

**BEFORE THE
OIL CONSERVATION DIVISION
NEW MEXICO ENERGY, MINERALS AND
NATURAL RESOURCES DEPARTMENT**


**IN THE MATTER OF THE APPLICATION
OF YATES PETROLEUM CORPORATION
FOR NON-STANDARD SPACING AND
PRORATION UNITS, CHAVES COUNTY,
NEW MEXICO.**

CASE NO. 13968

AFFIDAVIT

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

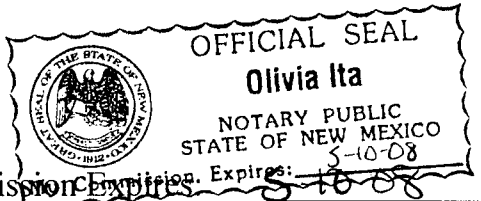
William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and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

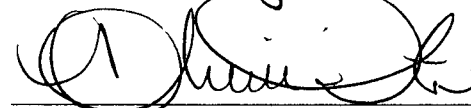


William F. Carr

SUBSCRIBED AND SWORN to before me this 22nd day of August 2007 by William F. Carr.

My Commission Expires 8-10-08


OFFICIAL SEAL
Olivia Ita
NOTARY PUBLIC
STATE OF NEW MEXICO
5-10-08



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 13968...Exhibit No. 3
Submitted by:
Yates Petroleum Corporation
Hearing Date: August 23, 2007

HOLLAND & HART LLP



Ocean Munds-Dry
omundsdry@hollandhart.com

July 10, 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Re: Application of Yates Petroleum Corporation for non-standard spacing and proration units, Chaves County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order creating non-standard spacing and proration units in irregular Section 36, Township 9 ½ South, Range 24 East, NMPM and irregular Section 1, Township 10 South, Range 24 East, NMPM, Chaves County, New Mexico. Said units will be dedicated to the Erma Com Well No. 3 to be drilled at a standard location 660 feet from the North line and 1980 feet from the West line of said Section 1.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on August 9, 2007. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should 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.

Sincerely,

Ocean Munds-Dry
ATTORNEYS FOR
YATES PETROLEUM CORPORATION

Holland & Hart LLP

Phone (505) 988-4421 Fax (505) 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☐

AFFIDAVIT OF PUBLICATION
STATE OF NEW MEXICO

I, Fran Saunders
Legals Clerk

Of the Roswell Daily Record, a daily newspaper published at Roswell, New Mexico do solemnly swear that the clipping hereto attached was published in the regular and entire issue of said paper and not in a supplement thereof for a period of:

one time

beginning with the issue dated

July 16th 2007

and ending with the issue dated

July 16th 2007



Clerk

Sworn and subscribed to before me

this 19th day of July 2007



Notary Public

My Commission expires
June 13, 2010

(SEAL)

Publish July 16, 2007

NOTICE OF PUBLICATION

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on August 9, 2007 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by July 30th, 2007. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 13988:

Application of Yates Petroleum Corporation for non-standard spacing and proration units, Chaves County, New Mexico. Applicant in the above-styled cause seeks an order creating a non-standard 184.63-acre spacing and proration unit, for all formations and/or pools developed on 160-acre spacing, comprised of Lots 3 and 4 of irregular Section 36, Township 9 N, Range 24 East, NMPM and Lots 3 and 4 and S/2 NW/4 of irregular Section 1, Township 10 South, Range 24 East, NMPM; and a non-standard 52.06-acre spacing and proration unit, for all formations and/or pools developed on 40-acre spacing, comprised of Lot 3 of said Section 36 and Lot 3 of said Section 1. Yates proposes to dedicate these non-standard spacing units to its Erma Corn Well No. 3 to be drilled at a standard location 660 feet from the North line and 1980 feet from the West line to an approximate depth of 4774 feet. These non-standard units are located approximately 12 miles northeast of Roswell, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 11th day of July 2007.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 9.17
Certified Fee	2.15
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here

Christine v. Merchant, as separate property
 P.O. Box 1453
 Roswell, NM 88202-1453

Instructions

2667 2669 1000 0922 9002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$ 9.17
Certified Fee	2.15
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Postmark Here

Katharine A. Malone, as separate property
 2701 Chrysler Dr.
 Roswell, NM 88201

Instructions

5002 2669 1000 0922 9002

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:

Christine v. Merchant, as separate property
 P.O. Box 1453
 Roswell, NM 88202-1453

2. Article N (Transfer) 7006 2760 0001 6392 1992

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Christine v. Merchant* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Christine v. Merchant* C. Date of Delivery *2-16-07*

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 ☐ No

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:

Katharine A. Malone, as separate property
 2701 Chrysler Dr.
 Roswell, NM 88201

2. Article Number (Transfer from serv) 7006 2760 0001 6392 2005

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Katharine A. Malone* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Katharine A. Malone* C. Date of Delivery *2-16-07*

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 ☐ No

U.S. Postal Service
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OFFICIAL USE

Postage \$ 97
 Certified Fee 2.65
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.77

Sent To Wells Fargo Bank of New Mexico
 Trustee of the William D. Shauer Trust
 P.O. Box 1959
 City, Midland, TX 79702

PS Form 3811, February 2004

U.S. Postal Service
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 97
 Certified Fee 2.65
 Return Receipt Fee (Endorsement Required) 2.15
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.77

Sent To State of New Mexico
 P.O. Box 1148
 City, Santa Fe, NM 87504-1148

PS Form 3811, February 2004

5622 2629 1000 0922 9002

8822 2629 1000 0922 9002

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

SENDER COMPLETES

1. Article Addressed to:
 Wells Fargo Bank of New Mexico
 Trustee of the William D. Shauer Trust
 P.O. Box 1959
 Midland, TX 79702

2. Article Number 7006 2760 0001 6392 2395
 (Transfer from service label)

PS Form 3811, February 2004

RECIPIENT COMPLETES

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) WILLIAM D. SHAUER C. Date of Delivery 2/11/04

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 ☐ No

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

SENDER COMPLETES

1. Article Addressed to:
 State of New Mexico
 P.O. Box 1148
 Santa Fe, NM 87504-1148

2. Article Number 7006 2760 0001 6392 2388
 (Transfer from service label)

PS Form 3811, February 2004

RECIPIENT COMPLETES

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) WILLIAM D. SHAUER C. Date of Delivery 2/11/04

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 ☐ No

102595-02-14-1540

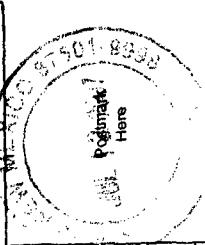
102595-02-14-1540

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Anne S. Johnson, as separate property
14511 W. Selma
Wichita, KS 67227

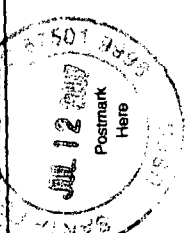


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Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Wells Fargo Bank of New Mexico
Trustee of the Diana Wingfield Trust
P.O. Box 1959
Midland, TX 79702



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:

Anne S. Johnson, as separate property
4511 W. Selma
Wichita, KS 67227

2. Article Number

(Transfer from service label)

7006 2760 0001 6392 2418

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Anne S. Johnson* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Anne S. Johnson* ☐ Agent ☐ Addressee
- C. Date of Delivery *7-19-07*
- D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

- 3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER

- 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:

Wells Fargo Bank of New Mexico
Trustee of the Diana Wingfield Trust
P.O. Box 1959
Midland, TX 79702

- A. Signature *Anne S. Johnson* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *ANNE S. JOHNSON* ☐ Agent ☐ Addressee
- C. Date of Delivery *7-19-07*
- D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

- 3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7006 2760 0001 6392 2401

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0228 1669 1000 0922 9002

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OFFICIAL USE	
Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Lynn M. Kames, as separate property
P.O. Box 87
Roswell, NM 88202-0087



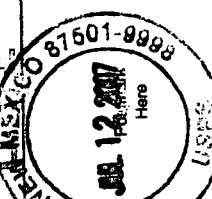
8942 2669 1000 0922 9002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE	
Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Sent To Margaret M. Dickison (Todaro),
as separate property
or PO B 2412 La Estrella St.
City, St Henderson, NV 89014



CERTIFIED MAIL™

SENDER: COM

- 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:

Lynn M. Kames, as separate property
P.O. Box 87
Roswell, NM 88202-0087

2. Article Number

(Transfer from service label)

7006 2760 0001 6392 2463

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1640

A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input checked="" 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	

SENDER: COM

- 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:

Margaret M. Dickison (Todaro),
as separate property
2412 La Estrella St.
Henderson, NV 89014

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? 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 checked="" 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	

2. Article Number

(Transfer from service label)

7006 2760 0001 6392 2463

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1640

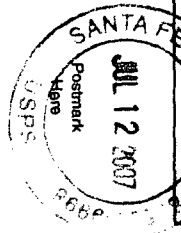
7006 2760 0001 6392 2043

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Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



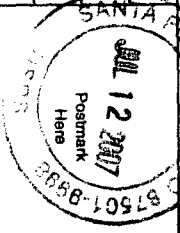
Jane M. Stockton, as separate property
6756 Old Chisum Trail
Dexter, NM 88230

U.S. Postal Service[™]
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Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



Sent to: Charles F. Malone, Jr., as separate property
or to: 2701 Chrysler Dr.
City: Roswell, NM 88201

PS Form 3811, February 2004

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:

Jane M. Stockton, as separate property
6756 Old Chisum Trail
Dexter, NM 88230

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *[Signature]* ☐ Agent
- B. Received by (Printed Name): *[Name]* ☐ Addressed
- C. Date of Delivery: *[Date]*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- 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 ☐ No

2. Article Number

(Transfer from service #) 7006 2760 0001 6392 2043

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-04 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:

Charles F. Malone, Jr., as separate property
2701 Chrysler Dr.
Roswell, NM 88201

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service #) 7006 2760 0001 6392 2050

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-04 1540

7006 2760 0001 6392 2319

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Postage	\$ 97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



Matthieu N. Sorenson, as separate property
P.O. Box 1453
Roswell, NM 88202-1738

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:

Matthieu N. Sorenson, as separate property
P.O. Box 1453
Roswell, NM 88202-1738

2. Article Number: 7006 2760 0001 6392 2319
(Transfer from service)

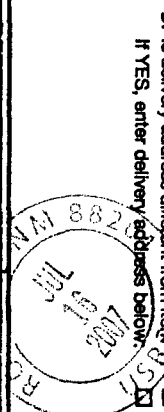
PS Form 3811, February 2004

Domestic Return Receipt

102586-02-44-1540

COMPLETER'S SECTION: ON DELIVERY

A. Signature <i>Matthieu N. Sorenson</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Matthieu N. Sorenson</i>	<input type="checkbox"/> Addressee
C. Date of Delivery <i>7-16-07</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	



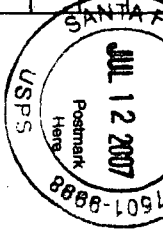
3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

7006 2760 0001 6392 2029

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

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

Postage	\$ 97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



Kellie M. Kross, as separate property
P.O. Box 1453
Roswell, NM 88202-1453

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:

Kellie M. Kross, as separate property
P.O. Box 1453
Roswell, NM 88202-1453

2. Article Number: 7006 2760 0001 6392 2319
(Transfer from service)

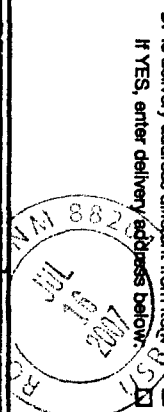
PS Form 3811, February 2004

Domestic Return Receipt

102586-02-44-1540

COMPLETER'S SECTION: ON DELIVERY

A. Signature <i>Kellie M. Kross</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Kellie M. Kross</i>	<input type="checkbox"/> Addressee
C. Date of Delivery <i>7-16-07</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	



3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> 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	

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

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

Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

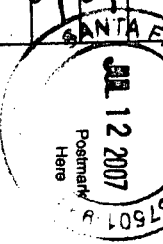


Recipient
J. Mark Gresham
Street
P.O. Box 662
City, State
Wharton, TX 77488

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

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

Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



New Mexico Western Minerals, Inc.
P.O. Box 1738
Roswell, NM 88202-1738

- 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:

J. Mark Gresham
P.O. Box 662
Wharton, TX 77488

2. Article Number
(Transfer from serv) 7006 2760 0001 6392 2333

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1840

A. Signature
J. Mark Gresham

☐ Agent
☐ Addressee

B. Received by (Printed Name)
J. Mark Gresham

C. Date of Delivery
7-16-07

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

UNITED STATES POSTAL SERVICE
POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 1001 WHARTON, TX 77488

COMPLETE THIS SECTION ON DELIVERY

- 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:

New Mexico Western Minerals, Inc.
P.O. Box 1738
Roswell, NM 88202-1738

A. Signature
J. Mark Gresham

☐ Agent
☐ Addressee

B. Received by (Printed Name)
J. Mark Gresham

C. Date of Delivery
7-16-07

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) 7006 2760 0001 6392 2333

PS Form 3811, February 2004

Domestic Return Receipt

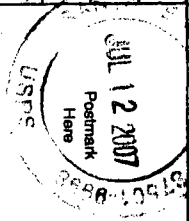
102595-02-44-1540

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

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

OFFICIAL USE

Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



Los Siete Exploration, Inc.
 215 W. Third
 Roswell, NM 88201

PS Form 3811, February 2004

SENDER'S

UNIT DOTTED AT OLD STREET ADDRESS FOR POSTAL DELIVERY

ON DELIVERY

- 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:

Los Siete Exploration, Inc.
 215 W. Third
 Roswell, NM 88201

A. Signature
 X *Lisa Scott* ☐ Agent

B. Received by (Printed Name) ☐ Addressee
Lisa Scott C. Date of Delivery
7-16-07

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) 7006 2760 0001 6392 2340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-00-1-040

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

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

OFFICIAL USE

Postage \$ **.97**
Certified Fee \$ **2.65**
Return Receipt Fee (Endorsement Required) \$ **2.15**
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ **5.77**

Sent Sol West, III
P.O. Box 10151
El Paso, TX 79995

Postmark: JUL 16 2007
Postmark: EL PASO, TX

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

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

OFFICIAL USE

Postage \$ **.97**
Certified Fee \$ **2.65**
Return Receipt Fee (Endorsement Required) \$ **2.15**
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ **5.77**

Sent Sol West, III
P.O. Box 10151
El Paso, TX 79995

Postmark: JUL 12 2007
Postmark: EL PASO, TX

Sent Chevron USA, Inc.
Attn: Land Data & Rentals
or P.O. Box 1635
Houston, TX 77251

SEND

UNDELIVERED TO THE ADDRESSEE, RETURN TO THE POST OFFICE AT EL PASO, TEXAS 79901, AT THE POST OFFICE AT EL PASO, TEXAS 79901.

ITEM DELIVERED

SECTION ON DELIVERY

- 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:

Sol West, III
P.O. Box 10151
El Paso, TX 79995

A. Signature

Michael Blum ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Michael Blum* C. Date of Delivery *JUL 20 2007*

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 **7006 2760 0001 6392 2371**
(Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER'S COPY: UNDELIVERED TO THE ADDRESSEE, RETURN TO THE POST OFFICE AT EL PASO, TEXAS 79901, AT THE POST OFFICE AT EL PASO, TEXAS 79901.

ITEM DELIVERED

A. Signature *Mike Miller* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Mike Miller* C. Date of Delivery *JUL 16 2007*

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

Chevron USA, Inc.
Attn: Land Data & Rentals
P.O. Box 1635
Houston, TX 77251

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 **7006 2760 0001 6392 2364**
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

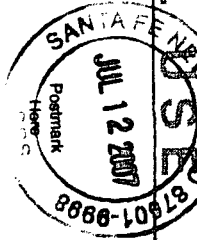
7006 2760 0001 6392 2371

7006 2760 0001 6392 2364

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

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

OFFICIAL USE



Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Yates Petroleum Corporation
 Abo Petroleum Corporation
 Myco Industries, Inc.
 Yates Drilling Company
 105 S. 4th Street
 Artesia, NM 88210

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

OFFICIAL USE



Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77

Michael Shearn
 P.O. Box 10120
 El Paso, TX 79995

Instructions

SENDER

- 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 Petroleum Corporation
 Abo Petroleum Corporation
 Myco Industries, Inc.
 Yates Drilling Company
 105 S. 4th Street
 Artesia, NM 88210

2. Article Number
 (Transfer from **PS Form 3811, February 2004**)

7006 2760 0001 6392 0063

Domestic Return Receipt

102595-02-M-1540

A. Signature
 KATHY DONAGHE
 B. Received by (Printed Name)
 KATHY DONAGHE
 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

U.S. POSTAL SERVICE
 MAIL PERMIT NO. 1001 SANTA FE, NM 87501-9998

- 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:

Michael Shearn
 P.O. Box 10120
 El Paso, TX 79995

2. Article Number
 (Transfer from service label)

7006 2760 0001 6392 0070

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

JUL 20 2007

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

OFFICIAL USE

Postage \$ **.97**
 Certified Fee **2.65**
 Return Receipt Fee (Endorsement Required) **2.15**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.77**

Sent to: Earl L. Malone, LLC
 P.O. Box 87
 Roswell, NM 88202-0087

PS Form 3811, February 2004

Postmark Here: JUL 12 2007

2552 2669 1000 0922 9002

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

OFFICIAL USE

Postage \$ **.97**
 Certified Fee **2.65**
 Return Receipt Fee (Endorsement Required) **2.15**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **5.77**

Sent to: Rosser E. Schwarz, as separate property
 324 W. Ramona Ave.
 Colorado Springs, CO 80906-2177

PS Form 3811, February 2004

Postmark Here: JUL 12 2007

5252 2669 1000 0922 9002

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:
 Earl L. Malone, LLC
 P.O. Box 87
 Roswell, NM 88202-0087

2. Article Number (Transfer from a) **7006 2760 0001 6392 2432**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature **X** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Earl L. Malone** Date of Delivery **7/12/07**
 C. 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 ☒ No

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:
 Rosser E. Schwarz, as separate property
 324 W. Ramona Ave.
 Colorado Springs, CO 80906-2177

2. Article Number (Transfer from service label) **7006 2760 0001 6392 2425**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature **X** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **Rosser E. Schwarz** Date of Delivery **7/12/07**
 C. 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 ☒ No

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

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

OFFICIAL USE

Postage \$ 0.97

Certified Fee 2.165

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.77

Postmark Here
 JUL 12 2007
 SAN JUAN, CO 87501-9508
 USPS

Sent to
 Earl L. Malone, LLC
 P.O. Box 87
 Roswell, NM 88202-0087

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

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

OFFICIAL USE

Postage \$ 0.97

Certified Fee 2.165

Return Receipt Fee (Endorsement Required) 2.15

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.77

Postmark Here
 JUL 12 2007
 SAN JUAN, CO 87501-9508
 USPS

Sent to
 Rosser E. Schwarz, as separate property
 324 W. Ramona Ave.
 Colorado Springs, CO 80906-2177

SENDER, COMPLETE THIS SECTION

1. Article Addressed to:
 Earl L. Malone, LLC
 P.O. Box 87
 Roswell, NM 88202-0087

2. Article Number (Transfer from 7006 2760 0001 6392 2432)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] ☐ Date of Delivery 7/12/07

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below: 788

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

1. Article Addressed to:
 Rosser E. Schwarz, as separate property
 324 W. Ramona Ave.
 Colorado Springs, CO 80906-2177

2. Article Number (Transfer from service label 7006 2760 0001 6392 2425)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] ☐ Date of Delivery 7/12/07

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

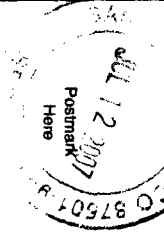
7006 2760 0001 6392 2357

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

OFFICIAL USE

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

Postage	\$.97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



3 Ralph B. Harp, et ux.
2 Dorothy Harp
2 c/o Bob Harp
2 10011 Cedar Creek Dr.
Houston, TX 77042

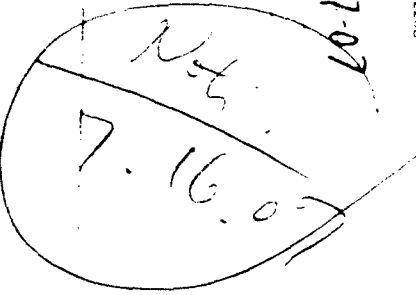


HOLLAND & HART

110 North Guadalupe, Suite 1 Santa Fe, NM 87501
PO Box 2208 Santa Fe, NM 87504-2208

7006 2760 0001 6392 2357

0807-07



Ralph B. Harp, et ux.
Dorothy Harp
c/o Bob Harp
10011 Cedar Creek Dr.
Houston, TX 77042

NIXIE

773 SE 1 10 08/02/07

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 07504220008 *0988-02129-12-42

77042 2760 0001 6392 2357

