click on '(16 Month Default)' Label to Re-Filter to 16 Months!



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

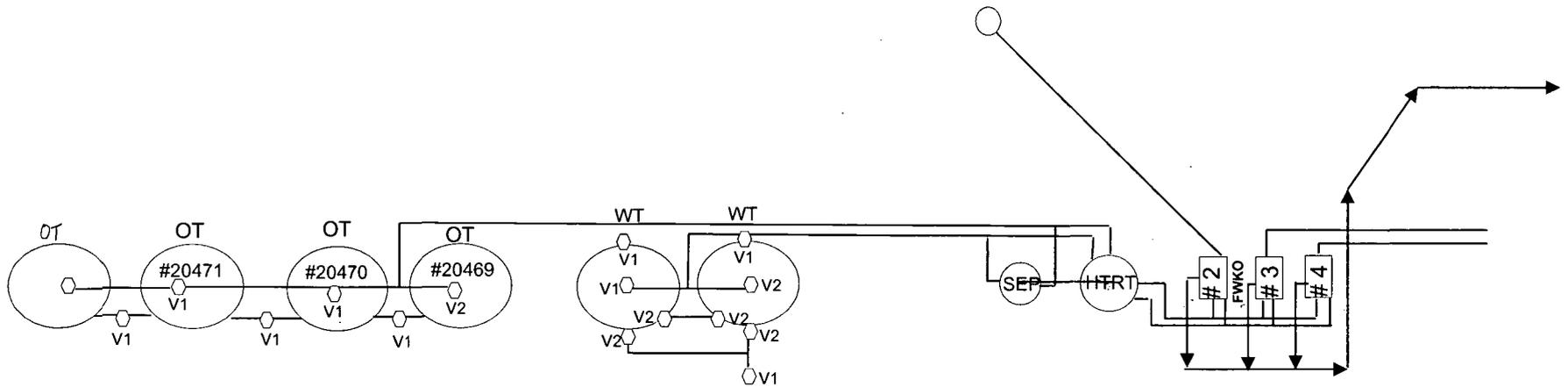
-Keith Hutchens
July, 2012

Anthill AAK ST Com # 2H

1980' FSL & 330' FEL * Sec 2 – T20S R29E * Unit L
Eddy County, NM
API -3001538575



V1= Valve Closed
V2= 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

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



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December 14, 2012

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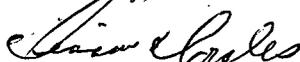
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Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

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 and shorten the economic life of all the wells.

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

Sincerely,


Miriam Morales
Production Analyst

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

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

December 14, 2012

RE: Surface Lease Commingle oil only
Anthill AAK State Com #2H, 3H, & 4H
Eddy County, New Mexico

Dear interest owner,

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

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H.
The ownership is diversified.

Oil Measurement

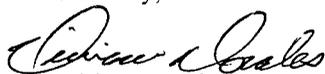
Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Anthill #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

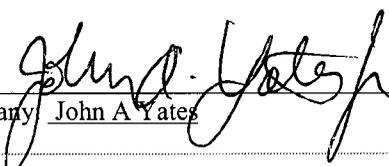
The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will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

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


Company John A Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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

7011 2000 0002 6461 6879
7011 2000 0002 6461 6879

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Arthur H. H. CFB v. State of N.M. 12/11/12
San Juan Co. NM

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

Postmark
Here

Sent To: *D. U. SLO*
Street, Apt. No.:
or PO Box No.: *310 Old Santa Fe Trail*
City, State, ZIP+4: *South Fe NM 87504*
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

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

December 14, 2012

RE: Surface Lease Commingle oil only
Anthill AAK State Com #2H, 3H, & 4H
Eddy County, New Mexico

Dear interest owner,

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

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H.
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 Anthill #2H. 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. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

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 and shorten the economic life of all the wells.

Any objections 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 this letter.

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

Sincerely,

Miriam Morales
Production Analyst



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9731
7011 2970 0002 0898 9731

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$ \$ \$
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	KAROLYN M ROGERS C/O TAMMY ROGERS PO BOX 3040 MIDLAND, TX 79702
Postmark Here	KAROLYN M ROGERS C/O TAMMY ROGERS PO BOX 3040 MIDLAND, TX 79702
PS Form 3811, August 2005 See reverse for instructions	

KAROLYN M ROGERS
C/O TAMMY ROGERS
PO BOX 3040
MIDLAND, TX 79702

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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: KAROLYN M ROGERS C/O TAMMY ROGERS PO BOX 3040 MIDLAND, TX 79702		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from s) 7011 2970 0002 0898 9731		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		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.	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540			

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

7011 2970 0002 0898 9724

7011 2970 0002 0898 9724

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

Sent to
JOHN H & CAROL W HENDRIX
TRUSTEES OF THE
JOHN H HENDRIX REVOCABLE TRUST
P O BOX 3040
MIDLAND, TX 79702

Street, Apt. No., or PO Box No.
City, State, ZIP+4
P.S. Form 3800, 7A

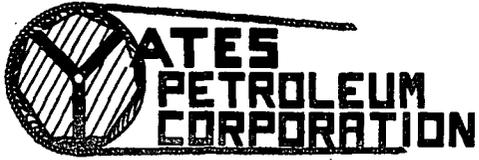
Postmark Here

Handwritten: LINDA STEPHENSON

JOHN H & CAROL W HEND
TRUSTEES OF THE
JOHN H HENDRIX REVOCA
P O BOX 3040
MIDLAND, TX 79702

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 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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>JOHN H & CAROL W HENDRIX TRUSTEES OF THE JOHN H HENDRIX REVOCABLE TRUST P O BOX 3040 MIDLAND, TX 79702</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): 7011 2970 0002 0898 9724</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



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

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7011 2970 0002 0898 9700
7011 2970 0002 0898 9700

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Certified Fee Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$ \$ \$
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4	VIRGINIA P MONAGHAN TRUSTEE OF MONAGHAN LVG TRUST 500 W TEXAS STE 1200 MIDLAND, TX 79701-4281
Postmark Here	[Handwritten Signature: Virginia P Monaghan]

VIRGINIA P MONAGHAN
TRUSTEE OF MONAGHAN L
500 W TEXAS STE 1200
MIDLAND, TX 79701-4281

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"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: VIRGINIA P MONAGHAN TRUSTEE OF MONAGHAN LVG TRUST 500 W TEXAS STE 1200 MIDLAND, TX 79701-4281		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from sender) 7011 2970 0002 0898 9700		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	

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

7011 2970 0002 0898 9694

7011 2970 0002 0898 9694

ADDRESS SERVICE REQUESTED

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

Handwritten: *Walter BT PO Box 293 Midland TX 79702*

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

Postmark Here

Sent To: TOCOR INVESTMENTS INC
 Street, Apt. No., or PO Box No.: P O BOX 293
 City, State, ZIP+4: MIDLAND, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

TOCOR INVESTMENTS INC
P O BOX 293
MIDLAND, TX 79702

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 <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>TOCOR INVESTMENTS INC P O BOX 293. MIDLAND, TX 79702</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from sender) 7011 2970 0002 0898 9694</p>	

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

7011 2970 0002 0898 9687
7011 2970 0002 0898 9687

ADDRESS SERVICE REQUESTED

Sent To
Street, Apt. No.
or PO Box No. 500 W TEXAS STE 1200
City, State, ZIP MIDLAND, TX 79701-4281
CAL-MON OIL COMPANY
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	\$

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)
 Addressed to: **ARTESIA, NM 87003**
 Postmark Here

CAL-MON OIL COMPANY
500 W TEXAS STE 1200
MIDLAND, TX 79701-4281

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 checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
CAL-MON OIL COMPANY 500 W TEXAS STE 1200 MIDLAND, TX 79701-4281		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from sender)		3. Service Type	
7011 2970 0002 0898 9687		<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	

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

7011 2970 0002 0898 9670
7011 2970 0002 0898 9670

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2005 See Reverse for Instructions

Sent to: FIDELITY EXPLORATION & PRODUCTION
Street, Apt. No., or PO Box No.: DEPARTMENT 420
City, State, ZIP+4: DENVER, CO 80256

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

Postmark Here

Signature: [Handwritten Signature]

FIDELITY EXPLORATION & PF
DEPARTMENT 420
DENVER, CO 80256

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 <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>FIDELITY EXPLORATION & PRODUCTION DEPARTMENT 420 DENVER, CO 80256</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>2. Article Number: (Transfer from s) 7011 2970 0002 0898 9670</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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WATSON PETROLEUM CORPORATION
WATSON BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9663
7011 2970 0002 0898 9663

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+
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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U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)
AUG 24 10 51 AM '06
CPT: [Signature]

DEVON ENERGY PRODUCTION
P O BOX 842485
DALLAS, TX 75284-2485

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: DEVON ENERGY PRODUCTION CO LP P O BOX 842485 DALLAS, TX 75284-2485		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from sender) 7011 2970 0002 0898 9663		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	

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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9656

7011 2970 0002 0898 9656

Sent to
Richard Yates
428 SANDOVAL
SANTA FE, NM 87501

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

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Richard Yates
USPS
Richard Yates

RICHARD YATES
428 SANDOVAL
SANTA FE, NM 87501

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:

RICHARD YATES
428 SANDOVAL
SANTA FE, NM 87501

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 st 7011 2970 0002 0898 9656

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9649
7011 2970 0002 0898 9649

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip
PEYTON YATES
105 S FOURTH STREET
ARTESIA, NM 88210
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

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

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

McMillan
C. B. McMillan
U.S. POST
McMillan P. Prod

PEYTON YATES
105 S FOURTH STREET
ARTESIA, NM 88210

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 <input 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>PEYTON YATES 105 S FOURTH STREET ARTESIA, NM 88210</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 se) 7011 2970 0002 0898 9649</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9632

7011 2970 0002 0898 9632

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	MULBERRY PARTNERS II LLP P O BOX 1290 ARTESIA, NM 88211-1290
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$
Postmark Here	<i>Discern E paid</i>

MULBERRY PARTNERS II LL
P O BOX 1290
ARTESIA, NM 88211-1290

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X</i>	
1. Article Addressed to: MULBERRY PARTNERS II LLP P O BOX 1290 ARTESIA, NM 88211-1290		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from si		3. Service Type <input 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.	
7011 2970 0002 0898 9632		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9625
7011 2970 0002 0898 9625

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP
PS Form 3800, August 2005
See Reverse for Instructions

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

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

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

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

Postmark Here

Address: Yates Industries LLC
P O BOX 1091
ARTESIA, NM 88211-1091

Signature: [Handwritten Signature]

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

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 <input 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>YATES INDUSTRIES LLC P O BOX 1091 ARTESIA, NM 88211-1091</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) 7011 2970 0002 0898 9625</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



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

7011 2970 0002 0898 9618

7011 2970 0002 0898 9618

ADDRESS SERVICE REQUESTED

Sent To
Street, Apt. No.,
or PO Box No.
City, State, Zip*
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	\$

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®
 ARTESIA, NM 88211-0840
 SHARBRO ENERGY LLC
 P O BOX 840
 ARTESIA, NM 88211-0840

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

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 <input 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>SHARBRO ENERGY LLC P O BOX 840 ARTESIA, NM 88211-0840</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: 7011 2970 0002 0898 9618)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9601
7011 2970 0002 0898 9601

Sent To
TULIPAN LLC
Street Addr. No.
or PO Box No. P O BOX 1020
City, State, Zip ARTESIA, NM 88211-1020
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

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

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

Delivered by First Class Mail by U.S. Mail

TULIPAN LLC
P O BOX 1020
ARTESIA, NM 88211-1020

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 <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>TULIPAN LLC P O BOX 1020 ARTESIA, NM 88211-1020</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: 7011 2970 0002 0898 9601 (Transfer from s)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9595
7011 2970 0002 0898 9595

PS Form 3811, August 2004
See Reverse for Instructions

Sent To
Street, Apt. No.,
or PO Box No. P O BOX 1290
City, State, Zip+ ARTESIA, NM 88211-1290

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

Postmark Here

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Artesia NM 88211-1290
U.S. Mail
Postmark Here

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

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:

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

2. Article Number (Transfer from s) 7011 2970 0002 0898 9595

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™



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6461 7043
7011 2000 0002 6461 7043

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

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

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

Signature: *[Handwritten Signature]*
Date: *[Handwritten Date]*

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

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:

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

2. Article Number (Transfer from sender's label)

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

7011 2000 0002 6461 7043

CERTIFIED MAIL™



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

7011 2970 0002 0898 9588
7011 2970 0002 0898 9588

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006
Street, Apt. No.,
or PO Box No.
City, State, Zip
P.S. Form 3800, August 2006
See Reverse for Instructions

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 \$

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

Postmark Here

Handwritten: *Accepted by USPT*
Postmark pad

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

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 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 If YES, enter delivery address below: <input type="checkbox"/> No</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 <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)</p> <p>7011 2970 0002 0898 9588</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

CERTIFIED MAIL™



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

POSTAGE SERVICE REQUESTED

7011 2970 0002 0898 9571
7011 2970 0002 0898 9571

PS Form 3800, August 2006
See Reverse for Instructions

Sent To
MARSHALL & WINSTON INC
Street, Apt. No.,
or PO Box No. P O BOX 50880
City, State, ZIP+4 MIDLAND, TX 79710-0880

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

Postmark Here

Handwritten signature: Marshall & Winston Inc

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

MARSHALL & WINSTON INC
P O BOX 50880
MIDLAND, TX 79710-0880

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:

MARSHALL & WINSTON INC
P O BOX 50880
MIDLAND, TX 79710-0880

2. Article Number:
(Transfer from s)

7011 2970 0002 0898 9571

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

4. Restricted Delivery? (Extra Fee)

Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7011 2970 0002 0898 9564
7011 2970 0002 0898 9564

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 _____
Sent to TAYLOR L BARR P O BOX 78694 CHARLOTTE, NC 28271	
Street, Apt. No., or P.O. Box No. City, State, Zip+4 PS Form 3800, August 2005 See Reverse for Instructions	

TAYLOR L BARR
P O BOX 78694
CHARLOTTE, NC 28271

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: TAYLOR L BARR P O BOX 78694 CHARLOTTE, NC 28271		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number: (Transfer from s) 7011 2970 0002 0898 9564		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	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9557
7011 2970 0002 0898 9557

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

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

Handwritten: L. Reid, C/O Christine Motycka, U.S. Post Office, Midland, TX 79702

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

Postmark Here

Sent to: ZACHARIAH J REID
Street, Apt. No., or PO Box No.: C/O CHRISTINE MOTYCKA
City, State, ZIP+4: P O BOX 505
MIDLAND, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

ZACHARIAH J REID
C/O CHRISTINE MOTYCKA
P O BOX 505
MIDLAND, TX 79702

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 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>ZACHARIAH J REID C/O CHRISTINE MOTYCKA P O BOX 505 MIDLAND, TX 79702</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from se) 7011 2970 0002 0898 9557</p>	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9540

7011 2970 0002 0898 9540

PS Form 3800, August 2006 See Reverse for Instructions

Sent To
Street, Apt. No.,
or PO Box No. 1031 NW 43RD AVENUE
City, State, ZIP+ CAMAS, WA 98607

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

Postmark Here

Handwritten: WASH STATE U STATE
WYOMING

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

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

CRAIG W BARR
1031 NW 43RD AVENUE
CAMAS, WA 98607

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 <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>CRAIG W BARR 1031 NW 43RD AVENUE CAMAS, WA 98607</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 st 7011 2970 0002 0898 9540</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9526
7011 2970 0002 0898 9526

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

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

Laurie B Barr *USPS*
Postmark Here

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

PS Form 3811

PS Form 3811

PS Form 3811

LAURIE B BARR FAMILY TRU
C/O WELLS FARGO BANK
ACCT #72385400
P O BOX 40909
AUSTIN, TX 78704

PS Form 3811
PS Form 3811
PS Form 3811

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 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 If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>LAURIE B BARR FAMILY TRUST C/O WELLS FARGO BANK ACCT #72385400 P O BOX 40909 AUSTIN, TX 78704</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 se)</p> <p>7011 2970 0002 0898 9526</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9519
7011 2970 0002 0898 9519

PS Form 3800, August 2006. See Reverse for Instructions.

Street, Apt. No., or PO Box No. CHRISTINE MOTYCKA
City, State, ZIP+4 P O BOX 505
MIDLAND, TX 79702

Sent To

Postmark Here

Postage \$

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. MAIL

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

Signature: *Christine Motycka*

CHRISTINE MOTYCKA
P O BOX 505
MIDLAND, TX 79702

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

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:

CHRISTINE MOTYCKA
P O BOX 505
MIDLAND, TX 79702

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

2. Article Number (Transfer from s) 7011 2970 0002 0898 9519

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9502
7011 2970 0002 0898 9502

Sent To
Street, Apt. No.,
or PO Box No. P O BOX 505
City, State, Zip+4 MIDLAND, TX 79702
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

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

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

Handwritten: Midland TX PO Box 505 V Elaine Barnes

V ELAINE BARNES
P O BOX 505
MIDLAND, TX 79702

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:

V ELAINE BARNES
P O BOX 505
MIDLAND, TX 79702

2. Article Number (Transfer from si 7011 2970 0002 0898 9502)

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 STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9496
7011 2970 0002 0898 9496

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

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

Adolf B. Barnes

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

Postmark Here

Adolf Barnes

Sent to: THE BARNES FAMILY PARTNERSHIP
Street, Apt. No., or PO Box No.: P O BOX 505
City, State, ZIP+4: MIDLAND, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

THE BARNES FAMILY PARTNE
P O BOX 505
MIDLAND, TX 79702

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
<p>THE BARNES FAMILY PARTNERSHIP P O BOX 505 MIDLAND, TX 79702</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>	
2. Article Number (Transfer from se)		3. Service Type	
7011 2970 0002 0898 9496		<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	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9489

7011 2970 0002 0898 9489

U.S. Postal Service™ RECEIPT Domestic Mail Only. No Insurance Coverage Provided.	
For delivery information visit our website at www.usps.com	
<i>Julie Ellen Barnes</i>	
Certified Fee	\$
Postage	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
Sent To:	Postmark Here
Street Apt. No. or P.O. Box No. City, State ZIP+4	JULIE ELLEN BARNES P O BOX 505 MIDLAND, TX 79702
PS Form 3800, August 2006 See Reverse for Instructions	<i>Julie Ellen Barnes</i>

JULIE ELLEN BARNES
P O BOX 505
MIDLAND, TX 79702

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: JULIE ELLEN BARNES P O BOX 505 MIDLAND, TX 79702	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
7011 2970 0002 0898 9489	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	102595-02-M-1540

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9472

7011 2970 0002 0898 9472

PS Form 3800, August 2006 See Reverse for Instructions

For delivery information visit our website at www.usps.com®
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**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

*For Mrs. EFB of Nancy L Yates
P.O. Box 1446
Marble Falls, TX*

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

Postmark Here

Sent to
Street, Apt. No., or P.O. Box No. P O BOX 1446
City, State, ZIP+4 MARBLE FALLS, TX 78654

GERALDINE L ZOLLER
P O BOX 1446
MARBLE FALLS, TX 78654

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 <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>GERALDINE L ZOLLER P O BOX 1446 MARBLE FALLS, TX 78654</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)</p> <p>7011 2970 0002 0898 9472</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Jones, William V., EMNRD

From: Hanson Yates <hyates@santopetroleum.com>
Sent: Monday, January 28, 2013 4:01 PM
To: Jones, William V., EMNRD
Cc: Mike Hill (mikeh@yatespetroleum.com); Tobin Rhodes; Peyton Yates; Karen Leishman; Mark Ashley
Subject: RE: Protest of Application for Surface Lease Commingling of Oil Production

Dear Mr. Jones,

Santo Legado LLLP hereby withdraws its protest of application for surface lease commingling of oil production as set forth below. We have met with Yates Petroleum and are comfortable with their plans to meter and allocate production. They have also granted us the right to witness the production metering going forward.

Thank you.

Best regards,

Hanson Yates

Vice President, Land & Business Development
Santo Petroleum LLC
Two Allen Center
1200 Smith Street, Suite 690
Houston, TX 77002

Main: 713-600-7500
Direct: 713-652-0088
Mobile: 713-412-2097

From: Jones, William V., EMNRD [<mailto:William.V.Jones@state.nm.us>]
Sent: Friday, January 04, 2013 5:25 PM
To: Hanson Yates
Subject: RE: Protest of Application for Surface Lease Commingling of Oil Production

Got it....

From: Hanson Yates [<mailto:hyates@santopetroleum.com>]
Sent: Friday, January 04, 2013 3:31 PM
To: Jones, William V., EMNRD
Cc: Tobin Rhodes; Karen Leishman; Mark Ashley
Subject: Protest of Application for Surface Lease Commingling of Oil Production

Re: Yates Petroleum Corporation's application for Surface Lease Commingling of oil production from

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041,
API #30-015-38575

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731

Eddy County, NM

Eddy County, NM

Eddy County, NM

Dear Mr. Jones,

Thank you for returning my voicemail yesterday. Per your suggestion, I am sending this email to notify the NM OCD that Santo Legado LLLP protests the application by Yates Petroleum Corporation ("YPC") for surface lease commingling of production from the above captioned wells, which are all operated by YPC.

Since there is non-uniform ownership in the three wells, Santo Legado is concerned the risks and costs of potential errors in allocation of production among the three wells outweigh the benefits of surface commingling production as planned. With the oil production volumes YPC has suggested, a small error could result in significant harm to any under allocated party.

We have notified YPC of our protest and will work with them to resolve this matter quickly. We will notify you as soon as we reached any conclusions with YPC.

Have a nice weekend.

Best regards,

Hanson Yates

Vice President, Land & Business Development
Santo Petroleum LLC
Two Allen Center
1200 Smith Street, Suite 690
Houston, TX 77002

Main: 713-600-7500
Direct: 713-652-0088
Mobile: 713-412-2097

Jones, William V., EMNRD

From: Jones, William V., EMNRD
Sent: Monday, January 07, 2013 11:54 AM
To: 'Mike Hill'
Subject: RE: Anthill AAK State Com # 3, Surface comingle application.

Mike
I have seen no other protests as of this moment.

Will

From: Mike Hill [<mailto:MikeH@yatespetroleum.com>]
Sent: Monday, January 07, 2013 11:34 AM
To: Jones, William V., EMNRD
Subject: Anthill AAK State Com # 3, Surface comingle application.

William Jones
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Will,

I was wondering if you could tell me if anyone has protested this application for surface comingling on the Anthill AAK St Com # 3. Santo Petroleum another Yates company has told me that they are going to send a letter of protest; I have scheduled a meeting with them to see if we can resolve our differences, but I was wondering if anyone else had protested?

Thank You,

Mike Hill
Yates Petroleum Corp
Office: 575-748-4219
Cell : 575-365-8706

This message may contain confidential information and is intended for the named recipient only. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission. If verification is required please request a hard-copy version.

Jones, William V., EMNRD

From: Hanson Yates <hyates@santopetroleum.com>
Sent: Friday, January 04, 2013 3:31 PM
To: Jones, William V., EMNRD
Cc: Tobin Rhodes; Karen Leishman; Mark Ashley
Subject: Protest of Application for Surface Lease Commingling of Oil Production

Re: Yates Petroleum Corporation's application for Surface Lease Commingling of oil production from

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
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Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

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We have notified YPC of our protest and will work with them to resolve this matter quickly. We will notify you as soon as we reached any conclusions with YPC.

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Best regards,

Hanson Yates

Vice President, Land & Business Development
Santo Petroleum LLC
Two Allen Center
1200 Smith Street, Suite 690
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Main: 713-600-7500
Direct: 713-652-0088
Mobile: 713-412-2097