DATE	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO

ABOVE THIS LINE FOR DIVISION USE ONLY

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

ADMINISTRATIVE APPLICATION CHECKLIST

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

Application Acronyms:

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

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

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

Check One Only for [B] or [C]

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

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

[D] Other Specify _____

[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

MAYTE REYES	Mayte Reyes	PRODUCTION CLERK	1-12-2010
Print or Type Name	Signature	Title	Date

mayter@ystorpetroleum.com
e-mail Address

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First Artesia NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis Dr Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 15 2000

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐

WELL LOCATION AND ACREAGE DEDICATION PLAT

[1] API Number	[2] Pool Code	[3] Pool Name
30-015-26623	08450	Canyon-Wolfcamp

[4] Property Code	[5] Property Name	[6] Well Number
20904	Dee 36SE State	3

[7] OGRID No	[8] Operator Name	[9] Elevation
025575	Yates Petroleum Corporation	3603' GR

[10] Surface Location

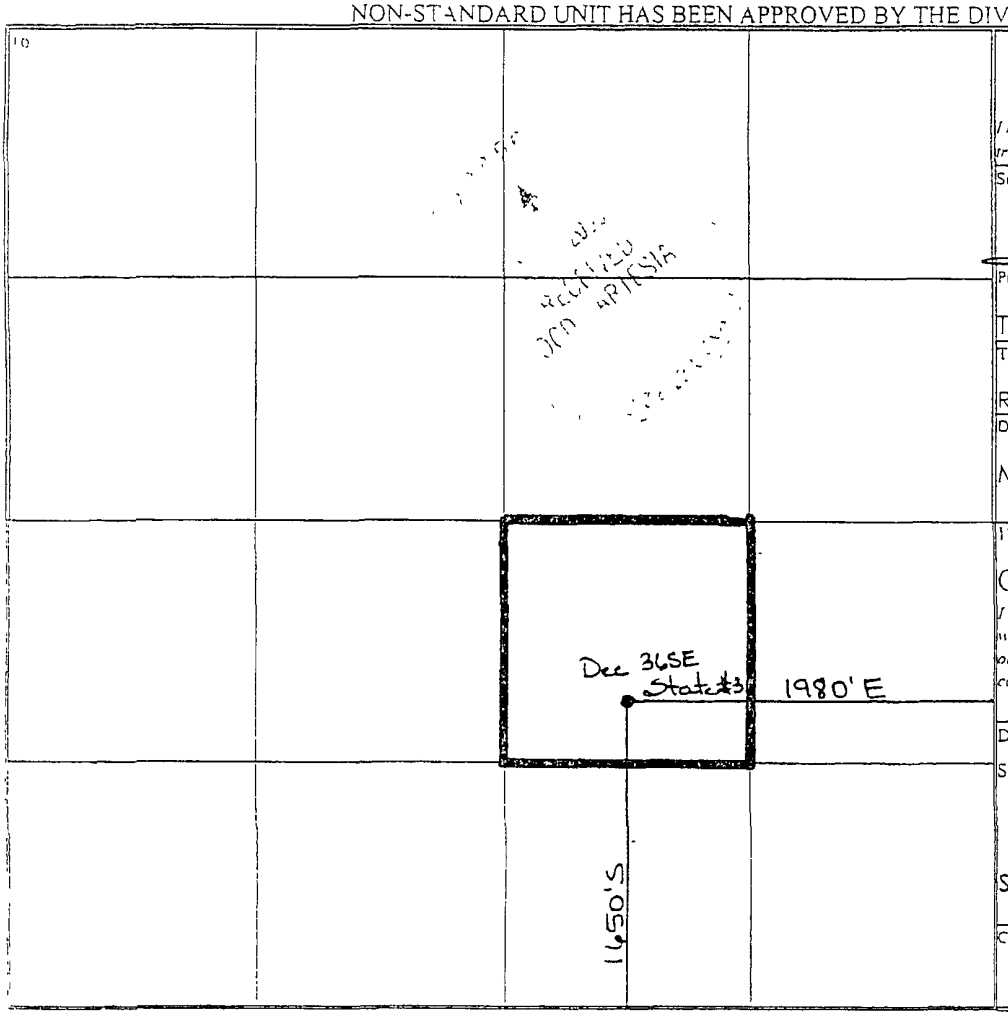
UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	36	19S	24E		1650	South	1980	East	Eddy

[11] Bottom Hole Location If Different From Surface

UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

[12] Dedicated Acres	[13] Joint or Infill	[14] Consolidation Code	[15] Order No.
40			

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



[17] OPERATOR CERTIFICATION

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

Signature: Tina Huerta

Printed Name: Tina Huerta

Title: Regulatory Compliance Supervisor

Date: May 2, 2003

[18] SURVEYOR CERTIFICATION

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

Date of Survey

Signature and Seal of Professional Surveyor

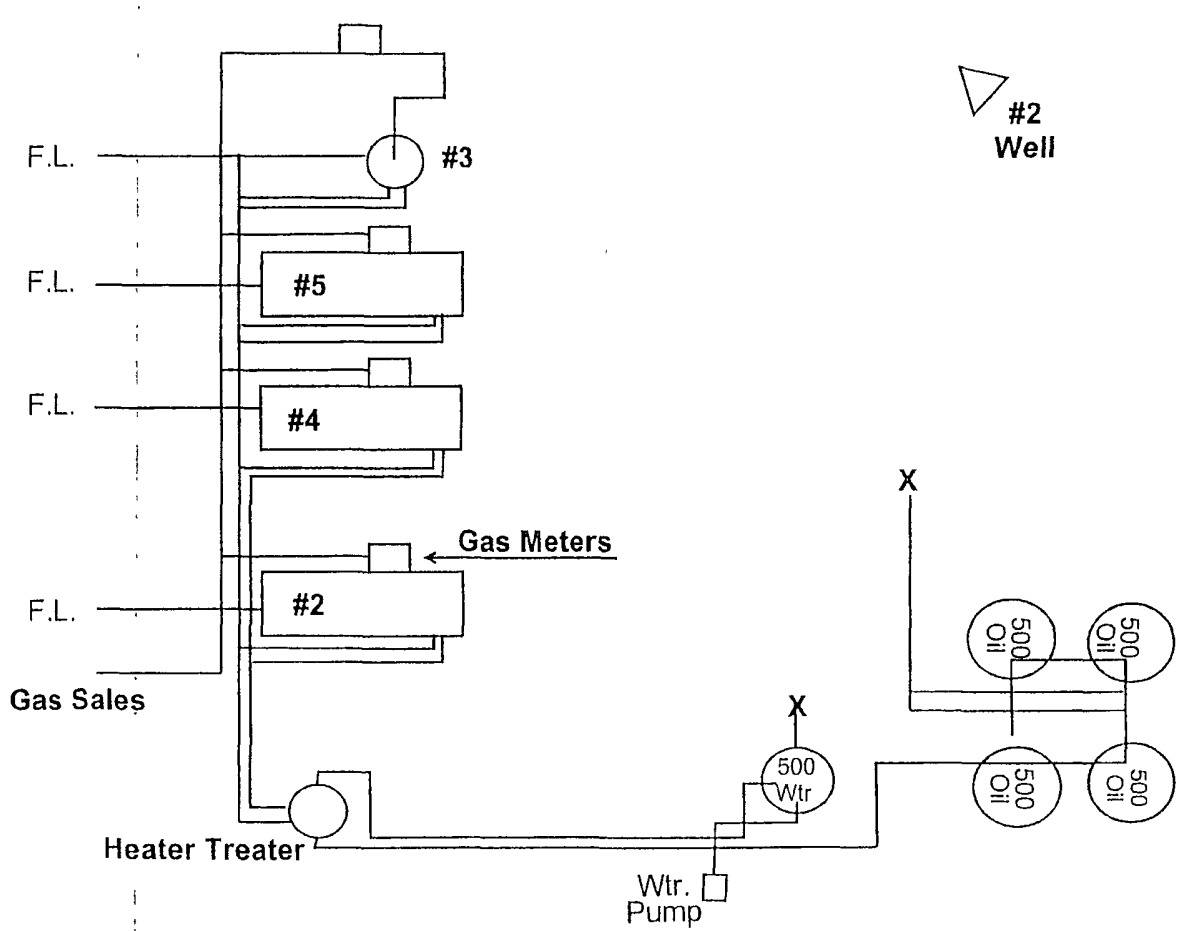
See Original Plat

Certificate Number

YATES PETROLEUM CORPORATION
105 South 4th Street * Artesia, NM 88210
(505) 748-1471
Joe Chavez - Foreman
January 16, 2004
Sight Security Diagram

Dee 36SW State #3

Lease #
36-19S-24E
Eddy County, NM



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

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

7003 3110 0006 1794 7944

ADDRESS SERVICE REQUESTED

Auvenshine Children's Testamentary Trust,
Cathie Cone McCown, Trustee
P O Box 507
Dripping Spring TX 78620-0507

7003 3110 0006 1794 7944

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

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

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

Postmark Here

Sent To AUVENSHINE CHILDREN'S TESTAME
Street, Apt. No.; or PO Box No. P.O BOX 507
City, State, ZIP+4 DRIPPING SPRING TX 78620-0507

PS Form 3800, June 2002 See Reverse for Instructions

hh62 h627 9000 0TTE E002

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

Anvenshine Children's Testamentary Trust,
Cathie Cone McCown, Trustee
P O Box 507
Dripping Spring TX 78620-0507

COMPLETE THIS SECTION ON DELIVERY

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

C Signature

X ☐ Agent ☐ Addressee

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

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

4 Restricted Delivery? *(Extra Fee)* ☐ Yes

2 Article Number *(Copy from service label)*
7000 3110 0006 1794 7944

PS Form 3811, July 1999 Domestic Return Receipt 102595-99 M 1789

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested." To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery."*
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800, June 2002 (Reverse)

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

Patsy G
1422 L
Lawto

7000 0520 0017 1088 6821
7000 0520 0017 1088 6821

Dec 365 #3 (Comm-sue)

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

MAYNE 79201
Postmark Here

Recipient's Patsy Graves Hampton
Street, Apt. No. 1422 Logan
City, State, ZIP+ Lawton, OK 73501

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

Bank of
Kathleen
P O Box
Tulsa, O

7000 0520 0017 1088 6869
7000 0520 0017 1088 6869

Dec 365 State #3 (Comm)

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

MAYNE 79201
Postmark Here

Recipient's Bank of Oklahoma
Street, Apt. No. Kathleen Cone Dec'd Trust
City, State, ZIP+ P O Box 1588
Tulsa, Ok 74101-1588

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF 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

Patsy Graves Hampton
1422 Logan
Lawton, OK 73501

COMPLETE THIS SECTION ON DELIVERY

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

C Signature
X ☐ Agent ☐ Addressee

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

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

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)
7000 0520 0017 1088 6821

PS Form 3811, July 1999 Domestic Return Receipt 102595 99-M 1789

ears

Mail or Priority Mail
al mail

Certified Mail For

d to provide proof of
e and attach a Return
postage to cover the
Deliver a fee waiver for
rtified Mail receipt is

the addressee or
he mailpiece with the

ase present the art
in the Certified Mail
e and mail

aking an inquiry

102595 99 M 1930

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF 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

Bank of Oklahoma
Kathleen Cone Dec'd Trust
P O Box 1588
Tulsa Ok 74101-1588

COMPLETE THIS SECTION ON DELIVERY

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

C Signature
X ☐ Agent ☐ Addressee

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

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

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)
7000 0520 0017 1088 6869

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M 1789

ears

Mail or Priority Mail
al mail

Certified Mail For

d to provide proof of
e and attach a Return
postage to cover the
Deliver a fee waiver for
rtified Mail receipt is

the addressee or
he mailpiece with the

ase present the art
in the Certified Mail
e and mail

aking an inquiry

102595 99 M 1930

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:

Toby B Graves
11440 E Desert Troon LN
Scottsdale, AZ 85255-8266

2. Article Number *(Copy from service label)*
7000 0520 0017 1088 6876

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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:

W T Probandt
415 W Wall St Ste 2206
Midland, TX 79701

2. Article Number *(Copy from service label)*
7000 0520 0017 1088 8719

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6876
7000 0520 0017 1088 6876

Dee 36 SE State #3 (comm)
MAYTE PROD

Postmark Here

Recipient's N
Toby B Graves
Street, Apt No.,
11440 E Desert Troon LN
City, State, ZIP+
Scottsdale, AZ 85255-8266

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6719
7000 0520 0017 1088 6719

Dee 36 SE State #3 (comm)
MAYTE (PROD)

Postmark Here

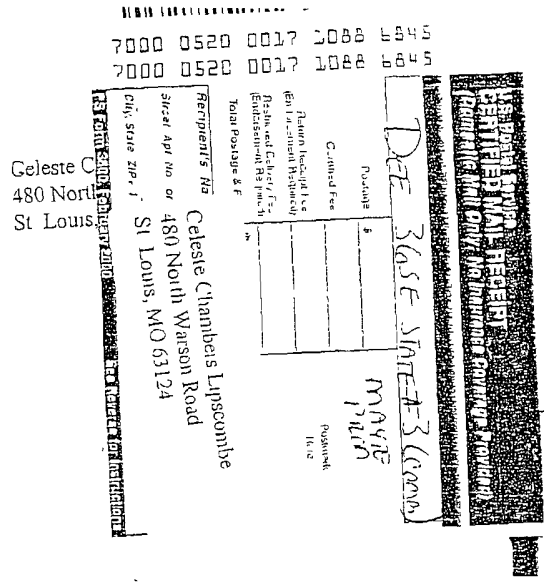
Recipient
W T Probandt
Street, A
415 W Wall St Ste 2206
City, Sta
Midland, TX 79701

W T P
415 W
Midlan

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

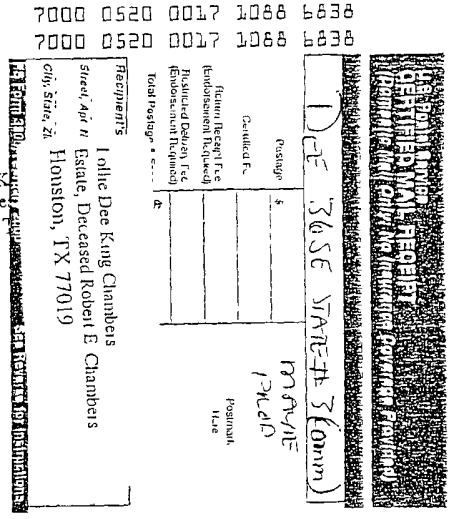


Celeste C
480 North
St Louis,

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED



Lollie Dee K
Estate, Dece
Houston,

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

Celeste Chambers Lipscombe
480 North Warson Road
St Louis, MO 63124

COMPLETE THIS SECTION ON DELIVERY

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

C Signature
X ☐ Agent ☐ Addressee

D Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below ☐ No

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

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)
7000 0520 0017 1088 6845

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

102595 99 M 1938

and mail
the Certified Mail
se present the arti-
ilig an inquiry.

the addressee or
mailpiece with the

to provide proof of
and attach a Return
ostage to cover the
ive a fee waiver for
tified Mail receipt is

ail or Priority Mail
l mail
entified Mail. For

ars

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF 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

Lollie Dee King Chambers
Estate, Deceased Robert E Chambers
Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

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

C Signature
X ☐ Agent ☐ Addressee

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

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

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)
7000 0520 0017 1088 6838

PS Form 3811, July 1999 Domestic Return Receipt 102595 99-M 1789

102595 99 M 1938

and mail
e present the arti-
n the Certified Mail
iking an inquiry.

the addressee or
ie mailpiece with the

I to provide proof of
i and attach a Return
postage to cover the
ceive a fee waiver for
rtified Mail receipt is

tail or Priority Mail
al mail
Certified Mail. For

ars

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA NEW MEXICO 88210 2118

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6807
7000 0520 0017 1088 6807

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postmark Here

DEC 30 SE STATE #3 (comm)
MAYE
PM 2.0

Recipient
Street, Apt. No.; or PO Box No. 2418 Del Monte
City, State, ZIP+4 Houston, TX 77019

Neva Chambers Dawson
2418 Del
Houston,

PS Form 3800, January 2001 See Reverse for Instructions

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6814
7000 0520 0017 1088 6814

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postmark Here

DEC 30 SE STATE #3 (comm)
MAYE
PM 2.0

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No.; or PO Box No. 11920 South Sangre Road
City, State, ZIP+4 Perkins, OK 74059

Leo C Graves
11
Pe

PS Form 3800, January 2001 See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to

Neva Chambers Dawson
2418 Del Monte
Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

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

C Signature
X ☐ Agent ☐ Addressee

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

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

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)
7000 0520 0017 1088 6807

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

TO THE RIGHT OF 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

Leo C Graves
11920 South Sangre Road
Perkins, OK 74059

COMPLETE THIS SECTION ON DELIVERY

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

C Signature
X ☐ Agent ☐ Addressee

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

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

4 Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Copy from service label)
7000 0520 0017 1088 6814

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

ers

tail or Priority Mail

ll mail

Certified Mail. For

l to provide proof of
and attach a Return
stage to cover the
ve a fee waiver for
rtified Mail receipt is

the addressee or
ne mailpiece with the

ase present the arti-
n the Certified Mail
s and mail

aking an inquiry

102595 99 M 1938

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 8702
7000 0520 0017 1088 8702

DEF 36 SE STATE #3 (comm)
MAYE
PUSO

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

Recipient
Kenneth G Cone
Street, Apt. No.; or PO Box No.
P O Box 11310
City, State, ZIP+4
Midland, TX 79702 - 11310

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7000 0520 0017 1088 6852
7000 0520 0017 1088 6852

DEF 36SE STATE #3 (comm)
MAYE
PUSO

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

Recipient
Tom R Cone
Street, Apt. No.; or PO Box No.
P O Box 778
City, State, ZIP+4
Jay, OK 74346 - 0778

Tom R Con
P O Box 77
Jay OK 74

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:

Kenneth G Cone
P O Box 11310
Midland, TX 79702 - 11310

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0017 1088 8702

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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:

Tom R Cone
P O Box 778
Jay, OK 74346 - 0778

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

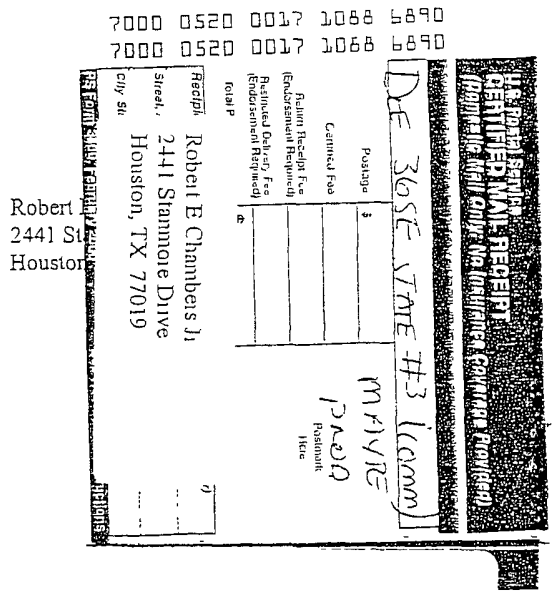
2. Article Number (Copy from service label)
7000 0520 0017 1088 6859

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

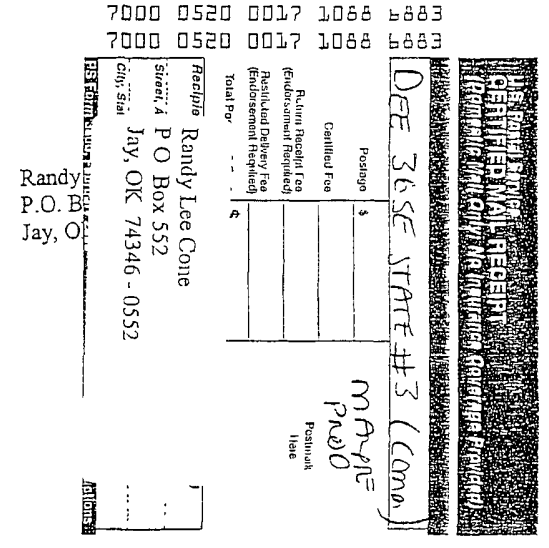


Robert
2441 St
Houstor

YATES PETROLEUM CORPORATION

YATES BUILDING – 105 SOUTH FOURTH ST
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED



Randy
P.O. B
Jay, O

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:

Robert E Chambers Jr
2441 Stanmore Drive
Houston, TX 77019

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0017 1088 6590

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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:

Randy Lee Cone
P O Box 552
Jay, OK 74346 - 0552

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0017 1088 6583

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789