

ABOVE THIS LINE FOR DIVISION USE ONLY

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



Yates Petroleum
 RECEIVED OGD
 Anthill AAK #Cork

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,
 [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

12/14/12
 Date

mmorales@yatespetroleum.com
 e-mail Address

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 (25575)

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. Parkway; Bone Spring 49622

(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: 12/14/12

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. 30-015-38576
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Anthill AAK State Com
8. Well Number 3H
9. OGRID Number 025575
10. Pool name or Wildcat Parkway; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3297' GR

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Yates Petroleum Corporation
3. Address of Operator 105 S. Fourth Street Artesia, NM 88210
4. Well Location Unit Letter <u>P</u> : <u>560</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>E</u> line Section <u>2</u> Township <u>20S</u> Range <u>29E</u> NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3297' 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 only the following wells:

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H. Please see attached plats and site security diagram.

The ownership is diversified. All owner's notifications and waivers 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 Anthill #2H. Total sales/production will be allocated back to each individual well using the metered(daily well tests)volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, 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 12/14/12

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200

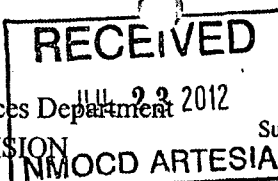
For State Use Only

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) 748-9720
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

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 30-015-38575	² Pool Code 49622	³ Pool Name Parkway; Bone Spring
⁴ Property Code 38544	⁵ Property Name Anthill AAK State Com	⁶ Well Number 2H
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 3303'GR

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
I	2	20S	29E		1980	South	330	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
L	2	20S	29E		1985	South	361	West	Eddy

¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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 leased 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: <u>Tina Huerta</u> Date: <u>July 19, 2012</u> Printed Name: <u>Tina Huerta</u> E-mail Address: <u>tina.h@yatespetroleum.com</u>	
	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: _____	

on 8/8/12 CS

District III1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170District IV1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462**1220 S. St Francis Dr.
Santa Fe, NM 87505****WELL LOCATION AND ACREAGE DEDICATION PLAT**

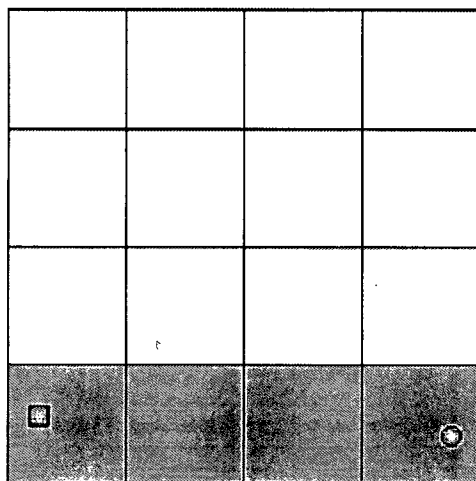
1. API Number 30-015-38576	2. Pool Code 49622	3. Pool Name PARKWAY,BONE SPRING
4. Property Code 38544	5. Property Name ANTHILL AAK STATE COM	6. Well No. 003H
7. OGRID No. 25575	8. Operator Name YATES PETROLEUM CORPORATION	9. Elevation 3297

10. Surface Location

UL - Lot P	Section 2	Township 20S	Range 29E	Lot Idn	Feet From 560	N/S Line S	Feet From 330	E/W Line E	County EDDY
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11. Bottom Hole Location If Different From Surface

UL - Lot M	Section 2	Township 20S	Range 29E	Lot Idn M	Feet From 760	N/S Line S	Feet From 330	E/W Line W	County EDDY
12. Dedicated Acres 160.00		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****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(s) 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.

E-Signed By: Monti Sanders

Title:

Date: 3/22/2011

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.

Surveyed By: Gary Jones

Date of Survey: 1/24/2011

Certificate Number: 7977

DISTRICT I
1825 N. French Dr., Hobbs, NM 88240
Phone (505) 393-6161 Fax: (505) 393-0720
DISTRICT II
1301 W. Grand Avenue, Aztec, NM 88210
Phone (505) 748-1283 Fax: (505) 748-0720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6176 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3480 Fax: (505) 476-3482

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-40731	Pool Code 49622	Pool Name Parkway Wildcat/2nd Bone Spring Sand
Property Code	Property Name ANTHILL "AAK" STATE COM	Well Number 4H
OGRID No. 025575	Operator Name YATES PETROLEUM CORP.	Elevation 3296

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	2	20 S	29 E		435	SOUTH	330	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
M	2	20 S	29 E		435	SOUTH	330	WEST	EDDY

Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.
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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

<p>PROPOSED BOTTOM HOLE LOCATION Lat - N 32°35'47.06" Long - W 104°02'47.35" NMSPC - N 580829.36 E 632242.31 (NAD-83)</p> <p>SURFACE LOCATION Lat - N 32°35'47.06" Long - W 104°02'47.35" NMSPC - N 580829.36 E 632242.31 (NAD-83)</p>	<p>OPERATOR CERTIFICATION</p> <p>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.</p> <p> 9/14/12 Signature Date Travis Hahn Printed Name thahn@yatespetroleum.com Email Address</p> <p>SURVEYOR CERTIFICATION</p> <p>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.</p> <p> Date Surveyed Signature of Professional Surveyor Certificate No. Gary L. Jones 7977 BASIN SURVEYS 27197</p>
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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

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

December 14, 2012

RE: Surface Lease Commingle oil only
Anthill AAK State Com #2H, 3H, & 4H
Eddy County, New Mexico

Dear interest owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle the following wells:

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H.
The ownership is diversified.

Oil Measurement

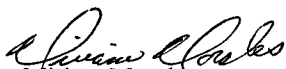
Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Anthill #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

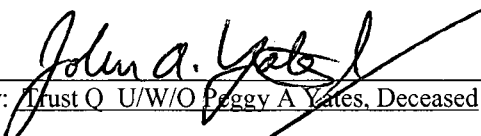
The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will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

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


Company: Trust Q U/W/O Peggy A Yates, Deceased

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

Well Selection Criteria Quick Print

opno = 25575 and WH_SEC = 2 and WH_TWPN = 20 and WH_TWPD Like 'S' and WH_RNGN = 29 and WH_RNGD Like 'E'

API Well #	Well Name and No.		Operator Name	Typ	Stat	County	Surf	UL	Sec	Twp	Rng	Ft N/S	Ft E/W	UICPrmt	Lst Insp Dt
30-015-38575-00-00	ANTHILL AAK STATE COM	002H	YATES PETROLEUM CORPORAT	O	A	Eddy	S	I	2	20 S	29 E	1980 S	330 E		12/27/2012
30-015-24964-00-00	ANTHILL AAK STATE	001	YATES PETROLEUM CORPORAT	G	A	Eddy	S	O	2	20 S	20 E	660 S	2150 E		3/22/2012
30-015-40731-00-00	ANTHILL AAK STATE COM	004H	YATES PETROLEUM CORPORAT	O	N	Eddy	S	P	2	20 S	29 E	435 S	330 E		
30-015-38576-00-00	ANTHILL AAK STATE COM	003H	YATES PETROLEUM CORPORAT	O	N	Eddy	S	P	2	20 S	29 E	560 S	330 E		

Well Master

30-015-38575-00-00

YATES PETROLEUM CORPORATION

Eddy

ANTHILL AAK STATE COM No 002H

Production Summary

(16 Month Default)

5 Year Data

Months Since Production > Zero:

2

Specify Beginning Date for Summary...

9/29/2011

1/29/2008

Date of Last Production Report:

Production Pool(s)	Oil Prod	Gas Prod	Wtr Prod	Days Prod	Rpt Date
PARKWAY;BONE SPRING	13583	15707	14390	21	7/1/2012
PARKWAY;BONE SPRING	18082	25463	14534	31	8/1/2012
PARKWAY;BONE SPRING	13800	27433	14058	30	9/1/2012
PARKWAY;BONE SPRING	11792	27725	12312	31	10/1/2012
PARKWAY;BONE SPRING	8734	23203	10634	30	11/1/2012

Injection Pool(s)	Wtr Inj	CO2 Inj	Gas Inj	Other Inj	Days Inj	Prod Date	Rpt Inj psi
PARKWAY;BONE SPRING	0	0	0	0	21	7/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	31	8/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	30	9/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	31	10/1/2012	0
PARKWAY;BONE SPRING	0	0	0	0	30	11/1/2012	0

Total Volumes for Above Filtered Recordset...

Oil Total: 65.991

Gas Total: 119.531

Water Total: 65.928

Water Inj Total: 0

CO2 Inj Total: 0

Gas Inj Total: 0

Other Inj Total: 0

Double-Click on '5 Year Data' Label Above to Automatically Apply That Date and Show 5 Year Production History!

Double-Click on '(16 Month Default)' Label to Re-Filter to 16 Months!



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

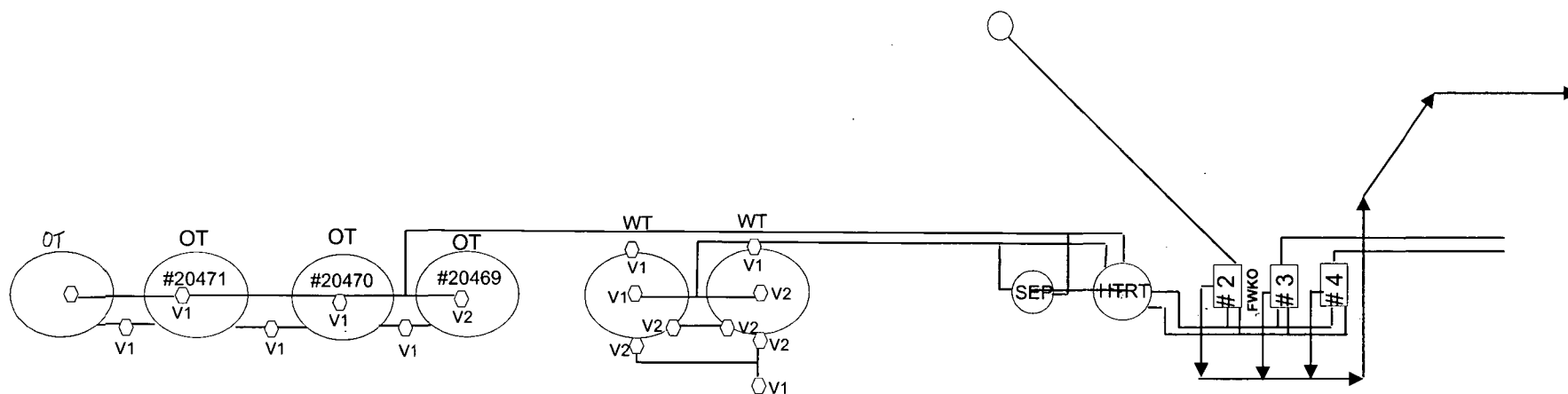
-Keith Hutchens
July, 2012

Anthill AAK ST Com # 2H

1980' FSL & 330' FEL * Sec 2 – T20S R29E * Unit L
Eddy County, NM
API -3001538575

N
←

V1= Valve Closed
V2= Valve Opened



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



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ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (575) 748-1471

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December 14, 2012

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Eddy County, New Mexico

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The battery is located at the Anthill State Com #2H.
The ownership is diversified.

Oil Measurement

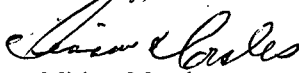
Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Anthill #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.


The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, 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 and shorten the economic life of all the wells.

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


Company: Yates Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

December 14, 2012

RE: Surface Lease Commingle oil only
Anthill AAK State Com #2H, 3H, & 4H
Eddy County, New Mexico

Dear interest owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle the following wells:

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H.
The ownership is diversified.

Oil Measurement

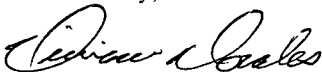
Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the Anthill #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

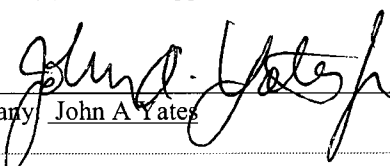
The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing the same battery, it will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

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

Sincerely,


Miriam Morales
Production Analyst

I hereby approve this application


Company John A Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

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

7011 2000 0002 6461 6879
7011 2000 0002 6461 6879

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

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

Postmark Here

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: *D.P. SCO*

Street, Apt. No.: *310 Old Santa Fe Trail*

or PO Box No. *1*

City, State, ZIP+4: *Santa Fe, NM 87504*

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

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

JOHN A. YATES
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.
PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

December 14, 2012

RE: Surface Lease Commingle oil only
Anthill AAK State Com #2H, 3H, & 4H
Eddy County, New Mexico

Dear interest owner,

Yates Petroleum is requesting approval from the Oil Conservation Division and State Land Office to Surface Lease Commingle the following wells:

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

The battery is located at the Anthill State Com #2H.
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 Anthill #2H. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for Anthill #2 is 300 bbls and for the Anthill #3H and 4H is 460 bbls. The gravity for all three wells is 42.0.

The purpose of the Surface Lease Commingle is in the interest of conservation, economic feasibility, 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 and shorten the economic life of all the wells.

Any objections must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division receives the application. Application will be sent in conjunction with this letter.

If you have any questions, please contact 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™

7011 2970 0002 0898 9731

7011 2970 0002 0898 9731

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to: KAROLYN M ROGERS C/O TAMMY ROGERS PO BOX 3040 MIDLAND, TX 79702	
Street, Apt. No., or PO Box No. City, State, ZIP	
PS Form 3800, August 2005 See Reverse for Instructions	

Postmark Here

KAROLYN M ROGERS

KAROLYN M ROGERS
C/O TAMMY ROGERS
PO BOX 3040
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:

KAROLYN M ROGERS
C/O TAMMY ROGERS
PO BOX 3040
MIDLAND, TX 79702

2. Article Number
(Transfer from s)

7011 2970 0002 0898 9731

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9724

7011 2970 0002 0898 9724

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>Handwritten: Andrew H. Hendrix, U.S. Post Office, Midland, TX</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to	JOHN H & CAROL W HENDRIX
Street, Apt. No., or PO Box No.	TRUSTEES OF THE
City, State, ZIP+4	JOHN H HENDRIX REVOCABLE TRUST
	P O BOX 3040
	MIDLAND, TX 79702
PS Form 3800, 1A	

JOHN H & CAROL W HEND
TRUSTEES OF THE
JOHN H HENDRIX REVOC
P O BOX 3040
MIDLAND, TX 79702

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JOHN H & CAROL W HENDRIX
TRUSTEES OF THE
JOHN H HENDRIX REVOCABLE TRUST
P O BOX 3040
MIDLAND, TX 79702

2. Article Number
(Transfer from s)

7011 2970 0002 0898 9724

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Address

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9717

7011 2970 0002 0898 9717

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	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
CHALLENGER CRUDE LTD 3300 N "A" STREET 8-110 MIDLAND, TX 79705	
PS Form 3800, August 2006 See Reverse for Instructions	

CHALLENGER CRUDE LTD
3300 N "A" STREET 8-110
MIDLAND, TX 79705

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:

CHALLENGER CRUDE LTD
3300 N "A" STREET 8-110
MIDLAND, TX 79705

2. Article Number
(Transfer from s

7011 2970 0002 0898 9717

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9700

7011 2970 0002 0898 9700

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: VIRGINIA P MONAGHAN TRUSTEE OF MONAGHAN LVG TRUST 500 W TEXAS STE 1200 MIDLAND, TX 79701-4281	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2004 See Reverse for Instructions	

VIRGINIA P MONAGHAN
TRUSTEE OF MONAGHAN L
500 W TEXAS STE 1200
MIDLAND, TX 79701-4281

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:

VIRGINIA P MONAGHAN
TRUSTEE OF MONAGHAN LVG TRUST
500 W TEXAS STE 1200
MIDLAND, TX 79701-4281

2. Article Number
(Transfer from se

7011 2970 0002 0898 9700

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

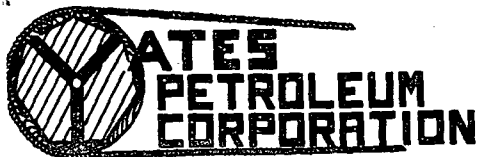
B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

7011 2970 0002 0898 9694
7011 2970 0002 0898 9694

ADDRESS SERVICE REQUESTED

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

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

Handwritten: 7011 2970 0002 0898 9694

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

TOCOR INVESTMENTS INC
P O BOX 293
MIDLAND, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

TOCOR INVESTMENTS INC
P O BOX 293
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:

TOCOR INVESTMENTS INC
P O BOX 293
MIDLAND, TX 79702

2. Article Number
(Transfer from sender's label)

7011 2970 0002 0898 9694

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9687

7011 2970 0002 0898 9687

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>Handwritten: Addressed to USPS</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<i>Handwritten: Kramel Rd</i>	
Sent to	
Street, Apt. No. or PO Box No. 500 W TEXAS STE 1200	
City, State, ZIP MIDLAND, TX 79701-4281	
CAL-MON OIL COMPANY	
PS Form 3800, August 2006 See Reverse for Instructions	

CAL-MON OIL COMPANY
500 W TEXAS STE 1200
MIDLAND, TX 79701-4281

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:

CAL-MON OIL COMPANY
500 W TEXAS STE 1200
MIDLAND, TX 79701-4281

2. Article Number
(Transfer from se

7011 2970 0002 0898 9687

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



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

7011 2970 0002 0898 9670

7011 2970 0002 0898 9670

ADDRESS SERVICE REQUESTED

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>Handwritten: FIDELITY EXPLO & PROD</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. FIDELITY EXPLORATION & PRODUCTION DEPARTMENT 420 City, State, ZIP+4 DENVER, CO 80256	
PS Form 3800, August 2005 See Reverse for Instructions	

FIDELITY EXPLORATION & PF
DEPARTMENT 420
DENVER, CO 80256

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:

FIDELITY EXPLORATION & PRODUCTION
DEPARTMENT 420
DENVER, CO 80256

2. Article Number:
(Transfer from s)

7011 2970 0002 0898 9670

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



ARTESIA PETROLEUM CORPORATION
 ARTESIA BUILDING - 105 SOUTH FOURTH STREET
 ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9663
 7011 2970 0002 0898 9663

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+	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees
DEVON ENERGY PRODUCTION CO LP P O BOX 842485 DALLAS, TX 75284-2485	Postmark Here
PS Form 3800, August 2006 See Reverse for Instructions	

DEVON ENERGY PRODUCTION
 P O BOX 842485
 DALLAS, TX 75284-2485

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 <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: DEVON ENERGY PRODUCTION CO LP P O BOX 842485 DALLAS, TX 75284-2485		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from si		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7011 2970 0002 0898 9663

102595-02-M-1540

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9656

7011 2970 0002 0898 9656

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>Richard Yates</i>	
Sent to: Street, Apt. No., or PO Box No. City, State, Zip+4	
RICHARD YATES 428 SANDOVAL SANTA FE, NM 87501	
PS Form 3800, August 2006 See Reverse for Instructions	

RICHARD YATES
428 SANDOVAL
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:

RICHARD YATES
428 SANDOVAL
SANTA FE, NM 87501

2. Article Number
(Transfer from s)

7011 2970 0002 0898 9656

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9649

7011 2970 0002 0898 9649

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

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

PEYTON YATES
PEYTON YATES

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
PEYTON YATES
105 S FOURTH STREET
ARTESIA, NM 88210

PS Form 3800, August 2005 See Reverse for Instructions

PEYTON YATES
105 S FOURTH STREET
ARTESIA, NM 88210

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:

PEYTON YATES
105 S FOURTH STREET
ARTESIA, NM 88210

2. Article Number
(Transfer from se

7011 2970 0002 0898 9649

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9632

7011 2970 0002 0898 9632

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

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

POSTAGE
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+4
PS Form 3800, August 2005 See Reverse for Instructions

MULBERRY PARTNERS II LLP
P O BOX 1290
ARTESIA, NM 88211-1290

Postmark Here

Discard

MULBERRY PARTNERS II LL
P O BOX 1290
ARTESIA, NM 88211-1290

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:

MULBERRY PARTNERS II LLP
P O BOX 1290
ARTESIA, NM 88211-1290

2. Article Number (Transfer from si) 7011 2970 0002 0898 9632

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9618
7011 2970 0002 0898 9618

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

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

Arturo E. Hernandez **U.S. MAIL**

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

Postmark Here

Sent to: SHARBRO ENERGY LLC
Street, Apt. No., or PO Box No. P O BOX 840
City, State, Zip+ ARTESIA, NM 88211-0840

PS Form 3800, August 2006 See Reverse for Instructions

SHARBRO ENERGY LLC
P O BOX 840
ARTESIA, NM 88211-0840

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT BOTTOM 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.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>SHARBRO ENERGY LLC P O BOX 840 ARTESIA, NM 88211-0840</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from s: 7011 2970 0002 0898 9618)</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7011 2970 0002 0898 9601
7011 2970 0002 0898 9601

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

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

Handwritten: 10/15/04 10:57 AM 10/15/04 U.S. Mail
Handwritten: Tulipan LLC

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

Postmark Here

Sent to
TULIPAN LLC
P O BOX 1020
ARTESIA, NM 88211-1020

PS Form 3800, August 2006 See Reverse for Instructions

TULIPAN LLC
P O BOX 1020
ARTESIA, NM 88211-1020

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.		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: TULIPAN LLC P O BOX 1020 ARTESIA, NM 88211-1020		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from s 7011 2970 0002 0898 9601		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9595
7011 2970 0002 0898 9595

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>Artesia NM 88211-1290</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	Postmark Here
MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-1290	
PS Form 3811, August 2006 See Reverse for Instructions	

MARIGOLD LLLP
P O BOX 1290
ARTESIA, NM 88211-1290

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:

MARIGOLD LLLP
P O BOX 1290
ARTESIA, NM 88211-1290

2. Article Number
(Transfer from s)

7011 2970 0002 0898 9595

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2000 0002 6461 7043
7011 2000 0002 6461 7043

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	
Sent to: <i>Santo Legado LLC</i> Street, Apt. No., or PO Box No.: <i>PO Box 1020</i> City, State, ZIP+4: <i>Artesia NM 88211-1020</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

SANTO LEGADO LLLP
P O BOX 1020
ARTESIA, NM 88211-1020

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 LLLP
P O BOX 1020
ARTESIA, NM 88211-1020

2. Article Number
(Transfer from se

7011 2000 0002 6461 7043

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9588

7011 2970 0002 0898 9588

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>Handwritten: 10/12/04 10:34 AM by [signature]</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 OXY Y-1 COMPANY P.O. BOX 841803 DALLAS, TX 75284-1803	
PS Form 3800, August 2006 See Reverse for Instructions	

OXY Y-1 COMPANY
P.O. BOX 841803
DALLAS, TX 75284-1803

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:

OXY Y-1 COMPANY
P.O. BOX 841803
DALLAS, TX 75284-1803

2. Article Number
(Transfer from se)

7011 2970 0002 0898 9588

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

DRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9571

7011 2970 0002 0898 9571

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>Marshall & Winston Inc</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: MARSHALL & WINSTON INC	
Street, Apt. No., or PO Box No. P O BOX 50880	
City, State, ZIP+ MIDLAND, TX 79710-0880	
PS Form 3800, August 2006 See Reverse for Instructions	

MARSHALL & WINSTON INC
P O BOX 50880
MIDLAND, TX 79710-0880

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:

MARSHALL & WINSTON INC
P O BOX 50880
MIDLAND, TX 79710-0880

2. Article Number
(Transfer from s)

7011 2970 0002 0898 9571

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9564
7011 2970 0002 0898 9564

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 \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Sent to TAYLOR L BARR P O BOX 78694 CHARLOTTE, NC 28271	
Street, Apt. No., or P.O. Box No. City, State, ZIP+4	
PS Form 3800, August 2005 See Reverse for Instructions	

TAYLOR L BARR
P O BOX 78694
CHARLOTTE, NC 28271

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: TAYLOR L BARR P O BOX 78694 CHARLOTTE, NC 28271		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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 2970 0002 0898 9564



7011 2970 0002 0898 9557

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

Sent To: ZACHARIAH J REID

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

P O BOX 505

City, State, ZIP+4®

MIDLAND, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

ZACHARIAH J REID
C/O CHRISTINE MOTYCKA
P O BOX 505
MIDLAND, TX 79702

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p>ZACHARIAH J REID C/O CHRISTINE MOTYCKA P O BOX 505 MIDLAND, TX 79702</p> </div>		<p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(<i>Transfer from sender's label</i>)</p>		<p>7011 2970 0002 0898 9557</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7011 2970 0002 0898 9540

7011 2970 0002 0898 9540

Sent to
Street, Apt. No.,
or PO Box No. 1031 NW 43RD AVENUE
City, State, ZIP+ CAMAS, WA 98607
PS Form 3811, 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 ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
1031 NW 43RD AVENUE
CAMAS, WA 98607
1/25/07
U.S. PS

CRAIG W BARR
1031 NW 43RD AVENUE
CAMAS, WA 98607

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:

CRAIG W BARR
1031 NW 43RD AVENUE
CAMAS, WA 98607

2. Article Number
(Transfer from st)

7011 2970 0002 0898 9540

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL

7011 2970 0002 0898 9533

7011 2970 0002 0898 9533

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
<i>Antonia 371 10/1/04 10/1/04</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: STEVE C BARNES	
Street, Apt. No., or PO Box No. P O BOX 505	
City, State, ZIP+4 MIDLAND, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

STEVE C BARNES
P O BOX 505
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 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: STEVE C BARNES P O BOX 505 MIDLAND, TX 79702		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s 7011 2970 0002 0898 9533		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9526

7011 2970 0002 0898 9526

US 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	
Sent to LAURIE B BARR FAMILY TRUST	
C/O WELLS FARGO BANK	
ACCT #72385400	
P O BOX 40909	
AUSTIN, TX 78704	

LAURIE B BARR FAMILY TRU
C/O WELLS FARGO BANK
ACCT #72385400
P O BOX 40909
AUSTIN, TX 78704

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:

LAURIE B BARR FAMILY TRUST
C/O WELLS FARGO BANK
ACCT #72385400
P O BOX 40909
AUSTIN, TX 78704

2. Article Number
(Transfer from se

7011 2970 0002 0898 9526

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9519
7011 2970 0002 0898 9519

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>MICHAEL J. MOTYCKA</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	
CHRISTINE MOTYCKA	
P O BOX 505	
MIDLAND, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

CHRISTINE MOTYCKA
P O BOX 505
MIDLAND, TX 79702

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

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:

CHRISTINE MOTYCKA
P O BOX 505
MIDLAND, TX 79702

2. Article Number
(Transfer from s

7011 2970 0002 0898 9519

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7011 2970 0002 0898 9502
7011 2970 0002 0898 9502

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>Midland TX 79702</i>	
Postage \$	Return Receipt Fee (Endorsement Required)
Certified Fee	Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$	
Sent To	Postmark Here
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
V ELAINE BARNES P O BOX 505 MIDLAND, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

V ELAINE BARNES
P O BOX 505
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:

V ELAINE BARNES
P O BOX 505
MIDLAND, TX 79702

2. Article Number
(Transfer from st

7011 2970 0002 0898 9502

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9496

7011 2970 0002 0898 9496

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>Adrian B. Barnes</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: THE BARNES FAMILY PARTNERSHIP	
Street, Apt. No., or PO Box No. P O BOX 505	
City, State, ZIP+ MIDLAND, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

THE BARNES FAMILY PARTNE
P O BOX 505
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 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: THE BARNES FAMILY PARTNERSHIP P O BOX 505 MIDLAND, TX 79702	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 se	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
7011 2970 0002 0898 9496	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9489

7011 2970 0002 0898 9489

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>Julie Ellen Barnes</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: JULIE ELLEN BARNES	
Street Apt. No.:	
or PO Box No. P O BOX 505	
City, State, ZIP+4 MIDLAND, TX 79702	
PS Form 3800, August 2006 See Reverse for Instructions	

JULIE ELLEN BARNES
P O BOX 505
MIDLAND, TX 79702

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JULIE ELLEN BARNES
P O BOX 505
MIDLAND, TX 79702

2. Article Number
(Transfer from s

7011 2970 0002 0898 9489

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7011 2970 0002 0898 9472

7011 2970 0002 0898 9472

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>Handwritten: Geraldine L Zoller</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<i>Handwritten: Diamond Food</i>	
Sent to	GERALDINE L ZOLLER
Street, Apt. No., or P.O. Box No.	P O BOX 1446
City, State, ZIP+4	MARBLE FALLS, TX 78654
PS Form 3800, August 2006 See Reverse for Instructions	

GERALDINE L ZOLLER
P O BOX 1446
MARBLE FALLS, TX 78654

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:

GERALDINE L ZOLLER
P O BOX 1446
MARBLE FALLS, TX 78654

2. Article Number
(Transfer from s

7011 2970 0002 0898 9472

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Jones, William V., EMNRD

From: Hanson Yates <hyates@santopetroleum.com>
Sent: Monday, January 28, 2013 4:01 PM
To: Jones, William V., EMNRD
Cc: Mike Hill (mikeh@yatespetroleum.com); Tobin Rhodes; Peyton Yates; Karen Leishman; Mark Ashley
Subject: RE: Protest of Application for Surface Lease Commingling of Oil Production

Dear Mr. Jones,

Santo Legado LLLP hereby withdraws its protest of application for surface lease commingling of oil production as set forth below. We have met with Yates Petroleum and are comfortable with their plans to meter and allocate production. They have also granted us the right to witness the production metering going forward.

Thank you.

Best regards,

Hanson Yates

Vice President, Land & Business Development
Santo Petroleum LLC
Two Allen Center
1200 Smith Street, Suite 690
Houston, TX 77002

Main: 713-600-7500
Direct: 713-652-0088
Mobile: 713-412-2097

From: Jones, William V., EMNRD [<mailto:William.V.Jones@state.nm.us>]
Sent: Friday, January 04, 2013 5:25 PM
To: Hanson Yates
Subject: RE: Protest of Application for Surface Lease Commingling of Oil Production

Got it....

From: Hanson Yates [<mailto:hyates@santopetroleum.com>]
Sent: Friday, January 04, 2013 3:31 PM
To: Jones, William V., EMNRD
Cc: Tobin Rhodes; Karen Leishman; Mark Ashley
Subject: Protest of Application for Surface Lease Commingling of Oil Production

Re: Yates Petroleum Corporation's application for Surface Lease Commingling of oil production from

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731

Dear Mr. Jones,

Thank you for returning my voicemail yesterday. Per your suggestion, I am sending this email to notify the NM OCD that Santo Legado LLLP protests the application by Yates Petroleum Corporation ("YPC") for surface lease commingling of production from the above captioned wells, which are all operated by YPC.

Since there is non-uniform ownership in the three wells, Santo Legado is concerned the risks and costs of potential errors in allocation of production among the three wells outweigh the benefits of surface commingling production as planned. With the oil production volumes YPC has suggested, a small error could result in significant harm to any under allocated party.

We have notified YPC of our protest and will work with them to resolve this matter quickly. We will notify you as soon as we reached any conclusions with YPC.

Have a nice weekend.

Best regards,

Hanson Yates

Vice President, Land & Business Development
Santo Petroleum LLC
Two Allen Center
1200 Smith Street, Suite 690
Houston, TX 77002

Main: 713-600-7500
Direct: 713-652-0088
Mobile: 713-412-2097

Jones, William V., EMNRD

From: Jones, William V., EMNRD
Sent: Monday, January 07, 2013 11:54 AM
To: 'Mike Hill'
Subject: RE: Anthill AAK State Com # 3, Surface comingle application.

Mike
I have seen no other protests as of this moment.

Will

From: Mike Hill [<mailto:MikeH@yatespetroleum.com>]
Sent: Monday, January 07, 2013 11:34 AM
To: Jones, William V., EMNRD
Subject: Anthill AAK State Com # 3, Surface comingle application.

William Jones
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Will,

I was wondering if you could tell me if anyone has protested this application for surface comingling on the Anthill AAK St Com # 3.

Santo Petroleum another Yates company has told me that they are going to send a letter of protest; I have scheduled a meeting

with them to see if we can resolve our differences, but I was wondering if anyone else had protested?

Thank You,

Mike Hill
Yates Petroleum Corp
Office: 575-748-4219
Cell : 575-365-8706

This message may contain confidential information and is intended for the named recipient only. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission. If verification is required please request a hard-copy version.

Jones, William V., EMNRD

From: Hanson Yates <hyates@santopetroleum.com>
Sent: Friday, January 04, 2013 3:31 PM
To: Jones, William V., EMNRD
Cc: Tobin Rhodes; Karen Leishman; Mark Ashley
Subject: Protest of Application for Surface Lease Commingling of Oil Production

Re: Yates Petroleum Corporation's application for Surface Lease Commingling of oil production from

Anthill AAK State Com #2H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-2041
API #30-015-38575
Eddy County, NM

Anthill AAK State Com #3H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-38576
Eddy County, NM

Anthill AAK State Com #4H
Parkway; Bone Spring
Sec. 2-T20S-R29E
St. Lease #LG-4525
API #30-015-40731
Eddy County, NM

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We have notified YPC of our protest and will work with them to resolve this matter quickly. We will notify you as soon as we reached any conclusions with YPC.

Have a nice weekend.

Best regards,

Hanson Yates

Vice President, Land & Business Development
Santo Petroleum LLC
Two Allen Center
1200 Smith Street, Suite 690
Houston, TX 77002

Main: 713-600-7500
Direct: 713-652-0088
Mobile: 713-412-2097