

3/14/2015 DATE IN	SUSPENSE	ENGINEER MAM	3/14/2015 LOGGED IN	CTB TYPE	PMAM/507160105 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,

[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

3/6/15
Date

mmorales@yatespetroleum.com
e-mail Address

- CTB 658-A
 - Yates Petroleum Corporation
 2015 MAR 12 P 2:29
 RECEIVED OGD
 25575
 WELLS ...
 - GRATEFUL BOD
 Federal Com
 30-015-38990
 - GRATEFUL BOD
 Federal Com
 2H
 30-015-38518

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. CTB-658

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. Sand Tank; Bone Spring 96832

(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: 3/6/15

TYPE OR PRINT NAME: Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM-0437523

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well



Oil Well



Gas Well



Other PA

2. Name of Operator

Yates Petroleum Corporation

7. If Unit or CA/Agreement, Name and/or No.

NM-129302

8. Well Name and No.

Grateful BOD Federal Com #2H

3a. Address

105 S. 4th St., Artesia, NM 88210

3b. Phone No. (include area code)

575-748-1471

9. API Well No.

30-015-38518

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)

1650' FNL & 330' FEL Sec. 13-T18S-R29E Unit H, SENE Surface

10. Field and Pool or Exploratory Area

Sand Tank; Bone Spring

1980' FNL & 330' FWL Sec. 13-T18S-R29E Unit E, SWNW Bottom

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION



Notice of Intent



Subsequent Report



Final Abandonment Notice



Acidize



Alter Casing



Casing Repair



Change Plans



Convert to Injection



Deepen



Fracture Treat



New Construction



Plug and Abandon



Plug Back



Production (Start/Resume)



Reclamation



Recomplete



Temporarily Abandon



Water Disposal



Water Shut-Off



Well Integrity



Other amend

Surface/lease

(CA) Commingle

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Yates Petroleum respectfully requests approval to amend surface/lease (CA) commingle approved on 2/2/13 (BLM), CTB-658 (OCD) by changing the gas measurement method.

The commingled production will be measured and sold/transferred at the Grateful BOD #1H battery located at Sec. 13-T18S-R29E, NENE. Please see attached site security diagram.

Diversified ownership under different CAs. All owners will be notified. (see attached)

Royalty values will not be affected by this commingle.

Please see continuation attached

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Miriam Morales

Title **Production Analyst**

Signature

Date

3/6/15

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Continuation of Grateful Federal Com #2H amendment surface/lease (CA) commingle

Federal Lease #LC-055830, NM-437523, CA #NM-128652

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Grateful BOD Federal Com #1H Sec. 13-T18S-R29E API #30-015-38990 Eddy County, NM	Sand Tank; Bone Spring	42	42	156	1280

CA #NM-129302

Grateful BOD Federal Com #2H Sec. 13-T18S-R29E API #30-015-38518 Eddy County, NM	Sand Tank; Bone Spring	35	42.2	147	1241
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Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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 shall be included in this application.

Gas Measurement

Total gas production and sales/transferred volumes will be based on measurement at the CDP and allocated back to each well based on EFM daily readings. The Agave's CDP meter #13236 is located at Sec. 13-T18S-R29E, NENE.

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 reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0437523
2. Name of Operator YATES PETROLEUM CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address 105 S FOURTH ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No. NMNM129302
3b. Phone No. (include area code) Ph: 575-748-4200		8. Well Name and No. GRATEFUL BOD FEDERAL COM 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T18S R29E SENE 1650FNL 330FEL		9. API Well No. 30-015-38518
		10. Field and Pool, or Exploratory SAND TANK;BONE SPRING
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Surface Commingling
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Yates Petroleum respectfully requests approval to amend Surface lease (CA) commingle approved on 2/2/13 (BLM)and CTB-658 by changing the gas measurement method.

The commingle production will be measured and sold/transferred at the Grateful BOD Fed.#1H battery located at Sec. 13-T18S-R29E, NENE. Please see attach site facility diagram.

Diversified ownership under different CAs. All owners will be notified.(see attach)

Royalty values will not be affected by this commingle.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #294159 verified by the BLM Well Information System For YATES PETROLEUM CORPORATION, sent to the Carlsbad	
Name (Printed/Typed) MIRIAM MORALES	Title PRODUCTION ANALYST
Signature (Electronic Submission)	Date 03/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****



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

Keith Hutchens
August 2012

Grateful BOD #1H Battery

786' FNL & 545' FEL Sec 13-T18S-R29E Unit A

Eddy County, NM

API #3001538990

Grateful #1H



OT #20053

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

OT #20018

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

OT #20017

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

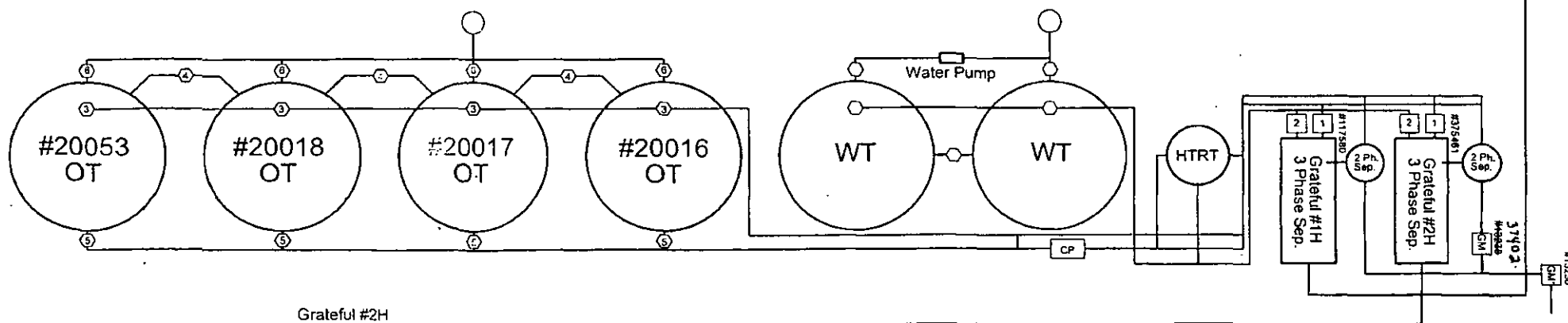
OT #20016

Production Phase:
3- Open
4- Sealed Closed
5- Sealed Closed
6- Sealed Closed

Sales Phase:
3- Sealed Closed
4- Sealed Closed
5- Sealed Closed
6- Open

Legend

- 1- Turbine Allocation Meter (oil)
- 2- Turbine Allocation Meter (water)
- 3- Fill Line
- 4- EQ Line
- 5- Circ Line
- 6- Load Line
- GM- Gas Meter
- CP- Circulating Pump
- *- Sales Point
- Oil Line
- Gas Line
- Water Line



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

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

As Drilled
WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-38990	² Pool Code 96483 <i>96832</i>	³ Pool Name <i>Sand Tank</i> Valent, Bone Spring
⁴ Property Code 38516	⁵ Property Name Grateful BOD Federal Com	⁶ Well Number 1H
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 3493'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
A	13	18S	29E		786	North	545	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
D	13	18S	29E		732	North	389	West	Eddy

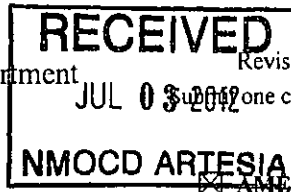
¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

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 released 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 November 28, 2011 Tina Huerta Printed Name tnah@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 (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

one copy to appropriate
District Office

NMOC D ARTESIA
☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-38518		² Pool Code 96832	³ Pool Name Sand Tank; Bone Spring
⁴ Property Code 38516	⁵ Property Name Grateful BOD Federal Com		⁶ Well Number 2H
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation		⁹ Elevation 3494'GL

¹⁰ Surface Location

UL or lot no. H	Section 13	Township 18S	Range 29E	Lot Idn	Feet from the 1650	North/South line North	Feet from the 330	East/West line East	County Eddy
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. E	Section 13	Township 18S	Range 29E	Lot Idn	Feet from the 2017	North/South line North	Feet from the 369	East/West line West	County Eddy
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¹² Dedicated Acres 160	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 June 29, 2012 Tina Huerta Printed Name tina@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			

MARTIN YATES, III
1912-1985

FRANK W. YATES
1935-1986

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

March 6, 2015

RE: Amend Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is requesting approval from the Bureau of Land Management and Oil Conservation Division to amend Surface/Lease Commingle by changing the gas measurement method on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Grateful BOD Federal Com #1H	Sand Tank;	42	42	156	1280
Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38990					
Eddy County, NM					

CA #NM-129302

Grateful BOD Federal Com #2H	Sand Tank;	35	42.2	147	1241
Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38518					
Eddy County, NM					

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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 shall be included in this application.

Gas Measurement

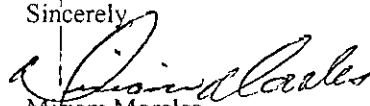
Total gas production and sales/transferred volumes will be based on measurement at the CDP and allocated back to each well based on EFM daily readings. The Agave's CDP meter #13236 is located at Sec. 13-T18S-R29E, NENE.

The purpose of the Surface/lease Commingle of production is in the interest of conservation, the reduction of economic impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

Any objection 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 notification to owners.

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

Sincerely,


Miriam Morales
Production Analyst

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5373

7014 0510 0001 0742 5373

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>GLADYS ANNE KOONTZ</i>	
PS Form 3811	

Sent To: **GLADYS ANNE KOONTZ**
Street, Apt. No., or PO Box No.: **2117 SAVANNA COURT NORTH**
City, State, ZIP: **LEAGUE CITY, TX 77573**

GLADYS ANNE KOONTZ
2117 SAVANNA COURT NORTH
LEAGUE CITY, TX 77573

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:

GLADYS ANNE KOONTZ
2117 SAVANNA COURT NORTH
LEAGUE CITY, TX 77573

2. Article Number

(Transfer from se

7014 0510 0001 0742 5373

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

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5380
7014 0510 0001 0742 5380

Sent To: MARTHA I GAITHER
Street, Apt. No.: 3827 SIOUX AVE
or PO Box No.:
City, State, ZIP+4: KINGMAN, AZ 86401-7353
PS Form 3800, Jul

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

Postmark Here

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

MARTHA I GAITHER
3827 SIOUX AVE
KINGMAN, AZ 86401-7353

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:

MARTHA I GAITHER
3827 SIOUX AVE
KINGMAN, AZ 86401-7353

2. Article Number
(Transfer from ser

7014-0510-0001-0742 5380

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

Sent To
Street Apt. No. ANNETTE KIRK PASCO
or PO Box No. 16601 GARFIELD SPACE 312
City, State, Zip+4 PARAMOUNT, CA 90723
PS Form 3810, 7A

US 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	

Garfield Space 312
in card good

ANNETTE KIRK PASCO
16601 GARFIELD SPACE 312
PARAMOUNT, CA 90723

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:

ANNETTE KIRK PASCO
16601 GARFIELD SPACE 312
PARAMOUNT, CA 90723

2. Article Number
(Transfer from ser)

7014 0510 0001 0742 5014

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

7014 0510 0001 0742 9654

7014 0510 0001 0742 9654

Sent To: FRANCES J DAY
Street, Apt. No., or PO Box No.: C/O ANGELA LONG
City, State, ZIP+4: P O BOX 334
PS Form 3800, 7 NEW CANEY, TX 77357

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
S. J. Yates
C/O Angela Long
P.O. Box 334
New Caney, TX 77357

FRANCES J DAY
C/O ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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:

FRANCES J DAY
C/O ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

2. Article Number
(Transfer from sender)

7014 0510 0001 0742 9654

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

7014 0510 0001 0742 9661

7014 0510 0001 0742 9661

PS Form 3800
Sent To
Street, Apt. No.,
or PO Box No. 19951 MONDAY HARGROVE
City, State, ZIP+4 NEW CANEY, TX 77357

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

Postmark
Here

Signature of Addressee
Bobby Lee Carrell

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

BOBBY LEE CARRELL
19951 MONDAY HARGROVE
NEW CANEY, TX 77357

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:

BOBBY LEE CARRELL
19951 MONDAY HARGROVE
NEW CANEY, TX 77357

2. Article Number
(Transfer from se)

7014 0510 0001 0742 9661

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

7014 0510 0001 0742 9678
7014 0510 0001 0742 9678

Sent to
ANGELA LONG
Street, Apt. No.,
or PO Box No. P O BOX 334
City, State, ZIP+4 NEW CANEY, TX 77357
PS Form 3800, AI

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

Postmark
Here

ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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

ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

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

ANGELA LONG
P O BOX 334
NEW CANEY, TX 77357

2. Article Number

7014 0510 0001 0742 9678

(Transfer from se

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™

7014 0510 0001 0742 9685

7014 0510 0001 0742 9685

PS Form 3800, Au

Sent to
Street Apt. No.
or PO Box No.
City State, ZIP+4
KATHLEEN FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

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

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
KATHLEEN FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

KATHLEEN FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, IF ONLY AT NOTED 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 FOX
3744 BRANDYWINE LN
KELLER, TX 76244-8194

2. Article Number

(Transfer from serv

7014-0510-0001-0742-9685

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

7014 0510 0001 0742 9692
7014 0510 0001 0742 9692

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: SUE LAFETT DAY Street, Apt. No., or PO Box No. 1705 JENNIFER City, State, Zip+ HOUSTON, TX 77029 PS Form 3800	

Handwritten: SUE LAFETT DAY 1705 JENNIFER HOUSTON, TX 77029

SUE LAFETT DAY
1705 JENNIFER
HOUSTON, TX 77029

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. 		<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 <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>SUE LAFETT DAY 1705 JENNIFER HOUSTON, TX 77029</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered™ <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from sender)</p> <p>7014 0510 0001 0742 9692</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5267
7014 0510 0001 0742 5267

Sent to
Street, Apt. No.,
or PO Box No. **WILLS ROYALTY INC**
City, State, ZIP+4 **P O BOX 1658**
CARLSBAD, NM 88221-1658
PS Form 3800, AI

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

Postmark
Here

Wills Royalty Inc

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

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

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD, NM 88221-1658

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:

WILLS ROYALTY INC
P O BOX 1658
CARLSBAD, NM 88221-1658

2. Article Number
(Transfer from service)

7014 0510 0001 0742 5267

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™

7014 0510 0001 0742 5274
7014 0510 0001 0742 5274

Sent To: ELYSE SANDERS PATTERSON
Street, Apt. No.: TRUST INVESTMENTS LLC
or PO Box No.: C/O FARMERS NATIONAL CO., AGENT
City, State, ZIP: P O BOX 3480
PS Form 3800, OMAHA, NE 68103-0480

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

Postmark
Here

68103-0480 US 68103-0480

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

ELYSE SANDERS PATTERSON
TRUST INVESTMENTS LLC
C/O FARMERS NATIONAL CO., AGENT
P O BOX 3480
OMAHA, NE 68103-0480

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:

ELYSE SANDERS PATTERSON
TRUST INVESTMENTS LLC
C/O FARMERS NATIONAL CO., AGENT
P O BOX 3480
OMAHA, NE 68103-0480

2. Article Number

(Transfer from service)

7014 0510 0001 0742 5274

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

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5281
7014 0510 0001 0742 5281

PS Form 3800, Jan
Sent to
Street, Apt. No.,
or PO Box No. 1301 EDITH DR TRL #8
City, State, ZIP+4 ALICE, TX 78332-3401
CAROL A SHORT FAWCETT

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
Carole Fawcett
Alice
1301 Edith Dr
Trl #8
Alice, TX 78332-3401

CAROL A SHORT FAWCETT
1301 EDITH DR TRL #8
ALICE, TX 78332-3401

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:

CAROL A SHORT FAWCETT
1301 EDITH DR TRL #8
ALICE, TX 78332-3401

2. Article Number

(Transfer from serv)

7014 0510 0001 0742 5281

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

7014 0510 0001 0742 5298

7014 0510 0001 0742 5298

Sent to
Street, Apt. No.,
or PO Box No. P O BOX 1300
City, State, ZIP+4 ROSWELL, NM 88202-1300
PS Form 3800, Aug

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

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
7014 0510 0001 0742 5298
Arrive post

THE TOLES COMPANY
P O BOX 1300
ROSWELL, NM 88202-1300

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:

THE TOLES COMPANY
P O BOX 1300
ROSWELL, NM 88202-1300

2. Article Number

7014 0510 0001 0742 5298

(Transfer from service)

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

7014 0510 0001 0742 5304

7014 0510 0001 0742 5304

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Sent to: <i>Rubie Crosby Bell Family LP #1</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here <i>CS</i>	
PS Form 3800	

RUBIE CROSBY BELL FAMILY LP #1
1331 THIRD STREET
NEW ORLEANS, LA 70130-5743

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: RUBIE CROSBY BELL FAMILY LP #1 1331 THIRD STREET NEW ORLEANS, LA 70130-5743		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"/> 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	
7014 0510 0001 0742 5304		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5311
7014 0510 0001 0742 5311

U.S. Postal ServiceTM CERTIFIED MAILTM 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 [®] PS Form 3800	STANLEY W CROSBY III P O BOX 2346 ROSWELL, NM 88202-2346
Certified Fee Return Receipt Fee Restricted Delivery Fee Total Postage & Fees	Postage \$ Certified Fee Return Receipt Fee Restricted Delivery Fee Total Postage & Fees \$
Postmark Here	

STANLEY W CROSBY III
P O BOX 2346
ROSWELL, NM 88202-2346

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:

STANLEY W CROSBY III
P O BOX 2346
ROSWELL, NM 88202-2346

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 5311

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5328

7014 0510 0001 0742 5328

Sent To
Street, Apt. No.,
or PO Box No. LORETTA J MOORE
City, State, ZIP+4 901 WASHINGTON
PS Form 3800, All RYAN, OK 73565-9514

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

Postmark
Here

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

LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

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:

LORETTA J MOORE
901 WASHINGTON
RYAN, OK 73565-9514

2. Article Number
(Transfer from ser)

7014 0510 0001 0742 5328

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

Sent To: GRAHAM FAMILY INVESTMENT
Street, Apt. No., P O BOX 1835
or PO Box No. ROSWELL, NM 88202-1835
City, State, ZIP+4

PS Form 3800

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

GRAHAM FAMILY INVESTMENT
P O BOX 1835
ROSWELL, NM 88202-1835

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece; or on the front if space permits.

1. Article Addressed to:

GRAHAM FAMILY INVESTMENT
P O BOX 1835
ROSWELL, NM 88202-1835

2. Article Number
(Transfer from se

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™
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☐ Insured Mail ☐ Collect on Delivery

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☐ Yes

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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0742 5359

7014 0510 0001 0742 5359

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, A

PHILLIPS FAMILY REVOCABLE TRUST
OF 2005
5019 PHEASANT CREST RD
EDMOND, OK 73034

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

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

Sent to Phillips Family Revocable Trust
Edmond, OK

PHILLIPS FAMILY REVOCABLE TRUST
OF 2005

5019 PHEASANT CREST RD
EDMOND, OK 73034

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

SENDER: COMPLETE THIS SECTION

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

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OF 2005
5019 PHEASANT CREST RD
EDMOND, OK 73034

2. Article Number
(Transfer from se)

7014 0510 0001 0742 5359

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

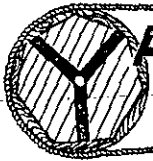
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL™



**YATES
PETROLEUM
CORPORATION**

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 5366
7014 0510 0001 0742 5366

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 EVELYN DEE SANDERSON 614 E WASHINGTON ST WALTERS, OK 73572	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, A	

EVELYN DEE SANDERSON
614 E WASHINGTON ST
WALTERS, OK 73572

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. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>EVELYN DEE SANDERSON 614 E WASHINGTON ST WALTERS, OK 73572</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from serv)</p> <p>7014 0510 0001 0742 5366</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>3. Service Type</p> <p><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</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013

Domestic Return Receipt

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

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PRESIDENT

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CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA
CHIEF ADMINISTRATIVE OFFICER

RE: Amend Surface/Lease (CA) Commingle
Grateful BOD Federal Com #2H
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of an application to amend Surface/Lease commingle on the following wells:

Federal Lease #LC-055830, NM-437523, CA #NM-128652

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Grateful BOD Federal Com #1H	Sand Tank;	42	42	156	1280
Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38990					
Eddy County, NM					

CA #NM-129302

Grateful BOD Federal Com #2H	Sand Tank;	35	42.2	147	1241
Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38518					
Eddy County, NM					

The battery is located at the Grateful #1H.
Diversified ownership under different Com Agreements.

Oil Measurement

Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Grateful BOD Federal Com #1H. 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 shall be included in this application.

Gas Measurement

Total gas production and sales/transferred volumes will be based on measurement at the CDP and allocated back to each well based on EFM daily readings. The Agave's CDP meter #13236 is located at Sec, 13-T18S-R29E, NENE.

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 reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well.

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

Sincerely,
Miriam Morales
Production Analyst

I hereby approve this application

Aho Petroleum Corporation

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
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Eddy County, NM					

CA #NM-129302

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Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38518					
Eddy County, NM					

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Gas Measurement

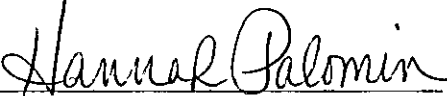
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Miriam Morales
Production Analyst

I hereby approve this application


Hannah Palomin
Sharbro Energy LLC

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CA #NM-129302

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Eddy County, NM					

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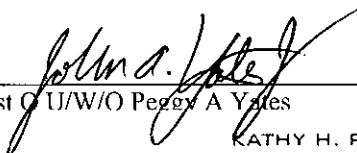
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Miriam Morales
Production Analyst

I hereby approve this application


Trust O U/W/O Peggy A Yates
KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III
1912-1985

FRANK W. YATES
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Eddy County, NM					

CA #NM-129302

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Sec. 13-T18S-R29E	Bone Spring				
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Eddy County, NM					

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Miriam Morales
Production Analyst

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Yates Brothers

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
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ARTESIA, NEW MEXICO 88210-2118

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API #30-015-38990					
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CA #NM-129302

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

JOHN A. YATES
CHAIRMAN OF THE BOARD

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Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38990					
Eddy County, NM					

CA #NM-129302

Grateful BOD Federal Com #2H	Sand Tank;	35	42.2	147	1241
Sec. 13-T18S-R29E	Bone Spring				
API #30-015-38518					
Eddy County, NM					

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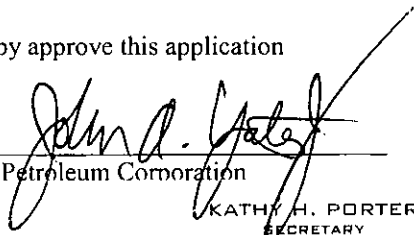
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Production Analyst

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Yates Petroleum Corporation
KATHY H. PORTER
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DENNIS G. KINSEY
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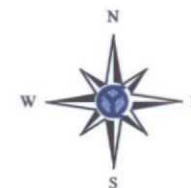
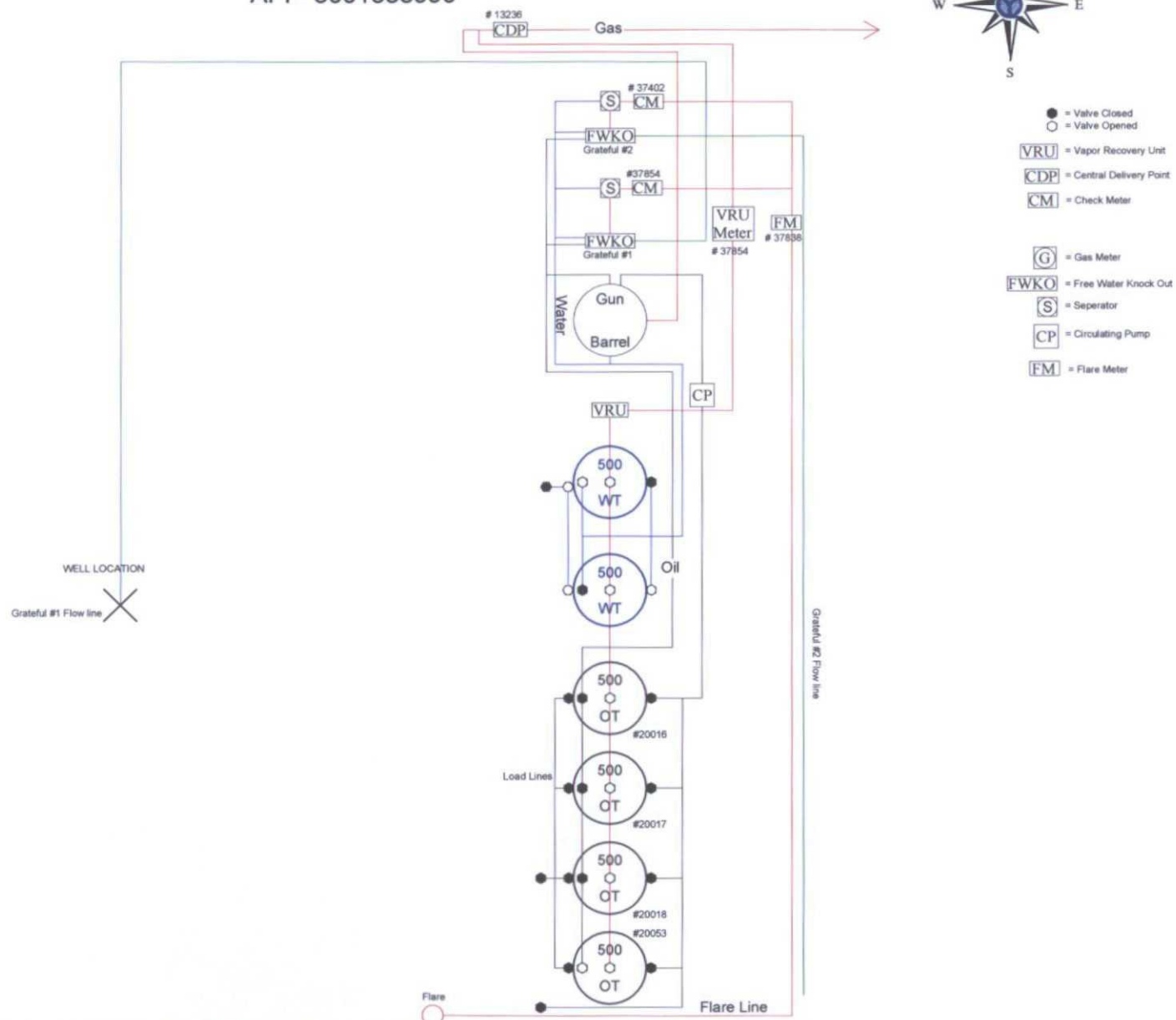


105 South 4th Street * Artesia, NM 88210
(575) 748-1471

-Keith Hutchens
-August, 2014

Grateful BOD #1H

786' FNL & 545' FEL * Sec 13 - T18S-R29E* Unit A
Eddy County, NM
API - 3001538990



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



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9906
7014 0510 0001 0742 9906

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	
PATRICK DOOLEY C/O FLORENCE M DOOLEY ESTATE 1006 S SECOND ST ARTESIA, NM 88210	
PS Form 3800 August 2006 See Reverse for Instructions	

PATRICK DOOLEY
C/O FLORENCE M DOOLEY ESTATE
1006 S SECOND ST
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:

PATRICK DOOLEY
C/O FLORENCE M DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

2. Article Number

(Transfer from ser)

7014 0510 0001 0742 9906

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

7014 0510 0001 0742 9739
7014 0510 0001 0742 9739

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

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

Yates Petroleum Corp
Postmark Here

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

Sent to: THOMAS LEE SHORT
P O BOX 1255
ALICE, TX 78333

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, 7-11

THOMAS LEE SHORT
P O BOX 1255
ALICE, TX 78333

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:

THOMAS LEE SHORT
P O BOX 1255
ALICE, TX 78333

2. Article Number

(Transfer from se

7014 0510 0001 0742 9739

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

7014 0510 0001 0742 9746
7014 0510 0001 0742 9746

PS Form 3800, A	
Sent To: LAURA S SCHMIDHAMMER	
Street, Apt. No. or PO Box No. 3159 FRENCH HILL DR	
City, State, ZIP+4 POWHATAN, VA 23139	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Signature: Laura S. Schmidhammer	
For delivery information visit our website at www.usps.com	
U.S. Postal Service TM RECEIPT	
CERTIFIED MAIL TM (Domestic Mail Only, No Insurance Coverage Provided)	

LAURA S SCHMIDHAMMER
3159 FRENCH HILL DR.
POWHATAN, VA 23139

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:

LAURA S SCHMIDHAMMER
3159 FRENCH HILL DR
POWHATAN, VA 23139

2. Article Number:

(Transfer from st

7014-0510-0001-0742-9746

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

7014 0510 0001 0742 9753

7014 0510 0001 0742 9753

Sent To
CAROLE J BRANDON
Street, Apt. No.,
or PO Box No. 10660 SECOND ST
City, State, ZIP+ SANTEE, CA 92071
PS Form 3800

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

Postmark
Here

Carole J Brandon
10660 Second St
Santee, CA 92071

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

CAROLE J BRANDON
10660 SECOND ST
SANTEE, CA 92071

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:

CAROLE J BRANDON
10660 SECOND ST
SANTEE, CA 92071

2. Article Number
(Transfer from sender)

7014 0510 0001 0742 9753

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

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9760
7014 0510 0001 0742 9760

PS Form 3800, Aug

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

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

Richard Wolcott
8141 Calle Fanita
Santee, CA 92071

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

Postmark Here

Richard Wolcott
8141 Calle Fanita
Santee, CA 92071

RICHARD WOLCOTT
8141 CALLE FANITA
SANTEE, CA 92071

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 WOLCOTT
8141 CALLE FANITA
SANTEE, CA 92071

2. Article Number
(Transfer from se

7014 0510 0001 0742 9760

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

7014 0510 0001 0742 9777

7014 0510 0001 0742 9777

Sent To
Gayle Wolcott Smith
9430 Manor Dr
LA MESA, CA 91942

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

GAYLE WOLCOTT SMITH
9430 MANOR DR
LA MESA, CA 91942

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:

GAYLE WOLCOTT SMITH
9430 MANOR DR
LA MESA, CA 91942

2. Article Number
(Transfer from se

7014 0510 0001 0742 9777

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™

7014 0510 0001 0742 9708

7014 0510 0001 0742 9708

PS Form 3800, 1-99		Sent To SHIRLEY MCGEHEARTY	
Street, Apt. No., or PO Box No. 3320 AVENUE J		City, State, ZIP+ BAY CITY, TX 77414	
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
Domestic Mail Only: No Insurance Coverage Provided

SHIRLEY MCGEHEARTY
3320 AVENUE J
BAY CITY, TX 77414

SHIRLEY MCGEHEARTY
3320 AVENUE J
BAY CITY, TX 77414

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:

SHIRLEY MCGEHEARTY
3320 AVENUE J
BAY CITY, TX 77414

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 se) 7014 0510 0001 0742 9708

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 9715
7014 0510 0001 0742 9715

PS Form 3800, 1-99

Sent to
TERENCE P PERKINS
304 S AVENUE F
PORTALES, NM 88130-6226

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

304 S AVENUE F
PORTALES, NM 88130-6226

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

TERENCE P PERKINS
304 S AVENUE F
PORTALES, NM 88130-6226

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:

TERENCE P PERKINS
304 S AVENUE F
PORTALES, NM 88130-6226

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 sender)
7014 0510 0001 0742 9715



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9722
7014 0510 0001 0742 9722

Sent to
Street, Apt. No.,
or P.O. Box No.
City, State, ZIP+4
PS Form 3800, All

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

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®

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

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:

PAUL SLAYTON
P O BOX 2035
ROSWELL, NM 88202-2035

2. Article Number

(Transfer from service label)

7014 0510 0001 0742 9722

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

7014 0510 0001 0742 9784
7014 0510 0001 0742 9784

PS Form 3800, 2A
Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
OXY Y-1 COMPANY
P O BOX 841803
DALLAS TX 75284-1803

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

Postmark
Here

Signature

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

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

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:

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

2. Article Number
(Transfer from ser.)

7014 0510 0001 0742 9784

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



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9791

7014 0510 0001 0742 9791

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, Jul

YATES INDUSTRIES LLC
P O BOX 1091
ARTESIA, NM 88211-1091

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

Postmark
Here

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

Carol E. Collier
11/11/11

YATES INDUSTRIES LLC
P O BOX 1091
ARTESIA, NM 88211-1091

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:

YATES INDUSTRIES LLC
P O BOX 1091
ARTESIA, NM 88211-1091

2. Article Number
(Transfer from sender)

7014 0510 0001 0742 9791

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

7014 0510 0001 0742 9807

7014 0510 0001 0742 9807

PS Form 3800, April 2012

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

Postmark Here

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Signature: *[Signature]*
Date: *7/10/13*
Name: *Ed*

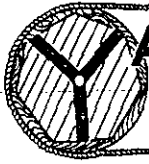
Sent to: SANTO LEGADO LLLP
Street, Apt. No., or PO Box No.: P O BOX 1020
City, State, ZIP+4: ARTESIA, NM 88211-1020

SANTO LEGADO LLLP
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 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: SANTO LEGADO LLLP P O BOX 1020 ARTESIA, NM 88211-1020	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from serv)	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

7014 0510 0001 0742 9807



**YATES
PETROLEUM
CORPORATION**

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9814
7014 0510 0001 0742 9814

PS Form 3800, 7-03
Sent to: **MARIGOLD LLP**
Street, Apt. No.: **O BOX 1290**
or PO Box No.: **ARTESIA, NM 88211-1290**
City, State, ZIP+4:

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

Postmark
Here

**US Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Superior Mail Services
Home Prod

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

2. Article Number

7014-0510-0001-0742 9814

(Transfer from Service label)

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

7014 0510 0001 0742 9821
7014 0510 0001 0742 9821

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>Guadalupe Lopez Martinez 8/15/15</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	
PS Form 3800, Jul	

TULIPAN LLC
105 S FOURTH ST
ARTESIA, NM 88210

TULIPAN LLC
105 S FOURTH ST
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 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: TULIPAN LLC 105 S FOURTH ST ARTESIA, NM 88210		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from serv)		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	



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0742 9838

7014 0510 0001 0742 9838

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: Mulberry Partners II, LLP</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Postmark Here
<i>Handwritten: Mulberry Partners II, LLP</i>	
Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, Jan 2002	

MULBERRY PARTNERS II, LLP
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: MULBERRY PARTNERS II, LLP P O BOX 1290 ARTESIA, NM 88211-1290		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number: (Transfer from se 7014 0510 0001 0742 9838)		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

CERTIFIED MAIL



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

7014 0510 0001 0742 9845

7014 0510 0001 0742 9845

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	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent to	Postmark Here
Street, Apt. No. or PO Box No. City, State, Zip PETRO QUATRO, LLC 428 SANDOVAL, SUITE 200 SANTA FE, NM 87501	
PS Form 3800	

Signature of Addressee

PETRO QUATRO, LLC
428 SANDOVAL, SUITE 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 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X
1. Article Addressed to: PETRO QUATRO, LLC 428 SANDOVAL, SUITE 200 SANTA FE, NM 87501	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
	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
2. Article Number (Transfer from si	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 0742 9845	



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9852

7014 0510 0001 0742 9852

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

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

Spotted by 101 Card A1015-1555 E. Miller

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

Postmark Here

Sent To: KATHRYN A STEPHENS
Street, Apt. No.: P O BOX 1255
or PO Box No.: ALICE, TX 78333
City, State, ZIP

PS Form 3800

KATHRYN A STEPHENS
P O BOX 1255
ALICE, TX 78333

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:

KATHRYN A STEPHENS
P O BOX 1255
ALICE, TX 78333

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

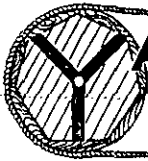
2. Article Number

(Transfer from st

7014 0510 0001 0742 9852

PS Form 3811, July 2013

Domestic Return Receipt

CERTIFIED MAIL™
**YATES
PETROLEUM
CORPORATION**

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0742 9869

7014 0510 0001 0742 9869

Sent to HARVEY E YATES COMPANY
Street, Apt. No. or PO Box No. SUNWEST CENTRE
City, State, ZIP+4 P O BOX 1933
ROSWELL, NM 88201
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™ RECEIPT
CERTIFIED MAIL™ (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7014 0510 0001 0742 9869
Harvey E Yates Company
Sunwest Centre
P O Box 1933
Roswell NM 88201

 HARVEY E YATES COMPANY
SUNWEST CENTRE
P O BOX 1933
ROSWELL, NM 88201

 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:

 HARVEY E YATES COMPANY
SUNWEST CENTRE
P O BOX 1933
ROSWELL, NM 88201

 2. Article Number 7014 0510 0001 0742 9869
(Transfer from s

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

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 9876
7014 0510 0001 0742 9876

PS Form 3800, August 2009

Sent to
JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608

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

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

7014 0510 0001 0742 9876
M. Nunez Fred

JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608

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:

JALAPENO CORPORATION
P O BOX 1608
ALBUQUERQUE, NM 87103-1608

2. Article Number

(Transfer from se

7014-0510-0001-0742-9876

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™

7014 0510 0001 0742 9883

7014 0510 0001 0742 9883

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, A

YATES ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

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

Signature of Addressee
10/1/03
P. M. M. C. P. M.

YATES ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

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

YATES ENERGY CORPORATION
P O BOX 2323
ROSWELL, NM 88202-2323

2. Article Number
(Transfer from se)

7014 0510 0001 0742 9883

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™

7014 0510 0001 0742 9890
7014 0510 0001 0742 9890

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

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

Quoted by C/Alejo Esquivel

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

Postmark Here

Sent to: PAULA DOOLEY
Street Apt. No.:
or PO Box No.:
City, State, ZIP+4: C/O WILLIAM P DOOLEY ESTATE
1006 S SECOND ST
ARTESIA, NM 88210

PS Form 3800, April 2002

PAULA DOOLEY
C/O WILLIAM P DOOLEY ESTATE
1006 S SECOND ST
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 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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: PAULA DOOLEY C/O WILLIAM P DOOLEY ESTATE 1006 S SECOND ST ARTESIA, NM 88210	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
2. Article Number (Transfer from service)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7014 0510 0001 0742 9890

PS Form 3811, July 2013 Domestic Return Receipt

Production Summary Report API: 30-015-38990 GRATEFUL BOD FEDERAL COM #001H					
		Production			
Year	Pool	Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)
2014	[96832] SAND TANK; BONE SPRING	Jul	1518	9122	1380
2014	[96832] SAND TANK; BONE SPRING	Aug	1549	10450	1392
2014	[96832] SAND TANK; BONE SPRING	Sep	1289	9561	1123
2014	[96832] SAND TANK; BONE SPRING	Oct	1299	4916	1140
2014	[96832] SAND TANK; BONE SPRING	Nov	829	7013	773
2014	[96832] SAND TANK; BONE SPRING	Dec	795	7083	468
2015	[96832] SAND TANK; BONE SPRING	Jan	679	6981	401
CUM			104565	292967	

Production Summary Report API: 30-015-38518 GRATEFUL BOD FEDERAL COM #002H					
		Production			
Year	Pool	Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)
2014	[96832] SAND TANK; BONE SPRING	Jul	782	5302	711
2014	[96832] SAND TANK; BONE SPRING	Aug	663	4277	599
2014	[96832] SAND TANK; BONE SPRING	Sep	551	3253	527
2014	[96832] SAND TANK; BONE SPRING	Oct	645	2768	589
2014	[96832] SAND TANK; BONE SPRING	Nov	462	4260	538
2014	[96832] SAND TANK; BONE SPRING	Dec	954	5184	1032
2015	[96832] SAND TANK; BONE SPRING	Jan	784	4212	817
CUM			62675	211006	

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

John Bemis
Cabinet Secretary

Brett F. Woods, Ph.D.
Deputy Cabinet Secretary

Jami Bailey
Division Director
Oil Conservation Division



Administrative Order CTB-658

October 1, 2012

Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210

Attention: Miriam Morales:

Yates Petroleum Corporation ("Yates") is hereby authorized to surface commingle oil and gas production from the Sand Tank; Bone Spring Pool (96832), and from the following Federal Leases and wells.

Grateful BOD Federal Com Well No. 1H (API 30-015-38990), Section 13, T-18-S, R-29-E.

Grateful BOD Federal Com Well No. 2H (API No. 30-015-38518), Section 13, T-18-S, R-29-E.

All in NMPM, Eddy County, New Mexico

The commingled oil and gas production from the wells detailed above shall be measured and sold at the Central Tank Battery (CTB), located at the Grateful BOD Federal Com Well No. 1H in Section 13 Township 18 South, Range 29 East, NMPM, Eddy County, New Mexico.

The oil and gas production from each well shall be continuously measured with allocation meters before commingling with production from other wells. The allocation meters shall be calibrated monthly.

NOTE: This installation shall be installed and operated in accordance with the applicable Division Rules and Regulations. It is the responsibility of the producer to notify the transporter of this commingling authority.

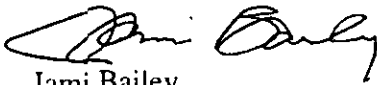
FURTHER: The operator shall notify the Artesia District office of the Division prior to implementation of the commingling operations.

This approval is subject to like approval from the Bureau of Land Management (BLM) before commencing the commingling operations.

October 1, 2012

Page 2

DONE at Santa Fe, New Mexico, on October 1, 2012.

A handwritten signature in black ink, appearing to read "Jami Bailey". The signature is fluid and cursive, with the first name "Jami" and last name "Bailey" clearly distinguishable.

Jami Bailey
Division Director

JB/re

cc: Oil Conservation Division – Artesia
State Land Office – Oil, Gas, and Minerals Division