

BEFORE THE OIL CONSERVATION DIVISION  
NEW MEXICO ENERGY, MINERALS AND  
NATURAL RESOURCES DEPARTMENT

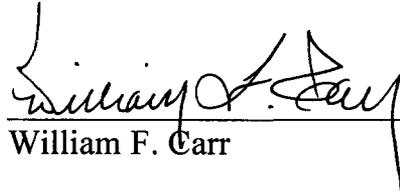
APPLICATION OF YATES PETROLEUM  
CORPORATION FOR NONSTANDARD SPACING  
AND PRORATION UNITS, CHAVES COUNTY, NEW  
MEXICO.

CASE NO. \_\_\_\_\_

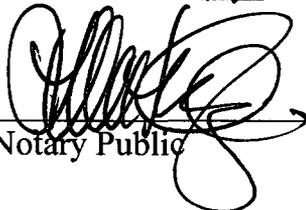
AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 19 day of September 2003.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

January 14, 2007



**OFFICIAL SEAL**  
**LISAMARIE ORTIZ**  
**NOTARY PUBLIC-STATE OF NEW MEXICO**  
My commission expires 1/14/07

**EXHIBIT A**

**APPLICATION OF  
YATES PETROLEUM CORPORATION.  
FOR NONSTANDARD SPACING AND  
PRORATION UNITS, CHAVES COUNTY,  
NEW MEXICO.**

**Township 10 South, Range 24 East, NMPM**

**Section 1: All**

**Chaves County, NM**

- 1) Michael Shearn  
Box 10120  
El Paso, TX 79995  
(915) 778-5000
- 2) Sol West, III  
4120 Rio Bravo, Ste 305  
El Paso, TX 79902  
(915) 778-5000
- 3) William D. Schauer Living Trust  
Dated 10/5/98  
Wells Fargo Bank of New Mexico  
OGM C7300-07D  
P. O. Box 5383  
Denver, CO 80217  
(303) 863-5728
- 4) Diana Wingfield Living Trust  
Dated 10/10/98  
Wells Fargo Bank of New Mexico  
OGM C7300-07D  
P. O. Box 5383  
Denver, CO 80217  
(303) 863-5728
- 5) The Heirs or Devises Edna M.  
Schwarz  
6529 GA Highway 42 S  
Fort Valley, GA 31030-2854
- 6) Earl L. Malone  
310 West Mescalero Rd., Apt #5  
Roswell, NM 88201-5830  
(505) 622-1383
- 7) Trustee's of The Andersen-Malone  
Trust Dated 12/5/91  
P. O. Box 87  
Roswell, NM 88202-0087  
(505) 622-9875
- 8) Louise F. Malone  
1061 Skyline Blvd  
Reno, NV 89509-3556  
(775) 747-6557
- 9) Margaret Malone Todaro,  
P. O. Box 1342  
Kihei Maui, HI 96753
- 10) Lynn Malone Karnes (Clemens)  
407 Tierra Berrenda Dr.  
Roswell, NM 88201-7837
- 11) Katherine A. Malone  
4104 24<sup>th</sup> St. #551  
San Francisco, CA 94114  
(415) 435-8650
- 12) Charles F. Malone, Jr.  
P. O. Drawer 700  
Roswell, NM 88201
- 13) Jane M. Stockton  
6756 Old Chisum Trail  
Dexter, NM 88230-9618

- |  |  |
|--|--|
| <p>14) Kellie M. Kross<br/>P. O. Box 1453<br/>Roswell, NM 88202</p> <p>15) Christine V. Grim<br/>P. O. Box 1453<br/>Roswell, NM 88202</p> <p>16) Matthew N. Sorenson<br/>P. O. Box 1453<br/>Roswell, NM 88202</p> <p>17) New Mexico Western Minerals, Inc.<br/>P. O. Box 1738<br/>Roswell, NM 88201</p> <p>18) J. Mark Gresham<br/>P. O. Box 662<br/>Wharton, TX 77488<br/>(409) 532-1485</p> <p>19) Los Siete Exploration, Inc.<br/>215 W. Third<br/>Roswell, NM 88201<br/>(505) 622-5891</p> | <p>20) Black Shield Development<br/>P. O. Box 10151<br/>El Paso, TX 79995<br/>(915) 778-5000</p> <p>21) Pecos Slope Royalty Trust<br/>P. O. Box 7127<br/>Dallas, TX 75209<br/>(214) 691-3384</p> <p>22) Ralph Briggs Harp or Estate of<br/>Ralph Briggs Harp<br/>10011 Cedar Creek Dr.<br/>Houston, TX 77042<br/>(713) 780-3547</p> <p>23) ChevronTexaco<br/>f/ka Chevron USA, Inc.<br/>P. O. Box 1635<br/>Houston, TX 77251</p> <p>24) Yates Petroleum Corporation<br/>Yates Drilling Company<br/>Myco Industries, Inc.<br/>Abo Petroleum Corporation<br/>105 South Fourth Street<br/>Artesia, NM 88210</p> |
|--|--|

**Township 9 ½ South, Range 24 East, NMPM**  
**Section 36: All**  
**Chaves County, New Mexico**

- 1) Commisioner of Public Lands  
State of New Mexico  
P. O. Box 1148  
Santa Fe, NM 87504-1148
  
- 2) Yates Petroleum Corporation  
Yates Drilling Company  
Myco Industries, Inc.  
Abo Petroleum Corporation  
105 South Fourth Street  
Artesia, NM 88210

HOLLAND & HART<sup>LLP</sup>  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-  
6043

William F. Carr  
wcarr@hollandhart.com

September 18, 2003

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO AFFECTED INTEREST OWNERS:**

Re: Application of Yates Petroleum Corporation for nonstandard spacing and proration units, Chaves County, New Mexico.

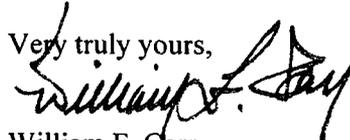
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the creation of nonstandard spacing and proration units comprised of Lots 1 through 4 of irregular Section 36, Township 9 1/2 South, Range 24 East, NMPM, and Lots 1 through 4 and the S/2 N/2 of Section 1, Township 10 South, Range 24 East, NMPM, Chaves County, New Mexico. Said non-standard units will be dedicated to Yates Petroleum Corporation's proposed Erma Com Well No. 2 which it proposes to drill at a standard gas well location 660 feet from the North and East lines of said Section 10 to test all formations from the surface to the Pre-cambrian formation.

This application has been set for hearing before a Division Examiner on October 9, 2003. The hearing will be held in Porter Hall at the 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 with the Oil Conservation Division's Santa Fe office, three days in advance of a scheduled hearing. This statement must 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

Enclosure

cc: Chuck Moran

HOLLAND & HART<sup>LLP</sup>  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

William F. Carr

wcarr@hollandhart.com

September 16, 2003

**HAND-DELIVERED**

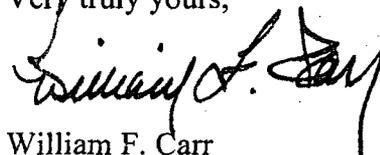
Lori Wrotenbery, Director  
Oil Conservation Division  
New Mexico Department of Energy,  
Minerals and Natural Resources  
1220 South Saint Francis Drive  
Santa Fe, New Mexico 87505

Re: Application of Yates Petroleum Corporation for nonstandard spacing and  
proration units, Chaves County, New Mexico.

Dear Ms. Wrotenbery:

Enclosed in duplicate is the Application of Yates Petroleum Corporation in the above-referenced case as well as a copy of the legal advertisement. Yates Petroleum Corporation requests that this matter be placed on the docket for the October 9, 2003 Examiner hearings.

Very truly yours,



William F. Carr

Enclosures

cc: Mr. Chuck Moran  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

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

**IN THE MATTER OF THE APPLICATION  
OF YATES PETROLEUM CORPORATION  
FOR NONSTANDARD SPACING AND  
PRORATION UNITS, CHAVES COUNTY,  
NEW MEXICO.**

CASE NO. \_\_\_\_\_

**APPLICATION**

YATES PETROLEUM CORPORATION, ("Yates") through its undersigned attorneys, hereby makes application for an order creating non-standard spacing and proration units in irregular Section 36 of Township 9 1/2 South, Range 24 East, NMPM and the N/2 of irregular Section 1, Township 10 South, Range 24 East, NMPM N.M.P.M., Chaves County, New Mexico, and in support of its application states:

1. Yates Petroleum Corporation is a working interest owner in Section 36 of Township 9 1/2 South, Range 24 East and the N/2 of irregular Section 1, Township 10 South, Range 24 East, NMPM and has the right to drill thereon.

2. Said Section 36 is an irregular section comprised of Lots 1 through 4 with a total acreage of 46.3 acres of State of New Mexico lands. The N/2 of irregular Section 1, Township 10 South, Range 24 East, NMPM is comprised of Lots 1 through 4 and the S/2 N/2 with a total acreage of 319.64 acres.

3. Yates seeks an order combining these tracts to form a 365.94-acre spacing and proration unit for all formations developed on 320-acre spacing, a 181.31-acre spacing unit comprised of Lots 1 and 2, of said Section 36, and Lots 1 and 2 and the S/2 NE/4 of said Section 1 and a 50.19-acre spacing unit comprised of Lot 1 of Section 1 and lot 1 of Section 36.

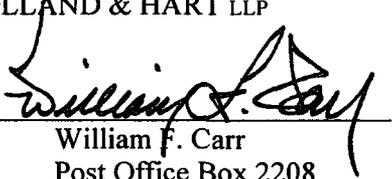
4. Yates proposes to dedicate these non-standard spacing units to its Erma Com Well No. 2 to be drilled at a standard location 660 feet from the North and East lines (Unit A) of Section 1 to a depth sufficient to test all formations from the surface to the Pre-cambrian formation.

5. Yates has provided notice of this application to the State of New Mexico and to all working interest owners in the subject spacing units identified on Exhibit A to this application.

6. The approval of this application and the creation of the subject non-standard spacing and proration units is in the best interest of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE, Yates Petroleum Corporation requests that this application be set for hearing before an Examiner of the Oil Conservation Division on October 9, 2003 and, after notice and hearing as required by law, the Division enter its order granting this application.

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 nonstandard spacing and proration units, Chaves County, New Mexico.** Applicant in the above-styled cause seeks an order creating a non-standard 365.94-acre spacing and proration unit, for all formations and/or pools developed on 320-acre spacing, comprised of Lots 1 through 4 of in irregular Section 36 of Township 9 1/2 South, Range 24 East, NMPM and the N/2 of irregular Section 1, Township 10 South, Range 24 East, NMPM: and a non-standard 181.31-acre spacing and proration unit, for all formations and/or pools developed on 160-acre spacing, comprised of Lots 1 and 2, of irregular Section 36, Township 9 1/2 South, Range 24 East, NMPM, and Lots 1 and 2 and the S/2 NE/4 of irregular Section 1, Township 10 South, Range 24 East, NMPM. Yates proposes to dedicate these non-standard spacing units to its Erma Com Well No. 2 to be drilled at a standard location 660 feet from the North and East lines (Unit A) of said Section 1 to a depth sufficient to test all formations from the surface to the Precambrian formation. These non-standard units are located approximately 4 miles northeast of Roswell, New Mexico.

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

OFFICIAL U

WFC Yates Erma	Postage	\$ .60
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.65



Sent To: Black Shield Development  
 P. O. Box 10151  
 El Paso, TX 79995

PS Form 3800, J

**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:

Black Shield Development  
 P. O. Box 10151  
 El Paso, TX 79995

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Michael Sh... B. Date of Delivery 9/19/03

C. Signature x Michael Sh...  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

2. Article Number (Copy from service label)

7001 1140 0002 5601 7892

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL U

WFC Yates Erma	Postage	\$ .60
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.65



Sent To: ChevronTexaco  
 f/ka Chevron USA, Inc.  
 P. O. Box 1635  
 Houston, TX 77251

PS Form 3811

- 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:

ChevronTexaco  
 f/ka Chevron USA, Inc.  
 P. O. Box 1635  
 Houston, TX 77251

A. Received by (Please Print Clearly) B. Date of Delivery SEP 22 2003

C. Signature x [Signature]  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

2. Article Number (Copy from service label)

7001 1140 0002 5601 7922

PS Form 3811, July 1999

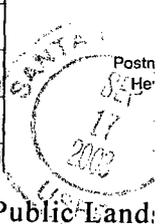
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL U

WFC Yates Erma	Postage	\$ .60
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees		\$ 4.65



Sent To: Commissioner of Public Lands  
 State of New Mexico  
 P. O. Box 1148  
 Santa Fe, NM 87504-1148

PS Form 3800

- 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:

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

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X [Signature]  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

2. Article Number (Copy from service label)

7001 1140 0002 5601 7946

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7878  
5601  
0002  
1140  
7001

OFFICIAL U

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To**  
 J. Mark Gresham  
 P. O. Box 662  
 Wharton, TX 77488

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

J. Mark Gresham  
 P. O. Box 662  
 Wharton, TX 77488

2. Article Number (Copy from service label)

7001 1140 0002 5601 7878

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

*J. Mark Gresham*  Agent  Addressee

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

3. Service Type  Express Mail

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

*Christine V. Grim*  Agent  Addressee

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

3. Service Type  Express Mail

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7847  
5601  
0002  
1140  
7001

OFFICIAL U

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To**  
 Christine V. Grim  
 P. O. Box 1453  
 Roswell, NM 88202

PS Form 3800, July 1999

- 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:

Christine V. Grim  
 P. O. Box 1453  
 Roswell, NM 88202

2. Article Number (Copy from service label)

7001 1140 0002 5601 7847

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7915  
5601  
0002  
1140  
7001

OFFICIAL U

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To**  
 Ralph Briggs Harp or Estate  
 Ralph Briggs Harp  
 10011 Cedar Creek Dr.  
 Houston, TX 77042

PS Form 3800, July 1999

- 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:

Ralph Briggs Harp or Estate  
 Ralph Briggs Harp  
 10011 Cedar Creek Dr.  
 Houston, TX 77042

2. Article Number (Copy from service label)

7001 1140 0002 5601 7915

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

*Robert B. Harp*  Agent  Addressee

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

3. Service Type  Express Mail

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

4. Restricted Delivery? (Extra Fee)  Yes



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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL U.S. MAIL**

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



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

1. Article Addressed to:  
  
Lynn Malone Karnes (Clemens)  
407 Tierra Berrenda Dr.  
Roswell, NM 88201-7837

A. Received by (Please Print Clearly) **KARNES** B. Date of Delivery **9/19/03**

C. Signature **X [Signature]**  Agent  Addressee

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

Sent To **Lynn Malone Karnes (Clemens)**  
407 Tierra Berrenda Dr.  
Roswell, NM 88201-7837

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 3800, January 2002

2. Article Number (Copy from service label) **7001 1140 0002 5601 7793**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

**OFFICIAL U.S. MAIL**

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



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

1. Article Addressed to:  
  
Kellie M. Kross  
P. O. Box 1453  
Roswell, NM 88202

A. Received by (Please Print Clearly) B. Date of Delivery **9-19-03**

C. Signature **X [Signature]**  Agent  Addressee

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

Sent To **Kellie M. Kross**  
P. O. Box 1453  
Roswell, NM 88202

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 3800, January 2002

2. Article Number (Copy from service label) **7001 1140 0002 5601 7830**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

**OFFICIAL U.S. MAIL**

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



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

1. Article Addressed to:  
  
Los Siete Exploration, Inc.  
215 W. Third  
Roswell, NM 88201

A. Received by (Please Print Clearly) **Sharon Scott** B. Date of Delivery **9/19/03**

C. Signature **X [Signature]**  Agent  Addressee

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

Sent To **Los Siete Exploration, Inc.**  
215 W. Third  
Roswell, NM 88201

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 3800, January 2002

2. Article Number (Copy from service label) **7001 1140 0002 5601 7885**

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

**SENDER: COMPLETE THIS SECTION**

**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.

A. Received by (Please Print Clearly) **WICK** B. Date of Delivery **9/19/07**

C. Signature **X** *[Signature]*  Agent  Addressee

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

1. Article Addressed to:

Charles F. Malone, Jr.  
 P. O. Drawer 700  
 Roswell, NM 88201

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 (Copy from service label)

7001 1140 0002 5601 7816

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X** *[Signature]*  Agent  Addressee

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

1. Article Addressed to:

Earl L. Malone  
 310 West Mescalero Rd., Apt #5  
 Roswell, NM 88201-5830

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 (Copy from service label)

7001 1140 0002 5601 7755

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X** *[Signature]*  Agent  Addressee

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

1. Article Addressed to:

*[Handwritten: Kath Arine]*  
 Katherine A. Malone  
 4104 24<sup>th</sup> St. #551  
 San Francisco, CA 94114

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 (Copy from service label)

7001 1140 0002 5601 7809

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OFFICIAL U

WFC Yates Postage	\$ .60
Erma Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>

Sent To  
 Charles F. Malone, Jr.  
 P. O. Drawer 700  
 Roswell, NM 88201

PS Form 3811

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

OFFICIAL U

WFC Yates Postage	\$ .60
Erma Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>

Sent To  
 Earl L. Malone  
 310 West Mescalero Rd., Apt #5  
 Roswell, NM 88201-5830

PS Form 3800, Jan 2002

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

OFFICIAL U

WFC Yates Postage	\$ .60
Erma Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>

Sent To  
 Katherine A. Malone  
 4104 24<sup>th</sup> St. #551  
 San Francisco, CA 94114

PS Form 3800

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

OFFICIAL U

Postage	\$	.60
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.65



Sent To Louise F. Malone  
1061 Skyline Blvd  
Reno, NV 89509-3556

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

PS Form 3800

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:

Louise F. Malone  
1061 Skyline Blvd  
Reno, NV 89509-3556

2. Article Number (Copy from service label)

7001 1140 0002 5601 7779

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

New Mexico Western Minerals, Inc.  
P. O. Box 1738  
Roswell, NM 88201

2. Article Number (Copy from service label)

7001 1140 0002 5601 7861

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Pecos Slope Royalty Trust  
P. O. Box 7127  
Dallas, TX 75209

2. Article Number (Copy from service label)

7001 1140 0002 5601 7908

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X *Malone*

Agent  
 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.

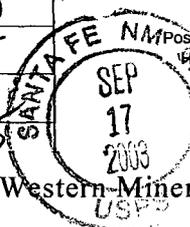
4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL U

Postage	\$	.60
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.65



Sent To New Mexico Western Minerals, Inc.  
P. O. Box 1738  
Roswell, NM 88201

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

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X *Malone* 9-19-03

Agent  
 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

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL U

Postage	\$	.60
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.65



Sent To Pecos Slope Royalty Trust  
P. O. Box 7127  
Dallas, TX 75209

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

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X *Cindy Clendenen*

Agent  
 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

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

OFFICIAL MAIL

WFC Yates Erma  
 Postage \$ 1.60  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.65



Sent To William D. Schauer Living Trust  
 Dated 10/5/98  
 Wells Fargo Bank of New Mexico  
 OGM C7300-07D  
 P. O. Box 5383  
 Denver, CO 80217

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

William D. Schauer Living Trust  
 Dated 10/5/98  
 Wells Fargo Bank of New Mexico  
 OGM C7300-07D  
 P. O. Box 5383  
 Denver, CO 80217

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Vladimir Gelfand

C. Signature

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

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 (Copy from service label) 7001 1140 0002 5601 7724

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

The Heirs or Devises Edna M. Schwarz  
 6529 GA Highway 42 S  
 Fort Valley, GA 31030-2854

A. Received by (Please Print Clearly) B. Date of Delivery

John

C. Signature

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

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 (Copy from service label) 7001 1140 0002 5601 7748

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

Michael Shearn  
 Box 10120  
 El Paso, TX 79995

A. Received by (Please Print Clearly) B. Date of Delivery

Michael Shearn 9/19/03

C. Signature

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

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 (Copy from service label) 7001 1140 0002 5601 8684

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL MAIL

WFC Yates Erma  
 Postage \$ 1.60  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.65



Sent To Michael Shearn  
 Box 10120  
 El Paso, TX 79995

PS Form 3800, July 1999

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

1140 1140 0002 5601 7717

OFFICIAL U

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
<b>Total Postage &amp; Fees</b>	<b>\$ 10.30</b>



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

A. Received by (Please Print Clearly) Sylvia Kodjira B. Date of Delivery 9-22-03

C. Signature [Signature]  Agent  Addressee

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

Sent To Sol West, III  
4120 Rio Bravo, Ste 305  
El Paso, TX 79902

1. Article Addressed to:  
  
Sol West, III  
4120 Rio Bravo, Ste 305  
El Paso, TX 79902

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 3800, January 2000

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

2. Article Number (Copy from service label) 7001 1140 0002 5601 7717

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

OFFICIAL U

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
<b>Total Postage &amp; Fees</b>	<b>\$ 10.30</b>



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

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 9-19-03

C. Signature [Signature]  Agent  Addressee

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

Sent To Matthew N. Sorenson  
P. O. Box 1453  
Roswell, NM 88202

1. Article Addressed to:  
  
Matthew N. Sorenson  
P. O. Box 1453  
Roswell, NM 88202

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 3800

2. Article Number (Copy from service label) 7001 1140 0002 5601 7854

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

OFFICIAL U

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
<b>Total Postage &amp; Fees</b>	<b>\$ 10.30</b>



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

C. Signature [Signature]  Agent  Addressee

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

Sent To Jane M. Stockton  
6756 Old Chisum Trail  
Dexter, NM 88230-9618

1. Article Addressed to:  
  
Jane M. Stockton  
6756 Old Chisum Trail  
Dexter, NM 88230-9618

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 3800

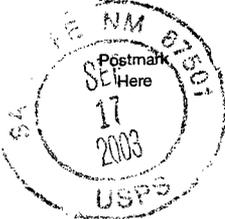
2. Article Number (Copy from service label) 7001 1140 0002 5601 7823

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

**OFFICIAL USE**

WFL Yates Postage	\$ .60
Erma Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To** Margaret Malone Todaro  
 P. O. Box 1342  
 Kihei Maui, HI 96753

PS Form 3800

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

**OFFICIAL USE**

WFL Yates Postage	\$ .66
Erma Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To** Trustee's of The Andersen  
 Malone Trust Dated 12/5/91  
 P. O. Box 87  
 Roswell, NM 88202-0087

PS Form 3800, J

**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:

Trustee's of The Andersen-  
 Malone Trust Dated 12/5/91  
 P. O. Box 87  
 Roswell, NM 88202-0087

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  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

PS Form 3811, July 1999

Domestic Return Receipt

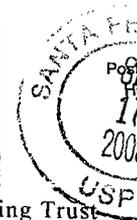
102595-00-M-0952

7001 1140 0002 5601 7762

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

**OFFICIAL USE**

WFL Yates Postage	\$ .60
Erma Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To** Diana Wingfield Living Trust  
 Dated 10/10/98  
 Wells Fargo Bank of New Mexico  
 OGM C7300-07D  
 P. O. Box 5383  
 Denver, CO 80217

PS Form 3800, J

- 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:

Diana Wingfield Living Trust  
 Dated 10/10/98  
 Wells Fargo Bank of New Mexico  
 OGM C7300-07D  
 P. O. Box 5383  
 Denver, CO 80217

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  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

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7001 1140 0002 5601 7731

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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

**OFFICIAL USE**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



**Sent To**  
 Street, Apt. No., or PO Box No. Yates Petroleum Corporation  
 City, State, ZIP+4 Yates Drilling Company  
 Myco Industries, Inc.  
 Abo Petroleum Corporation  
 105 South Fourth Street  
 Artesia, NM 88210

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

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Kathy Donaghe* SEP 19 2003

C. Signature *Kathy Donaghe*  
KATHY DONAGHE Agent

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

7001 1140 0002 5601 7939

7001 1140 0002 5601 7939