

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



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

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

August 29, 2002

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

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

Dear Mr. Jones;

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

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

Sincerely,

*Cherry Matchus*  
Cherry Matchus  
Engineering Technician

cm/enclosure

9994 529T 0000 065T 0002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

PS Fc

## Instructions

## 2. Article Number (Copy from service label)

PS Form 3811, July 1999

C. Signature

x Charles E. ... ☐ Agent  
☐ Addressee

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

### 3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-MFV *[Signature]*

2000 1.530 0000 1.625 4727

**Postage**

**Certified Fee**

**Return Receipt Fee**  
(Endorsement Required)

**Restricted Delivery Fee**  
(Endorsement Required)

**Total Postage & Fees**

Sent To: Morris E. Schertz

Street, Apt. No.; or PO Box No.

Box 1588

City, State, ZIP+ 4  
Rosedale, D. M. 88208-2588

PS Form 3800, May 2000

**See Reverse for Instructions**

## 1. Article Addressed to:

MORRIS E. SCHERTZ  
P.O. BOX 588  
ROSWELL, N.M.  
88202-2588

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

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

C. Signature ☒ Agent ☒ Addressee

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

### 3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 1530 0000 0000 1625 4659

OFFICIAL USE

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

Postmark Here

ARTESIA NM 88210  
AUG 15 2002  
USPS

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

PS Form 3800, May 2000 See Reverse for Instructions

Cheryl M. Hinkle  
Jasper May #13

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>	<table><tr><td>A. Received by (Please Print Clearly) Rolla R. Hinkle III</td><td>B. Date of Delivery 8/16/02</td></tr><tr><td>C. Signature X [Signature]</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>	A. Received by (Please Print Clearly) Rolla R. Hinkle III	B. Date of Delivery 8/16/02	C. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly) Rolla R. Hinkle III	B. Date of Delivery 8/16/02						
C. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
1. Article Addressed to: Madison M. Hinkle P.O. Box 2292 Roswell, N.M. 88202-2292	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 (Copy from service label) 7000 1530 0000 1625 4659	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						

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

Jasper ARJ #3

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

7000 1530 0000 0000 1625 4703

OFFICIAL USE

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

Postmark Here

ARTESIA NM 88210  
AUG 15 2002  
USPS

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

PS Form 3800, May 2000 See Reverse for Instructions

Cheryl M. Hinkle  
Jasper ARJ #3

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<table><tr><td>A. Received by (Please Print Clearly) Rolla R. Hinkle III</td><td>B. Date of Delivery 8/16/02</td></tr><tr><td>C. Signature X [Signature]</td><td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>	A. Received by (Please Print Clearly) Rolla R. Hinkle III	B. Date of Delivery 8/16/02	C. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly) Rolla R. Hinkle III	B. Date of Delivery 8/16/02						
C. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
1. Article Addressed to: Rolla R. Hinkle III P.O. Box 2292 Roswell, N.M. 88202-2292	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 (Copy from service label) 7000 1530 0000 1625 4703	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						

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

Jasper ARJ #3

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: <u>Seco Energy</u> Street, Apt. No., or PO Box No. <u>1801 Broadway Suite 900</u> City, State, ZIP+4 <u>Denver, CO 80202</u>	

PS Form 3800, May 2000 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>	A. Received by (Please Print Clearly) <u>M. P. H.</u> B. Date of Delivery <u>8-19-02</u> C. Signature <u>Heuser</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:  <u>Seco Energy</u> <u>1801 Broadway Ste 900</u> <u>Denver, CO</u> <u>80202</u>	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) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>7000 1530 0000 1625 4710</u>	

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: <u>David Burtz</u> Street, Apt. No., or PO Box No. <u>8 Cayuga St</u> City, State, ZIP+4 <u>Auburn, NY 13021</u>	

PS Form 3800, May 2000 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>	A. Received by (Please Print Clearly) <u>David Burtz</u> B. Date of Delivery <u>8-20-02</u> C. Signature <u>David Burtz</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:  <u>DAVID BURTZ</u> <u>8 Cayuga STREET</u> <u>AUBURN, NY</u> <u>13021</u>	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) <input type="checkbox"/> Yes
2. Article Number (Copy from service label) <u>7000 1530 0000 1625 4697</u>	

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