	and the same of th	
For 511, July 1982	• SENDER: Complete Items 1, 2, 3, and Add your address in the "RE space on reverse.	TURN TO"
ŭ,	(CONSULT POSTMASTER FOR	ECEG)
	The following service is requested (check or	· ·
Ş١		
ğ	Show to whom and date delivered	
72	Show to whom, date, and address of deli	very
	2. AESTRICTED DELIVERY	
i	to the ruturn receipt fee.)	N.I
	. т	OTAL S
	3. ARTICLE ADDRESSED TO:	
	Raymond Speans	
ı	309 never 24	
	4. TYPE OF SERVICE:	6500
Į	DREGISTERED DINSURED	ARTICLE NUMBER
ı	GCERTIFIED DCOO 49	8-192-112.
	DEXPRESS MAIL	0
	(Always obtain signature of address	tee or enent)
ĺ	I have received the article described above.	
	SIGNATURE Addresses Authori	red accol
		. se speni
	5) Taymond spea	· • · · ·
	DATE OF DELIVERY	FOSTMARK
ſ	V >>-/563 1	may be on reverse alde)
į	6. ADDRESSEE'S ADDRESS (Only if requested)	1
꼾	e. ADDITESSEE S ADDITESS (ONLY & INQUESTED)	
RETURN RECEI	0	
Ž	7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S
ā	,	INITIALS
E		
7.		
		+ GPO: 1982-379-593
	- Barrier - Barr	◆ GPO: 1982-379-593
-		o GPO: 1982-379-593
PSF	SENDER: Complete Items 1, 2, 3, ar	nd 4.
PS Form	SENDER: Complete items 1, 2, 3, ar Add your address in the "I	nd 4.
PS Form 381	Add your address in the "I space on reverse.	nd 4. RETURN TO''
PS Form 3811, J	Add your address in the "I space on reverse. (CONSULT POSTMASTER FE	od 4. Return to" Or fees)
PS Form 3811, July	Add your address in the "I space on reverse. (CONSULT POSTMASTER FOR The following service is requested (check	od 4. RETURN TO'' OR FEES) one).
PS Form 3811, July 198	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered	OR FEES) one).
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered LI Show to whom, date, and address of delivered	OR FEES) one).
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of delivered RESTRICTED DELIVERY	OR FEES) one).
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered LI Show to whom, date, and address of delivered 2. RESTRICTED DELIVERY	ord 4. RETURN TO'' OR FEES) one). Silvery
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of di 2. RESTRICTED DELIVERY (The restricted delivery lee is charged in ad to the return receipt lee.)	OR FEES) one).
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of de 2. RESTRICTED DELIVERY (The restricted delivery lies is charged in ad to the return receipt lies.) 3. ARTICLE ADDRESSED TO:	ord 4. RETURN TO'' OR FEES) one). Silvery
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of de 2. RESTRICTED DELIVERY (The restricted delivery fee is charged in ad to the return receipt fee.) 3. ARTICLE ADDRESSED TO:	ord 4. RETURN TO'' OR FEES) one). Silvery
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FE 1. The following service is requested (check Show to whom and date delivered LI Show to whom, date, and address of di 2. RESTRICTED DELIVERY (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Rey 1017	od 4. RETURN TO'' OR FEES) one). Silvery
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FE 1. The following service is requested (check Show to whom and date delivered LI Show to whom, date, and address of di 2. RESTRICTED DELIVERY (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Rey 1017	old 4. RETURN TO: OR FEES) one). Silvery
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FE 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of di 2. RESTRICTED DELIVERY (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Spland PO Rey 1017 Callingd M M 4. TYPE OF SERVICE: REGISTERED INSURED	ARTICLE NUMBER
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FE 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of di 2. RESTRICTED DELIVERY (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Spland PO Rey 1017 Callingd M M 4. TYPE OF SERVICE: REGISTERED INSURED	old 4. RETURN TO: OR FEES) one). Silvery
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered The restricted delivery like is charged in ad to the return receipt like.) 3. ARTICLE ADDRESSED TO: Description A. Type of Service: REGISTERED INSURED CERTIFIED COD EXPRESS MAIL	ARTICLE NUMBER
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom and date delivered The restricted DELIVERY. (The restricted delivery less is charged in ad to the return receipt less.) 3. ARTICLE ADDRESSED TO: A TYPE OF SERVICE: REGISTERED INSURED CERTIFIED COD EXPRESS MAIL (Always obtain signature of address.)	ARTICLE NUMBER
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of di 2. RESTRICTED DELIVERY. (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Spicaro PO Rey 1017 Calling M M S 4. TYPE OF SERVICE: REGISTERED INSURED EXPRESS MAIL (Always obtain signature of address in the received the article described above.)	ARTICLE NUMBER 108 - 199 - 111
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of di 2. RESTRICTED DELIVERY. (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Spicaro PO Rey 1017 Calling M M S 4. TYPE OF SERVICE: REGISTERED INSURED EXPRESS MAIL (Always obtain signature of address in the received the article described above.)	ARTICLE NUMBER
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered (I) Show to whom, date, and address of delivered in section to the return receipt fee.) 3. ARTICLE ADDRESSED TO: (The restricted delivery fee is charged in address to the return receipt fee.) 4. TYPE OF SERVICE: (REGISTERED INSURED CERTIFIED COD EXPRESS MAIL (Always obtain signature of address to the article described above.) SIGNATURE Addressee Auth	ARTICLE NUMBER 108 - 199 - 111
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FI 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of di 2. RESTRICTED DELIVERY. (The restricted delivery lee is charged in ad to the return receipt lee.) 3. ARTICLE ADDRESSED TO: D. Spicaro PO Rey 1017 Calling M M S 4. TYPE OF SERVICE: REGISTERED INSURED EXPRESS MAIL (Always obtain signature of address in the received the article described above.)	ARTICLE NUMBER 108 - 199 - 111
PS Form 3811, July 1982	Add your address in the "I space on reverse. (CONSULT POSTMASTER FE 1. The following service is requested (check Show to whom and date delivered I show to whom, date, and address of di 2. RESTRICTED DELIVERY. (The restricted delivery lee is charged in ad in the return receipt lee.) 3. ARTICLE ADDRESSED TO: PO Rev 1017 Calload M M 4. TYPE OF SERVICE: REGISTERED INSURED EXPRESS MAIL (Always obtain signature of addressed in have received the article described above. SIGNATURE Addressed Auth	ARTICLE NUMBER 108 - 199 - 111
PS Form 3811, July 1982	Add your address in the "Space on reverse. (CONSULT POSTMASTER FILE 1. The following service is requested (check Show to whom and date delivered Show to whom and date delivered The restricted DELIVERY (The restricted delivery less is charged in ad to the return receipt less.) 3. ARTICLE ADDRESSED TO: A TYPE OF SERVICE: REGISTERED INSURED CERTIFIED COD EXPRESS MAIL (Always obtain signature of addressing the article described above. SIGNATURE Addressee Authors.	ARTICLE NUMBER ARTICLE NUMBER ARTICLE SUMBER ARTICLE SUMBER
	Add your address in the "Space on reverse. (CONSULT POSTMASTER FI. 1. The following service is requested (check of the following service is requested (check of the following service is requested (check of the following service is charged in ad to the return receipt see.) 3. ARTICLE ADDRESSED TO: (The restricted definery fee is charged in ad to the return receipt see.) 4. TYPE OF SERVICE: (REGISTERED INSURED OF THE FEB OF THE SERVICE OF THE SERVIC	ARTICLE NUMBER ARTICLE NUMBER ARTICLE SUMBER ARTICLE SUMBER
	Add your address in the "Space on reverse. (CONSULT POSTMASTER FI. 1. The following service is requested (check of the following service is requested (check of the following service is requested (check of the following service is charged in ad to the return receipt see.) 3. ARTICLE ADDRESSED TO: (The restricted definery fee is charged in ad to the return receipt see.) 4. TYPE OF SERVICE: (REGISTERED INSURED OF THE FEB OF THE SERVICE OF THE SERVIC	ARTICLE NUMBER ARTICLE NUMBER ARTICLE SUMBER ARTICLE SUMBER
PS Form 3811, July 1982	Add your address in the "Space on reverse. (CONSULT POSTMASTER FI. 1. The following service is requested (check of the following service is requested (check of the following service is requested (check of the following service is charged in ad to the return receipt see.) 3. ARTICLE ADDRESSED TO: (The restricted definery fee is charged in ad to the return receipt see.) 4. TYPE OF SERVICE: (REGISTERED INSURED OF THE FEB OF THE SERVICE OF THE SERVIC	ARTICLE NUMBER ARTICLE NUMBER ARTICLE SUMBER ARTICLE SUMBER

YATES DRILLING COMPANY
DOYAL NO. 3
Partial Pressure Maintenance Project
1980' FSL & 990' FEL Sec. 27-128-31E
Chaves County, New Mexico
Exhibit No. 10

DEFORE THE OIL CONSEGNATION ACCOMMENDATION OF THE CONSEGNATION OF

Cose No. 8502

10_

Submitted by Yares Deice 13

Hearing Date 10 17 85

71		
PS Form 3811, July 1982	SENDER: Complete items, 3, and 4. Add your address in the "RETURN TO" space on reverse.	⁼ orm 3811, July 1982
811	(CONSULT POSTMASTER FOR FEES)	آ ۽
1	The following service is requested (check one).	y d
y 15	Show to whom and date delivered	98
2	Show to whom, date, and address of delivery6	
	2. RESTRICTED DELIVERY	_
	TOTAL \$	·
	3. ARTICLE ADDRESSED TO: 1. T. Halla glust stal. 1005 Aldan Commune Books Blodg Lullick 9 400 2500	
	4. TYPE OF SERVICE: ARTICLE NUMBER	
	□REGISTERED □INSURED 493-192-115	
	(Always obtain signature of addressee or agent)	·
	I have received the article described above.	ii
	SIGNATURE Addressee Authorized ageny	
	DATE OF DELIVERY POSTMARY POSTMARY POSTMARY POSTMARY POSTMARY	
RETUR	6. ADDRESSEE'S ADDRESS (Only if regulation FEB	RETURN RECEIP
RETURN RECEIP	7. UNASLE TO DELIVER BECAUSE: 71. EMPLOYERS	RECEIPT
7	♠ GPO: 1982-3 79.5	G8 93

	Add you	ete Items 1, 2, 3, or address in the on reverse.	and 4. "RETURN TO"				
_	(CONSULT POSTMASTER FOR FEES)						
1.	The following service is requested (check one).						
•	Show to whom and date delivered						
İ		date, and address of					
2.	AESTRICTED D	ELIVERY	t				
	(The restricted di to the i Hurn rece	effvery fee is charged in	addition				
		•	TOTAL \$				
3.	ARTICLE ADDRESS						
	The Duc	o Company	3				
	Pl Dru	wer 1360 '	,				
-	Penni	it while	53361				
1	TYPE OF SERVICE:	INSURED	ARTICLE NUMBER				
	D'ERTIFIED	OCOD COD	493-192-114				
	DEXPRESS MAIL		173 772				
-		in signature of ad	dresses or agent)				
1		ticle described above					
S	ignajure 🔲	Addresse DA	uthorized agent				
	N /	Tape or	The second				
5	DATE OF DELIVER	W To	POSTMARK (may be on reverse etca)				
	ADDRESSEL'S ADD	DRESS (O. V. d request	1363				
	. CNABLE TO DIEIV		73. EMPLOYEE'S INITIALS				

.

rm 3811, July 1982	•	SENDER: Complete Items 1, 2, 3, and Add your address in the "space on reverse.	nd 4. RETURN TO''
811		(CONSULT POSTMASTER F	OR FEES)
ċ	1.	The following service is requested (check	one).
7 1		Show to whom and date delivered	
8		Show to whom, date, and address of d	allveryt
- 1	2.	RESTRICTED DELIVERY	
		(The restricted delivery fee is charged in actor the return receipt lee)	Mition
			TOTAL \$
			TOTAL 3
l	3.	ARTICLE ADDRESSED TO:	1943
		On Polarleum Contir But	i. b. Interest
		930 Reduction Contin, But 9300 Rosept of	Suits
	4.	TYPE OF SERVICE:	ARTICLE NUMBER
	l	REGISTERED DINSURED	
	ŀ	DEERTIFIED DCOD	498-192-119
	_	DEXPRESS MAIL	
		(Always obtain signature of addr	esses or agent)
	11	have received the article described above.	
	SI	GNATURE (LAddressed) LAuti	norized agent
	\	XXX	
ŀ	5.	DATE OF DELWERY	POSTMARK
	/	, s	(may be on reverse side)
	Y	2-15 55	
	6.	ADDRESSEE'S ADDRESS (Only Il requested	,
จี			
RETURN REC			
2	7.	UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S
Ç	2		
191	Ĺ.,		,

Add your address in the 'space on reverse.		SEND	ER: Comp' 'ems 1, 2, : Add yo. ddress in th	3, and 4.
(CONSULT POSTMASTER I	for FEES)	8	space on reverso.	
The following service is requested (check	k one).		(CONSULT POSTMASTE	R FOR FEES)
Show to whom and date delivered		1. The fo	llowing service is requested (cr	hack ona).
Show to whom, date, and address of	delivery		ow to whom and date delivered	••••••
RESTRICTED DELIVERY		SI	low to whom, date, and address	of detivery
(The restricted delivery fee is charged in a set the return receipt fee)		2. L.J RE	STRICTED DELIVERY	
in the isolate terribities !		(1)	e restricted dalivery tee is charged the return receipt (se)	In addition
	TOTAL S		• •	****
ITICLE ADDRESSED TO		3 ADTIC	E ADDRESSED TO:	TOTAL
PC Box 2217	Š.	3. Aning	che Todividade	
midland Right	20102	\sim \sim \sim	ch Partninsky 18 American Ba	3 12 Alle
YPE OF SERVICE:	ARTICLE NUMBER	73.1	w Orleans fA	we county
DEEGISTERED DINSURED	ANTICEE NOMBER	4. TYPE C	IF SERVICE:	ARTICE
ERTIFIED DOOD	498-192119		SISTERED DINSURED	ARIICE
2 36111111160			TIFIED DC00	1490 1
JEYPRESS MAIL (Always obtain signature of add	freezas er sonnth		RESS MAIL	498-19
			ways obtain signature of ad	desease as a
e received the article described above	a a constant of the constant o		lived the article described above	
NATURE LAddressee LAL	uthorized agent	SIGNATU		
· 1/2 / //		Jamusiu	RE Addressee	inthouse to the
DATE OF DELIVERY	POSTMARK		LAX (
UAIR OF DELIVERT	(may be of impress side)	5. 78ATE	DE DELIVERY	175
	150			Liter Do de
DDRESSEE'S ADDRESS (Only It request	J. 1986 (3)	Y /	2 20 15	VE (
PRINCIPLE & MUDITED TOWN IS INCOME.		6. ADORES	SEE'S ADDRESS (Only If reques	
		RETURN	found it tacher?	
INABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S	₹		
UNABLE TO DELIVER BECAUSE.	INITIALS	= -		2.00
		7. UNABLE	MO GELIVER RECAUSE:	7. 61
	1.	A /. UNABLE	NO DELIVER BECAUSE:	
	• GPO: 1982-379 593	7. UNABLE	NO DELIVER BECAUSE:	
SENDER: Complete Items 1, 2,	• GPO: 1982-379 593	R CEIP		a Gar
• SENDER: Complete items 1, 2, Add your address in the second control of the second cont	• GPQ: 1982-379 593 3, and 4.	R CEIP	ER: Complete Items 1, 2, 3	o Gen
Add your address in the space on reverse.	3, and 4.	PS Form	R: Complete items 1, 2, 3 Add your address in the	o Get
Add your address in ti	3, and 4.	R CEIP	ER: Complete Items 1, 2, 3 Add your address in the space on reverse.	e GP and 4.
Add your address in a space on reverse. (CONSULT POSTMAST) 1. The following service is requested (consult)	3, and 4. he "RETURN TO" ER FOR FEES) thack one).	PS Form 3611.	ER: Complete Hems 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE	a GA and 4. "RETURN" R FOR FECS)
Add your address in it space on reverse. (CONSULT POSTMASTI	3, and 4. he "RETURN TO" ER FOR FEES) thack one).	PS Form 3611, July	ER: Complete items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Icwing service is requested (ch	a GA a and 4. "RETURN" R FOR FECS) seck one).
Add your address in a space on reverse. (CONSULT POSTMAST) 1. The following service is requested (consult)	3, and 4. he "RETURN TO" ER FOR FEES) thack one).	PS Form 3611, July 19	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! lewing service is requested (check to whom and date delivered.]	and 4. a "RETURN" R FOR FECS) seck one).
Add your address in it space on reverse. (CONSULT POSTMASTI The following service is requested (consult whom and date delivered whom, date, and address whom, date, and address.) RESTRICTED DELIVERY	3, and 4. he "RETURN TO" ER FOR FEES) thack one).	RECEIPT PS Form 3611, July 1262	ER: Complete items 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTER cowing service is requested (check to whom and date delivered on to whom, date, and address	a Grand 4. 9 "RETURN" R FOR FECS) leck one).
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (consult whom and date delivered whom, date, and address the restricted belivery to is charged (the restricted delivery to is charged)	3, and 4. he "RETURN TO" ER FOR FEES) thack one).	PS Form 3611, July 1882	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE) lowing service is requested (chicum to whom and date delivered on to whom, date, and address STRICTED DELIVERY.	a GP a and 4. a "RETURN" R FOR FECS) ack one).
Add your address in it space on reverse. (CONSULT POSTMASTI The following service is requested (consult whom and date delivered whom, date, and address.) RESTRICTED DELIVERY	3, and 4. he "RETURN TO" ER FOR FEES) check one). 1	PS Form 36:11, July 1252	ER: Complete items 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTER cowing service is requested (check to whom and date delivered on to whom, date, and address	a GPA and 4. refugn 'RETURN' R FOR FECS) ack one).
Add your address in it space on reverse. (CONSULT POSTMASTI The foligering service is requested (consult whom and date delivered whom, date, and address whom, date, and address to the return receipt fee is charged to the return receipt fee i	3, and 4. he "RETURN TO" ER FOR FEES) thack one).	PS Form 36:11, July 1252	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (check to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a GPA a GPA b, and 4. b "RETURN 1 R FOR FEES) leck one). of delivery in addition
Add your address in it space on reverse. (CONSULT POSTMASTI The foliowing service is requested (consult whom and date delivered whom, date, and address whom, date, and address the return receipt fee) ARTICLE ADDRESSED TO:	3, and 4. he "RETURN TO" ER FOR FEES) check one). 1	PS Form 3611, July 1982	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! lewing service is requested (check to whom and date delivered on to whom, date, and address STRICTED DELIVERY	and 4. 9 "RETURN" RETURN of delivery m addition
Add your address in it space on reverse. (CONSULT POSTMASTI The foligeing service is requested (consult whom and date delivered whom, date, and address whom, date, and address to the restricted delivery toe is charged to the return receipt foe) ARTICLE ADDRESSED TO: Chartel Capital	3, and 4. he "RETURN TO" ER FOR FEES) check one). 1	PS Form 3611, July 1262	ER: Complete items 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE! Iteming service is requested (chicow to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a Grand 4. 9 "RETURN" R FOR FECS) leck one). In addition TOTAL
Add your address in it space on reverse. (CONSULT POSTMASTI The following service is requested (or Show to whom and date delivered by the service of the restricted delivery (The restricted delivery (se is charged to the return receipt fee) ARTICLE ADDRESSED TO: Exacted Cypic For Buy 45/5	3, and 4. he "RETURN TO" ER FOR FEES) check one). d in addition TOTAL \$	PS Form 3611, July 1982 2. Ref	ER: Complete items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (che to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a Grand 4. 9 "RETURN" R FOR FECS) leck one). In addition TOTAL
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (consult whom and date delivered whom, date, and address whom, date, and address to the return receipt fee is charged to the return receipt fee) ARTICLE ADDRESSED TO: Enset the Consult of the	a GPO: 1882-379 593 3, and 4. he "RETURN TO" ER FOR FEES) theck one). 1	PS Form 3611, July 1982 2. Ref	ER: Complete items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (chew to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a Grand 4. 9 "RETURN " R FOR FECS) Bock ora). In addition TOTAL
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (consult whom and date delivered by whom, date, and address whom, date, and address to the return receipt fee is charged to the return receipt fee is charged to the return receipt fee in the return receipt f	3, and 4. he "RETURN TO" ER FOR FEES) check one). I	PS Form 3611, July 1982 2. Ref	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (chew to whom and date delivered ow to whom, date, and address STRICTED DELIVERY	a GA and 4 refurn ' refurn'
Add your address in it space on reverse. (CONSULT POSTMASTI The foligeting service is requested (consults whom, date delivered by the restricted delivery lee is charged to the return receipt fee is charged to the return receipt fee in the return rece	3, and 4. the "RETURN TO" ER FOR FEES) check one). I	PS Form 3611, July 1982 2. RECEIPT 3. ARTICL 4. TYPE 0	ER: Complete items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (che con to whom and date delivered down to whom, date, and address STRICTED DELIVERY	a GA and 4 refurn ' refurn'
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (of Shaw to whom and date delivered to the restricted delivery lee is charged to the return receipt fee) ARTICLE ADDRESSED TO: Chartel Capit FO Buy 45/5 THE OF SERVICE: REGISTERED INSURE!	3, and 4. he "RETURN TO" ER FOR FEES) check one). I	PS Form 3611, July 1982 2. RECEIPT 3. ARTICL 4. TYPE O	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (che con to whom and date delivered down to whom, date, and address STRICTED DELIVERY	and 4. 9 "RETURN" R FOR FECS) Bock one). TOTAL ARTICL ARTICL
Add your address in it space on reverse. (CONSULT POSTMASTI The foligering service is requested (of Show to whom and date delivered to the restricted delivery lee is charged to the restricted delivery lee is charged to the return receipt fee) ARTICLE ADDRESSED TO: Cross-ch Crople For Buy 45/5 TYPE OF SERVICE: REGISTERED INSURE! LECENTIFIED COD EXPRESS MAIL	3, and 4. he "RETURN TO" ER FOR FEES) theck one). 1	PS FORM 3611, July 1982 2. REAL Ships A STILL Ships A STI	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (check to whom and date delivered on to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a GP and 4. a "RETURN R FOR FEES) ack one). of delivery maddition TOTAL 77001 ARTICL
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (or Show to whom and date delivered by the restricted delivery ice is charged to the return receipt fee) ARTICLE ADDRESSED TO: Lyngtell Cyllis Type of Service: REGISTERED INSURE: REGISTERED COD EXPRESS MAIL (Always obtain signature of	3, and 4. Total \$	PS Form 3611, July 1982 2. ARTICL 913 4. TYPE 0 PERE	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTEI] Iteming service is requested (che cow to whom and date delivered on the whom and date delivered on the whom, date, and address is trained delivery fee is charged the return record fee) E ADDRESSED TO: LIGHT OF COMPANY F SERVICE: INSURED ITIFIED COD RESS MAIL	and 4. 9 "RETURN" R FOR FEES) Hock ora). In addition TOTAL 77001 ARTICL 49819
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (consults whom and date delivered by the restricted delivery ice is charged to the return receipt fee in the received the article described above the received the article described above the return received the article described above the return received the article described above the received the article described above the received the article described above the return received the return recei	3, and 4. he "RETURN TO" ER FOR FEES) chack one). 1	PS Form 3611, July 1252 2. ARTICLE 9. A. TYPE OF CERT CERT CERT CERT CERT CERT CERT CERT	ER: Complete Herrs 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! It wing service is requested (chicow to whom and date delivered on to whom, date, and address STRICTED DELIVERY	and 4. 9 "RETURN" REFOR FECS) leck ore). of delivery Maddition TOTAL 7701 ARTICL 495 19.
Add your address in it space on reverse. (CONSULT POSTMASTI The foligwing service is requested (consults whom and date delivered by the restricted delivery ice is charged to the return receipt fee is charged to the return receipt fee in the return re	3, and 4. Total \$	PS Form 3611, July 1282 2. ARTICLE 9. A. TYPE OF CEXP (AN I have meet	ER: Complete Herns 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE! It wing service is requested (che cow to whom and date delivered on to whom, date, and address STRICTED DELIVERY. I restricted delivery fee is charged the return recorpt fee) E ADDRESSED TO: INSURED INSURED INSURED INSURED COD RESS MAIL Nays obtain signature of actived the article described above	a GPA a and 4. b "RETURN 1 R FOR FEES) leck ore). of delivery m addition TOTAL 498 19. Idresses or a: (e.
Add your address in it space on reverse. (CONSULT POSTMASTI The following service is requested (of Show to whom and date delivered by the restricted delivery ize is charged to the return receipt fee) ARTICLE ADDRESSED TO: LYNCHELL CAPILLE TYPE OF SERVICE: REGISTERED INSURE! CERTIFIED COD EXPRESS MAIL (Always obtain signature of have received the article described ab	3, and 4. he "RETURN TO" ER FOR FEES) chack one). 1	PS Form 3611, July 1252 2. ARTICLE 9. A. TYPE OF CERT CERT CERT CERT CERT CERT CERT CERT	ER: Complete items 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Iteming service is requested (che con to whom and date delivered on the whom, date, and address STRICTED DELIVERY	and 4. 9 "RETURN" R FOR FECS) eck one). M addition TOTAL 493 17. Idressee or a e. Authorized agen
Add your address in it space on reverse. (CONSULT POSTMASTI The following service is requested (consults whom and date delivered by the service of the return receipt fee is charged to the return receipt fee is charged to the return receipt fee in surface. ARTICLE ADDRESSED TO: Character Capter for Buy Uf/5 TYPE OF SERVICE: REGISTERED INSURE: CRETIFIED COD EXPRESS MAIL (Always obtain signature of have received the article described ab GIGNATURE Addressee	3, and 4. Be "RETURN TO" ER FOR FEES) Chack one). 1	PS Form 3611, July 1282 2. ARTICLE 9. A. TYPE OF CEXP (AN I have meet	ER: Complete Herns 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE! It wing service is requested (che cow to whom and date delivered on to whom, date, and address STRICTED DELIVERY. I restricted delivery fee is charged the return recorpt fee) E ADDRESSED TO: INSURED INSURED INSURED INSURED COD RESS MAIL Nays obtain signature of actived the article described above	a GPA a and 4. b "RETURN 1 R FOR FEES) beck one). of delivery TOTAL 17701 ARTICL 493 17: Idressee or an
Add your address in it space on reverse. (CONSULT POSTMASTI The following service is requested (of Show to whom and date delivered Show to whom, date, and address whom, date, and address to the return receipt fee) ARTICLE ADDRESSED TO: Lincheck Cupile For Buy USIS TYPE OF SERVICE: REGISTERED GOOD EXPRESS MAIL (Always obtain signature of ave received the article described above received the article described	3, and 4. Be "RETURN TO" ER FOR FEES) Chack one). 1	PS Form 3611, July 1252 2. ARTICLE 9. A. TYPE OF CEXP (AN I have need Signatu	ER: Complete Herns 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! It wing service is requested (che cow to whom and date delivered on to whom, date, and address STRICTED DELIVERY	R FOR FEES) Heach one). In addition TOTAL 17701 ARTICL 498 193 Idresses or an
Add your address in it space on reverse. (CONSULT POSTMASTI The foliowing service is requested (or Show to whom and date delivered between the matter of the restricted delivery lose is charged to the return receipt foe) ARTICLE ADDRESSED TO: Ensetch Cuplification of the return receipt foe) TYPE OF SERVICE: REGISTERED INSURE! (Always obtain signature of the received the article described above received the a	3, and 4. he "RETURN TO" ER FOR FEES) chack one). 1	PS Form 3311, July 1282 2.	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE! Iteming service is requested (che cow to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a GPA a and 4. b "RETURN 1 R FOR FEES) leck ore). of delivery m addition TOTAL 498 / 9. Idresses or a le. huthorized agent
Add your address in it space on reverse. (CONSULT POSTMASTI e foliowing service is requested (of Show to whom and date delivered forms to whom, date, and address whom, date, and address to the return receipt fee is charged to the return receipt fee) RTICLE ADDRESSED TO: Enactal Capital Forms and address of Service: REGISTERED INSURE: REGISTERED COD EXPRESS MAIL (Always obtain signature of secenced the article described ablature ACT Capital C	3, and 4. the "RETURN TO" ER FOR FEES) thack one). I de addition TOTAL \$	PS Form 3311, July 1282 2.	ER: Complete Herns 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! It wing service is requested (che cow to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a GPA a and 4. b "RETURN 1 R FOR FEES) leck ore). of delivery m addition TOTAL 498 / 9. Idresses or a le. huthorized agent
Add your address in it space on reverse. (CONSULT POSTMASTI The foligoing service is requested (or Show to whom and date delivered by the service of the restricted delivery to its charges to the return receipt foe) ARTICLE ADDRESSED TO: Lyngetch Cyple for Buy 45/5 TYPE OF SERVICE: REGISTERED INSURE! CENTIFIED COD EXPRESS MAIL (Always obtain signature of have received the article described ab SIGNATURE Addressee	3, and 4. the "RETURN TO" ER FOR FEES) thack one). I de addition TOTAL \$	PS FORM 33:11, July 13:62 2. ARTICLE AT TYPE OF CERT AND INC. 4. TYPE OF CERT AND INC. SIGNATU 5. DATE: 6. ADDRES	ER: Complete Herrs 1, 2, 3 Add your address in the space on reverse. [CONSULT POSTMASTE! Idwing service is requested (chewing service is requested (chewing service) in the service of th	and 4. RETURN RETURN RETURN Of delivery Maddition TOTAL 1978 19. Indresses or a re. Luthorized agent
Add your address in it space on reverse. (CONSULT POSTMASTI 1. The following service is requested (consult whom and date delivered by the restricted delivery late is charged to the return receipt fee is charged to the return receipt fee is charged to the return receipt fee in surface. 3. ARTICLE ADDRESSED TO: Chartel Capital Portion of the return receipt fee in surface. A type of service: REGISTERED INSURE: CERTIFIED COD EXPRESS MAIL (Always obtain signature of in have received the article described about the article described about the consumer of the service in the consumer of the consume	3, and 4. the "RETURN TO" ER FOR FEES) thack one). I de addition TOTAL \$	PS Form 3311, July 1282 2. ARTICLE 9. A. TYPE O CENTER IN A TYPE O CENTER IN A TYPE O CENTER I HAVE INCLUDED IN A TYPE O	ER: Complete Items 1, 2, 3 Add your address in the space on reverse. (CONSULT POSTMASTE! Iteming service is requested (che cow to whom and date delivered on to whom, date, and address STRICTED DELIVERY	a Geo. a FOR FEES) beck ora). of delivery a addition TOTAL 498 / 9: duthorized agen (may be on.)

7. UNABLE 10 DELIVER BECAUSE:

7. UNABLE TO DELIVER BECAUSE:

Form C-102 Supersedes C-128 Effective 1-1-65

		All distances must	be from the out	er boundaries o	the Section.		
perator			Lease	_			Well No.
Yates Drilling	Company			Doya1			4
it Letter Sect		Township	Hang		County		
M	26	12 South	3	l East		Chaves	
Actual Foctage Location							
330 tee	et from the	South line o	und 330) fe	et from the	West	line
sound Level Elev.	Producing For	motion	Post				licated Acreage:
4425 GL	Qu	een		SE Chaves	Queen	1	40 Acres
1 OM One he ac	reage dedica	ted to the subject	well by co			marks on the n	lat balow
1. Outline the ac	reage deared	ten in the oneject		iorea peneri	or nachure	marks on the p	iat below.
interest and re	oyalty).		,			•	of (both as to working
	unitization, i	mitization, force-po	ooling, etc?		•	nterests of all	owners been consoli-
Yes	No Ifa	nswer is "yes;" ty _l	e of consoli	dation	, , , , , , , , , , , , , , , , , , ,		
this form if ne No allowable v	cessary.) vill be assign	ed to the well until	all interest	s have been	consolidat	ed (by commun	l. (Use reverse side of nitization, unitization, proved by the Commis-
	1			ı		c	ERTIFICATION
	ł			1			
	ł			i		I hereby certi	fy that the information con-
	1				1	1	is true and complete to the
	1			1			owledge and belief.
	t	Į	i.	1 "	į	1/1/	PAR
	1			i	}	Museun	1-27/4
	+			i		Nome Clie	erio Rodriguez
	I			1	1		crio warigaes
	i	•		1	į	Position Reg	ulatory Agent
	•			1	Ì	<u> </u>	aracory agent
	1			;	l	Company Yates Dri	lling Company
	OIL CONSE	RVATION DIVISION CAS	SE NO. 8 502:			Date	
		ON OF YATES DRILLING			1		14/84
	FOR A PRE	SSURE MAINTENANCE PR	ROJECT,		j		<u> </u>
	CHAVES CO	NUNTY, NEW MEXICO.					
,		EXHIBIT NO. 11				I haraku ca-	tify that the well location
	`			1	1	1	plat was plotted from field
	i			1 .	ł	Ŧ	val surveys made by me or
	ł			I		i .	ervision, and that the same
		DECO	RE THE			1	correct to the best of my
	1	, i		ANYVICCIUM!		knowledge an	
		OIL CONSERVA			4-4		
		Sprin Fo		. h.o., "		1	AL Flanta
185	1	Case No. 8502		i II _		Date Survey	OF FRESH AND
1		- [-	_			FA	11/13/84
		Submitted by Y	. 1	1	-	Register of Pro	eshibit Officined
330		dearing Date1	0 17 85	· .,	.	and/or Land Su	rveyor ONES
Q'o	<u> </u>		1 1	1	<u> </u>	1	3640
33				1	. !	2/1 see	car ones
Townson Street						Certificate M	10 10
330 660 190	1320 1650 19	80 2310 2640	2000 1500	1000	500 0		Marie 640

NEW JEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section.

			1		
Operator VATOR	DOTE THE SE	AAC) A N IV	Lease	L L.	Well No.
YATES	DRILLING CO Section	MPANY Township	Gallagher S	tate County	1
D	35	12 South	31 East	Chaves	
Actual Footage Lo	_		····		
330	feet from the	North line and		t from the West	line
Ground Level Elev 4424.5	. Producing F Queer		SE Chaves Oueen	Gas Area Assoc.	Dedicated Acreage: 40.00 Acres
		ated to the subject w	*		
2. If more to interest a3. If more the	than one lease it and royalty).	s dedicated to the wel	l, outline each and ide	entify the ownership th	nereof (both as to working all owners been consoli-
[] Yes If answer this form No allows	No If is "no;" list the if necessary.)	answer is "yes;" type of owners and tract des	of consolidation criptions which have a l interests have been	consolidated (by com	munitization, unitization, approved by the Commis-
					CERTIFICATION
	 			Number Tourish Regimes Company Yatas E	certify that the information con- rein is true and complete to the knowledge and belief. nodes crilling Company
	 		INTERSCHEL SONES 3640	shown on nates of under my is true of knowledge Date Survey Ma:	rch 14, 1985 Professional Engineer
			- Grant Marie	Contificate	, ,
0 330 660	190 1320 1650	1980 2310 2640 20	00 1500 1000	500 0	3640

All distances must be from the cover boundaries of the Section Well III. Doval Quean (miline the acreage dedicated to the subject well by colored pencil or hachuse marks on the plat below. off charge than one lease is deficuted to the well, outline each and identify the ownership thereof (both as to conking interest and nov div). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidided by convenitization, unitination, have pooling etc? Manager patters," two of coasolidation A answer is "ma" list the analysis and trace descriptions which have actually been consolidated. (Use reverse side of No charable will be assigned to the well until the increase have been composidated the communitization, unitizat Ence by a linea or otherwise) are all a none total and main climinating such interests, has been approved by the Commo I be only certify that the microsofton con here in is true and complete to the Himeric Redrigues Regulatory Agent Yed-Company 7/24/84 hereby worth without the well location of activity surveys mode by in a or whe should supply affilight the some July 23, 1984

Form C-169 Ethective ---

All distances must be from the outer boundaries of the Section L.ease rerator 2 YATES DRILLING COMPANY Doyle Section Township Hange J. 11.17 'r.:t Letter 31 East 27 12 South Chaves P tual footage Location of Well: 760 East South 500 feet from the line and tee to from the it und Level Elev. Producing Formation 4427. SE Chaves Queen Gas Assoc. Queen 40.00 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? If answer is "ves," type of consolidation __ Yes Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (I se reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief Tobin Lyn Rhodes Printer. Engineer Yates Drilling Company 8/30/84 Conflix that a de h, and Rout the same PROFESSI Date: urveyea <u> Λugust 30, 1984</u> 760 Registered Frotessional Engineer on i or I, mi Jurveyer NM PE&LS NO

2000

460

.90

1320 1650

1980 2310

1500

1000

		711	t be from the outer	noundaries (in the Section.		
YATES DRI	ILLING COMPAN	Ý	Louis 1	oyal			Well flo.
that Letter	Contract.	Lower Say	Li nope		County		
I A. tadi i tire Loc	27	128		1E	County	Chaves	and the state of t
1980'	teet it, in the	South 100	990*		est from the	East	Tine
a unit; vei liev. 4429' GL	The folia is is a Que	endere. CN	SE	Chaves	ز ویزار Queen	lise a 4	toted Acres (e) Acres
1. Outline th	ie acreage dedica	and to the subje	ct well by coly	sed pencil	or hachure i	แล้วไร้ ซีเรียก็ ดูไล	t below.
	han one lease is nd-royalty).	dedicated to the	e well, outline	each and id	lentify the o	wnership thereo	f (both as to working
	an one lease of communitization,			to the well	, have the in	nterests of all o	owners been consoti-
i Yes	No If a	mswer is "yes!" (ype of consolid	lation	,		
	is "no;" list the		descriptions w	hich have	actually bee	n consolidated.	(Use reverse side of
No obliwa Leger depun rasin	ble will be assign ding, or otherwise	ed to the well un) or until a non-st	til all interests andard unit, eli	have been minating so	consolidate uch interests	ed (by communi s, has been appi	tization, unitization, oved by the Commis-
	l I			a		CEI	RTIFICATION
	1		 	a a		tained herein is	that the information con- true and complete to the vieldge and belief.
	1					There !	edriges
	1					Potation	Rodriguez
	! !			i.	,	Сепрету	ory Agent ling Company
	1			 	÷	Forte 9/18/84	11th Company
				,			
				Q	990'	shown on this notes of actua under my super	fy that the well location plat was plotted from field I surveys made by me or vision, and that the same arrect to the best of my belief.
	!				G	9/18/8	
	1			90,		Date Surveyed	Y 45
				6/	• •	official and Sur	HEL 2012
0 330 660	190 1320 1650 1	230 2310 2640	2000 1500	1000	500 0	gingui-364	3640
330 000			1970	1000		LAW LAW	0 50

Form C-102 Supersedes C-128 Effective 14-65

All distances must be from the outer boundaries of the Section Operator Well No. YATES DRILLING COMPANY DeLuna Federal #3 Township tiection County Unit Letter Herest **12S** 34 31E Chaves Actual Couture Location of Well: 330' North East feet from the Ground Lyvel Llev. Producing Formation 4433.4' GL1. Quiling the acreage dedicated to the subject will be colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? No. Hanswer is "yes," type of consolidation. If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of No adowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, climinating such interests, has been approved by the Commis-CERTIFICATION 1980' I hereby certify that the information contained herein is true and complete to the my knowledge and belief. New 15816 Gliserio Podriguez Regulatory Agent YATES DRILLING OMPANY 1/31/85 on this ploy was platted from lield in auphavision, and that the some is true and correct to the biest of my knowledge and Bettelians Date Surveyed January 22, 1985 Hegistered Professional Engineer and/or Land Surveyor

2000

WEL - LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section Well Ho. YATES DRILLING COMPANY Garner Federal 7 at Letter 27 12 South 31 East 0 Chaves rual Postage Location of Well; 660 feet from the South Food SE CHAVES QUEEN on one Level blev. Producing Permetton Dedicated Acre spe: 4432.6 Quec-n Gas AREA ASSOC 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one base is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling.ete? ... Yes No If answer is "yes," type of consolidation. If answer is "no?" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)__ No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, climinating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information conturned herein is true and camplete to the best of my knowledged and belief. Cliserio Rodrigaez Regulatory Agent Company Yates Petroleum Corporation 10-0-34 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. 10 - 8 - 841990

NEW MEXICO OIL CONSERVATION COMMISSION. WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section Lease Well No. Operator 9 YATES DRILLING COMPANY Garner Federal Township Init Letter Section Herricies 12 South 31 East Chaves 27 Actual Footage Location of Well: 1650 South East feet from the line and feet from the line Ground Level Elev. Producing Formation Dedicated Acreage; 40.00 Acres 4434.5 Ousen SE Chaves Queen Gas Area Assoc. 1. Outline the acreage dedicated to the aubject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? Yes If answer is "yes," type of consolidation. No If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, climinating such interests, has been approved by the Commis-CERTIFICATION I hereby certify that the information coned herein is true and complete to the Position Engineer Company Yates Drilling Company March 14, 1985 I hereby certify that the well-location shown on this plat was platted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

500

1000

2000

Form C-102 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section Well No. Rich Federal Drilling Company Township Section Range Unit Letter County Chaves Actual Footage Location of Well teet from the North Producing Formation Chaves Queen Dedicated Acreage: Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling.etc? If answer is "yes," type of consolidation _ 1 Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, climinating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the Information contained herein is true and complete to the COWAN Rich Position Regulatory Agent Company Yates Drilling Co. 11-26-84 I hernby certify that the well location shown on this plat was plotted from field under my supervision, and that the same is true and correct to the best of my knowledge and belief.

1500

660

190

1320

1850

1000

NEW EXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

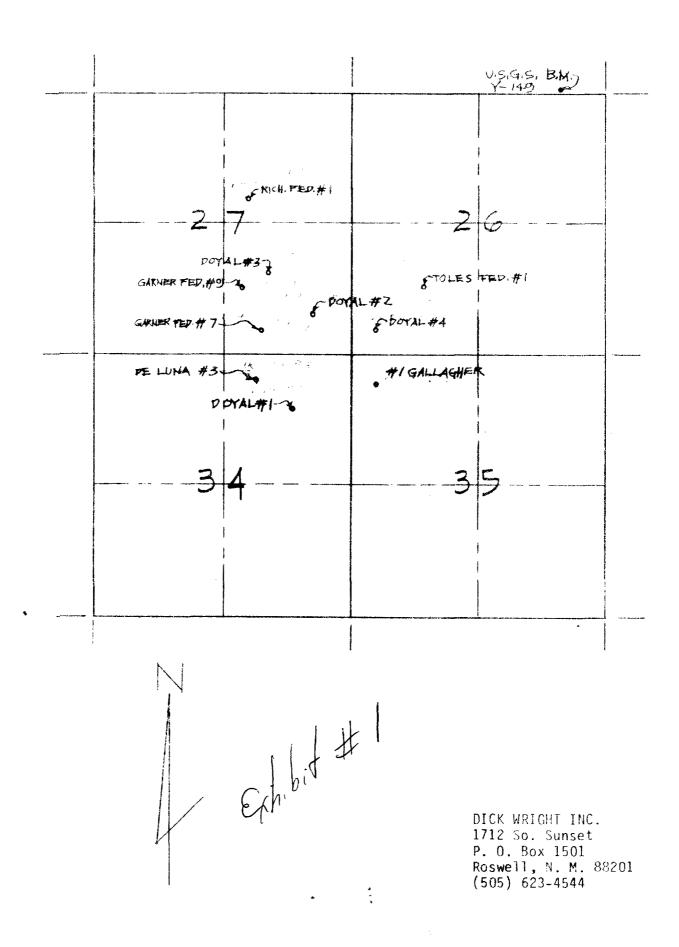
All distances must be from the outer boundaries of the Section.

YATES DRILLING OMPANY				BURKIT	T FEDERAL	well No. #3
Letter C	Section 34	Township 125	3	31E	County	Chaves
330 Locality of 1.0	feet from the	North	line and	80'	et from the	West
4438.0	Producing F	ormation OUEEN	Pou	,		Dedicated Acreage:
. Outline t					9 .,	narks on the plat below.
	than one lease i and royalty).	in dedicated to	the well, ou	tline each and id	entify the ov	wnership thereof (both as to working
	han one lease of communitization				, have the in	terests of all owners been consoli-
Yes	□ No II	answer is "ye	s;" type of co	usolidation		
_	_	e owners and t	ract descript	ions which have a	ictually beer	n consolidated. (Use reverse side of
No allowed-po						d (by communitization, unitization, has been approved by the Commis-
sion.		T: 1				CERTIFICATION
198	0'	- 92. - 92.	•			the share and the share in farmers
	40	n n		1		I hereby certify that the information con- tained herein is true and complete to the
	NM-	5256521				best of my knowledge and belief.
						None O
	1					Gliserio Rodriguez
	1			1		Regulatory Agent
	i i	•		1		YATES DRILLING COMPANY
	į			l t ·		1/31/85
						
	! !					I hernby certify that the well location shown on this play was plotted from field
				! 		nates at actual surveys made by me o
		T .				under my supervision, and that the som
						is true and convert to the best of m
						is true and carrect to the best of m
						Date Surveyed
• ••• ••• •••						
• •= -= -						Date Surveyed January 22, 1985 Registered Frofessional Engineer

CLIENT: Paul Doyal (Doyal Family) DATE: October 10, 1985

Natural ground elevations at well heads

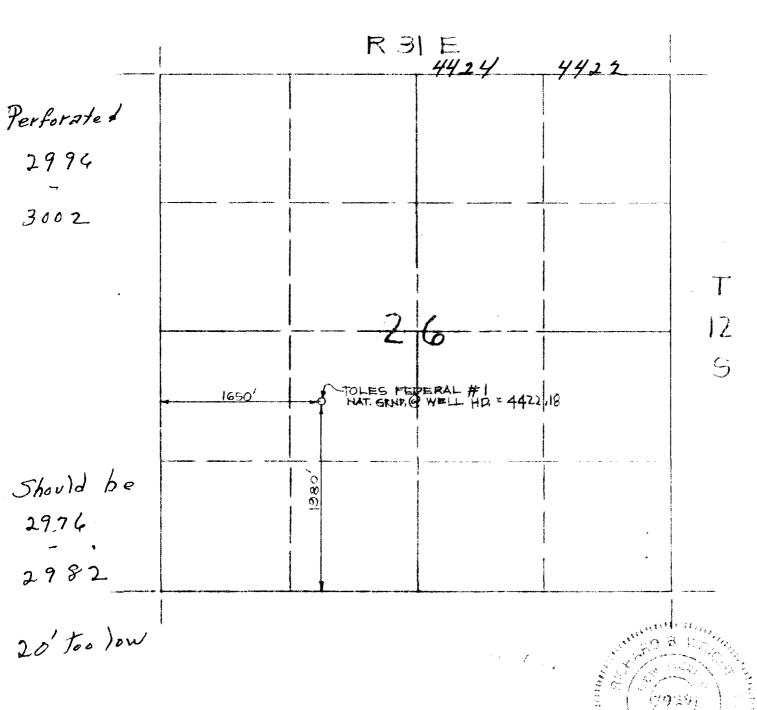
Sections 26, 27, 34 & 35 T. 12 S., R. 31 E.



CLEINT: Paul Doyal (Doyal Family)

DATE: October 10, 1985

TOLES FEDERAL NO. 1
1980' FSL
1650 FWL
Section 26, T. 12 S., R. 31 E.
Natural ground elevation at well head = 4422.18



CERTIFICATE

ims is to certify that I am a Registered Professional Land Surveyor in the Staffered will be Newton, that this plat has been prepared from notes of an actual survey made whide it is a plat for my survey made which is a property survey is and that both are true and correct to the best of my knowledge and which is.

SURVEY NO R-5309 DATE10/10/85

RICHARD B. WRIGHT

DICK WRIGHT INC. 1712 S. SUNSET

P.O. BOX 1501 ROSWELL, NEWMEX, 88201

(505) 23-45/4

~

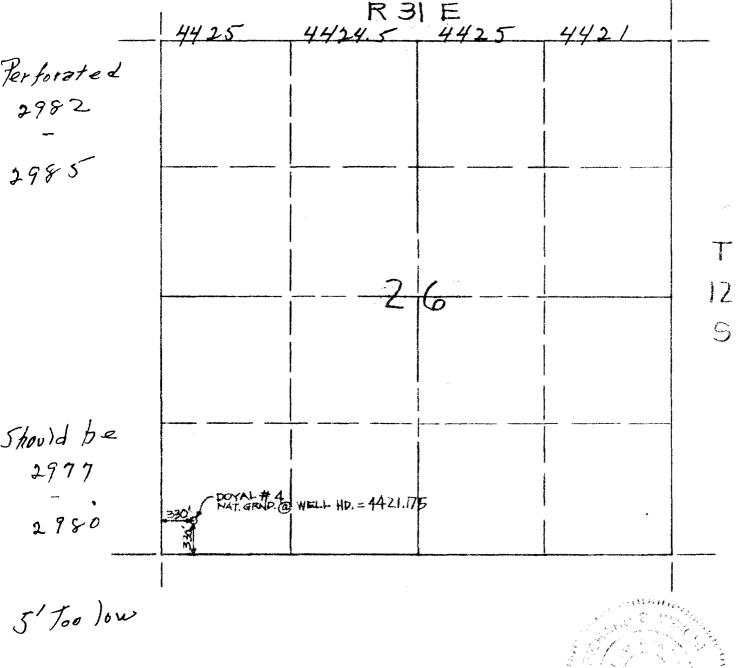
FOR ELEVATIONS ONLY AT WELL HEAD

CLIENT: Paul Doyal (Doyal Family)

DATE: October 10, 1985

Spud 11-18-84 1-24-85

00YAL NO. 4 330' FSL 330' FWL Section 26, T. 12 S., R. 31 E. Natural ground elevation at well head = 4421.175



CERTIFICATE

This is to certify that I am a Registered Professional Land Surveyor in the State of Mew Mexico, that this plat has been prepared from notes of an actual survey made under my supervision, and that both are true and correct to the best of my knowledge and belief.

SURVEY NO. R-5309 DATE 10/10/85 RICHARD B. WRIGHT CERT. NO. 7929

DICK WRIGHT INC. 1712 S. SUNSET P.O. BOX 1501 ROSWELL, NEWMEX. 88201

(505) 623**- 45**44

SURVEYOR'S CERTIFICATE

FOR ELEVATIONS ONLY AT WELL HEAD

CLIENT: Paul Doyal (Doyal Family) DATE: October 10, 1985

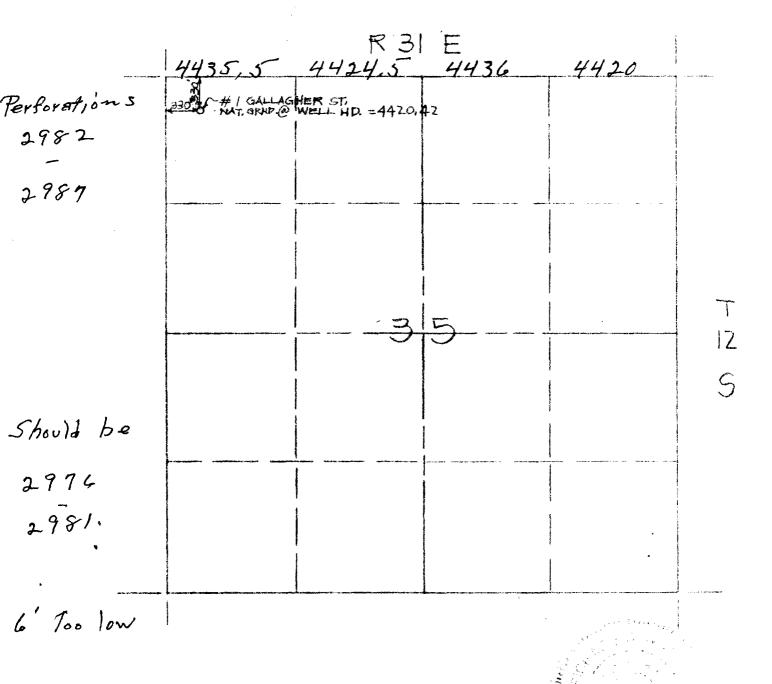
Sp 10-28-84 Comp 11-9-84

GALLAGHER ST. NO. 1

330' FNL 330' FWL

Section 35, T. 12 S., R. 31 E.

Natural ground elevation at well head = 4420.42



CERTIFICATE

🔭 5 is to certify that I am a Registered Professional Land Surveyor in the State of Tien Mexico, that this plat has been prepared from notes of an actual Survey migder for der σ_{X} supervision, and that both are true and correct to the best of my knowledge and time t .

DATE 10/10/85 SURVEY NO. R-5309

WRIGHT TEERT NO. 7929

DICK WRIGHT INC. 1712 S. SUNSET

P.O. BOX 1501 ROSWELL, NEWMEX. 88201

(50°° 623-4544

SURVEYOR'S CERTIFICATE

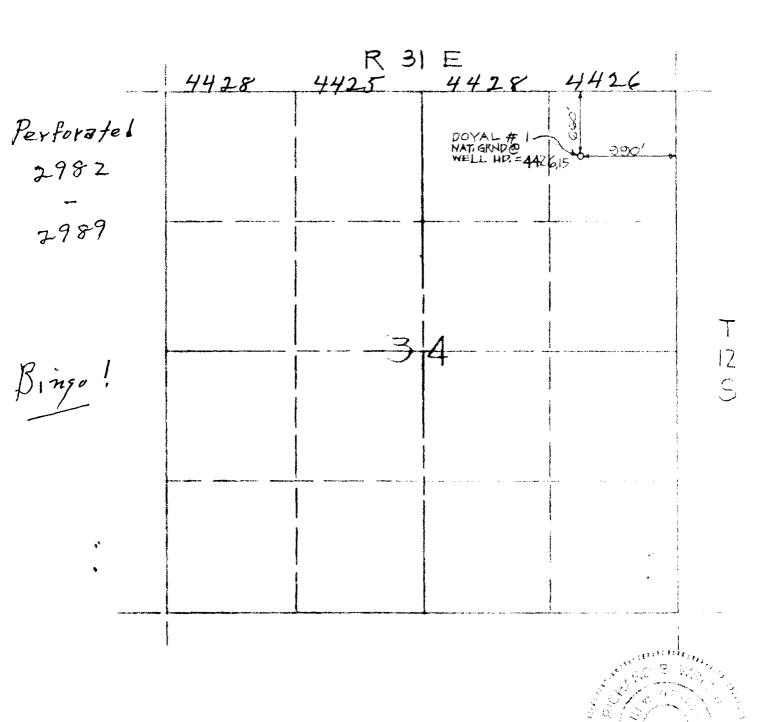
FOR ELEVATIONS ONLY AT WELL HEAD

CLIENT: Paul Doyal (Doyal Family)
DATE: October 10, 1985

DOYAL NO. 1 660' FNL 990' FEL

Section 34, T. 12 S., R. 31 E.

Natural ground elevation at well head = 4426.15



CERTIFICATE

to certify that I am a Registered Professional Land Sur whenco, that this plat has been prepared from notes of an actual were sign, and that both are true and correct to the

SURVEY NO R-5309

DATE 10/10/85

RICHARD B. WHIGHT

DICK WRIGHT INC. 1712 S. SUNSET

PO BOX 1501 ROSWELL, NEWMEX 88201

(50" 623-4544

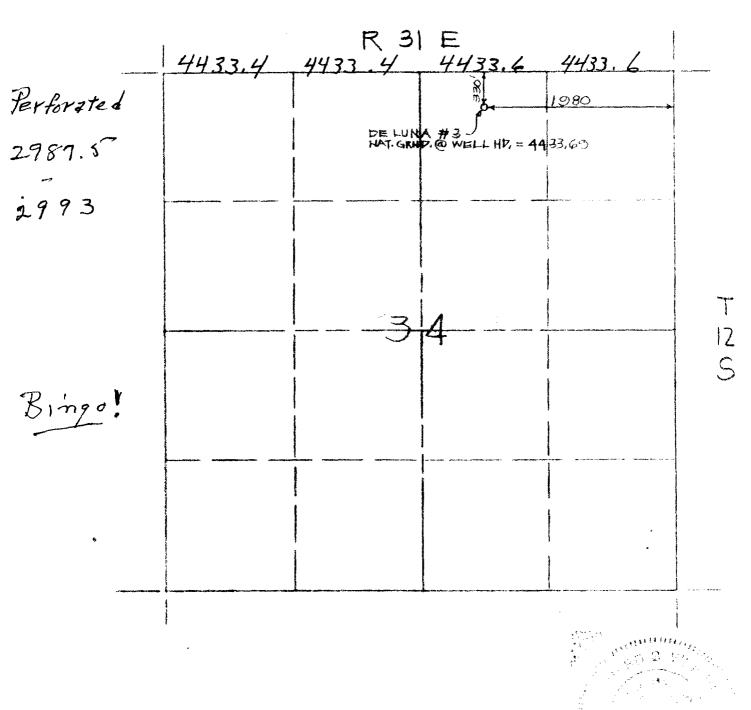
SURVEYOR'S CERTIFICATE FOR ELEVATIONS ONLY AT WELL HEAD

CLIENT: Paul Doyal (Doyal Family) DATE: October 10, 1985

SP 2-18-85

CP

DeLUNA NO. 3 330' FNL 1980' FEL Section 34, T. 12 S., R. 31 E. Natural ground elevation at well head = 4433.69



CERTIFICATE

This is to certify that I am a Registered Professional Land Surveyor in the State of LEW Nexico, that this plat has been prepared from notes of an actual surjective and the an supervision, and that both are true and correct to the best of my recoverage and traver

GERT NO. 7929 SURVEY NO R-5309 DATE 10/10/85

DICK WRIGHT INC. 1712 S. SUNSET

P.O. BOX 1501 ROSWELL, NEWMEX. 88201

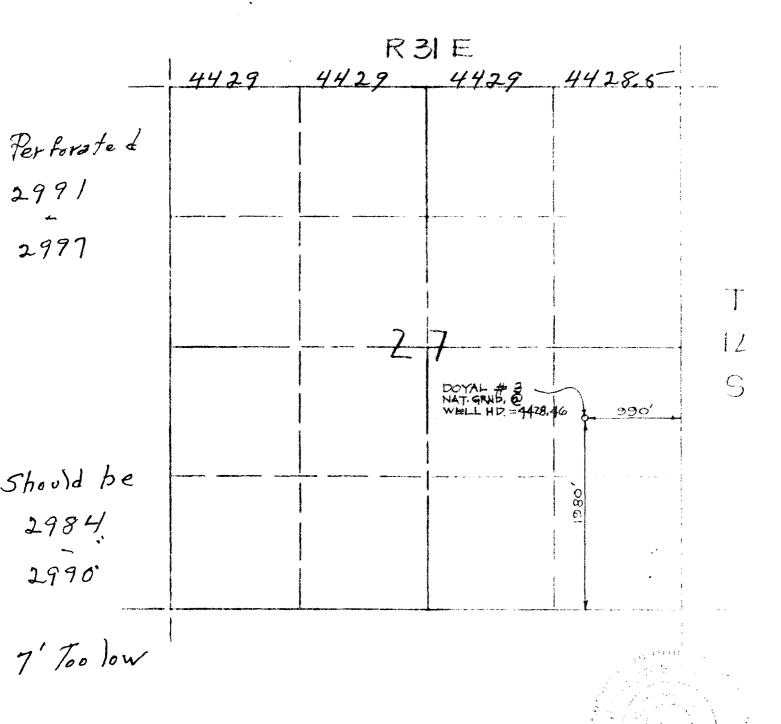
(505)623 - 4544

CLIENT: Paul Doyal (Doyal Family)

DATE: October 10, 1985

Sp-9-28-84 Cp

DOYAL NO. 3
1980'FSL
990' FEL
Section 27, T. 12 S., R. 31 E.
Natural ground elevation at well head = 4428.46



CERTIFICATE

this is to certify that I am a Registered Professional Land Sarveyor in this plant was been prepared from notes of the actual that we have and correct to the best of my knowle.

SURVEY NO R-5309 DATE 10/10/85 RICHARD B. WRIGHT

DICK WRIGHT INC. 1712 S. SUNSET

PO.BOX 1501 ROSWELL,NEWMEX.88201

(505) 623-4544

SURVEYOR'S CERTIFICATE



FOR ELEVATIONS ONLY AT WELL HEAD

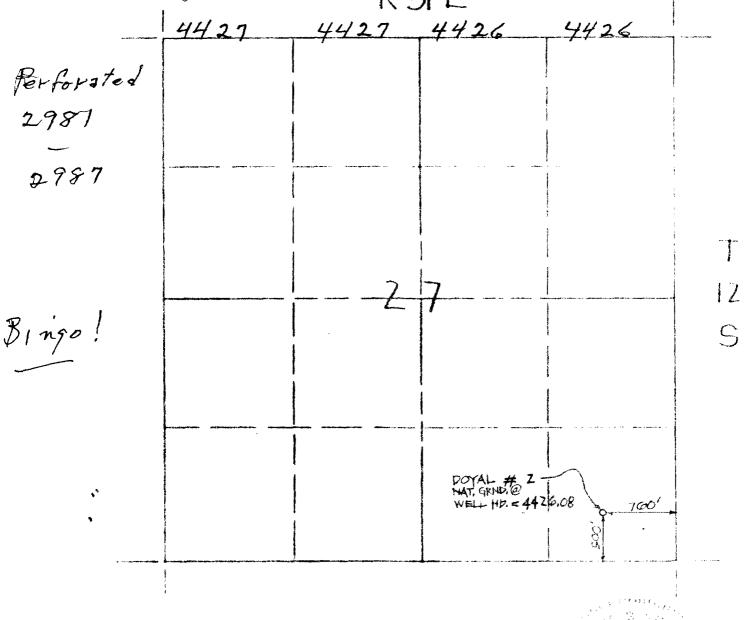
Paul Doyal (Doyal Family) CLIENT:

October 10, 1985

DOYAL NO. 2 500' FSL 760' FEL

Section 27, T. 12 S., R. 31 S.

Natural ground elevation at well R 3 E head = 4426.08



CERTIFICATE

is to certify that I am a Registered NAME CO, that this plat has been prepared eression, and that bein are true and co

DATE 10/10/85 SURVEY NO R-5309

CERT. NO. 7929

DICK WRIGHT INC. 1712 S. SUNSET

P.O. BOX 1501 ROSWELL, NEWMEX. 88201

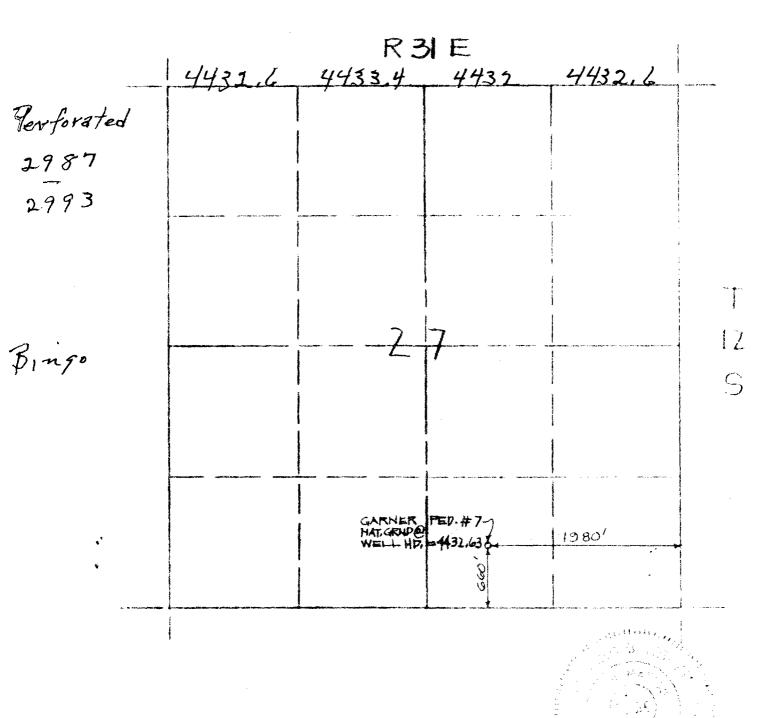
(505)623 - 4544

CLIENT: Paul Doyal (Doyal Family)

DATE: October 10, 1985

Sp 10-14-84 Cp 10-30-84

GARNER FEDERAL NO. 7
660' FSL
1980' FEL
Section 27, T. 12 S., R. 31 E.
Natural ground elevation at well head # 4432.63



CERTIFICATE

RICHARD B. WRIGHT

s is to certify that tiam a Registered Professional (1960) is even in the Mande of the co, that this plat has been prepared from notes of a contact of the supplies the contact of the fact of the fact of the contact o

SURVEY NO. 8-5309 DATE 10/10/85

ERT NO. 7929

DICK WRIGHT INC. 1712 S. SUNSET ROSWELL, NEWMEX. 88201

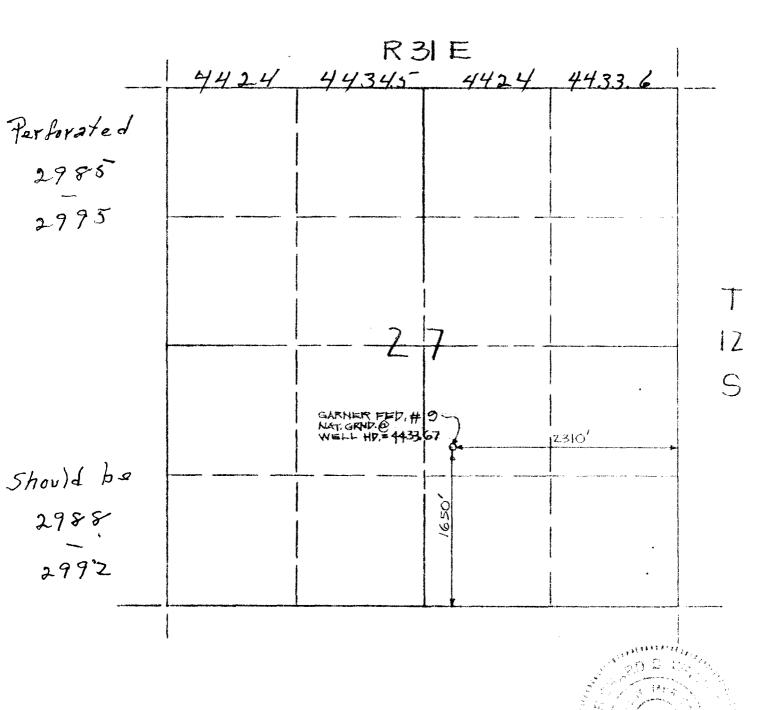
505) 623-4544

CLIENT: Paul Doyal (Doyal Family)

DATE: October 10, 1985

Sp. 11-30-84

GARNER FEDERAL NO. 9
1650' FSL
2310' FEL
Section 27, T. 12 S., R. 31 E.
Natural ground elevation at well head = 4433.67



CERTIFICATE

RICHARD B. WRIGHT

This is to certify that I am a Registered Professional Land Surveyor is the New Newton, that this plat has been prepared from notes of an actual out and some state of the test of the second correct to the test of the second

SURVEY NO. R-5309 DATE 10/10/85

TERT NO. 7929

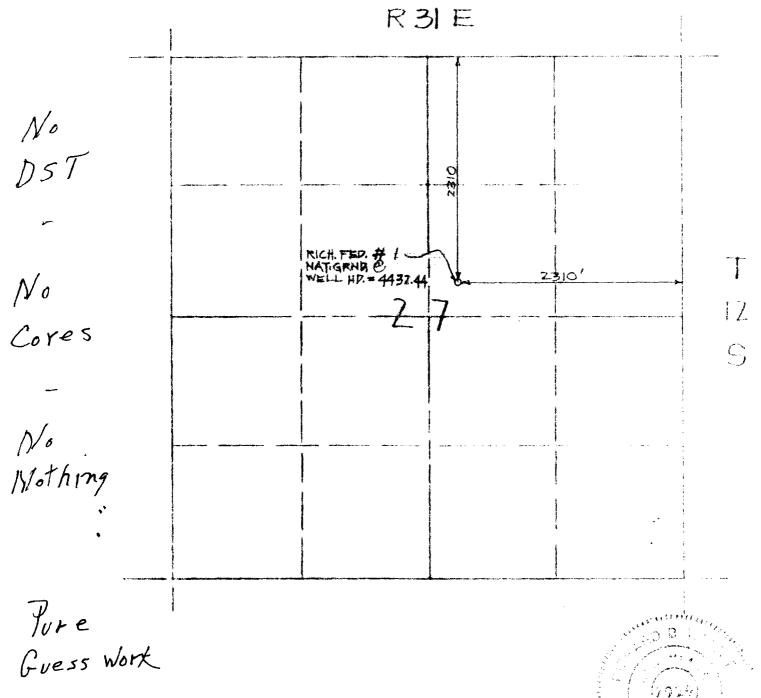
DICK WRIGHT INC.

P.O. BOX 1501 ROSWELL,NEWMEX.88201

¹505) 623-4544

CLIENT: Paul Doyal (Doyal Family) DATE: October 10, 1985

RICH FEDERAL NO. 1 2310' FNL 2310' FEL Section 27, T. 12 S., R. 31 E. Natural ground elevation at well head = 4432.44



CERTIFICATE

s to certify that I am a Registered Professional Land Scree * Nexical, that this plat has been prepared from notes of \cos expension, and that both are true and correct to the best

RICHARD B. WRIGHT SURVEY NO R-5309 DATE10/10/85

DICK WRIGHT INC. 1712 S. SUNSET

PO BOX 1501 ROSWELL, NEWMEX. 88201

(50 623-4544







Doyal #4