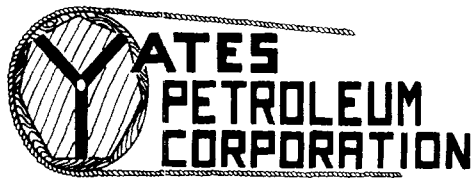


MARTIN YATES, III
1912 - 1985
FRANK W. YATES
1936 - 1986



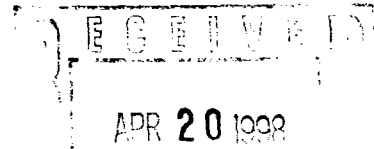
105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210
TELEPHONE (505) 748-1471

CTB 5/11/98

472

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

April 13, 1998



Oil Conservation Division
Attn: Mr. William J. Lemay
P.O. Box 6429
Santa Fe, NM 87505-6429

Re: Surface Commingling, Lease Commingling,
Off-Lease Storage and Measurement.
Dagger Draw Upper Penn, South Eddy Co., NM

Dear Mr. Lemay,

Yates Petroleum Corporation respectfully requests administrative approval for surface commingling, lease commingling, off-lease storage and measurement for the following wells:

Saguaro AGS Fed. Com #3
Unit F, SENW
1980' FNL & 1980' FWL
Section 26-T20S-R24E
Eddy Co., NM
S/W 791

Saguaro AGS Fed. Com #10
Unit C, NENW
660' FNL & 1980' FWL
Section 26-T20S-R24E
Eddy Co., NM
S/W 791

Conoco AKG Fed. Com #6
Unit K, NESW
1980' FSL & 1980' FWL
Section 26-T20S-R24E
Eddy Co., NM
S/W 791

Conoco AKG Fed. Com #16
Unit H, SENE
1980' FNL & 660' FEL
Section 27-T20S-R24E
Eddy Co., NM
NMNM100179

The production from these wells is transported prior to measurement to a common tank battery, located at the Saguaro Federal Com #3 (Unit F, 1980' FNL & 1980' FWL Sec. 26-T20S-R24E).

The purpose of the surface commingling, lease commingling, off lease storage and measurement is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the wells.

Because working and royalty interests for the wells are different, oil from each of the wells will be measured by positive displacement temperature compensated metering equipment prior to surface commingling. Gas from the wells will also be metered separately. This metering will ensure that all production from each of the wells is equitably accounted for with no significant effect on your revenue. The production is from the Dagger Draw Upper Penn, South.

The following is enclosed:

A map showing the location of the wells.

A diagram of the proposed measurement equipment, separators and storage tanks in accordance with the "Manual of Installation and Operation of Commingling Facilities".

Notification of working interest, royalty interest and overriding royalty interest owners.

Notification to the Bureau of Land Management.

If you should have any questions or need further information, please give me a call at (505) 748-4206 (direct line).

Thank you for your cooperation.

Sincerely,



Pamela S. Evans
Production Clerk

PE
Attachments

LEASE NO. NM 43625

CONOCO "AGK" FED
1 16

27

SAGUARO AGS SAGUARO "AGS" FD CONOCO "AGK" FD
1 16 10 5 4

SAGUARO AGS SAGUARO AGS CONOCO "AGK" FD CONOCO "AGK" FD
1 17 3 2 8



26

CONOCO "AGK" FED CONOCO "AGK" FED CONOCO "AGK" FED
6 11 3

CONOCO CONOCO "AGK" FED
15 9



MEASUREMENT & STORAGE
FACILITY

YATES PETROLEUM CORPORATION

NEW MEXICO
DAGGER DRAW
20s24e Sec. 26, 27

Plan of section 27
Scale 1:10000
P. Evans
S. Davidson

Saguaro A.G.S. #3 TANK BATTERY

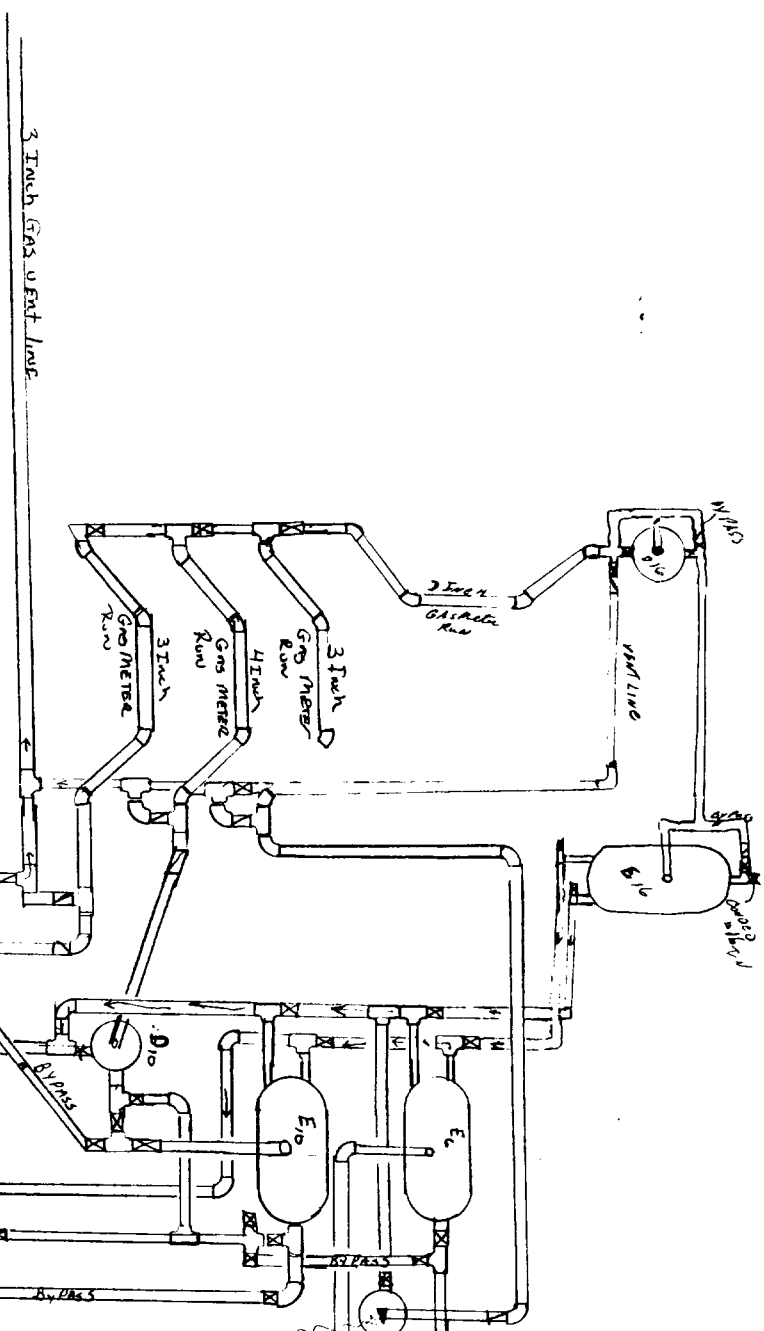
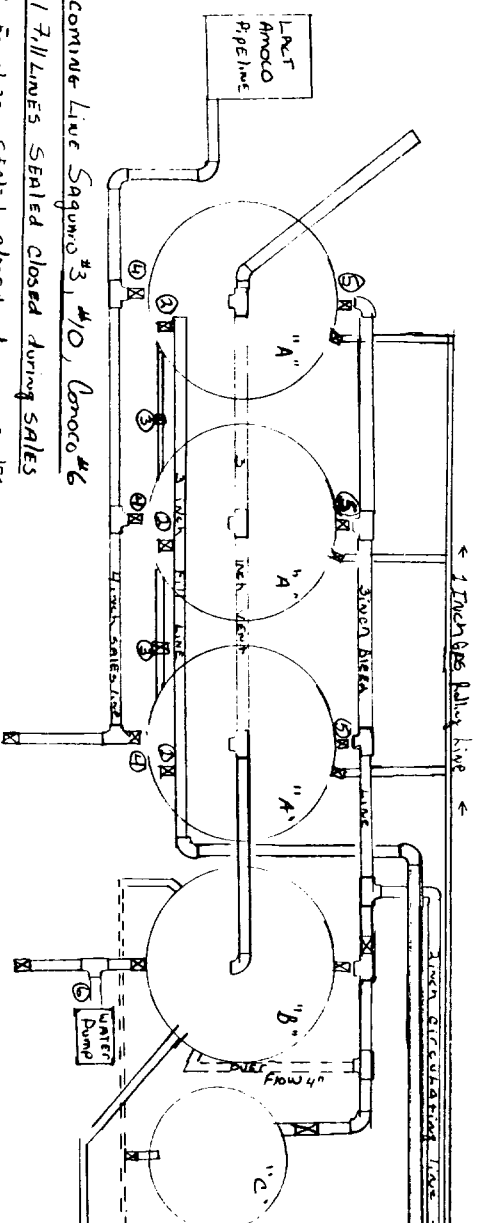
LEASE NO. NM 43625

LEGAL DESCRIP. SEC. 26-205-24E

COUNTY: Eddy, N.M.

JAN. 1 1998

YATES Petro Corp.



- ① Incoming Line Saguaro #3, #10, Conoco #6
- ② Oil FILL LINES SEALED closed during SALES
- ③ Oil Equalizer SEALED closed during SALES
- ④ Oil SALES SEALED closed EXCEPT during SALES
- ⑤ EMERGENCY TRAINS SEALED closed

Water to my APPROVED disposal system (Dranner Drew Water system)

- A 500 BBL OIL STORAGE DIO SAGUARO #10 SEP
- A 500 BBL WATER STORAGE E.C. CONOCO #6 HANDEKOUT
- C 8.5 KW STORAGE (21086) EIO SAGUARO #10 HANDEKOUT
- D SAGUARO #3 SEPERATIVE EIO CONOCO #6 HANDEKOUT
- E SAGUARO #1 SEPERATIVE EIO CONOCO #6 HANDEKOUT

- ☒ Plug valve
- ☒ Back Press
- ☒ Dump valve

P 059 489 013

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

R.E. Chambers Jr.

2413 Clayton

Wichita Falls, TX 76308

PS Form 3800 April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Aug 3 Batty</i> 4-2-98	

P 059 489 014

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Lollie Dee King Chambers

2413 Clayton

Wichita Falls, TX 76308

PS Form 3800, April 1995

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>Aug 3 4-2-98</i>

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Corinne Desadier
1022 Linton Bellveue Rd.
Benton, LA 71006

4a. Article Number

PS 059 489 015

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

12-6-98

5. Received By: (Print Name)

Corinne Desadier

6. Signature: (Addressee or Agent)

X Corinne Desadier

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 059 489 015

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Corinne Desadier
1022 Linton Bellveue Rd.
Benton, LA 71006

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<p>Set #3</p> <p>354</p> <p>4-2-98</p>

PS Form 3800, April 1995

P 059 489 016

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Margaret Morris Wheeler

P.O. Box 101535

Fort Worth, TX 76185-1535

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Def #3 Bty 4-2-98</i>	

P 059 489 017

US Postal Service

Receipt for Certified Mail

Insurance Coverage Provided.

James N. Foster

P.O. Box 671

Manpa, ID 83653-0671

PS Form 3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Seq #3 Bty 4-2-98</i>	

P 059 489 018

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Carl C. Foster
1707 Northgate Place
Artesia, NM 88210

PS Form 3800, April 1995

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	S
Postmark or Date	<i>Log #3 Buf 4-2-98</i>

Is your **RETURN ADDRESS**

5. Received By: (Print Name) *Carl C. Foster*

6. Signature: (Addressee or Agent) *Carl C. Foster*

7. Date of Delivery *4-3-98*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

☐ Express Mail
☐ Return Receipt for Merchandise ☐ COD

Thank you for us

P 059 489 019

US Postal Service
Receipt for Certified Mail
Linda K. Guinan
1818 Booker Ave.
Artesia, NM 88210

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	4-2-98

PS Form 3800 April 1995

Is your RETURN ADDRESS:

5. Received By: (Print Name)
Linda K. Guinan
6. Signature: (Addressee or Agent)
X Linda K. Guinan
PS Form 3811, December 1994

<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COB
7. Date of Delivery 4-10-98
8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

Thank you for u

P 059 489 020

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Alice Ann Hanks Freeman

P.O. Box 0987

Wichita Falls, TX 86308-9087

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date Sag. 3 Bty 4-2-98	

P 059 489 021

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

John B. Holstead
3690 Del Monte
Houston, TX 77019

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sig #3 Bty 4-298</i>	

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Roy A. Moore
110 Skinner Rd.
Carlsbad, NM 88220

4a. Article Number

1059489022

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise ☐ Insured ☒ Certified

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Address of Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

P 059 489 022

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

Roy A. Moore
110 Skinner Rd.
Carlsbad, NM 88220

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sag #3 Bty 42-98</i>	

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

P 059 489 023

US Postal Service

Receipt for Certified Mail

Bonnie Morrison

C O Sunset bank

P.O. Box 27880

Albuquerque, NM 87125-7880

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sig. #3 Bty 42-98</i>	

PS Form 3800, April 1995

Is your ?

6. Signature (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

P 059 489 024

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Rodney Ray Murdock

P.O. Box 467758

Atlanta, GA 31146-8000

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sig #3 Bty 4-2-98</i>	

P 059 489 025

US Postal Service
Receipt for Certified Mail
 Thomas Lee Murdock
 317 Harris St.
 Newport, OH 45768

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>Sig #3 Bty 4-2-98</i>

PS Form 3800 April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Thomas Lee Murdock 317 Harris St. Newport, OH 45768		4a. Article Number <i>059 489 025</i>	
5. Received By: (Print Name) <i>CHFC Murdock</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>X Chae Murdock</i>		7. Date of Delivery <i>4-6-98</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

P 059 489 026

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

W.T. & Jeanette J. Probrandt
415 W. Wall
Suite 2206
Midland, TX 79701

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 4-2-98	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: W.T. & Jeanette J. Probrandt 415 W. Wall Suite 2206 Midland, TX 79701		4a. Article Number P 059 489 026	
5. Received By: (Print Name) W.T. & Jeanette J. Probrandt		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. <i>(Signature)</i>		7. Date of Delivery 4-2-98	
8. Addressee's Address (Only if requested and fee is paid)			

Receipt

Thank you for using Return Receipt Service.

P 059 489 027

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

The Riggs-Mills Limited

P.O. Box 230430

Anchorage, AK 99523-0430

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sag #3 Bty 4-2-98</i>	

P 059 489 039

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

La Verta Scott
 P.O. Box 5291
 San Angelo, TX 76902-5291

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sag #3 Bty 4-2-98.</i>	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: 1. LA VERTA SCOTT LA VERTA SCOTT P.O. BOX 5291 2113 MESQUITE LAKE SAN ANGELO, TX 76902-5291 76904		4a. Article Number P 059 489 039	
5. Signature (Addressee) La Verta Scott		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) Fred Harris		7. Date of Delivery 4-2-98	
PS Form 3811, December 1991 *U.S. GPO: 1992-323-402		8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT	

Thank you for using Return Receipt Service.

P 059 489 028

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Charles Henry Smith

1504 Bullock

Artesia, NM 88210

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sag #3 Bty 4-2-98</i>	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: <input type="checkbox"/> Complete Items 1 and/or 2 for additional services. <input type="checkbox"/> Complete Items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Charles Henry Smith 1504 Bullock Artesia, NM 88210		4a. Article Number <i>059 489 028</i>	
5. Received By: (Print Name) <i>Charles Henry Smith</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>(Signature)</i>		7. Date of Delivery <i>4-3</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

P 059 489 029

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail.
 Norman Foster Smith
 2303 Mann
 Artesia, NM 88210

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>Sup #3 Bty 4-2-98</i>

PS Form 3811, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Norman Foster Smith 2303 Mann Artesia, NM 88210</p>		<p>4a. Article Number <i>059 489 029</i></p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery <i>4-3</i></p>	
<p>5. Received By: (Print Name) <i>Norman Foster Smith</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent) <i>[Signature]</i></p>		<p>Domestic Return Receipt</p>	

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

059 489 030

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Henry Terpening
 3612 E. Castleberry Rd.
 Artesia, NM 88210

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	Aug #3 Bty 4-2-98

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Henry Terpening 3612 E. Castleberry Rd. Artesia, NM 88210		4a. Article Number 059 489 030	
5. Signature (Addressee) Henry E. Terpening		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) Henry E. Terpening		7. Date of Delivery 4/3/98	
PS Form 3811, December 1991 *U.S. GPO: 1992-323-402		8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT	

Thank you for using Return Receipt Service

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery

3. Article Addressed to:

Clay Thornton
600 S. Mac Arthur Blvd.
Coppell, TX 75019



5. Signature (Addressee)
6. Signature (Agent)

[Handwritten Signature]

8. Addressee's Address (Only if requested and fee is paid)

- 4a. Article Number **78059489031**
- 4b. Service Type
- ☐ Registered
 - ☐ Insured
 - ☒ Certified
 - ☐ COD
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise

Date of Delivery

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

P 059 489 031

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Clay Thornton
600 S. Mac Arthur Blvd.
Coppell, TX 75019

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date
Seq #3 Bty 4-2-98

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

US Postal Service

No Insurance Coverage Provided.

Barbara Morris Emmett
12407 Degas Lane
Dallas, TX 75230

PS Form 3800, April 1995	Postage	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	<p>4-2-98</p> <p>Sag #3 Bay</p>

P 059 489 033

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Wills Royalty, Inc.
P.O. Box 1658
Carlsbad, NM 88221-1658

3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

P 059 489 034

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Travis Wilson

15 Evergreen Ave.

Westport, CT 06880

PS Form 3800 April 1995

Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	S
Postmark or Date <i>Aug #3 Bty 4-2-98</i>	

P 059 489 835

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Jessica Wilson

5 Marvin Place

Westport, CT 06880

PS Form 3800, April 1995

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Aug #3 Bty. 4-2-98</i>	

P 059 489 036

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Preston B. Hanks
16 W. Doorman Dr.
Austin, TX 78717

PS Form 3800 April 1995		
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	4-2-98
		Reg #3 Bty

P 059 489 037

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Roger C. Hanks Jr.

6308 Oak Bend

Round Rock, TX 78681

PS Form 3800, April 1995	Postage	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
Postmark or Date		
Log #3 Bty 4-2-98		

P 059 489 038

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Graham Hanks Hamilton Young
3404 Oak Bend
Round Rock, TX 78681

PS Form 3800, April 1995

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Sup #3 Bty 4-2-98</i>	

SAGUARO A.G.S. #3 TANK BATTERY

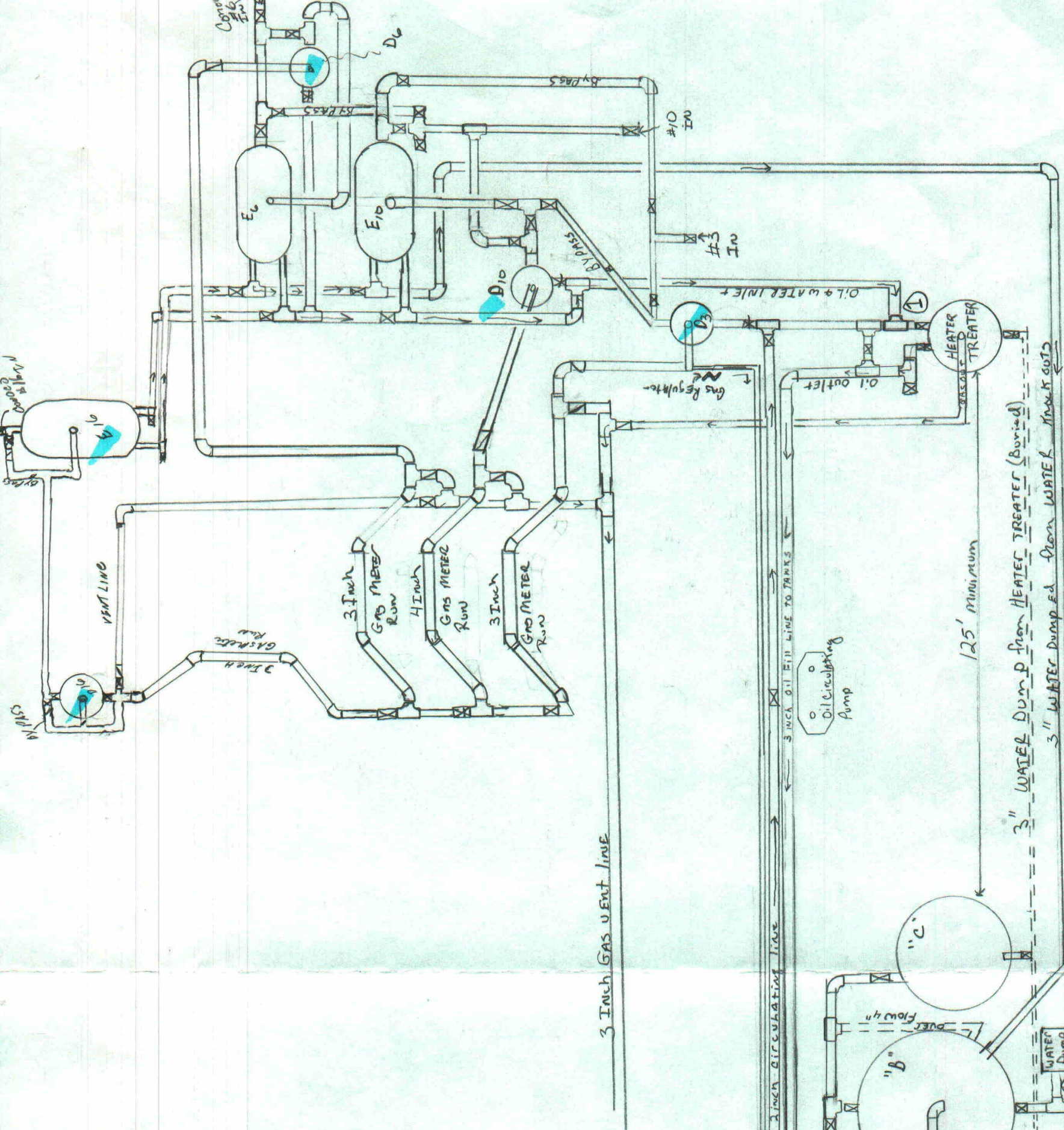
LEASE NO. NM 43625

LEGAL descrip. SEC. 26-20S-24E

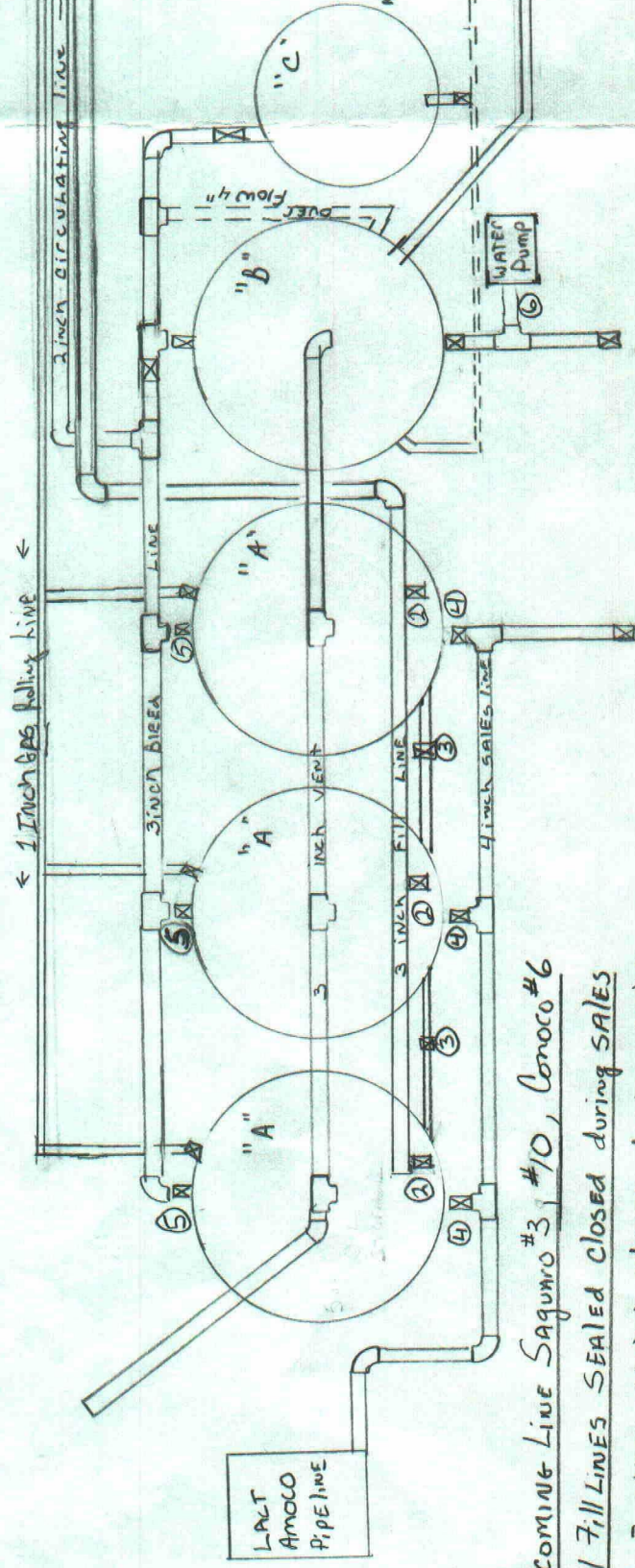
County: Eddy, N.M.

JAN. 1 1998

YATES Petro. Corp.



- ☒ Plug Valve
- ☒ BACK PRESSURE VALVE
- ☒ DUMP VALVE



- ① Incoming Line Saguario #3, #10, Conoco #6
- ② Oil Fill Lines Sealed Closed during Sales
- ③ Oil Equalizer Sealed Closed during Sales
- ④ Oil Sales Sealed Closed Except during Sales
- ⑤ Emergency Drains Sealed Closed
- ⑥ Water to an Approved disposal system. (Dagger Draw Water system)

- A 500 BBL OIL STORAGE D10 SAGUARO #10 SEP
- B 500 BBL WATER STORAGE E6 CONOCO #6 KNOCKOUT
- C 8.5 KW STORAGE (210 BBL) E10 SAGUARO #10 KNOCKOUT
- D3 SAGUARO #3 SEPARATOR E16 CONOCO #16 KNOCKOUT
- D6 CONOCO #6 SEPARATOR D16 CONOCO #16 SEPARATOR