

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PECOS PRODUCTION COMPANY
FOR A COOPERATIVE WATERFLOOD PROJECT AND
TO QUALIFY THE PROJECT FOR THE RECOVERED
OIL TAX RATE, EDDY COUNTY, NEW MEXICO.

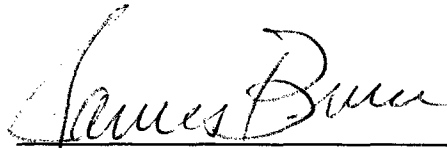
Case No. 13,377

AFFIDAVIT REGARDING NOTICE

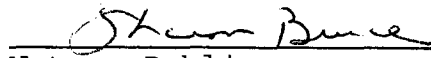
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.
2. I am an attorney for Applicant.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of November, 2004, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 6

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

October 28, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

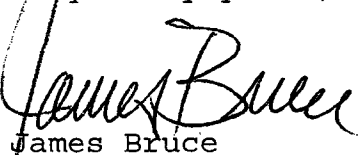
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for a waterflood project, etc., filed with the New Mexico Oil Conservation Division by Pecos Production Company, regarding the Shugart (Yates-Seven Rivers-Queen-Grayburg) Pool in the E½ of Section 2 and W½ of Section 3, Township 19 South, Range 30 East, NMPM, Eddy County, New Mexico. This application is scheduled to be heard at 8:00 a.m. on Thursday, November 18, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, November 12, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Pecos Production Company

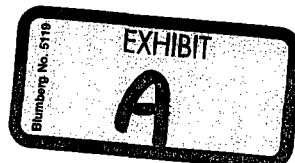


EXHIBIT A

ASPEN OIL INCORPORATED
PO BOX 2674
HOBBS NM 88241

CHI OPERATING INC
PO BOX 1799
MIDLAND TX 79702

CONOCO PHILLIPS
PO BOX 2197
HOUSTON, TX 77252

CRESCENT PORTER HALE FOUNDATION
655 REDWOOD HWY #301
MILL VALLEY, CA 94941

DEVON ENERGY
20 NORTH BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102

EL PASO NATURAL GAS CO.
2 N. NEVADA AVE #537
COLORADA SPRINGS, CO 80903

GREAT WESTERN DRILLING CO
PO BOX 1659
MIDLAND TX 79701

GRUY PETROLEUM MANAGEMENT CO.
PO BOX 140907
IRVING TX 75014-0907

MACK ENERGY CORPORATION
PO BOX 960
ARTESIA NM 88211-0960

MAGNUM HUNTER RESOURCES INC
3500 WILLIAM D. TATE, SUITE 200
GRAPEVINE, TX 76051

OXY USA WTP LIMITED PARTNERSHIP
PO BOX 4294
HOUSTON TX 77210-4294

JOHN D. POOL
PO BOX 5441
MIDLAND, TX 79704

SDX RESOURCES INC
PO BOX 5061
MIDLAND TX 79704

STEVE SELL
PO BOX 5061
MIDLAND, TX 79704

TRIGG FAMILY TRUST
BOX 520
ROSWELL, NM 88202

WESTALL RAY
PO BOX 4
LOCO HILLS NM 88255

YATES PETROLEUM CORPORATION
105 S 4TH ST
ARTESIA NM 88210

HARVEY E YATES CO
PO BOX 1933
ROSWELL NM 88202

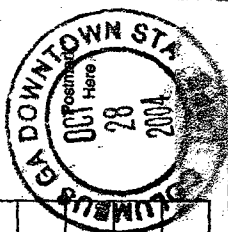
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 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 JOHN D. POOL
 PO BOX 5441
 MIDLAND, TX 79704

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Donnie Hunter* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Donnie Hunter* C. Date of Delivery

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

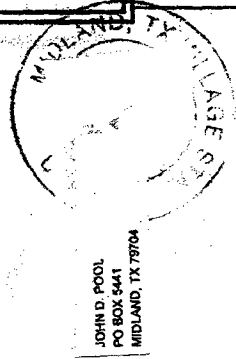
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) **7004 1160 0005 8658 0166**

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



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:

2. Article Number (Transfer from service label) **7004 1160 0005 8658 0159**

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

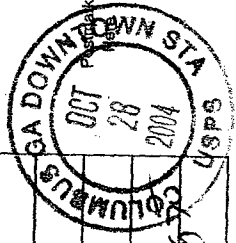
OXY USA WTP LIMITED PARTNERSHIP
 PO BOX 4284
 HOUSTON TX 77210-4284

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 OXY USA WTP LIMITED PARTNERSHIP
 PO BOX 4284
 HOUSTON TX 77210-4284

City, State, ZIP+4



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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) **7004 1160 0005 8658 0159**

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Postage \$ 4.65

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65

Sent To
 WESTALL RAY
 PO BOX 4
 LOCO HILLS NM 88255

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

0422 6442 9000 0922 0002

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:

MAGNUM HUNTER RESOURCES INC
 3500 WILLIAM D. TATE, SUITE 200
 GRAPEVINE, TX 76051

2. Article Number (Transfer from service label)
 7004 1160 0005 8658 0142

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) S. Morris Date of Delivery 10/2/04

C. 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

Domestic Return Receipt Rec

102595-02-M-1540

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:

WESTALL RAY
 PO BOX 4
 LOCO HILLS NM 88255

2. Article Number (Transfer from service label)
 7003 2260 0006 7449 2248

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jessica Rowland Date of Delivery 11-1-04

C. 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

Domestic Return Receipt Rec

102595-02-M-1540

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

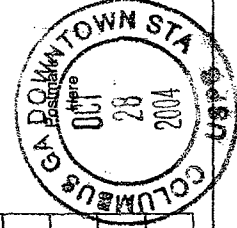
Total Postage & Fees \$ 4.65

Sent To
 MAGNUM HUNTER RESOURCES INC
 3500 WILLIAM D. TATE, SUITE 200
 GRAPEVINE, TX 76051

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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2470 8598 5000 0970 4002



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Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$4.65

Sent To
 Street, Apt. No., or PO Box No.
 GRUY PETROLEUM MANAGEMENT CO.
 PO BOX 140907
 IRVING TX 75014-0907
 City, State, ZIP+4

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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:

2. Article Number (Transfer from service label) 7003 2260 0006 7449 2217

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *R. MADRID*
 C. Date of Delivery 11-3-04
 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

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

Sent To
 Street, Apt. No., or PO Box No.
 CRESCENT PORTER MALE FOUNDATION
 655 REDWOOD HWY #301
 MILL VALLEY, CA 94641
 City, State, ZIP+4

PS Form 3800, June 2002 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:

2. Article Number (Transfer from service label) 7004 1160 0005 8658 0241

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

COMPLETE THIS SECTION ON DELIVERY

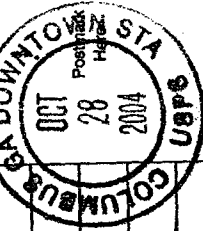
A. Signature *[Signature]*
 B. Received by (Printed Name) *11-1-04*
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
 Street, Apt. No., or PO Box No.
 CHI OPERATING INC
 PO BOX 1799
 City, State, ZIP+4 MIDLAND TX 79702

See Reverse for Instructions
 PS Form 3800, June 2002

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:



STEVE BELL
 PO BOX 5081
 MIDLAND, TX 79704

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

7004 1160 0005 8658 0180

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Donnie Atwater* ☒ Agent
 B. Received by (Printed Name) *Donnie Atwater* 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

SENDER: COMPLETE THIS SECTION

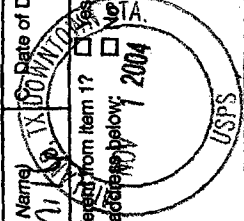
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHI OPERATING INC
 PO BOX 1799
 MIDLAND TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Carver* ☒ Agent
 B. Received by (Printed Name) *Carver* 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
 (Transfer from service label)

7004 1160 0005 8658 0227

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To
 Street, Apt. No., or PO Box No.
 STEVE BELL
 PO BOX 5081
 MIDLAND, TX 79704
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7004 1160 0005 8658 0180

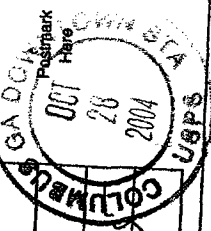
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.65

Sent To: SDX RESOURCES INC
 PO BOX 5001
 MIDLAND TX 79704

Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, June 2002 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:

ASPEN OIL INCORPORATED
 PO BOX 2874
 HOBBS NM 88241

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7003 2260 0006 7449 2231

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Gary Bernald* ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* *Larry Barnett* 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

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:

SDX RESOURCES INC
 PO BOX 5001
 MIDLAND TX 79704



COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Bonnie C. Hester* ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* *Bonnie C. Hester* C. Date of Delivery *10/28/2004*

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

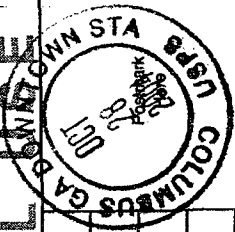
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.65



Sent To: ASPEN OIL INCORPORATED
 PO BOX 2874
 HOBBS NM 88241
 City, State, Zip+4

See Reverse for Instructions

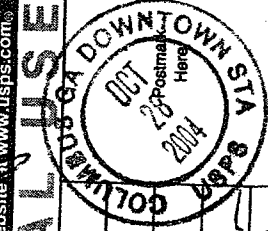
PS Form 3800, June 2002

7003 2260 0006 7449 2231

Domestic Return Receipt

102595-02-M-1540

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CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com



Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.65

Sent To
Street, Apt. No., or PO Box No.
CITY, STATE, ZIP+4
DEVON ENERGY
20 NORTH BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102

PS Form 3800, June 2002 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:

EL PASO NATURAL GAS CO.
2 N. NEVADA AVE #537
COLORADO SPRINGS, CO 80903

2. Article Number
(Transfer from service label)
7004 1160 0005 8658 0265

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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:

DEVON ENERGY
20 NORTH BROADWAY, STE 1500
OKLAHOMA CITY, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11/4/04
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)
7004 1160 0005 8658 0258

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 11/11/04
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)
7004 1160 0005 8658 0265

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Street, Apt. No., or PO Box No.
CITY, STATE, ZIP+4
EL PASO NATURAL GAS CO.
2 N. NEVADA AVE #537
COLORADO SPRINGS, CO 80903

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To
YATES PETROLEUM CORPORATION
105 S 4TH ST
ARTESIA NM 88210
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



7004 1160 0005 8658 0203

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:

HARVEY E YATES CO
PO BOX 1933
ROSWEIL NM 88202

2. Article Number
(Transfer from sent)

7004 1160 0005 8658 0210
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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:

YATES PETROLEUM CORPORATION
105 S 4TH ST
ARTESIA NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Kathy Donaghy ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY DONAGHY Date of Delivery 10/28/04

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 ☐ No

2. Article Number
(Transfer from service label)
7004 1160 0005 8658 0203

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Harvey Yates ☒ Agent ☐ Addressee

B. Received by (Printed Name) Harvey Yates Date of Delivery 11-3-04

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 ☐ No

7004 1160 0005 8658 0210

Domestic Return Receipt

102595-02-M-1540

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

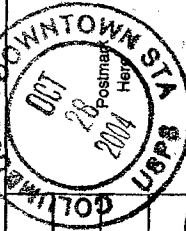
Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65



Sent To
HARVEY E YATES CO
PO BOX 1933
ROSWEIL NM 88202
City, State, ZIP+4

See Reverse for Instructions

0120 8598 5000 0911 4001

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

2220 8598 5000 0977 4002

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

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

GREAT WESTERN DRILLING CO
 PO BOX 1659
 MIDLAND TX 79701

Postmark Here

PS Form 3800, June 2002
 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:

MACK ENERGY CORPORATION
 PO BOX 960
 ARTESIA NM 88211-0960

2. Article Number
 (Transfer from service label)

7003 2260 0006 7449 2224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

GREAT WESTERN DRILLING CO
 PO BOX 1659
 MIDLAND TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) W. C. [Signature] C. Date of Delivery NOV - 1 2004

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
 (Transfer from service label)

7004 1160 0005 8658 0272

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) W. C. [Signature] C. Date of Delivery 11-1-04

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

7003 2260 0006 7449 2224

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

MACK ENERGY CORPORATION
 PO BOX 960
 ARTESIA NM 88211-0960

Postmark Here

USPS
 COLUMBUS GA
 OCT 28 2004

4222 6442 9000 0922 5002

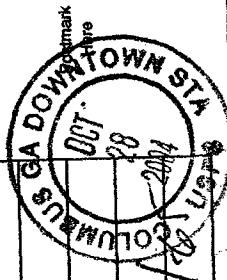
PS Form 3800, June 2002
 See Reverse for Instructions

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

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OFFICIAL USE

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



Sent To
TRIGG FAMILY TRUST
BOX 520
ROSWELL, NM 86202
City, State, ZIP+4

PS Form 3800, June 2002 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:

CONOCO PHILLIPS
PO BOX 2197
HOUSTON, TX 77252

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TRIGG FAMILY TRUST
BOX 520
ROSWELL, NM 86202

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

2. Article Number

(Transfer from service label)

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 ☐ 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

7004 1160 0005 8658 0234

Domestic Return Receipt

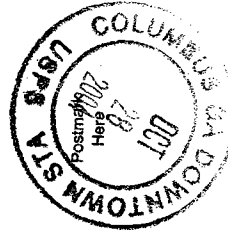
102595-02-M-1540

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

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OFFICIAL USE

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



Sent To
CONOCO PHILLIPS
PO BOX 2197
HOUSTON, TX 77252
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions