

7/14/2014 DATE IN	SUSPENSE	MAm ENGINEER	7/14/2014 LOGGED IN	CTB TYPE	PMAM1419559210 APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or, Rivers

[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Miriam Morales
Print or Type Name

Miriam Morales
Signature

Production Analyst
Title

7/14/14
Date

mmorales@yatespetroleum.com
e-mail Address

~~CTB~~ - CTB-368A
- YATES Petroleum
COND
25575

Wells
- Dagen ZW#2
30-015-26265
- SAVANNAH
State Com
3H
30-015-41754
Pool
- W. Seven
Rivers
Glorieta-yes
47565

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave. Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr. Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Yates Petroleum Corporation
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210
APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☒ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☒ Yes ☐ No

(A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.
(4) Measurement type: ☐ Metering ☐ Other (Specify)
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

- (1) Pool Name and Code. N Seven Rivers; Glorieta-Yeso # 97565
(2) Is all production from same source of supply? ☒ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No
(4) Measurement type: ☒ Metering ☐ Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

- (1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☒ Yes ☐ No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Miriam Morales TITLE: Production Analyst DATE: 7/16/14

TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-41754
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-3301-1
7. Lease Name or Unit Agreement Name Savannah State Com
8. Well Number 3H
9. OGRID Number 025575
10. Pool name or Wildcat N Seven Rivers; Glorieta-Yeso

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Yates Petroleum Corporation

3. Address of Operator
105 S. Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter H : 2260 feet from the N line and 150 feet from the E line
Section 32 Township 19S Range 25E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3490' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Surface Lease Commingle oil only

☒

OTHER:

☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum respectfully requests administrative approval to Surface Lease Commingle oil production only on the following wells:

Dagger ZW #2
N Seven Rivers; Glorieta-Yeso
Sec. 25-T19S-R24E
API #30-015-26265
Fee
Eddy County, NM

Savannah State Com #3H
N Seven Rivers; Glorieta-Yeso
Sec. 32-T19S-R25E
API #30-015-41754
St. lease #VO-3301-1
Eddy County, NM

The battery is located at the Dagger ZW tank facilities, Sec. 30-T19S-25E, NESW. Please see attached plats and site security diagram.
The ownership is diversified. All owners have been notified and copies of certified receipts and letters are attached.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Dagger ZW battery. Total sales/production will be allocated back to each individual well using the metered (daily well test) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Dagger ZW #2 is 50 bbls and for the Savannah #3H is 150 bbls.

Gas Measurement

Each well will have its own meter and no surface commingling will take place.

The purpose of the Surface Lease Commingle is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of all the wells.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Miriam Morales TITLE Production Analyst DATE 7/11/14
Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9730
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

RECEIVED

AUG 01 2013

NMOC D ARTESIA

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-26265		² Pool Code 97565	³ Pool Name N. Seven Rivers; Glorieta-Yeso
⁴ Property Code 12169	⁵ Property Name Dagger ZW		⁶ Well Number 2
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation		⁹ Elevation 3582'GL

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	25	19S	24E		1980	South	660	East	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
--	-------------------------------	----------------------------------	-------------------------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature _____ Date July 30, 2013 Tina Huerta Printed Name tina.h@yatespetroleum.com E-mail Address	
	¹⁸ SURVEYOR CERTIFICATION 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 belief. Date of Survey _____ Signature and Seal of Professional Surveyor: _____ Certificate Number _____	

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (505) 393-6161 Fax: (505) 393-0720

DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (505) 746-1263 Fax: (505) 746-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 478-3460 Fax: (505) 478-3461

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

Submit one copy to appropriate
District Office

RECEIVED
OCT 25 2013

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

ARTESIA

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-015-41754	40187	North Seven River; Glorieta-Yeso
Property Code	Property Name	Well Number
	SAVANNAH STATE COM	3H
GRID No.	Operator Name	Elevation
025575	YATES PETROLEUM CORPORATION	3490

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	32	19 S	25 E		2260'	NORTH	150'	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	32	19 S	25 E		2260'	NORTH	330'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

N: 590999.6 E: 485222.8 (NAD83)	N: 590979.0 E: 487867.9 (NAD83)	N: 590958.4 E: 490512.9 (NAD83)
Production Zone	Penetration Point: 2260' FNL & 627' FEL	
Project Area		
2260'		2260'
330'		150'
B.H.		S.L.
PROPOSED BOTTOM HOLE LOCATION Lat - N 32°37'06.09" Long - W 104°30'52.34" NMSPE- N 588737.6 E 485546.5 (NAD-83)	SURFACE LOCATION Lat - N 32°37'05.80" Long - W 104°29'56.07" NMSPE- N 588700.0 E 490358.6 (NAD-83)	
N: 585701.2 E: 485208.1 (NAD83)		N: 585615.5 E: 490502.6 (NAD83)

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Travis Hahn 10/25/2013
Signature Date

Travis Hahn
Printed Name

thahn@yatespetroleum.com
Email Address

SURVEYOR CERTIFICATION

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 belief.

OCTOBER 2013
Date Surveyed

[Signature]
Signature of Professional Surveyor

Certified to the Survey of the State of New Mexico
Professional Surveyor 7977

0' 500' 1000' 1500' 2000'
SCALE: 1" = 1000'
WO Num.: 29531

105 South 4th Street * Artesia, NM 88210
(575) 748-1471


-Mike Farmer
-May, 2013


Dagger ZW Com Battery

1980" FSL & 1980' FWL * Sec 30 - T19S-R25E* Unit K
Eddy County, NM
API - 3001525787




● = Valve Closed
○ = Valve Opened

 = Gas Meter

 = Central Delivery Point

FWKO = Free Water Knock Out

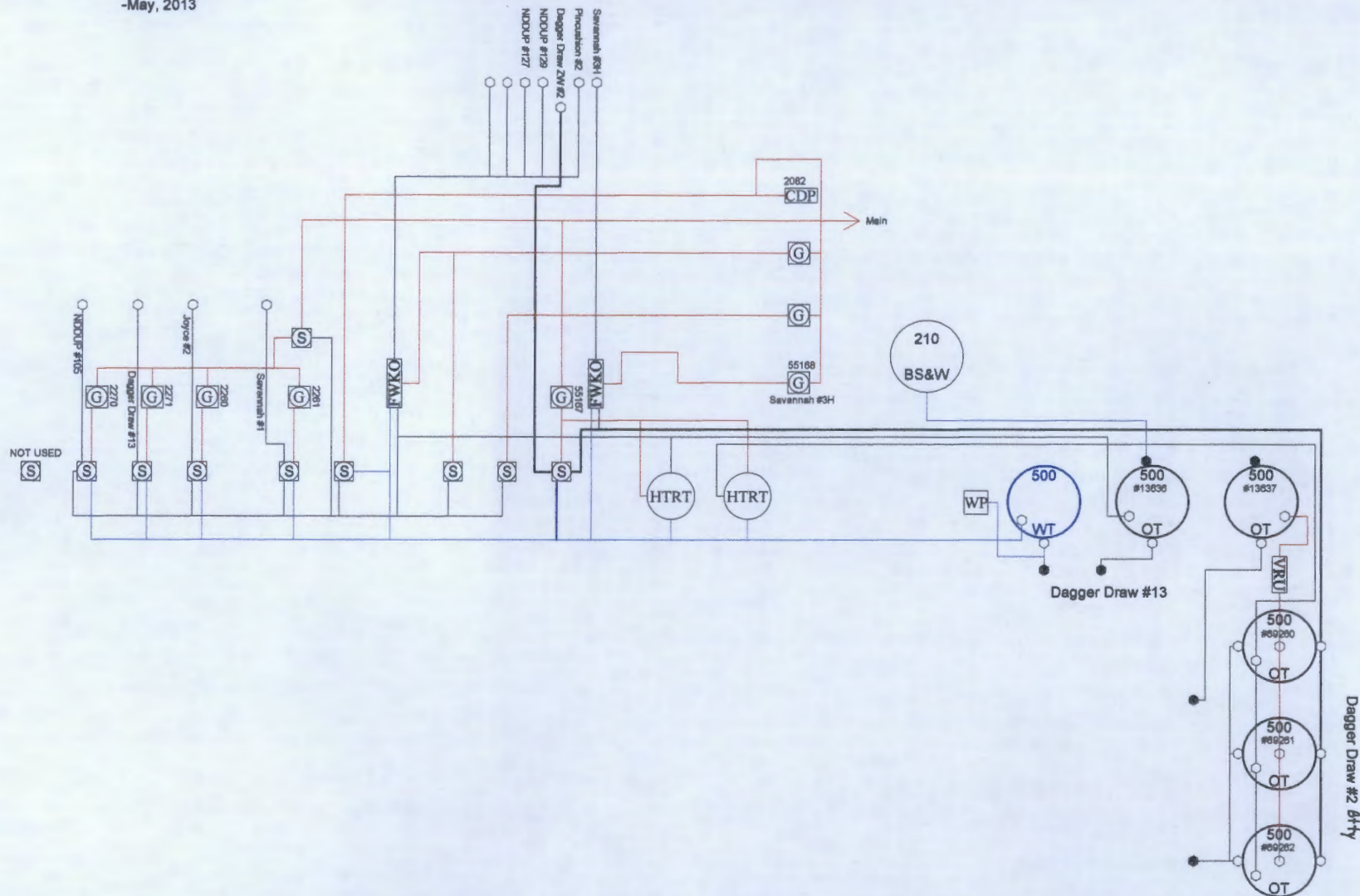
VRU = Vapor Recovery Unit

 = Separator

WP = Water Pump

HTRT = Heater Treater

210
BS&W = Bottom Sediment & Water
(Slip Tank)



This diagram is subject to the Yates Petroleum Corporation August 1983 Security Plan which is on file at 105 South 4th Street, Artesia, NM

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986

S.P. YATES
1914-2008



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES
CHAIRMAN EMERITUS

JOHN A. YATES JR.
CHAIRMAN OF THE BOARD
PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN
CHIEF OPERATING OFFICER

July 11, 2014

RE: Surface Lease Commingle
Savannah State Com #3H
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting approval from Oil Conservation Division and the State Land Office to Surface lease commingle oil production for the Dagger ZW #2 and the Savannah State Com #3..

The production will be measured and sold at the Dagger ZW tank battery facilities located at NESW, Sec. 30-T19S-25E. The ownership is diversified

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Dagger ZW battery. Total sales/production will be allocated back to each individual well using the metered (daily well test) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily oil production for the Dagger ZW #2 is 50 bbls and for the Savannah #3H is 150 bbls.

Gas Measurement

Each well will have its own meter and no surface commingle will take place.

The purpose of the Surface lease commingle of production is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduce royalty or improper measurement of production. Without approval for utilizing the same battery, it will become necessary to build separate facilities for each well.

Any objections must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please call me at (575) 748-4200 (direct line)

Sincerely,

Miriam Morales
Production Analyst



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8367

7014 0510 0001 0742 8367

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Signature of Addressee</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
TOM R CONE	
P O BOX 400	
SOUTHWEST CITY MO 64863	
PS Form 3800, August 2006 See Reverse for Instructions	

TOM R CONE
P O BOX 400
SOUTHWEST CITY MO 64

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

TOM R CONE
P O BOX 400
SOUTHWEST CITY MO 64863

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

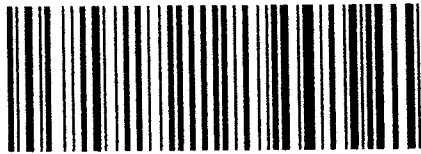
2. Article Number (Transfer from s) 7014 0510 0001 0742 8367



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8350

7014 0510 0001 0742 8350

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<i>Signature</i>	
Sent to	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
KENNETH G CONE P O BOX 11310 MIDLAND TX 79702	
PS Form 3800, August 2006	
See Reverse for Instructions	

KENNETH G CONE
P O BOX 11310
MIDLAND TX 79702

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

KENNETH G CONE
P O BOX 11310
MIDLAND TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s

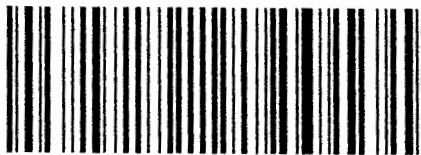
7014 0510 0001 0742 8350



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8343

7014 0510 0001 0742 8343

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	Signature: <i>Cathie Cone McCown</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To: Street, Apt. No., or PO Box No., City, State, Zip+ CATHIE CONE MCCOWN P O BOX 658 DRIPPING SPRING TX 78620-0658	
PS Form 3800, August 2006 See Reverse for Instructions	

CATHIE CONE MCCOWN
P O BOX 658
DRIPPING SPRING TX 786

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

CATHIE CONE MCCOWN
P O BOX 658
DRIPPING SPRING TX 78620-0658

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

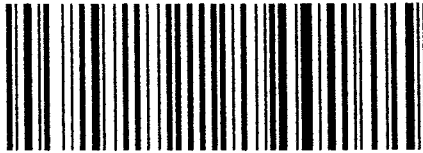
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from si

7014 0510 0001 0742 8343

Domestic Return Receipt



7014 0510 0001 0742 8329

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Submitter's Address: 1076 W. 14th Street Anchorage, AK 99501-1076	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+	
RANDY LEE CONE P O BOX 231034 ANCHORAGE AK 99523-1034	
Postmark Here	
PS Form 3800, August 2006	

RANDY LEE CONE
P O BOX 231034
ANCHORAGE AK 99523-1

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

RANDY LEE CONE
P O BOX 231034
ANCHORAGE AK 99523-1034

COMPLETE THIS SECTION ON DELIVERY

x

☐ Agent
☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s

7014 0510 0001 0742 8329

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7014 0510 0001 0742 8312

7014 0510 0001 0742 8312

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006

FINLEY RESOURCES INC
1308 LAKE STREET 200
FT WORTH TX 76102

See Reverse for Instructions

Total Postage & Fees
\$

Postmark
Here

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Signature

FINLEY RESOURCES INC
1308 LAKE STREET 200
FT WORTH TX 76102

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

FINLEY RESOURCES INC
1308 LAKE STREET 200
FT WORTH TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 0510 0001 0742 8312
(Transfer from se)



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4994

7013 2250 0000 5201 4994

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Signature of Addressee</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
KATHLEEN CONE TRUST	
P O BOX 1588	
TULSA OK 74101-1588	
PS Form 3800, August 2006	
See Reverse for Instructions	

KATHLEEN CONE TRUST
P O BOX 1588
TULSA OK 74101-1588

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

KATHLEEN CONE TRUST
P O BOX 1588
TULSA OK 74101-1588

2. Article Number
(Transfer from s)

7013 2250 0000 5201 4994

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4987

7013 2250 0000 5201 4987

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Southern Bell</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
LFN CONE PROPERTIES LLC	
P O BOX 1559	
MIDLAND TX 79702	
PS Form 3800, August 2006	
See Reverse for Instructions	

LFN CONE PROPERTIES L
P O BOX 1559
MIDLAND TX 79702

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

LFN CONE PROPERTIES LLC
P O BOX 1559
MIDLAND TX 79702

2. Article Number
(Transfer from s

7013 2250 0000 5201 4987

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2250 0000 5201 4970

7013 2250 0000 5201 4970

PS Form 3800, August 2006

See Reverse for Instructions

Sent to: AUVENSHINE'S CHILDRENS T TRUST
CATHIE C MCCOWN TTEE
P O BOX 507
DRIPPING SPRING TX 78620

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

Postmark
Here

See reverse for instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

AUVENSHINE'S CHILDRENS
CATHIE C MCCOWN TTEE
P O BOX 507
DRIPPING SPRING TX 78620

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

AUVENSHINE'S CHILDRENS T TRUST
CATHIE C MCCOWN TTEE
P O BOX 507
DRIPPING SPRING TX 78620

2. Article Number
(Transfer from se

7013 2250 0000 5201 4970

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2250 0000 5201 4963

7013 2250 0000 5201 4963

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
TULIPAN
428 SANDOVAL STE 200
SANTA FE NM 87501
PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark
Here

For delivery information visit our website at www.usps.com
Signature: *Michael Sandoval*

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

TULIPAN
428 SANDOVAL STE 200
SANTA FE NM 87501

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

TULIPAN
428 SANDOVAL STE 200
SANTA FE NM 87501

2. Article Number
(Transfer from se

7013 2250 0000 5201 4963

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

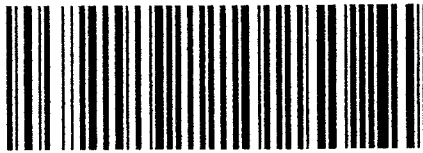
Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4956
7013 2250 0000 5201 4956

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Signature of Addressee</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	MARIGOLD
Street, Apt. No. or PO Box No.	P O BOX 1290
City, State, ZIP	ARTESIA NM 88211-1290
PS Form 3800, August 2006 See Reverse for Instructions	

MARIGOLD
P O BOX 1290
ARTESIA NM 88211-1290

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MARIGOLD P O BOX 1290 ARTESIA NM 88211-1290		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s		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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

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deli
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CERTIFIED MAIL™

YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2250 0000 5201 4932

7013 2250 0000 5201 4932

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Santo Legado</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To SANTO LEGADO Street, Apt. No. or PO Box No. P O BOX 1020 City, State, ZIP ARTESIA NM 88211-1020	
PS Form 3800, August 2006 See Reverse for Instructions	

SANTO LEGADO
P O BOX 1020
ARTESIA NM 88211-1020

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

SANTO LEGADO
P O BOX 1020
ARTESIA NM 88211-1020

2. Article Number

(Transfer from SE)

7013 2250 0000 5201 4932

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4925

7013 2250 0000 5201 4925

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Sandra J. CPD Wichita Falls TX</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	ALICE ANN FREEMAN
City, State, ZIP+4	P O BOX 9087 WICHITA FALLS TX 76308-9087
PS Form 3800, August 2006 See Reverse for Instructions	

ALICE ANN FREEMAN
P O BOX 9087
WICHITA FALLS TX 76308-

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

ALICE ANN FREEMAN
P O BOX 9087
WICHITA FALLS TX 76308-9087

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from s 7013 2250 0000 5201 4925



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™	
7013 2250 0000 5201 4918	
7013 2250 0000 5201 4918	
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Sent to: Street, Apt. No., or PO Box No., City, State, Zip+4	
W T & JEANETTE J PROBANDT 5 RIDGMAR CT MIDLAND TX 79707	
PS Form 3800, August 2006 See Reverse for Instructions	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	

W T & JEANETTE J PROBAN
5 RIDGMAR CT
MIDLAND TX 79707

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

W T & JEANETTE J PROBANDT
5 RIDGMAR CT
MIDLAND TX 79707

2. Article Number
(Transfer from se)

7013 2250 0000 5201 4918

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7013 2250 0000 5201 4901
7013 2250 0000 5201 4901

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

For delivery information visit our website at www.usps.com

Sandra H. 078 7/14/13

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

Postmark Here

Sent To: NEVA CHAMBERS DAWSON
Street, Apt. No., or PO Box No.: AS TTEE OF LOLLIE D CHAMBERS
City, State, ZIP+4: 8 S WEST OAK DR
HOUSTON TX 77056-2122

PS Form 3800, August 2005 See Reverse for Instructions

NEVA CHAMBERS DAWSON
AS TTEE OF LOLLIE D CHAMBERS
8 S WEST OAK DR
HOUSTON TX 77056-2122

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: NEVA CHAMBERS DAWSON AS TTEE OF LOLLIE D CHAMBERS 8 S WEST OAK DR HOUSTON TX 77056-2122	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from: 7013 2250 0000 5201 4901)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4895

7013 2250 0000 5201 4895

U.S. Postal Service™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to Street, Apt. No., or PO Box No. City, State, Zip	
CELESTE CHAMBERS LIPSCOMB AS TTEE OF LOLLIE D CHAMBERS 480 N WARSON RD ST LOUIS MO 63124-1343	
PS Form 3800, August 2006 See Reverse for Instructions	

CELESTE CHAMBERS LIPS
AS TTEE OF LOLLIE D CHA
480 N WARSON RD
ST LOUIS MO 63124-1343

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

CELESTE CHAMBERS LIPSCOMB
AS TTEE OF LOLLIE D CHAMBERS
480 N WARSON RD
ST LOUIS MO 63124-1343

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from st

7013 2250 0000 5201 4895



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4888

7013 2250 0000 5201 4888

PS Form 3800, August 2006

See Reverse for Instructions

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
ROBERT E CHAMBERS JR
AS TTEE OF LOLLIE CHAMBERS
2441 STANMORE DR
HOUSTON TX 77019

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

Postmark
Here

For delivery information visit our website at www.usps.com
Signature of Addressee

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

ROBERT E CHAMBERS JR
AS TTEE OF LOLLIE CHAM
2441 STANMORE DR
HOUSTON TX 77019

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

ROBERT E CHAMBERS JR
AS TTEE OF LOLLIE CHAMBERS
2441 STANMORE DR
HOUSTON TX 77019

2. Article Number
(Transfer from se

7013 2250 0000 5201 4888

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7013 2250 0000 5201 4871

7013 2250 0000 5201 4871

U.S. Postal Service™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Sent to NEVA CHAMBERS DAWSON</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
NEVA CHAMBERS DAWSON	
8 S WEST OAK DR	
HOUSTON TX 77056-2122	
PS Form 3800, August 2008 See Reverse for Instructions	

NEVA CHAMBERS DAWSON
8 S WEST OAK DR
HOUSTON TX 77056-2122

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

NEVA CHAMBERS DAWSON
8 S WEST OAK DR
HOUSTON TX 77056-2122

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se)

7013 2250 0000 5201 4871

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4864

7013 2250 0000 5201 4864

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+
CELESTE CHAMBERS LIPSCOMBE
480 N WARSON RD
ST LOUIS MO 63124-1343

PS Form 3800, August 2006

See Reverse for Instructions

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

Postmark
Here

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

CELESTE CHAMBERS LIP
480 N WARSON RD
ST LOUIS MO 63124-13

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

CELESTE CHAMBERS LIPSCOMBE
480 N WARSON RD
ST LOUIS MO 63124-1343

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from s

7013 2250 0000 5201 4864

PS Form 3811, July 2013

Domestic Return Receipt



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4857

7013 2250 0000 5201 4857

U.S. Postal Service™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Salvador S. C. White Jr.</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
ROBERT E CHAMBERS JR 2441 STANMORE DR HOUSTON TX 77019	
PS Form 3800, August 2006 See Reverse for Instructions	

ROBERT E CHAMBERS JR
2441 STANMORE DR
HOUSTON TX 77019

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

ROBERT E CHAMBERS JR
2441 STANMORE DR
HOUSTON TX 77019

2. Article Number
(Transfer from ser)

7013 2250 0000 5201 4857

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4840

7013 2250 0000 5201 4840

PS Form 3800, August 2006

See Reverse for Instructions

Street, Apt. No.,
or PO Box No.

P O BOX 1713

ROSWELL NM 88202-1713

City, State, ZIP+4

PJC LIMITED PARTNERSHIP

Sent To

Total Postage & Fees

\$

Restricted Delivery Fee
(Endorsement Required)

\$

Return Receipt Fee
(Endorsement Required)

\$

Certified Fee

\$

Postage

\$

Postmark
Here

For delivery information visit our website at www.usps.com

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

PJC LIMITED PARTNERSHIP
P O BOX 1713
ROSWELL NM 88202-1713

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

PJC LIMITED PARTNERSHIP
P O BOX 1713
ROSWELL NM 88202-1713

2. Article Number
(Transfer from serv)

7013 2250 0000 5201 4840

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2250 0000 5201 4833

7013 2250 0000 5201 4833

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

For delivery information visit our website at www.usps.com

S P III & BARBARA J JOHNSON

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

Postmark Here

Sent to: S P III & BARBARA J JOHNSON
Street, Apt. No.,
or PO Box No. TRUSTEE OF TRUST DATED 1/24/85
City, State, ZIP+4 P O BOX 1641
ROSWELL NM 88202-1641

PS Form 3800, August 2006 See Reverse for Instructions

S P III & BARBARA J JOHNSON
TRUSTEE OF TRUST DATED 1/24/85
P O BOX 1641
ROSWELL NM 88202-1641

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED 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:

S P III & BARBARA J JOHNSON
TRUSTEE OF TRUST DATED 1/24/85
P O BOX 1641
ROSWELL NM 88202-1641

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from sender)

7013 2250 0000 5201 4833

PS Form 3811, July 2013

Domestic Return Receipt

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210

CERTIFIED MAIL™



7014 0510 0001 0742 8381
7014 0510 0001 0742 8381

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit our website at www.usps.com	
Serial # 3A C7B 7/16/14 R. Simon C. Post.	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To N.M.S.L.O. Street, Apt. No., or PO Box No. 310 Old Santa Fe Trail City, State, ZIP+4 Santa Fe, NM 87504-1148	
PS Form 3800, August 2006 See Reverse for Instructions	

New Mexico State Land Office
Commissioner of Public Lands
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, New Mexico 87504-1148

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:

New Mexico State Land Office
Commissioner of Public Lands
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, New Mexico 87504-1148

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from se

7014 0510 0001 0742 8381

PS Form 3811, July 2013

Domestic Return Receipt

MPSD821

Inquire/Update Production History

7/15/14
11:11:46

Property 020840 002 DAGGER ZW #2
 Production Date Range 12 2013 to 07 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	Dys	Oil	Gas	Water	
T	Mo/Year	Name	Cpl	Prd	Produced	Sold	Produced	Sold	Prod	
[	5	2014	DAGGER ZW #2	S1					
[5	2014	DAGGER ZW #2	S02	26	393		1127	1096	6255
[	4	2014	DAGGER ZW #2	S1					
[4	2014	DAGGER ZW #2	S02	25	360		1388	1388	27272
[3	2014	DAGGER ZW #2	S02	11			238	238	
[	3	2014	DAGGER ZW #2	S1					
[	2	2014	DAGGER ZW #2	S1					
[	1	2014	DAGGER ZW #2	S1					
[	12	2013	DAGGER ZW #2	S1					

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

McMillan, Michael, EMNRD

From: Miriam Morales <MMorales@yatespetroleum.com>
Sent: Tuesday, July 15, 2014 11:50 AM
To: McMillan, Michael, EMNRD
Subject: RE: Yates CTB July 2014 applications
Attachments: MX-5110N_20140715_111940.pdf

I have attach the information requested. Some of these wells have not been completed yet, so I don't have production for them.

From: McMillan, Michael, EMNRD [<mailto:Michael.McMillan@state.nm.us>]
Sent: Tuesday, July 15, 2014 8:58 AM
To: Miriam Morales
Subject: Yates CTB July 2014 applications

Ms. Morales:

Can you provide the cum production and last 6 month's production for the following CTB and wells. If you do not see a note, then I assumed it was for oil and gas. Make sure I did not make a mistake whether for oil and gas or gas only and oil only

Hanagan CTB:

Hanagan #1 (gas only)

Hanagan #2

Hanagan #3

Llama CTB:

Llama ALL Federal #1

Llama ALL Federal #4

Llama ALL Federal #5

Llama ALL Federal #10H

Llama ALL Federal #9H

Martha CTB:

All of the wells in the application

Polo CTB: (oil only)

Polo AOP # Fed 1 – recompletion not finish yet

Polo AOP Fed #3 – this is the Apollo #3 and recompletion not finish yet

Polo AOP Fed #6

Ross CTB: (Oil only)

Ross EG #3

Ross EG #4

Ross EG #8

Dagger ZW CTB

Dagger ZW#2

Dagger ZW#3H- this is the Savannah #3H, we haven't reported any production to state yet.

Can you use the same format as in the past, which is easy to read.