

ABOVE THIS LINE FOR DIVISION USE ONLY

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



ADMINISTRATIVE APPLICATION CHECKLIST

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 _____

- CTB 658-A
 - Yates Petroleum Corporation
 25575
 2015 MAR 12 P 2:29
 RECEIVED OGD

- [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

Wells ...
 - Grateful BOD
 Federal com
 30-015-38990
 - Grateful BOD
 Federal com
 2H
 30-015-38518

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

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

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

Miriam Morales _____
 Print or Type Name Signature Production Analyst Title 3/6/15 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. CTB-658
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. Sand Tank; Bone Spring 96832
(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: 3/6/15

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

E-MAIL ADDRESS: mmorales@yatespetroleum.com

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Serial No.
NM-0437523

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

Oil Well Gas Well Other PA

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

NM-129302

8. Well Name and No.

Grateful BOD Federal Com #2H

2. Name of Operator

Yates Petroleum Corporation

9. API Well No.

30-015-38518

3a. Address

105 S. 4th St., Artesia, NM 88210

3b. Phone No. (include area code)

575-748-1471

10. Field and Pool or Exploratory Area

Sand Tank; Bone Spring

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)

1650' FNL & 330' FEL Sec. 13-T18S-R29E Unit H, SENE Surface

1980' FNL & 330' FWL Sec. 13-T18S-R29E Unit E, SWNW Bottom

11. County or Parish, State

Eddy County, New Mexico

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

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

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

Yates Petroleum respectfully requests approval to amend surface/lease (CA) commingle approved on 2/2/13 (BLM), CTB-658 (OCD) by changing the gas measurement method.

The commingled production will be measured and sold/transferred at the Grateful BOD #1H battery located at Sec. 13-T18S-R29E, NENE. Please see attached site security diagram.

Diversified ownership under different CAs. All owners will be notified. (see attached)

Royalty values will not be affected by this commingle.

Please see continuation attached

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

Name (Printed/Typed)

Miriam Morales

Title

Production Analyst

Signature

Miriam Morales

Date

3/6/15

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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

Office

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

Continuation of Grateful Federal Com #2H amendment surface/lease (CA) commingle

Federal Lease #LC-055830, NM-437523, CA #NM-128652

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM	Sand Tank; Bone Spring	42	42	156	1280

CA #NM-129302

Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM	Sand Tank; Bone Spring	35	42.2	147	1241
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Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery shall be included in this application.

Gas Measurement

Total gas production and sales/transferred volumes will be based on measurement at the CDP and allocated back to each well based on EFM daily readings. The Agave's CDP meter #13236 is located at Sec. 13-T18S-R29E, NENE.

The purpose of the Surface/lease Commingle of production is in the interest of conservation, 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 existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0437523
2. Name of Operator YATES PETROLEUM CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address 105 S FOURTH ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No. NMNM129302
3b. Phone No. (include area code) Ph: 575-748-4200		8. Well Name and No. GRATEFUL BOD FEDERAL COM 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T18S R29E SENE 1650FNL 330FEL		9. API Well No. 30-015-38518
		10. Field and Pool, or Exploratory SAND TANK;BONE SPRING
		11. County or Parish, and State EDDY COUNTY, NM

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

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

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

Yates Petroleum respectfully requests approval to amend Surface lease (CA) commingle approved on 2/2/13 (BLM)and CTB-658 by changing the gas measurement method.

The commingle production will be measured and sold/transferred at the Grateful BOD Fed.#1H battery located at Sec. 13-T18S-R29E, NENE. Please see attach site facility diagram.

Diversified ownership under different CAs. All owners will be notified.(see attach)

Royalty values will not be affected by this commingle.

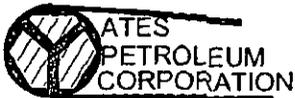
14. I hereby certify that the foregoing is true and correct. Electronic Submission #294159 verified by the BLM Well Information System For YATES PETROLEUM CORPORATION, sent to the Carlsbad	
Name (Printed/Typed) MIRIAM MORALES	Title PRODUCTION ANALYST
Signature (Electronic Submission)	Date 03/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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

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

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****



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

Keith Hutchens
August 2012

Grateful BOD #1H Battery

786' FNL & 545' FEL Sec 13-T18S-R29E Unit A
Eddy County, NM
API #3001538990

OT #20053

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

OT #20018

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

OT #20017

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

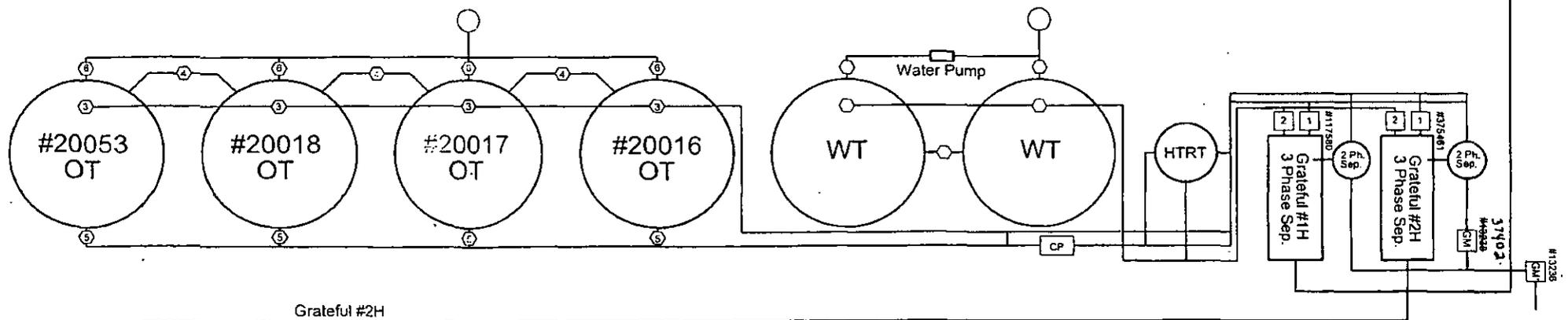
OT #20016

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

Legend

- 1- Turbine Allocation Meter (oil)
- 2- Turbine Allocation Meter (water)
- 3- Fill Line
- 4- EQ Line
- 5- Circ Line
- 6- Load Line
- GM- Gas Meter
- CP- Circulating Pump
- *- Sales Point
- Oil Line
- Gas Line
- Water Line



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

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

As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-38990	² Pool Code 96403 <i>96832</i>	³ Pool Name <i>Sand Tank</i> Wildcat: Bone Spring
⁴ Property Code 38516	⁵ Property Name Grateful BOD Federal Com	
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁶ Well Number 1H ⁹ Elevation 3493'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
A	13	18S	29E		786	North	545	East	Eddy

¹¹ 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
D	13	18S	29E		732	North	389	West	Eddy

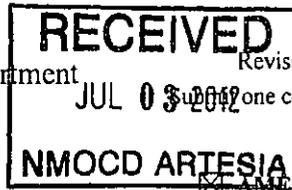
¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION	
	<i>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>	
	 Signature	November 28, 2011 Date
Tina Huerta Printed Name		
tnah@yatespetroleum.com E-mail Address		
¹⁸ SURVEYOR CERTIFICATION		
<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>		
Date of Survey Signature and Seal of Professional Surveyor		
Certificate Number		

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
one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-38518		¹ Pool Code 96832		¹ Pool Name Sand Tank; Bone Spring	
⁴ Property Code 38516		³ Property Name Grateful BOD Federal Com			⁶ Well Number 2H
⁷ OGRID No. 025575		¹ Operator Name Yates Petroleum Corporation			⁹ Elevation 3494'GL

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
H	13	18S	29E		1650	North	330	East	Eddy

¹¹ 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
E	13	18S	29E		2017	North	369	West	Eddy

¹² Dedicated Acres 160	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.

2017'N	1650'N	Surface 330'E		349'W	BHL	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 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: <i>Tina Huerta</i> Date: June 29, 2012	
						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.	
						Certificate Number	

MARTIN YATES, III
1912-1985

FRANK W. YATES
1935-1986

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

March 6, 2015

RE: Amend Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is requesting approval from the Bureau of Land Management and Oil Conservation Division to amend Surface/Lease Commingle by changing the gas measurement method on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM	Sand Tank; Bone Spring	42	42	156	1280
	CA #NM-129302				
Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM	Sand Tank; Bone Spring	35	42.2	147	1241

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery shall be included in this application.

Gas Measurement

Total gas production and sales/transferred volumes will be based on measurement at the CDP and allocated back to each well based on EFM daily readings. The Agave's CDP meter #13236 is located at Sec. 13-T18S-R29E, NENE.

The purpose of the Surface/lease Commingle of production is in the interest of conservation, the reduction of economic impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

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 STREET
ARTESIA, NEW MEXICO 88210

7014 0510 0001 0742 5373
7014 0510 0001 0742 5373

ADDRESS SERVICE REQUESTED

PS Form 3800

Sent To: GLADYS ANNE KOONTZ
 Street, Apt. No., or PO Box No.: 2117 SAVANNA COURT NORTH
 City, State, ZIP: LEAGUE CITY, TX 77573

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 PAID BY ADDRESSEE

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

Postmark Here

GLADYS ANNE KOONTZ
2117 SAVANNA COURT NORTH
LEAGUE CITY, TX 77573

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:

GLADYS ANNE KOONTZ
2117 SAVANNA COURT NORTH
LEAGUE CITY, TX 77573

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from sender) 7014 0510 0001 0742 5373



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0742 5014

7014 0510 0001 0742 5014

Sent To: ANNETTE KIRK PASCO
Street Apt. No.: 16601 GARFIELD SPACE 312
or PO Box No.:
City, State, ZIP+4: PARAMOUNT, CA 90723
PS Form 3810, 7A

US Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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	

Garfield Space 312
in card good

ANNETTE KIRK PASCO
16601 GARFIELD SPACE 312
PARAMOUNT, CA 90723

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: ANNETTE KIRK PASCO 16601 GARFIELD SPACE 312 PARAMOUNT, CA 90723		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 ser)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
7014-0510-0001 0742 5014		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9654
7014 0510 0001 0742 9654

Sent To: FRANCES J DAY
Street, Apt. No., or PO Box No.: C/O ANGELA LONG
City, State, ZIP+4: P O BOX 334
NEW CANEY, TX 77357
PS Form 3800, 7/13

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

Postmark Here

Santa Fe, NM
Wm... prod

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

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

FRANCES J DAY
C/O ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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>FRANCES J DAY C/O ANGELA LONG P O BOX 334 NEW CANEY, TX 77357</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from sender)</p> <p>7014 0510 0001 0742 9654</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

7014 0510 0001 0742 9661
7014 0510 0001 0742 9661

PS Form 3800
Sent To: BOBBY LEE CARRELL
Street, Apt. No., or PO Box No.: 19951 MONDAY HARGROVE
City, State, ZIP+4: NEW CANEY, TX 77357

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

Signature: *Bobby Lee Carrell*
Date: *10/10/13*

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

BOBBY LEE CARRELL
19951 MONDAY HARGROVE
NEW CANEY, TX 77357

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

<p>SENDER COMPLETE THIS SECTION</p> <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>BOBBY LEE CARRELL 19951 MONDAY HARGROVE NEW CANEY, TX 77357</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <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>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

2. Article Number (Transfer from se) 7014 0510 0001 0742 9661

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9678
7014 0510 0001 0742 9678

PS Form 3800, A1
Sent to ANGELA LONG
Street, Apt. No., or PO Box No. P O BOX 334
City, State, ZIP+4 NEW CANEY, TX 77357

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

Postmark Here

ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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

ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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:

ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

2. Article Number

(Transfer from se

7014 0510 0001 0742 9678

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®
- Priority Mail Express™
- Registered
- Return Receipt for Merchandise
- Insured Mail
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9685
7014 0510 0001 0742 9685

Sent To
Street Apt. No. or PO Box No.
City State, ZIP+4
PS Form 3800, All

KATHLEEN FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

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

Handwritten: KATHLEEN FOX
KELLER TX 76244-8194

KATHLEEN FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

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:

KATHLEEN FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from serv) 7014-0510-0001-0742-9685

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9692
7014 0510 0001 0742 9692

PS Form 3800
Sent To
SUE LAFETT DAY
Street, Apt. No.,
or PO Box No. 1705 JENNIFER
City, State, Zip+ HOUSTON, TX 77029

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)

SUE LAFETT DAY
1705 JENNIFER
HOUSTON, TX 77029

SUE LAFETT DAY
1705 JENNIFER
HOUSTON, TX 77029

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:

SUE LAFETT DAY
1705 JENNIFER
HOUSTON, TX 77029

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from sender) 7014 0510 0001 0742 9692

CERTIFIED MAIL™



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

7014 0510 0001 0742 5267
7014 0510 0001 0742 5267

ADDRESS SERVICE REQUESTED

PS Form 3800, All
City, State, ZIP+4
CARLSBAD, NM 88221-1658
Street, Apt. No.,
or PO Box No. P O BOX 1658
WILLS ROYALTY INC

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
SIGNED BY: <i>[Signature]</i> WILLIAMS	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD, NM 88221-1658

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>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>WILLS ROYALTY INC P O BOX 1658 CARLSBAD, NM 88221-1658</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>2. Article Number (Transfer from service)</p> <p>7014 0510 0001 0742 5267</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</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™

7014 0510 0001 0742 5274
7014 0510 0001 0742 5274

Sent To: ELYSE SANDERS PATTERSON
Street, Apt. No.: TRUST INVESTMENTS LLC
or PO Box No.: C/O FARMERS NATIONAL CO., AGENT
City, State, ZIP: P O BOX 3480
PS Form 3800, OMAHA, NE 68103-0480

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

OMAHA, NE 68103-0480
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
Postmark Here

ELYSE SANDERS PATTERSON
TRUST INVESTMENTS LLC
C/O FARMERS NATIONAL CO., AGENT
P O BOX 3480
OMAHA, NE 68103-0480

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:

ELYSE SANDERS PATTERSON
TRUST INVESTMENTS LLC
C/O FARMERS NATIONAL CO., AGENT
P O BOX 3480
OMAHA, NE 68103-0480

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service) 7014 0510 0001 0742 5274

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5281
7014 0510 0001 0742 5281

PS Form 3800, 7/01
Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
CAROL A SHORT FAWCETT
1301 EDITH DR TRL #8
ALICE, TX 78332-3401

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 _____

Carole Short Fawcett
USPS
Unopened mail

CAROL A SHORT FAWCETT
1301 EDITH DR TRL #8
ALICE, TX 78332-3401

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:
CAROL A SHORT FAWCETT
1301 EDITH DR TRL #8
ALICE, TX 78332-3401

2. Article Number (Transfer from serv) 7014 0510 0001 0742 5281

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5298
7014 0510 0001 0742 5298

Sent To
Street, Apt. No.,
or PO Box No. P O BOX 1300
City, State, ZIP+4 ROSWELL, NM 88202-1300
PS Form 3800, Aug

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

GARFIELD COUNTY
ARRIVED

THE TOLES COMPANY
P O BOX 1300
ROSWELL, NM 88202-1300

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>THE TOLES COMPANY P O BOX 1300 ROSWELL, NM 88202-1300</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number 7014 0510 0001 0742 5298 (Transfer from service label)</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

7014 0510 0001 0742 5304
7014 0510 0001 0742 5304

PS Form 3800
Street, Apt. No. or PO Box No. 1331 THIRD STREET
City, State, ZIP NEW ORLEANS, LA 70130-5743
Sent To: RUBIE CROSBY BELL FAMILY LP #1

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

Postmark Here
CS

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

RUBIE CROSBY BELL FAMILY LP #1
1331 THIRD STREET
NEW ORLEANS, LA 70130-5743

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:

RUBIE CROSBY BELL FAMILY LP #1
1331 THIRD STREET
NEW ORLEANS, LA 70130-5743

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7014 0510 0001 0742 5304
(Transfer from se)



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5311
7014 0510 0001 0742 5311

Sent to
Street, Apt. No.,
or P.O. Box No.
City, State, ZIP+4[®]
PS Form 3800

STANLEY W CROSBY III
P O BOX 2346
ROSWELL, NM 88202-2346

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

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

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

STANLEY W CROSBY III
P O BOX 2346
ROSWELL, NM 88202-2346

STANLEY W CROSBY III
P O BOX 2346
ROSWELL, NM 88202-2346

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>STANLEY W CROSBY III P O BOX 2346 ROSWELL, NM 88202-2346</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from s</p> <p>7014 0510 0001 0742 5311</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



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

7014 0510 0001 0742 5328

7014 0510 0001 0742 5328

ADDRESS SERVICE REQUESTED

PS Form 3800, All
City, State, ZIP+4
Street, Apt. No.,
or PO Box No.
LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

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

Postmark Here

LORETTA J MOORE

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

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

LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

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:

LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from ser) 7014 0510 0001 0742 5328

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5335
7014 0510 0001 0742 5335

Sent To: GRAHAM FAMILY INVESTMENT
Street, Apt. No., P O BOX 1835
or PO Box No. ROSWELL, NM 88202-1835
City, State, ZIP+4

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

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GRAHAM FAMILY INVESTMENT
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ROSWELL, NM 88202-1835

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1. Article Addressed to:

GRAHAM FAMILY INVESTMENT
P O BOX 1835
ROSWELL, NM 88202-1835

2. Article Number: 7014 0510 0001 0742 5335
(Transfer from se

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4. Restricted Delivery? (Extra Fee) Yes



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ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

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7014 0510 0001 0742 5342

PS Form 3800
Street, Apt. No. or PO Box No. 14805 MOCKINGBIRD DR
City, State, ZIP GERMANTOWN, MD 20874

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

U.S. MAIL
14805 Mockingbird Dr
USPA

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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MARSHA DOLINSKY
14805 MOCKINGBIRD DR
GERMANTOWN, MD 20874

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

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1. Article Addressed to:

MARSHA DOLINSKY
14805 MOCKINGBIRD DR
GERMANTOWN, MD 20874

2. Article Number 7014-0510-0001-0742-5342
(Transfer from sender)

COMPLETE THIS SECTION ON DELIVERY

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If YES, enter delivery address below:

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5359
7014 0510 0001 0742 5359

Sent to
Phillips Family Revocable Trust
Street, Apt. No.,
or PO Box No. OF 2005
City, State, ZIP+4 5019 PHEASANT CREST RD
EDMOND, OK 73034
PS Form 3806, A

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

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K. M. A. N. O. J. R. O. O.
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PHILLIPS FAMILY REVOCABLE TRUST
OF 2005
5019 PHEASANT CREST RD
EDMOND, OK 73034

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

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OF 2005
5019 PHEASANT CREST RD
EDMOND, OK 73034

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X Addressee

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If YES, enter delivery address below: No

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

ADDRESS SERVICE REQUESTED

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7014 0510 0001 0742 5366

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in some areas

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 Total Postage & Fees \$ _____

Sent to: **EVELYN DEE SANDERSON**
 614 E WASHINGTON ST
 WALTERS, OK 73572

PS Form 3800, A

EVELYN DEE SANDERSON
614 E WASHINGTON ST
WALTERS, OK 73572

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1. Article Addressed to:
EVELYN DEE SANDERSON
614 E WASHINGTON ST
WALTERS, OK 73572

2. Article Number (Transfer from serv) **7014 0510 0001 0742 5366**

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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® Priority Mail Express™
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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

RE: Amend Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of an application to amend Surface/Lease commingle on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM	Sand Tank; Bone Spring	42	42	156	1280

CA #NM-129302

Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM	Sand Tank; Bone Spring	35	42.2	147	1241
---	---------------------------	----	------	-----	------

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery shall be included in this application.

Gas Measurement

Total gas production and sales/transferred volumes will be based on measurement at the CDP and allocated back to each well based on EFM daily readings. The Agave's CDP meter #13236 is located at Sec, 13-T18S-R29E, NENE.

The purpose of the Surface/lease Commingle of production is in the interest of conservation, 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 existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

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

Aho Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
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Sincerely,
Miriam Morales
Production Analyst

I hereby approve this application


Hannah Palomin
Sharbro Energy LLC

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
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Sincerely,
Miriam Morales
Production Analyst

I hereby approve this application

Trustee U/W/O Peggy A Yates
KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985
FRANK W. YATES
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Production Analyst

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Yates Brothers
KATHY H. PORTER
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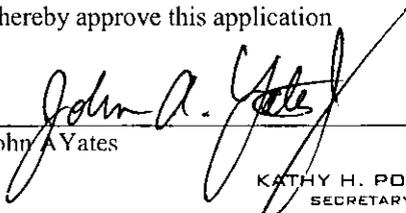
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John A. Yates

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SECRETARY

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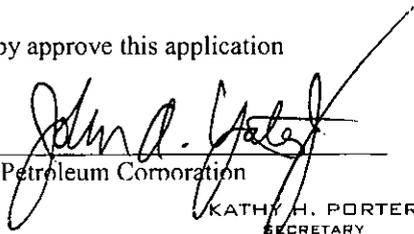
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Production Analyst

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Yates Petroleum Corporation
KATHY H. PORTER
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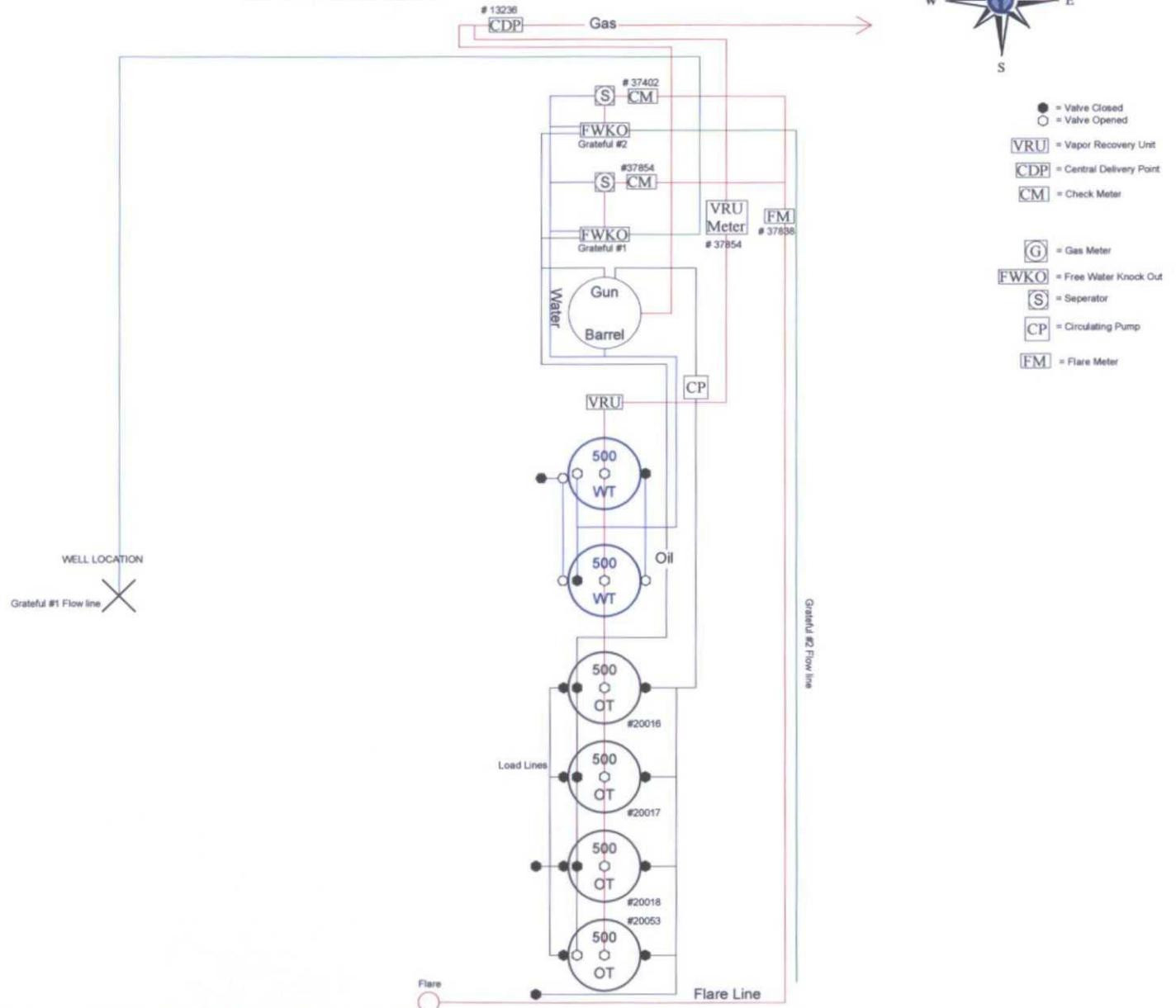
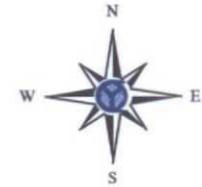


105 South 4th Street * Artesia, NM 88210
(575) 748-1471

-Keith Hutchens
-August, 2014

Grateful BOD #1H

786' FNL & 545' FEL * Sec 13 - T18S-R29E* Unit A
Eddy County, NM
API - 3001538990



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

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9906
7014 0510 0001 0742 9906

Send To
Street, Apt. No.,
or PO Box No.
City, State, Zip+4
PS Form 3800 August 2006 See Reverse for Instructions

PATRICK DOOLEY
C/O FLORENCE M DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

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

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

Patrick Dooley

PATRICK DOOLEY
C/O FLORENCE M DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

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

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

PATRICK DOOLEY
C/O FLORENCE M DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

2. Article Number

(Transfer from ser)

7014 0510 0001 0742 9906

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®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9739
7014 0510 0001 0742 9739

U.S. Postal Service™ RECEIPT
Domestic Mail Only: No Insurance Coverage Provided

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

Handwritten: Certified Mail Receipt for Thomas Lee Short

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

Postmark Here

Sent to: THOMAS LEE SHORT
P O BOX 1255
ALICE, TX 78333

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

PS Form 3800, 7/13

THOMAS LEE SHORT
P O BOX 1255
ALICE, TX 78333

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) G. 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>THOMAS LEE SHORT P O BOX 1255 ALICE, TX 78333</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number: 7014 0510 0001 0742 9739 (Transfer from se)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Vertical text at the bottom of the page, likely a barcode or tracking information.



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9746
7014 0510 0001 0742 9746

PS Form 3800, A
Street, Apt. No., or PO Box No. LAURA S SCHMIDHAMMER
3159 FRENCH HILL DR
City, State, ZIP+4 POWHATAN, VA 23139

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

Postmark Here

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

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

Laura S. Schmidhammer

LAURA S SCHMIDHAMMER
3159 FRENCH HILL DR.
POWHATAN, VA 23139

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>LAURA S SCHMIDHAMMER 3159 FRENCH HILL DR POWHATAN, VA 23139</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number: 7014-0510-0001-0742-9746 (Transfer from si</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

7014 0510 0001 0742 9753
7014 0510 0001 0742 9753

PS Form 3800
Sent To
CAROLE J BRANDON
Street, Apt. No.,
or PO Box No. 10660 SECOND ST
City, State, Zip+ Santee, CA 92071

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

Carole J Brandon

CAROLE J BRANDON
10660 SECOND ST
SANTEE, CA 92071

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: CAROLE J BRANDON 10660 SECOND ST SANTEE, CA 92071		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 sender) 7014 0510 0001 0742 9753		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL™



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

7014 0510 0001 0742 9760
7014 0510 0001 0742 9760

ADDRESS SERVICE REQUESTED

PS Form 3800, Aug 07

Street, Apt. No., or PO Box No. 8141 CALLE FANITA
City, State, Zip+4 Santee, CA 92071

Sent to RICHARD WOLCOTT

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)

RICHARD WOLCOTT
8141 CALLE FANITA
SANTEE, CA 92071

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 WOLCOTT
8141 CALLE FANITA
SANTEE, CA 92071

2. Article Number

(Transfer from se

7014 0510 0001 0742 9760

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®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

CERTIFIED MAIL™



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

7014 0510 0001 0742 9777
7014 0510 0001 0742 9777

ADDRESS SERVICE REQUESTED

Sent To
Street, Apt. No.,
or PO Box No. 9430 MANOR DR
City, State, ZIP+4 LA MESA, CA 91942
PS Form 3800, A

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

Postmark
Here

Gayle Wolcott Smith
GAYLE WOLCOTT SMITH

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

GAYLE WOLCOTT SMITH
9430 MANOR DR
LA MESA, CA 91942

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:

GAYLE WOLCOTT SMITH
9430 MANOR DR
LA MESA, CA 91942

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from sender) 7014 0510 0001 0742 9777



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9708
7014 0510 0001 0742 9708

PS Form 3800		Sent To SHIRLEY MCGEHEARTY	
Street, Apt. No., or PO Box No. BAY CITY, TX 77414		City, State, ZIP+	
Postage	\$	Return Receipt Fee (Endorsement Required)	
Certified Fee		Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees			\$
		Postmark Here	

Signature: Shirley McGehearty

Postmark: BAY CITY TX 77414

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

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

SHIRLEY MCGEHEARTY
3320 AVENUE J
BAY CITY, TX 77414

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 <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>SHIRLEY MCGEHEARTY 3320 AVENUE J BAY CITY, TX 77414</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from se 7014 0510 0001 0742 9708)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> -Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9715
7014 0510 0001 0742 9715

PS Form 3800
Street, Apt. No.,
or PO Box No. 304 S AVENUE F
City, State, ZIP PORTALES, NM 88130-6226
Sent To
TERENCE P PERKINS

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

Postmark Here

*304 S AVENUE F
PORTALES NM 88130-6226
P. Perkins*

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

TERENCE P PERKINS
304 S AVENUE F
PORTALES, NM 88130-6226

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>1. Article Addressed to:</p> <p>TERENCE P PERKINS 304 S AVENUE F PORTALES, NM 88130-6226</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>3. Service Type:</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from sender)</p> <p>7014 0510 0001 0742 9715</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

7014 0510 0001 0742 9722

7014 0510 0001 0742 9722

Sent to
Street, Apt. No.,
or P.O. Box No.
City, State, ZIP+4
PS Form 3800, All

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

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

Postmark
Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
S. YATES PETROLEUM CORP
P O BOX 2035
ROSWELL, NM
88202-2035

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

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:

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

2. Article Number
(Transfer from service label)

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 0742 9722

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9784
7014 0510 0001 0742 9784

PS Form 3800, 2A
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

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

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

Postmark
Here

Signature
S. W. F. E. I. C. A. S. S. I. S. T. A. N. T.
W. M. P. A. R. T.

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

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

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:

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

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014-0510-0001-0742-9784
(Transfer from ser.)



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0742 9791

7014 0510 0001 0742 9791

Sent to: YATES INDUSTRIES LLC
Street, Apt. No., or PO Box No. P O BOX 1091
City, State, ZIP+4 ARTESIA, NM 88211-1091
PS Form 3800, All

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

Sandra E. Peralta
11/11/13

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 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

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7014 0510 0001 0742 9791
(Transfer from sender)

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9807
7014 0510 0001 0742 9807

U.S. Postal Service™ 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 \$
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	Postmark Here
PS Form 3800, A	Santo Legado LLLP P O BOX 1020 ARTESIA, NM 88211-1020

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

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:

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

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from serv)

7014 0510 0001 0742 9807

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9814
7014 0510 0001 0742 9814

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

US 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)	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Postmark Here	
Sent to: MARIGOLD LLLP Street, Apt. No.: O BOX 1290 or PO Box No.: ARTESIA, NM 88211-1290 City, State, ZIP+4:	
PS Form 3800	

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: MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-1290		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number: 7014-0510-0001-0742 9814 (Transfer from Service Label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0742 9821
7014 0510 0001 0742 9821

U.S. Postal Service™ 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 \$	Postmark Here <i>Personal Print</i>
Sent to Street, Apt. No., or PO Box No. City, State, Zip+4 TULIPAN LLC 105 S FOURTH ST ARTESIA, NM 88210	

TULIPAN LLC
105 S FOURTH ST
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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: TULIPAN LLC 105 S FOURTH ST ARTESIA, NM 88210	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:	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from serv)	7014 0510 0001 0742 9821	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0742 9838
7014 0510 0001 0742 9838

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

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

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

Sent To _____
Postmark Here _____

Street, Apt. No., or PO Box No. MULBERRY PARTNERS II, LLP
City, State, ZIP+4 P O BOX 1290
ARTESIA, NM 88211-1290

PS Form 3800, AI

MULBERRY PARTNERS II, LLP
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. 	<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>MULBERRY PARTNERS II, LLP P O BOX 1290 ARTESIA, NM 88211-1290</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2... Article Number: 7014 0510 0001 0742 9838 (Transfer from se)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL



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

7014 0510 0001 0742 9845

7014 0510 0001 0742 9845

ADDRESS SERVICE REQUESTED

PETRO QUATRO, LLC
428 SANDOVAL, SUITE 200
SANTA FE, NM 87501

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 PAID BY SENDER

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

Postmark Here

Sent To: PETRO QUATRO, LLC
Street, Apt. No. or PO Box No.: 428 SANDOVAL, SUITE 200
City, State, Zip: SANTA FE, NM 87501

PS Form 3800

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
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<p>1. Article Addressed to:</p> <p>PETRO QUATRO, LLC 428 SANDOVAL, SUITE 200 SANTA FE, NM 87501</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from si)</p> <p>7014 0510 0001 0742 9845</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

CERTIFIED MAIL™



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

7014 0510 0001 0742 9852
7014 0510 0001 0742 9852

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Stephens

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Postmark Here

Sent To: KATHRYN A STEPHENS
Street, Apt. No.: P O BOX 1255
or P.O. Box No.: ALICE, TX 78333
City, State, ZIP: _____

PS Form 3800

KATHRYN A STEPHENS
P O BOX 1255
ALICE, TX 78333

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	
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<p>1. Article Addressed to:</p> <p>KATHRYN A STEPHENS P O BOX 1255 ALICE, TX 78333</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>2. Article Number _____ (Transfer from st. 7014 0510 0001 0742 9852)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

7014 0510 0001 0742 9869
7014 0510 0001 0742 9869

ADDRESS SERVICE REQUESTED

Sent To
Street, Apt. No.,
or PO Box No. HARVEY E YATES COMPANY
City, State, Zip+4 SUNWEST CENTRE
P O BOX 1933
ROSWELL, NM 88201
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

U.S. Postal Service™
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HARVEY E YATES COMPANY
SUNWEST CENTRE
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:

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

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7014 0510 0001 0742 9869**
(Transfer from s

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9876

7014 0510 0001 0742 9876

PS Form 3800 August 2013
PSN 7530-01-000-9001
Sent to
Street, Apt. No.,
or P.O. Box No. P O BOX 1608
City, State, Zip ALBUQUERQUE, NM 87103-1608
JALAPENO CORPORATION

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)
JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608
M. Nunez Fred

JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608

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	
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<p>1. Article Addressed to:</p> <p>JALAPENO CORPORATION P O BOX 1608 ALBUQUERQUE, NM 87103-1608</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number</p> <p>(Transfer from se 7014-0510-0001-0742-9876</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9883
7014 0510 0001 0742 9883

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, A

YATES ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

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

Postmark Here

Signature

U.S. Postal Service™
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YATES ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

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SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YATES ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

2. Article Number (Transfer from se) 7014 0510 0001 0742 9883

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

113



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9890

7014 0510 0001 0742 9890

Sent To
Street Apt. No. or PO Box No.
City, State, ZIP+4
PS Form 3800, A
PAULA DOOLEY
C/O WILLIAM P DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

Postage	\$	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		

Signature: *William P Dooley*
 Postmark Here: *Albuquerque NM*

PAULA DOOLEY
C/O WILLIAM P DOOLEY ESTATE
1006 S SECOND ST
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
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1. Article Addressed to: PAULA DOOLEY C/O WILLIAM P DOOLEY ESTATE 1006 S SECOND ST ARTESIA, NM 88210	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 0742 9890	

Production Summary Report
API: 30-015-38990
GRATEFUL BOD FEDERAL COM #001H

		Production			
Year	Pool	Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)
2014	[96832] SAND TANK; BONE SPRING	Jul	1518	9122	1380
2014	[96832] SAND TANK; BONE SPRING	Aug	1549	10450	1392
2014	[96832] SAND TANK; BONE SPRING	Sep	1289	9561	1123
2014	[96832] SAND TANK; BONE SPRING	Oct	1299	4916	1140
2014	[96832] SAND TANK; BONE SPRING	Nov	829	7013	773
2014	[96832] SAND TANK; BONE SPRING	Dec	795	7083	468
2015	[96832] SAND TANK; BONE SPRING	Jan	679	6981	401
CUM			104565	292967	

Production Summary Report
API: 30-015-38518
GRATEFUL BOD FEDERAL COM #002H

		Production			
Year	Pool	Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)
2014	[96832] SAND TANK; BONE SPRING	Jul	782	5302	711
2014	[96832] SAND TANK; BONE SPRING	Aug	663	4277	599
2014	[96832] SAND TANK; BONE SPRING	Sep	551	3253	527
2014	[96832] SAND TANK; BONE SPRING	Oct	645	2768	589
2014	[96832] SAND TANK; BONE SPRING	Nov	462	4260	538
2014	[96832] SAND TANK; BONE SPRING	Dec	954	5184	1032
2015	[96832] SAND TANK; BONE SPRING	Jan	784	4212	817
CUM			62675	211006	

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

John Bemis
Cabinet Secretary

Brett F. Woods, Ph.D.
Deputy Cabinet Secretary

Jami Bailey
Division Director
Oil Conservation Division



Administrative Order CTB-658

October 1, 2012

Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210

Attention: Miriam Morales:

Yates Petroleum Corporation ("Yates") is hereby authorized to surface commingle oil and gas production from the Sand Tank; Bone Spring Pool (96832), and from the following Federal Leases and wells.

Grateful BOD Federal Com Well No. 1H (API 30-015-38990), Section 13, T-18-S, R-29-E.

Grateful BOD Federal Com Well No. 2H (API No. 30-015-38518), Section 13, T-18-S, R-29-E.

All in NMPM, Eddy County, New Mexico

The commingled oil and gas production from the wells detailed above shall be measured and sold at the Central Tank Battery (CTB), located at the Grateful BOD Federal Com Well No. 1H in Section 13 Township 18 South, Range 29 East, NMPM, Eddy County, New Mexico.

The oil and gas production from each well shall be continuously measured with allocation meters before commingling with production from other wells. The allocation meters shall be calibrated monthly.

NOTE: This installation shall be installed and operated in accordance with the applicable Division Rules and Regulations. It is the responsibility of the producer to notify the transporter of this commingling authority.

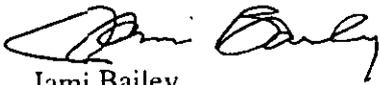
FURTHER: The operator shall notify the Artesia District office of the Division prior to implementation of the commingling operations.

This approval is subject to like approval from the Bureau of Land Management (BLM) before commencing the commingling operations.

October 1, 2012

Page 2

DONE at Santa Fe, New Mexico, on October 1, 2012.

A handwritten signature in black ink, appearing to read "Jami Bailey". The signature is fluid and cursive, with the first name "Jami" and last name "Bailey" clearly distinguishable.

Jami Bailey
Division Director

JB/re

cc: Oil Conservation Division – Artesia
State Land Office – Oil, Gas, and Minerals Division