

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] ☐ Offset Operators, Leaseholders or Surface Owner

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

[D] ☒ Notification and/or Concurrent Approval by BLM 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

RECEIVED
2008 JUN 19 PM 1 31

[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.

MAYTE BEVEL
Print or Type Name

Mayte Bevel
Signature

Production Clerk 6-16-08
Title Date

mayte@ypcnm.com
e-mail Address

District I
1625 N. French Drive, Hobbs, NM 88240

District II
1301 W. Grand Ave, Artesia, NM 88210

District III
1000 Rio Brazos Road, Aztec, NM 87410

District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C- 107-B
_____, 200-

OIL CONSERVATION DIVISION

1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: YATES PETROLEUM CORPORATION

OPERATOR ADDRESS: 105 SOUTH 4TH STREET ARTESIA NM 88210

APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☐ State ☒ Federal

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

Has the Comm. of Public Lands (BLM) and State Land office (SLO) consented in writing to the proposed commingling Yes No

(A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production	Value of Non- Commingled Production	Calculated Value of Commingled Production	Volumes

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

(3) Are all working, royalty and overriding royalty interests common between pools? ☐ Yes ☐ No

(4) Include proof of notice to all interests if the answer to No. 3 is "No".

(5) Measurement type: ☐ Metering ☐ Well Test ☐ Subtraction Method

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

(B) LEASE COMMINGLING

Please attach sheets with the following information

(1) Pool Name and Code.

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

(3) Are all working, royalty and overriding royalty interests common between leases? ☐ Yes ☒ No

(4) Include proof of notice to all interests if the answer to No. 3 is "No".

(5) Measurement type: ☒ Metering ☒ Well Test ☐ Subtraction Method (only when No. 3 is "Yes")

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

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

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

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

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

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

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

(4) If production is to be measured by well test, include testing frequency.

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

SIGNATURE: Mayte Reyes

TITLE: PRODUCTION CLERK

DATE: 6-16-08

TYPE OR PRINT NAME MAYTE REYES

TELEPHONE NO.: (505) 748-4213

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Gas
☒ Well ☐ Well ☐ Other

2. Name of Operator

Yates Petroleum Corporation

3. Address and Telephone No.

105 South Fourth Street, Artesia, NM 88210 (505) 7481471

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1680' FNL 1980' FEL (SWNE) Unit G Sec 28 T18S R29E

5. Lease Designation and Serial No.

NMLC067348

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Dixon Yates LM Federal #1

9. API Well No.

30-015-23272

10. Field and Pool, or Exploratory Area

Loco Hills - Wolfcamp

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Surface Commingle

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well completion or Recompletion Report and Log Form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Yates Petroleum Corporation respectfully request administrative approval to Surface Commingle diversely owned production from the same pool and federal Lease.

Dixon Yates LM Federal #1
Sec 28 T18S R29E
Loco Hills - Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-23272

Dixon & Yates LM Federal Com #2
Sec 28 T18S R29E
Loco Hills - Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-32814

The battery is located at the Dixon & Yates LM Federal #2. Please see attached plat and site facility diagram.

Each well will have its own knock outs and oil, water production will be measured daily for allocation purposes. Each well also has its own gas check meters to be used for allocation.

Working interest owners are diversified and have been notified.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production. Estimated daily production for the Dixon Yates LM Federal #1 is 10 bbls of oil, and 20 mcf and for the #2 is 50 bbls of oil and 130 mcf.

The purpose of the surface commingling, is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries it will become necessary to built separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

The proposed commingling is necessary for economic operation of the above referenced lease.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

14. I hereby certify that the foregoing is true and correct

Signed

Mgt. Reyes

Title Production Secretary

Date June 16, 2008

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:



105 South 4th Street * Artesia, NM 88210

(505)-748-1471

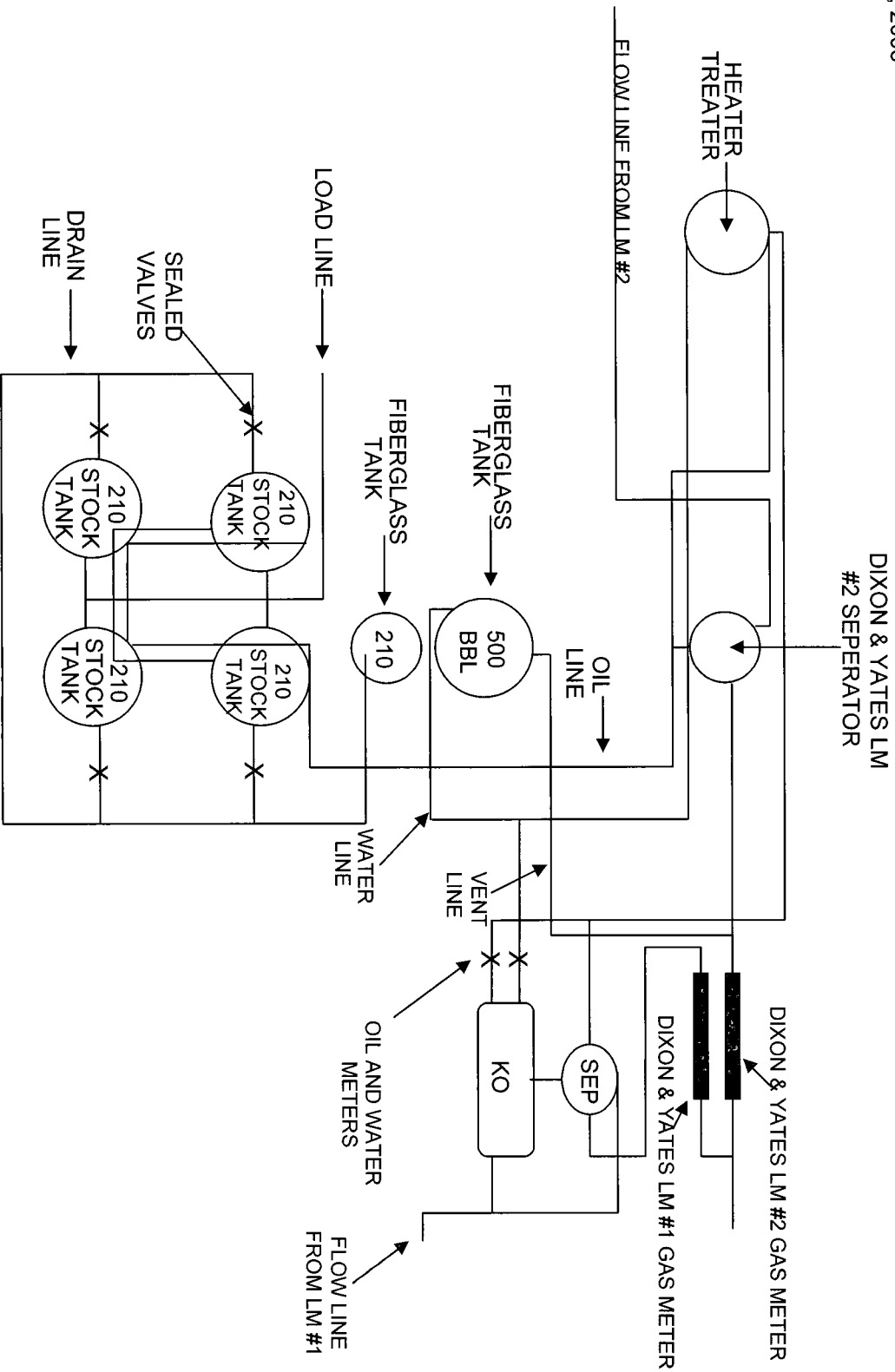
-Danny Matthews

June, 2008

DIXON & YATES LM #1 & #2 BATTERY

SEC 28 - T18S - R29E

Eddy County, New Mexico



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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator YATES PETROLEUM CORPORATION			Lease DIXON-YATES LM FEDERAL		Well No. 1
Unit Letter G	Section 28	Township 18S	Range 29E	County NMPM	Eddy
Actual Footage Location of Well: 1680 feet from the North line and 1980 feet from the East line					
Ground level Elev. 3438'	Producing Formation Wolfcamp		Pool Loco Hills Unders. Wolfcamp		Dedicated Acreage: 40-320 Acres

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

YATES	
LC-067348	1680'
J.H. Trigg et al NM 020752	1980'

OPERATOR CERTIFICATION

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

Signature
Juanita Goodlett
Printed Name
Juanita Goodlett
Position
Production Supvr.
Company
Yates Petroleum Corporation
Date
7-28-89

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

REFER TO ORIGINAL PLAT

Signature & Seal of
Professional Surveyor

Certificate No.

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

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☒ **AMENDED REPORT****WELL LOCATION AND ACREAGE DEDICATION PLAT**

¹ API Number 30-015-32814	² Pool Code 39990	³ Pool Name Loco Hills; Wolfcamp
⁴ Property Code 32429	⁵ Property Name Dixon & Yates LM Federal Com	⁶ Well Number 2
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 3470' GL

¹⁰ Surface Location

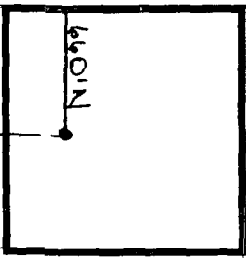
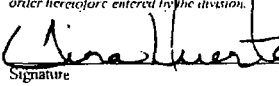
U/L or lot no. C	Section 28	Township 18S	Range 29E	Lot Idn	Feet from the 660	North/South line North	Feet from the 1650	East/West line West	County Eddy
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¹¹ Bottom Hole Location If Different From Surface

U/L or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16					17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature February 26, 2008 Date Tina Huerta Printed Name
					18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor. Certificate Number

OK 3/3/08CS

Property : 020920 002 DIXON & YATES LM FED COM #2
Deck : M1 MASTER DECK
Effective month/year : 02 / 2004
Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
094800	00	094800	BLENDEN, DICK A.		.02109375	01 WOR	ST				
115251	00	115251	CROSSLAND OIL & GAS		.00322266	01 WOR	ST				
226310	00	226310	DAVIS, IRMA LEOTA, A		.00922852	01 WOR	ST				
275125	00	275125	E.G.L. RESOURCES, IN		.04687500	01 WOR	ST				
422659	00	422659	HINKLE, HARRY B.		.00644531	01 WOR	ST				
439505	00	439505	HOPP, VERGIL WESLEY,		.00922851	01 WOR	ST				
703495	00	703495	PETROYATES, INC.		.03691406	01 WOR	ST				
775185	00	775185	SACRAMENTO PARTNERS		.03691406	01 WOR	ST				
797400	00	797400	SHARBRO OIL LTD. CO.		.03076196	01 WOR	ST				
797400	01	797400	SHARBRO OIL LTD. CO.		.06767603	01 WOR	ST				

More...

Total Yates: .67489832

1.00000000

F3=Exit F10=Sort by type F12=Previous
F9=Fold/Unfold

F22=Summarize F24=By Burden

Property : 020920 002 DIXON & YATES LM FED COM #2
Deck : M1 MASTER DECK
Effective month/year : 02 / 2004
Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
949938	00	949938	WESTMORELAND, TODD E		.00322266	01 WOR	ST				
999900	00	999900	YATES PETROLEUM CORP		.45067933	01 WOR	CO				
999900	02	999900	YATES PETROLEUM CORP		.06152319	01 WOR	CO				
611540	00	999900	MINERALS MANAGEMENT		.12500000	02 ROY	GI			02	
053580	00	999900	BAILEY, JEANNINE,		.00068359	03 ORR	ST			01	
194235	00	999900	CONLEY, PATRICIA ANN		.00225586	03 ORR	ST			01	
267900	00	999900	DUGGAN, MARY DOROTHE		.00398762	03 ORR	ST			01	
510430	00	999900	KOONTZ, GLADYS ANNE		.00142414	03 ORR	ST			01	
533420	00	999900	LEWIS, BETTY L. TRUS		.00136719	03 ORR	ST			01	
583801	00	999900	LAREDO GERTRUDE MCKI		.00317871	03 ORR	ST			01	

More...

Total Yates: .67489832

1.00000000

F3=Exit F10=Sort by type F12=Previous
F9=Fold/Unfold

F22=Summarize F24=By Burden

Property : 020920 002 DIXON & YATES LM FED COM #2
 Deck : M1 MASTER DECK
 Effective month/year : 02 / 2004
 Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
608406	00	999900	MILLER, DAVID SCOTT		.00069580	03 ORR	ST				01
608710	00	999900	MILLER, EVELYN DOROT		.00317871	03 ORR	ST				01
608805	00	999900	MILLER, JOHN WILLIAM		.00225586	03 ORR	ST				01
610405	00	999900	MILLER, JAMES ROBERT		.00225586	03 ORR	ST				01
637600	00	999900	HOVER-SMOOT, JULIA A		.02734375	03 ORR	ST				01
670800	00	999900	OGLESBY, MARY VIRGIN		.00068359	03 ORR	SA				01
670800	01	999900	OGLESBY, MARY VIRGIN		.00068359	03 ORR	SA				01
703495	01	999900	PETROYATES, INC.		.00156250	03 ORR	ST				01
756612	00	999900	ROBERSON, LUCIE, IND		.00068359	03 ORR	ST				01
899308	00	999900	TRIGG OIL & GAS LIM		.00312500	03 ORR	ST				01

More...

Total Yates: .67489832

1.00000000

F3=Exit F10=Sort by type F12=Previous
 F9=Fold/Unfold

F22=Summarize F24=By Burden

WELD75

Revenue Division Order Inquiry

6/16/08

14:02:44

Property : 020920 002 DIXON & YATES LM FED COM #2
Deck : M1 MASTER DECK
Effective month/year : 02 / 2004
Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
987155	00	999900	WRIGHT, ANN ELIZABET		.00225586	03 ORR	ST		01		
991001	01	999900	YATES BROTHERS		.02734375	03 ORR	ST		01		
012490	00	999900	ALLEN, NANCY J., AS		.00208333	04 PRO	ST		01		
210460	00	999900	CROFT, SUSAN J., AS		.00208333	04 PRO	ST		01		
471270	00	999900	JENNINGS, JAMIE E.,		.00208333	04 PRO	ST		01		

Bottom

Total Yates: .67489832

1.00000000

F3=Exit F10=Sort by type F12=Previous
F9=Fold/Unfold

F22=Summarize F24=By Burden

Property : 020920 001 DIXON & YATES LM FEDERAL #1
 Deck : M1 MASTER DECK
 Effective month/year : 05 / 1989
 Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
094800	00	094800	BLENDEN, DICK A.		.04614260	01 WOR PA					
115251	00	115251	CROSSLAND OIL & GAS		.00416590	01 WOR PA					
226310	00	226310	DAVIS, IRMA LEOTA, A		.00922850	01 WOR PA					
267900	00	267900	DUGGAN, MARY DOROTHE		.02916110	01 WOR PA					
422659	00	422659	HINKLE, HARRY B.		.00833180	01 WOR PA					
439505	00	439505	HOPP, VERGIL WESLEY,		.00922850	01 WOR PA					
582070	00	582070	MCGEHEARTY, SHIRLEY		.01620060	01 WOR PA					
703495	00	703495	PETROYATES, INC.		.04665780	01 WOR PA					
775185	00	775185	SACRAMENTO PARTNERS		.04665780	01 WOR PA					
797400	00	797400	SHARBRO OIL LTD. CO.		.06221050	01 WOR PA					

More...

Total Yates: .59742060

1.00000000

F3=Exit F10=Sort by type F12=Previous
 F9=Fold/Unfold

F22=Summarize F24=By Burden

Property : 020920 001 DIXON & YATES LM FEDERAL #1
 Deck : M1 MASTER DECK
 Effective month/year : 05 / 1989
 Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
797400	01	797400	SHARBRO OIL LTD. CO.		.06221050	01 WOR	PA				
899306	00	899306	TRIGG FAMILY TRUST U		.05273430	01 WOR	PA				
949938	00	949938	WESTMORELAND, TODD E		.00416580	01 WOR	PA				
999900	00	999900	YATES PETROLEUM CORP		.33468470	01 WOR	CO				
999900	01	999900	YATES PETROLEUM CORP	469	.04999050	01 WOR	CP				
611540	00	999900	MINERALS MANAGEMENT		.12500000	02 ROY	GI			02	
053580	00	999900	BAILEY, JEANNINE,		.00078120	03 ORR	PA			01	
533420	00	999900	LEWIS, BETTY L. TRUS		.00156250	03 ORR	PA			01	
583801	00	999900	LAREDO GERTRUDE MCKI		.00781250	03 ORR	PA			01	
608710	00	999900	MILLER, EVELYN DOROT		.00781250	03 ORR	PA			01	

More...

Total Yates: .59742060

1.00000000

F3=Exit F10=Sort by type F12=Previous
 F9=Fold/Unfold

F22=Summarize F24=By Burden

WELD75

Revenue Division Order Inquiry

6/16/08
14:02:17

Property : 020920 001 DIXON & YATES LM FEDERAL #1
Deck : M1 MASTER DECK
Effective month/year : 05 / 1989
Inflation factor : .00000000

Owner#	Sq	Burden	Owner Name	Inter Co#	Interest	Int Type	Py St	WP Ct	Ex Cl	Py Ot	Rt Cd
637600	00	999900	HOVER-SMOOT, JULIA A		.03125000	03 ORR PA			01		
670800	00	999900	OGLESBY, MARY VIRGIN		.00156250	03 ORR SA			01		
756612	00	999900	ROBERSON, LUCIE, IND		.00078130	03 ORR PA			01		
991001	00	999900	YATES BROTHERS		.04166660	03 ORR PA			01		

Bottom

Total Yates: .59742060

1.00000000

F3=Exit

F10=Sort by type

F12=Previous

F9=Fold/Unfold

F22=Summarize F24=By Burden

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

June 16, 2008

Re: Surface Commingle
Loco Hills – Wolfcamp
Eddy County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation respectfully request administrative approval to Surface Commingle diversely owned production from the same pool and federal Lease.

Federal

Dixon Yates LM Federal #1
Sec 28 T18S R29E
Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-23272

Federal

Dixon & Yates LM Federal Com #2
Sec 28 T18S R29E
Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-32814

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Each well will have its own knock outs and oil, water production will be measured daily for allocation purposes. Each well also has its own gas check meters to be used for allocation.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The purpose of the Surface Commingling, is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries it will become necessary to built separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

The proposed commingling is necessary for economic operation of the above referenced lease.

Any objection must be filed in writing with District Office within 20 days from the date the division received the application.

If you should have any questions, please give me a call at (505) 748-4213 (direct line).

Sincerely,

I hereby approve this application

Mayte Reyes
Production Clerk

Company: Attorney in Fact for YPC, Partners of Yates Brothers, a Partnership.

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

June 16, 2008

Re: Surface Commingle
Loco Hills – Wolfcamp
Eddy County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation respectfully request administrative approval to Surface Commingle diversely owned production from the same pool and federal Lease.

Federal

Dixon Yates LM Federal #1
Sec 28 T18S R29E
Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-23272

Federal

Dixon & Yates LM Federal Com #2
Sec 28 T18S R29E
Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-32814

The battery is located at the Dixon & Yates LM Federal #2.

Each well will have its own knock outs and oil, water production will be measured daily for allocation purposes. Each well also has its own gas check meters to be used for allocation.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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If you should have any questions, please give me a call at (505) 748-4213 (direct line).

Sincerely,

I hereby approve this application

Mayte Reyes
Production Clerk

Company: SACRAMENTO PARTNERS

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

June 16, 2008

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Eddy County, New Mexico

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Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-23272

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Sec 28 T18S R29E
Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
API#30-015-32814

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Sincerely,

I hereby approve this application

Mayte Reyes
Production Clerk

Company: SARBRO OIL LTD. CO.

RANDY G. PATTERSON
SECRETARY

DAVID LANNING
CHIEF OPERATING OFFICER

DENNIS G. KINSEY
TREASURER

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.
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June 16, 2008

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Sec 28 T18S R29E
Loco Hills – Wolfcamp
Eddy County, NM
Federal Lease # NMLC067348
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If you should have any questions, please give me a call at (505) 748-4213 (direct line).

Sincerely,

Mayte Reyes
Production Clerk



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

ADDRESS SERVICE REQUESTED



7007 0710 0000 3415 9615
7007 0710 0000 3415 9615

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

For: Dixon & Yates LM Federal #1 & #2
Surface Commingle
Mayte - Production
June 17th

Rc: (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total:

Sent To: Blenden, Dick A.
Street, Apt or PO Box: 208 W. Stevens
City, State: Carlsbad, NM 88221

PS Form 3800, August 2006 See Reverse for Instructions



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9608
7007 0710 0000 3415 9608

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

For: Dixon & Yates LM Federal #1 & #2
Surface Commingle
Mayte - Production
June 17th

Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total P:

Sent To: Crossland Oil & Gas
Street, Apt or PO Box: P.O. Box #600070
City, State: Dallas, TX 75360

PS Form 3800, August 2006 See Reverse for Instructions

Certified Mail
A mailing receipt
A unique identifier for
A record of delivery
Important Reminders:
Certified Mail may ONLY be used for delivery of valuables, please consult your carrier for additional fee, a delivery, To obtain Return Receipt (PS Form 3811), fee, Endorsement, a duplicate return receipt is required.
For an additional fee, addressee's authorized endorsement, "Restricted", if a postmark on the Certificate at the post office, receipt is not needed.
IMPORTANT: Save this receipt
PS Form 3800, August 2006/7

PS Form 3811, February 2004
(Transfer from service label)
2. Article Number
7007 0720 0000 3425 9608
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Crossland Oil & Gas
P.O. Box #600070
Dallas, TX 75360

■ 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name)
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
☐ Registered
☐ Insured Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Certified Mail Provl
A mailing receipt
A unique identifier for
A record of delivery
Important Reminders:
Certified Mail may ONLY be used for delivery of valuables, please consult your carrier for additional fee, a delivery, To obtain Return Receipt (PS Form 3811), fee, Endorsement, a duplicate return receipt is required.
For an additional fee, addressee's authorized endorsement, "Restricted", if a postmark on the Certificate at the post office, receipt is not needed.
IMPORTANT: Save this receipt
PS Form 3800, August 2006/7

PS Form 3811, February 2004
(Transfer from service label)
2. Article Number
7007 0720 0000 3425 9625
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Blenden, Dick A.
208 W. Stevens
Carlsbad, NM 88221

■ 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name)
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
☐ Registered
☐ Insured Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Davis, Irma Leota, A
2702 58th Street
Lubbock, TX 79413

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9592

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail
A mailing receipt
A unique identification number
A record of the item's delivery
Important Return Receipt
For an additional fee, Endorsement Receipt (PS Form 3800, August 2004)
If a postmark, receipt is not required.
For an additional fee, Endorsement Receipt (PS Form 3800, August 2004)
For an additional fee, Endorsement Receipt (PS Form 3800, August 2004)

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

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Duggan, Mary Dorothe
15 E Greenway Plaza Unit 12G
Houston, TX 77046-1504

2. Article Number

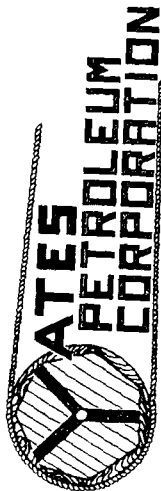
7007 0710 0000 3415 9585

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



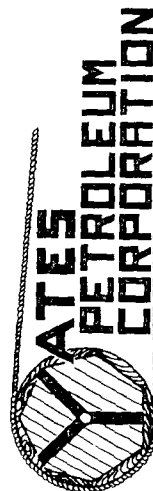
YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9592
7007 0710 0000 3415 9592

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Dixon & Yates LM Federal #1 & #2	
Surface Commingle	
Mayte - Production	
June 17th	
Restricted Delivery Fee (Endorsement Required)	
Total P:	
Sent To	Davis, Irma Leota, A
Street, Apt. or PO Box	2702 58 th Street
City, State	Lubbock, TX 79413
PS Form 3800, August 2006	
See Reverse for Instructions	

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9585
7007 0710 0000 3415 9585

U.S. Postal Service™	
CERTIFIED MAIL™	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Dixon & Yates LM Federal #1 & #2	
Surface Commingle	
Mayte - Production	
June 17th	
Restricted Delivery Fee (Endorsement Required)	
Total P:	
Sent To	Duggan, Mary Doris
Street, Apt. or PO Box	15 E Greenway Plaza
City, State	Houston, TX 77046
PS Form 3800, August 2006	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

E.G.L. Resources, IN
P.O. Box #10886
Midland, TX 79702

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Certified Mail P

Important Reminders

- A mailing receipt
- A unique identifier
- A record of delivery
- Certified Mail may be used for delivery of valuables, please use additional postage.
- For an additional fee, Endorsement Receipt (PS Form 3800, August 2004) may be used to obtain a duplicate return receipt.
- For an additional fee, Endorsement Receipt (PS Form 3800, August 2004) may be used to obtain a duplicate return receipt.
- If a postmark on the receipt is not needed, the receipt is not needed.

PS Form 3800, August 2004

PLACE STICKER ABOVE ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Hinkle, Harry B.
P.O. Box #8805
Midland, TX 79708

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 0710 0000 3415 9561



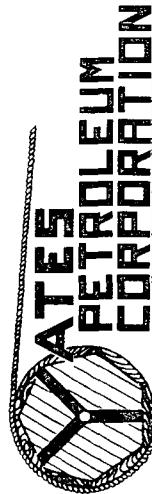
YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9578

7007 0710 0000 3415 9578

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
Dixon & Yates LM Federal #1 & #2	
Surface Commingle	
Mayte - Production	
Rel (Endorse)	June 17th
Restricted Delivery Fee (Endorsement Required)	
Total F	E.G.L. Resources, IN
Sent To	P.O. Box #10886
Street, # or PO B.	Midland, TX 79702
City, Sta.	
PS Form 3800, August 2006	
See Reverse for Instructions	



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9561

7007 0710 0000 3415 9561

U.S. Postal Service™	
CERTIFIED MAIL™	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For	Dixon & Yates LM F
	Surface Commingle
	Mayte - Production
	June 17th
f. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	Hinkle, Harry B.
Sent To	P.O. Box #8805
Street, # or PO B.	Midland, TX 7970
City, Sta.	
PS Form 3800, August 2006	

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:

Hopp, Vergil Wesley
P.O. Box# 1641
Arlington, TX 76004-1641

2. Article Number

7007 0710 0000 3415 9554

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery
- Important Reminder: Certified Mail is not insurable for additional value. To obtain delivery, PS Form 3800, August 1999, is not needed. For an additional fee, Endorsement required. For an additional fee, Endorsement required. For an additional fee, Endorsement required.

PS Form 3800, August 1999

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:

McGehearty, Shirley
3320 Avenue J.
Bar City, TX 77414

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) 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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) 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



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9554
7007 0710 0000 3415 9554

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For	
Dixon & Yates LM Federal #1 & #2	
Surface Commingle	
Mayte - Production	
June 17th	
Ret. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To	
Sent	Hopp, Vergil Wesley
Street, A or P.O. Box	P.O. Box# 1641
City, State	Arlington, TX 76004-1641
PS Form 3800, August 2006	
See Reverse for Instructions	



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9547
7007 0710 0000 3415 9547

U.S. Postal Service™	
CERTIFIED MAIL™	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For	
Dixon & Yates LM	
Surface Commingle	
Mayte - Production	
June 17th	
Ret. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total F	
Sent To	McGehearty, Shirli
Street, A or P.O. Box	3320 Avenue J.
City, State	Bar City, TX 774
PS Form 3800, August 2006	

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:

PETROYATES, INC.
P.O. BOX #1608
ALBUQUERQUE, NM 87103-1608

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9530

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

Postage Remittance
A mailing receipt
A unique identifier
Certified Mail is
insured by the
NO INSURANCE
values, please
For an additional
Receipt (PS Form
fee. Endorse ma
a duplicate return
required.
For an additional
addresser's aut
endorsement "F
If a postmark on
cle at the post
receipt is not ne

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Westmoreland, Todd E.
Oil & Gas Properties
P.O. Box #10107
Midland, TX 79702

2. Article Number

7007 0710 0000 3415 9523

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee)
☐ Yes



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

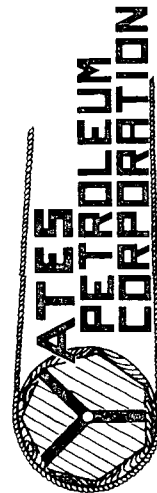
ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9530
7007 0710 0000 3415 9530

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For	Dixon & Yates LM Federal #1 & #2 Surface Commingle Mayte - Production June 17th
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	
Sent To	PETROYATES, INC. P.O. BOX #1608 ALBUQUERQUE, NM 87103-1608
Street, Ap or PO Box City, State	
PS Form 3800, August 2006 See Reverse for Instructions	

PET
P.O.
ALB

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9523
7007 0710 0000 3415 9523

U.S. Postal Service™ CERTIFIED MAIL™ (Domestic Mail Only; No Insurance Coverage Provided)	
For	Dixon & Yates LM Surface Commingle Mayte - Production June 17th
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	
Sent To	Westmoreland, T Oil & Gas Proper P.O. Box #10107 Midland, TX 79
Street, Ap or PO Box City, State	
PS Form 3800, August 2006	

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:

PETROYATES, INC.
P.O. BOX #1608
ALBUQUERQUE, NM 87103-1608

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9530

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Certified Mail

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

Important Reminder

- Certified Mail is
- NO INSURANCE
- For an additional fee, Endorsement required.
- For an additional fee, Endorsement required.
- For an additional fee, Endorsement required.
- If a postmark on receipt is not ne

IMPORTANT: Save

PS Form 3800, August

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Westmoreland, Todd E.
Oil & Gas Properties
P.O. Box #10107
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Frigg Family Trust U
P.O. Box #520
Roswell, NM 88202

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9516

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Certified Mail
A mailing receipt
A unique identifier
A record of delivery
Important Reminder
Certified Mail is
NO INSURANCE
For an additional
fee. Endorsement
required. For an additional
addressed to the
recipient is not
PS Form 3800, August

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

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:

Bailey, Jeannine
1321 CR 377
Rising Star, TX 76471

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type	
☒ Certified Mail	☐ Express Mail
☐ Registered	☐ Return Receipt for Merchandise
☐ Insured Mail	☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes	

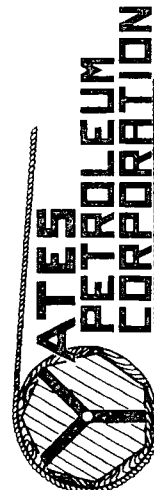


YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9516
7007 0710 0000 3415 9516

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery to:	Dixon & Yates LM Federal #1 & #2 Surface Commingle Mayte - Production June 17th
Ret. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	Frigg Family Trust U
Sent To	P.O. Box #520
Street, or PO Box	Roswell, NM 88202
City, St	
PS Form 3800, August 2006 See Reverse for Instructions	



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9509
7007 0710 0000 3415 9509

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery to:	Dixon & Yates LM Federal #1 & #2 Surface Commingle Mayte - Production June 17th
Ret. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Paid	Bailey, Jeannine
Sent To	1321 C R 377
Street, Apt. or PO Box	Rising Star, TX 7647
City, State	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ 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.

Conley, Patricia Ann
P.O. Box #123
Whites City, NM 88268

2. Article Number
7007 0720 0000 3425 9493
(Transfer from service label)

3. Service Type ☒ Certified Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

6. Is delivery address different from item 1? ☐ Yes ☐ No

7. Received by (Printed Name) C. Date of Delivery

8. Signature ☒ Addressee ☐ Agent

COMPLETE THIS SECTION ON DELIVERY

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ 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.

Koontz, Gladys Anne
2117 Savanna Court North
League City, TX

2. Article Number
7007 0720 0000 3425 9486
(Transfer from service label)

3. Service Type ☒ Certified Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

6. Is delivery address different from item 1? ☐ Yes ☐ No

7. Received by (Printed Name) C. Date of Delivery

8. Signature ☒ Addressee ☐ Agent

COMPLETE THIS SECTION ON DELIVERY

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Certified Mail

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

Important Reminders

- Certified Mail is for valuables, please use NO INSURANCE for an additional delivery. To obtain a duplicate return receipt, please use PS Form 3800, August 2003.
- For an additional address, use an endorsement.
- If a postmark or receipt is not needed, use PS Form 3800, August 2003.

IMPORTANT: Save

PS Form 3800, August 2003

Certified Mail

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

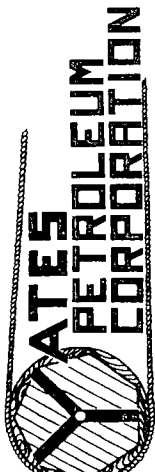
Important Reminders

- Certified Mail is for valuables, please use NO INSURANCE for an additional delivery. To obtain a duplicate return receipt, please use PS Form 3800, August 2003.
- For an additional address, use an endorsement.
- If a postmark or receipt is not needed, use PS Form 3800, August 2003.

IMPORTANT: Save

Form 3800, August 2003

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.



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

ADDRESS SERVICE REQUESTED



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

ADDRESS SERVICE REQUESTED

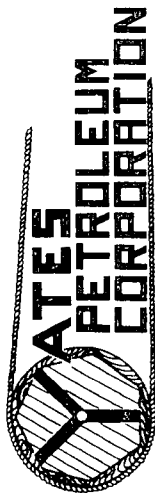
7007 0710 0000 3415 9493
7007 0710 0000 3415 9493

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery to:	Dixon & Yates LM Federal #1 & #2
	Surface Commingle
	Mayte - Production
	June 17th
Ret (Endorsement)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Conley, Patricia Ann
Street, Apt. 1 or PO Box No.	P.O. Box#123
City, State, Z	Whites City, NM 88268
PS Form 3800 August 2006 See Reverse for Instructions	

U.S. Postal Service™	
CERTIFIED MAIL™	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery to:	Dixon & Yates LM
	Surface Commingle
	Mayte - Production
	June 17th
Ret (Endorsement)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Koontz, Gladys Ann
Street, Apt. 1 or PO Box No.	2117 Savanna Court
City, State, Zip	League City, TX
PS Form 3800 August 2006	

7007 0710 0000 3415 9486
7007 0710 0000 3415 9486

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9479
7007 0710 0000 3415 9479

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

For delivery to:
Dixon & Yates LM Federal #1 & #2
Surface Commingle
Mayte - Production
June 17th

Return (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total P
Sent To: Lewis, Betty L. Trus
1220 Stockman Road
Williams, AZ 86046

PS Form 3800, August 2006 See Reverse for Instructions



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9462
7007 0710 0000 3415 9462

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

For delivery to:
Dixon & Yates LM
Surface Commingle
Mayte - Production
June 17th

Return (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Post:
Sent To: Laredo Gertrude MC
4113 Mount Pleasant
Kelso, WA 98626

PS Form 3800, August 2006

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Miller, Evelyn Dorothy
P.O. Box #1958
Ruidoso, NM 88355-1958

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9455

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identifier
■ A record of delivery
■ Certified Mail is insured for up to \$500. For an additional fee, you can purchase Registered Mail, which provides even greater protection. To obtain a receipt, please attach this card to the back of the mailpiece, or on the front if space permits.

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Miller, David Scott
2110 Mary Jo Drive
Battle Mountain, NV 89820

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 0710 0000 3415 9448

102595-02-M-1540



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9455
7007 0710 0000 3415 9455

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Dixon & Yates LM Federal #1 & #2	
Surface Commingle	
Mayte - Production	
June 17th	
Return (Endorser)	
Restricted Delivery Fee (Endorsement Required)	
Total P	
Sent To	Miller, Evelyn Dorothy
Street, or PO Box	P.O. Box #1958
City, State	Ruidoso, NM 88355-1958
PS Form 3800, August 2006	
See Reverse for Instructions	



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9448
7007 0710 0000 3415 9448

U.S. Postal Service™	
CERTIFIED MAIL™	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Dixon & Yates LM	
Surface Commingle	
Mayte - Production	
June 17th	
Return (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To	Miller, David Scott
Street, or PO Box	2110 Mary Jo Drive
City, State	Battle Mountain, NV
PS Form 3800, August 2006	

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A record of delivery
Important Reminders
■ Certified Mail must be paid for at the time of mailing.
■ NO INSURANCE for additional delivery. To obtain Receipt (PS Form 3811), Endorsement mail a duplicate return required.
■ For an additional addressee's address, endorsement "Radio" if a postmark on the receipt is not necessary.
IMPORTANT: Save
PS Form 3800, August 1998

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

2. Article Number 7007 0710 0000 3415 9424 (Transfer from service label)

1. Article Addressed to:
Miller James Robert
P.O. Box #1958
Ruidoso, NM 88355-1958

■ 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.

SENDER, COMPLETE THIS SECTION

A. Signature ☒ X
B. Received by (Printed Name)
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
☐ Insured Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLLOW AT DOTTED LINE.

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A record of delivery
Important Reminders
■ Certified Mail must be paid for at the time of mailing.
■ NO INSURANCE for additional delivery. To obtain Receipt (PS Form 3811), Endorsement mail a duplicate return required.
■ For an additional addressee's address, endorsement "Radio" if a postmark on the receipt is not necessary.
IMPORTANT: Save
PS Form 3800, August 1998

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

2. Article Number 7007 0710 0000 3415 9431 (Transfer from service label)

1. Article Addressed to:
Miller, John William
213 Borden Dr.
Madison, WI 53705-2512

■ 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.

SENDER, COMPLETE THIS SECTION

A. Signature ☒ X
B. Received by (Printed Name)
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
☐ Insured Mail
4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLLOW AT DOTTED LINE.



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

ADDRESS SERVICE REQUESTED

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

For delivery to:
Dixon & Yates LM Federal #1 & #2
Surface Commingle
Mayte - Production
June 17th

Retu. (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total _____

Sent To: Miller, John William
213 Bordner Dr.
Madison, WI 53705-2512

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0000 3415 9431
7007 0710 0000 3415 9431

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

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

For delivery to:
Dixon & Yates LM
Surface Commingle
Mayte - Production
June 17th

Ret. (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Pk _____

Sent To: Miller James Rober
P.O. Box #1958
Ruidoso, NM 8835

PS Form 3800, August 2006

7007 0710 0000 3415 9424
7007 0710 0000 3415 9424

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

2. Article Number
(Transfer from service label)
7007 0720 0000 3425 9400

1. Article Addressed to:
Oglesby, Mary Virgin
2450 Newport Blvd APT #136
Custa Mesa, CA 92627-5184

3. Service Type
☒ Certified Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Signature
X
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number
(Transfer from service label)
7007 0720 0000 3425 9427

1. Article Addressed to:
Hover-Smoot, Julia A.
101 Church Street 12
Los Gatos, CA 95032

3. Service Type
☒ Certified Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Signature
X
A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

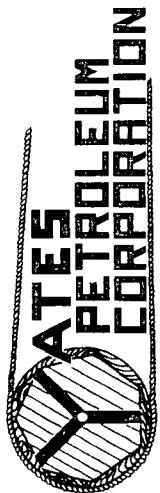
Certified Mail
A mailing receipt
A unique identifier
A record of delivery

Important Remind
Certified Mail is:
NO INSURANCE
For an additional
delivery to obtain
Receipt (PS Form
4600), Endorsement
required.

For an additional
addresser's and
endorsement 7:
If a postmark or
date at the post
office is not re

IMPORTANT: Say
PS Form 3800, August

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9417
7007 0710 0000 3415 9417

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

☐ Dixon & Yates LM Federal #1 & #2
Surface Commingle
Mayte - Production
June 17th

Return (Endorsement) ☐

Restricted Delivery Fee (Endorsement Required) ☐

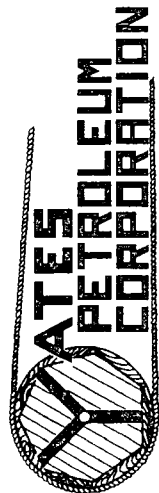
Total Postage

Sent To
Street, Apt. or PO Box
City, State

Hover-Smoot, Julia A.
101 Church Street 12
Los Gatos, CA 95032

PS Form 3800, August 2006 See Reverse for Instructions

11/11/2006



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9400
7007 0710 0000 3415 9400

U.S. Postal ServiceTM
CERTIFIED MAILTM
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

☐ Dixon & Yates LM
Surface Commingle
Mayte - Production
June 17th

Return (Endorsement) ☐

Restricted Delivery Fee (Endorsement Required) ☐

Total Postage

Sent To
Street, Apt. or PO Box
City, State

Oglesby, Mary
2450 Newport
Custa Mesa, CA

PS Form 3800, August 2006

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:

Robertson, Lucie Individually
4300 Connally
Big Springs, TX 79720

2. Article Number

(Transfer from service label)

7007 0710 0000 3415 9394

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ed Mail
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ique identi
cord of deli
nt Remitt
tified Mail
tified Mail
ables, please
INSURAN
very. To obt
ceip (PS Tr
Endorse m
uplicate re
quired.
for an addit
dressee's a
ndorsement
a postmark
e at the pos
cept is not
ORTANTS
orm 3800, Aug

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:

Trigg Oil & Gas Limited
C/O Pauline Trigg
P.O. Box #520
Roswell, NM 88201

2. Article Number

(Transfer from service label)

7007 0710 0000 3415 9387

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

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

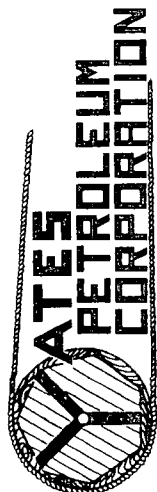
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9394
7007 0710 0000 3415 9394

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery	Dixon & Yates LM Federal #1 & #2
	Surface Commingle
	Mayte - Production
	c June 17th
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc	
Sent To	Robertson, Lucie Individually
Street, Apt. or PO Box	4300 Connally
City, State	Big Springs, TX 79720
PS Form 3800, August 2006	
See Reverse for Instructions	



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9387
7007 0710 0000 3415 9387

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery	Dixon & Yates LM Federal
	Surface Commingle
	Mayte - Production
	June 17th
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc	
Sent To	Trigg Oil & Gas Limited
Street, Apt. or PO Box	C/O Pauline Trigg
City, State	P.O. Box #520
	Roswell, NM 88201
PS Form 3800, August 2006	
See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Wright, Ann Elizabeth
10415 Eastlawn Dr
Dallas, TX 75229-5309

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9370

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type	
☒ Certified Mail	☐ Express Mail
☐ Registered	☐ Return Receipt for Merchandise
☐ Insured Mail	☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes	

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:

Allen, Nancy J., AS Her Separate
Property
3623 Overbrook Drive
Dallas, TX 75205

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type	
☒ Certified Mail	☐ Express Mail
☐ Registered	☐ Return Receipt for Merchandise
☐ Insured Mail	☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes	

2. Article Number
(Transfer from service label)

7007 0710 0000 3415 9363

PS Form 3811, February 2004



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9370
7007 0710 0000 3415 9370

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For

Dixon & Yates LM Federal #1 & #2
Surface Commingle
Mayte - Production
June 17th

Re.
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total P

Sent To

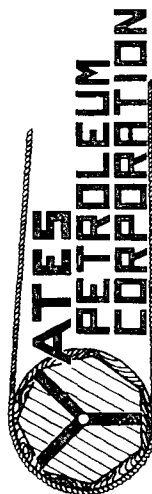
Street, A
or PO Box

City, State

Wright, Ann Elizabeth
10415 Eastlawn Dr
Dallas, TX 75229-5309

PS Form 3800, August 2006

See Reverse for Instructions



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9363
7007 0710 0000 3415 9363

U.S. Postal ServiceTM
CERTIFIED MAILTM REC
(Domestic Mail Only, No Insurance Coverage Provided)

For

Dixon & Yates LM Federal
Surface Commingle
Mayte - Production
June 17th

Re.
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Po

Sent To

Street, A
or PO Box

City, State

Allen, Nancy J., AS H
Property
3623 Overbrook Drive
Dallas, TX 75205

PS Form 3800, August 2006

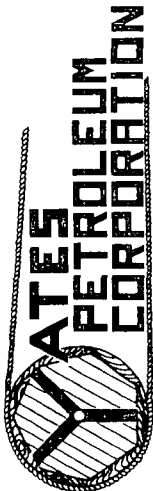
See

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: Jennings, Jamie E., AS Her Separate Property C/O Jennings Production CO P.O. Box #670326 Dallas, TX 75367	
2. Article Number (Transfer from service lab) 7007 0710 0000 3415 9349	
Domestic Return Receipt PS Form 3811, February 2004	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	
B. Received by (Printed Name) 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 ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No	

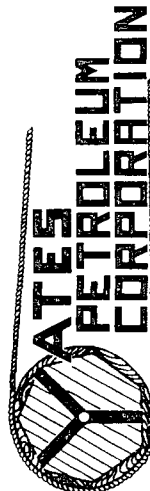
ing receipt
ne identifier
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nt Remind
ed Mail ma
ed Mail is a
NSURANC
ple, pleasa
In addition
to obtain a
IP (PS Form
endorse ma
licate return
red.

SENDER, COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Croft, Susan AS Her Separate Property 119 Private RD 4891 Newark, TX 76071-3740		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from serv		3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. ☐ Return Receipt for Merchandise	
1. Article Addressed to: or on the front if space permits. ■ Attach this card to the back of the mailpiece, so that we can return the card to you. ■ Print your name and address on the reverse item 4 if Restricted Delivery is desired. ■ Complete items 1, 2, and 3. Also complete		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
B. Received by (Printed Name) C. Date of Delivery		X A. Signature ☐ Addressee ☐ Agent	



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

ADDRESS SERVICE REQUESTED



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

ADDRESS SERVICE REQUESTED

7007 0710 0000 3415 9356
7007 0710 0000 3415 9356

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For	Dixon & Yates LM Federal #1 & #2 Surface Commingle Mayte - Production June 17th
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total f	
Sent To	Croft, Susan AS Her Separate Property 119 Private RD 4891 Newark, TX 76071-3740
Street, or PO E City, St	
PS Form 3800, August 2006	

7007 0710 0000 3415 9349
7007 0710 0000 3415 9349

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For	Dixon & Yates LM Federal #1 & #2 Surface Commingle Mayte - Production June 17th
Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	
Total f	
Sent To	Jennings, Jamie E., AS Separate Property C/O Jennings Production P.O. Box #670326 Dallas, TX 75367
Street, or PO E City, State, Zip	
PS Form 3800, August 2006	