

mail, return receipt requested, postage prepaid envelopes,
addressed to the following named parties:

Douglas L. Cone
P. O. Box 13612
Albuquerque, New Mexico 87192

Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702

Tom R. Cone
P. O. Box 778
Jay, Oklahoma 74346

Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, Texas 78764

Clifford Cone
P. O. Box 1509
Lovington, New Mexico 88260

Kathleen Cone
P. O. Drawer 1509
Lovington, New Mexico 88260

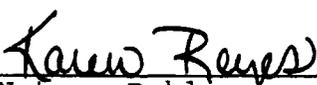
on the 19th day of June, 1989, as reflected by the copies of the
letters transmitting such copies of the Application and the
return receipts executed on behalf of the addressees, attached
hereto.



Patti Wier

SUBSCRIBED AND SWORN TO before me this 19th day of
June, 1989, by PATTI WIER.

My commission expires:
1-2-90



Notary Public

FISK, VANDIVER & CATRON
ATTORNEYS AT LAW
SEVENTH & MAHONE / SUITE E
ARTESIA, NEW MEXICO 88210
(505) 746-9841

JOHN FISK
DAVID R. VANDIVER
JAMES W. CATRON

FAX
(505) 746-4208

June 19, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Douglas L. Cone
P. O. Box 13612
Albuquerque, New Mexico 87192

Re: Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on July 12, 1989.

Please contact the undersigned if you have any questions regarding this application.

Very truly yours,

FISK, VANDIVER & CATRON


David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

FISK, VANDIVER & CATRON
ATTORNEYS AT LAW
SEVENTH & MAHONE / SUITE E
ARTESIA, NEW MEXICO 88210
(505) 746-9841

JOHN FISK
DAVID R. VANDIVER
JAMES W. CATRON

FAX
(505) 746-4206

June 19, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Kenneth G. Cone
P. O. Bcx 11310
Midland, Texas 79702

Re: Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

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(505) 746-4208

June 19, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Tom R. Cone
P. O. Box 778
Jay, Oklahoma 74346

Re: Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

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JOHN FISK
DAVID R. VANDIVER
JAMES W. CATRON

FAX
(505) 746-4206

June 19, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, Texas 78764

Re: Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Ms. Auvenshine:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on July 12, 1989.

Please contact the undersigned if you have any questions regarding this application.

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DRV:pvw
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cc: Yates Petroleum Corporation

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June 19, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Clifford Cone
P. O. Box 1509
Lovington, New Mexico 88260

Re: Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Mr. Cone:

Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

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Please contact the undersigned if you have any questions regarding this application.

Very truly yours,

FISK, VANDIVER & CATRON



David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

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June 19, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Kathleen Cone
P. O. Drawer 1509
Lovington, New Mexico 88260

Re: Catclaw "AGM" State Com. No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 2: N/2
Eddy County, New Mexico

Dear Ms. Cone:

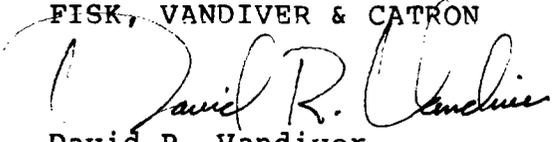
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Very truly yours,

FISK, VANDIVER & CATRON


David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

P 920 346 889

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to Douglas L. Cone	
Street and No P. O. Box 13612	
P.O. State and ZIP Code Albuquerque, NM 87192	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 920 346 890

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to Kenneth G. Cone	
Street and No P. O. Box 11310	
P.O. State and ZIP Code Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 920 346 927

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to Tom R. Cone	
Street and No P. O. Box 778	
P.O. State and ZIP Code Jay, OK 74346	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 920 346 928

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

Sent to Cathie Cone Auvenshine	
Street and No. P. O. Box 33280-296	
P.O. State and ZIP Code Austin, TX 78764	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 920 346 929

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

Sent to Clifford Cone	
Street and No. P. O. Box 1509	
P.O. State and ZIP Code Lovington, NM 88260	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 920 346 930

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985

Sent to Kathleen Cone	
Street and No. P. O. Drawer 1509	
P.O. State and ZIP Code Lovington, NM 88260	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Cathie Cone Ravenshire P. O. Box 33730-296 Austin, TX 78764	4. Article Number P 920 346 928 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>Jayne T. Sprouse</i>	
7. Date of Delivery 6-23-89 AF	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Clifford Cone P. O. Box 1509 Lovington, NM 88260	4. Article Number P 920 346 929 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>Clifford Cone by Kinabel</i>	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Kathleen Cone P. O. Drawer 1509 Lovington, NM 88260	4. Article Number P 920 346 930 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>Kathleen Cone by Kinabel</i>	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT