

MARTIN YATES, III  
1912 - 1985  
FRANK W. YATES  
1936 - 1986



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (505) 748-1471

S. P. YATES  
CHAIRMAN OF THE BOARD  
JOHN A. YATES  
PRESIDENT  
PEYTON YATES  
EXECUTIVE VICE PRESIDENT  
RANDY G. PATTERSON  
SECRETARY  
DENNIS G. KINSEY  
TREASURER

August 29, 2002

Oil Conservation Division  
Mr. Will Jones  
1220 South Saint Francis Drive  
Santa Fe, New Mexico 87505

RE: Jasper "ARJ" Federal Com #3, Unit H, Section 10, T8S, R26E, Chaves  
County New Mexico

Dear Mr. Jones;

As per our conversation August 29, 2002 please find enclosed copies of the  
signed certified receipts sent to the working, royalty and overriding royalty  
interests owners in the commingled zones Pecos Slope Abo and Eight mile  
Ridge (Strawn Penn) of the above referenced well.

If you have any further questions please do not hesitate to call me at (505) 748-  
4164.

Sincerely,

*Cherry Matchus*  
Cherry Matchus  
Engineering Technician

cm/enclosure

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

7000 1530 0000 1625 4696

**OFFICIAL USE**

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

**Sent To**  
 David Catanach  
**OIL CONSERVATION DIVISION**  
**1220 South St. Francis Dr.**  
**Santa Fe, NM 87505**

ARTESIA NM AUG 15 2002  
 USPS  
 JASPER ART #3

PS Form 3811, July 1999

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee  
 X *Jasper Art #3*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

AUG 19 2002

1. Article Addressed to:  
 David Catanach  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

2. Article Number (Copy from service label)  
 7000 1530 0000 1625 4696 - Jasper Art #3

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 1530 0000 1625 4727

**OFFICIAL USE**

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

**Sent To**  
 Morris E. Schertz  
 Street, Apt. No., or PO Box No.  
 Box 1588  
 City, State, ZIP+4  
 Roswell, N.M. 88202-2588

ROSWELL NM AUG 15 2002  
 USPS  
 JASPER ART #3

PS Form 3800, May 2000 See Reverse for Instructions

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 Morris E. Schertz 8-16-02

C. Signature  Agent  Addressee  
 X *Morris E. Schertz*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
 MORRIS E. SCHERTZ  
 P.O. BOX 1588  
 ROSWELL, N.M.  
 88202-2588

2. Article Number (Copy from service label)  
 7000 1530 0000 1625 4727 (JASPER ART #3)

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 1530 0000 0000 1625 4659

**OFFICIAL USE**

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

Postmark Here: ARTESIA NM 88210 AUG 15 2002 USPS

Sent To: Madison M. Humble  
 Street, Apt. No., or PO Box No. P.O. Box 2292  
 City, State, ZIP+4 Roswell, N.M. 88202-2292

PS Form 3800, May 2000 See Reverse for Instructions

*Cherry Madsen*  
*Gas per ART #3*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Rolla R. Hinkle III</i> B. Date of Delivery <i>8/16/02</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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><i>Madison M. Humble</i>  <i>P.O. Box 2292</i>  <i>Roswell, N.M.</i>  <i>88202-2292</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7000 1530 0000 1625 4659</i></p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952  
*Gas per ART #3*

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

7000 1530 0000 0000 1625 4703

**OFFICIAL USE**

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

Postmark Here: ARTESIA NM 88210 AUG 15 2002 USPS

Sent To: *Rolla R. Hinkle III*  
 Street, Apt. No., or PO Box No. *P.O. Box 2292*  
 City, State, ZIP+4 *Roswell, N.M. 88202-2292*

PS Form 3800, May 2000 See Reverse for Instructions

*Cherry Madsen*  
*Gas per ART #3*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Rolla R. Hinkle III</i> B. Date of Delivery <i>8/16/02</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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><i>Rolla R. Hinkle III</i>  <i>P.O. Box 2292</i>  <i>Roswell, N.M.</i>  <i>88202-2292</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7000 1530 0000 1625 4703</i></p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952  
*Gas per ART #3*

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

OFFICIAL USE

4710  
 5297  
 1625  
 0000  
 0000  
 0000  
 0000  
 0000

Postage	\$		Postmark Here <i>Cherry Mall                  Jasper AR 713</i>
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To  
*Seco Energy*  
 Street, Apt. No., or PO Box No.  
*1801 Broadway Suite 900*  
 City, State, ZIP+4  
*Denver, Co 80202*

PS Form 3800, May 2000 See Reverse for Instructions

**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:

*Seco Energy*  
*1801 Broadway Ste 900*  
*Denver, Co*  
*80202*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *M. Heuser* B. Date of Delivery *8-19-02*

C. Signature *Heuser*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
*7000 1530 0000 1625 4710*

PS Form 3811, July 1999 Domestic Return Receipt *JASPER AR 713* 102595-00-M-0952

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

OFFICIAL USE

4697  
 5297  
 1625  
 0000  
 0000  
 0000  
 0000  
 0000

Postage	\$		Postmark Here <i>Jasper AR 713</i>
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To  
*David Burtz*  
 Street, Apt. No., or PO Box No.  
*8 Cayuga St*  
 City, State, ZIP+4  
*Auburn, NY 13021*

PS Form 3800, May 2000 See Reverse for Instructions

**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:

*DAVID BURTZ*  
*8 Cayuga STREET*  
*AUBURN, NY*  
*13021*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *David Burtz* B. Date of Delivery *8-20-02*

C. Signature *David Burtz*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
*7000 1530 0000 1625 4697*

PS Form 3811, July 1999 Domestic Return Receipt *JASPER AR 713* 102595-00-M-0952