

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering

1220 South St. Francis Drive, Santa Fe, NM 87505

2010 SEP 29 A 9:53



Yates 25575

RECEIVED OGD

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 SLD
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.

MAYTE REYES *Mayte Reyes* Production Clerk 9-27-10
 Print or Type Name Signature Title Date

mayte@yates.petroleum.com
 e-mail Address

~~#~~ CTB - 622

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88216
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 4th STREET
APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)
LEASE TYPE: Fee State Federal

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

(A) POOL COMMINGLING
Please attach sheets with the following information

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

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

(B) LEASE COMMINGLING
Please attach sheets with the following information

- (1) Pool Name and Code.
(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: Y. Mateo Reyes TITLE: PRODUCTION CLERK DATE: 9-27-10

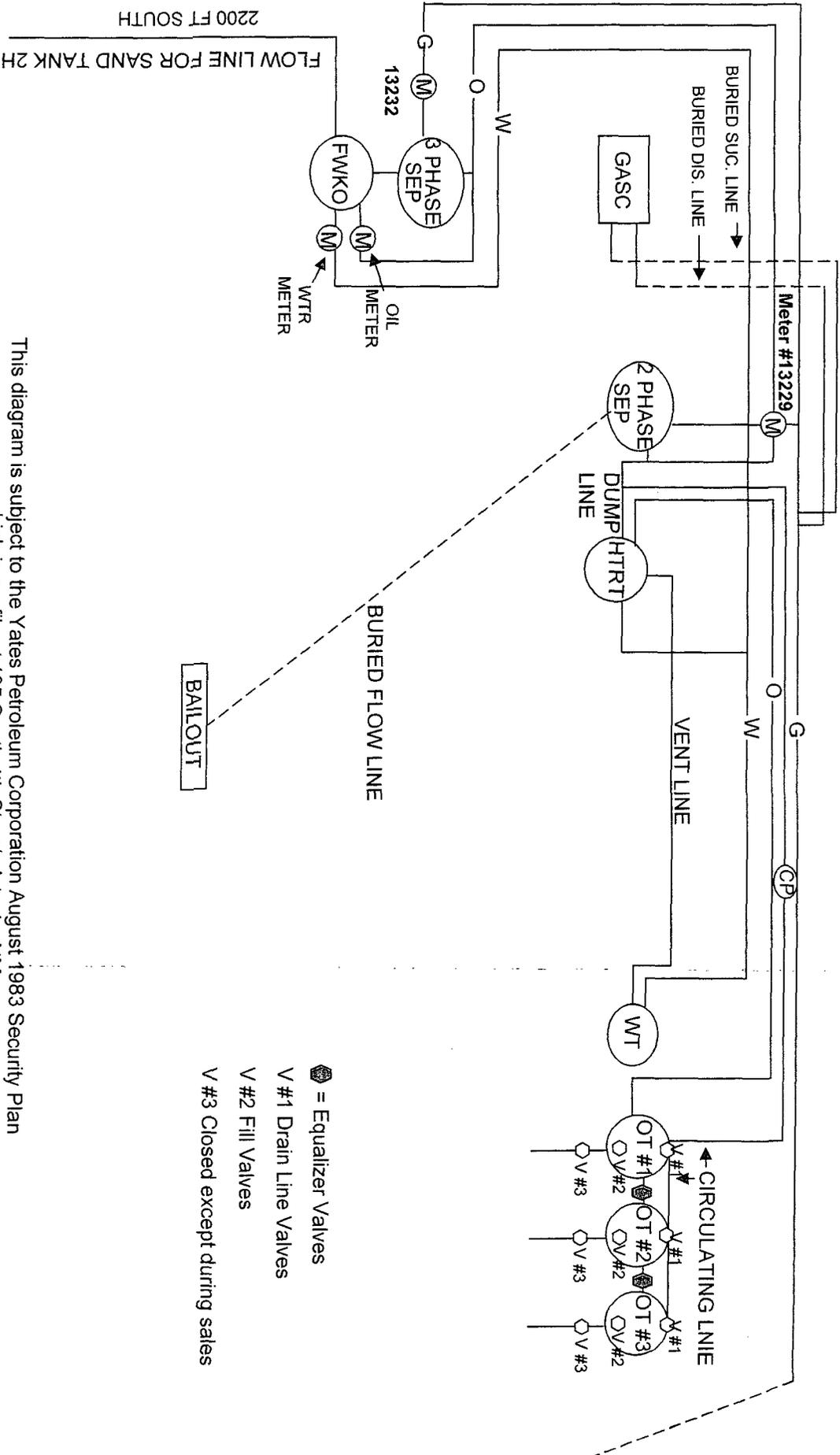


105 South 4th Street * Artesia, NM 88210
 (575)-748-1471

-Danny Matthews
 September, 2010

Bailout BOA Federal Com #1

1770' FSL & 410' FEL * Sec 12 - T18S - R29E * Unit L
 Eddy County, NM



- ◻ = Equalizer Valves
- = V #1 Drain Line Valves
- = V #2 Fill Valves
- = V #3 Closed except during sales

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
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-402
Revised October 12, 2005
Submit to Appropriate District Office
State Lease-4 Copies
Fee Lease-3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-37168	Pool Code 96832	Pool Name Sand Tank; Bone Spring
Property Code 37754	Property Name BAILOUT BOA FED. COM	Well Number 1H
OGRD No. 7377	Operator Name EOG RESOURCES, INC.	Elevation 3522.0'

Surface Location

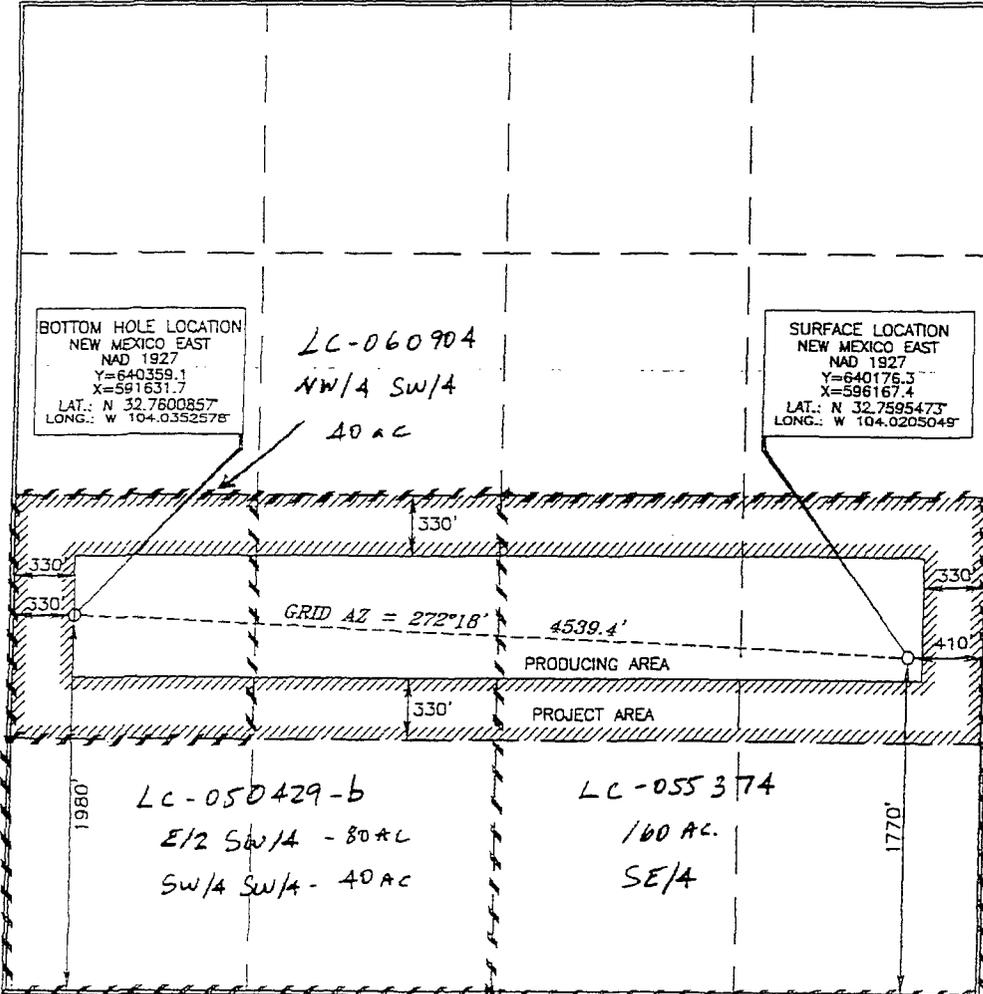
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the North/South line	Feet from the East/West line	County
I	12	18 SOUTH	29 EAST, N.M.P.M.		1770'	410'	EDDY

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
L	12	18 SOUTH	29 EAST, N.M.P.M.		1980'	330'	EDDY

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



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.

Don D. Ma 4/21/09
Signature Date

Donny G. Glanton
Printed Name

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.

APRIL 7, 2009
Date of Survey

Signature and Seal of Professional Surveyor

Terry J. Paul 4/17/2009
Certificate Number 15079

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

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 October 12, 2005
Submit to Appropriate District Office
State Lease-4 Copies
Fee Lease-3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-37167	Pool Code 96832	Pool Name Sand Tank; Bone Springs
Property Code 37754	Property Name BAILOUT BOA FED. COM	Well Number 2H
OGRID No. 7377	Operator Name EOG RESOURCES, INC.	Elevation 3509.5'

Surface Location

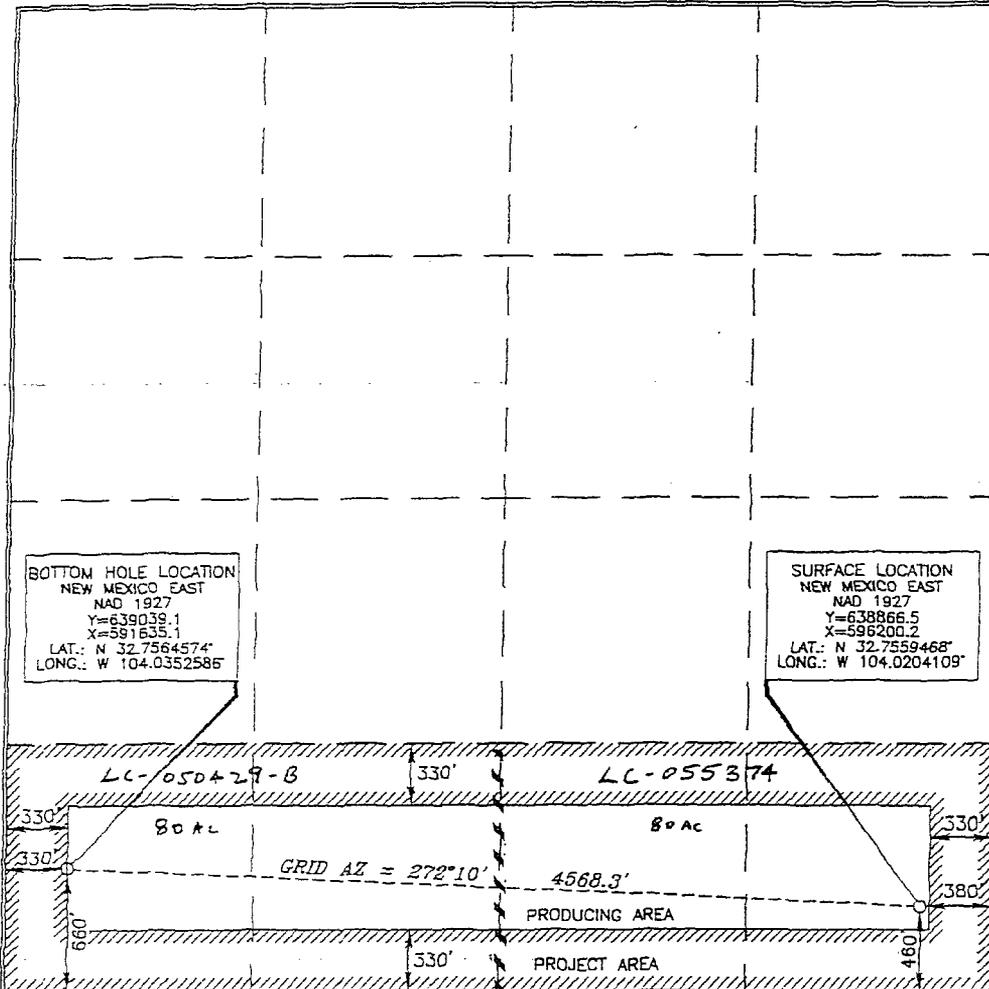
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	12	18 SOUTH	29 EAST, N.M.P.M.		460'	SOUTH	380'	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	12	18 SOUTH	29 EAST, N.M.P.M.		660'	SOUTH	330'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

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



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.

Don J. Hut 4/3/09
Signature Date

Danny G. Glanton
Printed Name

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.

APR 7 2009
Date of Survey

Signature and Seal of Professional Surveyor

Jerry D. Asel 4/17/2009
Certificate Number 15079

WO# 090407WL-a (KA)

Yates Petroleum Corp. (Operator's Name) is requesting approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following formation(s) and well(s):

Federal Lease No. LC055374 (SHL) LC060904 (BHL)

Well Name	API No.	Loc: 1/4 1/4 Sec. Twp. Rng.	Formation	BOPD	Oil Gravity	MCFPD	BTU
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Bailout BOA Federal Com #1H 30-015-37168	NESE Sec. 12-T18S-R29E	Bone Spring	200 BPD	41.6	780 MCFPD	1,304
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Handwritten: 6000/m, 23400/m, 6000/m, 18000/m

With hydrocarbon production from:

Federal Lease No. LC055374 (SHL) LC050429B (BHL)

Well Name	API No.	Loc: 1/4 1/4 Sec. Twp. Rng.	Formation	BOPD	Oil Gravity	MCFPD	BTU
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Sand Tank APS Federal Com #2H 30-015-37167	*SESE Sec. 12-T18S-R29E	Bone Spring	200 BPD	41.6	600 MCFPD	1,304
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Handwritten: 6000/m, 18000/m

The storage and measuring facility is located at NESE 1/4, Sec. 12, T 18, S, R 29, E, on Lease No. LC055374

Lea/Eddy (circle one), New Mexico. BLM will be notified if there is any future change in the facility location.

Details of the proposed method for allocating production to contributing sources are as follows:

490
Jennell Belg.
Tr. 39
ATES PET.
PER)
Duggan 12PK
com & will

0-2-Yates Pet.
Cerritos Fed
R.L. Roy
Tr. 25
S1492

OG-2
Sand Tank
Fed.
(Newmont)
051102
Yates Pet.
A 14 2

5 6 0499
1-AOM - 17 Mil.
3774 6
Yates
Cerritos-L
Fed.
(Newmont)

B-6631
Tr. 37

Welch
Tr. 26

Yates Pet.
Enervest
HBP

5
75
EOG
Sand
Tank

Newmont
B-6570 2
HBP
GRBG

H.L. Brinson
Tr. 3

Newmont
Yates Pet.
060904
T0274
HBP 5 AX

EOG
Sand
Tank
Disc
EOG D
(Newmont)
0472
HBP

B
Costilla
Tr. 32

T02717
HBP
Tr. 13-A

Yates Pet.
(2) 055374
(Enervest)
Yates
Sand Tank
Fed.

93 31
3
Yates Pet.
5

Newmont
Tr. 30
HBP

Dixon
Yates
HBP
Newbourne
St. Com.
Newmont
HBP

Tr. 6

98 41
14
22

Waco Ind.
694
sett
18 6631

M. Yates
HBP
0437529

Yates Pet.
2
055830
Tr. 7-A
(Enervest) (55.07)

EOG
025614
Newmont
21 Cont
06 10271
Tr. 21-B

under; Costilla
t Pet.) HBP
B 6058

Sand Tank Fed
will
(YPC)

Yates Petr. et al
HBP
0437529

38.71
EOG

hunderbolt
Pet.
HBP

Yates Petr. et al
HBP
0437529

EOG
Sand
Tank

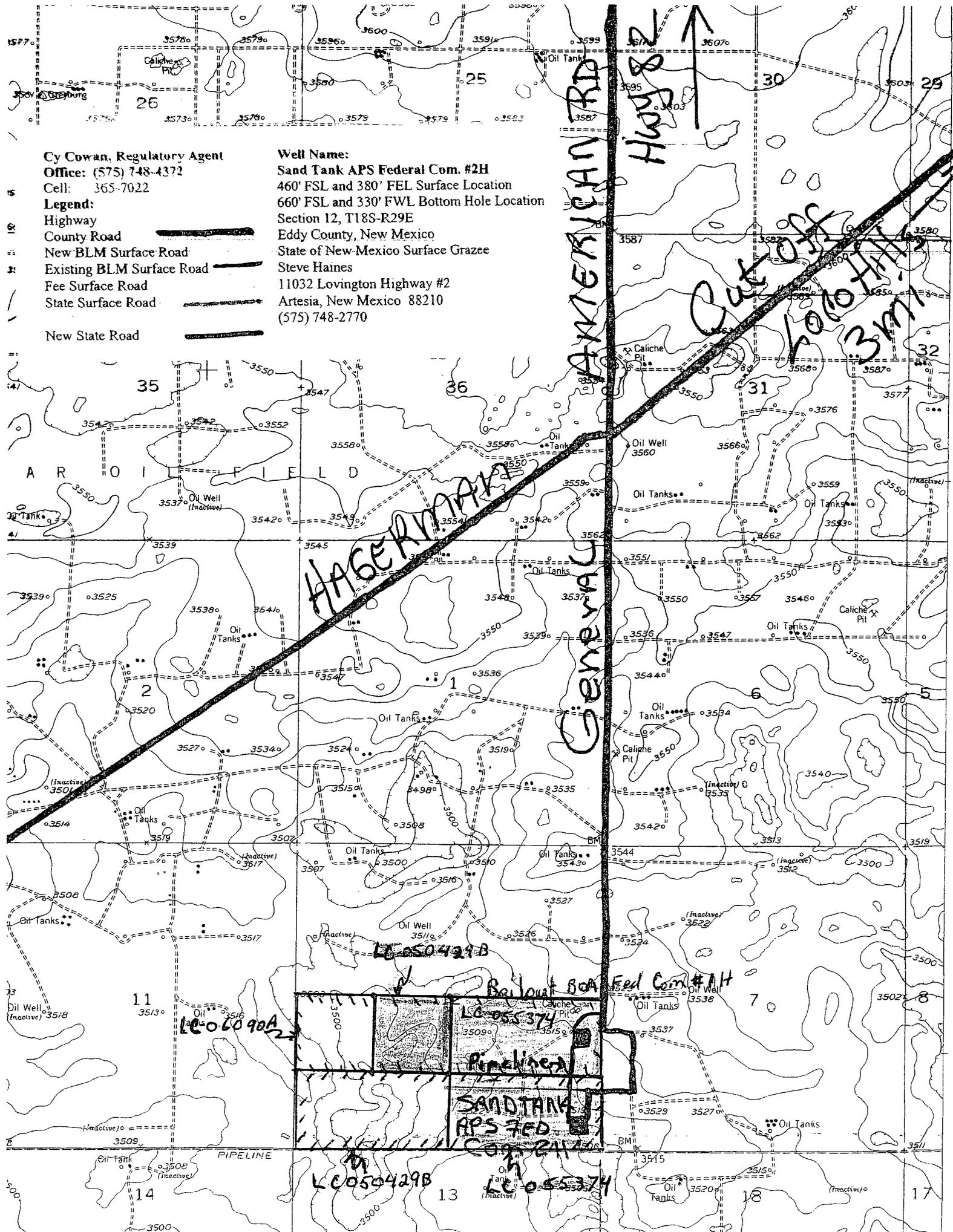
EOG
Sand
Tank

Cy Cowan, Regulatory Agent
Office: (575) 748-4372
Cell: 365-7022

Legend:

- Highway
- County Road
- New BLM Surface Road
- Existing BLM Surface Road
- Fee Surface Road
- State Surface Road
- New State Road

Well Name:
Sand Tank APS Federal Com. #2H
460' FSL and 380' FEL Surface Location
660' FSL and 330' FWL Bottom Hole Location
Section 12, T18S-R29E
Eddy County, New Mexico
State of New-Mexico Surface Grazee
Steve Haines
11032 Lovington Highway #2
Artesia, New Mexico 88210
(575) 748-2770



AMERICAN RID
↑
Hwy 2
Out off Kolo Hills 37m

HAGERMAN
GENERAL

LO 050429B
LO 06090A
LO 055374
SANDTANK
APS FED
COM #2H
LO 050429B
LO 055374

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
PRESIDENT

JOHN A. YATES JR.
ASSISTANT TO THE PRESIDENT

JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

November 12, 2009

To Whom It May Concern:

Re: Surface/Lease Commingle Oil & Gas
Eddy County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division and the Bureau of Land Management to Surface/Lease Commingle the attached list of wells:

FEDERAL ✓
Bailout BOA Federal Com #1H ✓
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM ✓
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL ✓
Sand Tank APS Federal Com #2H ✓
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

OIL Measurement

The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for economic operation of the above referenced leases.

The purpose of the surface commingling is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to built separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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

If you should have any questions, please give me a call at (575) 748-4213 (direct line).

Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: Marco Exploration, INC.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S. P. YATES

1914-2008



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November 12, 2009

To Whom It May Concern:

Re: Surface/Lease Commingle Oil & Gas
Eddy County, New Mexico

Dear Interest Owner:

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division and the Bureau of Land Management to Surface/Lease Commingle the attached list of wells:

FEDERAL

Bailout BOA Federal Com #1H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC050429B(BHL)

API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

OIL Measurement

The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

A handwritten signature in black ink, appearing to read 'John A. Yates', is written over a horizontal line.

Company: John A. Yates

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S. P. YATES

1914-2008



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November 12, 2009

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Bailout BOA Federal Com #1H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
API#30-015-37167

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OIL Measurement

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: ABO Petroleum Corporation.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

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November 12, 2009

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Re: Surface/Lease Commingle Oil & Gas
Eddy County, New Mexico

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Bailout BOA Federal Com #1H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

Sec-12-18S-29E

Sand Tank/Bone Spring

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LC055374(SHL);LC050429B(BHL)

API#30-015-37167

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If you should have any questions, please give me a call at (575) 748-4213 (direct line).

Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: Sharbro Oil LTD CO.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S. P. YATES

1914-2008



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Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC060904(BHL)

API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H

Sec-12-18S-29E

Sand Tank/Bone Spring

Eddy County, NM

LC055374(SHL);LC050429B(BHL)

API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

OIL Measurement

The Sand Tank APS Federal #2H shall be equipped with a continuous metering 3-phase separator located on the Bailout BOA Federal Com #1H prior to the oil being commingled for sales. A subtraction method of measurement will be used for the Bailout BOA Federal Com #1H for allocation purposes.

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Sincerely,

Mayte Reyes
Production Clerk

I hereby approve this application

Company: MYCO Industries, INC.

KATHY H. PORTER
SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

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JAMES S. BROWN
CHIEF OPERATING OFFICER

JOHN D. PERINI
CHIEF FINANCIAL OFFICER

November 12, 2009

To Whom It May Concern:

Re: Surface/Lease Commingle Oil & Gas
Eddy County, New Mexico

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Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL

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Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
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Company: Yates Petroleum Corporation.

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Mayte Reyes
Production Clerk

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A handwritten signature in black ink, appearing to read 'Tony Kel', is written over a horizontal line.

Company: Yates Drilling Company.

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SECRETARY

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FEDERAL

Sand Tank APS Federal Com #2H

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LC055374(SHL);LC050429B(BHL)

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SECRETARY

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

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105 SOUTH FOURTH STREET
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TELEPHONE (575) 748-1471

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JAMES S. BROWN
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JOHN D. PERINI
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November 12, 2009

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Re: Surface/Lease Commingle Oil & Gas
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Dear Interest Owner:

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Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL

Sand Tank APS Federal Com #2H
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LC055374(SHL);LC050429B(BHL)
API#30-015-37167

Gas Measurement

The wells shall be equipped with a gas allocation meter that will continuously meter gas production prior to commingling and these measurements shall be used to allocate production/sales from battery to the wells.

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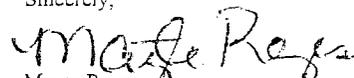
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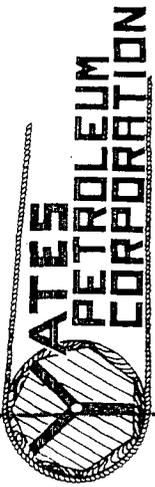
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

MAY 12 11-12-
Postmark Here

Laverne Short Estate
C/O Thomas Short
1806 Margaret LN
Kingsville, TX 78363-2803

PS Form 3800, June 2002 See Reverse for Instructions



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Laverne Short Estate
 C/O Thomas Short
 1806 Margaret LN
 Kingsville, TX 78363-2803

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service tag)
 7005 1820 0000 6573 1809

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

Certified Mail
 A mailing receipt
 A unique identifier
 A record of delivery
Important Reminder
 Certified Mail is
 Certified Mail is
 NO INSURANCE
 values, please
 For an additional
 delivery. To obtain
 Receipt (PS Form
 fee. Endorsement
 If a postmark or
 receipt is not provided,
 APPOINTMENT: SA
 internet access
 addressed to AP

ATES PETROLEUM CORPORATION

JLDING - 105 SOUTH FOURTH ST.
ESIA, NEW MEXICO 88210-2118

REGISTRATION REQUESTED

PS Form 3800, June 2002 See Reverse for Instructions

City, State, & ZIP+4®
Street, Apt. or PO Box #
Sent To
Evelyn De Sanderson
614 E. Washington Street
Walters, OK 73572

Postage	\$ 6.573
Certified Fee	0.000
Return Receipt Fee (Endorsement Required)	0.000
Restricted Delivery Fee (Endorsement Required)	1.820
Total Postage and Fees	8.393

Postmark Here
MAY 11 11-27

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

614 E. Washington Street
Walters, OK 73572

7005 1820 0000 6573 1793
7005 1820 0000 6573 1793



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:

Evelyn De Sanderson
614 E. Washington Street
Walters, OK 73572

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery
- D. Is delivery address different from Item 1? Yes No
If YES, enter delivery address below:

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 1820 0000 6573 1793
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identifier
■ A record of delivery
Important Reminders:
■ Certified Mail
■ Certified Mail
■ NO INSURANCE for
valuables, please
■ For an additional
delivery. To obtain
Receipt (PS Form 3811),
fee. Endorsement
a duplicate receipt
required.
■ For an additional
addressee's
endorsement
■ If a postmark
at the time of
receipt is not
IMPORTANT
Internet address
addressed to

ATES PETROLEUM CORPORATION

JING - 105 SOUTH FOURTH ST.
A, NEW MEXICO 88210-2118

SS SERVICE REQUESTED

CERTIFIED MAIL

7005 1820 0000 6573 1786
7005 1820 0000 6573 1786

PS Form 3800, June 2002 See Reverse for Instructions

City or State
Edmond, OK 73034

Phillips Family Revocable Trust
5019 Pheasant Crest Road

Postage	S
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

White Flag 11-029
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

BALCOFF BOEHLER & COMPANY



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:

Phillips Family Revocable Trust
5019 Pheasant Crest Road
Edmond, OK 73034

2. Article Number
(Transfer from service label)

7005 1820 0000 6573 1786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

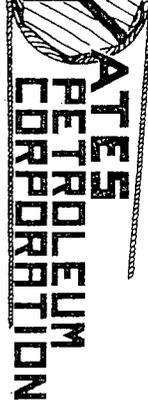
B. Received by (Printed Name): C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

Certified Mail
A mailing receipt
A unique identifier
A record of delivery
Important Return Receipt
Certified Mail
Certified Mail
NO INSURANCE
For an additional fee, Endorsement Receipt, PS Form 3811, To obtain a duplicate receipt, a duplicate receipt is required.
For an address, endorsement, receipt, or return receipt, a duplicate receipt is not required.
IMPORTANT:
Internet access addressed to



ES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED



7005 1820 0000 6573 1755
7005 1820 0000 6573 1755

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

For: Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Comingle
 Mayte-Production
 11-12-09
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Here

Total Po Terence Perkins
 304 S Avenue F.
 Sent To Portales, NM 88130-6226
 Street, Apt
 or PO Box
 City, State, ZIP+4

See Reverse for Instructions



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 Perkins
 304 S Avenue F.
 Portales, NM 88130-6226

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number **7005 1820 0000 6573 1755**
 (Transfer from s)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail is not insurable for valuables, please do not insure.
- For an additional delivery, To obtain Receipt (PS Form 3811), a duplicate receipt is required.
- For an additional addressee's endorsement, a duplicate receipt is not required.

IMPORTANT: Internet addresses are not to be addressed to

CERTIFIED MAIL™

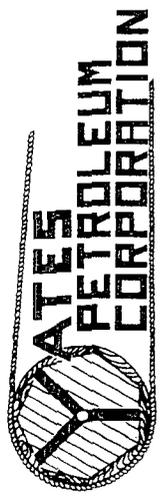
7005 1820 0000 6573 1748
7005 1820 0000 6573 1748

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production
Rett
(Endorse 11-12-09
Restricted Delivery Fee
(Endorsement Required)
Total Elyse Saunders Patterson Trust
Investments LLC, with Farmers
Sent National Company as Agent
Street or PO P.O. Box #3480
City, Omaha, NE 68103-0480

PS Form 3800, June 2002 See Reverse for Instr



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

POSTNET CERTIFIED MAIL
 PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS ONLY. DO NOT PLACE
 HERE.

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 Saunders Patterson Trust
 Investments LLC, with Farmers
 National Company as Agent
 P.O. Box #3480
 Omaha, NE 68103-0480

2. Article Number
 (Transfer from service it)

7005 1620 0000 6573 1748

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

certified Mail
 A mailing receipt
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 For an additional
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 a duplicate receipt
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 For an additional
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 endorsement
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 date at the post
 receipt is not
 internet access
 addressed to



S BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

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

U.S. MAIL

Re: Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production
 11-12-09
 Restricted Delivery (Endorsement Required)

To: Annette Kirk Pacso
 16601 Garfield Space 312
 Paramount, CA 90723

City or State ZIP+4®

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0000 6573 1731L
7005 1820 0000 6573 1731L

A 1 P

CERTIFIED MAIL

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 Paeso
16601 Garfield Space 312
Paramount, CA 90723

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 1820 0000 6573 1731
(Transfer from serv.)

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

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Angela Long P.O. Box #334 New Caney, TX 77357</p>		<p>A. Signature</p> <p>X Agent <input type="checkbox"/> Addressee <input type="checkbox"/></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1620 0000 6573 1724</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>PS Form 3811, February 2004</p>		<p>102595-02-M-1540</p>	

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CERTIFIED MAIL

7005 1820 0000 6573 1717
7005 1820 0000 6573 1717

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

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

OFFICIAL MAIL

Bailout Boa Fed Com #1H & S
Tank APS Federal Com #2H
Surface/Lease Commingle

Ret. (Endorse) Mayte-Production

Restrict. (Endorse) 11-12-09

Total \$ Murchison Jon

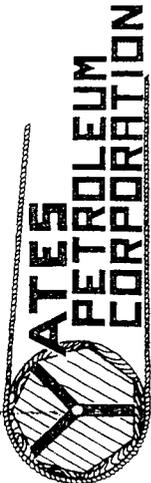
Sent To Account 43400024909

Street, or PO Prudential Securities

City, S 193 Rainbow Dr. #9328

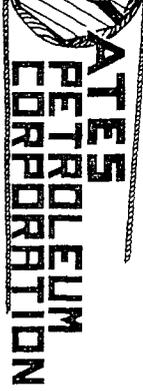
Livingston, TX 77399-1093

Murchison
Account
Prudential
193 Rain
Livingston



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED



BUILDING - 105 SOUTH FOURTH ST.
TESIA, NEW MEXICO 88210-2118

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

PS Form 3800, June 2002 See Reverse for Instructions

End: 11-12-09
 Restricted Delivery Fee

Mayte-Production
 Surface/Lease Commingle
 Tank APS Federal Com #2H
 Bailout Boa Fed Com #1H & Sand

To: Sue S. Graham
 P.O. Box #987
 Roswell, NM 88202-987

City, State, ZIP+4®

7005 1820 0000 6573 1694
 7005 1820 0000 6573 1694

PS MAIL
 PLACE STICKER BELOW IN ORDER TO RETURN TO THE POST OFFICE
 IF THE MAIL IS RETURNED TO THE POST OFFICE

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:

 Sue S. Graham
 P.O. Box #987
 Roswell, NM 88202-987

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

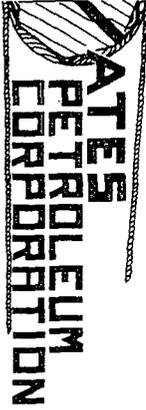
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from se) 7005 1020 0000 6573 1694

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

Printed Mail
 A mailing receipt
 A unique identifier
 A record of delivery
 Certified Mail
 Certified Mail
 Certified Mail
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105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

First Roswell
P.O. Box #1797
Roswell, NM 88202-1797



7005 1820 0000 6573 1687
7005 1820 0000 6573 1687

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

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

To: Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production
 Re: 11-12-09
 (Endorsement Required)

From: First Roswell Company
 P.O. Box #1797
 Roswell, NM 88202-1797

City: _____
 State: _____
 ZIP+4: _____

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF MAIL TO THE RIGHT OF THE RETURN ADDRESS. ENVELOPE MAIL ONLY. DO NOT APPLY TO REGISTERED MAIL.

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 Roswell Company
 P.O. Box #1797
 Roswell, NM 88202-1797

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 1820 0000 6573 1687
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

102585-02-M-1540

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

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

7005 1820 0000 6573 1670
7005 1820 0000 6573 1670

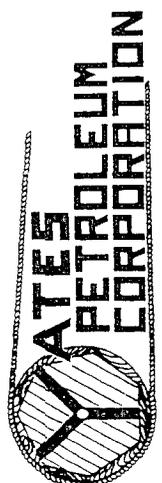
Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret
(Endorse) 11-12-09
Restricted Delivery Fee
(Endorsement Required)

To: Kathleen Fox
Sent: 205 Valentine Lane
Sire or F: Longview, TX 75604
City:

PS Form 3800, June 2002

Kath
205
Lon



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**
 PLACE STICKER TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOR POSTAGE

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
 205 Valentine Lane
 Longview, TX 75604

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service tag) 7005 1B20 0000 6573 1670

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail
 A mailing receipt
 A unique identification number
 A record of delivery
Important Reminders:
 Certified Mail
 Certified Mail
 NO INSURANCE for valuables, please
 For an additional delivery, To obtain Receipt (PS Form 3811), a duplicate receipt is required.
 For an additional addressee's endorsement
 If a postmark is placed at the post office, receipt is not required.
IMPORTANT: If Internet access is addressed to a

CERTIFIED MAIL™

7005 1820 0000 6573 1663
7005 1820 0000 6573 1663

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

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

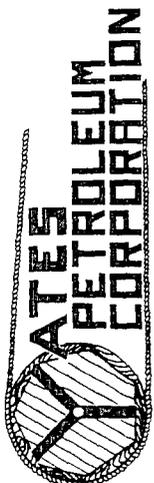
Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret
(Endorse) 11-12-09
Restricted Delivery Fee
(Endorsement Required)

Total

Sent To: Mary Dorothe Duggan
Street or PO Box: 15 E. Greenway Plaza Unit 12G
City, St: Houston, TX 77046-1504

PS Form 3800, June 2002 See Reverse for Instructions



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

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

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:

Mary Dorothe Duggan
15 E. Greenway Plaza Unit 12G
Houston, TX 77046-1504

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 1820 0000 6573 1663
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

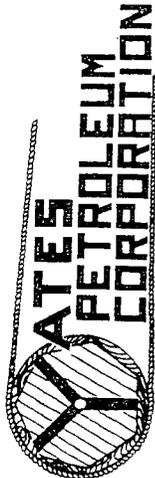
- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811), fee. Endorsement for a duplicate return receipt is required.
- For an additional addressee's endorsement.
- If a postmark is present at the post office, the return receipt is not valid.

IMPORTANT: For Internet access, address to 1

CERTIFIED MAIL™



YATES BUILDING -- 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1656
7005 1820 0000 6573 1656

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

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

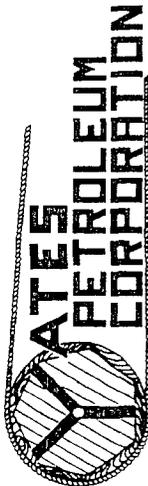
Bailout Boa Fed Com #1H & San
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret: (Endorse)
Restricted Delivery Fee (Endorsement Required) 11-12-09

To: Florence Martha, Dooley Estate
Patrick T. Dooley, Personal
1006 South 2nd Street
Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

Florence
Patrick
1006
Artesia



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1649
7005 1820 0000 6573 1649

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle

Reti
(Endorse) Mayte-Production

Restrict. 11-12-09
(Endorsement Required)

Marsha Dolinsky
14805 Mockinbird Drive
Germantown, MD 20874

PS Form 3800, June 2002

See Reverse for Instructions

CERTIFIED MAIL™

7005 1820 0000 6573 1632
7005 1820 0000 6573 1632

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

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

_____ Bailout Boa Fed Com #1H & Sand
_____ Tank APS Federal Com #2H
_____ Surface/Lease Commingle
_____ Mayte-Production

Ret (Endorse) _____
Restricted Delivery Fee (Endorsement Required) 11-12-09

To
Sen Sue Lafett Day
Str 1705 Jennifer
or P Houston, TX 77029
City

PS Form 3800, June 2002 See Reverse for



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

1002595-02-M-1540

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:

Sue Lafelt Day
 1705 Jennifer
 Houston, TX 77029

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X
- B. Received by (*Printed Name*)
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number 7005 1820 0000 6573 1632
(Transfer from Sender's Responsibility)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811), fee, Endorsement, a duplicate return receipt is required.
- For an additional addressee's address, an endorsement is required.
- If a postmark is placed at the post office, a duplicate return receipt is not required.

IMPORTANT: See Internet access addressed to A

CERTIFIED MAIL™

7005 1620 0000 6573 1625
7005 1620 0000 6573 1625

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

For delivery information visit our website at www.usps

Bailout Boa Fed Com #1H & Sa
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret.
(Endorse) 11-12-09

Restricted Delivery Fee
(Endorsement Required)

Total Po

Sent To Frances J. Day
C/O Angela Long
Street, Ap
or PO Bo: P.O. Box #334
City, State New Caney, TX 77357

PS Form 3800, June 2002 See Reverse

FORN



YATES BUILDING -- 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

PLACE THIS STICKER AT THE TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. DO NOT WRITE ON THIS STICKER.

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Numt 7005 1820 0000 6573 1625
(Transfer from)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain Receipt (PS Form 3811) fee. Endorsement and a duplicate return receipt required.
- For an additional addressee's endorsement.
- If a postmark is placed at the post office, receipt is not required.

IMPORTANT: Internet access addressed to:



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7005 1620 0000 6573 1618
7005 1620 0000 6573 1618

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle

At: Mayte-Production
(Endor: 11-12-09
Restricted Delivery Fee
(Endorsement Required)

To: Bobby Lee Carrell
1951 Monday Hargrove
New Caney, TX 77357

PS Form 3800, June 2002 See Reverse for Instructions

PLACE TICKET 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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

- 3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
- 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7005 1820 0000 6573 1618**
(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail
 A mailing receipt
 A unique identifier
 A record of delivery
Important Reminders:
 Certified Mail
 NO INSURANCE for valuables, please
 For an additional delivery. To obtain Receipt (PS Form 3811), fee. Endorsement, a duplicate return required.
 For an additional addressee's endorsement
 If a postmark is placed at the post office, receipt is not valid
IMPORTANT: Send Internet access card addressed to Addressee



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7005 1620 0000 6573 1601
7005 1620 0000 6573 1601

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

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

Bailout Boa Fed Com #1H & Sand
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Rel
(Endorsement) 11-12-09
Restricted Delivery Fee
(Endorsement) 0

Tot.
Sent By Royalty LTD.
P.O. Box #840
Artesia, NM 88211

PS Form 3800, June 2002 See Reverse for Instructions

INTERNET MAIL PERMITTED
INTERNET MAIL PERMITTED
INTERNET MAIL PERMITTED

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:

By Royalty LTD.
P.O. Box #840
Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X
- B. Received by (Printed Name) Agent Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

2. Article Number
(Transfer from service label)

7005 1820

0000 6573 1601

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identification number
- A record of delivery

Important Reminder

- Certified Mail
- Certified Mail
- NO INSURANCE for valuables, perishables, or hazardous materials
- For an additional delivery. To obtain a Receipt (PS Form 3811), a fee. Endorsement required. A duplicate receipt is required.
- For an additional addressee's endorsement
- If a postmark is placed at the post office, a receipt is not required.

IMPORTANT:
Internet access
addressed to:

MAIL CERTIFIED MAIL
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
TO THE FRONT OF THE MAIL

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:

Ruby Crosby Bell Family
Limited Partnership #1
1331 3rd Street
New Orleans, LA 70130-5743

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 1,820 0000 6573 1595
(Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Ma g rec e ide d of c Ren Mail Mail SURJ additi To c (PS) forse date r i ad c sees former tmar the p is nc ANT: ad to



S BUILDING - 105 SOUTH FOURTH ST.
 ARTESIA, NEW MEXICO 88210-2118

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

Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production
 Re Endors 11-12-09
 Restricted Delivery Fee (Endorsement Required)

Total F 7005 1820 0000 6573 1595

Sent To Ruby Crosby Bell Family Limited Partnership #1
 Street, A 1331 3rd Street
 or PO Box City, State New Orleans, LA 70130-5743

PS Form 3800, June 2002 See Reverse for Instructions

**NO POSTAGE
NECESSARY
IF MAILED
IN THE UNITED STATES**

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 88202-1933

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X**
- B. Received by (Printed Name) Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

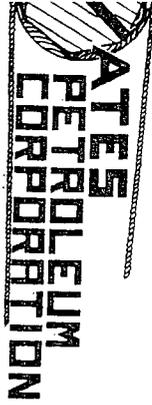
(Transfer from service) 7005 1820 0000 6573 1588

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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3 BUILDING - 105 SOUTH FOURTH ST.
ATESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

2005 1820 0000 6573 1588
2005 1820 0000 6573 1588

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

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

Bailout Boa Fed Com #1H & Sand
 Tank APS-Federal Com #2H
 Surface/Lease Commingle
 Re Mayte-Production
 Endors 11-12-09
 Restricted Delivery Fee |
 Endorsement: Return to sender

Sen Harvey E. Yates Company
 Sunwest Centre
 P.O. Box #1933
 City: Roswell, NM 88202-1933

PS Form 3800, June 2002
 See Reverse for Instructions

CERTIFIED MAIL

7005 1820 0000 6573 1571
7005 1820 0000 6573 1571

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

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

Bailout Boa Fed Com #1H & Sar
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Ref: Mayte-Production
 (Endorsement Required) 11-12-00

Restricted Delivery Fee (Endorsement Required) _____

Total

Trust Q. U/W/O Peggy A. Yates
 P.O. Box #900
 Artesia, NM 88211-0900

Sent To _____
 Street or PO Box _____
 City, State _____

PS Form 3800, June 2002 See Reverse



YATES BUILDING - 105 SOUTH FOURTH ST.
 ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

7005 1820 0000 6573 1564
7005 1820 0000 6573 1564

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

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

Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production

(End 11-17-09
 Restricted Delivery Fee
 (Endorsement Required)

Total

Sent to: EOG Resources, INC
 Street or PO: P.O. Box #840321
 City, State: Dallas, TX 75284-0321

PS Form 3800, June 2002 See Reverse for Instructions

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:

EOG Resources, INC
P.O. Box #840321
Dallas, TX 75284-0321

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7005 1820 0000 6573 1564**
(Transfer from serv/c)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A record of delivery
Important Reminders
■ Certified Mail is not insurable for value.
■ Certified Mail is not insurable for value.
■ NO INSURANCE FOR VALUABLES, PLEASE
■ For an additional service, such as Restricted Delivery, To obtain a Return Receipt (PS Form 3811), an additional fee is required. Endorsement "Restricted Delivery" is required.
■ For an additional service, such as Restricted Delivery, To obtain a Return Receipt (PS Form 3811), an additional fee is required. Endorsement "Restricted Delivery" is required.
■ If a postmark or cancellation mark is present on the receipt is not necessary.

IMPORTANT: Save this receipt.
Internet access to this receipt is available at www.usps.com
addressed to API

CERTIFIED MAIL™

7005 1820 0000 6573 1557
7005 1820 0000 6573 1557

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

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

Bailout Boa Fed Com #1H & Sar
Tank APS Federal Com #2H
Surface/Lease Commingle
Mayte-Production

Ret: 11-17-09
(Endorse)
Restricted Delivery Fee
(Endorsement Required)

To: Jalapeno Corporation
P.O. Box #1608
Albuquerque, NM 87103-1608

PS Form 3800, July 2002 See Reverse for Instructions



YATES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS TO HELP US SORT MAIL

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes
 No

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service category)

7005 1820 0000 6573 1557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

- Certified Mail must be placed in a Certified Mail envelope.
- NO INSURANCE for valuables, please.
- For an additional delivery, To obtain Receipt (PS Form 3811), Endorsement must be a duplicate return required.
- For an additional addressee's address, an endorsement must be obtained.
- If a postmark cancellation at the post office receipt is not required.

IMPORTANT: See Internet access addressed to AI

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

Paula Dooley, Personal
Representative of the Estate of
William Patrick Dooley
1006 South 2nd Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

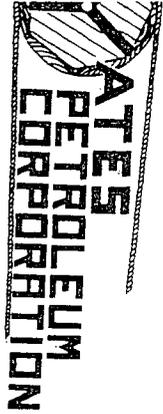
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7005 1820 0000 6573 1540
(Transfer from service label)

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



ES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED



7005 1820 0000 6573 1540
7005 1820 0000 6573 1540

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

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

Total 7005 1820 0000 6573 1540
 Paula Dooley, Personal
 Representative of the Estate of
 William Patrick Dooley
 1006 South 2nd Street
 Artesia, NM 88210

Rel. (Endorse) 11-12-09
 Mayte-Production
 Surface/Lease Commingle
 Tank APS Federal Com #2H
 Bailout Boa Fed Com #1H & Sand

Restricted Delivery Fee (Endorsement Required)
 11-12-09

Sent To Paula Dooley, Personal
 Representative of the Estate of
 William Patrick Dooley
 1006 South 2nd Street
 Artesia, NM 88210

City, St. or PO E Artesia, NM 88210

See reverse for instructions

THIS LABEL IS VOID. A RETURN RECEIPT MUST BE ATTACHED TO THE FRONT OF THE RETURN MAIL. THIS LABEL IS NOT TO BE REUSED FOR ANY OTHER PURPOSE.

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

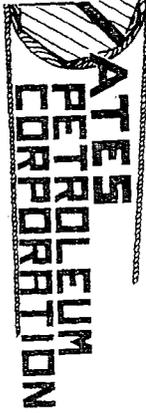
2. Article Number
(Transfer from se...)

7005 1820 0000 6573 1533

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

INTERNATIONAL MAIL

7005 1820 0000 6573 1533
7005 1820 0000 6573 1533

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

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

PS Form 3800, June 2002 See Reverse for Instructions

Tr Willis Royalty, INC.
 Ser P.O. Box #1658
 Srt Carlsbad, NM 88221-1658
 Cn

Endor 11-12-09
 R Mayte-Production
 Surface/Lease Commingle
 Tank APS Federal Com #2H
 Bailout Boa Fed Com #1H & Sand

Restriced Delivery Fee
 (Endorsement Required)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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 Avenue
Kingman, AZ 86401-7353

COMPLETE THIS SECTION ON DELIVERY

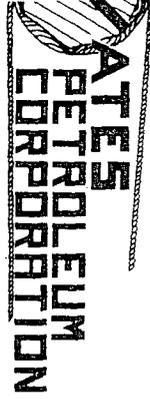
- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Numbr
(Transfer fro) 7005 1620 0000 6573 1526

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540



BUILDING - 105 SOUTH FOURTH ST.
 ATESEA, NEW MEXICO 88210-2118

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

Bailout Boa Fed Com #1H & Sand	7005	1820	0000	6573	1526
Tank APS Federal Com #2H	7005	1820	0000	6573	1526
Surface/Lease Commingle					
Mayte-Production					
Re: 11-12-09					
(Endorsement Required)					
Restricted Delivery Fee					
(Endorsement Required)					
Total					
Sent To: Martha L. Gaither					
Street: 3827 Sioux Avenue					
City, State, or PO: Kingman, AZ 86401-7353					

See Form 3849 for instructions.

PS Form 3811, February 2004
102595-02-M-1540

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, A LTD PTNSP
P.O. Box #1300
Roswell, NM 88202-1300

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7003 2260 0003 0516 8537

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

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TES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

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

Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production
 Return 11-12-09
 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fee

Sent
 The Toles Company, A LTD PTNSP
 P.O. Box #1300
 Roswell, NM 88202-1300

City, St.
 Street
 or P.O.
 PS Form
 See Reverse for Instructions

7003 2260 0001 0516 8537
7003 2260 0001 0516 8537

UNIT DELIVERY POINTS SHARED/AMENDED/FILED
FROM ENHANCED SERVICE MAIL AT REQUEST

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 Brothers
105 South 4th Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

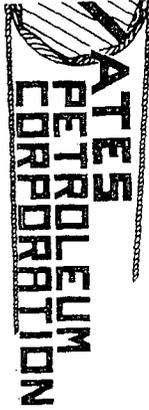
2. Article Number **7003 2260 0001 0516 0513**

(Transfer from servic

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



S BUILDING - 105 SOUTH FOURTH ST.
 ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™

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

For delivery information visit us at usps.com

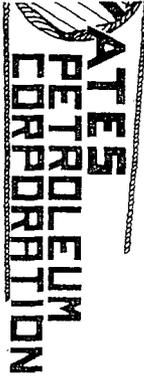
Ballou Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production
 Fee 1-1-12-09
 Restricted Delivery Fee (Endorsement Required)

Total P

Sent To Yates Brothers
 Street, Apt 105 South 4th Street
 or PO Box Artesia, NM 88210
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0001 0516 8513
 7003 2260 0001 0516 8513



BUILDING - 105 SOUTH FOURTH ST.
TESIA, NEW MEXICO 88210-2118

PRESS SERVICE REQUESTED

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

11-12-09
 Endorsement Required

Restricted Delivery Fee
 (Endorsement Required)

Total: 7003 2260 0001 0516 8520

Richard Yates
 Sent To: 105 South 4th Street
 Artesia, NM 88210
 City, St. or PO Box

See Reverse for Instructions

ANY CIRCLED IV CODES SERVED BY MAILER ONLY TO
INDICATE THE ADDRESS TO BE USED FOR DELIVERY

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard Yates
105 South 4th Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7003 2260 0001 0516 8520

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Mail
return
receipt
sent
to
the
address
on
the
reverse
of
this
card



ES BUILDING - 105 SOUTH FOURTH ST.
ARTESIA, NEW MEXICO 88210-2118

ADDRESS SERVICE REQUESTED

U.S. POSTAL SERVICE MAIL™

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

For del Bailout Boa Fed Com #1H & Sand
 Tank APS Federal Com #2H
 Surface/Lease Commingle
 Mayte-Production
 11-12-09
 Return receipt fee (Endorsement Required)

7003 2260 0001 051b 850b
 7003 2260 0001 051b 850b

Total Pct

Sent to Peyton Yates
Street, Ap 105 South 4th Street
or PO Box Artesia, NM 88210
City, State

PS Form 3800, June 2002
 See Reverse for Instructions

7009 2250 0004 1781 0961
 7009 2250 0004 1781 0961

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

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

SANDTANIC & BALLOTT COMM 9-27-10

Postage	\$	MAITE-PRO A 9-27-10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Bureau of Land management
 620 E. Greene
 Carlsbad, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

Bureau of Land management
 620 E. Greene
 Carlsbad, NM 88220

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

2. Article Number
 (Transfer from service)
 7009 2250 0004 1781 0961

1. Article Addressed to:
 Bureau of Land management
 620 E. Greene
 Carlsbad, NM 88220

3. Service Type
 Certified Mail
 Registered
 Express Mail
 Insured Mail
 C.O.D.

4. Restricted Delivery? (Extra Fee)
 Yes
 No

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

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

A. Signature _____
 Agent
 Addressee

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. 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.

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.
LC055374(SHL);LC060904(BHL)

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other *****Re-Submit*****

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

2. Name of Operator
Yates Petroleum Corporation

8. Well Name and No.
Bailout BOA Federal Com #1H

3a. Address
105 S. 4th Str., Artesia, NM 88210

3b. Phone No. (include area code)
575-748-1471

9. API Well No.
30-015-37168

4. Location of Well (Footage, Sec., T., R., M., OR Survey Description)
 1770' FSL & 410 FEL NESE Unit Letter I of Section 12-T18S-R29E
 1958' FSL & 427' FWL NWSW Unit Letter L of Section 12-T18S-R29E

10. Field and Pool or Exploratory Area
Sand Tank; Bone Spring

11. County or Parish, State
Eddy, County

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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Surface/Lease</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Commingle</u>

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 recomplate 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 Corporation respectfully requests administrative approval to Surface/Lease Commingle the following wells:

FEDERAL
Bailout BOA Federal Com #1H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC060904(BHL)
API# 30-015-37168

FEDERAL
Sand Tank APS Federal Com #2H
Sec-12-18S-29E
Sand Tank/Bone Spring
Eddy County, NM
LC055374(SHL);LC050429B(BHL)
API#30-015-37167

See attached.

14. I hereby certify that the foregoing is true and correct
 Name (Printed/Typed) Mayte Reyes Title Production Clerk
 Signature *Mayte Reyes* Date September 27, 2010

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