

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



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

S. P. YATES
CHAIRMAN OF THE BOARD
JOHN A. YATES
PRESIDENT
PEYTON YATES
EXECUTIVE VICE PRESIDENT
RANDY G. PATTERSON
SECRETARY
DENNIS G. KINSEY
TREASURER

September 12, 2003

Working Interest Owners
Address List Attached

CERTIFIED MAIL
Return Receipt Requested

RE: Yankee ANK Federal Com #2
Township 7 South, Range 25 East, N.M.P.M.
Section 1
1650' FNL and 1650" FWL
Chaves County, New Mexico


Dear Working Interest Owners:

I enclose two (2) copies of an Authority for Expenditure for drilling of the captioned well, and the Operating Agreement dated September 4, 2003. If the AFE and Operating Agreement are satisfactory, please sign and return one (1) executed copy to our office within the (30) day time period.

We would appreciate your prompt attention in this matter. If you have any question, please call me at (505) 748-4349. Thank you.

Very truly yours,

YATES PETROLEUM CORPORATION


Chuck Moran
Landman

CEM:tjv
Enclosure(s)

BEFORE THE COMMISSION
Santa Fe, New Mexico
Case No. 13182 Exhibit No. 3
Submitted by:
YATES PETROLEUM CORPORATION
Hearing Date: November 7, 2003

Yates Drilling Company
Abo Petroleum Corporation
Myco Industries, Inc.
105 South Fourth Street
Artesia, NM 88210

Big Horn Investments, Inc.
2512 Gaye Drive
Roswell, NM 88201

Calto Oil Company
P.O. Box 12266
Dallas, TX 75225-0266

John D. Cadigan
P. O. Drawer F
Cashmere, WA 98815

Campbell Investment Corporation
C/o Pat Greenwade
P. O. Box 3854
Roswell, NM 88202-3854

James H. Godfrey
1409 N. 2nd Street
Monroe, LA 71201

Thomas Brewer Godfrey, Jr.
1409 N. 2nd Street
Monroe, LA 71201

GRUY, LLC
8222 Douglas Ave., Suite 250
Dallas, TX 75225

Jimmie & Elaine McIlroy
1701 N. Houston
Hobbs, NM 88240

The Ninety-Six Corporation
550 West Texas, Suite 1225
Midland, TX 79701

Pecos Production Company
550 West Texas, Suite 720
Midland, TX 79701

Max L. Riley
Max L. Riley, Life Estate
P.O. Box 2114
Monroe, LA 71207

Jim L. & Kathryn Sharp
1020 Foxwood Lane
Wylie, TX 75098

George L. and Sharon Scott
215 W. Third
Roswell, NM 88201

Grover Brothers
C/o Robert Pulliam
Expressway Tower, Ste 1000
6116 North Central Expressway
Dallas, TX 75206

7002 0860 0006 7054 3211

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$0.00

unpaid
remittance



Sent To
Max L. Riley, Jr. and Mignon
Street, Apt. No.
or P.O. Box No. Rampart Petroleum, Inc
P.O. Box 2114
City, State, Zip+4
Monroe, LA 71207
PS Form 3800, April 2002

Yanker

See Reverse for Instructions

7053 6565 0006 0860 2002

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.72



Sent To
 Rampart Petroleum, Inc.
 Street, Apt. No., or PO Box No. Max L. & Mignon Riley
 2310 Briamoer Drive
 City, State, ZIP+4 Monroe, LA 71201
 PS Form 3800, April 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:

Rampart Petroleum, Inc.
 Max L. & Mignon Riley
 2310 Briamoer Drive
 Monroe, LA 71201

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Mike Riley*

B. Received by (Printed Name) *Mike Riley*

C. Date of Delivery *SEP 25 2002*

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

7002 0860 0006 7054 3228

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

OFFICIAL USE

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



Sent To

Heirs and Devisees of Linda I.
Cadigan, Deceased
P.O. Drawer f
Cashmere, WA 98815

PS Form 3811, April 2002 See Reverse for Instructions

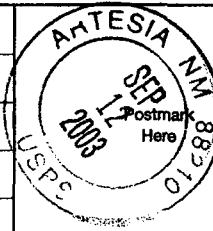
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature: <u>X Marie Cadigan</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>[Signature]</u> C. Date of Delivery: <u>9/15/03</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: Heirs and Devisees of Linda I. Cadigan, Deceased P. O. Drawer f Cashmere, WA 98815	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: 7002 0860 0006 7054 3228	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7054 3235 0006 0860 2002

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

OFFICIAL USE

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



Sent To
 John D. Cadigan
 Street, Apt. No. or PO Box No. O. Drawer F
 City, State, ZIP+ 4 Cashmere, WA 98815
 City, State, ZIP+ 4 Yankee

PS Form 3800, April 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:

John D. Cadigan
 P. O. Drawer F
 Cashmere, WA 98815

2. Article Number

7002 0860 0006 7054 3235

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John D. Cadigan

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/16/03

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

7054 3167 0006 0860 2002

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

OFFICIAL USE

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



Sent To
George L. & Sharon Winn Scott
Street, Apt. No.,
Box No.
Roswell, NM 88201
Vander

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	<p>A. Signature X <i>KJ Herman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>KJ HERMAN</i></p> <p>C. Date of Delivery <i>9-15-03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>George L. & Sharon Winn Scott 215 W. Third Roswell, NM 88201</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>