

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART LLP
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

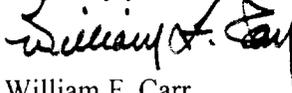
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement 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

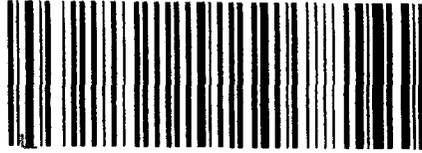
CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 1104

1ST NOTICE

22

2ND NOTICE

RETURN

UP 100
1/12/10
1/14/10
S.M.



Lynda Pratt Rast
Carlee Lane
Arlington, Texas 76014

UNCLAIMED

87504/2208



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

2. Article Number (Copy from service label)

1000 0000 00-1 369 104

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X	
	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

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

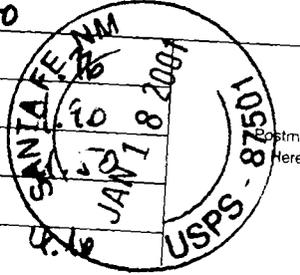
WFC 71.570

Postage \$
Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$



- 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:

Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

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

1-29-07

C. Signature

X K Shapira Agent Address

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

Recip: Kenneth G. Cone
Street: Post Office Box 11310
City, S: Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

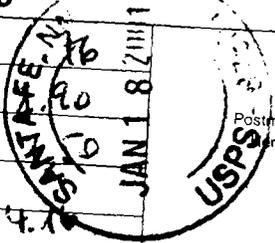
WFC 71.570

Postage \$
Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$



- 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:

Kenneth G. Cone, Trustee of the
Kenneth G. Cone Children's Trust
Post Office Box 11310
Midland, Texas 79702

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

1-29-07

C. Signature

X K Shapira Agent Address

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

Recip: Kenneth G. Cone, Trustee of the
Kenneth G. Cone Children's Trust
Street: Post Office Box 11310
City, S: Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

- 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:

Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

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

C. Signature

X Marilyn Cone Agent Address

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

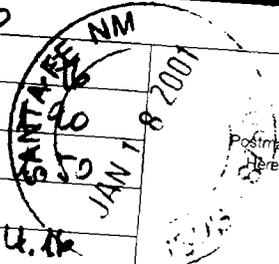
WFC 71.570

Postage \$
Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$



Recip: Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

2. Article Number (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

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

WFC 71.570

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

Total Postage & Fees \$ 4.16

Rec: LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

SAN ANTONIO, TX
JAN 1 8 2001
USPS

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:
LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tamara Young* B. Date of Delivery
C. Signature *Tamara Young* 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

1007
27
JAN 1 8 2001
USPS

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

WFC 71.570

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

Total Postage & Fees \$ 4.16

Rec: Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

SAN ANTONIO, TX
JAN 1 8 2001
USPS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:
Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Cervantes* B. Date of Delivery *1-22-00*
C. Signature *Mike Cervantes* 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

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

WFC 71.570

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

Total Postage & Fees \$

Rec: Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

SAN ANTONIO, TX
JAN 1 8 2001
USPS

MAIL RETURNED
NOT DELIVERED

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

WFC 71.570

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

Total Postage & Fees \$

Rec: Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

SAN ANTONIO, TX
JAN 1 8 2001
USPS

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature *Phil White* 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

SAN ANTONIO, TX
JAN 19 2001
USPS

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

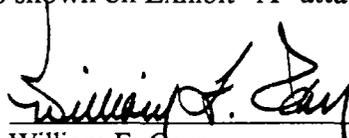
**AMENDED APPLICATION OF YATES PETROLEUM
CORPORATION FOR COMPULSORY POOLING AND
A NON-STANDARD GAS SPACING AND PRORATION
UNIT, LEA COUNTY, NEW MEXICO.**

CASE NO. 12569

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, 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 7th day of February, 2001.



Notary Public

My Commission Expires: Aug 21, 2001

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

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Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

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Dallas, Texas 75219

Ms. Lynda Pratt Rast
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Arlington, Texas 76014

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SALT LAKE CITY • SANTA FE
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P. O. BOX 2208
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110 NORTH GUADALUPE, SUITE 1
SANTA FE, NEW MEXICO 87501

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

January 18, 2001

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RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

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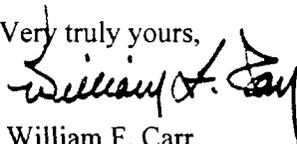
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Very truly yours,



William F. Carr

ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57

SANTAFE, NM
 JAN 18 2001
 USPS - 87501

Recip Kenneth G. Cone
 Street Post Office Box 11310
 City Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57

SANTAFE, NM
 JAN 18 2001
 USPS - 87501

Recip Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

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 Kenneth G. Cone, Trustee of the
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 Post Office Box 11310
 Midland, Texas 79702

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A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57

SANTAFE, NM
 JAN 18 2001
 USPS - 87501

Recip Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

SENDER: COMPLETE THIS SECTION

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 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

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

C. Signature
 X Marilyn Cone 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.

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

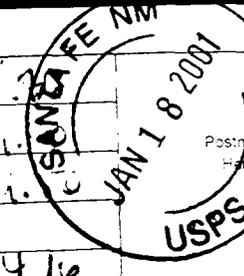
WFC 71.570

Postage \$ 3
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipie Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

City, State, Zip

PS F



SENDER: COMPLETE THIS SECTION

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- 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:

Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

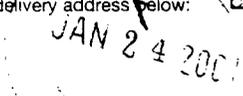
A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 24 2001

C. Signature Sue Ray 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.C.D.

4. Restricted Delivery? (Extra Fee) Yes



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

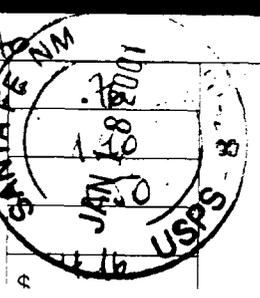
WFC 71.570

Postage \$ 3
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipie Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

City, State, Zip

Form



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:

Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01

C. Signature Keith Pratt Daniels 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

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

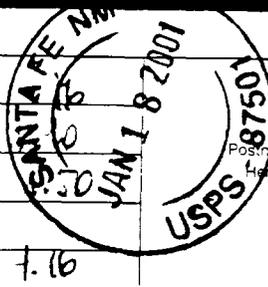
WFC 71.570

Postage \$ 3
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.16

Recipie The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

City, State, Zip

Form



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:

The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01

C. Signature Elizabeth Stout Agent Addressee

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

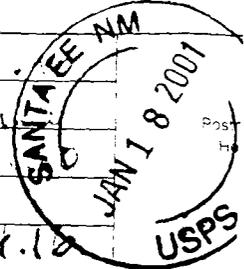
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.18



Rec: LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

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:

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

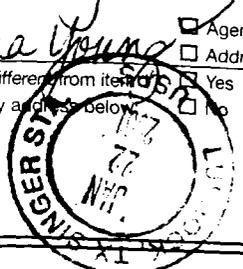
A. Received by (Please Print Clearly) *Tamara Young* B. Date of Delivery

C. Signature *Tamara Young*
 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.

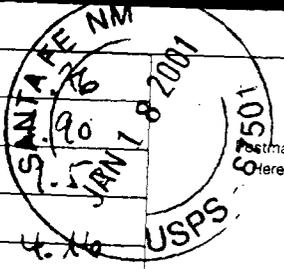
4. Restricted Delivery? (Extra Fee) Yes



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

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.76



Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Cervantes* B. Date of Delivery *1-22-00*

C. Signature *Mike Cervantes*
 Agent
 Addressee

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

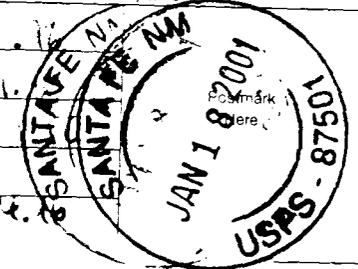
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

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



Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

MAIL RETURNED
NOT DELIVERED

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:

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

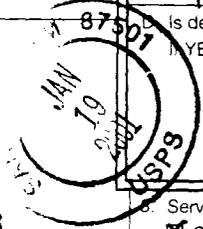
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Phil White*
 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.

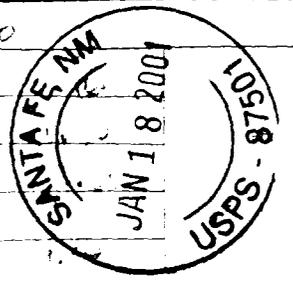
4. Restricted Delivery? (Extra Fee) Yes



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

WFC 71.570

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



Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

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

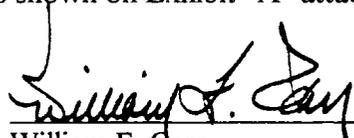
**AMENDED APPLICATION OF YATES PETROLEUM
CORPORATION FOR COMPULSORY POOLING AND
A NON-STANDARD GAS SPACING AND PRORATION
UNIT, LEA COUNTY, NEW MEXICO.**

CASE NO. 12569

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, 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 7th day of February, 2001.



Notary Public

My Commission Expires: Aug 21, 2001

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

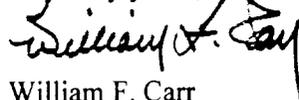
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement 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

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 71.57

Postmark Here: SANTA FE, NM JAN 18 2001 USPS - 87501

Recip: Kenneth G. Cone
 Street: Post Office Box 11310
 City, State: Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 71.57

Postmark Here: SANTA FE, NM JAN 18 2001 USPS - 87501

Recip: Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street: Post Office Box 11310
 City, State: Midland, Texas 79702

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:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 71.57

Postmark Here: SANTA FE, NM JAN 18 2001 USPS - 87501

Recip: Marilyn Cone
 Trustee of the D.C. Trust
 Street: Post Office Drawer 1629
 City, State: Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

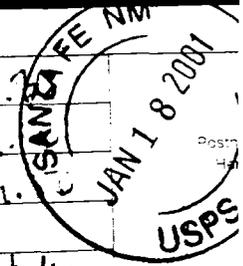
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **SUE RAY** B. Date of Delivery
 C. Signature **X Sue Ray** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

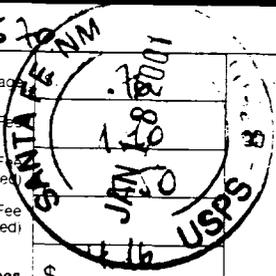
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipient Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **KEITH PRATT DANIELS** B. Date of Delivery **1-29-01**
 C. Signature **X Keith Pratt Daniels** 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

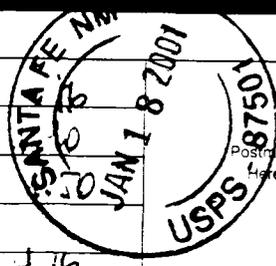
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.16

Recipient The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ELISABETH STOUT** B. Date of Delivery **1-24-01**
 C. Signature **X Elisabeth Stout** 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

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

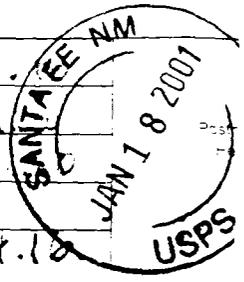
WFC 71.570

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

Total Postage & Fees \$ 4.18

Rec. LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

PS 1



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:
LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

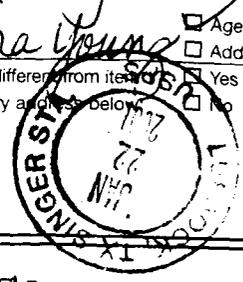
A. Received by (Please Print Clearly) *Tamera Young* B. Date of Delivery

C. Signature *Tamera Young* 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



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

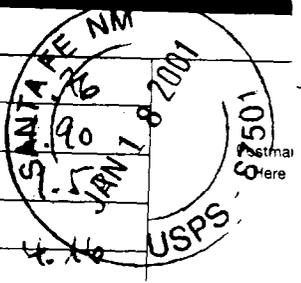
WFC 71.570

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

Total Postage & Fees \$ 4.16

Rec. Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

PS 1



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:
Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Gonzalez* B. Date of Delivery *1/22/01*

C. Signature *Mike Gonzalez* 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

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

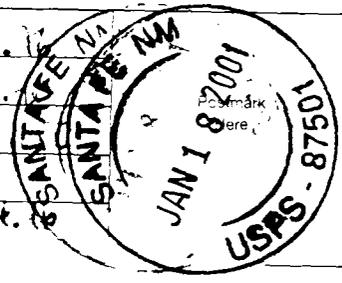
WFC 71.570

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

Total Postage & Fees \$

Rec. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

PS 1



MAIL RETURNED
NOT DELIVERED

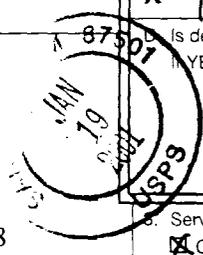
SENDER: COMPLETE THIS SECTION

- 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:
Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt



COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Phil White* 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

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

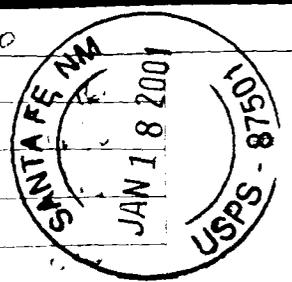
WFC 71.570

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

Total Postage & Fees \$

Rec. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

PS 1



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

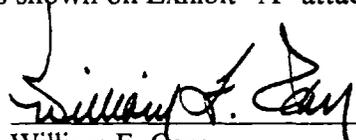
**AMENDED APPLICATION OF YATES PETROLEUM
CORPORATION FOR COMPULSORY POOLING AND
A NON-STANDARD GAS SPACING AND PRORATION
UNIT, LEA COUNTY, NEW MEXICO.**

CASE NO. 12569

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, 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 7th day of February, 2001.



Notary Public

My Commission Expires: Aug 21, 2001

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART LLP
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

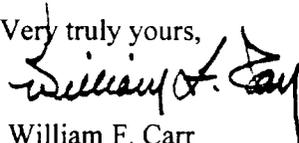
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

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Very truly yours,



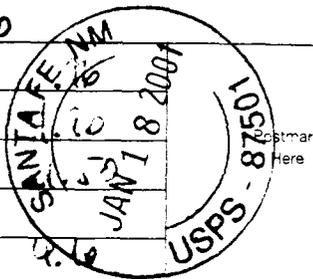
William F. Carr

ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570



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

Recipient: Kenneth G. Cone
 Post Office Box 11310
 Street: Midland, Texas 79702
 City: Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira Agent Addressee

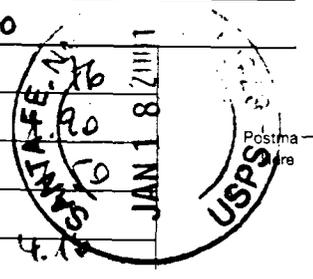
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570



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

Recipient: Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Street: Midland, Texas 79702
 City: Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira Agent Addressee

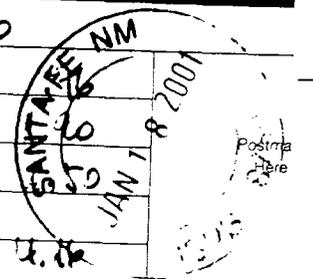
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570



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

Recipient: Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

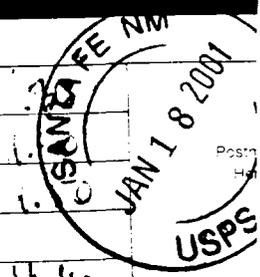
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 5
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery
 C. Signature X Sue Ray Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

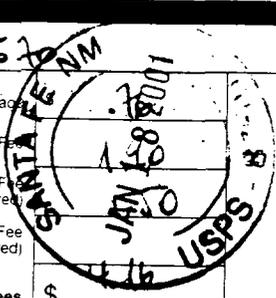
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 5
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipie Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
 C. Signature Keith Pratt Daniels 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

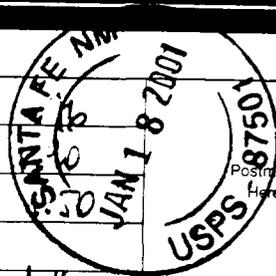
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 5
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipie The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELISABETH STOUT B. Date of Delivery 1-24-01
 C. Signature X Elisabeth Stout 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

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

WFC 21.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.18

Rec. LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

PS 1



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:

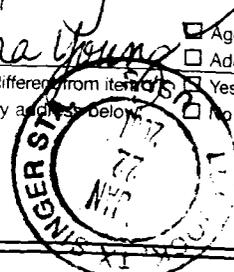
LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tamara Young* B. Date of Delivery
C. Signature *Tamara Young* 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



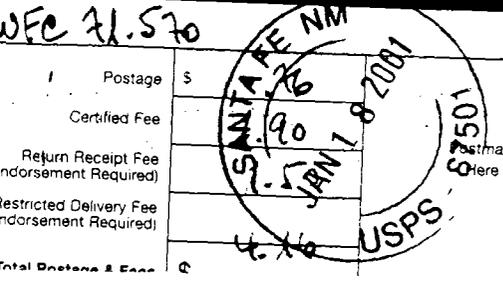
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 21.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.18

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

PS 1



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:

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Conover* B. Date of Delivery *1-22-00*
C. Signature *Mike Conover* 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

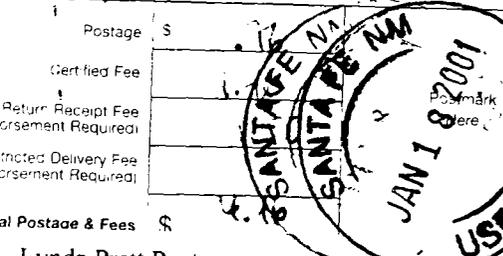
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 21.570

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

Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

PS 1



MAIL RETURNED
NOT DELIVERED

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:

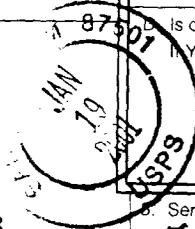
Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature *Phil White* 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



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

WFC 21.570

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

Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

PS 1

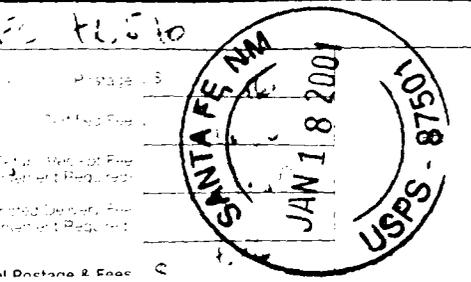


EXHIBIT A

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Post Office Box 778
Jay, Oklahoma 74346

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Post Office Box 11310
Midland, Texas 79702

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Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

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Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
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The Blanco Company
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Santa Fe, New Mexico 87504-2168

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Ms. Marilyn Cone
Trustee of the D.C. Trust
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Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART LLP
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

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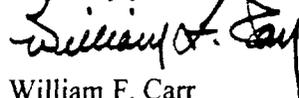
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William F. Carr

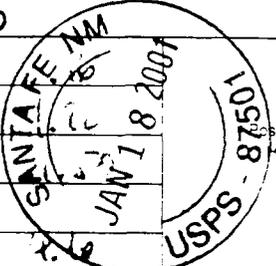
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

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



Recip Kenneth G. Cone
 Street Post Office Box 11310
 City Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira Agent Addressee

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

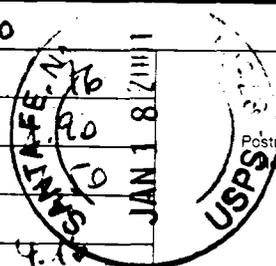
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

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



Recip Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

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 Kenneth G. Cone Children's Trust
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 Midland, Texas 79702

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A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira Agent Addressee

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

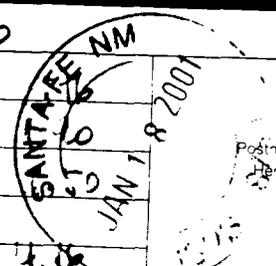
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

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



Recip Marilyn Cone
 Trustee of the D.C. Trust
 Street Post Office Drawer 1629
 City Lovington, New Mexico 88260

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
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COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.16

SANTA FE NM
 JAN 18 2001
 USPS

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **SUE RAY** B. Date of Delivery
 C. Signature **X Sue Ray** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 JAN 24 2001

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)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.16

SANTA FE NM
 JAN 18 2001
 USPS

Rec Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **KEITH PRATT DANIELS** B. Date of Delivery **1-29-01**
 C. Signature **X Keith Pratt Daniels** 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

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.16

SANTA FE NM
 JAN 18 2001
 USPS

Rec The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ELISABETH STOUT** B. Date of Delivery **1-24-01**
 C. Signature **X Elisabeth Stout** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

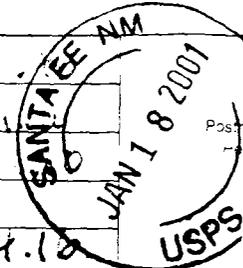
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 21.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.10



Rec. LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

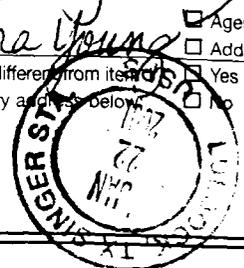
SENDER: COMPLETE THIS SECTION

- 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:
 LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tamara Young B. Date of Delivery
 C. Signature Tamara Young 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

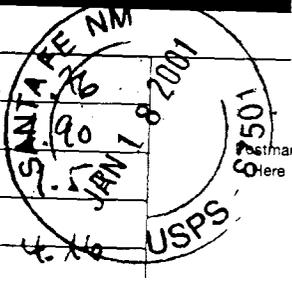


2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

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

WFC 21.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.10



Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

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:
 Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

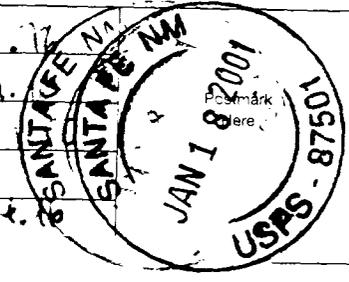
A. Received by (Please Print Clearly) Mike Cervantes B. Date of Delivery 1-22-00
 C. Signature Mike Cervantes Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

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

WFC 21.570

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



Lynda Pratt Rast
 1202 Marlee Lane
 Arlington, Texas 76014

MAIL RETURNED
 NOT DELIVERED

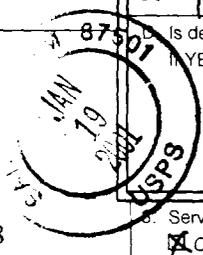
SENDER: COMPLETE THIS SECTION

- 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:
 Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature Phil White 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

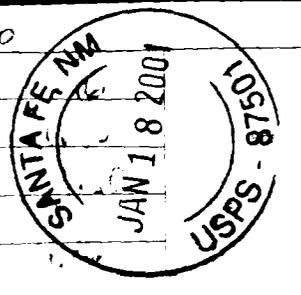


2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

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

WFC 21.570

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



Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

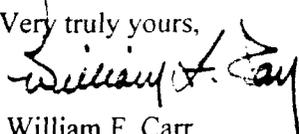
Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement 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

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

WFC 71.570

Postage	\$	1.00
Certified Fee		0.20
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	1.20

Postmark Here

SANTAFE, NM
 JAN 1 8 2001
 USPS 87508

Recip Kenneth G. Cone
 Street Post Office Box 11310
 City, S Midland, Texas 79702

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:

Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

Postage	\$	1.00
Certified Fee		0.20
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	1.20

Postmark Here

SANTAFE, NM
 JAN 1 8 2001
 USPS 87508

Recipi Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City, S Midland, Texas 79702

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:

Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

Postage	\$	1.00
Certified Fee		0.20
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	1.20

Postmark Here

SANTAFE, NM
 JAN 1 8 2001
 USPS 87508

Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

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:

Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

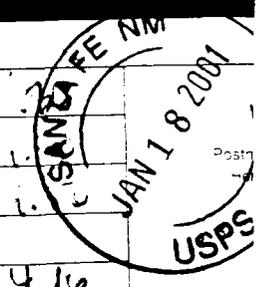
WFC 71.570

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

Total Postage & Fees \$ 4.16

Recip: Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

PS Form 3811, 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:
Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

2. Article Number (Copy from service label)
7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery
C. Signature X Sue Ray Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

JAN 24 2001

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

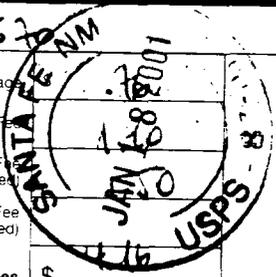
WFC 71.570

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

Total Postage & Fees \$

Recip: Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

PS Form 3811, 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:
Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

2. Article Number (Copy from service label)
7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
C. Signature X Keith Pratt Daniels 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

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

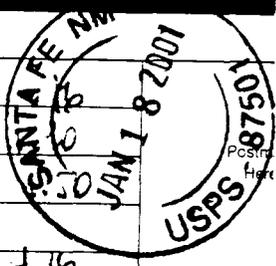
WFC 71.570

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

Total Postage & Fees \$ 7.16

Recip: The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

PS Form 3811, 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:
The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

2. Article Number (Copy from service label)
7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
C. Signature X Elizabeth Stout 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

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

WFC 21.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10



Rec: LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

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:

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Tamara Young* 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.

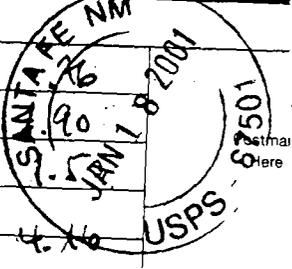
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

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

WFC 21.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10



Rec: Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Cervantes* B. Date of Delivery *1-22-01*

C. Signature *Mike Cervantes* 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.

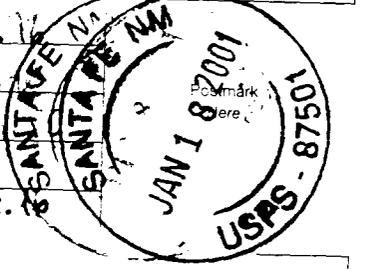
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

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

WFC 21.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10



Rec: Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

MAIL RETURNED
NOT DELIVERED

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:

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Phil White* 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.

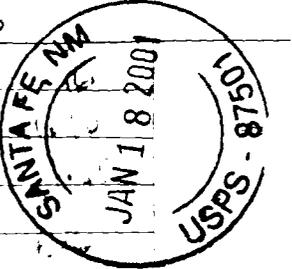
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

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

WFC 21.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10



Rec: Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168



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

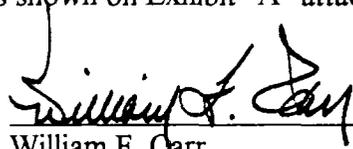
**AMENDED APPLICATION OF YATES PETROLEUM
CORPORATION FOR COMPULSORY POOLING AND
A NON-STANDARD GAS SPACING AND PRORATION
UNIT, LEA COUNTY, NEW MEXICO.**

CASE NO. 12569

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, 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 7th day of February, 2001.



Notary Public

My Commission Expires: Aug 21, 2001

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

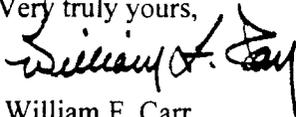
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement 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

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

WFC 71.570

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

SANTAFE, NM
 JAN 18 2001
 USPS - 8758

Recip Kenneth G. Cone
 Street Post Office Box 11310
 City, Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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)

WFC 71.570

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

SANTAFE, NM
 JAN 18 2001
 USPS - 8758

Recipi Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Street, Midland, Texas 79702

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:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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)

WFC 71.570

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

SANTAFE, NM
 JAN 18 2001
 USPS - 8758

Recipi Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

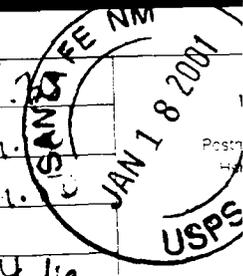
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.16

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 24 2001

C. Signature X Sue Ray 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.C.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.16

Recipie Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01

C. Signature X Keith Pratt Daniels 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

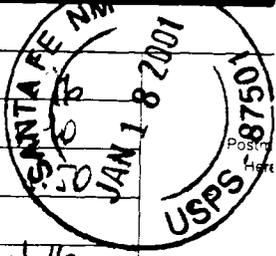
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	7.16

Recip The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELISABETH STOUT B. Date of Delivery 1-24-01

C. Signature X Elisabeth Stout 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

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

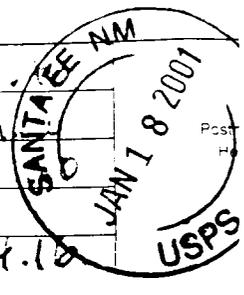
WFC 21.570

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.10

Rec: LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

City: Lubbock, Texas

PS Form 3811, 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:
 LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

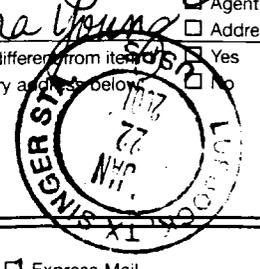
A. Received by (Please Print Clearly) Tamera Young
 B. Date of Delivery

C. Signature X Tamera Young
 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)

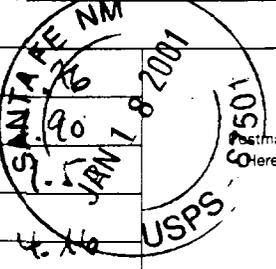
WFC 21.570

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.76

Rec: Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

City: Houston, Texas

PS Form 3811, 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:
 Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervantes
 B. Date of Delivery 1/22/01

C. Signature X Mike Cervantes
 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)

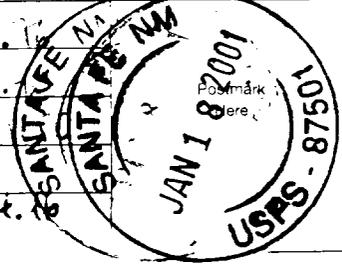
WFC 21.570

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

Rec: Lynda Pratt Rast
 1202 Marlee Lane
 Arlington, Texas 76014

City: Arlington, Texas

PS Form 3811, July 1999



SENDER: COMPLETE THIS SECTION

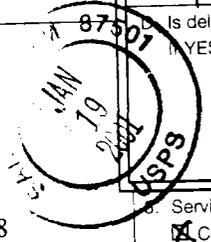
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

MAIL RETURNED
 NOT DELIVERED



COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Phil White
 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)

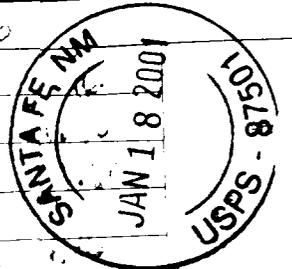
WFC 21.570

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

Rec: Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

City: Santa Fe, New Mexico

PS Form 3811, July 1999



SENDER: COMPLETE THIS SECTION

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 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

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PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Phil White
 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

102595-99-M-1789

102595-99-M-1789

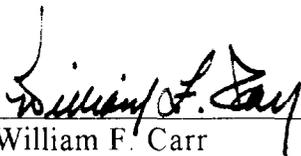
**BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION CASE NO. 12590
FOR COMPULSORY POOLING AND A NON-STANDARD
GAS SPACING AND PRORATION UNIT, LEA COUNTY
NEW MEXICO.**

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, 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 7th day of February, 2001.



Notary Public

My Commission Expires: August 21, 2001

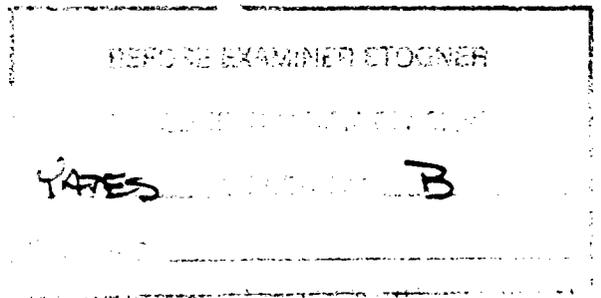


EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART ^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

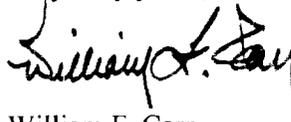
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

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Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement 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

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

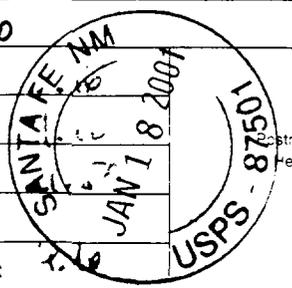
WFC 71.570

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

Postmark Here

Recip Kenneth G. Cone
 Street Post Office Box 11310
 City Midland, Texas 79702

PS Form 3811, 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:

Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

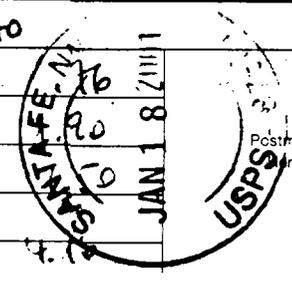
WFC 71.570

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

Postmark Here

Recip Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City Midland, Texas 79702

PS Form 3811, 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:

Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

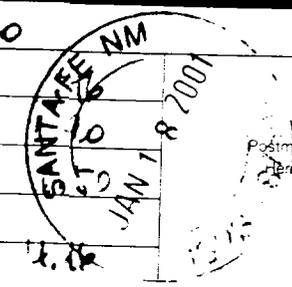
WFC 71.570

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

Postmark Here

Recip Marilyn Cone
 Trustee of the D.C. Trust
 Street Post Office Drawer 1629
 City Lovington, New Mexico 88260

PS Form 3811, 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:

Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

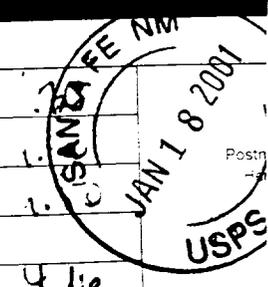
Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.16

Rec Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

City

PS Form 3811, 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:
Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

2. Article Number (Copy from service label)
7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery
C. Signature X Sue Ray Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

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

Total Postage & Fees \$ 4.16

Recipient Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

City, State

PS Form 3811, 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:
Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

2. Article Number (Copy from service label)
7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
C. Signature X Keith Pratt Daniels 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

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

WFC 71.570

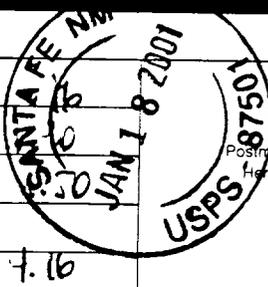
Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 7.16

Recipient The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

City, State

PS Form 3811, 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:
The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

2. Article Number (Copy from service label)
7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
C. Signature X Elizabeth Stout 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

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

WFC 21.570



Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.10

Rec. LWJ Partnership
Post Office Box 64244
City, Lubbock, Texas 79424

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:

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Tamara Young 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)

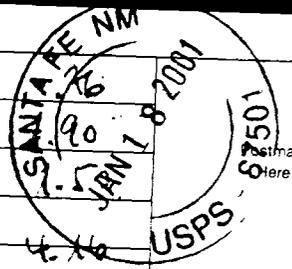
7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

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

WFC 21.570



Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.76

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervantes B. Date of Delivery 1.22.01

C. Signature Mike Cervantes 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)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

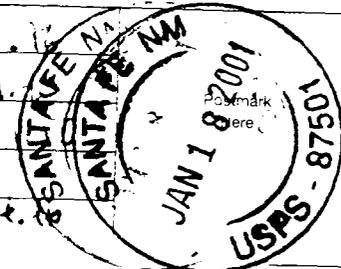
Domestic Return Receipt

102595-99-M-1789

MAIL RETURNED
NOT DELIVERED

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

WFC 21.570



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

Rec. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

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:

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Phil White Agent Addressee

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

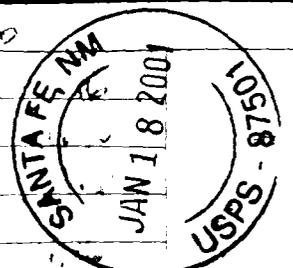
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0024 3129 2958

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

WFC 21.570



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

Rec. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

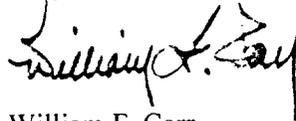
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement 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

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

WFC 71.570

Postage	\$	21.50
Certified Fee		2.00
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	23.50

Postmark Here: SANTA FE, NM JAN 18 2001 USPS-87528

Recip: Kenneth G. Cone
 Street: Post Office Box 11310
 City: Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 1-29-01

C. Signature
 X K Shapira 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)

WFC 71.570

Postage	\$	21.50
Certified Fee		2.00
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	23.50

Postmark Here: SANTA FE, NM JAN 18 2001 USPS-87528

Recip: Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street: Post Office Box 11310
 City: Midland, Texas 79702

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:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 1-29-01

C. Signature
 X K Shapira 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)

WFC 71.570

Postage	\$	21.50
Certified Fee		2.00
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	23.50

Postmark Here: SANTA FE, NM JAN 18 2001 USPS-87528

Recip: Marilyn Cone
 Trustee of the D.C. Trust
 Street: Post Office Drawer 1629
 City: Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

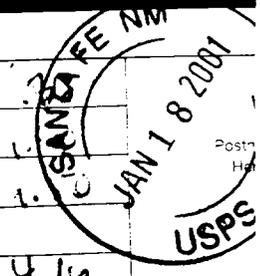
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.16

Rec Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

PS Form 3811, 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:
Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

2. Article Number (Copy from service label)
7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery
C. Signature Sue Ray Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

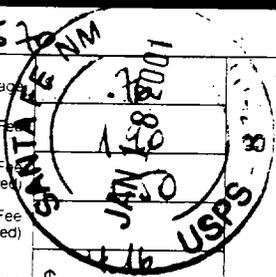
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.16

Recipie Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

PS Form 3811, 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:
Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

2. Article Number (Copy from service label)
7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
C. Signature Keith Pratt Daniels 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

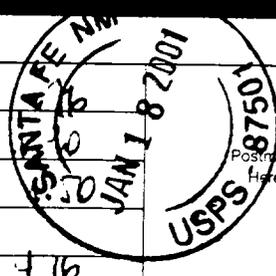
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.16

Recip The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

PS Form 3811, 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:
The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

2. Article Number (Copy from service label)
7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
C. Signature Elizabeth Stout Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

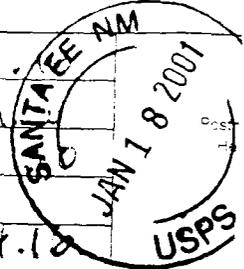
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 21.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.18



Rec: LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

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:

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

2. Article Number (Copy from service label)
7000 0600 0024 3129 3009

COMPLETE THIS SECTION ON DELIVERY

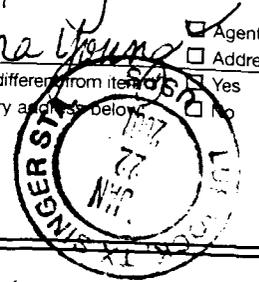
A. Received by (Please Print Clearly) *Tamara Young* B. Date of Delivery

C. Signature *Tamara Young* 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.

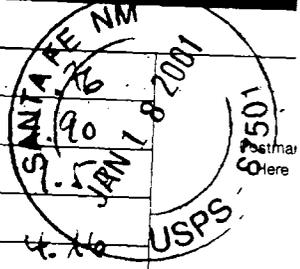
4. Restricted Delivery? (Extra Fee) Yes



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

WFC 21.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.18



Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Cervantes* B. Date of Delivery *1-22-00*

C. Signature *Mike Cervantes* Agent Addressee

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

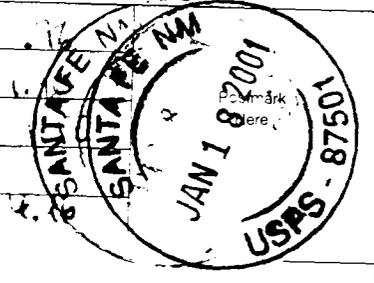
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 21.570

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



Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

MAIL RETURNED
NOT DELIVERED

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:

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

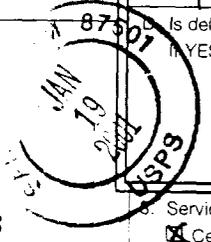
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Phil White* 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



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

WFC 21.570

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

Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

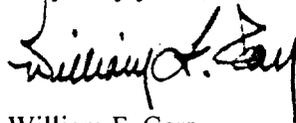
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement 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,



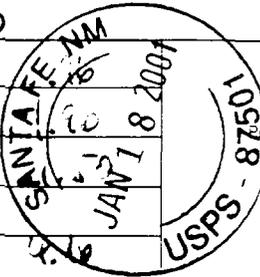
William F. Carr
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

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



Recip Kenneth G. Cone
 Street Post Office Box 11310
 City Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

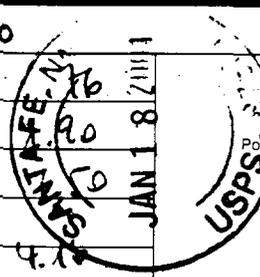
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 1-29-01
C. Signature x K Shapira	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type/ <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

WFC 71.570

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



Recip Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City Midland, Texas 79702

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:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

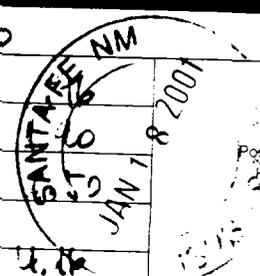
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 1-29-01
C. Signature x K Shapira	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

WFC 71.570

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



Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

- 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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature Marilyn Cone	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.16

Rec Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

PS Form 3811, 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:
Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

2. Article Number (Copy from service label)
7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 24 2001

C. Signature Sue Ray 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.C.D.

4. Restricted Delivery? (Extra Fee) Yes

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

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.16

Recip Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

PS Form 3811, 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:
Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

2. Article Number (Copy from service label)
7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01

C. Signature Keith Pratt Daniels 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

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

WFC 71.570

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.16

Recip The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

PS Form 3811, 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:
The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

2. Article Number (Copy from service label)
7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01

C. Signature Elizabeth Stout 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

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

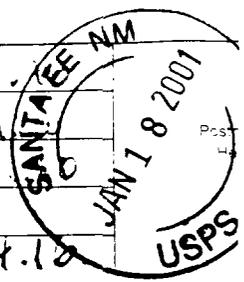
WFC #1.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.10

Rec. LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

City, Lubbock, Texas 79424

PS Form 3811, 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:
 LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3009

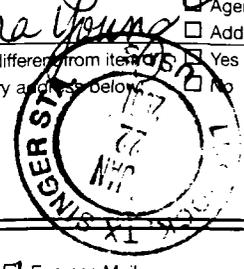
PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tamara Young* B. Date of Delivery
 C. Signature *Tamara Young* 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



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

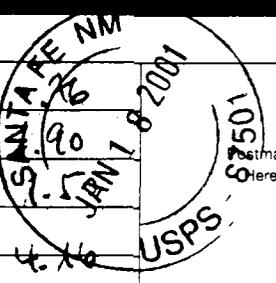
WFC #1.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.76

Rec. Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

City, Houston, Texas 77002-6794

PS Form 3811, 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:
 Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Cervantes* B. Date of Delivery *1-22-00*
 C. Signature *Mike Cervantes* 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

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

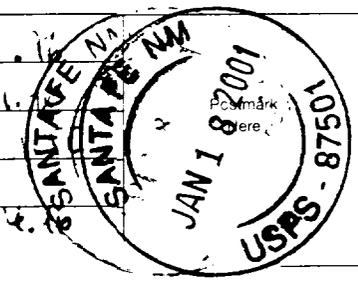
WFC #1.570

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

Rec. Lynda Pratt Rast
 1202 Marlee Lane
 Arlington, Texas 76014

City, Arlington, Texas 76014

PS Form 3811, 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:
 Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Phil White* 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

MAIL RETURNED
 NOT DELIVERED

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

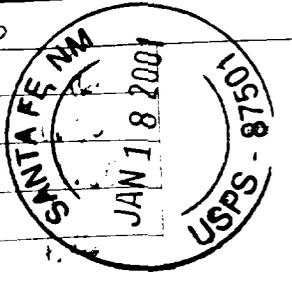
WFC #1.570

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

Rec. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

City, Santa Fe, New Mexico 87504-2168

PS Form 3811, July 1999



SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
 Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2958

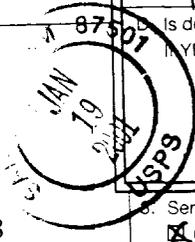
PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *Phil White* 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



102595-99-M-1789

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

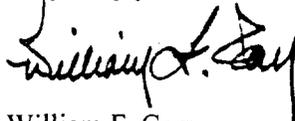
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement 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

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

WFC 71.570

Postage	\$	10.50
Certified Fee		0.50
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	11.00

SANTAFE, NM
 JAN 18 2001
 USPS - 87518

Recipient: Kenneth G. Cone
 Post Office Box 11310
 Street: Midland, Texas 79702
 City: Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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)

WFC 71.570

Postage	\$	10.50
Certified Fee		0.50
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	11.00

SANTAFE, NM
 JAN 18 2001
 USPS - 87518

Recipient: Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

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:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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)

WFC 71.570

Postage	\$	10.50
Certified Fee		0.50
Return Receipt Fee (Endorsement Required)		0.00
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	11.00

SANTAFE, NM
 JAN 18 2001
 USPS - 87518

Recipient: Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

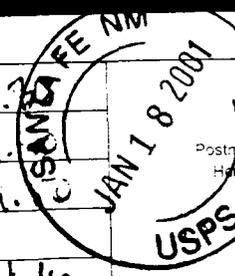
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.16

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:

 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **SUE RAY** B. Date of Delivery
 C. Signature **Sue Ray** Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

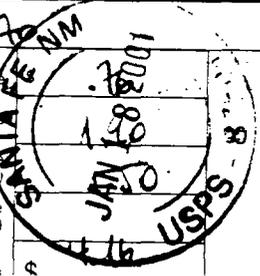
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.16

Recipient Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:

 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **KEITH PRATT DANIELS** B. Date of Delivery **1-29-01**
 C. Signature **Keith Pratt Daniels** 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

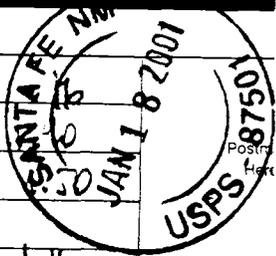
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.16

Recipient The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:

 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ELIZABETH STOUT** B. Date of Delivery **1-24-01**
 C. Signature **Elizabeth Stout** 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

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.10



Rec: LWJ Partnership
Post Office Box 64244
Stre: Lubbock, Texas 79424
City:

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:

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

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

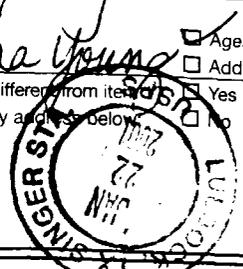
C. Signature *Tamara Young* Agent Addressee

D. Is delivery address different from item? 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

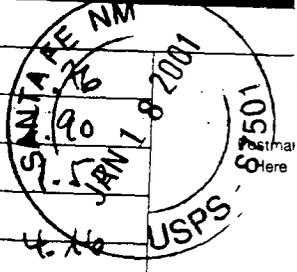
2. Article Number (Copy from service label)
7000 0600 0024 3129 3009
PS Form 3811, July 1999 Domestic Return Receipt



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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.10



Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mike Cervantes* B. Date of Delivery *1-22-01*

C. Signature *Mike Cervantes* Agent Addressee

D. Is delivery address different from item? 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.

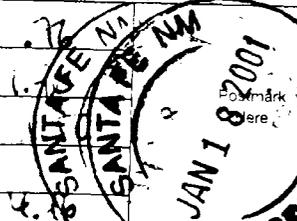
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0024 3129 2996
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.10



Rec: Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

MAIL RETURNED
NOT DELIVERED

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:

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

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

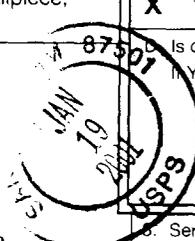
C. Signature *Phil White* Agent Addressee

D. Is delivery address different from item? 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

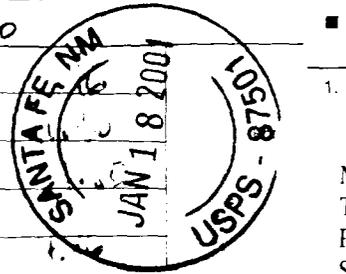
2. Article Number (Copy from service label)
7000 0600 0024 3129 2958



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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.10



Rec: Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

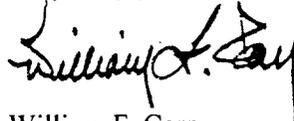
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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.

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Very truly yours,



William F. Carr
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	9.16

SANTAFE, NM 76905
 JAN 1 8 2001
 USPS - 87501

Recip Kenneth G. Cone
 Street Post Office Box 11310
 City, State Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 x K Shapira 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)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

SANTAFE, NM 76905
 JAN 1 8 2001
 USPS - 87501

Recip Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City, State Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

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

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 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 x K Shapira 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)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.16

SANTAFE, NM 76905
 JAN 1 8 2001
 USPS - 87501

Recip Marilyn Cone
 Trustee of the D.C. Trust
 Street Post Office Drawer 1629
 City, State Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 x Marilyn Cone 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

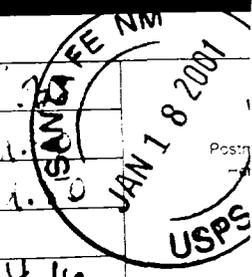
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Pro

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery
 C. Signature X Sue Ray Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

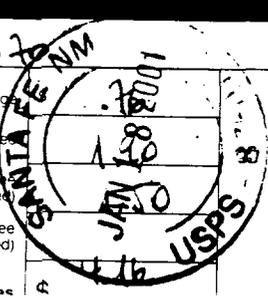
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Pro

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Rec Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
 C. Signature X Keith Pratt Daniels 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

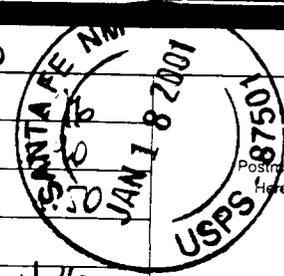
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Pro

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.16

Rec The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
 C. Signature X Elizabeth Stout 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

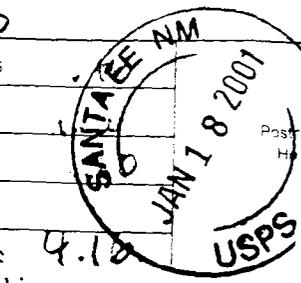
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 41.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

Rec. LWJ Partnership
 Post Office Box 64244
 Street Lubbock, Texas 79424
 City

PS I



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.

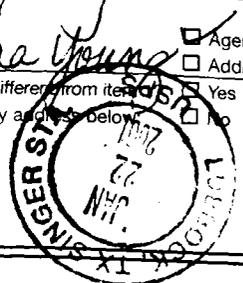
1. Article Addressed to:

 LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3009
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tamera Young	B. Date of Delivery
C. Signature X Tamera Young	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



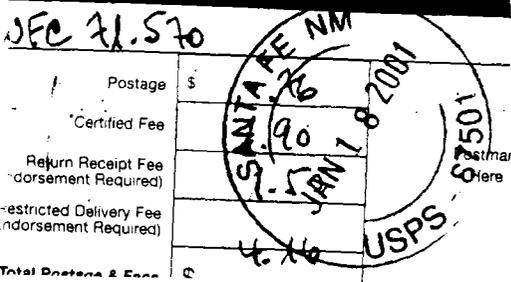
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 41.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.76

Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

PS I



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:

 Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2996
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Conzates	B. Date of Delivery 1-22-00
C. Signature X Mike Conzates	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

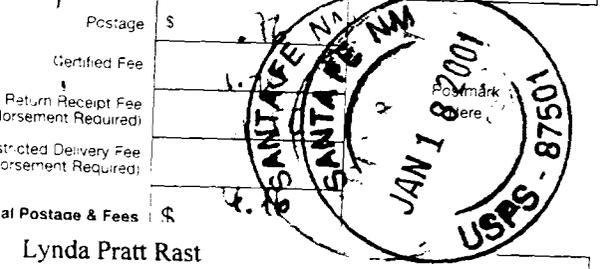
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 41.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.72

Lynda Pratt Rast
 1202 Marlee Lane
 Arlington, Texas 76014

Instructions



MAIL RETURNED
 NOT DELIVERED

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.

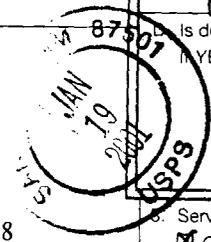
1. Article Addressed to:

 Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2958
 PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Phil White	B. Date of Delivery
C. Signature X Phil White	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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

WFC 41.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.72

Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

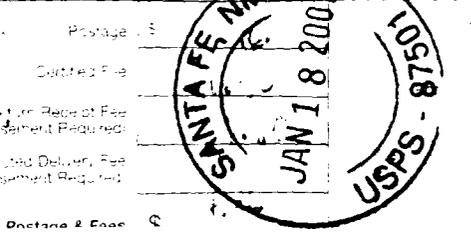


EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

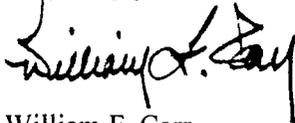
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement 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,



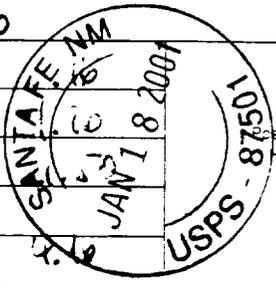
William F. Carr
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57



Recip Kenneth G. Cone
 Street Post Office Box 11310
 City, State Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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.

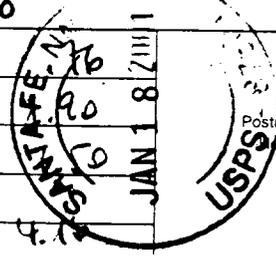
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57



Recip Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Street Post Office Box 11310
 City, State Midland, Texas 79702

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:
 Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-29-01

C. Signature
 X K Shapira 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.

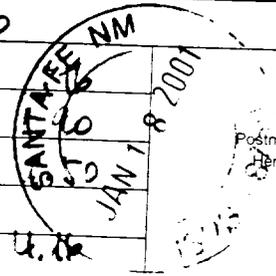
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57



Recip Marilyn Cone
 Trustee of the D.C. Trust
 Street Post Office Drawer 1629
 City, State Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Marilyn Cone 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

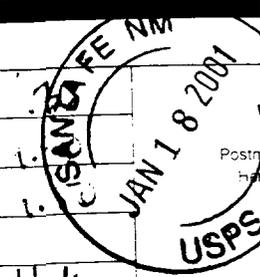
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Pro

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Rec Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery
 C. Signature X Sue Ray Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 JAN 24 2001

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

4. Restricted Delivery? (Extra Fee) Yes

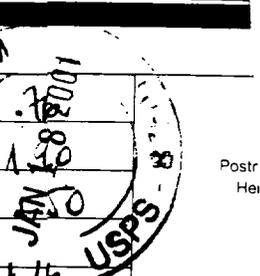
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Pro

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipie Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
 C. Signature X Keith Pratt Daniels 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

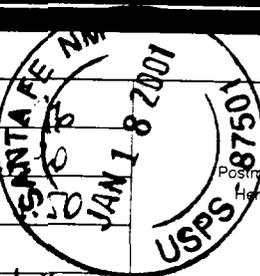
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Pro

WFC 71.570

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recip The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
 C. Signature X Elizabeth Stout 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

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.18

Rec: LWJ Partnership
 Post Office Box 64244
 Srv: Lubbock, Texas 79424

City

PS 1



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:

LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

2. Article Number (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

Tamera Young

C. Signature

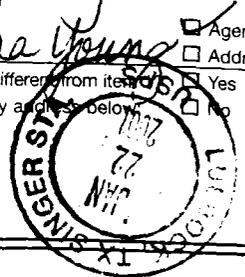
X Tamera Young

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)

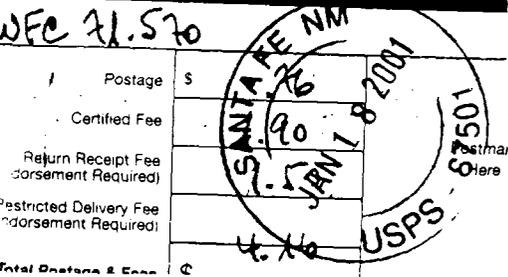
WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.76

Rec: Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

City

PS 1



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:

Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

2. Article Number (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Mike Cervantes

1-22-00

C. Signature

X Mike Cervantes

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)

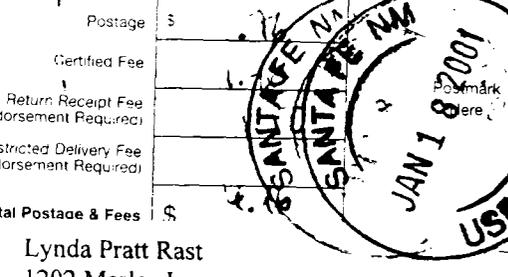
WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.76

Rec: Lynda Pratt Rast
 1202 Marlee Lane
 Arlington, Texas 76014

City

PS 1



Instructions

MAIL RETURNED
 NOT DELIVERED

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:

Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)

7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

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

Phil White

C. Signature

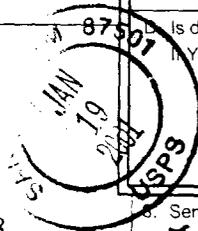
X Phil White

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)

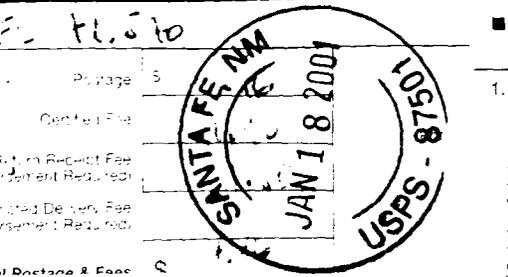
WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.76

Rec: Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

City

PS 1



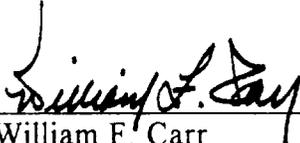
**BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION CASE NO. 12590
FOR COMPULSORY POOLING AND A NON-STANDARD
GAS SPACING AND PRORATION UNIT, LEA COUNTY
NEW MEXICO.**

AFFIDAVIT

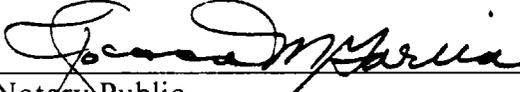
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, 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 7th day of February, 2001.



Notary Public

My Commission Expires: August 21, 2001

EXHIBIT A

Mr. Tom R. Cone
Post Office Box 778
Jay, Oklahoma 74346

Mr. Kenneth G. Cone
Post Office Box 11310
Midland, Texas 79702

Mr. Kenneth G. Cone
Trustee of the Kenneth G. Cone
Children's Trust
Post Office Box 11310
Midland, Texas 79702

Ms. Keith Pratt Daniels
Post Office Box 190766
Dallas, Texas 75219

Ms. Lynda Pratt Rast
1202 Marlee Lane
Arlington, Texas 76014

Mr. Philip L. White
The Blanco Company
Post Office Box 2168
Santa Fe, New Mexico 87504-2168

The Long Trusts
Post Office Box 3096
Kilgore, Texas 75663

Ms. Marilyn Cone
Trustee of the D.C. Trust
Post Office Drawer 1629
Lovington, New Mexico 88260

LWJ Partnership
Post Office Box 64244
Lubbock, Texas 79424

Ocean Energy Resources, Inc.
1001 Fannin, Suite 1600
Houston, Texas 77002-6794

HOLLAND & HART^{LLP}
and
CAMPBELL & CARR
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

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

January 18, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

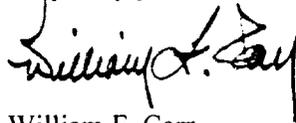
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement 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,

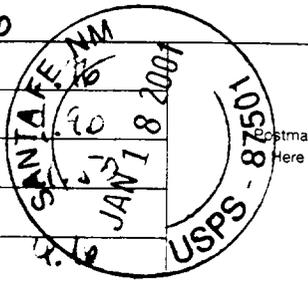


William F. Carr
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570



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

Recipient: Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

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:
 Kenneth G. Cone
 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery: 1-29-01

C. Signature: X K Shapira
 Agent
 Addressee

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

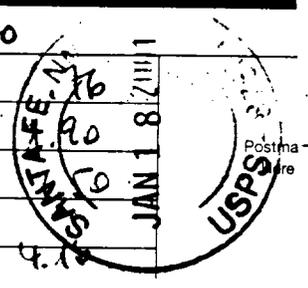
3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3023

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

WFC 71.570



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

Recipient: Kenneth G. Cone, Trustee of the
 Kenneth G. Cone Children's Trust
 Post Office Box 11310
 Midland, Texas 79702

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.
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1. Article Addressed to:
 Kenneth G. Cone, Trustee of the
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 Post Office Box 11310
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery: 1-29-01

C. Signature: X K Shapira
 Agent
 Addressee

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

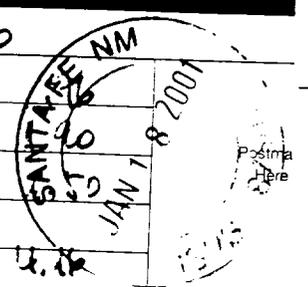
3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2934

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

WFC 71.570



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

Recipient: Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

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:
 Marilyn Cone
 Trustee of the D.C. Trust
 Post Office Drawer 1629
 Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X Marilyn Cone
 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

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2989

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

WFC 71.570

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Rec Tom R. Cone
 Street Post Office Box 778
 City Jay, Oklahoma 74346

PS Form 3811, 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:
 Tom R. Cone
 Post Office Box 778
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3030

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 24 2001

C. Signature Sue Ray 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

102595-99-M-1789

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

WFC 71.570

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.16

Recipie Ms. Keith Pratt Daniels
 Street Post Office Box 190766
 City Dallas, Texas 75219

PS Form 3811, 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:
 Ms. Keith Pratt Daniels
 Post Office Box 190766
 Dallas, Texas 75219

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2972

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01

C. Signature Keith Pratt Daniels 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

102595-99-M-1789

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

WFC 71.570

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 7.16

Recip The Long Trusts
 Street Post Office Box 3096
 City Kilgore, Texas 75663

PS Form 3811, 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:
 The Long Trusts
 Post Office Box 3096
 Kilgore, Texas 75663

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2941

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01

C. Signature Elizabeth Stout 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

102595-99-M-1789

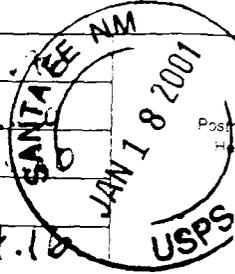
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

Rec: LWJ Partnership
 Post Office Box 64244
 Street: Lubbock, Texas 79424
 City:

PS 1



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:

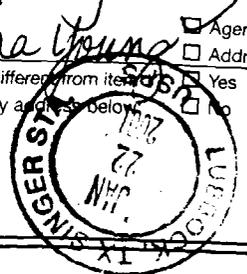
 LWJ Partnership
 Post Office Box 64244
 Lubbock, Texas 79424

2. Article Number (Copy from service label)
 7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Tamara Young</i>	B. Date of Delivery
C. Signature <i>Tamara Young</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



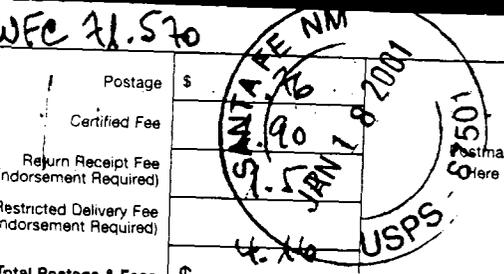
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.76

Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

PS 1



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:

 Ocean Energy Resources, Inc.
 1001 Fannin, Suite 1600
 Houston, Texas 77002-6794

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Mike Cervantes</i>	B. Date of Delivery <i>1-22-00</i>
C. Signature <i>Mike Cervantes</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.77

Lynda Pratt Rast
 1202 Marlee Lane
 Arlington, Texas 76014

Instructions

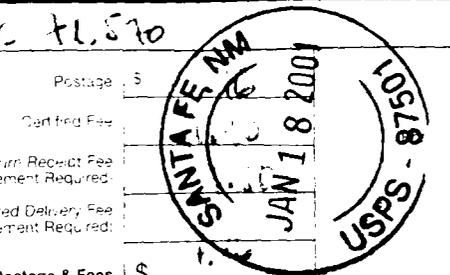
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.77

Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

PS 1



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:

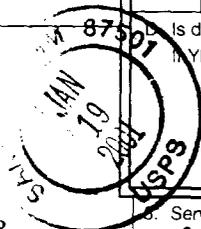
 Mr. Philip L. White
 The Blanco Company
 Post Office Box 2168
 Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)
 7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Phil White</i>	B. Date of Delivery
C. Signature <i>Phil White</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



MAIL RETURNED
 NOT DELIVERED

102595-99-M-1789

102595-99-M-1789