



**EXHIBIT A  
APPLICATION OF  
YATES PETROLEUM CORPORATION  
FOR A NON-STANDARD GAS SPACING UNIT  
EDDY COUNTY, NEW MEXICO.**

**(Hedgerow BFH State Com Well No. 1)**

Claremont Corporation  
PO Box 3226  
Tulsa, OK 74101-3226

Davoil, Inc.  
PO Box 122269  
Fort Worth, TX 76121 - 2269

Devon Energy Production Co, LP  
20 North Broadway  
Oklahoma City, OK 73102-8260

Great Western Drilling Co.  
PO Box 1659  
Midland, TX 79702-1659

Edward R. Hudson, Jr.  
616 Texas Street  
Fort Worth, TX 76102-4612

William A. Hudson, II  
616 Texas Street  
Fort Worth, TX 76102-4612

Ard Energy Group, Inc.  
222 West 4<sup>th</sup> St.  
Fort Worth, TX 76102

J&L Resources, Inc.  
310 Morton St., Ste 160  
Richmond, TX 77469

Redfern Enterprises, Inc.  
PO Box 2127  
Midland, TX 79702-2127

Sieb Resources, Inc.  
PO Box 1107  
Richmond, TX 77406

Energen Resources Corporation  
605 N. Richard Arrington Jr Blvd  
Birmingham, AL 35203-2707

Dorothy Nell Sumner Corn  
2421 Quinton Ave #105  
Lubbock, TX 79710-1734

Betty June, a/k/a  
Betty Sumner Moran  
11100 Los Lagos NE  
Albuquerque, NM 87111-7533

William e. Sumer  
c/o Suzanne Simpson  
6000 Corta Dera NE #3112  
Albuquerque, NM 87111

Mary Gene Weber  
Box 117  
Elmer, OK 73539

Ard Oil, LTD  
222 West 4<sup>th</sup> St.  
Fort Worth, TX 76102

Agnes Dunigan  
c/o Thomas Lea Dunigan  
PO Box 9846  
Santa Fe, NM 87504

Jospeh L. Dunigan Will  
c/o Thomas Lea Dunigan  
PO Box 9846  
Santa Fe, NM 87504

Roy & Connie Dunn  
5511 North Delno  
Fresno, CA 93711-3024

John & Helen Frankot Trust  
1940 Verbenia Drive  
Las Vegas, NV 89134

R. Daniel Israel  
70 Shadow Play  
Irvine, CA 92620

John Halagan, Jr.  
9 Jefferson  
Irvine, CA 92620-3269

Joe Halagan  
6462 Upper Lake Cir  
Westerville, OH 43082

Hudson New Mexico Mineral Trust,  
E. Randall Hudson III  
616 Texas Street  
Fort Worth, TX 76102-4612

Lindy's Living Trust  
Francis H. Hudson, Trustee  
6300 Ridglea Place Ste 1005A  
Fort Worth, TX 76116

Patricia Mayfield Janzen  
c/o George V. Janzen  
3488 "B" Calle Azul  
Laguna Woods, CA 92653

Thomas Moore Mayfield, Jr.  
Patricia Mayfield Will  
c/o George V. Janzen  
3488 "B" Calle Azul  
Laguna Woods, CA 92653

John W. Gates, LLC  
706 West Grand Avenue  
Artesia, NM 88210

Thomas G. Laros  
Address Unknown

Grace E. Larue  
c/o Craig E. Malmgren  
24470 Hidden Court  
Hayward, CA 94541

Delmar Hudson Lewis Living Trust  
PO Box 2546  
Fort Worth, TX 76113-2546

Lloyd Co., A Partnership  
Colorado State Bank and Trust  
PO Box 1588  
Littleton, CO 74101-1588

The McCaw Family Trust  
210 Crossbow Rd  
Artesia, NM 88210

Edith B. Myers  
2717 South Lyon  
Indianapolis, IN 46241

W.T. & Jeanette J. Probandt  
415 W. Wall, Ste 2206  
Midland, TX 79701

Reva Co, A Partnership  
Colorado State Bank and Trust  
PO Box 1588  
Tulsa, OK 74101-1588

Gwendolyn Taylor Rutledge  
354 Calle Colina  
Santa Fe, NM 87501-0354

Joe B. Schutz  
PO Box 973  
Santa Fe, NM 87504

Rosina C. Schutz  
PO Box 9602  
Santa Fe, NM 87504

Swinehart 1973 Trust  
10713 S. Logan Canyon Rd  
S Jordan, UT 84095

Ann F. Tollefson  
231 East 10<sup>th</sup> St  
Casper, WY 82601

Gene Trowbridge, Jr.  
PO Box 1169  
Saratoga, WY 82331

Patricia B. Young  
PO Box 1639  
Solana Beach, CA 92075

Southwest Royalties, Inc.  
PO Box 1658  
Carlsbad, NM 88221-1658

Sol West  
PO Box 10120  
El Paso, TX 79995

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210-2118

Abo Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210-2118

MYCO Industries, Inc.  
105 South Fourth Street  
Artesia, NM 88210-2118

Yates Drilling Company  
105 South Fourth Street  
Artesia, NM 88210-2118

COG Operating, LLC  
550 West Texas Avenue  
Suite 1300  
Midland, Texas 79701

3711506\_1.DOC

May 17, 2007

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

TO ALL AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for a nonstandard gas spacing unit, Eddy County, New Mexico.

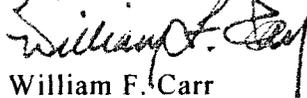
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order approving a 160-acre nonstandard gas spacing unit in the Salado-Strawn Gas Pool for its Hedgerow BFH State Com Well No. 1 located 660 feet from the South line and 1136 feet from the West line of Section 28, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 AM on June 7, 2007. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr  
Attorney for Yates Petroleum Corporation

Enclosures

cc: Mr. Charles Moran  
Yates Petroleum Corporation

**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION**

2007 APR 8 PM 3:48

**IN THE MATTER OF THE APPLICATION OF  
YATES PETROLEUM CORPORATION FOR  
A NON-STANDARD GAS SPACING UNIT,  
EDDY COUNTY, NEW MEXICO.**

CASE NO. 98

**APPLICATION**

YATES PETROLEUM CORPORATION (“Yates”), by its undersigned attorneys, hereby makes application to the Oil Conservation Division for an order establishing a non-standard 160-acre spacing unit within the Saladar-Strawn Gas Pool (84412) to comprise the SW/4 of Section 28, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico to be dedicated to its Hedgerow BFH State Com Well No. 1 (API No. 30-015-33715) located at a standard gas well location 660 feet from the South line and 1136 feet from the West line (Unit M) of said Section 28 and in support of this application states:

1. The SW/4 of Section 28 is located in the Saladar-Strawn Gas Pool which is unprorated and is therefore not subject to Part H of the Division’s statewide rules entitled “Gas Proration and Allocation” (Rules 601 through 605). However, the pool is currently governed by Division Rule 104.C(2), which requires 320-acre spacing units comprised of two contiguous quarter sections of a single governmental section with wells located not closer to a quarter section line than 660 feet nor closer to any internal quarter-quarter section line than 10 feet, and allows an optional infill well within an existing spacing unit provided the infill well is located in the quarter section not containing the unit’s initial producing gas well.

2. The N/2 of Section 28 was dedicated in the Strawn formation to the Great Western Drilling Company Burton State Well No. 1. This well produced from the Strawn for approximately 8 years and was plugged and abandoned in 1982.

3. A nonstandard gas spacing unit comprised of the SE/4 of Section 28 is dedicated to the Ocean Energy, Inc. Burton Flat Deep Unit Well No. 13 (API No. 30-015-21125). This nonstandard unit, approved by Division Order No. R-11928 entered on March 26, 2003, was created because the SE/4 of Section 28 is in the Burton Flat Deep Unit and the lease covering the

SW/4 of the Section 28 had expired at the time the nonstandard unit was created. Approval of a 160-acre nonstandard unit for the SE/4 of the Section prevented adverse impacts on the parties who had initially paid for the well when it was drilled to the Morrow formation.

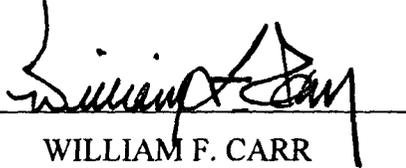
4. The SW/4 of Section 28 is the only acreage in this section in the Strawn formation that has not been drained or is not currently dedicated to an existing and producing nonstandard spacing unit in this formation.

5. Approval of this application will be in the best interest of conservation, will prevent the waste of hydrocarbons and will enable the owners of interests under the SW/4 of Section 28 to produce their just and equitable share of the reserves under this property thereby protecting correlative rights.

WHEREFORE, YATES PETROLEUM CORPORATION requests that this application be included on the docket for the June 7, 2007 examiner hearing docket and that after notice and hearing as required by law, the application be granted.

Respectfully submitted,

HOLLAND & HART. LLP

By: 

WILLIAM F. CARR  
Post Office Box 2208  
Santa Fe, New Mexico 87504  
Telephone: (505) 988-4421

ATTORNEYS FOR YATES PETROLEUM  
CORPORATION

CASE \_\_\_\_\_:

**Application of Yates Petroleum Corporation for a nonstandard gas spacing unit, Eddy County, New Mexico.** Applicant, in the above-styled cause seeks an approving a 160-acre non-standard gas spacing unit comprised of the SW/4 of Section 28, Township 20 South, Range 28 East, NMPM, to be dedicated to its Hedgerow BFH State Com Well No. 1 (API No. 30-015-33715) to be recompleted from the Morrow formation to the Strawn formation, Saladar-Strawn Gas pool (84412) at a standard gas well location 660 feet from the South line and 1136 feet from the West line of said Section 28. Said unit is located approximately 9 miles north northeast of Carlsbad, New Mexico.

7006 2760 0001 6391 7407

US Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Postage Necessary Provided)

For delivery information, see back of this receipt.

10605-1 DALLAS/DUSE

Postage \$ .47

Certified Fee 2.45

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21

Postmark Here

Postmark Here

Send To  
 Ard Oil, LTD  
 Street At 222 West 4th St.  
 or PO Box  
 City, State Fort Worth, TX 76102

7006 2760 0001 6391 7414

US Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Postage Necessary Provided)

For delivery information, see back of this receipt.

10605-1 DALLAS/DUSE

Postage \$ .41

Certified Fee 2.45

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21

Postmark Here

Postmark Here

Send To  
 Sieb Resources, Inc.  
 Street, Apt. PO Box 1107  
 or PO Box  
 City, State, Richmond, TX 77406

**SENDER COMPLETE**

- 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:

Sieb Resources, Inc  
 PO Box 1107  
 Richmond, TX 77406

**COMPLETE ALL SECTIONS 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  No

2. Article (Item)

1PS Form

7006 2760 0001 6391 7438

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

Postage \$ 2.41

Certified Fee 2.15

Return Receipt Fee (endorsement required)

Restricted Delivery Fee (endorsement required)

Total Postage & Fees \$ 4.56

Postmark Here

Send To: **Betty June,**  
 a/k/a Betty Summer Moran  
 Street, Apt. No. 11100 Los Lagos NE  
 City, State, Zip: **Albuquerque, NM 87111-7533**

7006 2760 0001 6391 7421

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

Postage \$ 2.41

Certified Fee 2.15

Return Receipt Fee (endorsement required)

Restricted Delivery Fee (endorsement required)

Total Postage & Fees \$ 4.56

Postmark Here

Send To: **The McCaw Family Trust**  
 Street, Apt. No. 210 Crossbow Rd  
 City, State, Zip: **Artesia, NM 88210**

DELIVERED MAIL DELIVERY

SENDER.COM

1. Article Addressed to:

Betty June,  
 a/k/a Betty Summer Moran  
 11100 Los Lagos NE  
 Albuquerque, NM 87111-7533

2. Article Number: 7006 2760 0001 6391 7438

(Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

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

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

A. Signature  Agent

*Betty Summer Moran*  Addressee

B. Received by (Printed Name)

C. Date of Delivery 5-17-07

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

7006 2760 0001 6391 4802

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 Domestic Mail Only. No Insurance Coverage Provided.

Postage \$ 4.15

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required) 5.21

Total Postage \$ 14.15

Postmark Here

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

Claremont Corporation  
 PO Box 3226  
 Tulsa, OK 74101-3226

7006 2760 0001 6391 5007

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 Domestic Mail Only. No Insurance Coverage Provided.

Postage \$ 14.15

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required) 5.21

Total Postage & Fees \$ 24.15

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

Lindy's Living Trust  
 Francis H. Hudson, Trustee  
 6300 Ridglea Place Ste 1005A  
 Fort Worth, TX 76116

SENDER GO

- 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.

Lindy's Living Trust  
 Francis H. Hudson, Trustee  
 6300 Ridglea Place Ste 1005A  
 Fort Worth, TX 76116

2. Article Number 7006 2760 0001 6391 5007  
 (Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL

NON DELIVERY

A. Signature: *[Signature]*  Agent

B. Received by (Printed Name): *Tommy Stewart*  Addressee

C. Date of Delivery: *5-20-05*

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

- 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.

Claremont Corporation  
 PO Box 3226  
 Tulsa, OK 74101-3226

2. Article Number 7006 2760 0001 6391 4802  
 (Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature: *[Signature]*  Agent

B. Received by (Printed Name): *[Signature]*  Addressee

C. Date of Delivery: *[Signature]*

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

7006 2760 0001 6391 4703

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

FOR DELIVERY AND RETURN TO THE POST OFFICE AT THE ADDRESS BELOW

Postage \$ .41  
 Certified Fee 2.65  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required) \$ 5.21  
 Total Postage & Fees \$ 10.42

Postmark Here: MAY 16 2007

Sent To:  
 Street, Apt. No.,  
 or PO Box No. Yates Drilling Company  
 105 South Fourth Street  
 City, State, ZIP+4® Artesia, NM 88210-2118

7006 2760 0001 6391 4604

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

FOR DELIVERY AND RETURN TO THE POST OFFICE AT THE ADDRESS BELOW

Postage \$ .41  
 Certified Fee 2.65  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required) \$ 5.21  
 Total Postage & Fees \$ 10.42

Postmark Here: MAY 16 2007

Sent To:  
 Street, Apt. No.,  
 or PO Box No. John Halagan, Jr.  
 9 Jefferson  
 City, State, ZIP+4® Irvine, CA 92620-3269

**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 Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210-2118

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Name]*  Restricted 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: 7006 2760 0001 6391 4703  
 (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.  
 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:  
 John Halagan, Jr.  
 9 Jefferson  
 Irvine, CA 92620-3269

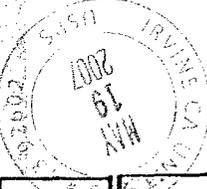
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Name]*  Restricted 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: 7006 2760 0001 6391 4604  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



**US POSTAL SERVICE  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No Insurance Coverage Provided.)

Postage \$ 4.15  
 Certified Fee \$ 2.65  
 Return Receipt Fee (Endorsement Required) \$ 2.15  
 Restricted Delivery Fee (Endorsement Required) \$ 5.21  
 Total Postage & Fees \$ 14.16

Postmark Here

COG Operating, LLC  
 550 West Texas Ave.  
 Suite 1300  
 Midland, Texas 79701

**SENDER COMPLETE THIS SECTION**

1. Article Addressed to:  
 COG Operating, LLC  
 550 West Texas Ave.  
 Suite 1300  
 Midland, Texas 79701

2. Article Number (Copy from service label) **7001 1140 0002 9559 0936**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0992

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) L. Koelling B. Date of Delivery 5/19/07

C. Signature [Signature] D. Is delivery address different from item 1?  Yes  No

E. Agent  Addressee  No

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

4. Restricted Delivery? (Extra Fee)  Yes  No

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

Postage \$ .41  
 Certified Fee \$ 2.65  
 Return Receipt Fee (Endorsement Required) \$ 2.15  
 Restricted Delivery Fee (Endorsement Required) \$ 5.21  
 Total Postage & Fees \$ 8.42

Postmark Here

10-FE-1104-A-99-MS-EN

Sent to **2. Daniel Israel**  
 Street Apt 70 Shadow Play  
 or PO Box / Irvine, CA 92620  
 City State

**SENDER COMPLETE THIS SECTION**

1. Article Addressed to:  
 R. Daniel Israel  
 70 Shadow Play  
 Irvine, CA 92620

2. Article Number **7006 2760 0001 6391 4772**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11940

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] B. Received by (Printed Name) R. ISRAEL C. Date of Delivery 5/19/07

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

E. Agent  Addressee  No

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

4. Restricted Delivery? (Extra Fee)  Yes  No

7006 2760 0001 6391 4932

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance, Collect on Delivery)  
 FOR DELIVERY INFORMATION, VISIT OUR WEBSITE AT WWW.USPS.COM

Postage \$ 4.11  
 Certified Fee 2.65  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required) 5.21  
 Total Postage \$ 14.12

Postmark Here: FEB 16 2004

Sent To: Joe B. Schutz  
 Street, Apt. No. PO Box 973  
 or P.O. Box No. Santa Fe, NM 87504  
 City, State, ZIP

7006 2760 0001 6391 4956

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance, Collect on Delivery)  
 FOR DELIVERY INFORMATION, VISIT OUR WEBSITE AT WWW.USPS.COM

Postage \$ 4.11  
 Certified Fee 2.65  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required) 5.21  
 Total Postage & Fees \$ 14.12

Postmark Here: FEB 15 2004

Sent To: W.T. & Jeanette J. Probandt  
 Street, Apt. No. 415 W. Wall, Ste 2206  
 or P.O. Box No. Midland, TX 79701  
 City, State, ZIP

**SEND**

1. Article Addressed to:  
 Joe B. Schutz  
 PO Box 973  
 Santa Fe, NM 87504

2. Article Number: 7006 2760 0001 6391 4932  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  
 B. Received by (Printed Name): JOE B. SCHUTZ  
 C. Date of Delivery: FEB 16 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

102595-02-M-1540

**SEND**

1. Article Addressed to:  
 W.T. & Jeanette J. Probandt  
 415 W. Wall, Ste 2206  
 Midland, TX 79701

2. Article Number: 7006 2760 0001 6391 4956  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  
 B. Received by (Printed Name): W.T. & JEANNETTE J. PROBANDT  
 C. Date of Delivery: FEB 15 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

102595-02-M-1540

7006 2760 0001 6391 4925

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Postage, Delivery, and Insurance Coverage Provided)*

**WIRE TRANSFER USE**

Postage \$ 1.47

Certified Fee 2.15

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21

Postmark Here

Sort To: **Abo Petroleum Corporation**  
 Street, Apt. No. **105 South Fourth Street**  
 or PO Box No. **Artesia, NM 88210-2118**  
 City, State, ZIP

7006 2760 0001 6391 4949

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Postage, Delivery, and Insurance Coverage Provided)*

**WIRE TRANSFER USE**

Postage \$ 1.47

Certified Fee 2.15

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage \$ 5.21

Postmark Here

Sort To: **Ann F. Tollefson**  
 Street, Apt. No. **231 East 10th St**  
 or PO Box No. **Casper, WY 82601**  
 City, State, ZIP

**SENT**

**IMMEDIATE DELIVERY**

**SECTION ON DELIVERY**

1. Article Addressed to:  
**Abo Petroleum Corporation**  
**105 South Fourth Street**  
**Artesia, NM 88210-2118**

2. Article Number: **7006 2760 0001 6391 4925**  
 (Transfer from service label)

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

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

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

6. Signature: *Ann F. Tollefson*  
 Received by (Printed Name): **Ann F. Tollefson**  
 Date of Delivery: **MAY 18 2007**

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

**SENDER'S**

**IMMEDIATE DELIVERY**

**SECTION ON DELIVERY**

1. Article Addressed to:  
**Ann F. Tollefson**  
**231 East 10th St**  
**Casper, WY 82601**

2. Article Number: **7006 2760 0001 6391 4949**  
 (Transfer from service label)

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  C.O.D.  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

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

6. Signature: *Ann F. Tollefson*  
 Received by (Printed Name): **Ann F. Tollefson**  
 Date of Delivery: **MAY 18 2007**

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

7006 2760 0001 6391 4918

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Postage, Return Receipt, Restricted Delivery, Endorsement, and Signature Required)

Postage \$ 4.11

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required) 5.21

Total Postage & Fees

Sent To: Southwest Royalties, Inc.  
 Street, Apt. 1 PO Box 1658  
 or PO Box N  
 City, State, ZIP+4: Carlsbad, NM 88221-1658

Postmark Here

7006 2760 0001 6391 4758

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Postage, Return Receipt, Restricted Delivery, Endorsement, and Signature Required)

Postage \$ .41

Certified Fee 2.45

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required) 5.21

Total Postage & Fees \$ 5.21

Edward R. Hudson Will  
 William A. Hudson, II & Edward R. Hudson, Jr., Trustees  
 616 Texas St.  
 Fort Worth, 76102-4612

Postmark Here

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:

Edward R. Hudson Will  
 William A. Hudson, II & Edward R. Hudson, Jr., Trustees  
 616 Texas St.  
 Fort Worth, 76102-4612

FOR ON DELIVERY

- A. Signature  Signature Box  Agent
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  5/11/07
- 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)

7006 2760 0001 6391 4758

PS Form 3811, February 2004

Domestic Return Receipt

102895-02-M-1540

7006 2760 0001 6391 4888

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No insurances coverage provided)

*WGC-FLORNOUSE*

Postage	\$ .41	Postmark Here	
Certified Fee	2.65		
Return Receipt Fee (Endorsement Required)	2.15		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.21		

Send To: **Mary Gene Weber**  
 Street Apt. or P.O. Box: **30X 117**  
 City, State: **Elmer, OK 73539**

7006 2760 0001 6391 4895

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No insurances coverage provided)

*WGC-FLORNOUSE*

Postage	\$ .41	Postmark Here	
Certified Fee	2.65		
Return Receipt Fee (Endorsement Required)	2.15		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.21		

Send To: **Joseph L. Dunigan Will**  
 Street Apt. or P.O. Box: **PO Box 9846**  
 City, State: **Santa Fe, NM 87504**

**SENDER'S COMPLETE 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:

**Mary Gene Weber**  
**Box 117**  
**Elmer, OK 73539**

2. Article Number  
(Transfer from service label)

**7006**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature  Agent  
*Mary Gene Weber*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Mary Gene Weber*  *5/21/02*

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

7006 2760 0001 6391 4963

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, Non-Metric, Coverage Provided)

Postage \$ 2.65

Certified Fee \$ .41

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required) A.15

Total Postage & Fees \$ 5.21

Postmark Here

*WPC-Hudson NSE*

Send To:  
 Patricia B. Young  
 PO Box 1639  
 Solana Beach, CA 92075

7006 2760 0001 6391 4796

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, Non-Metric, Coverage Provided)

Postage \$ 1.41

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required) 5.21

Total Postage & Fees \$ 11.42

Postmark Here

*WPC-Hudson NSE*

Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Thomas Moore Mayfield, Jr. Will  
 Patricia Mayfield Janzen  
 c/o George V. Janzen  
 3488 "B" Calle Azul  
 Laguna Woods, CA 92653

**SENDER COMPLETE THIS SECTION**

1. Article Addressed to:  
 Patricia B. Young  
 PO Box 1639  
 Solana Beach, CA 92075

2. Article Number (Transfer from service label) 7006 2760 0001 6391 4963

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Patricia B. Young

B. Received by (Printed Name) Patricia B. Young

C. Date of Delivery

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

102595-02-M-1540

**SENDER COMPLETE THIS SECTION**

1. Article Addressed to:  
 Thomas Moore Mayfield, Jr. Will  
 Patricia Mayfield Janzen  
 c/o George V. Janzen  
 3488 "B" Calle Azul  
 Laguna Woods, CA 92653

2. Article Number (Transfer from service label) 7006 2760 0001 6391 4796

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Thomas Moore Mayfield, Jr.

B. Received by (Printed Name) Thomas Moore Mayfield, Jr.

C. Date of Delivery 5-19-0

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

102595-02-M-1540

**3. Service Type**

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

**3. Service Type**

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

PS Form 3811, February 2004 Domestic Return Receipt

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 4901

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

For delivery information visit our website at [www.usps.com](http://www.usps.com).

*WPA-MAGAZINE USE*

Postage	\$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	5.21
Total Postage & Fees	\$ 10.42

Sent To: Gene Trowbridge, Jr.  
 Street, Apt. or PO Box: PO Box 1169  
 City, State: Saratoga, WY 82331

**SENDER'S COPY**

THIS RECEIPT IS THE PROPERTY OF THE U.S. POSTAL SERVICE AND IS TO BE RETURNED TO THE OFFICE OF ORIGIN AT THE TIME OF DELIVERY.

**MAILING SECTION ON DELIVERY**

- 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:

Gene Trowbridge, Jr.  
 PO Box 1169  
 Saratoga, WY 82331

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

Agent

B. Received by (Printed Name)

Addressee

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

3. Service Type

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

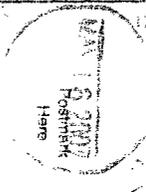
4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 4901

MAY 21 2002

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Postage, Mailbox, Addressing, Coverage Provided)

POSTAGE WILL BE PAID BY ADDRESSEE  
**WCCF INDUSTRIES**

Postage	\$ .41	
Certified Fee	2.65	
Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)	5.21	
Total Postage & Fees	\$	

Great Western Drilling Co.  
 Street or P.O. Box 1659  
 City Midland, TX 79702-1659

7006 2760 0001 6391 4826

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Postage, Mailbox, Addressing, Coverage Provided)

POSTAGE WILL BE PAID BY ADDRESSEE  
**WCCF INDUSTRIES**

Postage	\$ .41	
Certified Fee	2.65	
Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)	5.21	
Total Postage & Fees	\$	

MYCO Industries, Inc.  
 Street or P.O. Box 105 South Fourth Street  
 City Artesia, NM 88210-2118

7006 2760 0001 6391 4697

**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 79702-1659

2. Article Number: 7006 2760 0001 6391 4826  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery
- 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

102595-02-M-1540

**SENDER COMPLETE**

- 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:

MYCO Industries, Inc.  
 105 South Fourth Street  
 Artesia, NM 88210-2118

2. Article Number: 7006 2760 0001 6391 4697  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Date of Delivery
- 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

102595-02-M-1540

7006 2760 0001 6391 4659

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Postage Paid Only) (No Insurance Coverage Provided)

**DEFERRED**

Postage \$ 2.41

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required) \$ 2.21

Total Postage \$ 9.42

Sent To: **William e. Sumner**

Street, Apt. No. or P.O. Box No. **c/o Suzanne Simpson**

City, State, ZIP **6000 Corta Dera NE #3112 Albuquerque, NM 87111**

Postmark Here *MAY 16 2004*

7006 2760 0001 6391 4642

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Postage Paid Only) (No Insurance Coverage Provided)

**DEFERRED**

Postage \$ .41

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required) \$ 5.21

Total Postage & Fees \$ 8.42

Sent To: **Agnes Dunigan**

Street, Apt. No. or P.O. Box **c/o Thomas Lea Dunigan**

City, State, ZIP **PO Box 9846 Santa Fe, NM 87504**

Postmark Here *MAY 16 2004*

**SENDER COMPLETE THIS SECTION**

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

1. Article Addressed to:

**William e. Sumner**  
**c/o Suzanne Simpson**  
**6000 Corta Dera NE #3112**  
**Albuquerque, NM 87111**

2. Article Number **7006 2760 0001 6391 4659**  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee)  Yes  No

A. Signature  Agent  Addressee

B. Received by (Printed Name) **W. Sumner**  Agent  Addressee

C. Date of Delivery **5/21/04**

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

**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.

**COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:

**Agnes Dunigan**  
**c/o Thomas Lea Dunigan**  
**PO Box 9846**  
**Santa Fe, NM 87504**

2. Article Number **7006 2760 0001 6391 4642**  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee)  Yes  No

A. Signature  Agent  Addressee

B. Received by (Printed Name) **Thomas Lea Dunigan**  Agent  Addressee

C. Date of Delivery **MAY 20 2004**

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

7006 2760 0001 6391 4642

7006 2760 0001 6391 4727

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only) (Insurance, Collect, Restricted)

POSTAGE PAID BY ADDRESSEE  
WPCB-TV Channel 3

Postage	\$	.41
Certified Fee		2.65
Return Receipt Fee (endorsement required)		2.15
Restricted Delivery Fee (endorsement required)		
Total Postage & Fees	\$	5.21

Postmark Here

Send To  
Edith B. Myers  
Street, Apt. 717  
South Lyon  
Indianapolis, IN 46241

7006 2760 0001 6391 7506

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only) (Insurance, Collect, Restricted)

POSTAGE PAID BY ADDRESSEE  
WPCB-TV Channel 3

Postage	\$	.41
Certified Fee		2.65
Return Receipt Fee (endorsement required)		2.15
Restricted Delivery Fee (endorsement required)		
Total Postage & Fees	\$	5.21

Postmark Here

Send To  
John & Helen Frankot Trust  
Street, Apt. 1940  
Verbenia Drive  
of P.O. Box N  
Las Vegas, NV 89134

**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:  
Edith B. Myers  
2717 South Lyon  
Indianapolis, IN 46241

2. Article Number (Transfer from service label) 7006 2760 0001 6391 4727  
PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Edith B. Myers*  Agent  Addressee

B. Received by (Printed Name) *Edith B. Myers*  Agent  Addressee

C. Date of Delivery *MAY 19 2007*

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

Postmark Here

**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:  
John & Helen Frankot Trust  
1940 Verbenia Drive  
Las Vegas, NV 89134

2. Article Number (Transfer from service label) 7006 2760 0001 6391 7506  
PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *John & Helen Frankot*  Agent  Addressee

B. Received by (Printed Name) *Frankot*  Agent  Addressee

C. Date of Delivery *5/19/07*

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

Postmark Here

7006 2760 0001 639J 4789

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

Postage \$ 4.41

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21

Postmark Here

Sent To  
 Street, or P.O. #  
 City, St. Zip

Delmar Hudson Lewis Living Trust  
 Delmar Hudson Lewis, Trustee  
 PO Box 2546  
 Fort Worth, TX 76113-2546

7006 2760 0001 639J 4789

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

Postage \$ .44

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.24

Postmark Here

WCF HEADAMUSE

Hudson New Mexico Mineral Trust,  
 E. Randall Hudson III  
 616 Texas Street  
 Fort Worth, TX 76102-4612

**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.

Delmar Hudson Lewis Living Trust  
 Delmar Hudson Lewis, Trustee  
 PO Box 2546  
 Fort Worth, TX 76113-2546

1. Article Addressed to:

2. Article Number (Transfer from service label) 7006 2760 0001 639J 4789

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

**ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) WCF HEADAMUSE

C. Date of Delivery MAY 29 2007

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.

Hudson New Mexico Mineral Trust,  
 E. Randall Hudson III  
 616 Texas Street  
 Fort Worth, TX 76102-4612

1. Article Addressed to:

2. Article Number (Transfer from service label) 7006 2760 0001 639J 4789

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) WCF HEADAMUSE

C. Date of Delivery MAY 29 2007

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

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - International Coverage Provided)

WFC Hedgerwoods

Postage	\$ 47
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.27

McCombs Energy, LLC  
 5599 San Felipe, Ste 1200  
 Houston, TX 77056 - 2794



7006 2760 0001 6391 4987

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - International Coverage Provided)

WFC Hedgerwoods

Postage	\$ 47
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.27



Ard Energy Group, Inc.  
 Street: 222 West 4<sup>th</sup> St.  
 City: Fort Worth, TX 76102

1, 2, and 3. Also complete if Certified Delivery is desired. Name and address on the reverse we can return the card to you. On this card to the back of the mailpiece, in the front if space permits, the Addressee to:

McCombs Energy, LLC  
 5599 San Felipe, Ste 1200  
 Houston, TX 77056 - 2794

2. Article Number: 7006 2760 0001 6391 4987  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

A. Signature: *WFC Hedgerwoods*  
 B. Received by (Printed Name): WFC Hedgerwoods  
 C. Date of Delivery: 5-22-07  
 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



7006 2760 0001 6391 7445

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only/No Insurance Coverage Provided)

FOR THE ADDRESSEE'S USE ONLY  
 OFFICE OF THE ATTORNEY GENERAL

Postage Certified Free \$ .41

Return Receipt Fee (Endorsement Required) 2.65

Restricted Delivery Fee (Endorsement Required) 2.15

Total Postage & Fees \$ 5.21

Postmark Here

Street, Apt. or PO Box No. 310 Morton St., Ste 160  
 City, State, Zip+4 Richmond, TX 77469

Sent To: J&L Resources, Inc.

7006 2760 0001 6391 7391

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only/No Insurance Coverage Provided)

FOR THE ADDRESSEE'S USE ONLY  
 OFFICE OF THE ATTORNEY GENERAL

Postage Certified Free \$ .41

Return Receipt Fee (Endorsement Required) 2.65

Restricted Delivery Fee (Endorsement Required) 2.15

Total Postage & Fees \$ 5.21

Postmark Here

Street, Apt. or PO Box No. 5511 North Delno  
 City, State, Zip+4 Fresno, CA 93711-3024

Sent To: Roy & Connie Dunn

SENDER COMPLETE

- 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:

J&L Resources, Inc.  
 310 Morton St., Ste 160  
 Richmond, TX 77469

2. Article Number 7006 2760 0001 6391 7445  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed

B. Received by (Printed Name) Jesse Malley 2/19/04

C. Date of Delivery 2/19/04

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

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

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:

Roy & Connie Dunn  
 5511 North Delno  
 Fresno, CA 93711-3024

2. Article Number 7006 2760 0001 6391 7391  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed

B. Received by (Printed Name) ROY & CONNIE DUNN

C. Date of Delivery 2/19/04

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 4710

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

*DO NOT WRITE IN THESE SPACES*

Postage \$ 41

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21

Sent To  
Street, Apt. or PO Box  
City, State  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210-2118

Postmark Here

7006 2760 0001 6391 7469

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

*DO NOT WRITE IN THESE SPACES*

Postage \$ .41

Certified Fee 2.65

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.21

Sent To  
Street, A. or PO Box  
City, State  
Davoil, Inc.  
PO Box 122269  
Fort Worth, TX 76121 - 2269

Postmark Here

**SENDER'S 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 South Fourth Street  
Artesia, NM 88210-2118

2. Article Number: 7006 2760 0001 6391 4710  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name)  Agent  Addressee
- 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'S 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:  
Davoil, Inc.  
PO Box 122269  
Fort Worth, TX 76121 - 2269

2. Article Number: 7006 2760 0001 6391 7469  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

7006 2760 0001 6391 4840

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

**NOT FOR REGRAND USE**

Postage	\$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21



Sent To: **Devon Energy Production Co, LP**  
**20 North Broadway**  
**Oklahoma City, OK 73102-8260**

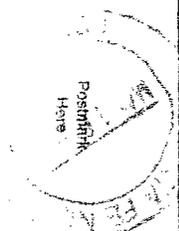
Street, Apt. No., or PO Box No.  
City, State, ZIP

7006 2760 0001 6391 4673

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

**NOT FOR REGRAND USE**

Postage	\$ .41
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21



Sent To: **Lloyd Co., A Partnership**  
**Colorado State Bank and Trust**  
**PO Box 1588**  
**Littleton, CO 74101-1588**

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

**SENT BY REGISTERED MAIL SECTION (NO DELIVERY)**

- 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 Production Co, LP**  
**20 North Broadway**  
**Oklahoma City, OK 73102-8260**

2. Article Number: **7006 2760 0001 6391 4840**  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name):  Date of Delivery

C. Date of Delivery

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

4. Restricted Delivery? (Extra Fee)  Yes



7006 2760 0001 6391 4734

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail only. No insurance coverage provided.)

POSTAGE PAID PERMIT NO. 1000 FORT WORTH, TX 76102-4612

**Wendolyn Taylor Rutledge**

Postage	\$ .41
Certified Fee	2.65
Return Receipt Fee (endorsement Required)	2.15
Restricted Delivery Fee (endorsement Required)	
Total Postage & Fees	5.21

Postmark Here  
 FEB 16 2007  
 FORT WORTH, TX

Sent To  
 Street, Apt. No., or PO Box No.  
 Santa Fe, NM 87501-0354

7006 2760 0001 6391 4857

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail only. No insurance coverage provided.)

POSTAGE PAID PERMIT NO. 1000 FORT WORTH, TX 76102-4612

**William A. Hudson, II**

Postage	\$ .44
Certified Fee	2.65
Return Receipt Fee (endorsement Required)	2.15
Restricted Delivery Fee (endorsement Required)	
Total Postage & Fees	5.24

Postmark Here  
 FEB 16 2007  
 FORT WORTH, TX

Sent To  
 Street, Apt. No., or PO Box No.  
 Fort Worth, TX 76102-4612

2. Article Number (Transfer from service label)  
PS Form 3811, February 2004

7006 2760 0001 6391 4857

Domestic Return Receipt

102585-02-M-154

**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.
- Article Addressed to:

William A. Hudson, II  
616 Texas Street  
Fort Worth, TX 76102-4612

**COMPLETE THIS SECTION ON DELIVERY**

- Signature  Agent
- Received by (Printed Name)  Address
- Is delivery address different from item 1?  Yes  No
- If YES, enter delivery address below:

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



7006 2760 0001 6391 3416

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

For delivery restrictions, visit us at [www.usps.com](http://www.usps.com)

Postage \$ 4

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required) \$ 5.21

Total Postage & Fees \$ 14.05

Sent to **John W. Gates, LLC**  
 Street #1 **706 West Grand Avenue**  
 or PO Box  
 City, State **Artesia, NM 88210**

Postmark Here **MAY 16 2011**

7006 2760 0001 6391 7476

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

For delivery restrictions, visit us at [www.usps.com](http://www.usps.com)

Postage \$ .41

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required) \$ 5.21

Total Postage & Fees \$ 10.42

Sent to **Reva Co, A Partnership**  
 Street #1 **Colorado State Bank and Trust**  
 or PO Box # **PO Box 1588**  
 City, State **Tulsa, OK 74101-1588**

Postmark Here **MAY 16 2011**

**OPTIONAL DELIVERY**

**SEND**

1. Article Addressed to:

John W. Gates, LLC  
 706 West Grand Avenue  
 Artesia, NM 88210

2. Article Number 7006 2760 0001 6391 3416  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

**OPTIONAL DELIVERY**

A. Signature John W. Gates  Agent  Address

B. Received by (Printed Name) MARGARET GATES  Date of Delivery 5/16/11

C. Date of Delivery 5/16/11

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

**SENDER COMPLETE**

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.

**DELIVER**

A. Agent  Addressee

B. Received by (Printed Name) John W. Gates  Date of Delivery 5/16/11

C. Date of Delivery 5/16/11

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

1. Article Addressed to:

Reva Co, A Partnership  
 Colorado State Bank and Trust  
 PO Box 1588  
 Tulsa, OK 74101-1588

2. Article Number 7006 2760 0001 6391 7476  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee)  Yes  No

7006 2760 0001 6391 7452

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Domestic Mail Only. No Insures, Collect, or Period.

**POSTAL MARKS**

Postage \$ 4.41

Certified Fee 2.65

Restricted Delivery Fee (Endorsement Required) 2.15

Total Postage & Fees 9.21

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here MAY 16 2004

Sent To  
 Edward R. Hudson, Jr.  
 Street Apt. No. 616 Texas Street  
 or PO Box No.  
 City, State, Zip Fort Worth, TX 76102-4612

7006 2760 0001 6391 4994

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Domestic Mail Only. No Insures, Collect, or Period.

**OFFICIAL BUSINESS**

Postage \$ .41

Certified Fee 2.65

Restricted Delivery Fee (Endorsement Required) 2.15

Total Postage & Fees 5.21

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here MAY 16 2004

Sent To  
 Energen Resources Corporation  
 Street Apt. No. 605 N. Richard Arrington Jr Blvd  
 or PO Box No.  
 City, State, Zip Birmingham, AL 35203-2707

**SENDER'S COMPLETE THIS SECTION**

1. Article Addressed to:  
 Edward R. Hudson, Jr.  
 616 Texas Street  
 Fort Worth, TX 76102-4612

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6391 7452  
 PS Form 3811, February 2004 Domestic Return Receipt

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

A. Signature  
 [Signature]

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 5/16/04

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Agent  Address

B. Received by (Printed Name)  Date of Delivery

C. Date of Delivery

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

**SENDER'S COMPLETE THIS SECTION**

1. Article Addressed to:  
 Energen Resources Corporation  
 605 N. Richard Arrington Jr Blvd  
 Birmingham, AL 35203-2707

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6391 4994  
 PS Form 3811, February 2004 Domestic Return Receipt

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

A. Signature  
 [Signature]

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 MAY 18 2004

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Agent  Address

B. Received by (Printed Name)  Date of Delivery

C. Date of Delivery

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

7006 2760 0001 6391 7483

US Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) (No Insurance Coverage Provided)

POST-1-0005-0001-SE

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

Certified Fee \$ .41

Postage \$ 2.65

Total Postage & Fees \$ 3.06

Postmark Here

Send To: Patricia Mayfield Janzen  
 c/o George V. Janzen  
 Street, Apt. 3488 "B" Calle Azul  
 or PO Box Laguna Woods, CA 92653  
 City, State

7006 2760 0001 6391 7490

US Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) (No Insurance Coverage Provided)

POST-1-0005-0001-SE

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

Certified Fee \$ .41

Postage \$ 2.15

Total Postage & Fees \$ 2.56

Postmark Here

Send To: Joe Halagan  
 Street, Apt. 6462 Upper Lake Cir  
 or PO Box No. Westerville, OH 43082  
 City, State, Zip

**SENDER COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Joe Halagan  
 6462 Upper Lake Cir  
 Westerville, OH 43082

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Signature  Agent  
*Patricia Mayfield Janzen*

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery: 5.31

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

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

2. Article Number: 7006 2760 0001 6391 7490  
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 4680

**US Postal Service CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, Not Including Government Priority)

Postage \$ 4.15

Certified Fee \$ 2.65

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.21

Sent To: Rosina C. Schutz  
Street, Apt. No. PO Box 9602  
or PO Box No. Santa Fe, NM 87504  
City, State, ZIP

Postmark: SANTA FE, NM 16 2004

POST OFFICE: SANTA FE, NM 87504

7006 2760 0001 6391 4666

**US Postal Service CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, Not Including Government Priority)

Postage \$ .41

Certified Fee \$ 2.45

Return Receipt Fee (Endorsement Required) \$ 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.21

Sent To: Sol West  
Street, Apt. No. PO Box 10120  
or PO Box No. El Paso, TX 79995  
City, State, ZIP

Postmark: EL PASO, TX 16 2004

POST OFFICE: EL PASO, TX 79995

**SENDER.COM** **INTERNET DELIVERY** **NON DELIVERY**

1. Article Addressed to:  
Rosina C. Schutz  
PO Box 9602  
Santa Fe, NM 87504

2. Article Number: 7006 2760 0001 6391 4680  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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

**SENDER.COM** **INTERNET DELIVERY** **NON DELIVERY**

1. Article Addressed to:  
Sol West  
PO Box 10120  
El Paso, TX 79995

2. Article Number: 7006 2760 0001 6391 4666  
(Transfer from service label)  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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

# Affidavit of Publication

NO. 19751

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The

Artesia Daily Press, a daily newspaper of general

circulation, published in English at Artesia, said county

and county and state, and that the here to attached

### Legal Notice

was published in a regular and entire issue of the said

Artesia Daily Press, a daily newspaper duly qualified

for that purpose within the meaning of Chapter 167 of

the 1937 Session Laws of the state of New Mexico for

1 Consecutive week/days on the same

day as follows:

First Publication May 18 2007

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_

Fifth Publication \_\_\_\_\_

Subscribed and sworn to before me this

24th Day May 2007

*Amanda K. Lamb*

Notary Public, Eddy County, New Mexico

My Commission expires April 5, 2011

# Copy of Publication:

## LEGAL NOTICE

### NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on June 7, 2007 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by May 28, 2007. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13927: Application of Yates Petroleum Corporation for a non-standard gas spacing unit, Eddy County, New

seeks an approving order for a 160-acre non-standard gas spacing unit comprised of the SW/4 of Section 28, Township 20 South, Range 28 East, NMPM, to be dedicated to its Hedgerow BFH State Corn Well No. 1 (API No. 30-015-33715) to be re-completed from the Morrow formation to the Strawn formation, Sădar-Strawn Gas pool (84412) at a standard gas well location 660 feet from the South line and 1136 feet from the West line of said Section 28. Notice is hereby provided to all parties and persons having any right, title, interest or claim in the property described herein above including Thomas G. Laros whose address is unknown. Said unit is located approximately 9 miles north northeast of Carlsbad, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 17th day of May 2007.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E.,  
Director

Published in the Artesia Daily Press, Artesia, N.M. May 18, 2007

Legal 19751

**NOTICE OF PUBLICATION**

**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on June 7, 2007, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 28, 2007. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW MEXICO TO:**

**All named parties and persons  
having any right, title, interest  
or claim in the following cases  
and notice to the public.**

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

**CASE 13927: Application of Yates Petroleum Corporation for a nonstandard gas spacing unit, Eddy County, New Mexico.** Applicant, in the above-styled cause seeks an approving order for a 160-acre non-standard gas spacing unit comprised of the SW/4 of Section 28, Township 20 South, Range 28 East, NMPM, to be dedicated to its Hedgerow BFH State Com Well No. 1, (API No. 30-015-33715) to be recompleted from the Morrow formation to the Strawn formation, Sadar-Strawn Gas pool (84412) at a standard gas well location 660 feet from the South line and 1136 feet from the West line of said Section 28. Notice is hereby provided to all parties and persons having any right, title, interest or claim in the property described herein above including Thomas G. Laros whose address is unknown. Said unit is located approximately 9 miles north northeast of Carlsbad, New Mexico..

**Given under the Seal of the State of New Mexico Oil Conservation Commission  
at Santa Fe, New Mexico on this 17th day of May 2007.**

**STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION**

**Mark E. Fesmire, P.E., Director**