

ABOVE THIS LINE FOR DIVISION USE ONLY

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



**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Application Acronyms:**

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

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]
- [A] Location - Spacing Unit - Simultaneous Dedication  
 NSL  NSP  SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement  
 DHC  CTB  PLC  PC  OLS  OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX  PMX  SWD  IPI  EOR  PPR
- [D] Other: Specify \_\_\_\_\_
- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or  Does Not Apply
- [A]  Working, Royalty or Overriding Royalty Interest Owners
- [B]  X Offset Operators, Leaseholders or Surface Owner
- [C]  X 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.**

Mike Hill		Area Engineer	4/8/08
Print or Type Name	Signature	Title	Date
		mhill@ypcnm.com	
		e-mail Address	

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

S.P. YATES  
CHAIRMAN EMERITUS  
JOHN A. YATES  
CHAIRMAN OF THE BOARD  
FRANK YATES, JR.  
PRESIDENT  
PEYTON YATES  
DIRECTOR  
JOHN A. YATES, JR.  
DIRECTOR

April 16, 2008

New Mexico Energy & Minerals Department  
Oil Conservation Division  
1220 South St Francis Drive  
Santa Fe, NM 87505

Dear Mr. Jones

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit ~~4~~, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

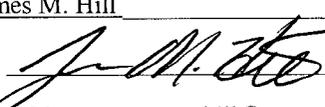
  
James M. Hill (Mike)  
Operations Engineer

Enclosure

RECEIVED  
2008 APR 21 PM 3 52

OGRID  
25575

**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: \_\_\_\_\_ Secondary Recovery \_\_\_\_\_ Pressure Maintenance \_\_\_\_\_  Disposal \_\_\_\_\_ Storage  
Application qualifies for administrative approval? \_\_\_\_\_ Yes \_\_\_\_\_ No
- II. OPERATOR: Yates Petroleum Corporation  
ADDRESS: 105 South Fourth  
CONTACT PARTY: Mike Hill PHONE: (575) 748-4219
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.  
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? \_\_\_\_\_ Yes \_\_\_\_\_  No  
If yes, give the Division order number authorizing the project: \_\_\_\_\_
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: James M. Hill TITLE: Operations Engineer  
SIGNATURE:  DATE: 3/17/08  
E-MAIL ADDRESS: mhill@ypcnm.com
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: \_\_\_\_\_

**C-108 Application for Authorization to Inject  
Yates Petroleum Corporation  
Cigarillo SWD No. 1  
(Originally – Coquina oil Corp’s HNG State No. 1)  
Unit G Sec. 36, T23S, R27E  
Eddy County, New Mexico**

- I. The purpose of completing this well is to make a disposal well for produced Delaware Sand and Bone Spring Sand water into the Devonian formation.

Yates Petroleum Corporation plans to re-enter and convert this well to a water disposal well into the Devonian formation.

- II. Operator: Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210  
James M. Hill (505) 748-4219
- III. Well Data: See Attachment A
- IV. This is not an expansion of an existing project.
- V. See attached map, Attachment B.
- VI. 0 well within the area of review penetrate the proposed injection zone. (See Attachment C)
- VII. 1. Proposed average daily injection volume approximately 2500 BWPD. Maximum daily injection volume approximately 8000 BWPD.
2. This will be a closed system.
3. Proposed average injection pressure –unknown.  
Proposed maximum injection pressure –2,600 psi.
4. Sources of injected water would be produced water from the Delaware, Bone Spring, Strawn, Atoka and Morrow formations. (Attachment D)
- VIII. 1. The proposed injection interval is the portion of the Devonian Carbonate consisting of porous Dolomite at an estimated depth of +/- 13,500’.

Application for Authorization to Inject

~~Humidor SWD No. 1~~

-2-

2. Possible Fresh water zones overlie the proposed injection formations at depths to approximately 50'. There are no fresh water zones underlying the formation.
  
- IX. The proposed disposal interval may be acidized with 20% HCL acid.
  
- X. Logs were filed at your office when the well was drilled, but we plan on deepening this well +/- 600' and new cased hole logs will be pulled and filed with your office.
  
- XI. There are no windmills within a one-mile radius of the subject location.
  
- XII. Yates Petroleum Corporation has examined geologic and engineering data and has found that there is no evidence of faulting in the proposed interval. (Attachment G)
  
- XIII. Proof of notice.
  - A. Certified letters sent to the surface owner and offset operators attached (Attachment E)
  
  - B. Copy of legal advertisement attached. (Attachment F)
  
- XIV. Certification is signed.

**Yates Petroleum Corporation  
Cigarillo SWD No. 1  
Unit G Sec. 36, T23S, R27E  
Eddy County, New Mexico**

**Attachment A**

III. Well Data

- A.
1. Lease Name/Location  
Cigarillo SWD No. 1  
API No. 30-015-21643  
Unit G Sec. 36, T243, R27E  
Eddy County, New Mexico
  2. Casing Strings:
    - a. Present well condition  
13-3/8", 68# K55 ST&C @ 500' w/475 sx (circ)  
9-5/8", 36# K55 ST&C @ 2,958' w/ 1,000 sx. (Did not circ.)  
w\ a Surface plug, a cement plug at 800'-1,000' and shoe plug  
from 2,900' – 3000'  
8-1/2", Open hole section down to 12,965' w\ 6 cement plugs from  
5,800' down to 12,100'
    - b. Present Status:  
Plugged and Abandoned
  3. Proposed well condition:  
Deepen 8-1/2" hole approximately 600'. Run and cement 5-1/2" casing in  
place, bringing cement back to the surface. Drill out the shoe joint and to  
expose the Devon Dolomite. 2.875" 6.5# L-80 plastic-coated injection  
tubing would be installed at +/- 13,500' with a nickel plated injection  
packer.
  4. Propose to use Guiberson or Baker plastic-coated or nickel-plated packer  
set at 13,500'.
- B.
1. Injection Formation: Devonian Dolomite
  2. Injection Interval will be through ~~perforations~~ *Open Hole* from approximately  
13,565'-13,665' gross interval.
  3. Well was originally drilled as a Morrow Sand gas well. Well will be  
Deepened to the Devonian Dolomite (13,565'-13,665') when work is  
completed.
  4. ~~Perforations~~: Open hole in carbonate section 13,565'-13,665'.
  5. Next higher (shallower) oil or gas zone within 2 miles-Morrow.  
Next lower (deeper) oil or gas zone within 2 miles-None.

WELL NAME: Cigarillo SWD No. 1 FIELD: \_\_\_\_\_

LOCATION: 1,980' FNL & 1,980' FEL of Section 36-23S-27E Eddy Co., NM

GL: 3,137' ZERO: \_\_\_\_\_ KB: \_\_\_\_\_

SPUD DATE: 10/8/75 COMPLETION DATE: \_\_\_\_\_

COMMENTS: API No.: 30-015-21643

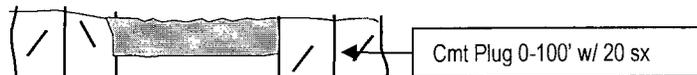
P&A'd 12/6/75 2<sup>nd</sup> P&A 5/3/77

State – Surface (Formerly HNG #1)

**CASING PROGRAM**

13-3/8" 68# K-55	<u>500'</u>
9-5/8" 36# K-55	<u>2,958'</u>
5-1/2" 20# P110 (?)	<u>13,500'</u>

17-1/2" Hole



Cmt Plug 0-100' w/ 20 sx

**Before**

12-1/4" Hole

13-3/8" @ 500' w/475 sx cmt (Circ)

Cmt Plug 800-1000' w/ 40 sx

TOPS	
DW Sand	2,350'
BS	5,915'
1 <sup>st</sup> BS Sd	6,930'
WC	9,270'
Strawn	10,950'
Atoka	11,235'
Morrow Ls	11,955'
Morrow Clas	12,099'

9-5/8" @ 2,958' w/1000 sx cmt (Did not Circ)

Cmt Plug 2,900-3,000' w/ 40 sx

Cmt Plug 5,800-5,900' w/ 40 sx

8-1/2" Hole

Cmt 6,800-6,900 w/ 40 sx

Cmt Plug 9,220-9,320' w/ 40 sx

Cmt Plug 10,650-10,750' w/ 40 sx

Cmt Plug 11,100-11,200' w/ 40 sx

Cmt Plug 12,000-12,100' w/ 40 sx

5-1/2" @ 13,500' w/

**Not to Scale**  
1/4/08  
DC/Hill

TD: 12,965'

WELL NAME: Cigarillo SWD No. 1 FIELD: \_\_\_\_\_

LOCATION: 1,980' FNL & 1,980' FEL of Section 36-23S-27E Eddy Co., NM

GL: 3,137' ZERO: \_\_\_\_\_ KB: \_\_\_\_\_

SPUD DATE: 10/8/75 COMPLETION DATE: \_\_\_\_\_

COMMENTS: API No.: 30-015-21643

P&A'd 12/6/75 2<sup>nd</sup> P&A 5/3/77

State - Surface (Formerly HNG #1)

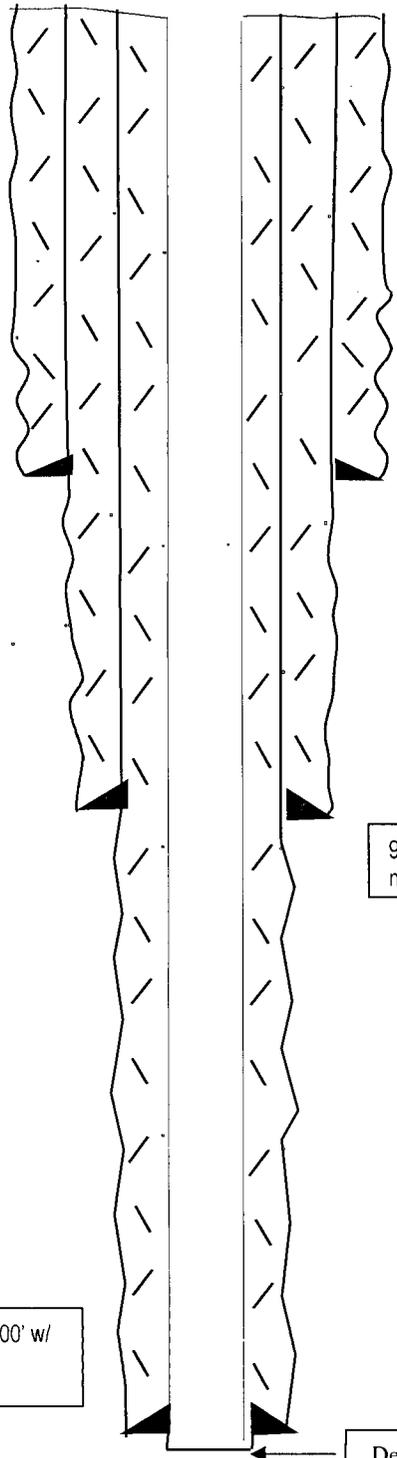
CASING PROGRAM

13-3/8" 68# K-55	<u>500'</u>
9-5/8" 36# K-55	<u>2,958'</u>
5-1/2" 20# P110 (?)	<u>13,500'</u>

17-1/2" Hole

12-1/4" Hole

? Hole



13-3/8" @ 500' w/475 sx cmt (Circ)

9-5/8" @ 2,958' w/1000 sx cmt (Did not Circ)

5-1/2" @ +/- 13,500' w/ +/- 1,550 sx

TD: 13,656'

Devonian carbonate open hole interval from 13,565' - 13,665'

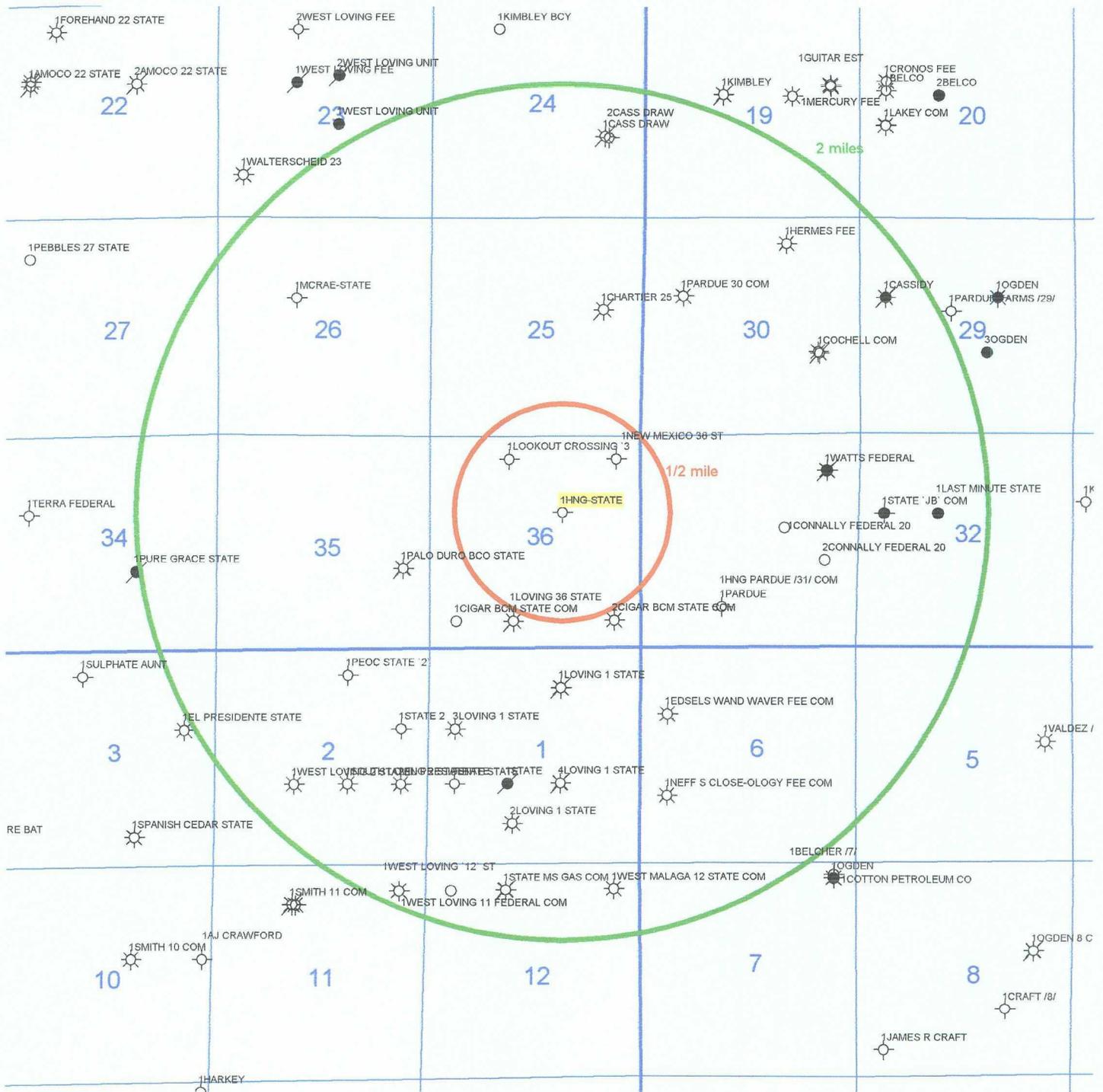
or 13500 - 13665

After

**TOPS**

DW Sand	2,350'
BS	5,915'
1 <sup>st</sup> BS Sd	6,930'
WC	9,270'
Strawn	10,950'
Atoka	11,235'
Morrow Ls	11,955'
Morrow Clas	12,099'

Not to Scale  
1/23/08  
DC/Hill



# YATES PETROLEUM

## Cigarillo SW D #1

**Author:**  
Debbie Chavez

36-23S-27E

**Date:**  
11 March, 2008

Mike Hill

Attachment B

# Attachment "C" part I

Cigarillo SWD #1  
Form C-108

Tabulation of data on wells within area of review

Well Name	Operator	Type	Spud	Total Depth	Producing Zone	Perforations	Completion Information
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None

# ATTACHMENT D



MASTER FILE

**MILLER CHEMICALS, INC.**  
 Post Office Box 298  
 Artesia, N.M. 88211-0298  
 (505) 746-1919 Artesia Office  
 (505) 392-2893 Hobbs Office  
 (505) 746-1918 Fax  
 mci@plateautel.net

## WATER ANALYSIS REPORT

Company	: YATES PETROLEUM	Date	: 3/1/08
Address	: ARTESIA, NM	Date Sampled	: 2/29/08
Lease	: HUMIDOR STATE UNIT	Analysis No.:	
Well	: #2		
Sample Pt.	: WELLHEAD		

ANALYSIS		mg/L		* meq/L
1. pH	6.2			
2. H2S	0			
3. Specific Gravity	1.040			
4. Total Dissolved Solids		206362.0		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	244.0	HCO3	4.0
12. Chloride	Cl	127161.0	Cl	3587.1
13. Sulfate	SO4	1075.0	SO4	22.4
14. Calcium	Ca	29600.0	Ca	1477.0
15. Magnesium	Mg	991.3	Mg	81.6
16. Sodium (calculated)	Na	47240.8	Na	2054.8
17. Iron	Fe	50.0		
18. Barium	Ba	NR		
19. Strontium	Sr	NR		
20. Total Hardness (CaCO3)		78000.0		

### PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt	X meq/L	= mg/L
1477   *Ca <----- *HCO3     4	Ca(HCO3)2	81.0	4.0	324
-----  /----->  -----	CaSO4	68.1	22.4	1524
82   *Mg -----> *SO4     22	CaCl2	55.5	1450.7	80497
-----  <-----/  -----	Mg(HCO3)2	73.2		
2055   *Na -----> *Cl     3587	MgSO4	60.2		
+-----+	MgCl2	47.6	81.6	3882
Saturation Values Dist. Water 20 C	NaHCO3	84.0		
CaCO3 13 mg/L	Na2SO4	71.0		
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	2054.8	120085
BaSO4 2.4 mg/L				

REMARKS: Paul R. George F.  
 Jim B. Ron B.  
 Ray S. Wade B.  
 Wade W. Mark M.  
 Pinson M. Tim M



**MILLER CHEMICALS, INC.**

Post Office Box 298  
 Artesia, N.M. 88211-0298  
 (505) 746-1919 Artesia Office  
 (505) 392-2893 Hobbs Office  
 (505) 746-1918 Fax  
 mci@plateautel.net

WATER ANALYSIS REPORT

Company : - Date : 3/19/08  
 Address : Date Sampled : 3/18/08  
 Lease : MEGELLAN FED. Analysis No. :  
 Well : # 1  
 Sample Pt. : WATER TANK

ANALYSIS		mg/L		* meq/L
1. pH	6.3			
2. H2S	0			
3. Specific Gravity	1.040			
4. Total Dissolved Solids		66870.8		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	305.0	HCO3	5.0
12. Chloride	Cl	41748.0	Cl	1177.7
13. Sulfate	SO4	250.0	SO4	5.2
14. Calcium	Ca	7200.0	Ca	359.3
15. Magnesium	Mg	1947.9	Mg	160.3
16. Sodium (calculated)	Na	15364.9	Na	668.3
17. Iron	Fe	55.0		
18. Barium	Ba	NR		
19. Strontium	Sr	NR		
20. Total Hardness (CaCO3)		26000.0		

PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	=	mg/L
359  *Ca <----- *HCO3   5	Ca (HCO3) 2	81.0	5.0	405
-----  /----->  -----	CaSO4	68.1	5.2	354
160  *Mg -----> *SO4   5	CaCl2	55.5	349.1	19370
-----  <-----/  -----	Mg (HCO3) 2	73.2		
668  *Na -----> *Cl   1178	MgSO4	60.2		
+-----+	MgCl2	47.6	160.3	7629
Saturation Values Dist. Water 20 C	NaHCO3	84.0		
CaCO3 13 mg/L	Na2SO4	71.0		
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	668.3	39057
BaSO4 2.4 mg/L				

REMARKS:  
 -----



# MILLER CHEMICALS, INC.

Post Office Box 298  
 Artesia, N.M. 88211-0298  
 (505) 746-1919 Artesia Office  
 (505) 392-2893 Hobbs Office  
 (505) 746-1918 Fax  
 mci@plateautel.net

## WATER ANALYSIS REPORT

Company : YATES PETROLEUM CORP      Date : 3/19/08  
 Address :                                      Date Sampled : 3/18/08  
 Lease : HUMIDOR ST.                      Analysis No. :  
 Well : # 1  
 Sample Pt. : PROD. UNIT

ANALYSIS		mg/L		* meq/L
1. pH	6.0			
2. H2S	0			
3. Specific Gravity	1.050			
4. Total Dissolved Solids		92250.9		
5. Suspended Solids		NR		
6. Dissolved Oxygen		NR		
7. Dissolved CO2		NR		
8. Oil In Water		NR		
9. Phenolphthalein Alkalinity (CaCO3)				
10. Methyl Orange Alkalinity (CaCO3)				
11. Bicarbonate	HCO3	1037.0	HCO3	17.0
12. Chloride	Cl	55380.0	Cl	1562.2
13. Sulfate	SO4	1000.0	SO4	20.8
14. Calcium	Ca	4600.0	Ca	229.5
15. Magnesium	Mg	1484.6	Mg	122.1
16. Sodium (calculated)	Na	28699.3	Na	1248.3
17. Iron	Fe	50.0		
18. Barium	Ba	NR		
19. Strontium	Sr	NR		
20. Total Hardness (CaCO3)		17600.0		

### PROBABLE MINERAL COMPOSITION

*milli equivalents per Liter	Compound	Equiv wt X meq/L	=	mg/L
+-----+				
230  *Ca <----- *HCO3   17	Ca (HCO3)2	81.0	17.0	1378
-----  /----->  -----	CaSO4	68.1	20.8	1417
122  *Mg -----> *SO4   21	CaCl2	55.5	191.7	10638
-----  <-----/  -----	Mg (HCO3)2	73.2		
1248  *Na -----> *Cl   1562	MgSO4	60.2		
+-----+	MgCl2	47.6	122.1	5815
Saturation Values Dist. Water 20 C	NaHCO3	84.0		
CaCO3 13 mg/L	Na2SO4	71.0		
CaSO4 * 2H2O 2090 mg/L	NaCl	58.4	1248.3	72953
BaSO4 2.4 mg/L				

REMARKS:  
 -----

**ATTACHMENT E**

M.  
FR  
7007 2680 0000 5030 9340

**OFFICIAL**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required) **5.38**  
 Total Pt

Sent To  
 Williamson Enterprises  
 P.O. Box 32570  
 Santa Fe, NM 87590

Street, Apt or PO Box  
 City, State

**COMPLETE THIS SECTION**

1, 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:  
 Williamson Enterprises,  
 P.O. Box 32570  
 Santa Fe, NM 87594-2570

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*James M. Hill*

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

2. Article Number  
 (Transfer from service label) **7007 2680 0000 5030 9340**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

202  
 Enterprises  
 3-18  
 PRT  
 2004

Gentlemen;

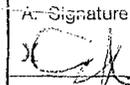
Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

*James M. Hill*  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

CERTIFIED MAIL (Domestic Mail Only)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
MARTIN 191: 7007 2680 0000 5030 9357 FRANK 193: 7007 2680 0000 0000 0920 2002		<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Postage \$		1. Article Addressed to:	3. Service Type <input type="checkbox"/> Certified Mail <input checked="" 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
Certified Fee		Mr Pete Martinez	
Return Receipt Fee (Endorsement Required)		State of New Mexico	
Restricted Delivery Fee (Endorsement Required)	5.31	Commissioner of Public Lands	
Total Postage		P.O. Box 1148	
Sent To		Santa Fe, NM 87504-1148	
Street, Apt. No. or PO Box No.			
City, State, Zip			
		2. Article Number (Transfer from service label)	7007 2680 0000 5030 9357

March 14, 2008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

Pete Martinez  
 State of New Mexico  
 Commissioner of Public Lands  
 P. O. Box 1148  
 Santa Fe, NM 87504-1148

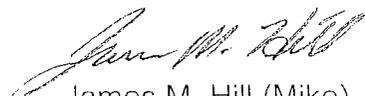
Re: Pete Martinez

Gentlemen:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

U.S. Postal Service  
**CERTIFIED MAIL**  
 (Domestic Mail Only)  
**OFFICIAL**

MARTI 15  
 FRAN 16

7007 2680 0000 5030 9333

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required) **5.35**  
 Total Post

Sent To  
 Street, Apt. or P.O. Box  
 City, State  
 Roy G. Barton,  
 1919 N. Turner  
 Hobbs, NM 88

**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:  
 Roy G. Barton, Jr.  
 1919 N. Turner Street  
 Hobbs, NM 88240-2712

2. Article Number  
 (Transfer from service label) **7007 2680 0000 5030 9333**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Brenda Stewart  Agent  Addressee

B. Received by (Printed Name)  
 Brenda Stewart

C. Date of Delivery  
 3-28-08

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

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

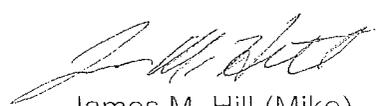
Roy G. Barton, Jr.,  
 P.O. Box 978  
 Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

7007 2680 0000 5030 8688

U.S. POSTAL SERVICE  
**CERTIFIED MAIL**  
 (Domestic Mail Only, Not Return)

**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) 5.38  
 Total Postage Kingdom R. Hug

Sent To Kingdom R. Hug  
P.O. Box 2424  
Midland, TX 79702  
 Street, Apt. No. or PO Box No.  
 City, State, ZIP

**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:  
Kingdom R. Hughes Family LP  
P.O. Box 2424  
Midland, TX 79702

2. Article Number  
 (Transfer from service label) 7007 2680 0000 5030 8688

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X. Monaka  Agent  Addressee

B. Received by (Printed Name) Mona Koshaba C. Date of Delivery 3-26-08

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

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

4. Restricted Delivery? (Extra Fee)  Yes

March 14, 2008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Kingdom R. Hughes Family LP  
 P.O. Box 2424  
 Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
 Operations Engineer

Enclosure

MAR 7007 2680 0000 5030 8589  
FRA

CERTIFIED MAIL		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Domestic Mail Only. No Insulation		<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
OFFICIAL		1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5-24-02</i>	
Postage \$		Charles C. Showalter & Louise B Showalter Trustees of the 1993 Showalter Trust % Richard G. Murray, Esq 25301 Cabot Road, Ste 106 Laquna Hills, CA 92653		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Certified Fee		2. Article Number		3. Service Type	
Return Receipt Fee (Endorsement Required)		(Transfer from service label) 7007 2680 0000 5030 8589		<input 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.	
Restricted Delivery Fee (Endorsement Required)	5.38			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Total Postage					
Sent To: Charles C. Showalter & Louise B Showalter Trustees of the 1993 S % Richard G. Murray, 25301 Cabot Road, St Laquna Hills, CA 926					
Street, Apt. No. or P.O. Box No. City, State, ZIP					

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1544

Charles C. Showalter & Louise B Showalter  
Trustees of the 1993 Showalter Trust  
% Richard G. Murray, Esq  
25301 Cabot Road, Ste 106  
Laquna Hills, CA 92653

Gentlemen:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

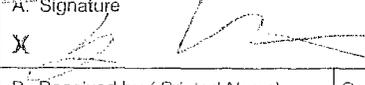
Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
Operations Engineer

Enclosure

MAF 7007 2680 0000 5030 8572 FR/ OFFICE	<b>CERTIFIED MAIL</b> <b>Domestic Mail Only</b>	<b>SENDER COMPLETE THIS SECTION</b> 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>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery 3-22-8
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Post _____ Sent To Wesmax Ltd 1821 Westlake Dr. Austin, TX	1. Article Addressed to: Wesmax Ltd. 1821 Westlake Dr., Ste 123 Austin, TX 78746	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input 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

March 14 7007 2680 0000 5030 8572 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

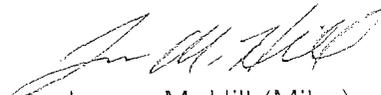
Wesmax Ltd.  
 1821 Westlake Dr., Ste 123  
 Austin, TX 78746

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

U.S. Postal Service  
**CERTIFIED MAIL**  
 Registered Mail Number  
 For delivery information, call 1-800-375-8777

**OFFICE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required) 5.00  
 Total Postage

Sent To  
 Ila Hanks  
 711 Seco Drive  
 Hobbs, NM 88

Street, Apt. or P.O. Box  
 Hobbs, NM 88

City, State

**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:  
 Ila Hanks  
 711 Seco Drive  
 Hobbs, NM 88240

2. Article Number  
 (Transfer from service label) 7007 2680 0000 5030 8657

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Darrell Hanks

C. Date of Delivery  
 3-22

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

MARTI 19 2599 0205 5030 8657  
 FRAN 19 7007 2680 0000 5030 8657

Ila Hanks  
 711 Seco Drive  
 Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
 Operations Engineer

Enclosure

MART 8619 5030 2680 0000 0000 0000  
FRAI 7007 2680 0000 5030 8619

**CERTIFIED MAIL**  
(Domestic Mail Only)

**OFFICIAL MAIL**

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) 5

Total Postage \_\_\_\_\_

Sent To \_\_\_\_\_

Street, Apt. No. or P.O. Box No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**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:

William K Foundation  
William R. Lissau, President  
P.O. Box 470372  
Tulsa, OK 74147

2. Article Number (Transfer from service label) 7007 2680 0000 5030 8619

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) ALLEN MACKAY

C. Date of Delivery \_\_\_\_\_

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

March 14,

William K Foundation  
William R. Lissau, President  
P.O. Box 470372  
Tulsa, OK 74147

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

[Signature]

James M. Hill (Mike)  
Operations Engineer

Enclosure

MAR 26 2008  
FRA 0530 0000 5030 8626

<b>CERTIFIED MAIL</b> (Domestic Mail Only)		<b>SENDER - COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		1. Article Addressed to:  Trainer Partners Ltd P.O. Box 754 Midland, TX 79702		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X [Signature]</i>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) <u>5.3</u>		2. Article Number (Transfer from service label)		B. Received by (Printed Name) <i>Kevin Shipman</i>	
Total <u>Trainer Partners Lt</u> Sent To <u>P.O. Box 754</u> Street, or P.O. Box <u>Midland, TX 79702</u> City, St. _____		3. Service Type <input 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.		C. Date of Delivery <u>3/25/08</u>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		7007 2680 0000 5030 8626			

March 14, 2008 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Trainer Partners Ltd  
P.O. Box 754  
Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

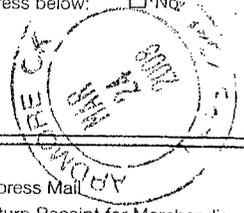
Sincerely,

*James M. Hill*  
James M. Hill (Mike)  
Operations Engineer

Enclosure

U.S. Postal Service <b>CERTIFIED MAIL</b> (Domestic Mail Only)	<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  V.H. Gourley II Trust P.O. Box 2215 Ardmore, OK 73402		B. Received by (Printed Name) V.H. GOURLEY II		C. Date of Delivery
2. Article Number (Transfer from service label)		7007 2680 0000 5030 8673		
PS Form 3811, February 2004		Domestic Return Receipt		102595-02-M-1540

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Pct  
 Sent to  
 Street, Apt or PO Box  
 City, State



V.H. Gourley II Trust  
 P.O. Box 2215  
 Ardmore, OK 73402

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

7007 2680 0000 5030 8718

**U.S. POSTAGE**  
**CERTIFIED MAIL**  
 (Domestic Mail Only)

**OFFICE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) 5  
 Total For PFZ LLC \_\_\_\_\_

Sent To c/o The Trust Company of Oklahoma  
 Street, Apt. or P.O. Box P.O. Box 3627  
 City, State Tulsa, OK 74101-3627

**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:  
 PFZ LLC  
 c/o The Trust Company of Oklahoma  
 P.O. Box 3627  
 Tulsa, OK 74101-3627

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Stanley Allen*  Agent  Addressee  
 B. Received by (Printed Name): Stanley Allen C. Date of Delivery \_\_\_\_\_  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

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 7007 2680 0000 5030 8718  
 (Transfer from service label)

PFZ LLC  
 c/o The Trust Company of Oklahoma  
 P.O. Box 3627  
 Tulsa, OK 74101-3627

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

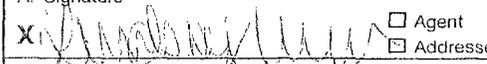
*James M. Hill*  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

MARTIN Y.  
1912-1

FRANK W.  
1936-1

7007 2680 0000 5030 8565

<b>CERTIFIED MAIL</b> <i>Domestic Mail Only</i>		<b>SENDER COMPLETE THIS SECTION</b>		<b>ADDRESSEE COMPLETE THIS SECTION FOR DELIVERY</b>	
Postage: \$ _____ Certified Fee: _____ Return Receipt Fee (Endorsement Required): _____ Restricted Delivery Fee (Endorsement Required): <b>5.3</b> Total Postage: <b>OGX Resource</b>		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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
Sent To: <b>OGX Resource</b> <b>P.O. Box 2064</b> <b>Midland, TX 7</b>		1. Article Addressed to: <b>OGX Resources, LLC</b> <b>P.O. Box 2064</b> <b>Midland, TX 79702</b>		B. Received by (Printed Name): _____ C. Date of Delivery: <b>2-7-08</b>	
Street, Apt. or P.O. Box: City, State:		2. Article Number (Transfer from service label) <b>7007 2680 0000 5030 8565</b>		3. Service Type <input 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.	
March 14, 2008		PS Form 3811, February 2004		Domestic Return Receipt	
				4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

OGX Resources, LLC  
P.O. Box 2064  
Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

  
James M. Hill (Mike)  
Operations Engineer

Enclosure



MAF 1007 2680 0000 5030 8640  
FR

U.S. Postal Service  
**CERTIFIED MAIL**  
*(Restrictive Mail Only, No Insur.)*

OFFICE

Postage \$ \_\_\_\_\_  
Certified Fee \_\_\_\_\_  
Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
Restricted Delivery Fee (Endorsement Required) 5.3  
Total Po \_\_\_\_\_

Sent To  
Norma J. Chanley  
P.O. Box 728  
Hobbs, NM 88240

Street, Ap or PO Box  
City, State

**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:  
Norma J. Chanley  
P.O. Box 728  
Hobbs, NM 88240

2. Article Number (Transfer from service label) 7007 2680 0000 5030 8640

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Norma Chanley*  
 Addressee  Agent

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

MAR 2 2004

March 14, 2004

Norma J. Chanley  
P.O. Box 728  
Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
Operations Engineer

Enclosure

MAF 7007 2680 0000 5030 8664 FR 0920	U.S. POSTAL SERVICE <b>CERTIFIED MAIL</b> (Restrictive Endorsement)	<b>SENDER COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) <u>5.3</u> Total Fee _____ Sent To Street, Apt. or P.O. Box City, State	1. Article Addressed to:  Jerry M. Lynch 607 NW 14th Andrews, TX 79714	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>3-24</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
March 14, 21	2. Article Number (Transfer from service label)	7007 2680 0000 5030 8664	

Jerry M. Lynch  
 607 NW 14th  
 Andrews, TX 79714

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
 Operations Engineer

Enclosure

MA 7007 2680 0000 5030 8695  
FR

**CERTIFIED MAIL - RE**  
*(Permitted Mail/Optional Insurance)*

**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \$ \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \$ \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \$ 5.38  
 Total Postage \$ \_\_\_\_\_

Sent To: Donald G & Betty Gourley  
 526 W. Taos  
 Hobbs, NM 88240

Street, Apt. or PO Box  
 City, State

**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:  
 Donald G & Betty Gourley  
 526 W. Taos  
 Hobbs, NM 88240

2. Article Number (Transfer from service label) 7007 2680 0000 5030 8695

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Donald Gourley*  Agent  
 Addressee  Addresser

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 3-18-08

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

March 14, 2008

Donald G & Betty Gourley  
526 W. Taos  
Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

*James M. Hill*  
James M. Hill (Mike)  
Operations Engineer

Enclosure

MZ  
F!  
7007 2680 0000 5030 8725

U.S. POSTAL SERVICE  
**CERTIFIED MAIL**  
*(Part of Mail Only, Not Insured)*

OFFICIAL

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total P.C. 5.38

Sent To: Richard L. & Dorothy Westlake  
 P.O. Box 647  
 Salado, TX 76571

Street, Apt. or P.O. Box: Salado, TX 76571  
 City, State: \_\_\_\_\_

**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:  
 Richard L. & Dorothy Westlake  
 P.O. Box 647  
 Salado, TX 76571

2. Article Number (Transfer from service label) \_\_\_\_\_

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X. Dorothy Westlake  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 3/21/08

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

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

4. Restricted Delivery? (Extra Fee)  Yes

March 14, 2008

PS Form 3811, February 2004

7007 2680 0000 5030 8725

Domestic Return Receipt

102595-02-M-1540

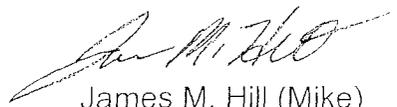
Richard L. & Dorothy Westlake  
 P.O. Box 647  
 Salado, TX 76571

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
 Operations Engineer

Enclosure

7007 2680 0000 5030 8701

CERTIFIED MAIL  
Domestic Mail Only  
Restrictive Endorsement  
OFFICIAL

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.

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required) 5.38

Total Postage Meadco Properties

Sent To P.O. Box 2236

Street, Apt. No. or PO Box No. Midland, TX 7970

City, State, Zip

1. Article Addressed to:

Meadco Properties  
P.O. Box 2236  
Midland, TX 79704

2. Article Number (Transfer from service label) 7007 2680 0000 5030 8701

COMPLETE THIS SECTION ON DELIVERY

A. Signature X P.A. Redman  Agent  Addressee

B. Received by (Printed Name) P.A. Redman C. Date of Delivery 3-25-08

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

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

4. Restricted Delivery? (Extra Fee)  Yes

March 14, 2004 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Meadco Properties  
P.O. Box 2236  
Midland, TX 79704

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

James M. Hill (Mike)  
Operations Engineer

Enclosure

**CERTIFIED MAIL**  
Domestic Mail Only

**OFFICIAL**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required) 5.38

Total Postage

Sent To  
2008 N. Fowler Str  
Hobbs, NM 88240

Street, Apt. # or PO Box #

City, State, Z

**SENDER - COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Leo & Fay Bernard  
2008 N. Fowler Street  
Hobbs, NM 88240

2. Article Number (transfer from service label) 7007 2680 0000 5030 8756

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Fay Bernard  Agent  Addressee

B. Received by (Printed Name) FAY BERNARD C. Date of Delivery 3-18-08

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

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

4. Restricted Delivery? (Extra Fee)  Yes

MZ  
F.  
7007 2680 0000 5030 8756

March 14, 2008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Leo & Fay Bernard  
2008 N. Fowler Street  
Hobbs, NM 88240

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,



James M. Hill (Mike)  
Operations Engineer

Enclosure

M, 7007 2680 0000 5030 8763  
F, 7007 2680 0000 5030 8763

U.S. Postal Service  
**CERTIFIED MAIL**  
 (Domestic Mail Only)  
 OFFICE

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) 5  
 Total Pk \_\_\_\_\_

Sent to  
 Sun-West Oil  
 P.O. Box 168  
 Midland, TX

Street, Apt. or P.O. Box  
 City, State

**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:  
 Sun-West Oil & Gas, Inc.  
 P.O. Box 1684  
 Midland, TX 79702

2. Article Number (Transfer from service label)  
 7007 2680 0000 5030 8763

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name):  
 J.M. Hill

C. Date of Delivery  
 3/10/08

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

March 14, PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

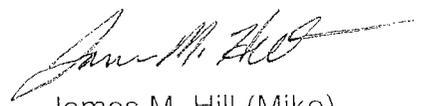
Sun-West Oil & Gas, Inc.  
 P.O. Box 1684  
 Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

  
 James M. Hill (Mike)  
 Operations Engineer

Enclosure

7007 2680 0000 5030 8749

**CERTIFIED MAIL**  
 (Domestic Mail Only - No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) 5.38  
 Total P. \_\_\_\_\_

Sent To  
 Conquistador Petroleum  
 P.O. Box 1684  
 Midland, TX 79702

Street, Apt or PO Box  
 Midland, TX 79702

City, State

**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:  
 Conquistador Petroleum LLC  
 P.O. Box 1684  
 Midland, TX 79702

2. Article Number  
 (Transfer from service label) 7007 2680 0000 5030 8749

March 14, 2008

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*[Signature]*

B. Received by (Printed Name)  
*Lee Saunders*

C. Date of Delivery  
*3/14/08*

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

Conquistador Petroleum LLC  
 P.O. Box 1684  
 Midland, TX 79702

Gentlemen;

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates Petroleum Corporation Cigarillo SWD No. 1 located in Unit E, Section 36-T23S-R27E of Eddy County New Mexico.

Should you have any questions, please feel free to contact me at (575) 748-4219.

Sincerely,

*[Signature]*

James M. Hill (Mike)  
 Operations Engineer

Enclosure

# Affidavit of Publication

NO. 20112

STATE OF NEW MEXICO

County of Eddy:

GARY D. SCOTT being duly

sworn, says: That he is the PUBLISHER of The

Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

### Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for

1 Consecutive week/days on the same day as follows:

- First Publication March 16, 2008
- Second Publication \_\_\_\_\_
- Third Publication \_\_\_\_\_
- Fourth Publication \_\_\_\_\_
- Fifth Publication \_\_\_\_\_

Subscribed and sworn to before me this 28th Day March 2008

Amanda K. Ramba  
Notary Public, Eddy County, New Mexico

My Commission expires April 5, 2011

# Copy of Publication:

Yates Petroleum Corporation, 105 South Fourth Street, Artesia, NM 88210, has filed form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for an injection well. The proposed well the Cigarillo SWD No. 1 located 1,980' FNL & 1,980' FEL, Unit G, Section 36, Township 23 South, Range 27 East of Eddy County, New Mexico, will be used for salt-water disposal. Disposal waters from the Delaware, Bone Spring, Strawn, Atoka and Morrow will be re-injected into the Devonian Dolomite at a depth of 13,565'-13,656' with a maximum pressure of 2,600 psi and a maximum rate of 8,000 BWPD.

All interested parties opposing the aforementioned must file objections or requests for a hearing with the Oil Conservation Division, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505-5472, within 15 days. Additional information can be obtained by contacting James M. Hill at (505) 748-4219.

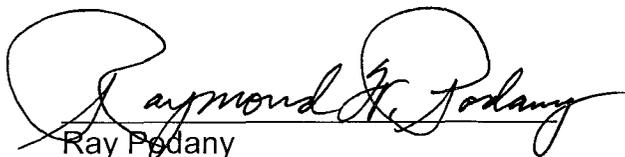
Published in the Artesia Daily Press, Artesia, N.M. March 16, 2008.

Legal 20112

**Attachment G**

C-108 Application for Authorization to Inject  
Yates Petroleum Corporation  
Cigarillo SWD #1  
API No. 30-015-21643  
Unit G Sec. 36, T23S, R27E  
Eddy County, New Mexico

Available engineering and geological data have been examined and no evidence of open faults of hydrologic connection between the disposal zone and any underground sources of drinking water has been found.



Ray Godany  
Geologist  
Yates Petroleum Corporation

3-17-2008  
Date

NO OF COPIES RECEIVED	
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DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

OCT 23 1975

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS O. C. C. ARTESIA, OFFICE

OIL WELL  GAS WELL  OTHER  **Drilling**

Name of Operator: Coquina Oil Corporation

Address of Operator: P. O. Drawer 2960, Midland, TX 79701

Location of Well: UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 23-S RANGE 27-E NMPM.

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
L-4679

7. Unit Agreement Name

8. Farm or Lease Name  
HNG State

9. Well No.  
1

10. Field and Pool, or Wildcat  
Wildcat

12. County  
Eddy

15. Elevation (Show whether DF, RT, GR, etc.)  
3137 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Drilling to completion</u> <input checked="" type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spudded Oct 8, 1975, @ 1:30 PM. October 9, drld 17 1/2" hole to 501', ran 13 jts of 13 3/8" 68# K-55 STC 8rd casing, landed @ 500.09'. Cemented w/325 sxs Howco Lite Wate & 150 sxs Class C w/1/4# Flocele, 2% CaCl<sub>2</sub> in all cement. Circ 40 sxs to pit. Plug displacement w/70 bbls FW. Plug down @ 9:20 AM, 10-9-75. WOC 18 hrs. Tested to 500 psi - held OK. October 17, drilled 12 1/4" hole to 2956'. Ran 73 jts 9 5/8" 36# K-55 LTC 8rd casing, landed @ 2953.82'. Cemented w/800 sxs Howco Lite Wate, 5# Gilsonite/sx + 200 sxs Class C, 2% CaCl<sub>2</sub> & 1/4# Flocele in all cement. Displaced w/228 BFW. Plug down @ 7:55 PM, Oct 15. WOC 18 hrs. Tested 1500 psi - Held OK. October 19, drlg ahead w/8 1/2" hole @ 4067' - No problems.

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

SIGNED C. Alan Bump C. Alan Bump TITLE Engineering Assitant DATE 10-21-75

APPROVED BY W. R. Gressett TITLE SUPERVISOR, DISTRICT II DATE OCT 24 1975

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
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INTAKE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-105  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

**RECEIVED**

DEC 5 1975

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-4679
7. Unit Agreement Name
8. Farm or Lease Name HNG State
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Eddy

**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.)

**O. O. O.**  
**ARTESIA, OFFICE**

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Coquina Oil Corporation ✓
3. Address of Operator P. O. Drawer 2960, Midland, TX 79701
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>23-S</u> RANGE <u>27-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3137 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Drilling to completion</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spueede October 8, 1975 @ 1:30 PM. 10-9-75, drld to 501'. Ran 13 jts 13 3/8" 68# K-55 STC 8rd casing, landed @ 500.09'. Cemented w/325 sxs Howco Lite Wate & 150 sxs Class C w/1/4# flocele, 2% CaCl<sub>2</sub> in all cement. Circ 40 sx to pit. Plug displacement w/70 bbls FW. PD @ 9:20 AM, 10-9-75. WOC 18 hrs. Tested to 500 psi - held OK. 10-17-75, drld 12 1/4" hole to 2956'. Ran 73 jts 9 5/8" 36# K-55 LTC 8rd casing, landed @ 2958.82'. Cemented w/800 sxs Howco Lite Wate, 5# Gilsonite/sx + 200 sxs Class C 2% CaCl<sub>2</sub> & 1/4# flocele in all cement. Displaced w/228 BFW. Plug down @ 7:55 PM, 10-17-75. WOC 18 hrs. Tested 1500 psi. Held OK. 12-3-75, drld 8 3/4" hole to 12,736'. Prep to run DST's.

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

SIGNED C. Alan Bump TITLE Engineering Assistant DATE Dec. 4, 1975  
 APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE DEC 8 1975  
 CONDITIONS OF APPROVAL, IF ANY:

EDDY  
COQUINA OIL CORP.

Wildcat  
1 HNG State  
Sec 36, T23S, R27E

NM  
Page #3

12-16-75 Continued  
SP-DST (Morrow) 12,256-306', Pkr Failed  
SP-DST (Morrow) 12,167-380', open 1 hr 15  
mins, rec 3060' WB + 6768' HGCM, 1 hr ISIP  
4436#, FP 2763-3078#, 2 hr FSIP 4908#, HP  
6180-6119#, BHT 190 deg  
SP-DST (Morrow) 12,167-380', open 4 hrs 15  
mins, rec 240' very sli GCM, 1 hr ISIP 4782#,  
FP 2921-2952#, 4 hr FSIP 4940#, HP 6150-6150#,  
BHT 200 deg  
12-22-75 TD 12,965'; Dry & Abandoned  
LOG TOPS: Delaware 2350', Bone Spring 5915',  
Wolfcamp 9270', Pennsylvanian 10,740', Strawn  
10,950', Atoka 11,235', Morrow Lime 11,955',  
12-3-4 NM

12-22-75 Continued  
Morrow Sand 12,095'  
12-27-75 COMPLETION ISSUED

12-4-4 NM  
IC 30 015 70053 75

NO. OF COPIES RECEIVED		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

RECEIVED

JAN 5 1976

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-4679
7. Unit Agreement Name
8. Farm or Lease Name HNG-State
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Eddy

**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. OIL WELL  GAS WELL  OTHER- Dry Hole **ARTESIA OFFICE**

2. Name of Operator  
Coquina Oil Corporation ✓

3. Address of Operator  
P.O. Drawer 2960, Midland, TX 79701

4. Location of Well  
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM  
THE East LINE, SECTION 36 TOWNSHIP 23-S RANGE 72-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3137 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

December 16, 1975, Plug Dry Hole as Follows:

Plug No.	Depth	No. of Sacks
1	12000'-12100'	40
2	11,100'-11200'	40
3	10,650'-10,750'	40
4	9220'-9320'	40
5	6800'-6900'	40
6	5800'-5900'	40
7	2900'-3000'	40
8	Surface Plug	10

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

SIGNED [Signature] TITLE Engineering Assistant DATE January 2, 1976

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**Jones, William V., EMNRD**

---

**From:** Mike Hill [mhill@YPCNM.COM]  
**Sent:** Thursday, May 08, 2008 2:22 PM  
**To:** Jones, William V., EMNRD  
**Subject:** FW: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643  
**Attachments:** Cigarillo SWD 1 after(HNG).doc

Hi Will

I think this drawing is exactly like the legal notice that was sent to the paper and described in the application.

Thanks again,

Mike

Hi Will;

Sorry about that, the original plan was to perforate the Devonian, but cementing and lost circulations concerns made the open hole option more practical.

The Geologist thinks we will pick up the Devonian top at +/- 13,450' if that is correct our TD will be at 13,500'.

We will set the Casing just above the top of the Dolomite and drill down into the dolomite a short distance +/- 50' and inject into the open hole.

I hope this is what you needed; once again sorry about the omission and the mistake.

If you need any thing else please let me know.

Mike

-----Original Message-----

**From:** Jones, William V., EMNRD [mailto:William.V.Jones@state.nm.us]  
**Sent:** Wednesday, May 07, 2008 2:35 PM  
**To:** Mike Hill  
**Subject:** RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hey Mike:

This diagram does not show any Open Hole interval in the Devonian - is this correct? I thought the application said Yates would re-enter, set pipe, and drillout, and inject?

William V. Jones PE  
New Mexico Oil Conservation Division  
1220 South St. Francis  
Santa Fe, NM 87505  
505-476-3448

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**From:** Mike Hill [mailto:mhill@YPCNM.COM]  
**Sent:** Wednesday, May 07, 2008 2:19 PM  
**To:** Jones, William V., EMNRD  
**Subject:** RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

5/12/2008

Hi Will;

I think this is the drawing you need.

I think that the Financial Assurance issues will be cleared up by Friday. The foster well stuff has been sent to our insurance company and they have sent it overnight it to Santa Fe. The other well is back on production and we sent our reports today so we should be good to go by Friday.

If you need anything let me know.

Mike

-----Original Message-----

**From:** Jones, William V., EMNRD [mailto:William.V.Jones@state.nm.us]

**Sent:** Wednesday, May 07, 2008 8:33 AM

**To:** Mike Hill

**Cc:** Ezeanyim, Richard, EMNRD; Warnell, Terry G, EMNRD; Brooks, David K., EMNRD

**Subject:** SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hello Mike:

Just need:

- 1) After conversion Wellbore Diagram.
- 2) Let me know when Yates gets the Financial Assurance fixed with Dorothy Phillips here at OCD.

Thanks,

Will Jones

Yates Petroleum Corporation showed yesterday to have a few inactive wells needing financial assurance money to be posted with Dorothy Phillips of this Santa Fe OCD office 505-476-3461. You can click on the following link and see the wells needing attention as the "Y" in the far right column.

<http://www.emnrd.state.nm.us/OCD/OCDPermitting/Report/Stats/InactiveWellFinancialAssuranceReport.aspx?Operator=25575>

I am prohibited from releasing this injection permit until the additional bonding is posted - this can be done very rapidly, so I have the order prepared and ready for release.

FYI but not applicable to this well:

Applications in the past from Yates have simply stated that (for example) the affected parties are all or in part: "Yates companies" and no official notice was given. From now on, our attorney has advised us to require at least signed waivers from each Yates affected entity to be in our files for applications from one Yates entity where there are other Yates entities involved.

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5/12/2008

**Jones, William V., EMNRD**

**From:** Margrethe Hotter [mhotter@YPCNM.COM]  
**Sent:** Monday, May 12, 2008 4:12 PM  
**To:** Jones, William V., EMNRD  
**Subject:** RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hello William Jones,

The one well without bond is a well that went back on production (Apparejo), and I am told it is a timing issue, they cancelled the bond, but had not sent in the production numbers yet. They made sure and sent that in the same day I notified them when I got your email, so it ought to clear very soon. The bond for the Foster well was fed-ex'ed overnight and should have been there Thursday last week. I was told this morning that Dorothy Phillips is out of the office and will not be back until tomorrow (or Wednesday?). I don't know where our bond will be in her inbox, from personal experience those boxes seems to pile up more than normal when taking a day off, but hopefully it will not be too deep down.

Thank you for checking!

**Margrethe Hotter**

Area Engineer  
 Yates Petroleum Corporation  
 105 S. 4<sup>th</sup> St  
 Artesia, NM 88210  
 Tel. 575-748-4165  
 Cell. 575-706-0749  
 Fax. 575-748-4585

-----Original Message-----

**From:** Jones, William V., EMNRD [mailto:William.V.Jones@state.nm.us]  
**Sent:** Monday, May 12, 2008 1:58 PM  
**To:** Mike Hill; Margrethe Hotter; Phillips, Dorothy, EMNRD  
**Cc:** Ezeanyim, Richard, EMNRD; Macquesten, Gail, EMNRD  
**Subject:** RE: SWD Application from Yates Petroleum Corporation: Cigarillo SWD Well No. 1 API No. 30-015-21643

Hello Mike and Margrethe:

Thought I could release your two SWDs today - but the financial assurance still shows at least two wells without bonds.

I will check again on Friday, or release when Dorothy Phillips assures me this is corrected.

Thanks,

William V. Jones PE  
 New Mexico Oil Conservation Division  
 1220 South St. Francis  
 Santa Fe, NM 87505  
 505-476-3448

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5/12/2008

**Injection Permit Checklist 2/8/07**

**SWD Order Number** \_\_\_\_\_ **Dates: Division Approved** \_\_\_\_\_ **District Approved** \_\_\_\_\_  
**Well Name/Num:** CIGARILLO SWD #1 **Date Spudded:** WAS COQUINA OIL CORPS  
7/8/75 HUG STATE NO. 1

**API Num:** (30-) 015-21643 **County:** EDDY  
**Footages** 1980 FNL/1980 FEL **Sec** 36 **Tsp** 235 **Rge** 27E

ⓔ

**Operator Name:** Y.P.C. **Contact:** MIKE HILL

**Operator Address:** 105 S. 4th St. ART. No. 88210

**Current Status of Well:** PEAED **Planned Work:** REENTER & REPAIR WELL ~ 60' **Inj. Tubing Size:** 27/8" @ 13500'

	Hole/Pipe Sizes	Depths	Cement	Top/Method
Surface	13 3/8	500	475	CIRC
Intermediate	9 5/8	2958	1000	(PEAED 21977)
Production	8 1/2"	(12965 TD)		1975
Last DV Tool				
Open Hole/Liner				
Plug Back Depth				

**Diagrams Included (Y/N):** Before Conversion  After Conversion   
**Checks (Y/N):** Well File Reviewed  ELogs in Imaging

Intervals:	Depths	Formation	Producing (Yes/No)
<del>Salt/Potash</del>	OK		
<del>Capitan Reef</del>	OK		
Cliff House, Etc.			
Formation Above			
Top Inj Interval	13500	Dew	NO
Bottom Inj Interval	13665	Dew	NO
Formation Below			

*will run 5 1/2" @ 6 miles West of LOVING, NM*

2713 PSI Max. WHIP  
 1/2" Open Hole (Y/N)  
 NO Deviated Hole (Y/N)

13565  
 2  
 17130

**Fresh Water:** Depths: 0-50 Wells(Y/N) NO Analysis Included (Y/N): \_\_\_\_\_ Affirmative Statement   
**Salt Water Analysis:** Injection Zone (Y/N/NA) \_\_\_\_\_ DispWaters (Y/N/NA) \_\_\_\_\_ Types: DAL/BS/STRM/ATRA  
**Notice:** Newspaper(Y/N) \_\_\_\_\_ Surface Owner SLO Mineral Owner(s) TRAINER / Gov. / P&Z / OG / Roy  
 Other Affected Parties: WILKINSON ENT. / ROY G. BARTON / HUGHES / SULLIVAN / WILSON / ARK / WILKINSON  
**AOR/Repairs:** NumActiveWells 0 Repairs? \_\_\_\_\_ Producing in Injection Interval in AOR \_\_\_\_\_  
 AOR Num of P&A Wells 0 Repairs? \_\_\_\_\_ Diagrams Included? \_\_\_\_\_ RBDMS Updated (Y/N) \_\_\_\_\_  
 Well Table Adequate (Y/N) Y AOR STRs: Sec \_\_\_\_\_ Tsp \_\_\_\_\_ Rge \_\_\_\_\_ UIC Form Completed (Y/N)   
 New AOR Table Filename \_\_\_\_\_ Sec \_\_\_\_\_ Tsp \_\_\_\_\_ Rge \_\_\_\_\_ This Form completed 5/6/08  
**Conditions of Approval:** Sec \_\_\_\_\_ Tsp \_\_\_\_\_ Rge \_\_\_\_\_ Data Request Sent 5/6/08

File New LOGS  
News NOTICE  
AFTER CONV. W&D

**AOR Required Work:** Commercial?

**Required Work to this Well:** \_\_\_\_\_