# STATE OF NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES OIL CONSERVATION DIVISION

APPLICATION OF YATES PETROLEUM CORPORATION FOR APPROVAL OF A WATERFLOOD PROJECT AND FOR QUALIFICATION OF THE PROJECT FOR THE RECOVERED OIL TAX RATE PURSUANT TO THE ENHANCED OIL RECOVERY ACT, EDDY COUNTY, NEW MEXICO.

CASE NO. <u>132</u>28

#### <u>AFFIDAVIT</u>

STATE OF NEW MEXICO	)	
)	)	SS
COUNTY OF SANTA FE	)	

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

William F. Carr

SUBSCRIBED AND SWORN to before me this 21 day of February 2004 by William F.

Carr.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STAT
My commission expire

my Commission expire

My Commission Expires:

01/14/07

Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case Nos. 13227/13228 Exhibit No. 12
Submitted by:

Yates Petroleum Corporation
Hearing Date: March 4, 2004

## HOLLAND&HART.

William F. Carr wcarr@hollandhart.com

February 12, 2004

### CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO: SURFACE OWNERS AND LEASEHOLD OPERATORS WITHIN 1/2 MILE OF EACH PROPOSED INJECTION WELL IN THE NORTH DAGGER DRAW-UPPER PENNSYLVANIAN UNIT, EDDY COUNTY, NEW MEXICO.

Re: Application of Yates Petroleum Corporation for approval of a waterflood project, and for qualification of the project for the Recovered Oil Tax Rate pursuant to the Enhanced Oil Recovery Act, Eddy County, New Mexico.

#### Ladies and Gentlemen:

Enclosed is a copy of the application of Yates Petroleum Corporation (Oil Conservation Division Form C-108) in the above-referenced case for approval of a waterflood project in the proposed North Dagger Draw-Upper Pennsylvanian Unit Area. Water will be injected into the unitized interval of the Canyon formation and the waterflood project will be expanded as additional injection wells are added until it includes the entire Unit Area as fully described in the application.

This application has been set for hearing before a Division Examiner on March 4, 2004 at the Oil Conservation Division Hearing Room in its Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, NM 87505. You are not required to attend this hearing, but as an owner of the surface of the land upon which the injection well will be located, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement three days in advance of a scheduled hearing at the Oil Conservation Division's Santa Fe Office. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours, william of Jan

William F. Carr

Attorney for Yates Petroleum Corporation

Enclosure

cc: Mr. Randy Patterson

Application of Yates Petroleum Corporation for Approval of a Waterflood Project and for Qualification of the Project for the Recovered Oil Tax Rate Pursuant to the Enhanced Oil Recovery Act Eddy County, New Mexico

#### EXHIBIT A

#### **NOTICE LIST**

Bureau of Land Management P. O. Box 1778 620 E. Greene Street Carlsbad, NM 88220-6292

Ross Ranch 205 Indian Trail Searcy, AZ 72143

Harold N. Houghtaling P. O. Box 234 Artesia, NM 88211-0234

#### ปี.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece. □ Address or on the front if space permits. Return Receipt Fee (Endorsement Required) D. Is delivery address different from item 1? 1. Article Addressed to: if YES, enter delivery address below: Restricted Delivery Fee (Endorsement Required) Bureau of Land Management Total Postage & Fees | \$ P. O. Box 1778 Bureau of Land Mana Sent To 620 E. Greene Street P. O. Box 1778 Street, Apt. No.; Carlsbad, NM 88220-6292 Seprice Type 620 E. Greene Street Express Mail or PO Box No. Certified Mail Registered City, State, ZIP+ 4 Carlsbad, NM 88220-Return Receipt for Merchandise ☐ Insured Mail Ù C.O.D. PS Form 3800, J 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from s U.S. Postal Service 7001 1140 0002 5602 0205 CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952 item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. 4519.0051 NA Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different 1. Article Addressed to: If YES, enter delivery addre Return Receipt Fee (Endorsement Required) Restricted Delivery Fee Harold N. Houghtaling P. O. Box 234 Total Postage & Fees Artesia, NM 88211-0234 Service Type Sent To Harold N. Houghtaling Certified Mail P. O. Box 234 ☐ Registered Return Receipt for Merchandis Street, Apt. No.; ☐ Insured Mail or PO Box No. C.O.D. Artesia, NM 88211-023 City, State, ZIP+ 4 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy fron 7001 1140 0002 5602 0236 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952 U.S. Postal Service CERTIFIED MAIL RECEIPT item 4 if Restricted Delivery is desired. GARY W FEB 1 A (Domestic Mail Only; No Insurance Coverage P 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. Agent or on the front if space permits. ☐ Address D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: ٣E Ross Ranch Certified Fee 205 Indian Trail Return Receipt Fee (Endorsement Required) Searcy, AZ 72143 3. Service Type Restricted Delivery Fee (Endorsement Required) Certified Mail ☐ Express Mail Total Postage & Fees | \$ Registered Return Receipt for Merchand Insured Mail □)c.o.d. Sent To Ross Ranch 4. Restricted Delivery? (Extra Fee) ☐ Yes Street, Apt. No.; 205 Indian Trail 2. Article Number (Copy from service label) or PO Box No. 7001 1140 0002 5602 0243 Searcy, AZ 72143 City, State, ZIP+ 4 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-09

PS Form 3800, J