3/24/20/4

PL C

PMAM 1408534337

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

TH	IIS CHECK	LIST IS MA	ANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION R	JLES AND REGULATIONS
Applic	[DH	lon-Stan IC-Down [PC-Pool	ndard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneou nhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease (ool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Meas [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]	Commingling] urement] on]
			lified Enhanced Oil Recovery Certification] [PPR-Positive Productio	n Response] ープとこ
[1]	ТҮРЕ	OF AP	PPLICATION - Check Those Which Apply for [A] Location - Spacing Unit - Simultaneous Dedication NSL NSP SD	CurpopAtion
		Check [B]	Cone Only for [B] or [C] Commingling - Storage - Measurement DHC CTB PC OLS OLM	
		[C]	Injection - Disposal - Pressure Increase - Enhanced Oil Recovery WFX PMX SWD IPI EOR PPR	CE (S)
		[D]	Other: Specify	> 1
[2]	NOTII	FICATI [A]	ION REQUIRED TO: - Check Those Which Apply, or Does Not App Working, Royalty or Overriding Royalty Interest Owners	7 93
		[B]	Offset Operators, Leaseholders or Surface Owner	wells - Juic # 2
		[C]	Application is One Which Requires Published Legal Notice	30-015-27047
		[D]	Notification and/or Concurrent Approval by BLM or SLO U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office	30-015-41726
		[E]	For all of the above, Proof of Notification or Publication is Attach	ed, and/or,
		[F]	Waivers are Attached	- THOM AS A 35#74 30-015-41969
[3]			CURATE AND COMPLETE INFORMATION REQUIRED TO PRATION INDICATED ABOVE.	-N. Sevenpivey
	al is acc	urate an	TION: I hereby certify that the information submitted with this application domplete to the best of my knowledge. I also understand that no actiquired information and notifications are submitted to the Division.	on will be taken on this - PenAsco Dran
		Note:	Statement must be completed by an individual with managerial and/or supervisory of	SA-YESD Sapacity. 50270
Miriam N Print or	Morales r Type Na	me	Signature Production Analyst Title	3 /20/14 Date
			mmorales@yatespetrolet e-mail Address	ım.com

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

E-MAIL ADDRESS: mmorales@yatespetrolem.com

State of New Mexico Energy, Minerals and Natural Resources Department

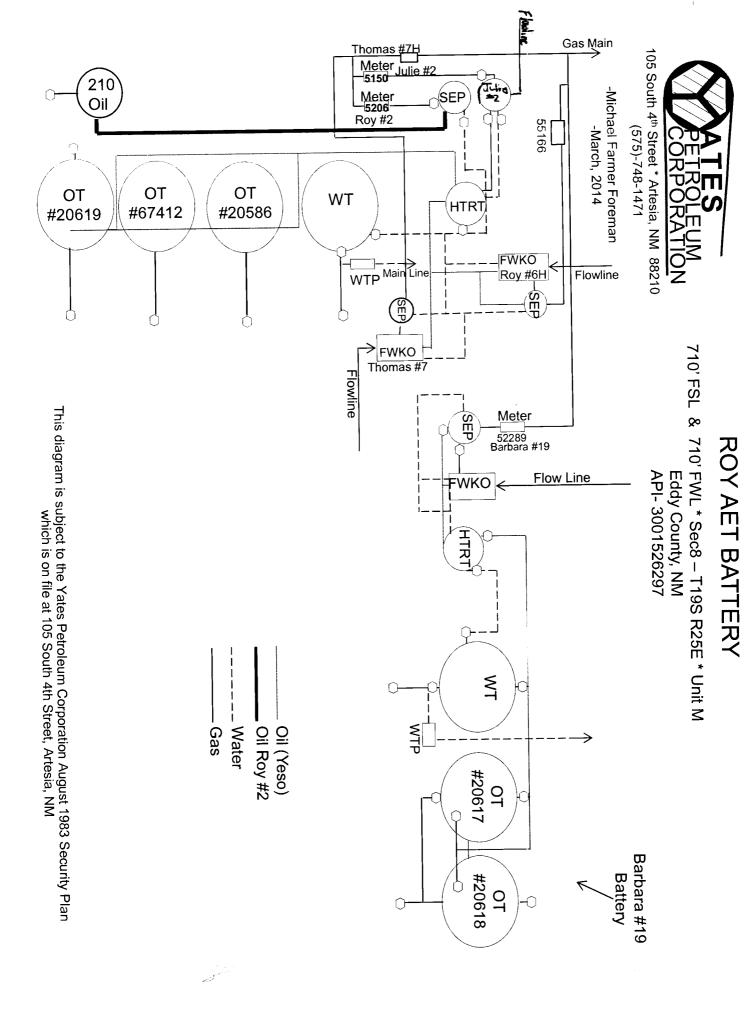
Form C-107-B Revised June 10, 2003

OIL CONSERVATION DIVISION

1220 S. St Francis Drive Santa Fe, New Mexico 87505 Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)									
OPERATOR NAME: Yates Petroleum Corporation									
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210									
APPLICATION TYPE:									
Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)									
LEASE TYPE: Fee	State	ral							
Is this an Amendment to existing Order									
Have the Bureau of Land Management	(BLM) and State Land	l office (SLO) been no	tified in writing	of the proposed comm	ingling				
☐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				
N.Seven Rivers; Glorietta-Yeso 97565	38.4								
Penasco Draw; SA-Yeso 50270	39.2	38.8							
		1							
(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									
Please attach sheets with the following information (1) Pool Name and Code. (2) Is all production from same source of supply?									
		LEASE COMMIN							
(1) Complete Sections A and E.	Please attach sheets	s with the following in	normation						
(D		ORAGE and MEA ts with the following							
(1) Is all production from same source of s(2) Include proof of notice to all interest of		o							
(E) ADDITIONAL INFORMATION (for all application types)									
	Please attach sheets	s with the following in							
(1) A schematic diagram of facility, include		one. Include lease more	um if Endownlaw Ca-	sto landa oma i se se le sel					
(2) A plat with lease boundaries showing a(3) Lease Names, Lease and Well Number		ons. meiude lease numbe	as it rederal or Sta	ne iands are involved.					
I hereby certify that the information above is	tile and complete to the	best of my knowledge an	d belief.						
SIGNATURE: & feepout (f)		TLE: <u>Production Analys</u>		DATE: 3/2	0/14				
TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471									

Submit I Conv To Appropriate District	CL (CN NA	•	F C 102		
Submit I Copy To Appropriate District Office	State of New Me		Form C-103		
<u>District I</u> – (575) 393-6161 Ener 1625 N. French Dr., Hobbs, NM 88240	gy, Minerals and Natu	rai Resources	Revised August 1, 2011 WELL API NO.		
<u>District II</u> – (575) 748-1283	District II - (575) 748-1283 OIL CONCEDIA TION DIVISION				
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	511 5. 1 15t 5t., 11tt 5t., 11tt 6t.				
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87	l l	STATE FEE S		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sainta 1 C, 14141 G	303	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND			7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DE DIFFERENT RESERVOIR. USE "APPLICATION FOI PROPOSALS.)			Roy AET		
1. Type of Well: Oil Well Gas Well	Other		8. Well Number 6H		
2. Name of Operator			9. OGRID Number 025575		
Yates Petroleum Corporation 3. Address of Operator			10. Pool name or Wildcat		
105 S. Fourth Street Artesia, NM 88210			Penasco Draw; SA-Yeso		
4. Well Location					
1	n the S line and	150 feet from	the E line		
Section 8 To	wnship 19S Range		MPM Eddy County		
11. Elev	ation (Show whether DR,	RKB, RT, GR, etc.)			
12 (1)	3713' GR	027			
12. Check Appropria	ite Box to Indicate N	ature of Notice, I	Report or Other Data		
NOTICE OF INTENTION	N TO:	SUBS	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG A	ND ABANDON	REMEDIAL WORK	_		
-	E PLANS	COMMENCE DRIL			
PULL OR ALTER CASING MULTIP	LE COMPL	CASING/CEMENT	JOB 🗆		
DOWN TOLE COMMINICE					
OTHER: Surface Pool/Lease Commingle		OTHER:			
of starting any proposed work). SEE			give pertinent dates, including estimated date		
proposed completion or recompletion.		. For Multiple Com	pietions. Attach wendore diagram of		
Yates Petroleum respectfully requests administration		Lease Commingle oil on	the following wells:		
Julie #2	Roy AET #6H	Th	omas AJJ #7H		
N. Seven Rivers; Glorieta-Yeso	Penasco Draw; SA-Y	eso Per	nasco Draw; SA-Yeso		
Sec. 17-T19S-R25E API #30-015-27047	Sec. 8-T19S-R25E API #30-015-41726		Sec. 8-T19S-R25E API #30-015-41969		
Fee	Fee	Fee	Fee		
Eddy County, NM	Eddy County, NM	Ed	dy County, NM		
The battery is located at the Roy AET #2. Please see at The ownership is diversified. All owners have been no			tached.		
Oil Measurement					
Each of the wells will be equipped with continuously m sales/production will be allocated back to each individu					
volumes daily and monthly for accuracy.	ar wen using the metered (da	ny wen test) volumes. T	victored volumes will be compared to total battery		
Estimated daily oil production for the Julie #2 is 57 bbl	s, for the Roy #6 and Thomas	#7 is 105 bbls for each	well.		
Gas Measurement					
Each well will have its own meter and no surface comn	ningling will take place.				
The purpose of the Surface Pool/Lease Commingle is in result in reduced royalty or improper measurement of p	the interest of conservation,	the reduction of environ	mental impact area, and overall emissions. It will no		
facilities for each well. This will greatly increase costs			intery, it will become necessary to built separate		
I hereby certify that the information above is true an	d complete to the best of my	knowledge and belief			
SIGNATURE of Chris aloralis	TITLE Production An	alvst	DATE 3/20/14		
Type or print name Miriam Morales			om PHONE: 575-748-4200		
For State Use Only					
APPROVED BY:	TITLE		DATE		
2 11 C4 1(C-11)					



District.1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District.11
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District.111
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District.1Y
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

Property Code

OGRID No.

API Number

30-015-27047

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

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

³ Pool Name

N. Seven Rivers; Glorieta-Yeso

☐ AMENDED REPORT

Well Number

2

⁹ Elevation

WELL LOCATION AND ACREAGE DEDICATION PLAT

Property Name

Julie

8 Operator Name

² Pool Code

97565

025575					3538'GL				
UL or lot no.	Section	Townsh	ip Range	Lot Ide	n Feet from the	North/South line	Feet from the	East/West line	County
В	17	19S	25E		660	North	1980	East	Eddy
			" Bot	tom F	Hole Location I	f Different Fron	n Surface		
UL or lot no.	Section	Townsh	p Range	Lot Ide	n Feet from the	North/South line	Feet from the	East/West line	County
					1				
12 Dedicated Acres	13 Joint or	Infill	14 Consolidation (Code	⁵ Order No.				
40		l							ì
No allowable v division.	vill be ass	igned to	this completi	on unti	il all interests have	been consolidated	or a non-standa	d unit has been	approved by the
16				SEP 1	IVED 3 2013 ARTESIA	[430;E	I hereby certify to the best of nowns a working the proposed to location pursual interest, or to the heretofore ento the printed Name Tina Huerta Printed Name Linah@vatespe E-mail Address 18 SURV I hereby ce was plotted me or under and correct	ny knowledge and belief, any ginterest or unleased mine ginterest or unleased mine to the control of the contro	ined herein is true and complete at that this organization either rad interest in the land including a right to drill this well at this mer of such a mineral or working ent or a compulsory pooling order September 11, 2013 Date TIFICATION cation shown on this plat actual surveys made by and that the same is true clief.
							Certalicate Nu	unber	

API Number

Property Code

OGRID No.

State of New Mexico Energy, Minerals and Natural Resources Dept

vised August 1, 2011 copy to appropriate District Office

-Form C-102

OIL CONSERVATION DIVISION 10 2013

1220 South St. Francis Dr. Santa Fe, New Mexico 8750

NMOCD ARTESIA

Pool Name

Penasco Draw; SA-Yeso (Assoc)

AMENDED REPORT

Well Number

6H Elevation

WELL LOCATION AND ACREAGE DEDICATION PLAT

Property Name

Operator Name

ROY AET

Pool Code

025575		1		YATES	PETROLEUM	COMPANY		352	9
Surface Location									
UL or lot No.	Section	Township	Range	Lot Idn	USAt from the	North/South line	USAt from the	East/West line	County
N	8	19 S	25 E		530	SOUTH	150	EAST	EDDY
Bottom Hole Location If Different From Surface									
UL or lot No.	Section	Township	Range	Lot Idn	USAt from the	North/South line	USAt from the	East/West line	County
С	8	19 S	25 E		400	SOUTH	330	WEST	EDDY
Dedicated Acres	Joint o	or Infill C	onsolidation	Code Ore	der No.				
160	<u> </u>								
NO ALLO	WABLE V					INTIL ALL INTER APPROVED BY		EN CONSOLIDA	ATED
N: 612248.5			N: 612255.1			N: 612262		D. CEDTIFICAT	TON
E: 485265.4 NAD-83	1	,	E: 487939.6 NAD-83	I	ļ	E: 490578 NAD-83	0. 2	R CERTIFICAT	
10.00	- 1			1	1		contained herei	n is true and comp knowledge and belief	lete to
	i			ĺ	i		this organization	n either owns a worl	cing
	i			i i	i		land including	ased mineral interest the proposed bottom a right to drill this result to a contract integral or working my pooling agreement ing order herelofore	hole
	i			1	i		this location pu	rsuanti to a contract	with an
	1			1	;		or to a voluntur	ry pooling agreement	or a .
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	i		' -	L			I II	OR CERTIFICAT	
	+			1	ì			, that the well locat as plotted from field	
PROPOSED E		Project	Area:		i	SURFACE LOCATION	actual surveys	made by me or	under my
HOLE LOCA	TION		_) -		Lat — N 32"40'11.23 ong — W 104"29'55.56	9 (d that the same is	
Lat - N 32*4 Long - W 104*3	40'10.14" 30'52.21" ₁	}	Pro	ducing	Area I	MSPCE- N 607439.1 E 490431.5	11	e hack of my belie	
NMSPCE- N 60	7337.2	1		! }	1	E 490431.5 (NAD-83)		BER 06	<u> </u>
(NAD83)		1		1 1	@ Penetra	tion Point:	Date Shrveye Signature &	THE WELL	1
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8.H. 330' N. 6060'	<u>-</u>						0' 500	1000' 1500'	2000
S E: 48525						: 606907.9 : 490581.9 3530.4* .352	N REBERT	ALE: 1" = 1000'	CHOSON:
	33 maninan ia	Maria de la compania	Liferium von geranden der Edition in	-		NAD-83		0 Num.: 29182	

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505

Phone: (505) 478-3470 Fax: (505) 476-3482

UL - Lot

State of New Mexico **Energy, Minerals and Natural Resources** Oil Conservation Division 1220 S. St Francis Dr. Santa Fe. NM 87505

Form C-102 August 1, 2011

Permit 180024

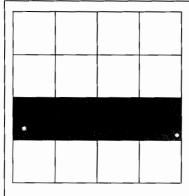
WELL LOCATION AND ACREAGE DEDICATION PLAT

- [1. API Number	2. Pool Code	3. Pool Name							
- 1	30-015-41969	50270	PENASCO DRAW;SA-YESO (ASSOC)							
	4. Property Code	5. Property Name	6. Well No.							
- [12835	Thomas AJJ	007H							
- [7. OGRID No.	8. Operator Name	9. Elevation							
	25575	YATES PETROLEUM CORPORATION	3455							

10. Surface Location UL - Lot Section Township Lot Idn N/S Line EW Line Range Feet From County Feet From Eddy

11. Bottom Hole Location If Different From Surface Section Township Feet From E/W Line 198 25E 1700 330 Eddy 12. Dedicated Acres 13. Joint or Infill 14. Consolidation Code 15. Order No. 160.00

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(s) 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.

LORI FLORES

Title: Land Regulatory Technician

1/16/2014 Date

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.

Surveyed By:

Gary Jones 11/8/2013

Date of Survey: Certificate Number: 7977 MARTIN YATES, III 1912-1985 FRANK W. YATES 1936-1986 S.P YATES

1914-2008



JOHN A. YATES

JOHN A. YATES JR.

JOHN D. PERINI EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

RE: Surface Pool/Lease Commingle Julie #2, Roy AET #6H and Thomas AJJ #7H Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Pool/Lease Commingle oil on the following wells:

Julie #2 N. Seven Rivers; Glorieta-Yeso Sec. 17-T19S-R25E API #30-015-27047 Fee Eddy County, NM

Roy AET #6H Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41726 Fee Eddy County, NM

Thomas All #7H Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41969 Fee Eddy County, NM

The ownership is diversified. The battery is located at the Roy AET #2.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Roy #2. 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.

Estimated daily oil production for the Julie #2 is 57 bbls, for the Roy #6 and Thomas #7 is 105 bbls for each well.

Gas Measurement

Each well will have its own meter and no commingling will take place.

The purpose of the Surface Pool/Lease Commingle 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 the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please contact me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales **Production Analyst**

I hereby approve this application

MARTIN YATES, III 1912-1985 FRANK W. YATES

> 1936-1986 S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES

JOHN A. YATES JR.

JOHN D. PERINI EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

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Julie #2, Roy AET #6H and Thomas AJJ #7H
Eddy County, New Mexico

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N. Seven Rivers; Glorieta-Yeso Sec. 17-T19S-R25E

API #30-01S-27047

Fee

Eddy County, NM

Roy AET #6H

Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41726

Fee

Eddy County, NM

Thomas AJJ #7H

Penasco Draw; SA-Yeso Sec. 8-T19S-R25E

API #30-015-41969

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Eddy County, NM

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Miriam Morales
Production Analyst

I hereby approve this application

KANNY H. PORTER

MARTIN YATES, III 1912-1985 FRANK W. YATES

1936-1986 S.P YATES 1914-2008



JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.

JOHN D. PERINI
EXECUTIVE V.R OF MONETIZATION
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

RE: Surface Pool/Lease Commingle
Julie #2, Roy AET #6H and Thomas AJJ #7H
Eddy County, New Mexico

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Fee Eddy County, NM Thomas AJJ #7H Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41969

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Sincerely,

Miriam Morales
Production Analyst

I hereby approve this application

y: Trust Q U/W/O Pegg

KATHY H. PORTER

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986 S.P YATES



JOHN A. YATES

JOHN A. YATES JR.
PRESIDENT

JOHN D. PERINI EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

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Eddy County, NM

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The ownership is diversified. The battery is located at the Roy AET #2.

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Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Roy #2. 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.

Estimated daily oil production for the Julie #2 is 57 bbls, for the Roy #6 and Thomas #7 is 105 bbls for each well.

Gas Measurement

Each well will have its own meter and no commingling will take place.

The purpose of the Surface Pool/Lease Commingle 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 the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

If you have any questions, please contact me at (575)748-4200 (direct line)

Sincerely,

Company

Miriam Morales **Production Analyst**

I hereby approve this application

KATHY[°]H. PORTER

MARTIN YATES, III FRANK W. YATES 1936-1986

S.P YATES

1914-200E



JOHN A. YATES CHAIRMAN OF THE BOARD

JOHN A. YATES JR. PRESIDENT

JOHN D. PERINI EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

RE: Surface Pool/Lease Commingle Julie #2, Roy AET #6H and Thomas AJJ #7H Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Pool/Lease Commingle oil on the following wells:

Julie #2 N. Seven Rivers; Glorieta-Yeso Sec. 17-T19S-R25E API #30-015-27047 Fee

Eddy County, NM

Roy AET #6H Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41726 Fee

Eddy County, NM

Thomas AJJ #7H Penasco Draw: SA-Yeso Sec. 8-T19S-R25E API #30-015-41969 Fee

Eddy County, NM

The ownership is diversified. The battery is located at the Roy AET #2.

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If you have any questions, please contact me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales Production Analyst

I hereby approve this application

Company: Sharbro Energy LLC

DENNIS G. KINSEY KATHY H. PORTER

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986 S.P YATES



JOHN A. YATES

JOHN A. YATES JR. PRESIDENT

JOHN D. PERINI EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

RE: Surface Pool/Lease Commingle Julie #2, Roy AET #6H and Thomas AJJ #7H Eddy County, New Mexico

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Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41969 Fee

Eddy County, NM

Thomas AJJ #7H

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If you have any questions, please contact me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales **Production Analyst**

I hereby approve this application

Company: Myco Industries Inc

KATHY H. PORTER

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

1914-2008



JOHN A. YATES CHAIRMAN OF THE BOARD

JOHN A. YATES JR.

JOHN D. PERINI EXECUTIVE V.P. OF MONETIZATION CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

March 20, 2014

RE: Surface Pool/Lease Commingle Julie #2, Roy AET #6H and Thomas AJJ #7H Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting approval from the Oil Conservation Division to Surface Pool/Lease Commingle oil on the following wells:

Julie #2 N. Seven Rivers; Glorieta-Yeso Sec. 17-T19S-R25E API #30-015-27047

Eddy County, NM

Roy AET #6H Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41726 Fee

Eddy County, NM

Thomas AJJ #7H Penasco Draw; SA-Yeso Sec. 8-T19S-R25E API #30-015-41969 Fee Eddy County, NM

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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 have any questions, please contact me at (575)748-4200 (direct line)

Sincerely,

Miriam Morales Production Analyst

udforales

MATHUM II DONTED DENNIS G. KINSEY





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

7013 2630 0002 0640 8558 7013 2630 0002 0640 8558

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Sent To RAY HALL BECK Street, Apt. No. 3509 DOMINION RIDGE or PO Box No. SAN ANGELO, TX 76904-8147	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™
See Reverse for Instructions	8147			Here	Dostmark	(State at www.usps.come	EIPT overage Provided)	

' HALL BECK 9 DOMINION RIDGE I ANGELO, TX 76904-8147

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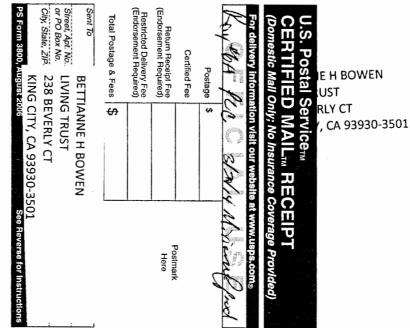
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X				
1. Article Addressed to: RAY HALL BECK 3509 DOMINION RIDGE SAN ANGELO, TX 76904-8147	D. Is delivery address different from item 1?				
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2. Article Number 7013 2630 0002	0640 8558				



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

7013 2630 0002 0640 8565

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. Article Addressed to: 	A. Signature X				
BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT KING CITY, CA 93930-3501	3. Service Type				
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 8572 7013 2630 0002 0640 8572

ADDRESS SERVICE REQUESTED

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

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ADDRESS SERVICE REQUESTED

Sent to Sincer,: MICHAEL T CARTER or POB 2106 WILLS WAY DR City, Sta GRANBURY, TX 76049-5788 PS Form 3800, August 2006	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postage 5 Certified Fee Return Receipt Fee (Endorsement Required)	For delivery information visit our website at www.usps.come	tal ServiceTM FIED MAILTM Mail Only; No Insura	HAEL T CARTER WILLS WAY DR NBURY, TX 76049-5788
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MICHAEL T CARTER 2106 WILLS WAY DR GRANBURY, TX 76049-5788		
GNAROSIN, MARIE	3. Service Type Certified Mail® Priority Mail Expr Registered Return Receipt for Collect on Delive	or Merchandise
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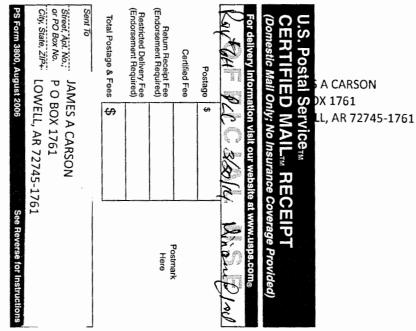




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 8596 7013 2630 0002 0640 8596

ADDRESS SERVICE REQUESTED



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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)
0640 8596

PS Form 3811, July 2013

Domestic Return Receipt



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

7013 2630 0002 0640 8602 7013 2630 0002 0640 8602

ADDRESS SERVICE REQUESTED

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APE PROPERTIES PARTNERSHIP RIO PENASCO RD ILL, NM 88339

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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CAUHAPE PROPERTIES PARTNERSHIP 5299 RIO PENASCO RD			
MAYHILL, NM 88339	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery		
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8619 7013 2630 0002 0640 8619

ADDRESS SERVICE REQUESTED

Siried, Apt. No.: ROBERT E CHAMBERS JR or PO Box No. 2441 STANMORE DR HOUSTON, TX 77019 PS Form 8800, August 2006 See Reverse for	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required) Here	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service
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COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: ROBERT E CHAMBERS JR 2441 STANMORE DR HOUSTON, TX 77019 3. Service Type A Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7013 2630 0002 0640 8619 (Transfer from se.

Domestic Return Receipt

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PS Form 3811, July 2013





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8626 7013 2630 0002 0640 8626

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ROBERT E CHAMBERS JR AS TRUSTEE OF LOLLIE D CHAMBERS 2441 STANMORE DR			
HOUSTON, TX 77019	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery		
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 8633 7013 2630 0002 0640 8633

ADDRESS SERVICE REQUESTED

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JAMES W CHILDRESS P O BOX 3209		Postmark Here	posite at www.usps.come	RECEIPT

LACE 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
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
 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. 	B. Received by (Printed Name) C. Date of Delivery
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JAMES W CHILDRESS P O BOX 3209	
ROSWELL, NM 88202-3209	3. Service Type ☑ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
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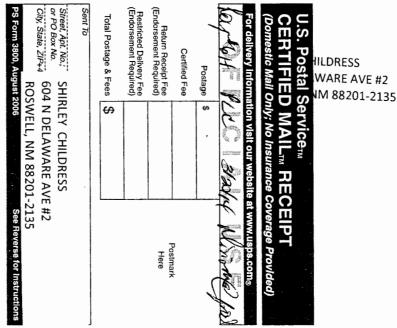




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 8640 7013 2630 0002 0640 8640

ADDRESS SERVICE REQUESTED



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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ROSWELL, N.M. 332			¹ □ Re	ce Type ertified Mail [®] gistered sured Mail	☐ Priority Mail ☐ Return Rece	eipt for Merchandise
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
GEORGE SCOTT CRANFORD 2009 HUBBARD CT VILLA RICA, GA 30180	
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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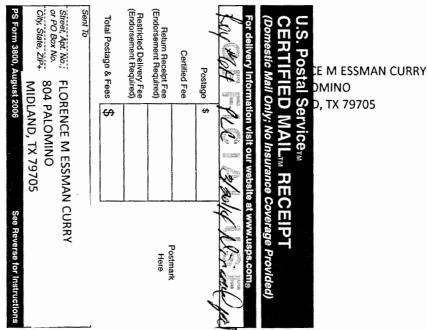
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
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ALFRED FOY CURRY IV 1016 ALTA LOMA CIRCLE	
SAN ANGELO, TX 76901	3. Service Type
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8671 7013 2630 0002 0640 8671

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1. Article Addressed to: FLORENCE M ESSMAN CURRY 804 PALOMINO	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MIDLAND, TX 79705	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED

See Reverse for Instructions		PS Form 3800, August 2006
WSON 2122	3ERS	Street, Apt. No.: NEVA CHAME or PO Box No. City, State, ZIP+ HOUSTON, T)
		Sent To
		Total Postage & Fees \$
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
page 1		Postage \$
John Dinant	000 A3	Ray 364
e at www.lisbs.come	n visit our wabsite	For delivery information visit our website at www.usns.com
CERTIFIED MAIL. RECEIPT	MAILTM RECEIP	CERTIFIED I
	rvice™	a k D Se √, 7
		R
		DAWSOI 56-2122

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? $\ \square$ Yes 1. Article Addressed to: If YES, enter delivery address below: NEVA CHAMBERS DAWSON 8 SW OAK DR HOUSTON, TX 77056-2122 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 7013 2630 0002 0640 8688 (Transfer from s

Domestic Return Receipt

PS Form 3811, July 2013





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

7013 2630 0002 0640 8695 7013 2630 0002 0640 8695

ADDRESS SERVICE REQUESTED

low the	#	PCC Jose	Hall Colonical III
~ ~	Postage	€9	S
Cer	Certifled Fee		
Return Receipt Fee (Endorsement Required)	ceipt Fee Required)		Here
Restricted Delivery Fee (Endorsement Required)	livery Fee Required)		
Total Postage & Fees \$	e & Fees	\$	
Sent To	NEVA (NEVA CHAMBERS DAWSON AS TRUSTEE	ON AS TRUSTEE
	OF LOL	OF LOLLIE D CHAMBERS	
OF PO BOX N	8 SW OAK DR	AK DR	1
City, Ciaio, L	TSUOH	HOUSTON, TX 77056-2122	2
PS Form 3800, August 2006	, August 2	006	See Reverse for instructions

HAMBERS DAWSON AS TRUSTEE
LIE D CHAMBERS
AK DR
ON, TX 77056-2122

OF THE RETURN ADDRESS, FOLD AT DOTTED LIVE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item If YES, enter delivery address below	
NEVA CHAMBERS DAWSON AS TRUSTEE OF LOLLIE D CHAMBERS 8 SW OAK DR		
8 SW OAK DK HOUSTON, TX 77056-2122	☐ Insured Mail ☐ Collect on De	pt for Merchandise
2. Article Number	4. Restricted Delivery? (Extra Fee)	☐ Yes
(Transfer from se 7013 2630 0002	0640 8695	
PS Form 3811, July 2013 Domestic Ret		



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

7013 2630 0002 0640 8701 7013 2630 0002 0640 8701

ADDRESS SERVICE REQUESTED

OF OF ENVIRONMENT OF THE RIGHT	T TO SERBITS EDVIS	į
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
 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. 	A. Signature	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) D. Is delivery address different from iter	C. Date of Delivery
Article Addressed to:	If YES, enter delivery address below	—
LYNN E DESPER		
380 LOS RANCHOS RD NW		
ALBUQUERQUE, NM 87107-6532	3. Service Type	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7013 2630 0002	0640 870l	
PS Form 3811, July 2013 Domestic Re	turn Receipt	





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

7013 2630 0002 0640 8718 7013 2630 0002 0640 8718

ADDRESS SERVICE REQUESTED

Sent To Street, Apr. No. or PO Box No. 771 CRESCENT DR BOULDER, CO 80303 PS Form 3800, August 2008	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come LOT STORY TOTAL TOTAL	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service
See Reverse for Instructions			Postmark Here			al www.usps.come	CEIPT Overage Provided)	

OF THE RETURN ADDRESS, FOLD AT DOTTED INE

I	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
SALLY A ELLIS 771 CRESCENT DR	
BOULDER, CO 80303	3. Service Type A Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 2630 0002	0640 8718
PS Form 3811, July 2013 Domestic Retu	urn Receipt



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

7013 2630 0002 0640 8725 7013 2630 0002 0640 8725

ADDRESS SERVICE REQUESTED

Sent To Serur 3800, August 2006 AC C 77 AC 77 AC C 77
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLET	E THIS SE	CTION		COMPLE	TE THIS SE	ECTION ON DEL	IVERY
 Complete items 1, item 4 if Restricted Print your name and so that we can return that Attach this card to or on the front if sp 	Delivery is d address or rn the card the back of	desired. In the reve to you. the mailpi	erse	A. Signa X B. Recei	ture ved by (Print	ed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to:						different from iter ery address belo	
JAMES W ESSMAN 1209 COUNTRY CL MIDLAND, TX 7970	UB DR						
,	-			☐ Req	tified Mail® gistered ured Mail	☐ Collect on E	eipt for Merchandise
				4. Restric	ted Delivery	? (Extra Fee)	☐ Yes
2. Article Number (Transfer from se	7013	5630	2000	0640	8725		
PS Form 3811, July 2	013	Do	mestic Retu	ırn Receipt			





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

7013 2630 0002 0640 8732 7013 2630 0002 0640 8732

ADDRESS SERVICE REQUESTED

U.S. Postal Servicem CERTIFIED MAIL_M RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come Postage Postage Certified Fee Return Receipt Fee (Endorsement Required) Total Postage & Fees Sent To Sincert Apit No. or PO BOX No. or PO BOX No. PO BOX 9087 WICHITA FALLS, TX 76308-9087 PS Form 3800, August 2006 See Reverse for Instructions	
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TIED LINE	OQ TA	CLO1,	DHESS	QA NR	UT3F	OF THE

ENAELOPE TO THE RIGHT	PLACE STICKER AT TOP OF
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to: ALICE ANN HANKS FREEMAN	D. Is delivery address different from item 1?
P O BOX 9087 WICHITA FALLS, TX 76308-9087	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from st 7013 2630 0002 PS Form 3811, July 2013 Domestic Ref	

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8749 7013 2630 0002 0640 8749

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See F	Siriet, Apt. No.; JAMI HARL or PO Box No. 2485 E 54 TH STREET City, State, ZIP+4 THISA OK 74105-7201	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	LANGE DIL MENER	Ear delivery information visit our website at www.usps.come	CERTIFIED MAIL RECEIPT	U.S. Postal Service™	TREET 105-72
See Reverse for Instructions					Here	Doctook		(next) par	.usps.com@	T Provided)		

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

i						
SENDER: COMPLETE THIS SECTION	A. Signature X Addressee					
 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.	B. Received by (Printed Name) C. Date of Delivery					
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
JAMI HARL 2485 E 54 TH STREET						
TULSA, OK 74105-7201	3. Service Type					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Transfer from se 7013 2630 0002	0640 8749					
PS Form 3811, July 2013 Domestic Re	eturn Receipt					

PETROLEUM CORPORATION



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

7013 2630 0002 0640 8756 7013 2630 0002 0640 8756

ADDRESS SERVICE REQUESTED

ADITIVO: JUANEL HARPER TOX NO. 1207 W CENTRE AVE ARTESIA, NM 88210 THE SECOND AUGUST 2006	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service
See Reverse for Instructions		Here	Postmark		at www.usps.com	CEIPT Coverage Provided)	

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 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. 	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) C. Date of Delivery					
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1? If YES, enter delivery address below: No					
JUANEL HARPER 1207 W CENTRE AVE ARTESIA, NM 88210	3. Service Type					
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery					
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes					
(Transfer from st. 7013 2630 0002	0640 8756					
PS Form 3811, July 2013 Domestic Re	turn Receipt					





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

7013 2630 0002 0640 8763 7013 2630 0002 0640 8763

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	Just 2006 Se	PS Form 3800, August 2006
,	DAVID HARPER 43-1 W FUNK RD	Street, Apt. No.; DA's or PO Box No. 43-
	. 10 (200	Sent To
	↔	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
(₩	/ Postage
Handal for	No The	by that I
at www.usps.com	(Domestic Mail Only; No insurance coverage Fronteel)	For delivery inform
CEIPT	CERTIFIED MAIL RECEIPT	CERTIFIE
	Service™	U.S. Postal 9

ID HARPER . W FUNK RD E ARTHUR, NM 88253

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery
1. Article Addressed to: DAVID HARPER 43-1 W FUNK RD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
LAKE ARTHUR, NM 88253	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 7013 2630 0002	0640 8763
PS Form 3811, July 2013 Domestic Ret	urn Receipt :



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

7013 2630 0002 0640 8770 7013 2630 0002 0640 8770

ADDRESS SERVICE REQUESTED

U.S. Postal Servicer. CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.comp Postage Certified Fee Return Receipt Fee (Endorsement Required) Total Postage & Fees Since I. Apit No.; or PO Box No. City, State, ZiPi-1 WOODWAY, TX 76712-2235 PS Form 3800, August 2006

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: HAN ALICE HERRSTROM 810 FOREST OAKS CIRCLE WOODWAY, TX 76712-2235	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Gertified 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 s. 7013 2630 0002	0640 8770
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

ADDRESS SERVICE REQUESTED

7013 2630 0002 0640 8787

Street, Apt. or PO Box I City, State, No. P O BOX 2292 ROSWELL, NM 88202-2292

HINKLE COMPANY LLC

Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Certified Fee 8 Postmark Here

COMPANY LLC

M 88202-2292

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature □ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: R R HINKLE COMPANY LLC P O BOX 2292 ROSWELL, NM 88202-2292 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 7013 2630 0002 0640 8787 (Transfer from sei PS Form 3811, July 2013 Domestic Return Receipt

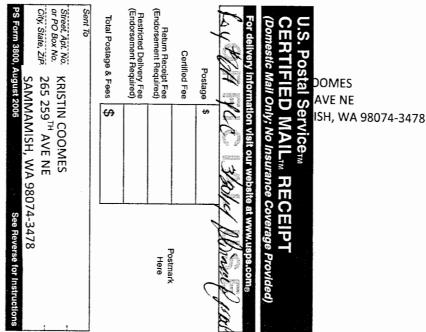




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 8794 7013 2630 0002 0640 8794

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
Article Addressed to: VDISTING A.	If YES, enter delivery address below: ☐ No
KRISTIN COOMES 265 259 TH AVE NE	
SAMMAMISH, WA 98074-3478	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from ser 7013 2630 000	2 0640 8794
PS Form 3811, July 2013 Domestic Re	turn Receipt



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

7013 2630 0002 0640 8800 7013 2630 0002 0640 8800

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	P O BOX 1030 KING CITY, CA 93930 August 2006	or PO Box No. P O BC City, State, ZiP+4 KING (PS Form 3800, August 2006
	CHARLES E HINKLE	Sent To
	& Fees \$	Total Postage & Fees
	very Fee tequired)	Restricted Delivery Fee (Endorsement Required)
Postmark Here	tequired)	Return Receipt Fee (Endorsement Required)
1	Certified Fee	Centi
6	Postage \$	_
al municipality	The second of th	Lay Hay
COURT Provided)	CENTIFIED WAIL™ NECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	(Domestic
	Postal Service MAII DE	U.S. Po
	HINKLE 030 CA 93930	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
 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. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CHARLES E HINKLE	
P O BOX 1030 KING CITY, CA 93930	3. Service Type Gertified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 2630 000	DS 0640 8800
Domestic Domestic	Return Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8817 7013 2630 0002 0640 8817

ADDRESS SERVICE REQUESTED

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address below	· · · ·
MADISON M & SUSAN M HINKLE P O BOX 2292		
ROSWELL, NM 88202-2292	3. Service Type Certified Mail® Priority Mail Registered Return Rece	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from : 7013 2430 0002	0640 8817	
PS Form 3811, July 2013 Domestic Re	turn Receipt	





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

7013 2630 0002 0640 8824 7013 2630 0002 0640 8824

ADDRESS SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to: IAMES L HINKLE ESTATE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ATTN: JAMES L HINKLE PREP P O BOX 2262 KING CITY, CA 93930	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from s 7013 2630 0002	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 2013 Domestic Ret	urn Receipt





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

7013 2630 0002 0640 8831 7013 2630 0002 0640 8831

ADDRESS SERVICE REQUESTED

JUST 2006 See Reverse for Instructions	PS Form 3800, August 2006
2292	City, State, ZIP+ P O BOX 2292
ROLLA R III & ROSEMARY H HINKLE	;
	Sent To
	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Return Receipt Fee (Endorsement Required)
1	Certified Fee
7	Postage \$
For delivery information visit our website at www.usps.come	Por delivery information vi
Insura	(Domestic Mail Only; N
ICe™ AIL™ RECEIPT	U.S. Postal Service™ CERTIFIED MAIL
	ROSEMARY I 1 88202-229.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROLLA R III & ROSEMARY H HINKLE P O BOX 2292	
ROSWELL, NM 88202-2292	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 7013 2530 0006	2 0640 8831
PS Form 3811, July 2013 Domestic Re	turn Receipt





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

7013 2630 0002 0640 8848 7013 2630 0002 0640 8848

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	PS Form 3800, August 2006	PS For
)3	ROSWELL, NM 88202-1793	,
		City State.
	HINKLE LIVING TRUST	Street, Apt.
	O	Sent To
	Total Postage & Fees \$	Total
	Restricted Delivery Fee (Endorsement Required)	Restri (Endor
Here	Return Receipt Fee (Endorsement Required)	R. (Endon
Dostmark	Certified Fee	
<	Postage \$	_
performance 1	1/45 37/ HBA	V.
at www.us.us.com®	For delivery information visit our website at www.us∌s.com⊛	For
CEIP I Coverage Provided)	CER IIFIED MAIL™ RECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	<i>(g)</i>
	ostal Service™	.: ::
	VING TRUS 1793 ., NM 8820	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X						
 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. 	B. Received by (Printed Name) C. Date of Delivery						
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No						
HINKLE LIVING TRUST P O BOX 1793 ROSWELL, NM 88202-1793	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery						
	4. Restricted Delivery? (Extra Fee)						
2. Article Number 7013 2630 0006	2 0640 8848						
PS Form 3811, July 2013 Domestic Re	eturn Receipt						

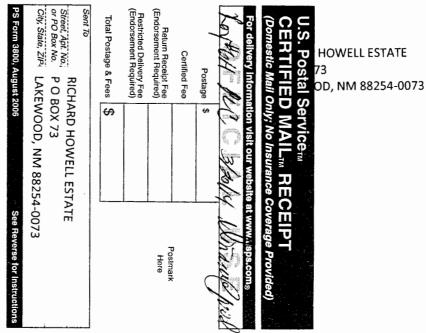




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 8855 7013 2630 0002 0640 8855

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY								
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. 	A. Signature	☐ Agent ☐ Addressee								
Attach this card to the back of the mailpi or on the front if space permits. 1. Article Addressed to:	ece,	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:								
RICHARD HOWELL ESTATE P O BOX 73 LAKEWOOD, NM 88254-0073	,	•								
		☐ Registered ☐	Priority Mail Return Rec	eipt for Merchandise						
		4. Restricted Delivery? (E	Extra Fee)	☐ Yes						
2. Article Number (Transfer from se 7013 2630	2000	0640 8855	A1 (c							
PS Form 3811, July 2013 D										

PETROLEUM CORPORATION



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

7013 2630 0002 0640 8862 7013 2630 0002 0640 8862

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	PS Form 3800, August 2006	PS For
54-0075	or PO Box No. P O BOX 75 City, State, ZIP++ I AKEWOOD NM 88754-0075	City, S
OWELL REV TRUST	Street, สุดะ พละ: JAMES H & BETTY R HOWELL REV TRUST	Street,
A AND PROPERTY OF THE PROPERTY	O	Sent To
	Total Postage & Fees \$	Total
	Restricted Delivery Fee (Endorsement Required)	Restri (Endor
Here	Return Receipt Fee (Endorsement Required)	R. (Endor:
1	Certified Fee	
(Postage \$	~
Whan Took	THE DUC 36/16	Pour
at www.usps.com®	For delivery information visit our website at www.usps.come	For
Coverage Provided)	(Domestic Mail Only; No Insurance Coverage Provided)	(D ₀
OEIDT	TERTIFIED MAII RECEID) c

H & BETTY R HOWELL REV TRUST K 75

DOD, NM 88254-0075

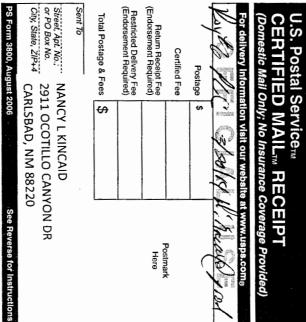
Complete items 1, 2, and 3. Also complete	A. Signature	_						
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X	☐ Agent ☐ Addressee						
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name)	C. Date of Delivery						
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No						
IAMES H & RETTY B HOWELL BEY TRUCK								
JAMES H & BETTY R HOWELL REV TRUST P O BOX 75								
P O BOX 75	3. Service Type							
P O BOX 75	✓ Certified Mail® ☐ Priority Ma	ceipt for Merchandise						
P O BOX 75	Priority Ma ☐ Registered ☐ Return Rec	ceipt for Merchandise						
P O BOX 75	☐ Certified Mail® ☐ Priority Ma ☐ Registered ☐ Return Rec ☐ Insured Mail ☐ Collect on 4. Restricted Delivery? (Extra Fee)	ceipt for Merchandise Delivery						





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8879 7013 2630 0002 0640 8879

ADDRESS SERVICE REQUESTED



NANCY L KINCAID 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. X ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: **NANCY L KINCAID** 2911 OCOTILLO CANYON DR CARLSBAD, NM 88220 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 7013 2630 0002 0640 8879 (Transfer from 5

PS Form 3811, July 2013

Domestic Return Receipt

ATES PETROLEUM EORPORATION

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

7013 2630 0002 0640 8886 7013 2630 0002 0640 8886

ADDRESS SERVICE REQUESTED

,	L 41 -	, ,	_ 🗆 😅	ם ב			1 L		U U :	םם					
City, State, ZIP+ SANTA FE, NM 87501 PS Form 3800, August 2006 See Reverse for instructions	or PO Box No. B O BOY 22201	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required) Here	Certified Fee	Postage \$	Contrast 160 Stayed Winder 100	tion visit o	Mall Or	TIFIE	U.S. Postal Service™	222	NGFC)RD

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY							
 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. 	A. Signature X							
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery							
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No							
JEFFERSON M LANGFORD P O BOX 22205								
SANTA FE, NM 87501	3. Service Type SCertified 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 st 7013 2630 0002	0640 8886							
PS Form 3811, July 2013 Domestic Re	turn Receipt							



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

7013 2630 0002 0640 8893

ADDRESS SERVICE REQUESTED

19010

I	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
LOU ANN LANGFORD 606 WINSFORD RD	
BRYN MAWR, PA 19010	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 7013 2630 0002	0640 8893
PS Form 3811, July 2013 Domestic Ret	urn Receipt





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

7013 2630 0002 0640 8909 7013 2630 0002 0640 8909

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Street, Apit. No.: or PO Box No. 1173 ISIDORA TRAIL City, State, ZiP* LOCKHART, TX 78644	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Centified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service	SS LANGFORD A TRAIL TX 78644
See Reverse for Instructions	ORD			Here			My Common of the state of the s	CEIPT		

PLACE STICKER AT 10P OF ENVELOPE TO THE HIGH

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DEL A. Signature	<i>IVEŖY</i> □ Agent
 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. 	B. Received by (Printed Name)	☐ Addressee C. Date of Delivery
1. Article Addressed to: ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL	D. Is delivery address different from iter If YES, enter delivery address below	
LOCKHART, TX 78644	3. Service Type Certified Mail® Priority Mail Registered Return Rece Insured Mail Collect on D 4. Restricted Delivery? (Extra Fee)	eipt for Merchandise
2. Article Number 7013 2630 0002		
PS Form 3811, July 2013 Domestic Re		





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

7013 2630 0002 0640 8916 7013 2630 0002 0640 8916

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Street, Apt. Wo.: RICHARD H LANDSHEFT JR or PO Box No. 2313 JIM DENT City, State, ZiP+- EL PASO, TX 79936	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	what Too spoke	(Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIED MAIL RECEIPT	U.S. Postal Service™
See Reverse for Instructions	TJR				Here		<	Month pod	overage Provided)	EIPT	

RD H LANDSHEFT JR M DENT O, TX 79936

SENDER: COMPLET	E THIS SEC	CTION		COMPLE	TE THIS SE	CTION ON DEL	IVERY
 Complete items 1, 2 item 4 if Restricted Print your name and so that we can retur Attach this card to to ron the front if span 	Delivery is d daddress or n the card t he back of t	esired. the rever o you. he mailpie	se	A. Signatu X B. Receive	ure ed by <i>(Print</i>	ed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to:						different from ite ery address belo	
RICHARD H LAN 2313 JIM DENT EL PASO, TX 799				Reg	Type ified Mail® istered red Mail		eipt for Merchandise
						Collect on E	□ Yes
Article Number (Transfer from se.)	7013	5230	0002	0640	8916		
PS Form 3811, July 20	013	Do	mestic Retu	ırn Receipt			





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8923 7013 2630 0002 0640 8923

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Street, Apt. No.; WILLIAM BRIAN LANDSHEFT or PO Box No. RT 6 15880 S PEORIA City, State, ZiP-4 BIXBY, OK 74008	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	(Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™ CERTIFIED MAIL™ RI	LLIAM BRIAN LANDS 5 15880 S PEORIA BY, OK 74008	SHEFT
See Reverse for Instructions	NDSHEFT A			<u> </u>	Here		,	To Menticular Jack	e Coverage Provided)	ECEIPT		

A LACE STICKER AT TOP OF ENVELOPE TO THE HIGHT

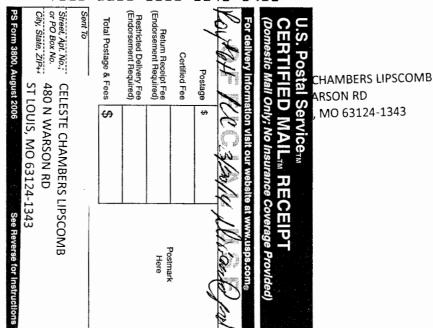
SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SECTION (ON DELIVERY					
 Complete items 1, 2, and 3. Alsitem 4 if Restricted Delivery is c Print your name and address or 	desired. In the reverse	A. Signature X						
 so that we can return the card Attach this card to the back of or on the front if space permits 	the mailpiece,	B. Received by (Printed Name	C. Date of Delivery					
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No						
WILLIAM BRIAN LANDSHEFT	г							
BIXBY, OK 74008		Registered Reti	ority Mail Express™ urn Receipt for Merchandise lect on Delivery					
		4. Restricted Delivery? (Extra	Fee) 🔲 Yes					
2. Article Number (Transfer from si 7013	5830 0005	0640 8923						
PS Form 3811, July 2013	Domestic Re	turn Receipt						





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0640 8930 7013 2630 0002 0640 8930

ADDRESS SERVICE REQUESTED



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

	:						
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X						
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.	B. Received by (Printed Name) C. Date of Delivery						
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No						
CELESTE CHAMBERS LIPSCOMB 480 N WARSON RD							
ST LOUIS, MO 63124-1343 L	3. Service Type						
	4. Restricted Delivery? (Extra Fee) ☐ Yes						
2. Article Number (<i>Transfer from se</i> 7013 2630 0002	0640 8930						
PS Form 3811, July 2013 Domestic Ret	urn Receipt						





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

7013 2630 0002 0640 8947

ADDRESS SERVICE REQUESTED

OF THE LOLLIE D CHAMBERS OF THE LOLLIE D CHAMBERS 480 N WARSON RD ST LOUIS, MO 63124-1343 SERREVEISE TOTALS INTERPREDICTION OF THE LOLLIE D CHAMBERS	OF THE LOLLIE D CHAMBERS 480 N WARSON RD ST LOUIS, MO 63124-1343 gust 2006	CELESTE CELESTE CELESTE CELESTE COF THE L CON PO Box No. 480 N W. City, State, ZiPt ST LOUIS PS Form 3800, August 2006
		Sent To
	€	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Return Receipt Fee (Endorsement Required)
		Certified Fee
V	€	/ Postage
Mosaga mel	Ole 3/2010	Ly Half
at www.usps.com®	For delivery information visit our website at www.usps.come	For delivery inform
CEIPT Coverage Provided)	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIEI
	Service™	U.S. Postal Service™

LESTE CHAMBERS LIPSCOMB AS TRUSTEE THE LOLLIE D CHAMBERS 0 N WARSON RD LOUIS, MO 63124-1343

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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 □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes				
1. Article Addressed to: CELESTE CHAMBERS LIPSCOMB AS TRUSTEE OF THE LOLLIE D CHAMBERS	If YES, enter delivery address below: ☐ No				
480 N WARSON RD ST LOUIS, MO 63124-1343	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 7013 2630 0002	0640 8947				
PS Form 3811, July 2013 Domestic Ret	urn Receipt				



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

7013 2630 0002 0640 8954 7013 2630 0002 0640 8954

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	MIDLAND, TX 79710
	Sent To LONESOME OIL LLC
	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
Here	Return Receipt Fee (Endorsement Required)
	Certified Fee
2	Postage \$
(Mrougha)	400 201 H24/19
at www.usps.com	For delivery information visit our website at www.usps.come
CEIPT Coverage Provided)	CERTIFIED MAILTM RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)
	U.S. Postal Service™
	1E OIL 50880 , TX 79

SENDER: COMPLETE	THIS SEC	CTION		COMPLETE THIS SECTION ON DELIVERY						
 Complete items 1, 2, item 4 if Restricted D Print your name and 	elivery is d	lesired.		A. Signature ☐ Agent ☐ Addressee						
so that we can return Attach this card to the or on the front if space	the card t e back of t	o you. the mailpi	1	B. Receiv	ved by (Printe	ed Name)	C. Date of Delivery			
Article Addressed to:						different from iter ery address belo				
LONESOME OIL LLC P O BOX 50880 MIDLAND, TX 79710										
WIDEARD, 1X 73710			☐ Re	e Type rtified Mail® gistered sured Mail	☐ Priority Mai ☐ Return Rec ☐ Collect on I	eipt for Merchandise				
				4. Restri	cted Delivery	r? (Extra Fee)	☐ Yes			
Article Number (Transfer from signature)	7013	5630	0002	0640	8954					
PS Form 3811, July 20	13	D	urn Receip	t						





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

7013 5630 0005 0640 8961

ADDRESS SERVICE REQUESTED

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Sineet, Apr. No.; or PO Box No. City, State, ZiP+ WICHITA FALLS, TX 76309 PS Form 3800, August 2006	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee Here (Endorsement Required)	Certified Fee Postmark	Postage \$	when the speed on the hol	(Domestic mail Crity, to its our website at www.usr.s.come	CERTIFIED MAILTM RECEIPT	≅ ⊪ al Service™	AHFO YWO ALLS,	OD OD TX 76	309

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 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: 	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					
VALERIE MAHFOOD 3014 BARRYWOOD WICHITA FALLS, TX 76309	3. Service Type O⊠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 7013 2630 0002	0640 8961					
	eturn Receipt					





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

7013 2630 0002 0640 8978 7013 2630 0002 0640 8978

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See Reverse for Instructi	Street, Apt. No.; MARSHALL & WINSTON INC or PO Box No. P O BOX 50880 City, State, ZIP+4 MIDLAND, TX 79710-0880	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required) Here	Certified Fee	Postage \$	10 January Mode DN- #9410	For delivery information visit our website at www.usps.come	CERTIFIED MAIL. RECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™	X 5088	. WINST 80 (79710	
See Reverse for Instructions	& WINSTON INC)880 TX 79710-0880				Here	Postmark		Tolk Notar Dist	our website at www.usps.com®	L _{TM} RECEIP I nsurance Coverage Provided)				

SENDER: COMPLE	TE THIS SE	CTION		COMPLETE THIS SECTION ON DELIVERY							
 Complete items 1, item 4 if Restricted Print your name an so that we can return Attach this card to 	Delivery is one of the card of the back of the back of	desired. In the revito you. The mails	/erse	x	A. Signature X						
or on the front if sp 1. Article Addressed to:	pace permits			D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No							
MARSHALL & V P O BOX 50880 MIDLAND, TX 7)										
			3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merc ☐ Insured Mail ☐ Collect on Delivery								
Article Number (Transfer from s	7013	5630	0002		stricted Delivery	? (Extra Fee)	☐ Yes				
PS Form 3811, July 2	013		omestic Re	turn Rece	pipt						





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

7013 2630 0002 0640 8985 7013 2630 0002 0640 8985

ADDRESS SERVICE REQUESTED

Street, Apt. No.; WILLIAM JACK MCCAW or PO Box No. P O BOX 376 City, State, ZiP44 ARTESIA, NM 88211-0376 PS Form 3800, August 2006	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service.
W 0376 See Reverse for Instructions				Here			at www.usps.come	CEIPT Coverage Provided)	

LIAM JACK MCCAW BOX 376 ESIA, NM 88211-0376

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
1. Article Addressed to: WILLIAM JACK MCCAW P O BOX 376	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ARTESIA, NM 88211-0376	3. Service Type Certified Mail* Registered Return Receipt for Merchandise Collect on Delivery Restricted Delivery? (Extra Fee) Yes
2. Article Number 7013 2630 0002	0640 8985
PS Form 3811, July 2013 Domestic Ref	





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

7013 2630 0002 0640 8992 7013 2630 0002 0640 8992

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	006	PS Form 3800, August 2006
5	JACK SCOTT MCDONALD 1110 COLLEGE AVE SNYDER, TX 79549	Street, Apt. No.; JACk or PO Box No. 111(
		Sent To
	\$	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
Here		Retum Receipt Fee (Endorsement Required)
Doctmark		Certified Fee
Ş	₩	Postage
at www.usps.come	on delivery information visit our weissite as www.isbs.come	For delivery informer
overage Provided)	Domestic Mail Only; No Insurance Coverage Provided)	(Domestic Mail O
ה סר	I.S. Postal Service™	U.S. Postal S
	ER, TX 79	COLLEGE
	549	

A. Signature X
D. Is delivery address different from item 1?
3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes
0640 8992





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

7013 2630 0002 0640 9005 7013 2630 0002 0640 9005

ADDRESS SERVICE REQUESTED

Sizeel, Apr. No. CYDNEY MCDONALD MEDFORD or PO Box No. 2111 PAISANO RD City, State, Zip. AUSTIN, TX 78746 PS Form 3800, August 2006	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Centified Fee	Postage \$	Polate 201 Alah M	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM DECEIF (Domestic Mail Only; No Insurance Coverage Provided)	ostal Service™	NEY 1 PA	MCDONAI AISANO RD , TX 78746	₋ D MEDFORD
See Reverse for Instruction				Here	Postmark	4	Mineral for	t www.usps.come	overage Provided)				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	D. Is delivery address different from item 1? Yes
CYDNEY MCDONALD MEDFORD 2111 PAISANO RD	If YES, enter delivery address below: ☐ No
AUSTIN, TX 78746	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number (Transfer from se 7013 2630 0002	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 2013 Domestic Ret	urn Receipt



7013 2630 0002 0640 9012

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 5F30 0005 0F40 4075

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	MCQHUIDDY COMM & ENERGY INC or PO Box N P O BOX 2072 City, State, 2 ROSWELL, NM 88210	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Made 22 11310	For delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™	07 N
See Reverse for Instructions	ENERGY INC				Here	Postmark	(Unaux pod	at www.usps.come	CEIPT Coverage Provided)		

DDY COMM & ENERGY INC 2072 NM 88210

111 00210

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 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					
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
MCQHUIDDY COMM & ENERGY INC P O BOX 2072 ROSWELL, NM 88210						
	3. Service Type Certified Mail Priority Mail Express™ Registered Return Receipt for Merchandise Collect on Delivery					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Transfer from se 7013 2630 0002	0640 9012					
PS Form 3811, July 2013 Domestic Retu	urn Receipt					

PETROLEUM CORPORATION



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

7013 2630 0002 0640 9029 7013 2630 0002 0640 9029

ADDRESS SERVICE REQUESTED

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PS Form 3800, August 2006	Street, Apr. No.; OCC or PO Box No. 170 City, State, ZIP+4 AR1	Sent To	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	- HOMICH	For delivery informa	(Domestic Mail On	U.S. Postal S	ASHIN	DDUCTI GTON 1 38210-	AVE
	OCOTILLO PRODUCTION 1705 WASHINGTON AVE ARTESIA, NM 88210-1650		\$				₩	NO Blady	tion visit o	DERTIFIED MAIL™ RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	ervice™	, INIVI	90210-	1650
See Reverse for Instructions	N Æ 150				Here	Dooband	•	Mirante 11st	www.usps.com _®	≟IP I ∕erage Provided)				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Signature X					
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.	B. Received by (Printed Name) C. Date of Deliver					
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
OCOTILLO PRODUCTION 1705 WASHINGTON AVE						
ARTESIA, NM 88210-1650	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 7013 2630 0002	0640 9029					
PS Form 3811, July 2013 Domestic Ret	urn Receipt					

PETROLEUM CORPORATION

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

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 9036 7013 2630 0002 0640 9036

CERTIFIED MAIL.

U.S. Postal Servicer

CERTIFIED MAIL M RECEIPT

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(Domestic Mall Only; No Insurance Coverage Provided)

(Domestic Mall Only; No Insurance Coverage Provided)

For delivery Information visit our website at www.:sps.come

For delivery Information visit our website at www.:sps.come

Postage \$

Certified Fee

(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

OSCURA RESOURCES INC

Sizer, Zipi- No., P O BOX 2292

ROSWELL, NM 88202-2292

See Reverse for Instruction

PS Form 3800, August 2006

2 A RESOURCES INC X 2292 D ELL, NM 88202-2292

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X					
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.	B. Received by (Printed Name) C. Date of Delivery					
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
OSCURA RESOURCES INC P O BOX 2292						
ROSWELL, NM 88202-2292	3. Service Type					
	4. Restricted Delivery? (Extra Fee)					
2. Article Number 7013 2630 0002	0640 9036					
PS Form 3811, July 2013 Domestic Ret	urn Receipt					





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

7013 2630 0002 0640 9043 7013 2630 0002 0640 9043

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006 See Reverse fo	Street, Apt. No.: W T & JEANETTE J PROBANDT or PO Box No. 5 RIDGMAR CT City, State, ZIP+ MIDLAND, TX 79707	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Certified Fee Postma Receipt Fee Here	Postage \$	For delivery information visit our website at www.usrd.come	TIFIE stic Mail	U.S. Postal Service	probane
See Reverse for Instructions				Postmark Here		Second H	^o rovided)		

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.	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
W T & JEANETTE J PROBANDT 5 RIDGMAR CT MIDLAND, TX 79707	
	. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from sei 7013 2630 0002	0640 9043
PS Form 3811, July 2013 Domestic Retu	

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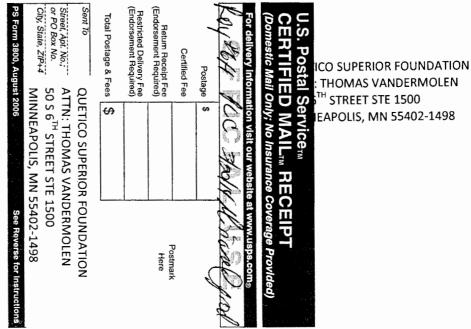




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0640 9050 7013 2630 0002 0640 9050

ADDRESS SERVICE REQUESTED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
QUETICO SUPERIOR FOUNDATION ATTN: THOMAS VANDERMOLEN 50 S 6 TH STREET STE 1500	
MINNEAPOLIS, MN 55402-1498	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number 7013 2630 0005	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 2013 Domestic Be	





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

7013 2630 0002 0640 9067 7013 2630 0002 0640 9067

ADDRESS SERVICE REQUESTED

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MARGARET RABURN TRUST 1428 NW 168 TH STREET EDMOND, OK 73012-6873	
EDMOND, OR 73012-0873	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 s 7013 2630 0002	0640 9067
PS Form 3811, July 2013 Domestic Ret	urn Receipt



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

7013 2630 0002 0640 9074

ADDRESS SERVICE REQUESTED

HELEN CHASE RAND TRUST "Street, Tapit No.; C/O WELLS FARGO BANK or PO Box No. P O BOX 40909 "City, State, ZiP+ AUSTIN, TX 78704 PS Form 3800, August 2006	Total Postage & Face	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service Mall Only; No Insurance Coverage Provided
TRUST NNK See Reverse for Instructions		Here	Postmark		at www.usps.com	RECEIPT

GEVEEN	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HELEN CHASE RAND TRUST C/O WELLS FARGO BANK P O BOX 40909	
AUSTIN, TX 78704	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 s 7013 2630 0002	0640 9074
PS Form 3811, July 2013 Domestic Re	turn Receipt

Domestic Return Receipt





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

7013 2630 0002 0640 9081 7013 2630 0002 0640 9081

ADDRESS SERVICE REQUESTED

Sinet, Apr. No.: HOPE R Sinet, Apr. No.: P O BO Or PO Box No. P O BO City, State, ZiPi ARTESI, PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	l Postage	For delivery informa	CERTIFIED	ROYALTIES LLC DX 1326 NA, NM 88211-1326
HOPE ROYALTIES LLC P O BOX 1326 ARTESIA, NM 88211-1326 gust 2006 See Reverse for Instructions	₩		Here	Domais	\$	tion visit our website at www.usps.come	DETVICETM MAILTM RECEIPT Inly; No Insurance Coverage Provided)	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1? ☐ Yes
HOPE ROYALTIES LLC	If YES, enter delivery address below: ☐ No
P O BOX 1326	
ARTESIA, NM 88211-1326	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 7013 2430 0002	0640 9081
PS Form 3811, July 2013 Domestic Retu	urn Receipt

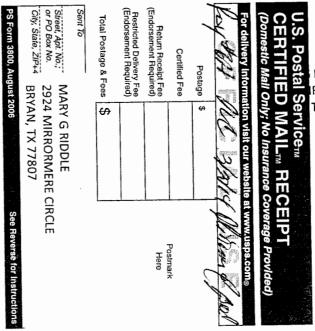


YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



7013 2630 0002 0640 9098 7013 2630 0002 0640 9098

ADDRESS SERVICE REQUESTED



RIDDLE IRRORMERE CIRCLE TX 77807

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

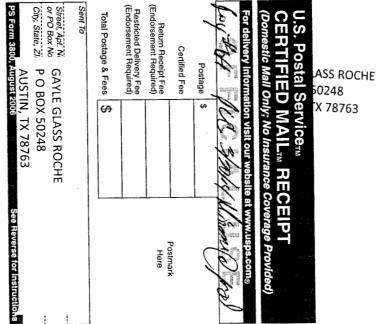
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: MARY G RIDDLE 2924 MIRRORMERE CIRCLE BRYAN, TX 77807	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
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PS Form 3811, July 2013 Domestic Retu	ırn Receipt





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7013 2630 0002 0641 0414 7013 2630 0002 0641 0414

ADDRESS SERVICE REQUESTED



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
 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
1. Article Addressed to: GAYLE GLASS ROCHE P O BOX 50248	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AUSTIN, TX 78763	3. Service Type Sertified 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 7013 2630 0002	
PS Form 3811, July 2013 Domestic Re	turn Receipt

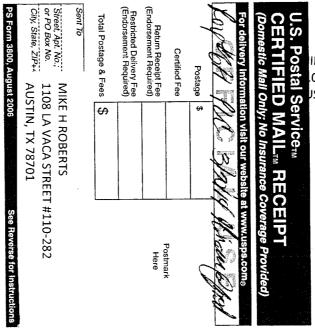




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0641 0421 7013 2630 0002 0641 0421

ADDRESS SERVICE REQUESTED



IKE H ROBERTS .08 LA VACA STREET #110-282 JSTIN, TX 78701

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
1. Article Addressed to: MIKE H ROBERTS 1108 LA VACA STREET #110-282	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AUSTIN, TX 78701	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 7013 2630 0002	
PS Form 3811, July 2013 Domestic Re	eturn Receipt



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

7013 2630 0002 0641 0438 7013 2630 0002 0641 0438

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	006	PS Form 3800, August 2006
KTORI CT 94951-9664	JENNA HINKLE SARTORI 5710 HATCHERY CT PENNGROVE, CA 94951-9664	Sireet, Apt. No.; JEIN or PO Box No. 571 City, State, ZIP+4 PEN
	€	Total Postage & Fees
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al and Man		Carpy 1
our website at www.usps.com®		For delivery information visit
ED MAIL™ RECEIPT Only; No Insurance Coverage Provided)	D MAIL™ F	CERTIFIEL (Domestic Mail c
	Service™	<u>a</u>
	vGROVE, C	NA HINKLE:) HATCHER
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 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
	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JENNA HINKLE SARTORI 5710 HATCHERY CT PENNGROVE, CA 94951-9664	
	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 7013 2630 0002	! O641 O438
PS Form 3811 July 2013 Domestic R	Return Receipt

ATES PETROLFUM

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

7013 2630 0002 0641 0445 7013 2630 0002 0641 0445

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Sireal, Apt. N Sireal, Apt. N or PO Box M P O BOX 50327 City, State, Z AUSTIN, TX 78763-0327	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™
See Reverse for Instructions	:RS			Here	Doctoork	(Manual But Manual Manua	CEIPT overage Provided)	

LLISON CLAIRE SAUNDERS O BOX 50327 JSTIN, TX 78763-0327

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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALLISON CLAIRE SAUNDERS P O BOX 50327	
AUSTIN, TX 78763-0327	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery ☐ Postricted Delivers (Collect Services)
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PS Form 3811, July 2013 Domestic Retu	urn Receipt

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ATES PETROL FUM

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

7013 2630 0002 0641 0452 7013 2630 0002 0641 0452

ADDRESS SERVICE REQUESTED

CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.upps.come For delivery Information visit our website at www.upps.come Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees THELMA M SCHAFER FIRST AMERICAN BANK Serit To FIRST AMERICAN BARTLETT City, State, ZiP+4 P O DRAWER AA ARTESIA, NM 88210 See Reveres for Instructions
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MA M SCHAFER AMERICAN BANK : CHERYL BARTLETT RAWER AA IA, NM 88210

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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				
1. Article Addressed to: THELMA M SCHAFER FIRST AMERICAN BANK ATTN: CHERYL BARTLETT	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
P O DRAWER AA ARTESIA, NM 88210	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 7013 2630 0002	0641 0452				
DO E 0044	eturn Receipt				

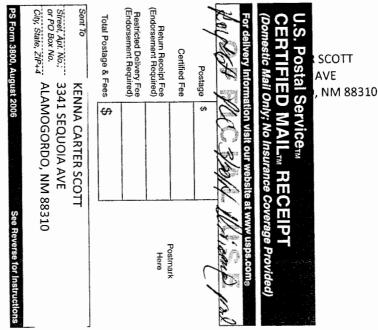




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0641 0469 7013 2630 0002 0641 0469

ADDRESS SERVICE REQUESTED



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KENNA CARTER SCOTT	
3341 SEQUOIA AVE	
ALAMOGORDO, NM 88310 l	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 7013 2630 0002	0647 0469
PS Form 3811, July 2013 Domestic Ret	urn Receipt

TO TO SEE AN EROFE HER ONE ME





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

7013 2630 0002 0641 0476 7013 2630 0002 0641 0476

ADDRESS SERVICE REQUESTED

Sent To MANER B SHAW Street, Apt. No.; P O BOX 9612 Or PO Box No. P O BOX 9708 Oily, State, ZiP+ MIDLAND, TX 79708 PS Form 3800, August 2006	Total Postage & Fees \$	Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	HAW .2 X 79708
See Reverse for Instructions		nere	Postmark		at White Oto	RECEIPT ance Coverage Provided)	

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to: MANER B SHAW	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P O BOX 9612 MIDLAND, TX 79708	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(<i>Transfer from sε</i> 7013 2130 0002 PS Form 3811, July 2013 Domestic Ret	





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

7013 2630 0002 0641 0483 7013 2630 0002 0641 0483

ADDRESS SERVICE REQUESTED

Sent To Siriest, Apt. No.; ANGELA ESSMAN SPENCER or PO Box No. P O BOX 7501 City, State, ZiPi MIDLAND, TX 79708 PS Form 3800, August 2006	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required)	For delivery information visit our website at www.usps.come	U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Insurance Coverage Provided)
CER See Reverse for Instructions		Postmark Here	T. W. M. C. L. O.	EIPT verage Provided)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 second. 	A. Signature X Agent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ANGELA ESSMAN SPENCER P O BOX 7501 MIDLAND, TX 79708	
2.00, 17, 73708	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
O Add la N	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 2630 0002	0641 0483
PS Form 3811, July 2013 Domestic Re	turn Receipt

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

7013 2630 0002 0641 0490 7013 2630 0002 0641 0490

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Sent To JAMES R SWOPE Street, Apr. No.: 1832 MOUNTAIN LAUREL or PO Box No.: 1832 MOUNTAIN LAUREL City, State, ZiP+4 KERRVILLE, TX 78028-3843	Total Postage & Fees \$	Heturn Hecelpi ree (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our wassaid at www.assissound	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	OPE TAIN LAUREL X 78028-3843
See Reverse for instructions	REL 3843		Here	Postmark		Minister folk	CEIPT overage Provided)	

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELI	VERY ;
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.	X	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: JAMES R SWOPE 1832 MOUNTAIN LAUREL	D. Is delivery address different from item If YES, enter delivery address below	
KERRVILLE, TX 78028-3843	3. Service Type ACC Certified Mail® ☐ Priority Mail E ☐ Registered ☐ Return Receip ☐ Insured Mail ☐ Collect on De 4. Restricted Delivery? (Extra Fee)	pt for Merchandise
2. Article Number (Transfer from st. 7013 2630 0002	0647 0440	
PS Form 3811, July 2013 Domestic Ret	urn Receipt	





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

7013 2630 0002 0641 0506 7013 2630 0002 0641 0506

ADDRESS SERVICE REQUESTED

Sent To Siriest, Apt. No.: TWIN OAKS P or PO Box No. 313 SUNSET F COLUMBUS, O PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	/ Postage	Royal 1	(Domestic Informa	U.S. Postal S CERTIFIED	KS PETROLEU	JΝ
ETROLEUN RD GA 31904	€				6	W Shofe	or delivery information visit our website at www.usps.come	J.S. Postal Service CERTIFIED MAIL RECEIPT Comparing Mail Color. No Insurance Coverage Provided)	ET RD . JS, GA 3190	4
See Reverse for Instructions			Here		7	Ungot post	www.usps.com@	IPT		

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X □ Agent □ Addressee				
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery				
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
TWIN OAKS PETROLEUM 313 SUNSET RD					
COLUMBUS, GA 31904	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 7013 2630 0002	0641 0506				
PS Form 3811, July 2013 Domestic Ret	urn Receipt				



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

ADDRESS SERVICE REQUESTED



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TH LANGFORD

59911

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

For delivery information visit our website at www.usps.come
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(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Foes

Sent To

Sircet, Api: N

Or PO Box Nc. P O BOX 2827

City. State, Zi BIG FORK, MT 59911

PS Form 3800, August 2006

See Reverse for Instructions

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
 Complete items i, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
GAYLE ELIZABETH LANGFORD P O BOX 2827	
BIG FORK, MT 59911	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Ref	turn Receipt

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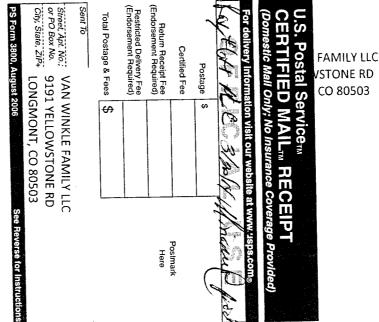




YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7013 2630 0002 0641 0520 7013 2630 0002 0641 0520

ADDRESS SERVICE REQUESTED



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addresse
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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
VAN WINKLE FAMILY LLC 9191 YELLOWSTONE RD	
LONGMONT, CO 80503	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Deliverv? (Fxtra Fee) ☐ Yes
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PS Form 3811, July 2013 Domestic Re	turn Receipt

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

7013 2630 0002 0641 0537 7013 2630 0002 0641 0537

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.coms Postage Postage Certified Fee Return Receipt Fee (Endorsement Required) Total Postage & Fees Sent To Sent To YATES INDUSTRIES LLC or PO Box No. PO BOX 1091 City, State, ZiP+4 ARTESIA, NM 88211-1091 PS Form 3800, August 2006 See Reverse for Instructions	USTRIES LLC 191 M 88211-109
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
Article Addressed to: YATES INDUSTRIES LLC	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P O BOX 1091 ARTESIA, NM 88211-1091	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 7013 2630 0002	
PS Form 3811, July 2013 Domestic Ret	turn Receipt





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

7013 2630 0002 0641 0544 7013 2630 0002 0641 0544

ADDRESS SERVICE REQUESTED

Sent to Street, Api: No:: Or PO Box No. City, State, ZiP+4 DALLAS, TX 75238 PS Form 3600, August 2006	Total Postage & Fees \$	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	ER THOMAS E LANE 5238
AS See Reverse for Instructions		Here	Doctmark		at www.usps.come	RECEIPT ance Coverage Provided)	

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so that we can retur Attach this card to to or on the front if spa	he back of	the mailp	iece,	B. Recei	ved by (Print	ed Name)	C. Date of Delivery
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JOHN WALTER THO							
DALLAS, TX 75238	E.			3. Service	e Type		
				ALC:	rtified Mail® gistered sured Mail	☐ Priority Mai ☐ Return Rec ☐ Collect on I	eipt for Merchandise
				4. Restri	cted Delivery	/? (Extra Fee)	☐ Yes
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

2013 5030 0005 0047 0227

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006	Street, Apt. No.: or PO Box No. 2018 LAKEVIEW CIRCLE City, State, ZiF+ GRAYSON, GA 30017	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	Lough the PLC 3/8/14 Minormation Visit of Medicine a way was become	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	MAS	LE
Seé Reversé for Instructions				Here	Postmark	(Mi Sur Dhou	IPT erage Provided)		

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Attach this card to the back of the mailpiece, or on the front if space permits.		B. R	eceived by (Print	C. Date of Delivery				
Article Addressed to: KENT N THOMAS					D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
2018 LAKEVIEW CIRCLE GRAYSON, GA 30017				X	ervice Type Certified Mail® Registered Insured Mail	☐ Collect on [eipt for Merchandise	
2 Article Number		······		4. Re	stricted Delivery	? (Extra Fee)	☐ Yes	
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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7013 2630 0002 0641 0568 7013 2630 0002 0641 0568

ADDRESS SERVICE REQUESTED

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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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
SAM R THOMAS 5911 RYANS BLUFF RD	
NORTH CHARLESTO, SC 29418	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 7013 2130 0002 [1641 0568
PS Form 3811, July 2013 Domestic Retr	urn Receipt

PETROLEUM CORPORATION



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

7013 2630 0002 0641 0575 7013 2630 0002 0641 0575

ADDRESS SERVICE REQUESTED

or PO Box No. 206 E LINCOLN AVE City. State. Zii POMONA, CA 91767 PS Form 3800, August 2006	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Retum Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come () 454 PO C Hally LO Care	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™	IVAN N AVE 91767
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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.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address belo	—
JAMES R GALLIVAN 206 E LINCOLN AVE		
POMONA, CA 91767		
FOMONA, CA 91707	3. Service Type Certified Mail® Priority Mail Registered Return Rec	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from s. 7013 2630 0002	0641 0575	
PS Form 3811, July 2013 Domestic Re	turn Receipt	





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

7013 2630 0002 0641 0582 7013 2630 0002 0641 0582

ADDRESS SERVICE REQUESTED

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.com Postage Postage Centified Fee Return Receipt Fee Inforsement Required) Total Postage & Fees Total Postage & Fees KENNETH D GALLIVAN FO Box No. 2020 THOMAS DR 2020 THOMAS DR LAS CRUCES, NM 88001 See Reverse for Instructions See Reverse for Instructions
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KENNETH D GALLIVAN 2020 THOMAS DR	
LAS CRUCES, NM 88001	3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 2630 0002	0641 0582
PS Form 3811 July 2013 Domestic Bo	eturn Receipt





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

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1. Article Addressed to: ANN T HARRIS TRUST B DALE A SWAN TRUSTEE 1619 S KENTUCKY STE D #1800	D. Is delivery address different from item If YES, enter delivery address below	n 1? ☐ Yes v: ☐ No
AMARILLO, TX 79102	3. Service Type	pt for Merchandise elivery
2. Article Number (Transfer from s 7013 2630 0002		☐ Yes
PS Form 3811, July 2013 Domestic Re	turn Receipt	





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

7013 2630 0002 0641 0605 7013 2630 0002 0641 0605

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL. RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.come For delivery information visit our website at www.usps.come For delivery information visit our website at www.usps.come For delivery information visit our website at www.usps.come Sent To Certified Fee (Endorsement Required) For Restricted Delivery Fee (Endorsement Required) For Restricted Delivery Fee (Endorsement Required) For Box No. OXY Y-1 COMPANY Sireet, Apt. No. OXY Y-1 COMPANY Sireet, Apt. No. DALLAS, TX 75284-1803 Fes Form 3800, August 2006 See Reverse for Instru	CEIPT Coverage Provided) e at www.usps.come Postmark Here 803 See Reverse for Instructions
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COMPANY 841803 TX 75284-1803

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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.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: OXY Y-1 COMPANY P O BOX 841803 DALLAS, TX 75284-1803	D. Is delivery address different from item If YES, enter delivery address below	11? □ Yes r: □ No
	3. Service Type Certified Mail® ☐ Priority Mail E ☐ Registered ☐ Return Receip ☐ Insured Mail ☐ Collect on De 4. Restricted Delivery? (Extra Fee)	pt for Merchandise livery
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PS Form 3811, July 2013 Domestic Re		

Domestic Return Receipt

MARTIN YATES, III 1912-1985 FRANK W. YATES 1936-1936 S.P.YATES



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES CHAIRMAN OF THE BOARD

JOHN A. YATES JR.

JAMES S. BROWN CHIEF OPERATING OFFICER

JOHN D. PERINI

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

Procedure to verify accuracy of turbine allocation meters:

- 1) After the initial install of the turbine allocation meter, production fluid from the well associated to said meter is flowed through the meter and into a sales tank.
- 2) The sales tank is then gauged and the calculated volume is compared to the metered volume.
- 3) If needed, corrections to the meter's calibration factor are made to ensure that metered volumes correspond to the measured volumes from the gauged tank.
- 4) This process is repeated periodically or as needed, determined from the lease operator's daily comparison of total allocation meter readings to gauged tank volumes.

Note: Turbine allocation meters are locked to prevent unwanted tampering of the meter calibration factor.

MPSD821

Inquire/Update Production History

4/04/14 12:26:21

Type options, press Enter. 2=Edit 4=Delete 5=Display

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P		od Year		Well Name		Dys	Produced	Sold	Gas	Sold	-Water- Prod
			JULIE		S02		680	1057	1144	1144	3837
			JULIE		\$02		1073	865	1848	1848	3168
			JULIE		S02		1370	1217	2340	2340	4422
	11	2013	JULIE	#2	S02	27	1569	1392	1819	1819	4739
	10	2013	JULIE	#2	S02	19	1384	1365	1557	1557	2183
	9	2013	JULIE	#2	S02	26	2255	1873	2749	2749	11044
	8	2013	JULIE	#2	S1						
	7	2013	JULIE	#2	S1						
	6	2013	JULIE	#2	S1						
	5	2013	JULIE	#2	S1						

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

Inquire/Update Production History

4/04/14 12:27:13

ype options, press Encel. 2=Edit 4=Delete 5=Display Reg Type options, press Enter.

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P Prod Well API Dys -----Oil------ Gas----- Water-T Mo/Year Name Cpl Prd Produced Sold Produced Sold Prod

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print