

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

3/26/15  
Date

mmorales@yatespetroleum.com  
e-mail Address

- Need  
Production  
Complete  
for m-c-107B  
blended  
pools

- PLC-416  
- YATES Petroleum Corp  
255-75

RECEIVED OGD  
MAR 30 P 2:29

well  
Antwell Ann Federal  
#3H

30-015-40523  
- Antwell Ann Federal  
4H

30-015-40426

P04

- Tanker Tanks Bone  
Spring  
6066 ✓  
- Parkway Bone  
Spring  
H5622

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

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

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

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: Yates Petroleum Corporation

OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210

APPLICATION TYPE:

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

LEASE TYPE: ☐ Fee ☐ State ☒ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No.:

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling

☒ Yes ☐ No

**(A) POOL COMMINGLING**

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production	Calculated Value of Commingled Production	Volumes
Turkey Track; Bone Spring #60660	39/1274	39.9/1265		
Parkway; Bone Spring #49622	40.8/1256			

(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:

(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 attach 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: 

TITLE: Production Analyst

DATE: 3/20/15

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 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.*5. Lease Serial No.  
NMLC062376

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

ANTWEIL ANU FEDERAL 3H

2. Name of Operator

YATES PETROLEUM CORPORATION

Contact: MIRIAM MORALES

E-Mail: mmorales@yatespetroleum.com

9. API Well No.

30-015-40523

3a. Address

105 S FOURTH STREET  
ARTESIA, NM 88210

3b. Phone No. (include area code)

Ph: 575-748-4200

10. Field and Pool, or Exploratory

TURKEY TRACK; BONE SPRING

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

Sec 19 T19S R30E SWSE 330FSL 1980FEL

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.)

Filing application due to diversified ownership (WI/OR) under OCD regulations.  
Not considered surface commingle under BLM definitions.

Yates Petroleum respectfully requests approval to surface lease commingle oil and gas production for the Antweil ANU Fed #3H and Antweil ANU Fed #4H.

The commingled production will be measured and sold/transferred at the Antweil ANU Fed #4H battery located at Sec. 29-T19-S-R30E, SWSW.

Please see site security diagram and other documentaion attach. All owners will be notified.

Royalty values will not be affected by this commingle.

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

Electronic Submission #296248 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 03/25/2015

**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 \*\***

## Continuation of Antweil ANU Fed #3H surface lease commingle

### Federal Lease #NMLC062376

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API #30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

### 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 Antweil ANU Federal #4H. 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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

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.

## DISTRICT I

1625 N. French Dr., Hobbs, NM 88240  
Phone (575) 333-6161 Fax: (575) 333-0720

## DISTRICT II

1351 W. Grand Avenue, Artesia, NM 88210  
Phone (575) 746-1263 Fax: (575) 746-0728

## DISTRICT III

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

## DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 476-3480 Fax: (505) 476-3482State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102

Revised August 1, 2011

Submit one copy to appropriate  
District Office

## OIL CONSERVATION DIVISION

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

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number <b>30-015-40523</b>	Pool Code <b>60660</b>	Pool Name <b>2nd Bone Springs Sand/Wildcat, B.S.</b>
Property Code <b>15136</b>	Property Name <b>ANTWEIL "ANU" FEDERAL</b>	Well Number <b>3H</b>
OCRID No. <b>025575</b>	Operator Name <b>YATES PETROLEUM CORP.</b>	Elevation <b>3344'</b>

## Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>0</b>	<b>19</b>	<b>19 S</b>	<b>30 E</b>		<b>330</b>	<b>SOUTH</b>	<b>1980</b>	<b>EAST</b>	<b>EDDY</b>

## 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
<b>B</b>	<b>19</b>	<b>19 S</b>	<b>30 E</b>		<b>330</b>	<b>NORTH</b>	<b>1980</b>	<b>EAST</b>	<b>EDDY</b>

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
<b>160</b>			

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 **12776 2-12**

<p><b>PROPOSED BOTTOM HOLE LOCATION</b>          Lat - N 32°39'08.20"          Long - W 104°00'32.98"          NMSPCE- N 601182.232          E 641109.782          (NAD-83)</p> <p>Project Area</p> <p>Production Zone</p> <p>Penetration Point 812' FSL &amp; 1981 FEL</p> <p><b>SURFACE LOCATION</b>          Lat - N 32°38'22.52"          Long - W 104°00'33.01"          NMSPCE- N 596565.782          E 641121.664          (NAD-83)</p>		<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><b>Travis Hahn</b>          Signature          3/29/12          Date</p> <p><b>Travis Hahn</b>          Printed Name          thahn@yatespetroleum.com          Email Address</p> <p><b>SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p><b>GARY L. JONES</b>          Date Surveyed          Signature &amp; Seal of Professional Surveyor          25347</p> <p>Certificate No. Gary L. Jones 7977</p> <p><b>BASIN SURVEYS</b> 25347</p>
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DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
Phone (505) 893-5161 Fax: (505) 393-0720  
DISTRICT II  
1301 W. Grand Avenue, Artesia, NM 88210  
Phone (505) 748-1223 Fax: (505) 748-9720  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-6178 Fax: (505) 334-6170  
DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 478-3469 Fax: (505) 478-3462

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised August 1, 2011

Submit one copy to appropriate  
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OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number <b>30-015-46426</b>	Pool Code <b>49622</b>	Pool Name <b>PARKWAY</b> <del>Wildcat</del> Bone Spring
Property Code <b>15136</b>	Property Name <b>ANTWEIL "ANU" FEDERAL</b>	Well Number <b>4H</b>
OGRID No. <b>025575</b>	Operator Name <b>YATES PETROLEUM CORP.</b>	Elevation <b>3335'</b>

Surface Location

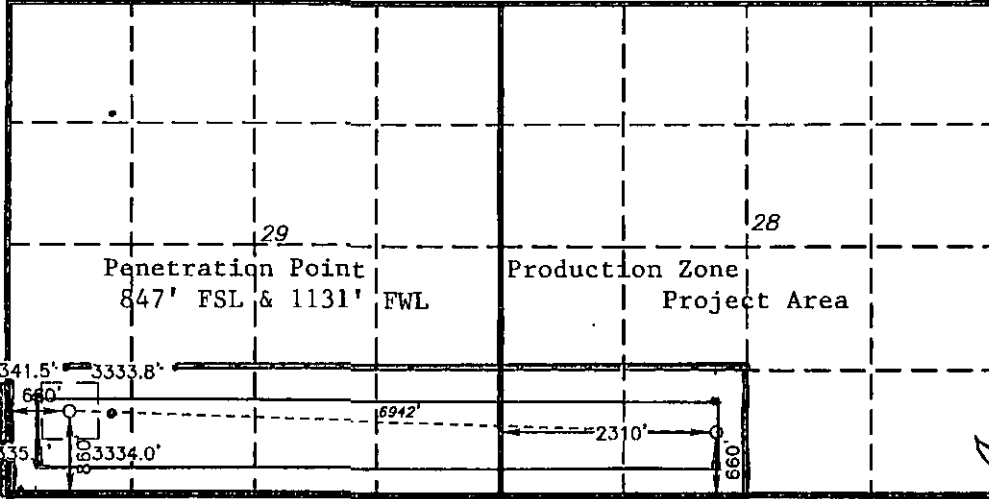
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	29	19 S	30 E		860	SOUTH	660	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	28	19 S	30 E		660	SOUTH	2310	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
240			6-14 15169

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

 <p><b>SURFACE LOCATION</b> Lat - N 32°37'35.50" Long - W 104°00'02.16" NMSPC- E 643773.516 (NAD-83)</p> <p><b>PROPOSED BOTTOM HOLE LOCATION</b> Lat - N 32°37'33.35" Long - W 103°58'41.04" NMSPC- E 591626.696 (NAD-83)</p>		<p><b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature <u>Travis Hahn</u> Date <u>4/17/12</u></p> <p>Printed Name <u>Travis Hahn</u></p> <p>Email Address <u>rhahn@yatespetroleum.com</u></p>
<p><b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.</p> <p>Date Surveyed <u>April 17, 2011</u></p> <p>Signature &amp; Seal of Professional Surveyor <u>Gary L. Jones</u></p> <p>Certificate No. <u>Gary L. Jones 7977</u></p> <p><b>BASIN SURVEYS 25348</b></p>		



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

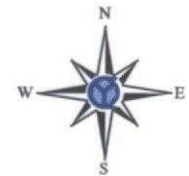
-Keith Hutchens  
-March, 2015

# Antweil ANU Federal #4H

860' FSL & 660' FWL \* Sec 29 - T19S-R30E\* Unit M

Eddy County, NM

API - 3001540426



## Production Phase:

### Tank #114136-1

Valve 1 Tank Open  
Valve 2 Tank Open  
Valve 3 Tank Open  
Valve 4 Tank Sealed Closed

### Tank #114136-2

Valve 1 Tank Sealed Closed  
Valve 2 Tank Open  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

### Tank #114136-3

Valve 1 Tank Sealed Closed  
Valve 2 Tank Sealed Closed  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

### Tank #114136-4

Valve 1 Tank Sealed Closed  
Valve 2 Tank Sealed Closed  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

### Tank #114136-5

Valve 1 Tank Sealed Closed  
Valve 2 Tank Sealed Closed  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

## Sales Phase:

### Tank #114136-1

Valve 1 Tank Sealed Closed  
Valve 2 Tank Sealed Closed  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

### Tank #114136-2

Valve 1 Tank Open  
Valve 2 Tank Open  
Valve 3 Tank Open  
Valve 4 Tank Sealed Closed

### Tank #114136-3

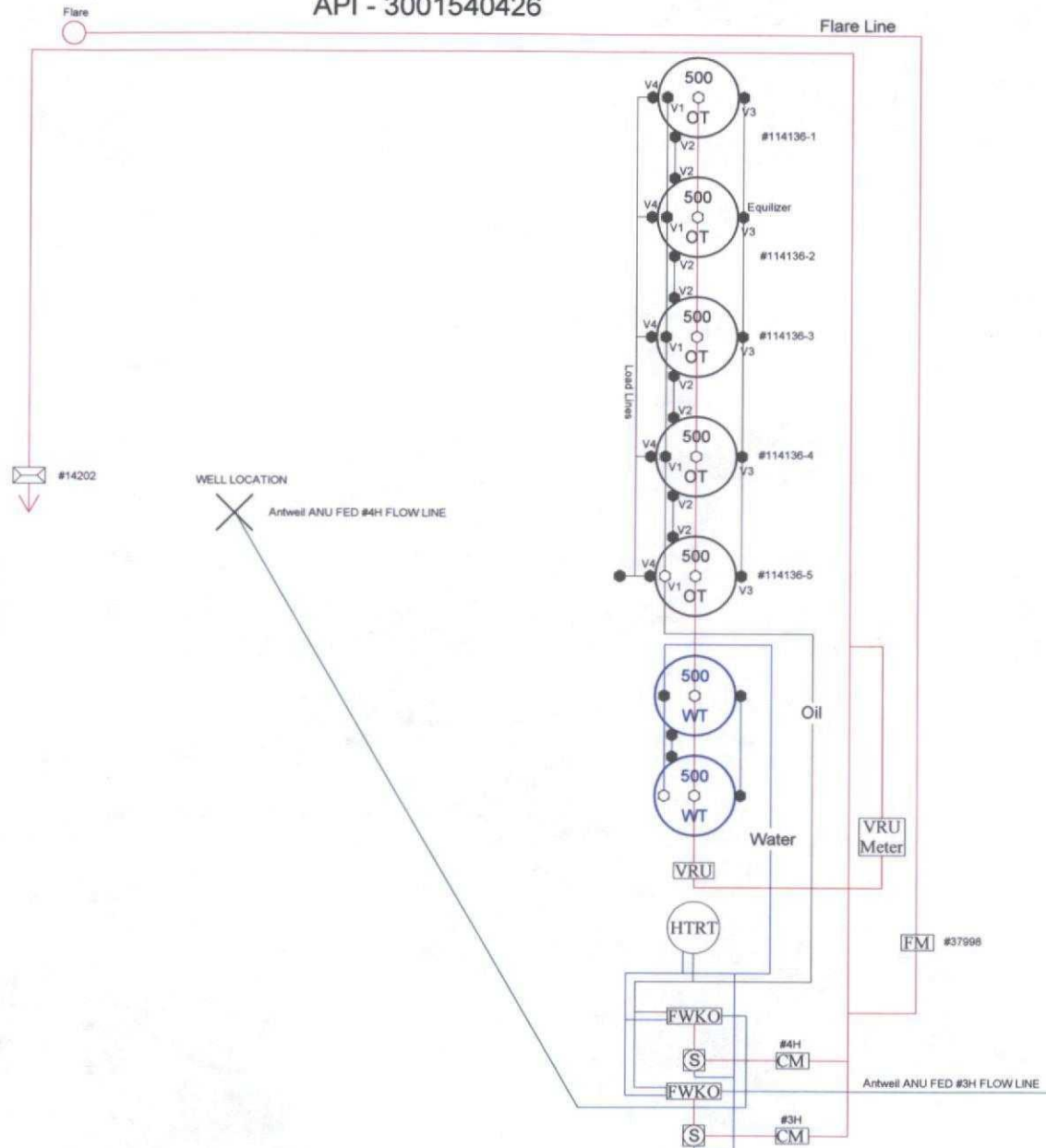
Valve 1 Tank Sealed Closed  
Valve 2 Tank Open  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

### Tank #114136-4

Valve 1 Tank Sealed Closed  
Valve 2 Tank Sealed Closed  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed

### Tank #114136-5

Valve 1 Tank Sealed Closed  
Valve 2 Tank Sealed Closed  
Valve 3 Tank Sealed Closed  
Valve 4 Tank Sealed Closed



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

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface Lease Commingle  
Antweil ANU Federal #3H  
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle oil and gas production for the following wells:

**Federal Lease #NMLC062376**

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API # 30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

The commingle production will be measured and sold/transferred at the Antweil ANU Fed #4H battery located at Sec. 29-T19S-R30E, SWSW. Diversified ownership.

**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 Antweil ANU Federal #4H. 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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

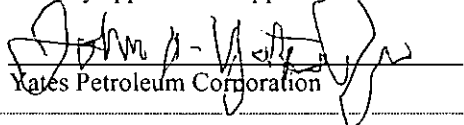
The purpose of the Surface/lease Commingle of production is in the interest of conservation, the reduction of environmental area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it 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

  
Yates Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER



MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface Lease Commingle  
Antweil ANU Federal #3H  
Eddy County, NM

Dear interest owner,

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<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API # 30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

The commingle production will be measured and sold/transferred at the Antweil ANU Fed #4H battery located at Sec. 29-T19S-R30E, SWSW. Diversified ownership.

**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 Antweil ANU Federal #4H. 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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

The purpose of the Surface/lease Commingle of production is in the interest of conservation, the reduction of environmental 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

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Surface Lease Commingle  
Antweil ANU Federal #3H  
Eddy County, NM

Dear interest owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle oil and gas production for the following wells:

**Federal Lease #NMLC062376**

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API # 30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

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Each of the wells will be equipped with continuous metering separators for oil production prior to oil being commingled for sales at the Antweil ANU Federal #4H. 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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

The purpose of the Surface/lease Commingle of production is in the interest of conservation, the reduction of environmental 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

Sharbro Energy, LLC

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES  
CHAIRMAN EMERITUS

JOHN A. YATES JR.  
CHAIRMAN OF THE BOARD  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE VICE PRESIDENT  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

March 26, 2015

RE: Surface Lease Commingle  
Antweil ANU Federal #3H  
Eddy County, NM

Dear interest owner,

Yates Petroleum is requesting approval from the Oil Conservation Division to Surface Lease Commingle oil and gas production for the following wells:

**Federal Lease #NMLC062376**

<u>Well name</u>	<u>Field/Pool</u>	<u>BOPD</u>	<u>Gravity</u>	<u>MCFPD</u>	<u>BTU</u>
Antweil ANU Federal #3H Sec. 19-T19S-R30E API #30-015-40523 Eddy County, NM	Turkey Track; Bone Spring #60660	512	39	514	1274
Antweil ANU Federal #4H Sec. 29-T19S-R30E API # 30-015-40426 Eddy County, NM	Parkway; Bone Spring #49622	167	40.8	492	1256

The commingle production will be measured and sold/transferred at the Antweil ANU Fed #4H battery located at Sec. 29-T19S-R30E, SWSW. Diversified ownership.

**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 Antweil ANU Federal #4H. 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 #14202 is located at Sec. 29-T19S-R30E, SWSW.

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.

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



**YATES**  
PETROLEUM  
CORPORATION

7014 0510 0001 0745-0100

7014 0510 0001 0743 8946

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	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	Address City, State, ZIP+4
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION P O BOX 928 LAWRENCE, KS 66044	Address City, State, ZIP+4

KANSAS UNIVERSITY ENDOWMENT  
ASSOCIATION  
P O BOX 928  
LAWRENCE, KS 66044

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"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<div style="border: 1px solid black; padding: 5px;"> <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p style="font-size: 2em; margin-left: 0;">X</p> </div>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>KANSAS UNIVERSITY ENDOWMENT ASSOCIATION P O BOX 928 LAWRENCE, KS 66044</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>B. Received by (<i>Printed Name</i>)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>C. Date of Delivery</p> </div>
<p>2. Article Number</p> <p style="margin-left: 40px;">(<i>Transfer from service</i>)</p>	<p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 40px;">If YES, enter delivery address below:</p>
<p>3. Article Number</p> <p style="margin-left: 40px;">(<i>Transfer from service</i>)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail         </div> <div> <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery         </div> </div>
<p>4. Article Number</p> <p style="margin-left: 40px;">(<i>Transfer from service</i>)</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <span style="float: right;"><input type="checkbox"/> Yes</span></p>

PS Form 3811, July 2013

### Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8953

7014 0510 0001 0743 8953

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Art Presby Chrch	
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, 4	

FIRST PRESBYTERIAN CHURCH  
FOUNDATION  
1100 SOUTH HARRISON STREET  
AMARILLO, TX 79101

FIRST PRESBYTERIAN CHURCH  
FOUNDATION  
1100 SOUTH HARRISON STREET  
AMARILLO, TX 79101

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"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:  FIRST PRESBYTERIAN CHURCH FOUNDATION 1100 SOUTH HARRISON STREET AMARILLO, TX 79101		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 ser) 7014 0510 0001 0743 8953		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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ARTESIA, NEW MEXICO 88210

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7014 0510 0001 0743 8960

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to First Presbyterian Church Foundation 201 South 11 <sup>th</sup> Street Junction, TX 76849	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, 1A	

FIRST PRESBYTERIAN CHURCH  
FOUNDATION  
201 SOUTH 11<sup>TH</sup> STREET  
JUNCTION, TX 76849

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

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:  FIRST PRESBYTERIAN CHURCH FOUNDATION 201 SOUTH 11 <sup>TH</sup> STREET JUNCTION, TX 76849		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 ser)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0510 0001 0743 8960			
PS Form 3811, July 2013		Domestic Return Receipt	

**CERTIFIED MAIL**



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

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7014 0510 0001 0743 8977

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$ 34.00
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+	
PS Form 3800, 1	

FIRST PRESBYTERIAN CHURCH  
FOUNDATION  
400 WEST THIRD STREET  
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:

FIRST PRESBYTERIAN CHURCH  
FOUNDATION  
400 WEST THIRD STREET  
ROSWELL, NM 88201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se

7014 0510 0001 0743 8977

PS Form 3811, July 2013

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 8984  
7014 0510 0001 0743 8984

<b>U.S. Postal Service<sup>TM</sup></b>	
<b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance; Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
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, 4	

APACHE PETROLEUM CORPORATION  
C/O APACHE CORPORATION  
P O BOX 840133  
DALLAS, TX 75284-0133

APACHE PETROLEUM CORPORATION  
C/O APACHE CORPORATION  
P O BOX 840133  
DALLAS, TX 75284-0133

ZPZ DELAWARE 1 LLC  
C/O APACHE CORPORATION  
P O BOX 840133  
DALLAS, TX 75284-0133

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"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ZPZ DELAWARE 1 LLC C/O APACHE CORPORATION P O BOX 840133 DALLAS, TX 75284-0133		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 ser)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <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 0743 8984		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

ADDRESS SERVICE REQUESTED

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7014 0510 0001 0743 8991

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Article # <b>7014 0510 0001 0743 8991</b>	
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, Aug 2003	

COG OPERATING LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

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:

COG OPERATING LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7014 0510 0001 0743 8991

(Transfer from s

PS Form 3811, July 2013

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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 9004  
7014 0510 0001 0743 9004

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

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

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  
7014 0510 0001 0743 9004  
M: 10:00 PM

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

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:

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

2. Article Number:  
(Transfer from s)

7014 0510 0001 0743 9004

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

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7014 0510 0001 0743 9011

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
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, 7/13	

Handwritten: *Autofill 10/13/13 USPS*

Address: CARLSBAD NATIONAL BANK, TRUSTEE  
OF THE TESTAMENTARY TRUST UNDER  
THE WILL OF NELLE G SCHEURICH  
P O BOX 1359  
CARLSBAD, NM 88220

CARLSBAD NATIONAL BANK, TRUST  
OF THE TESTAMENTARY TRUST UNDER  
THE WILL OF NELLE G SCHEURICH  
P O BOX 1359  
CARLSBAD, NM 88220

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

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p>CARLSBAD NATIONAL BANK, TRUSTEE OF THE TESTAMENTARY TRUST UNDER THE WILL OF NELLE G SCHEURICH P O BOX 1359 CARLSBAD, NM 88220</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number, (Transfer from s</p> <p>7014 0510 0001 0743 9011</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>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

Mail receipt of delivery  
Return Receipt for Merchandise  
Certified Mail  
Priority Mail Express  
Registered  
Insured Mail  
Collect on Delivery  
Restricted Delivery  
Signature of Addressee  
Signature of Agent  
Signature of Post Office  
Signature of Mail Carrier  
Signature of Recipient



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 9028

7014 0510 0001 0743 9028

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
A. NO POSTAGE N. MEXICO	
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.	HARVEY E YATES COMPANY P O BOX 1933 ROSWELL, NM 88201
City, State, ZIP	
PS Form 3804	

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

2. Article Number  
(Transfer from se

7014 0510 0001 0743 9028

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

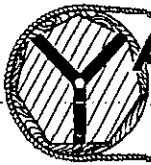
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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  
PETROLEUM  
CORPORATION**

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

**ADDRESS SERVICE REQUESTED**

7014 0510 0001 0743 9035

7014 0510 0001 0743 9035

 Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800, 7

 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

 ALBUQ L 6/5/15  
 ALBUQ L 6/5/15

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

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

 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 ser

7014 0510 0001 0743 9035

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

7014 0510 0001 0743 9042

7014 0510 0001 0743 9042

PS Form 3800, A

Sent To: OXY Y-1 COMPANY  
Street, Apt. No.: P O BOX 841803  
or PO Box No. DALLAS TX 75284-1803  
City, State, ZIP+4

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

Postmark  
Here

Ante-Felice Post Office  
DALLAS TX

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

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

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 se)

7014 0510 0001 0743 9042

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 0743 9059

7014 0510 0001 0743 9059

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Postmark Here

Sent to: YATES INDUSTRIES LLC  
Street, Apt. No., or PO Box No. P O BOX 1091  
City, State, Zip+ ARTESIA, NM 88211-1091  
PS Form 3800

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

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from seal)

7014 0510 0001 0743 9059

**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

7014 0510 0001 0743 9066

7014 0510 0001 0743 9066

ADDRESS SERVICE REQUESTED

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

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

*Handwritten signature*

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

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

2. Article Number

(Transfer from st

7014 0510 0001 0743 9066

**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 0743 9073  
7014 0510 0001 0743 9073

U.S. Postal Service <sup>TM</sup> <b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
A-0011 1034 1034 1034 1034	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
m.h. crowley	
Sent to: DILLARD MCHORN LLC	
Street, Apt. No., or PO Box No. ATTN: HARVEY CROWLEY	
City, State, ZIP+4 4400 ALAMEDA BLVD NE, SUITE E	
ALBUQUERQUE, NM 87113	
PS Form 3800, Aug	

DILLARD MCHORN LLC  
ATTN: HARVEY CROWLEY  
4400 ALAMEDA BLVD NE, SUITE E  
ALBUQUERQUE, NM 87113

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

DILLARD MCHORN LLC  
ATTN: HARVEY CROWLEY  
4400 ALAMEDA BLVD NE, SUITE E  
ALBUQUERQUE, NM 87113

2. Article Number  
(Transfer from ser)

7014 0510 0001 0743 9073

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<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ 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 0743 9080  
7014 0510 0001 0743 9080

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: JACKSON THIES C/O ANNETTE THIES 4412 CANYON COUT NE ALBUQUERQUE, NM 87111	
Street, Apt. No. or PO Box No. City, State, ZIP	
PS Form 3800	

JACKSON THIES  
C/O ANNETTE THIES  
4412 CANYON COUT NE  
ALBUQUERQUE, NM 87111

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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<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>1. Article Addressed to:</p> <p>JACKSON THIES C/O ANNETTE THIES 4412 CANYON COUT NE ALBUQUERQUE, NM 87111</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>2. Article Number</p> <p>7014 0510 0001 0743 9080</p> <p>(Transfer from seal)</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>PS Form 3811, July 2013</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Ma rec lder of di tem Mail Mail IRAT ple. pto S Fr sen rel diti ac m rk C pos of n Sa lugh



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

ADDRESS SERVICE REQUESTED

7014 0510 0001 0743 9097  
7014 0510 0001 0743 9097

<b>U.S. Postal Service<sup>TM</sup></b>	
<b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
ALBUQUERQUE, NM 87102	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Date: 3/5/15	
Signature: [Signature]	
PS Form 3800, 4	

SEA BEE LLC  
ATTN: CLIFF E BLAUGRUND  
#20 FIRST PLAZA NW, SUITE 306  
ALBUQUERQUE, NM 87102

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  SEA BEE LLC ATTN: CLIFF E BLAUGRUND #20 FIRST PLAZA NW, SUITE 306 ALBUQUERQUE, NM 87102		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from se)		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 <sup>TM</sup> <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 0743 9097

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 0743 9103  
7014 0510 0001 0743 9103

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: <b>EMPIRE LAND GROUP</b> Attention: <b>SEAN MILKS, PRESIDENT</b> P O BOX 44817 RIO RANCHO, NM 87174 Street, Apt. No., or PO Box No. City, State, ZIP+4 PS Form 3800, All	

*Handwritten: 7014 0510 0001 0743 9103 U.S. E/15*

EMPIRE LAND GROUP  
ATTN: SEAN MILKS, PRESIDENT  
P O BOX 44817  
RIO RANCHO, NM 87174

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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>EMPIRE LAND GROUP</b> <b>ATTN: SEAN MILKS, PRESIDENT</b> <b>P O BOX 44817</b> <b>RIO RANCHO, NM 87174</b>		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 sen) <b>7014 0510 0001 0743 9103</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt

# Prod History - Monthly by Delsys and Well Comp - Whole

Property Type Code	Property Header Name	Days Up	Oil Beg Inv	Oil End Inv	Oil Production	Oil Sales	Oil Uses	Gas Production	Gas Sales	Gas Sales MMBTU	Gas Uses	Water Production	Water Uses	Water Injection
<b>New Mexico</b>														
Delivery System: DS00775 ANTWEIL AN DelSys														
2/28/2015														
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	1,132.00	7,948.00	6,720.00	0.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	19.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #3H	28	0.00	0.00	0.00	0.00	52.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2/28/2015	Total:		0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
	ANTWEIL AN DelSys	Total:	0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
	New Mexico	Total:	0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00
Report	Total:		0.00	1,132.00	7,948.00	6,720.00	96.00	6,017.00	6,017.00	7,604.24	0.00	19,454.00	19,454.00	0.00

Production Date Equals 9/1/2014 12:00:00 AM  
AND 2/28/2015 12:00:00 AM  
State In List 'New Mexico'  
Well Equals 018645 ANTWEIL ANU FEDERAL #3H

# Prod History - Monthly by Delsys and Well Comp - Whole

Property Type Code	Property Header Name	Days Up	Oil Beg Inv	Oil End Inv	Oil Production	Oil Sales	Oil Uses	Gas Production	Gas Sales	Gas Sales MMBTU	Gas Uses	Water Production	Water Uses	Water Injection
New Mexico														
Delivery System: DS00775 ANTWEIL AN DelSys														
9/30/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	1,705.00	700.00	5,721.00	6,721.00	0.00	18,250.00	15,774.00	20,695.49	2,476.00	13,288.00	13,288.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9/30/2014 Total:			1,705.00	700.00	5,721.00	6,721.00	4.00	18,250.00	15,774.00	20,695.49	2,476.00	13,288.00	13,288.00	0.00
10/31/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	700.00	1,217.00	5,279.00	4,756.00	0.00	14,797.00	12,176.00	15,981.00	2,621.00	12,411.00	12,411.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/31/2014 Total:			700.00	1,217.00	5,279.00	4,756.00	4.00	14,797.00	12,176.00	15,981.00	2,621.00	12,411.00	12,411.00	0.00
11/30/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	30	1,217.00	824.00	3,550.00	3,943.00	0.00	11,326.00	9,162.00	12,025.00	2,164.00	7,318.00	7,318.00	0.00
11/30/2014 Total:			1,217.00	824.00	3,550.00	3,943.00	0.00	11,326.00	9,162.00	12,025.00	2,164.00	7,318.00	7,318.00	0.00
12/31/2014														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	824.00	1,097.00	4,968.00	4,695.00	0.00	14,123.00	13,585.00	17,253.00	538.00	9,289.00	9,289.00	0.00
12/31/2014 Total:			824.00	1,097.00	4,968.00	4,695.00	0.00	14,123.00	13,585.00	17,253.00	538.00	9,289.00	9,289.00	0.00
1/31/2015														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	1,097.00	541.00	4,272.00	4,818.00	0.00	13,553.00	12,997.00	16,647.00	556.00	8,430.00	8,430.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	31	0.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/31/2015 Total:			1,097.00	541.00	4,272.00	4,818.00	10.00	13,553.00	12,997.00	16,647.00	556.00	8,430.00	8,430.00	0.00
2/28/2015														
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	541.00	338.00	1,819.00	1,995.00	0.00	6,797.00	6,797.00	8,588.76	0.00	3,756.00	3,756.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	0.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	0.00	0.00	0.00	0.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WellComp	ANTWEIL ANU FEDERAL #4H/BONE	28	0.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2/28/2015 Total:			541.00	338.00	1,819.00	1,995.00	27.00	6,797.00	6,797.00	8,588.76	0.00	3,756.00	3,756.00	0.00
ANTWEIL AN DelSys Total:			6,084.00	4,717.00	25,609.00	26,928.00	45.00	78,846.00	70,491.00	91,190.25	8,355.00	54,492.00	54,492.00	0.00
New Mexico Total:			6,084.00	4,717.00	25,609.00	26,928.00	45.00	78,846.00	70,491.00	91,190.25	8,355.00	54,492.00	54,492.00	0.00
Report Total:			6,084.00	4,717.00	25,609.00	26,928.00	45.00	78,846.00	70,491.00	91,190.25	8,355.00	54,492.00	54,492.00	0.00

**Prod History - Monthly by Delsys and Well Comp - Whole**

Production Date Equals 9/1/2014 12:00:00 AM  
AND 2/28/2015 12:00:00 AM  
State In List 'New Mexico'  
Well Equals 018646 ANTWEIL ANU FEDERAL  
#4H