

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

**APPLICATION OF CELERO ENERGY II, LP
TO EXPAND THE WATERLOOD PROJECT
AND TERTIARY RECOVERY PROJECT FOR
THE ROCK QUEEN UNIT, AND TO QUALIFY
THE EXPANDED PROJECT FOR THE
RECOVERED OIL TAX RATE, CHAVES AND
LEA COUNTIES, NEW MEXICO.**

Case No. 14942

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Celero Energy II, LP.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the surface owners and offset interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.




James Bruce

SUBSCRIBED AND SWORN TO before me this 23rd day of January, 2013 by James Bruce.

My Commission Expires: _____

3/14/13


Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

January 3, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to expand the enhanced recovery project for the Rock Queen Unit, filed with the New Mexico Oil Conservation Division by Celero Energy II, LP.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2013, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner who may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required to file a Pre-Hearing Statement no later than Thursday, January 17, 2013. This statement must be filed with the Division's Santa Fe office at the above address, and with the undersigned, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing.

Very truly yours,

/s/

James Bruce

Attorney for Celero Energy II, LP

cc: Oil Conservation Division (Hobbs Office) w/encl.

EXHIBIT

A

Exhibit "A"

Chevron USA, Inc.
P.O. Box 1635
Houston, Texas 77251

Mobil Producing Texas & New Mexico Inc.
P.O. Box 2305
Houston, Texas 77201-2305

Petro-Guard Company, Inc.
2450 Fondren, Suite 105
Houston, Texas 77063
Attn: Land Dept.

Great Western Drilling Company
P.O. Box 1659
Midland, Texas 79702

ConocoPhillips Company
P.O. Box 7500
Bartlesville, Oklahoma 74005

Abo Petroleum Corp.
Myco Industries, Inc.
Yates Petroleum Corp.
105 S. Fourth Street
Artesia, New Mexico 88210

Oxy USA WTP Ltd. Partnership
P.O. Box 4294
Houston, Texas 77210

James S. Lebsack
P.O. Box 22215
Denver, Colorado 80222

Kerr McGee O/G Onshore, LP
5735 Pineland Dr., Suite 300
Dallas, Texas 75231

Bureau of Land Management
2909 W. 2nd Street
Roswell, New Mexico 88201

Exhibit "A" (Cont.)

Wanda Williams
717 E. Water Avenue
Lovington, New Mexico 88260

Slash Ranch
Jim Owens
P.O. Box 1876
Lovington, New Mexico 88260

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, New Mexico 87504-1148

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF CELERO ENERGY II, LP
TO EXPAND THE WATERLOOD PROJECT
AND TERTIARY RECOVERY PROJECT FOR
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RECOVERED OIL TAX RATE, CHAVES AND
LEA COUNTIES, NEW MEXICO.**

Case No. 14942

APPLICATION

Celero Energy II, LP, whose address is Suite 1601, 400 West Illinois Avenue, Midland, Texas 79701, applies for an order approving an expansion of the waterflood project and tertiary recovery project in the Rock Queen Unit (the "Unit Area"), and qualifying the expanded project for the recovered oil tax rate. In support thereof, applicant states:

1. Applicant is the operator of the Unit Area, which covers the lands located in Chaves and Lea Counties, New Mexico described below:

Township 13 South, Range 31 East, N.M.P.M.

Section 22: E $\frac{1}{2}$, NW $\frac{1}{4}$ SW $\frac{1}{4}$, and E $\frac{1}{2}$ SW $\frac{1}{4}$
Section 23: W $\frac{1}{2}$ NE $\frac{1}{4}$, SE $\frac{1}{4}$ NE $\frac{1}{4}$, NW $\frac{1}{4}$, and S $\frac{1}{2}$
Section 24: SW $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$, SE $\frac{1}{4}$ SE $\frac{1}{4}$
Section 25: All
Section 26: All
Section 27: E $\frac{1}{2}$ and E $\frac{1}{2}$ NW $\frac{1}{4}$
Section 34: NE $\frac{1}{4}$ and S $\frac{1}{2}$ NW $\frac{1}{4}$
Section 35: N $\frac{1}{2}$ NW $\frac{1}{4}$
Section 36: All

Township 13 South, Range 32 East, N.M.P.M.

Section 19: Lot 4, SW $\frac{1}{4}$ NE $\frac{1}{4}$, E $\frac{1}{2}$ SW $\frac{1}{4}$, and SE $\frac{1}{4}$
Section 30: Lots 1-4, NE $\frac{1}{4}$, E $\frac{1}{2}$ W $\frac{1}{2}$, N $\frac{1}{2}$ SE $\frac{1}{4}$, and SW $\frac{1}{4}$ SE $\frac{1}{4}$
Section 31: Lot 1

Containing 4939.77 acres, more or less, of federal, state, and fee lands.

2. The unitized interval is the Queen formation, as further described in the Unit Agreement for the Unit Area.

3. Under Division regulations, the Queen formation is developed on statewide rules, with 40 acre well spacing, and wells to be located no closer than 330 feet to a quarter-quarter section line.

4. A waterflood project was previously approved for the Unit Area, as described in Commission Order No. R-1541. In 2010, Division Order Nos. R-1541-A and R-1541-B approved expansion of the waterflood project, and institution of a tertiary recovery project (named the Rock Queen CO2 Pilot Project), for the Unit Area, comprised of the following lands:

Township 13 South, Range 31 East, N.M.P.M.

Section 25: N $\frac{1}{2}$, SW $\frac{1}{4}$, W $\frac{1}{2}$ SE $\frac{1}{4}$, and NE $\frac{1}{4}$ SE $\frac{1}{4}$

Section 26: All

Section 36: N $\frac{1}{2}$ NW $\frac{1}{4}$, and SW $\frac{1}{4}$ NW $\frac{1}{4}$

Township 13 South, Range 32 East, N.M.P.M.

Section 30: Lots 1, 2, and NE $\frac{1}{4}$ NW $\frac{1}{4}$

5. Applicant seeks to expand the waterflood project and tertiary recovery project to cover the entire Unit Area. Attached hereto are (i) a plat of the unit area showing the initial project area, and (ii) a list of expansion area wells, and their status.

6. Applicant requests that additional injection wells be approved administratively.

7. Applicant further requests that the expanded Rock Queen Unit enhanced recovery project be qualified for the recovered oil tax rate, pursuant to the Enhanced Oil Recovery Act (L. 1992, ch. 38) and Division regulations.

8. A Form C-108 for the project is attached hereto.

9. Approval of this application will prevent waste and protect correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order approving the injection application.

Respectfully submitted,

COPY

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

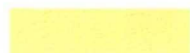
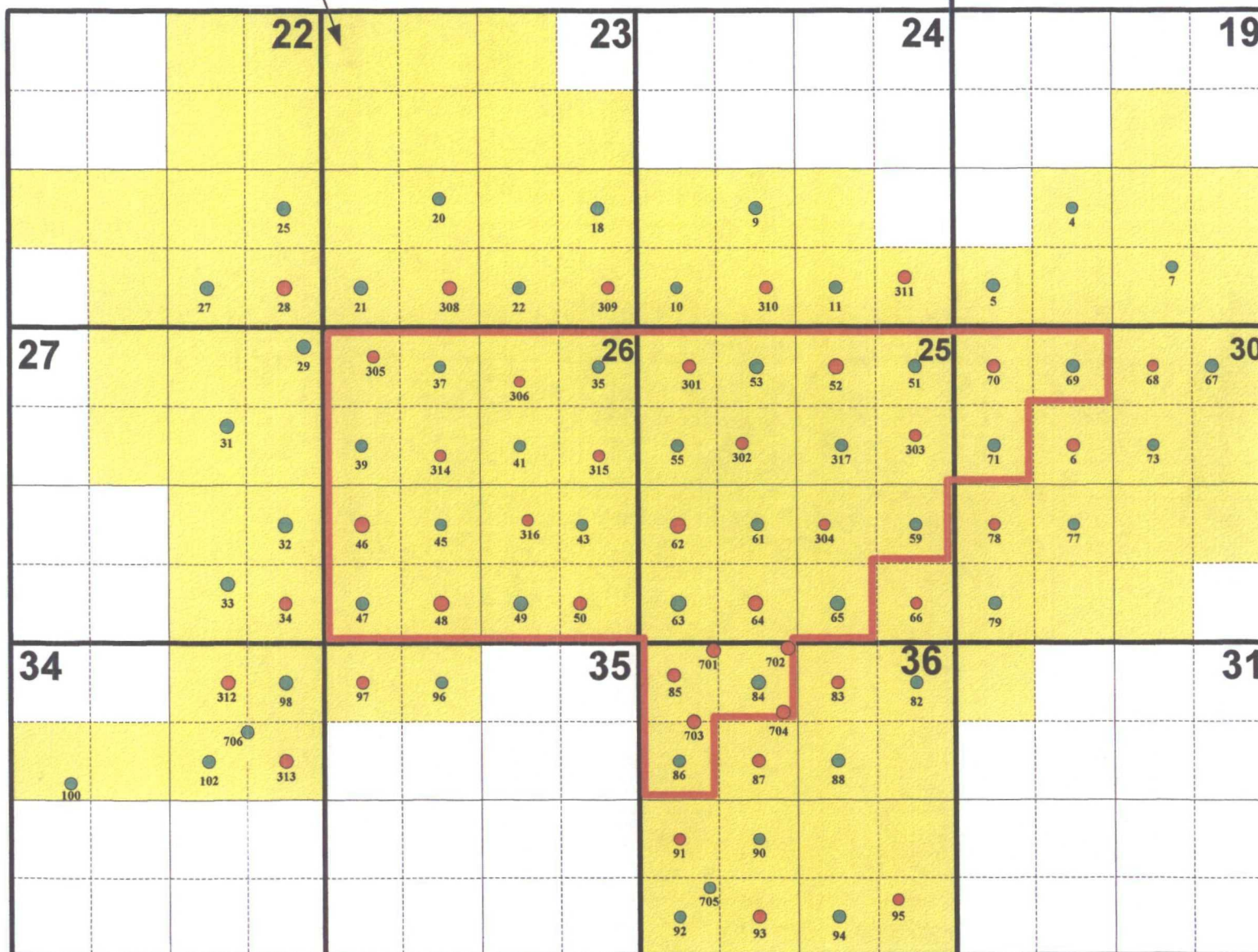
Attorney for Celero Energy II, LP

Rock Queen Unit
Area Boundary

31E

32E

13S



Proposed CO2 Area



Current Pilot CO2 Area



Injection Wells



Producing Wells

**Caprock - Rock Queen Unit
Expansion Area Wells**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Well No.	Original Well Name	API Number xx-xxxxx	Location					Planned Well Type	Current Well Status
			Footage	Unit Loc.	S	T	R		
4	State #1-331	3002500291	1980' FSL & 1980' FWL	19K	19	13S	32E	Prod	Active-Monitor
5	State 333 #1-333	3002500292	660' FSL and 660' FWL	19M	19	13S	32E	Prod	Active-Monitor
7	State #2-335	3002500294	660' FSL & 1980' FEL	19O	19	13S	32E	Prod	Active-Prod
106	State Caprock A #1	3002500284	660' FSL & 1980' FWL	19N	19	13S	32E	Inj	P&A
9	State W #1	3000500839	1980' FSL & 1980' FWL	24K	24	13S	31E	Prod	Active-Monitor
10	State W #3	3000500841	660' FSL & 660' FWL	24M	24	13S	31E	Prod	Active-Monitor
24N	State W #2	3000500840	660' FSL & 1980' FWL	24N	24	13S	31E	P&A	P&A
310	Replacement well	3000529155	660' FSL & 2100' FWL	24N	24	13S	31E	Inj	Active-Monitor
11	Chaves State AH #1	3000500844	660' FSL & 1980' FEL	24O	24	13S	31E	Prod	Active-prod
24P	Chaves State A #1	3000500846	330' FSL & 990' FEL	24P	24	13S	31E	P&A	P&A
311	Replacement well	3000529156	420' FSL & 930' FEL	24P	24	13S	31E	Inj	Active-Monitor
18	State AH #8	3000500821	1980' FSL & 990' FEL	23I	23	13S	31E	Prod	Active-Monitor
20	Chaves State BM #7	3000500830	1980' FSL & 1980' FWL	23K	23	13S	31E	Prod	Active-Monitor
21	Chaves State BM #2	3000500825	660' FSI & 660' FWL	23M	23	13S	31E	Prod	Active-Prod
23N	Chaves State BM A #6	3000500829	660' FSL & 1980' FWL	23N	23	13S	31E	P&A	P&A
308	Replacement well	3000529158	660' FSL & 2100' FWL	23N	23	13S	31E	Inj	Active-Monitor
22	State XX #1	3000500834	660' FSL & 1980' FEL	23O	23	13S	31E	Prod	Active-Monitor
23P	Chaves State BM #1	3000500833	660' FSL & 990' FEL	23P	23	13S	31E	P&A	P&A
309	Replacement well	3000529154	660' FSL & 510' FEL	23P	23	13S	31E	Inj	Active-Monitor
25	State #5	3000500816	1980' FSL & 660' FEL	22I	22	13S	31E	Prod	Active-Monitor
27	State E 4191 #1-22	3000500812	660' FSL & 1980' FEL	22O	22	13S	31E	Prod	Active-Monitor
28	Werner State #1	3000500819	660' FSL & 660' FEL	22P	22	13S	31E	Inj	Active-Inj
29	Malco Federal #1	3000500883	330' FNL & 330' FEL	27A	27	13S	31E	Prod	Active-Monitor
31	Malco Federal #4	3000500886	1650' FNL & 1980' FEL	27G	27	13S	31E	Prod	Active-Monitor
27H	Malco Federal #2	3000500884	1980' FNL & 330' FEL	27H	27	13S	31E	P&A	P&A
32	Federal Hinkle #2	3000500888	1980' FSL & 660' FEL	27I	27	13S	31E	Prod	Active-Monitor
33	Federal Hinkle #4	3000500890	990' FSL & 1650' FEL	27O	27	13S	31E	prod	Active-Monitor
34	Federal Hinkle #1	3000500887	660' FSL & 660' FEL	27P	27	13S	31E	Inj	Active-Inj
66	Ethyl #4	300500862	660' FSL & 660' FEL	25P	27	13S	31E	Inj	Active - Inj
67	State #3-315	3002500306	660' FNL & 990' FEL	30A	30	13S	32E	Prod	Active-Prod
68	State #1-315	3002500304	660' FNL & 1980' FEL	30B	30	13S	32E	Inj	Active-Inj
6	State #2-340	3002500308	1980' FNL & 1980' FWL	30F	30	13S	32E	Inj	Active-Inj
73	State #2-315	3002500305	1980' FNL & 1980' FEL	30G	30	13S	32E	Prod	Active-Prod
77	Carper Superior A #1	3002500298	1980' FSL & 1980' FWL	30K	30	13S	32E	Prod	Active-Prod
78	State #2-335 B	3002500310	1980' FSL & 660' FWL	30L	30	13S	32E	Inj	Active-Inj
79	State #3-335 B	3002500311	660' FSL & 660' FWL	30M	30	13S	32E	Prod	Active-Prod
82	State U #16	3000500945	660' FNL & 660' FEL	36A	36	13S	31E	Prod	Active-Prod
83	State U #9	3000500938	660' FNL & 1980' FEL	36B	36	13S	31E	Inj	Active-Inj
87	State U #7	3000500936	1980' FNL & 1980' FWL	36F	36	13S	31E	Inj	Active-Inj
88	State U #10	3000500939	1980' FNL & 1980' FEL	36G	36	13S	31E	Prod	Active-Prod
90	State U #6	3000500935	1980' FSL & 1980' FWL	36K	36	13S	31E	Prod	Active-Inj
91	State U #3	3000500932	1980' FSL & 660' FWL	36L	36	13S	31E	Inj	Active-Inj
92	State U #4	3000500933	660' FSL & 660' FWL	36M	36	13S	31E	Prod	Active-Inj
93	State U #5	3000500934	660' FSL & 1980' FWL	36N	36	13S	31E	Inj	Active-Inj
94	State U #12	3000500941	660' FSL & 1980' FEL	36O	36	13S	31E	Prod	Active-Prod
704	New Drill	3000529162	1309' FNL & 2629' FWL	36C	36	13S	31E	Inj	Active-Inj
705	New Drill	3000529166	1160' FSL & 1305' FWL	36M	36	13S	31E	Prod	Active-Prod
96	Woolley Queen #2	3000500928	660' FNL & 1980' FWL	35C	35	13S	31E	Prod	Active-Prod
97	Woolley Queen #3	3000500929	660' FNL & 660' FWL	35D	35	13S	31E	Inj	Active-Inj
98	Browning #1	3000500904	660' FNL & 660' FEL	34A	34	13S	31E	Prod	Active-Inj
312	Replacement well	3000529181	500' FNL & 1650' FEL	34B	34	13S	31E	Inj	Active-Inj
99	C. A. Browning #6	3000500909	660' FNL & 1650' FEL	34B	34	13S	31E	P&A	P&A
102	Clyde Browning #3	3000500906	1980' FNL & 1980' FEL	34G	34	13S	31E	Prod	Active-Inj
103	C. A. Browning #2	3000500905	1980' FNL & 660' FEL	34H	34	13S	31E	P&A	Active-Inj
313	Replacement well	3000529182	1980' FNL & 500' FEL	34H	34	13S	31E	Inj	Active-Inj
706	New Drill	3000529167	1478' FNL & 1330' FEL	34G	34	13S	31E	Prod	Active-Prod

English

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LOCATION

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FEATURES

Expected Delivery By:
January 5, 2013
Certified Mail™
Return Receipt

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January 07, 2013, 10:27 am

DALLAS, TX 75231

Notice Left

January 05, 2013, 3:18 pm

DALLAS, TX 75231

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Facility

January 03, 2013, 4:42 pm

SANTA FE, NM 87505

Acceptance

January 03, 2013, 9:42 am

SANTA FE, NM 87505

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OFFICIAL USE	
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Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ \$11.60
Sent To: Kerr-McGee O/G Onshore, LP Street, Apt. or PO Box No.: 5785 Pineland Dr., Suite 300 City, State, ZIP+4: Dallas, Texas 75231	
PS Form 3800, August 2006 See Reverse for Instructions	

Postmark: JAN 5 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>X Lee Ann Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Wanda Williams 717 E. Water Avenue Lovington, New Mexico 88260		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7011 3500 0002 1603 9062		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 3500 0002 1603 9062

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
LOVINGTON NM 88260			
OFFICIAL USE			
Postage	\$ 5.65	0501	Postmark Here JAN 3 2013 01/03/2013
Certified Fee	\$ 2.95	05	
Return Receipt Fee (Endorsement Required)	\$ 2.35		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 10.95		
Sent To Wanda Williams 717 E. Water Avenue Lovington, New Mexico 88260 Street, Apt. No. or PO Box No. City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>X Linda Owens</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Slash Ranch Jim Owens P.O. Box 1876 Lovington, New Mexico 88260		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7011 3500 0002 1603 9079		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7011 3500 0002 1603 9079

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For delivery information visit our website at www.usps.com			
LOVINGTON NM 88260			
OFFICIAL USE			
Postage	\$ 5.65	0501	Postmark Here JAN 3 2013 01/03/2013
Certified Fee	\$ 2.95	05	
Return Receipt Fee (Endorsement Required)	\$ 2.35		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 10.95		
Sent To Slash Ranch Jim Owens P.O. Box 1876 Lovington, New Mexico 88260 Street, Apt. No. or PO Box No. City, State, ZIP+4			
PS Form 3800, August 2006		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:

Mobil Producing Texas & NM
P.O. Box 2305
Houston, Texas 77201-2305

2. Article Number
(Transfer from serv

7012 0470 0001 5936 1709

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Felder*☐ Agent☒ Addressee

B. Received by (Printed Name)

JAMES FELDER

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

SENDER: COMPLETE THIS SECTION

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- 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:

James S. Lebsack
P.O. Box 22215
Denver, Colorado 80222

2. Article Number
(Transfer from service la

7011 3500 0002 1603 9031

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J S Lebsack*☐ Agent☒ Addressee

B. Received by (Printed Name)

J S LEBSACK

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

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HOUSTON TX 77201

Postage	\$ 8.05
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 13.35

0501

05

Postmark
Here

JAN 3 2013

01/03/2013

Mobil Producing Texas & NM
P.O. Box 2305
Houston, Texas 77201-2305

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

DENVER CO 80222

Postage	\$ 6.30
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 11.60

0501

05

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JAN 3 2013

01/03/2013

James S. Lebsack

P.O. Box 22215
Denver, Colorado 80222

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Bureau of Land Management 2909 W. 2nd Street Roswell, New Mexico 88201		B. Received by (Printed Name) <i>Danaher</i> C. Date of Delivery <i>1-7-13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7011 3500 0002 1603 9055

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
ROSWELL NM 88201		
OFFICIAL USE		
Postage	\$ \$5.65	0501
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	JAN 3 2013
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$10.95	01/03/2013
Sent to: Bureau of Land Management 2909 W. 2nd Street Roswell, New Mexico 88201		
PS Form 3800, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Great Western Drilling Co. P.O. Box 1659 Midland, Texas 79702		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>1/4/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7011 3500 0002 1603 9000

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
MIDLAND TX 79702		
OFFICIAL USE		
Postage	\$ \$6.30	0501
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	JAN 3 2013
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$11.60	01/03/2013
Sent to: Great Western Drilling Co. P.O. Box 1659 Midland, Texas 79702		
PS Form 3800, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>ConocoPhillips</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>JAN 7 2013</p> <p>MAIL SERVICES Bartlesville, OK</p> <p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>ConocoPhillips Company P.O. Box 7500 Bartlesville, Oklahoma 74005</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7011 3500 0002 1603 9017</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>A. Alcyon</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1-8-13</p> <p>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. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Chevron USA, Inc. P.O. Box 1635 Houston, Texas 77251</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7012 0470 0001 5936 1716</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
BARTLESVILLE, OK 74005			
OFFICIAL USE			
Postage	\$	\$8.05	0501
Certified Fee		\$2.95	05
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here JAN 3 2013
Restricted Delivery Fee (Endorsement Required)		\$0.00	01/03/2013
Total Postage & Fees	\$	\$13.35	MADE STATION
Sent to ConocoPhillips Company P.O. Box 7500 or P.O. Box No. Bartlesville, Oklahoma 74005 City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
HOUSTON, TX 77251			
OFFICIAL USE			
Postage	\$	\$8.05	0501
Certified Fee		\$2.95	05
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here JAN 3 2013
Restricted Delivery Fee (Endorsement Required)		\$0.00	01/03/2013
Total Postage & Fees	\$	\$13.35	MADE STATION
Sent to Chevron USA, Inc. P.O. Box 1635 or P.O. Box No. Houston, Texas 77251 City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Oxy USA WTP Ltd. Partnership P.O. Box 4294 Houston, Texas 77210</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>2. Article Number: 7011 3500 0002 1603 9024 (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7011 3500 0002 1603 9024

U.S. Postal Service TM			
CERTIFIED MAIL TM RECEIPT			
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
HOUSTON, TX 77210			
OFFICIAL USE			
Postage	\$	\$8.05	0501
Certified Fee		\$2.95	05
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here JAN 3 2013
Restricted Delivery Fee (Endorsement Required)		\$0.00	01/03/2013
Total Postage & Fees	\$	\$13.35	
Sent To Oxy USA WTP Ltd. Partnership			
P.O. Box 4294			
Houston, Texas 77210			
PS Form 3800, August 2006 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Yates Petroleum Corporation Abo Petroleum Corporation Myco Industries, Inc. 105 S. Fourth Street Artesia, New Mexico 88210</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>2. Article Number: 7011 3500 0002 1603 8980 (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

7011 3500 0002 1603 8980

U.S. Postal Service TM			
CERTIFIED MAIL TM RECEIPT			
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
ARTESIA, NM 88210			
OFFICIAL USE			
Postage	\$	\$5.65	0501
Certified Fee		\$2.95	05
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here JAN 3 2013
Restricted Delivery Fee (Endorsement Required)		\$0.00	01/03/2013
Total Postage & Fees	\$	\$10.95	
Sent To Yates Petroleum Corporation			
Abo Petroleum Corporation			
Myco Industries, Inc.			
105 S. Fourth Street			
Artesia, New Mexico 88210			
PS Form 3800, August 2006 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" 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> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Petro-Guard Company, Inc. 2450 Fondren, Suite 105 Houston, Texas 77063</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7011 3500 0002 1603 8997</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" 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> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Commissioner of Public Lands P.O. Box 1148 Santa Fe, New Mexico 87504-1148</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7011 3500 0002 1603 9086</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-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			
HOUSTON TX 77063 OFFICIAL USE			
Postage	\$ 8.05	0501	Postmark Here JAN 3 2013 01/03/2013
Certified Fee	\$ 2.95	05	
Return Receipt Fee (Endorsement Required)	\$ 2.35		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 13.35		
Sent To: Petro-Guard Company, Inc. 2450 Fondren, Suite 105 Houston, Texas 77063 Street, Apt. No., or PO Box No. City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
SANTA FE NM 87504 OFFICIAL USE			
Postage	\$ 5.30	0501	Postmark Here JAN 3 2013 01/03/2013
Certified Fee	\$ 2.95	05	
Return Receipt Fee (Endorsement Required)	\$ 2.35		
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 10.60		
Sent To: Commissioner of Public Lands P.O. Box 1148 Santa Fe, New Mexico 87504-1148 Street, Apt. No., or PO Box No. City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	