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



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

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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.

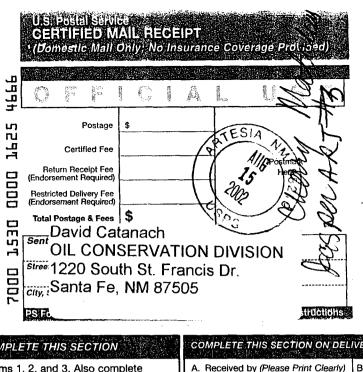
If you have any further questions please do not hesitate to call me at (505) 748-4164.

Sincerely,

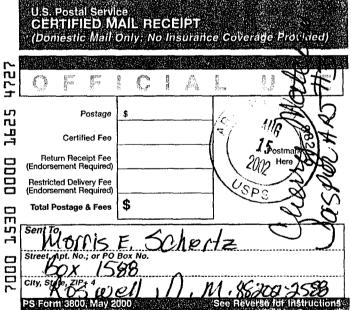
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Engineering Technician

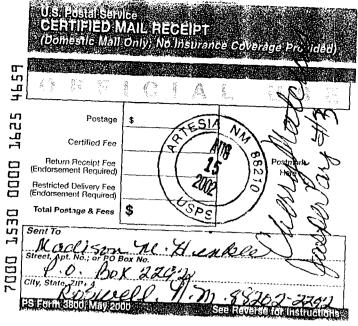
cm/enclosure



SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. B. Date of Delivery Print your name and address on the reverse C. Signature so that we can return the card to you. Attach this card to the back of the mailpiece, ☐ Agent Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below. David Catanach OIL CONSERVATION DIVISION 100 / 9 2002 1220 South St. Francis Dr. Santa Fe, NM 87505 rvice Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Nymber (Copy from service label) 000 1530 0000 1625 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-V



Total Postage & Fees \$ Sent To Sent To Street, Apt. No.; or PO Box No. City, Style, ZIP; 4 PS Form 3800; May 2000	M. K. 202 2588 See Reverse for Instructions
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1/e 35 4/559 Beturn Receipt 102595-00-M-0952	
U.S. Postal Service GERTIFIED MAIL RECEIPT Dottlestic Mail Only, No Insurance Coverage Provider Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Street, April, No.; or PO Box No. Street, April, No.; or PO Box No.	
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PS Form 3811, July 1999

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PS FORTH (SBOO) MAY 2000/	See Reverse for Instructions	
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 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	X Agent Addressee D. Is delivery address different from item 1? Yes	
SECO Energy	If YES, enter delivery address below: ☐ No	
1801 Broadway Sta 900		
1. Article Addressed to: SECO Energy 1801 Broadway Sty 900 Western, Co. 80202	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
E. Article Hamber (Copy from Service label)	4. Restricted Delivery? (Extra Fee)	
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 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, 	C. Signature X 1	
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	
DAVID BURTZ		
8 Cayuga STREET L	3. Sérvice Type	
13021	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes	
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