

ABOVE THIS LINE FOR DIVISION USE ONLY

- Need Production
- Complete Form 6-107B
- Modified Pools

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 _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] Working, Royalty or Overriding Royalty Interest Owners
 [B] Offset Operators, Leaseholders or Surface Owner
 [C] Application is One Which Requires Published Legal Notice
 [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
 [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
 [F] Waivers are Attached

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

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

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

Miriam Morales
Print or Type Name

Miriam Morales
Signature

Production Analyst
Title

3/26/15
Date

mmorales@yatespetroleum.com
e-mail Address

RECEIVED OGD
 2015 MAR 30 P 2:29
 well
 - Antwell Anu Federal #3H
 30-015-40523
 - Antwell Anu Federal 4H
 30-015-40426
 Pool
 - Tanky Tanks Bone Springs 6066 ✓
 - Tanky Tanks Bone Springs HSE2

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
OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Form C-107-B
Revised June 10, 2003

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Yates Petroleum Corporation
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210
APPLICATION TYPE:
 Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)
LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No.: _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling?
 Yes No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production	Calculated Value of Commingled Production	Volumes
Turkey Track; Bone Spring #60660	39/1274	39.9/1265		
Parkway; Bone Spring #49622	40.8/1256			

(2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
(4) Measurement type: Metering Other (Specify)
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code:
(2) Is all production from same source of supply? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify)

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: Miriam Morales TITLE: Production Analyst DATE: 3/20/15
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. 1004-0135
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.

5. Lease Serial No.
NMLC062376

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
ANTWEIL ANU FEDERAL 3H

2. Name of Operator Contact: MIRIAM MORALES
YATES PETROLEUM CORPORATION-Mail: mmorales@yatespetroleum.com

9. API Well No.
30-015-40523

3a. Address
105 S FOURTH STREET
ARTESIA, NM 88210

3b. Phone No. (include area code)
Ph: 575-748-4200

10. Field and Pool, or Exploratory
TURKEY TRACK;BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 19 T19S R30E SWSE 330FSL 1980FEL

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"/> 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Surface Commingling
	<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.)

Filing application due to diversified ownership (W/OR)under OCD regulations.
Not considered surface commingle under BLM definitions.

Yates Petroleum respectfully requests approval to surface lease commingle oil and gas production for the Antweil ANU Fed #3H and Antweil ANU Fed #4H.

The commingled production will be measured and sold/transferred at the Antweil ANU Fed #4H battery located at Sec. 29-T19-S-R30E, SWSW.

Please see site security diagram and other documentaion attach. All owners will be notified.

Royalty values will not be affected by this commingle.

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

**Electronic Submission #296248 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 03/25/2015

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 ****

Continuation of Antweil ANU Fed #3H surface lease commingle

Federal Lease #NMLC062376

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API #30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

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 Antweil ANU Federal #4H. 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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

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.

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (505) 893-8161 Fax: (505) 893-0720

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6178 Fax: (505) 334-8170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3469 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

Submit one copy to appropriate
District Office

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30-015-90426	Pool Code 49622	Pool Name PARKWAY Wildcat Bone Spring
Property Code 15136	Property Name ANTWEIL "ANU" FEDERAL	
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	
		Well Number 4H
		Elevation 3335'

Surface Location

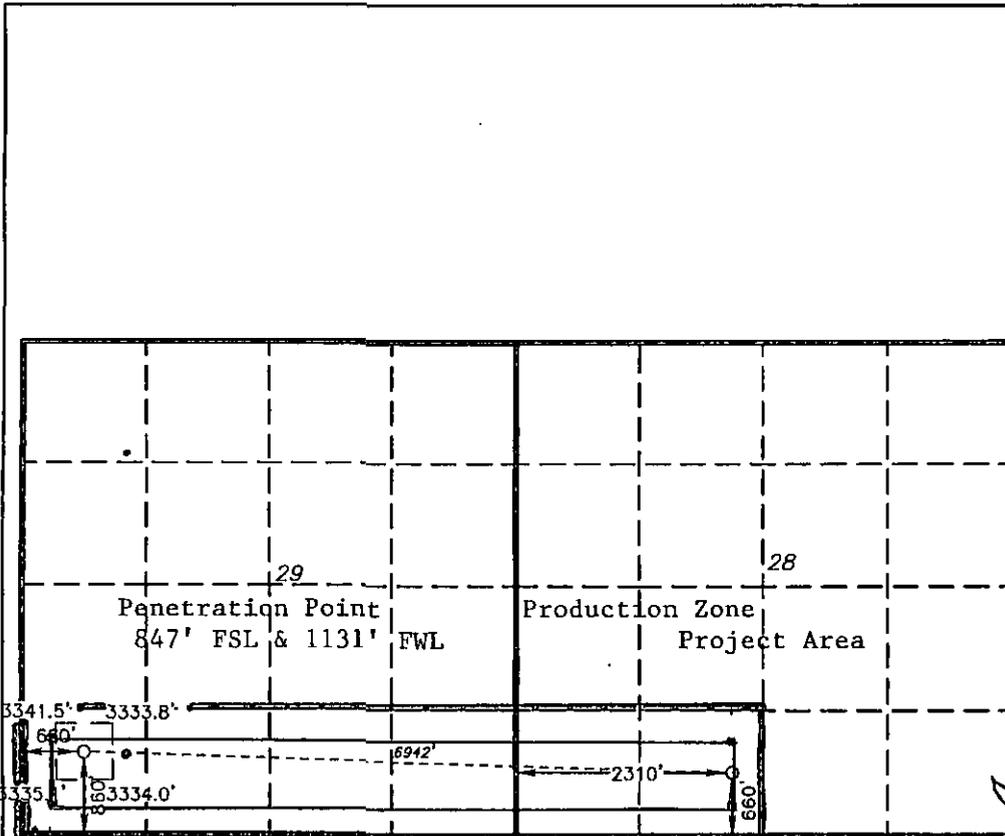
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	29	19 S	30 E		860	SOUTH	660	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	28	19 S	30 E		660	SOUTH	2310	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
240			6-14 15169

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



OPERATOR CERTIFICATION
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: Travis Hahn Date: 4/17/12

Printed Name: Travis Hahn

Email Address: rhahn@yatespetroleum.com

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

Date Surveyed: APR 17 2011

Signature & Seal of Professional Surveyor: [Signature]

Professional Surveyor No. 15348

Certificate No. Gary L. Jones 7977

BASIN SURVEYS 25348

SURFACE LOCATION
Lat - N 32°37'35.50"
Long - W 104°00'02.16"
NMSPC - N 591821.681
E 643773.516
(NAD-83)

PROPOSED BOTTOM HOLE LOCATION
Lat - N 32°37'33.35"
Long - W 103°58'41.04"
NMSPC - N 591626.696
E 650711.272
(NAD-83)



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

-Keith Hutchens
-March, 2015

Antweil ANU Federal #4H

860' FSL & 660' FWL * Sec 29 - T19S-R30E* Unit M
Eddy County, NM
API - 3001540426



Production Phase:

Tank #114136-1

Valve 1 Tank Open
Valve 2 Tank Open
Valve 3 Tank Open
Valve 4 Tank Sealed Closed

Tank #114136-2

Valve 1 Tank Sealed Closed
Valve 2 Tank Open
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Tank #114136-3

Valve 1 Tank Sealed Closed
Valve 2 Tank Sealed Closed
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Tank #114136-4

Valve 1 Tank Sealed Closed
Valve 2 Tank Sealed Closed
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Tank #114136-5

Valve 1 Tank Sealed Closed
Valve 2 Tank Sealed Closed
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Sales Phase:

Tank #114136-1

Valve 1 Tank Sealed Closed
Valve 2 Tank Sealed Closed
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Tank #114136-2

Valve 1 Tank Open
Valve 2 Tank Open
Valve 3 Tank Open
Valve 4 Tank Sealed Closed

Tank #114136-3

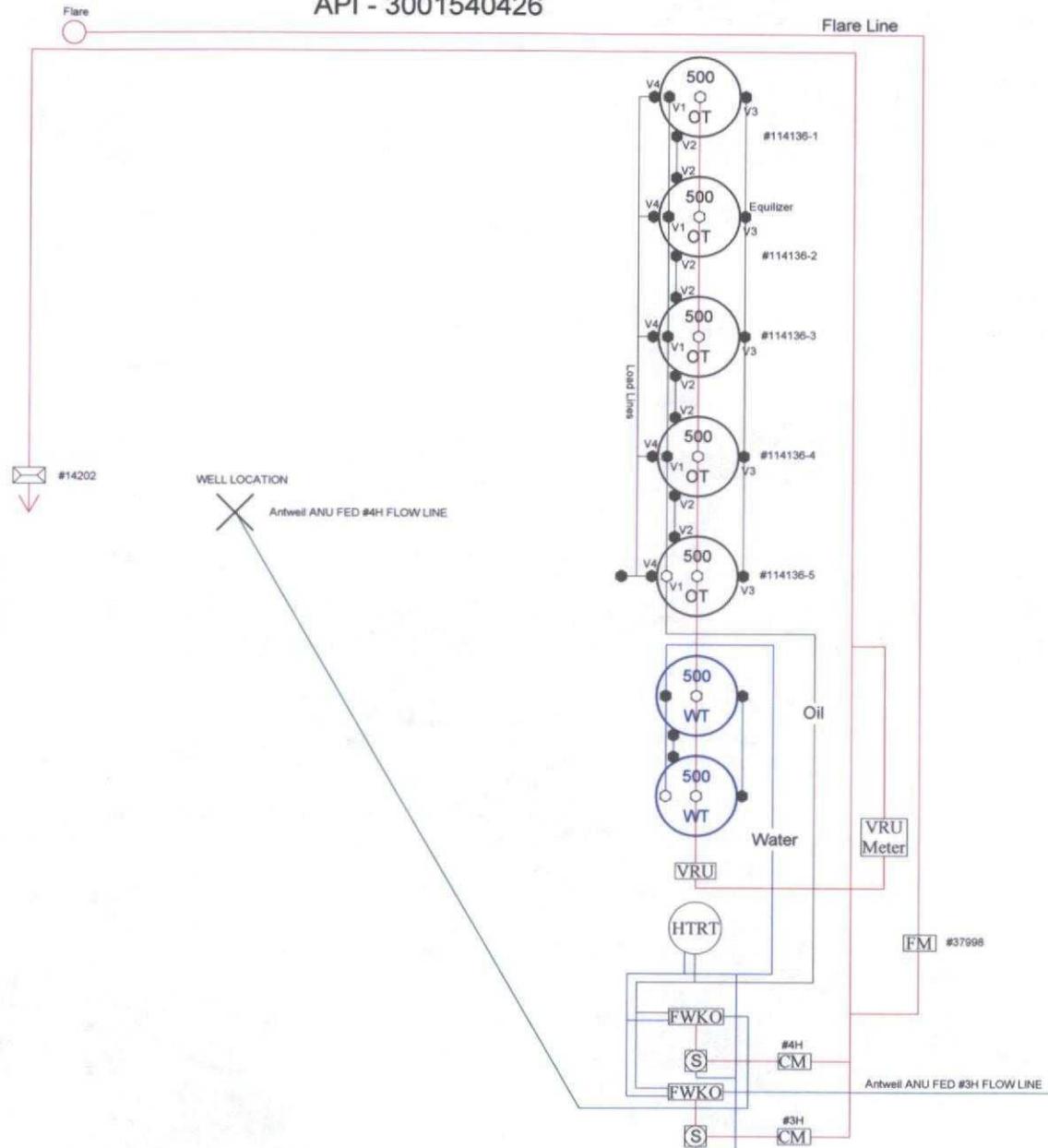
Valve 1 Tank Sealed Closed
Valve 2 Tank Open
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Tank #114136-4

Valve 1 Tank Sealed Closed
Valve 2 Tank Sealed Closed
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed

Tank #114136-5

Valve 1 Tank Sealed Closed
Valve 2 Tank Sealed Closed
Valve 3 Tank Sealed Closed
Valve 4 Tank Sealed Closed



- = Valve Closed
- = Valve Open
- ⊞ = Meter House
- FM = Flare Meter
- FWKO = Free Water Knock Out
- S = Separator
- CM = Check Meter
- VRU = Vapor Recovery Unit
- HTRT = Heater Treater

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

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES
CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

RE: Surface Lease Commingle
Antweil ANU Federal #3H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle oil and gas production for the following wells:

Federal Lease #NMLC062376

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API # 30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

The commingle production will be measured and sold/transferred at the Antweil ANU Fed #4H battery located at Sec. 29-T19S-R30E, SWSW. Diversified ownership.

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 Antweil ANU Federal #4H. 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.

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The purpose of the Surface/lease Commingle of production is in the interest of conservation, the reduction of environmental 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

Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS B. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

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Antweil ANU Federal #3H
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Sincerely,

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Production Analyst

I hereby approve this application


Hannah Palomin
Sharbro Energy, LLC

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SECRETARY

DENNIS G. KINSEY
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EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

March 26, 2015

RE: Surface Lease Commingle
Antweil ANU Federal #3H
Eddy County, NM

Dear interest owner,

Yates Petroleum is requesting approval from the Oil Conservation Division to Surface Lease Commingle oil and gas production for the following wells:

Federal Lease #NMLC062376

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
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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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

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.

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8946
7014 0510 0001 0743 8946

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, A1

KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION
P O BOX 928
LAWRENCE, KS 66044

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

KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION
P O BOX 928
LAWRENCE, KS 66044

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:

KANSAS UNIVERSITY ENDOWMENT
ASSOCIATION
P O BOX 928
LAWRENCE, KS 66044

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 0743 8946
(Transfer from service)

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8953
7014 0510 0001 0743 8953

PS Form 3800, A		Return Receipt Fee (Endorsement Required)		Certified Fee	Postage	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees				
Sent To		FIRST PRESBYTERIAN CHURCH FOUNDATION 1100 SOUTH HARRISON STREET AMARILLO, TX 79101				
Street, Apt. No., or PO Box No.						
City, State, ZIP+4						

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

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

Accepted by SA [Signature] JSH/15

FIRST PRESBYTERIAN CHURCH
FOUNDATION
1100 SOUTH HARRISON STREET
AMARILLO, TX 79101

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 <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>FIRST PRESBYTERIAN CHURCH FOUNDATION 1100 SOUTH HARRISON STREET AMARILLO, TX 79101</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 ser) 7014 0510 0001 0743 8953</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

inform ation on this receipt is available at www.usps.com

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8960

7014 0510 0001 0743 8960

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT™ (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Certified Fee Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$ \$ \$ \$
Total Postage & Fees \$	Postmark Here
Sent to Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, 1A	
FIRST PRESBYTERIAN CHURCH FOUNDATION 201 SOUTH 11 TH STREET JUNCTION, TX 76849	

FIRST PRESBYTERIAN CHURCH
FOUNDATION
201 SOUTH 11TH STREET
JUNCTION, TX 76849

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: FIRST PRESBYTERIAN CHURCH FOUNDATION 201 SOUTH 11 TH STREET JUNCTION, TX 76849		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from ser) 7014 0510 0001 0743 8960		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> 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	

PS Form 3811, July 2013

Domestic Return Receipt

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8977
7014 0510 0001 0743 8977

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<small>For delivery information, visit our website at www.usps.com.</small>	
Certified Fee Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ \$ \$ \$
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	Postmark Here <i>Munroe post</i>
PS Form 3800	

FIRST PRESBYTERIAN CHURCH
FOUNDATION
400 WEST THIRD STREET
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 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: FIRST PRESBYTERIAN CHURCH FOUNDATION 400 WEST THIRD STREET ROSWELL, NM 88201		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from se) 7014 0510 0001 0743 8977		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013		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	
Domestic Return Receipt		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 0743 8984
7014 0510 0001 0743 8984

Sent to: ZPZ DELAWARE 1 LLC
C/O APACHE CORPORATION
P O BOX 840133
DALLAS, TX 75284-0133

Street, Apt. No.,
or PO Box No.
City, State, Zip+4
PS Form 3800, 4

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

APACHE CORPORATION
P O BOX 840133
DALLAS TX 75284-0133

ZPZ DELAWARE 1 LLC
C/O APACHE CORPORATION
P O BOX 840133
DALLAS, TX 75284-0133

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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ZPZ DELAWARE 1 LLC C/O APACHE CORPORATION P O BOX 840133 DALLAS, TX 75284-0133</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 ser)</p> <p>7014 0510 0001 0743 8984</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 0743 9004
7014 0510 0001 0743 9004

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

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

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

Postmark Here

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For delivery information visit our website at www.usps.com®
KNOX FEDERAL BANK
MINNAPOLIS

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, 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 type="checkbox"/> Addressee X</p>	
<p>1. Article Addressed to:</p> <p>CONCHO OIL & GAS LLC P O BOX 849929 DALLAS, TX 75284-9929</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number: 7014 0510 0001 0743 9004 (Transfer from s</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>	

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 9011
7014 0510 0001 0743 9011

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

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

POSTAGE PAID PERMIT NO. 1078 CARLSBAD, NM
USPS

Postmark Here

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

Sent To
 Street, Apt. No., or P.O. Box No.
 City, State, ZIP+4
 PS Form 3800, 7/13

CARLSBAD NATIONAL BANK, TRUSTEE
 OF THE TESTAMENTARY TRUST UNDER
 THE WILL OF NELLE G SCHEURICH
 P O BOX 1359
 CARLSBAD, NM 88220

CARLSBAD NATIONAL BANK, TRUST
OF THE TESTAMENTARY TRUST UNDER
THE WILL OF NELLE G SCHEURICH
P O BOX 1359
CARLSBAD, NM 88220

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>CARLSBAD NATIONAL BANK, TRUSTEE OF THE TESTAMENTARY TRUST UNDER THE WILL OF NELLE G SCHEURICH P O BOX 1359 CARLSBAD, NM 88220</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 0743 9011</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013

Domestic Return Receipt

Mail receipt of delivery
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of ne
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 9028

7014 0510 0001 0743 9028

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 .	
NO FEES AT USPS <i>N. Moore (law)</i>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Sent to Street, Apt. No. or PO Box No. City, State, ZIP PS Form 3804
Postmark Here	
HARVEY E YATES COMPANY P O BOX 1933 ROSWELL, NM 88201	

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

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 se) 7014 0510 0001 0743 9028

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 9035
7014 0510 0001 0743 9035

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

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

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

Postmark
Here

Albuquerque NM

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
ALBUQUERQUE NM 87103-1608
U/S/E
Albuquerque NM

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 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:

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

2. Article Number
(Transfer from sender)

7014 0510 0001 0743 9035

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 0743 9042

7014 0510 0001 0743 9042

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

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	\$

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

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

Postmark
Here

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
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 0743 9042
(Transfer from se)

CERTIFIED MAIL™



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

7014 0510 0001 0743 9059
7014 0510 0001 0743 9059

ADDRESS SERVICE REQUESTED

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

PS Form 3800

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

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

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

ARTESIA NM 88211-1091
USPS
Almond Court

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

Postmark Here

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>YATES INDUSTRIES LLC P O BOX 1091 ARTESIA, NM 88211-1091</p>		<p>3. Service Type</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 ser)</p> <p>7014 0510 0001 0743 9059</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 0743 9066

7014 0510 0001 0743 9066

ADDRESS SERVICE REQUESTED

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

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

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

Postmark Here
H. M. [Signature]

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

7014 0510 0001 0743 9066

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>YATES ENERGY CORPORATION P O BOX 2323 ROSWELL, NM 88202-2323</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>	
<p>2. Article Number (Transfer from sender's label)</p> <p>7014 0510 0001 0743 9066</p>			

PS Form 3811, July 2013

Domestic Return Receipt

Save the receipt for your records. For more information, visit us online at www.usps.com.

CERTIFIED MAIL™



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

7014 0510 0001 0743 9080
7014 0510 0001 0743 9080

ADDRESS SERVICE REQUESTED

PS Form 3801

For delivery information visit our website at www.usps.com
(Domestic Mail Only; No Insurance Coverage Provided)

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

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

Postmark Here *Albuquerque*

Send To: JACKSON THIES
C/O ANNETTE THIES
4412 CANYON COUT NE
ALBUQUERQUE, NM 87111

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

JACKSON THIES
C/O ANNETTE THIES
4412 CANYON COUT NE
ALBUQUERQUE, NM 87111

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>JACKSON THIES C/O ANNETTE THIES 4412 CANYON COUT NE ALBUQUERQUE, NM 87111</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 <u>7014 0510 0001 0743 9080</u> (Transfer from seal)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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 0743 9097
7014 0510 0001 0743 9097

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

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

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

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

Postmark Here

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

SEA BEE LLC
 ATTN: CLIFF E BLAUGRUND
 #20 FIRST PLAZA NW, SUITE 306
 ALBUQUERQUE, NM 87102

PS Form 3800, 7/10

SEA BEE LLC
ATTN: CLIFF E BLAUGRUND
#20 FIRST PLAZA NW, SUITE 306
ALBUQUERQUE, NM 87102

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>	
1. Article Addressed to: SEA BEE LLC ATTN: CLIFF E BLAUGRUND #20 FIRST PLAZA NW, SUITE 306 ALBUQUERQUE, NM 87102		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 se) 7014 0510 0001 0743 9097		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 0743 9103
7014 0510 0001 0743 9103

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 \$ _____

Sent To: **EMPIRE LAND GROUP**
Street, Apt. No., or PO Box No.: **ATTN: SEAN MILKS, PRESIDENT**
City, State, Zip+4: **P O BOX 44817**
RIO RANCHO, NM 87174

Postmark Here

Handwritten: SEAN MILKS PRESIDENT

PS Form 3800, All pages of instructions

EMPIRE LAND GROUP
ATTN: SEAN MILKS, PRESIDENT
P O BOX 44817
RIO RANCHO, NM 87174

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>EMPIRE LAND GROUP ATTN: SEAN MILKS, PRESIDENT P O BOX 44817 RIO RANCHO, NM 87174</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 sen) 7014 0510 0001 0743 9103</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Prod History - Monthly by Delsys and Well Comp - Whole

Property Type Code	Property Header Name	Days Up	Oil Beg Inv	Oil End Inv	Oil Production	Oil Sales	Oil Uses	Gas Production	Gas Sales	Gas Sales MMBTU	Gas Uses	Water Production	Water Uses	Water Injection
New Mexico														
Delivery System: DS00775 ANTWEIL AN DelSys														
2/28/2015														
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	1,132.00	7,948.00	6,720.00	0.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	19.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	52.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2/28/2015 Total:			0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
ANTWEIL AN DelSys Total:			0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
New Mexico Total:			0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
Report Total:			0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00

Production Date Equals 9/1/2014 12:00:00 AM
AND 2/28/2015 12:00:00 AM
State In List 'New Mexico'
Well Equals 018645 ANTWEIL ANU FEDERAL #3H

Prod History - Monthly by Delsys and Well Comp - Whole

Property Type Code	Property Header Name	Days Up	Oil Beg Inv	Oil End Inv	Oil Production	Oil Sales	Oil Uses	Gas Production	Gas Sales	Gas Sales MMBTU	Gas Uses	Water Production	Water Uses	Water Injection
New Mexico														
Delivery System: DS00775 ANTWEIL AN DelSys														
9/30/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	1,705.00	700.00	5,721.00	6,721.00	0.00	18,250.00	15,774.00	20,695.49	2,476.00	13,288.00	13,288.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		9/30/2014 Total:	1,705.00	700.00	5,721.00	6,721.00	4.00	18,250.00	15,774.00	20,695.49	2,476.00	13,288.00	13,288.00	0.00
10/31/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	700.00	1,217.00	5,279.00	4,756.00	0.00	14,797.00	12,176.00	15,981.00	2,621.00	12,411.00	12,411.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		10/31/2014 Total:	700.00	1,217.00	5,279.00	4,756.00	4.00	14,797.00	12,176.00	15,981.00	2,621.00	12,411.00	12,411.00	0.00
11/30/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	1,217.00	824.00	3,550.00	3,943.00	0.00	11,326.00	9,162.00	12,025.00	2,164.00	7,318.00	7,318.00	0.00
		11/30/2014 Total:	1,217.00	824.00	3,550.00	3,943.00	0.00	11,326.00	9,162.00	12,025.00	2,164.00	7,318.00	7,318.00	0.00
12/31/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	824.00	1,097.00	4,968.00	4,695.00	0.00	14,123.00	13,585.00	17,253.00	538.00	9,289.00	9,289.00	0.00
		12/31/2014 Total:	824.00	1,097.00	4,968.00	4,695.00	0.00	14,123.00	13,585.00	17,253.00	538.00	9,289.00	9,289.00	0.00
1/31/2015														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	1,097.00	541.00	4,272.00	4,818.00	0.00	13,553.00	12,997.00	16,647.00	556.00	8,430.00	8,430.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	0.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1/31/2015 Total:	1,097.00	541.00	4,272.00	4,818.00	10.00	13,553.00	12,997.00	16,647.00	556.00	8,430.00	8,430.00	0.00
2/28/2015														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	541.00	338.00	1,819.00	1,995.00	0.00	6,797.00	6,797.00	8,588.76	0.00	3,756.00	3,756.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	0.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	0.00	0.00	0.00	0.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	0.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		2/28/2015 Total:	541.00	338.00	1,819.00	1,995.00	27.00	6,797.00	6,797.00	8,588.76	0.00	3,756.00	3,756.00	0.00
		ANTWEIL AN DelSys Total:	6,084.00	4,717.00	25,609.00	26,928.00	45.00	78,846.00	70,491.00	91,190.25	8,355.00	54,492.00	54,492.00	0.00
		New Mexico Total:	6,084.00	4,717.00	25,609.00	26,928.00	45.00	78,846.00	70,491.00	91,190.25	8,355.00	54,492.00	54,492.00	0.00
		Report Total:	6,084.00	4,717.00	25,609.00	26,928.00	45.00	78,846.00	70,491.00	91,190.25	8,355.00	54,492.00	54,492.00	0.00

Prod History - Monthly by Delsys and Well Comp - Whole

Production Date Equals 9/1/2014 12:00:00 AM
AND 2/28/2015 12:00:00 AM
State In List 'New Mexico'
Well Equals 018646 ANTWEIL ANU FEDERAL
#4H