

DATE IN <u>7.27.11</u>	SUSPENSE	ENGINEER <u>RE</u>	LOGGED IN <u>7.27.11</u>	TYPE <u>PLC</u>	APP NO <u>PTGW 1121055844</u>
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ABOVE THIS LINE FOR DIVISION USE ONLY

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



*YATES 25575*  
*Approved by State Com #1*

**ADMINISTRATIVE APPLICATION CHECKLIST** *30-015-21546*

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

**Application Acronyms:**

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

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

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

Check One Only for [B] or [C]

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

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

[D] Other: Specify \_\_\_\_\_

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

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☒ Waivers are Attached

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

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

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

Miriam Morales  
 Print or Type Name

Signature

Production Clerk  
 Title

Date

mmorales@yatespetroleum.com  
 e-mail Address

Submit 1 Copy To Appropriate District Office:  
District I - (575) 393-6161  
1625 N French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. 30-015-21546
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-3576
7. Lease Name or Unit Agreement Name Aviette ALK State Com
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Burton Flats/Strawn

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
Yates Petroleum Corporation

3. Address of Operator  
105 South Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter L : 1980 feet from the south line and 660 feet from the west line  
Section 17 Township 21S Range 27E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3214' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Pool Lease/Commingle gas only ☒

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum Corporation respectfully request administrative approval to pool/lease commingle gas only on the following wells.

Aviette ALK State Com #1  
Burton Flat/Strawn  
Sec. 17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK State #2  
Cedar Hills/Bonesprings  
Sec. 17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flat/Strawn  
Sec. 17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.  
The DCP's meter #724911 is located at Sec. 8 - T 21S-R27E.

The estimated production for the Aviette ALK #1 is 90 MCF per day, 3 MCF per day for the Aviette ALK #2, and 34 MCF per day for the Glider AKG #1.

Working interest owners are diversified and have been notified. Waivers, copies of letters and certified mail receipts are attached.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well

The proposed commingling will not result in reduced royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.

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

SIGNATURE Miriam Morales TITLE Production Clerk DATE 7/27/11

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_

District I  
1625 N French Drive, Hobbs, NM 88240  
District II  
1301 W. Grand Ave, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

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 ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. \_\_\_\_\_

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
☒ Yes ☐ No

**(A) POOL COMMINGLING**

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
Strawn	1.162	1.160			
Bone Springs	1.100				

(2) Are any wells producing at top allowables? ☐ Yes ☒ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No.

(4) Measurement type: ☒ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☒ No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**

Please attach sheets with the following information

(1) Pool Name and Code.

(2) Is all production from same source of supply? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No

(4) Measurement type: ☐ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**

Please attach sheets with the following information

(1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**

Please attached sheets with the following information

(1) Is all production from same source of supply? ☐ Yes ☐ No

(2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**

Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE Miriam Morales

TITLE: Production Clerk

DATE: 9/27/11

TYPE OR PRINT NAME Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

Operator <b>YATES PETROLEUM CORPORATION</b>			Lease <b>AVEITTE "ALK" State</b>		Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>17</b>	Township <b>21 South</b>	Range <b>27 East</b>	County <b>NMPM</b>	<b>EDDY</b>
Actual Footage Location of Well: <b>1980</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>West</b> line					
Ground level Elev. <b>3214' GR</b>	Producing Formation <b>STRAWN</b>		Pool <b>UNDESIGNATED BARTON FLAT STRAWN</b>		Dedicated Acreage: <b>320 Acres</b>

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, 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.

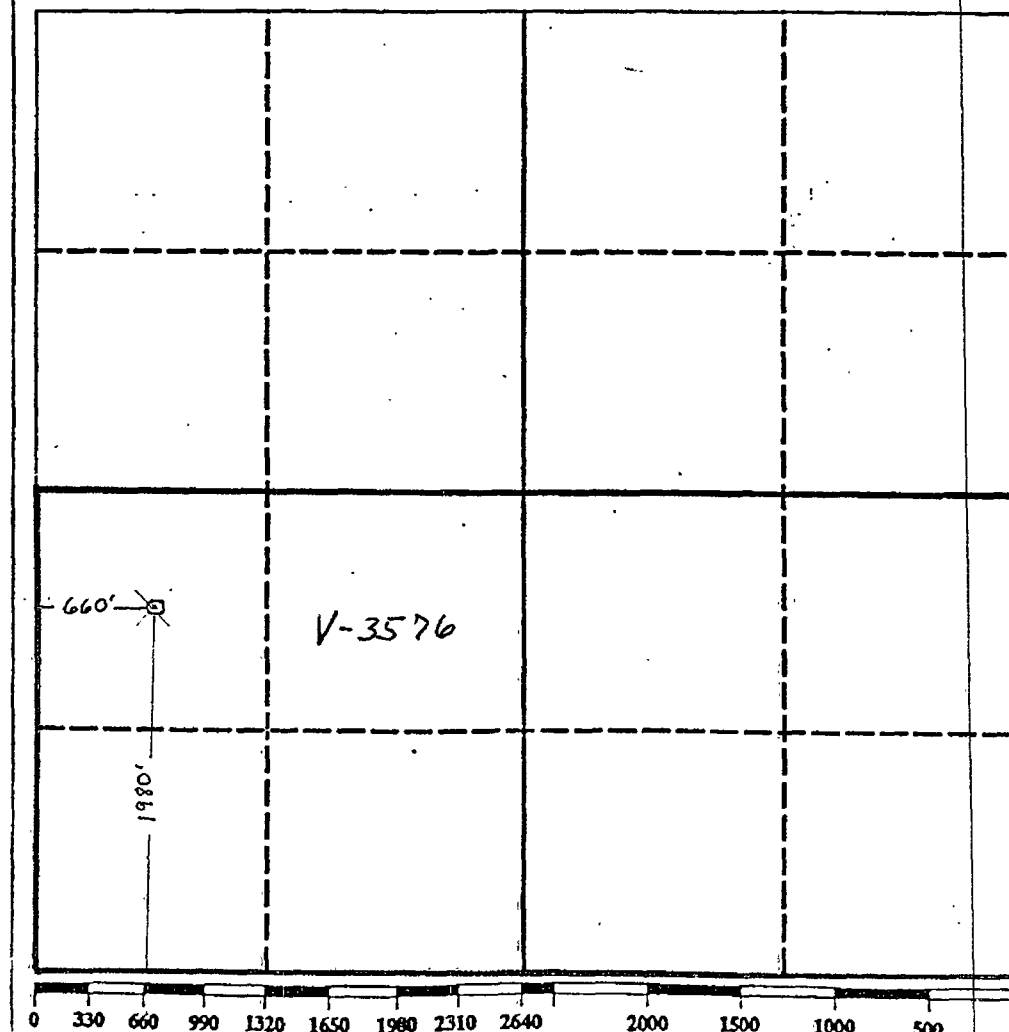
Signature Clifton R. May  
Printed Name **Clifton R. May**  
Position **Permit Agent**  
Company **Yates Petroleum Corporation**  
Date **October 2, 1992**

**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 knowledge and belief.

Date Surveyed \_\_\_\_\_  
Refer to Original Plat \_\_\_\_\_  
Signature & Seal of Professional Surveyor \_\_\_\_\_

Certificate No. \_\_\_\_\_



District I  
1625 N. Francis Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-102  
Revised October 12, 2005  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number <b>30-015-31003</b>		<sup>2</sup> Pool Code <b>11560</b>		<sup>3</sup> Pool Name <b>Cedar Hills; Bone Spring</b>	
<sup>4</sup> Property Code <b>25437</b>		<sup>5</sup> Property Name <b>Avicelle ALK State Conn</b>			<sup>6</sup> Well Number <b>2</b>
<sup>7</sup> OGRID No. <b>025575</b>		<sup>8</sup> Operator Name <b>Yates Petroleum Corporation</b>			<sup>9</sup> Elevation <b>3248'GR</b>

**<sup>10</sup> Surface Location**

UL or lot no. <b>0</b>	Section <b>17</b>	Township <b>21S</b>	Range <b>27E</b>	Lot Idn	Feet from the <b>860</b>	North/South line <b>South</b>	Feet from the <b>1980</b>	East/West line <b>East</b>	County <b>Eddy</b>
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**<sup>11</sup> Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres <b>40</b>		<sup>13</sup> Joint or Infill		<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.			

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.

<sup>16</sup> 	<b><sup>17</sup> OPERATOR CERTIFICATION</b> 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 undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature _____ Date <b>October 3, 2008</b> Tina Huerta Printed Name _____			
	<b><sup>18</sup> SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey _____ Signature and Seal of Professional Surveyor _____ Certificate Number _____			

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

DEC 27 1991

O. C. D.  
ARTESIA OFFICE

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <b>YATES PETROLEUM CORPORATION</b>			Lease <b>GLIDER AKG STATE</b>		Well No. <b>1</b>
Unit Letter <b>F</b>	Section <b>17</b>	Township <b>21 SOUTH</b>	Range <b>27 EAST</b>	County <b>EDDY COUNTY, NM</b>	
Actual Footage Location of Well: <b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>WEST</b> line					
Ground level Elev. <b>3204.</b>	Producing Formation <b>Morrow</b>		Pool <b>Borton Flat Morrow</b>	Dedicated Acreage: <b>320</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, 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.

Signature

Printed Name

Position

Company

Date

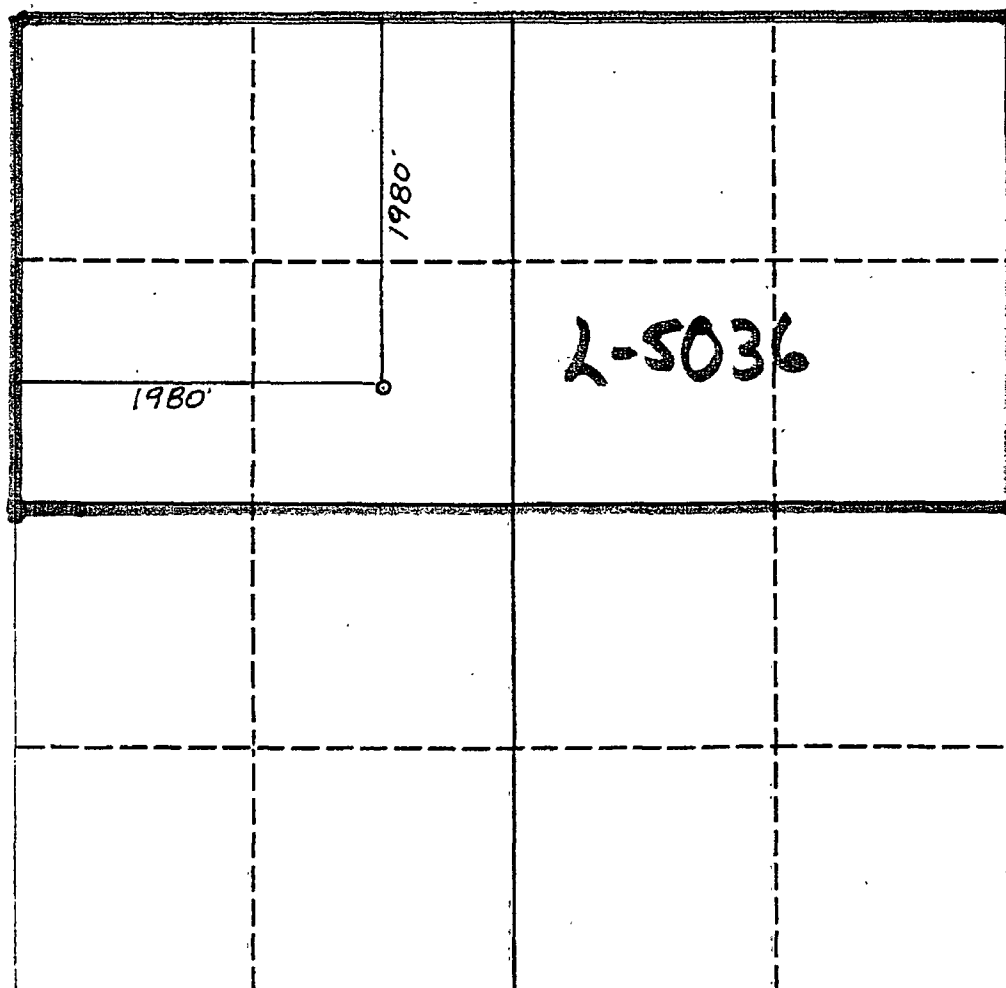
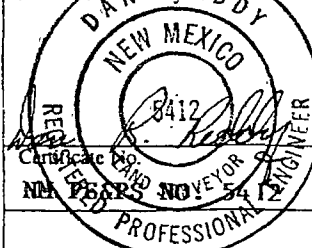
SURVEYOR CERTIFICATION

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 knowledge and belief.

Date Surveyed

DECEMBER 12, 1991

Signature & Seal of  
Professional Surveyor



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

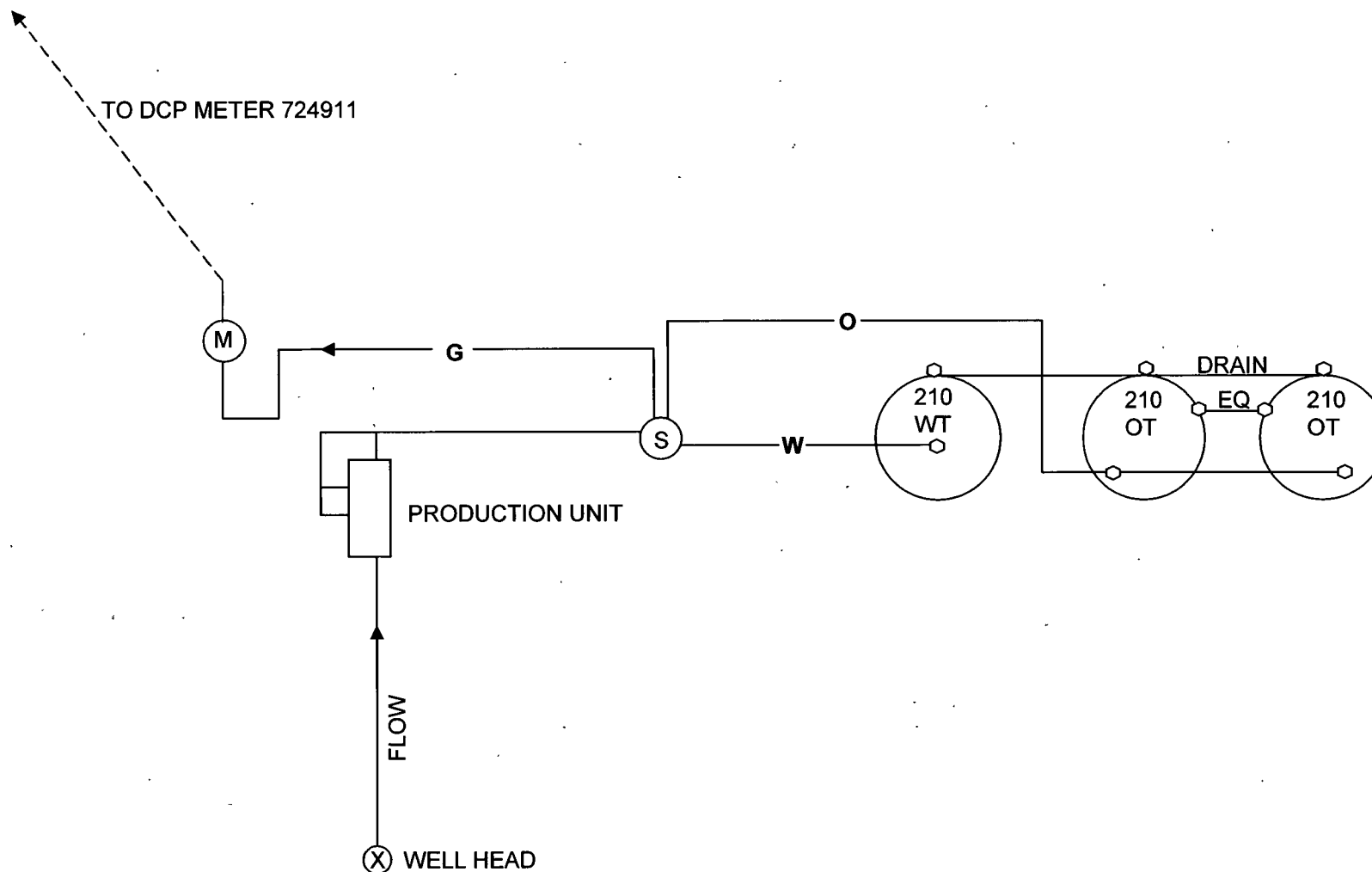


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

-Keith Hutchens  
July, 2011

## AVIETTE ALK STATE COM #1

1980' FSL & 660' FWL \* Sec 17 – T 21S – R 27E \* Unit L  
Eddy County, New Mexico  
API - 3001521546



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

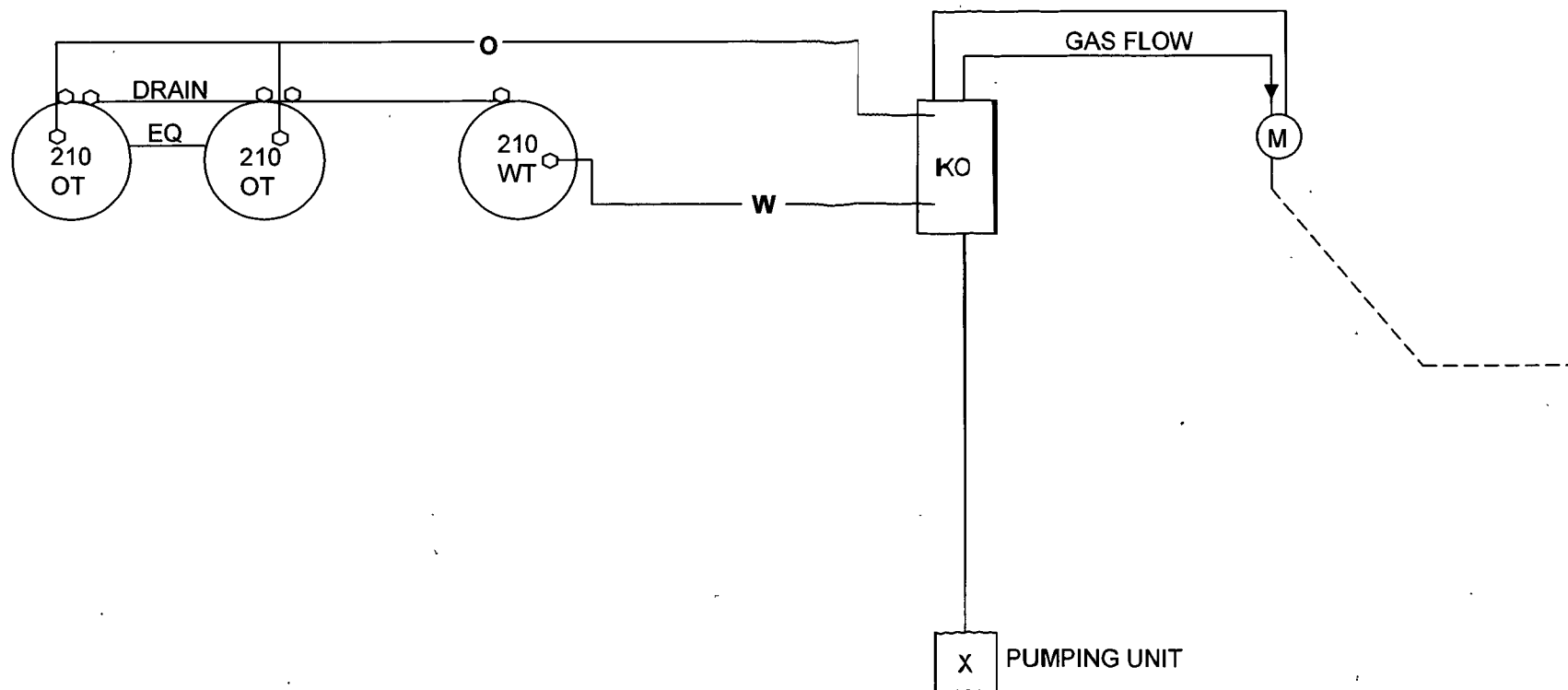


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

-Keith Hutchens  
July, 2011

## AVIETTE ALK STATE #2

860' FSL & 1980' FEL \* Sec. 17 ~ T 21S ~ R 27E \* Unit O  
Eddy County, New Mexico  
API - 3001531003



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



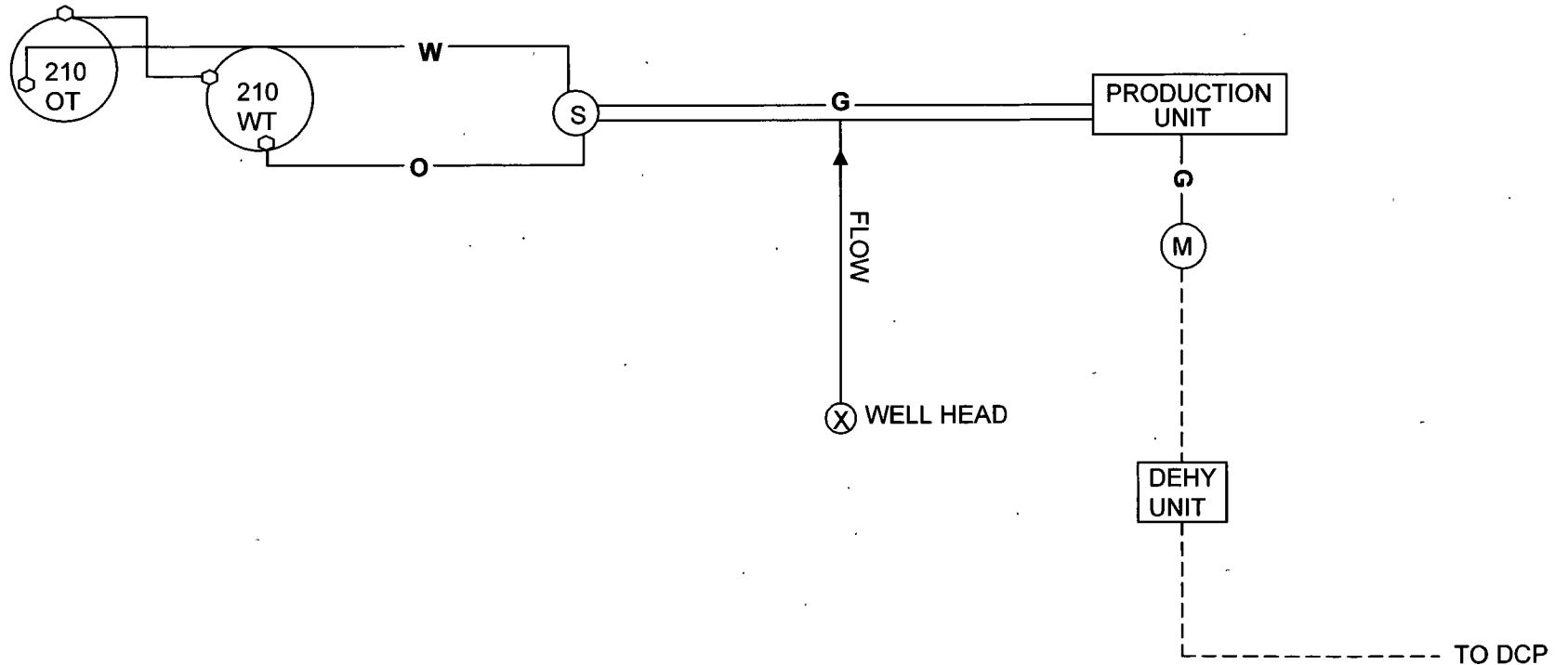


105 South 4<sup>th</sup> Street \* Artesia, NM 88210  
(575)-748-1471

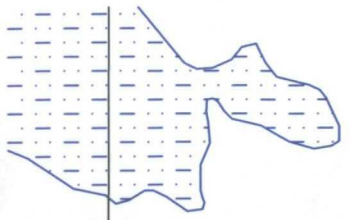
-Keith Hutchens  
July, 2011

## GLIDER AKG STATE #1

1980' FNL & 1980' FWL \* Sec 17 – T 21S – R 27E \* Unit F  
Eddy County, New Mexico  
API - 3001526906



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



7  
CAMP

8

RAINS RD. 9

RAINS RD.

GLIDER



17

AVIETTE



16

AVALON

18

NORTH LOOP

AVIETTE  
ALK #2



WIPP RELIEF ROUTE

T21S

3

4

5

6

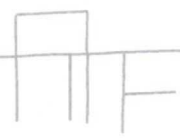
19

20

21

GRASSBURR

EAGLE



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  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA  
CHIEF ADMINISTRATIVE OFFICER

July 27, 2011

Re: Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a pool/lease commingle gas only application for the following wells:

Aviette ALK State Com #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK #2  
Cedar Hills/Bone Springs  
Sec.17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8 -T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well.

The proposed commingling will not result in reduced royalty or improper measurement of production.

If you should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,

Miriam Morales  
Production Clerk

I hereby approve this application

Company: Yates Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

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  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA  
CHIEF ADMINISTRATIVE OFFICER

July 27, 2011

Re: Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a pool/lease commingle gas only application for the following wells:

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Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK #2  
Cedar Hills/Bone Springs  
Sec.17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8 -T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well.

The proposed commingling will not result in reduced royalty or improper measurement of production.

If you should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,

Miriam Morales  
Production Clerk

I hereby approve this application

  
Company: MYCO Industries Inc.

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

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  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA  
CHIEF ADMINISTRATIVE OFFICER

July 27, 2011

Re: Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is notifying you of a pool/lease commingle gas only application for the following wells:

Aviette ALK State Com #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK #2  
Cedar Hills/Bone Springs  
Sec.17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8 -T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well.

The proposed commingling will not result in reduced royalty or improper measurement of production.

If you should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,

Miriam Morales  
Production Clerk

I hereby approve this application

Company: ABO Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

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  
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CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA  
CHIEF ADMINISTRATIVE OFFICER

July 27, 2011

Re Pool/Lease Commingle Gas only  
Burton Flats/Strawn, Cedar Hills/Bone Springs  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum Corporation is requesting approval from the Oil Conservation Division and State Office for pool /lease commingle gas only for the following wells:

Aviette ALK State Com #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-21546  
State Lease #V-3576  
Eddy County, New Mexico

Aviette ALK #2  
Cedar Hills/Bone Springs  
Sec.17-T21S-R27E  
API# 30-015-31003  
State Lease #V-3576  
Eddy County, New Mexico

Glider AKG #1  
Burton Flats/Strawn  
Sec.17-T21S-R27E  
API# 30-015-26906  
State Lease #L-5036  
Eddy County, New Mexico

Total gas production and sales will be based on the measurement at the CDP and allocated back to each well based on EFM readings.

The DCP's meter #724911 is located at Sec.8-T21S-R27E.

The estimated production for the Aviette #1 is 90 MCFs per day, 3 MCFs for the Aviette #2, and 34 MCFs for the Glider #1.

Diverse ownership.

The proposed commingling is necessary for economic operations for the marginal gas production on the above reference wells, and would extend the economic life of each well

The proposed commingling will not result in reduced royalty or improper measurement of production.

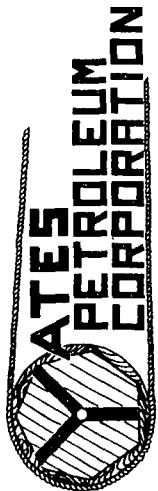
Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please give me a call at (575) 748-4200 (direct line).

Sincerely,

Miriam Morales  
Production Clerk

CERTIFIED MAIL™



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

7010 1670 0001 6455 7347  
7010 1670 0001 6455 7347

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Avette / G. Holder PLC owner letter	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To OXY Y-1 Company	
Street, Apt. No., or PO Box No. P.O. Box 841803	
City, State, ZIP+4 Dallas TX 75284-1803	
PS Form 3800, August 2006 See Reverse for Instructions	

ADDRESS SERVICE REQUESTED

- 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.

OXY-Y-1 Company  
P.O. Box 841803  
Dallas, TX 75284-1803

7010 1670 0001 6455 7347

A. Signature

**X**

☐ Agent

☐ Addressee

C. Date of Delivery

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminder!**

- ☒ Certified Mail mailed by First-Class® Mail®
- ☒ Certified Mail is insured up to \$500
- ☒ NO INSURANCE required for valuables, please

**For an additional delivery. To obtain Receipt (PS Form fee. Endorse mail a duplicate return required.**

- For an additional addressee's authentication, the addressee must endorse "Received" on the receipt.
- If a postmark on the receipt is not needed, the addressee must endorse "Not needed" on the receipt.

**IMPORTANT: Save**  
**PS Form 3800, August**





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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 1670 0001 6455 7286  
7010 1670 0001 6455 7286

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Owner/Officer/Agent/Member/MS E 7/27/11	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Mumford & Co. Jean Mumford	
Street, Apt. No., or PO Box No. 502 Rawhide	
City, State, ZIP+4 Horseshoe br TX 78657	
PS Form 3800, August 2006 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Mumford Company  
Attn: Jean E. Mumford  
502 Rawhide  
Horseshoe by, TX 78657

2. Article Number  
(Transfer from service label)

7010 1670 0001 6455 7286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**Certified Mail**

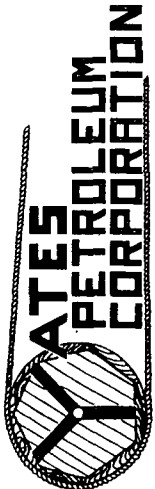
- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail is
- NO INSURANCE for valuables, please
- For an additional fee, to obtain a duplicate return receipt, please
- For an additional fee, to obtain a duplicate return receipt, please

- For an additional fee, to obtain a duplicate return receipt, please
- If a postmark or receipt is not required

**IMPORTANT: Save**  
PS Form 3800, August



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL<sup>TM</sup>

7010 1670 0001 6455 7279  
7010 1670 0001 6455 7279

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Owner: Lathem Co. Artesia, NM 88210</i> <i>1/27/11</i> <i>Nina Mc Neal</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <i>E.L. Lathem Co.</i>	
Street, Apt. No., or PO Box No. <i>P.O. Box 1392</i>	
City, State, ZIP+4 <sup>®</sup> <i>Artesia NM 88210</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

OF THE RETURN ADDRESS: FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: flex; justify-content: space-between;"> <div style="width: 70%;">B. Received by (Printed Name)</div> <div style="width: 30%;">C. Date of Delivery</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </div>
1. Article Addressed to:  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">             E. L. Latham Company              P.O. Box 1392              Hobbs, NM 88241           </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
<div style="display: flex; justify-content: space-between;"> <span>7010 1670 0001 6455 7279</span> </div>	

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail must be paid for
- Certified Mail is not insurable
- NO INSURANCE for valuables, please
- For an additional fee, To obtain Receipt (PS Form 3800), Endorse mail a duplicate return required.
- For an additional fee, addresser's authentication "R" endorsement "R"
- If a postmark on the mailpiece is not needed, the post receipt is not needed

**IMPORTANT: Save**

PS Form 3800, August 2003



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 1670 0001 6455 7262  
7010 1670 0001 6455 7262

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Owner letter *Artesia Rider* *PLB E* *7/27/11*

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

*Miriam P. Od.*

Postmark  
Here

Sent To	<i>Hidden H. Gaston Jr.</i>
Street, Apt. No., or PO Box No.	<i>1900 Summit Ridge Dr.</i>
City, State, ZIP+4	<i>Kernville, CA 93529</i>

PS Form 3800, August 2008 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>Higdon H. Gaston Jr. 1900 Summit Ridge Dr. Kerrville, TX 78028</p>		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7010 1670 0001 6455 7262</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

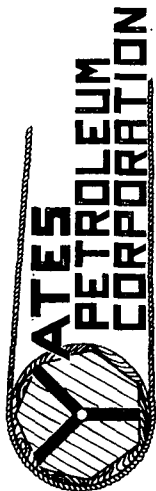
**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail must be paid for
- Certified Mail is **NO INSURANCE** for valuables, please use Registered Mail or Insured Mail for additional delivery. To obtain a duplicate return receipt, please pay the fee. Endorsement required.
- For an additional fee, you may obtain a duplicate return receipt. To obtain a duplicate return receipt, please pay the fee. Endorsement required.
- For an additional fee, you may obtain a duplicate return receipt. To obtain a duplicate return receipt, please pay the fee. Endorsement required.
- If a postmark on the mailpiece is not received, the receipt is not valid.

**IMPORTANT: Save**  
PS Form 3800, August 2003



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL**

7010 1670 0001 6455 7293  
7010 1670 0001 6455 7293

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Owner Letter Address/Order Please</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <i>W.R. &amp; Wanda Erickson</i>	
Street, Apt. No., or PO Box No. <i>2400 Vineyard Dr.</i>	
City, State, Zip+4 <i>Granbury, TX 76048-1493</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

W. R. & Wanda Erickson  
2400 Vineyard Dr.  
Granbury, TX 76048-1493

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7293

**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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail must be paid for
- NO INSURANCE for valuables, please
- For an additional fee, Endorse mail for Restricted Delivery. To obtain a duplicate return receipt, please request one.

- For an additional fee, Endorse mail for Restricted Delivery. To obtain a duplicate return receipt, please request one.
- If a postmark on the mailpiece is not needed, please cancel it.

**IMPORTANT: Save**

PS Form 3800, August 2003





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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 1670 0001 6455 7309  
7010 1670 0001 6455 7309

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Owner Letter Anette/Slider LLC 11/27/11	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Virgil J. Callaway	
Street, Apt No., or PO Box No.	
P.O. Box 2424	
City, State, ZIP+4	
Hobbs NM 88240	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Virgil J. Callaway</p> <p style="font-size: 1.2em;">P.O. Box 2424</p> <p style="font-size: 1.2em;">Hobbs, NM 88240</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7010 1670 0001 6455 7309</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

**Certified Mail**

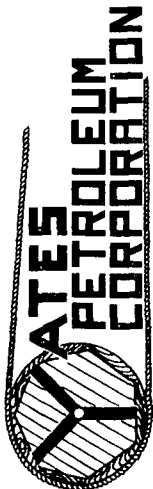
- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail must be paid for at the time of mailing
- Certified Mail is not insurable for more than \$500 without additional payment
- For an additional fee, you can obtain Restricted Delivery (PS Form 3811) for mailpieces that require a duplicate return receipt
- For an additional fee, you can obtain Restricted Delivery (PS Form 3811) for mailpieces that require a duplicate return receipt
- For an additional fee, you can obtain Restricted Delivery (PS Form 3811) for mailpieces that require a duplicate return receipt
- If a postmark on the mailpiece at the time of mailing is not legible, the postmark on the receipt is not valid

**IMPORTANT: Save**

PS Form 3800, August 2003



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7010 1670 0001 6455 7316  
7010 1670 0001 6455 7316

HIP TRUST

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Denver Interoffice Mailer/Global Mailer PLUSE 7/27/11	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: CBF Company Partnership Trust	
Street, Apt. No. or PO Box No. P.O. Box 5383	
City, State, ZIP+4 Denver CO 80217	
PS Form 3800, August 2006 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CBF Company Partnership Trust  
P.O. Box 5383  
Denver, CO 80217

2. Article Number  
(Transfer from service label)

7010 1670 0001 6455 7316

**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 ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**  
■ A mailing receipt  
■ A unique identifier  
■ A record of delivery  
**Important Reminders**  
■ Certified Mail is  
■ Certified Mail is  
■ NO INSURANCE  
valuable, please  
■ For an additional  
delivery. To obtain  
Receipt (PS Form  
fee. Endorse mail  
a duplicate return  
required.  
■ For an additional  
addressee's address  
endorsement "F"  
■ If a postmark on  
cle at the post  
receipt is not ne  
**IMPORTANT: Save**  
PS Form 3800, August



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL<sup>®</sup>

7010 1670 0001 6455 7323  
7010 1670 0001 6455 7323

U.S. Postal Service <sup>®</sup>	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Owner <u>Hubert L. Brawn Jr.</u> <u>11/27/11</u>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <u>Hubert L. Brawn Jr.</u>	
Street, Apt. No., or PO Box No. <u>P.O. Box 2237</u>	
City, State, ZIP+4 <sup>®</sup> <u>Midland TX 79702</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Hubert L. Brown Jr.  
P.O. Box 2237  
Midland, TX 79702

2. Article Number

(Transfer from service lab)

7010 1670 0001 6455 7323

**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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Remind**

- Certified Mail is
- NO INSURANCE
- For an additional fee, Endorse mail fee. Endorse mail a duplicate return required.

- For an additional fee, Endorse mail fee. Endorse mail a duplicate return required.

- For an additional fee, Endorse mail fee. Endorse mail a duplicate return required.

**IMPORTANT: Save**  
PS Form 3800, August



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7010 1670 0001 6455 7330  
7010 1670 0001 6455 7330

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Owner Letter *Artesia/Glides* *PLS 7/27/11*

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

*Minam@100.*

Postmark  
Here

Sent To	<i>ONY USA Limited Partnership</i>
Street, Apt. No., or PO Box No.	<i>P.O. Box 27520</i>
City, State, ZIP+4	<i>Houston TX 77227</i>

PS Form 3800, August 2006 See Reverse for Instructions

RTNERSHIP

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OXY USA Limited Partnership  
P.O. Box 27570  
Houston, TX 77227

2. Article Number

(Transfer from service label)

7010 1670 0001 6455 7330

**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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail must be paid for
- Certified Mail is not returnable
- NO INSURANCE for valuables, please

For an additional fee, you may obtain a duplicate return receipt (PS Form 3811). Endorsement required.

For an additional fee, you may obtain a duplicate return receipt (PS Form 3811). Endorsement required.

If a postmark on the receipt is not needed at the post office, the receipt is not needed.

**IMPORTANT: Save**  
PS Form 3800, August 2003



Yates Petroleum Corporation  
105 South 4th Street  
Artesia, NM 88210

CERTIFIED MAIL

7010 1670 0001 6455 7170  
7010 1670 0001 6455 7170

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

PLC Arette/Glader 7/22/11

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

Postmark  
Here

Sent To	SLD	Attn: Pete MTZ
Street, Apt. No. or P.O. Box No.	P.O. Box #1148	
City, State, ZIP+4	Santa Fe, NM	87504-1148

PS Form 3800, August 2006

See Reverse for Instructions

Commissioner of Public Lands  
Attn: Pete Martinez  
P.O. Box #1148  
Santa Fe, NM 87504-1148

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Commissioner of Public Lands  
Attn: Pete Martinez  
P.O. Box #1148  
Santa Fe, NM 87504-1148

2. Article Number  
(Transfer from service label)

7010 1670 0001 6455 7170

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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 ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes