

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

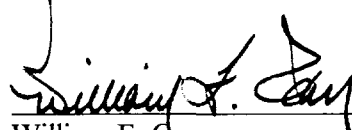
**AMENDED APPLICATION OF YATES PETROLEUM  
CORPORATION FOR COMPULSORY POOLING AND  
A NON-STANDARD GAS SPACING AND PRORATION  
UNIT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 12569**

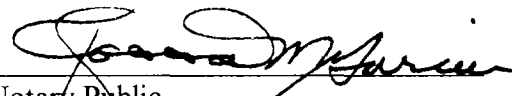
**AFFIDAVIT**

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

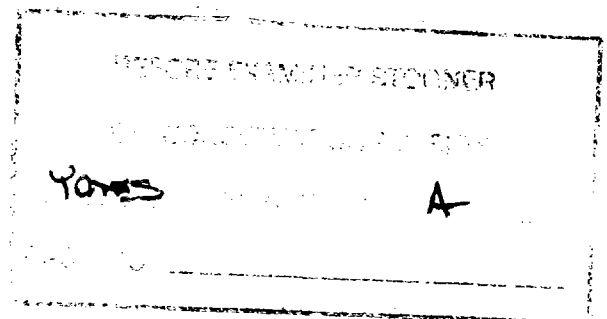
William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001



**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART <sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D. C.

P. O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

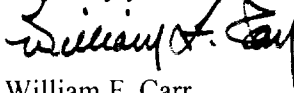
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr

ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

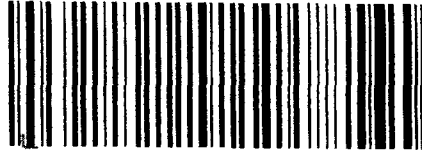
**CERTIFIED MAIL**

CAMPBELL, CARR, BERGE & SHERIDAN

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 1104

1ST NOTICE

2ND NOTICE

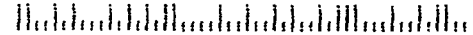
RETURN

RETURNS TO  
SENDER

UNCLAIMED

Lynda Pratt Rast  
1207 Earlee Lane  
Arlington, Texas 76014

87504/2208



**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:

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

2. Article Number (Copy from service label)

1000 0000 00-1 369 104

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

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 CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

## 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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

1-29-01

C. Signature

X K Shapira ☐ Agent ☐ Address

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 CERTIFIED MAIL RECEIPT

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1. Article Addressed to:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

1-29-01

C. Signature

X K Shapira ☐ Agent ☐ Address

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 CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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.

1. Article Addressed to:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

2. Article Number (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X Marilyn Cone ☐ Agent ☐ Address

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  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec: LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City: Lubbock, Texas 79424

Postmark: SANTA FE NM JAN 1 8 2001 USPS

**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:  
LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)  
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Tamarara Young 1/22/00

C. Signature  
X Tamarara Young Agent Addressee

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

Postmark: SANTA FE NM JAN 22 2001 USPS

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec: Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

City: Houston, Texas 77002-6794

Postmark: SANTA FE NM JAN 1 8 2001 USPS

**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:  
Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Mike Cervantes 1-22-00

C. Signature  
X Mike Cervantes Agent Addressee

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  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

Rec: Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

City: Arlington, Texas 76014

Postmark: SANTA FE NM JAN 1 8 2001 USPS

MAIL RETURNED  
NOT DELIVERED

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

WFC 71.570

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

Rec: Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

City: Santa Fe, New Mexico 87504-2168

Postmark: SANTA FE NM JAN 1 8 2001 USPS

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:  
Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
Philip White 1-19-00

C. Signature  
X Philip White Agent Addressee

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

Postmark: SANTA FE NM JAN 19 2001 USPS

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

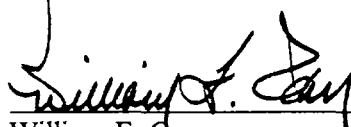
**AMENDED APPLICATION OF YATES PETROLEUM  
CORPORATION FOR COMPULSORY POOLING AND  
A NON-STANDARD GAS SPACING AND PRORATION  
UNIT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 12569**


**AFFIDAVIT**

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

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\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001



**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

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Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

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Post Office Box 190766  
Dallas, Texas 75219

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Post Office Drawer 1629  
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HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

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CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**AFFECTED INTEREST OWNERS**

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

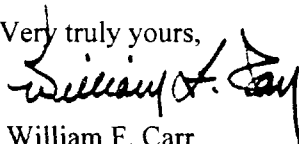
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Very truly yours,



William F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	74.57

Recip Kenneth G. Cone  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

**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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
1-29-01  
C. Signature  
x K Shapira ☐ Agent  
☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	74.57

Recip Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

**SENDER: COMPLETE THIS SECTION**

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Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

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A. Received by (Please Print Clearly) B. Date of Delivery  
1-29-01  
C. Signature  
x K Shapira ☐ Agent  
☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	74.57

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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.
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Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  
x M Cone ☐ Agent  
☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$ 3.16

Certified Fee \$ 1.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.16

Recip: Tom R. Cone  
Post Office Box 778  
City: Jay, Oklahoma 74346

PS Form 3811, July 1999

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1. Article Addressed to:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Sue Ray B. Date of Delivery JAN 24 2001
- C. Signature X Sue Ray ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 3.16

Certified Fee \$ 1.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.16

Recip: Ms. Keith Pratt Daniels  
Post Office Box 190766  
City: Dallas, Texas 75219

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Keith Pratt Daniels B. Date of Delivery 1-29-01
- C. Signature X Keith Pratt Daniels ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 3.16

Certified Fee \$ 1.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.16

Recip: The Long Trusts  
Post Office Box 3096  
City: Kilgore, Texas 75663

PS Form 3811, July 1999

**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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
- C. Signature X Elizabeth Stout ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

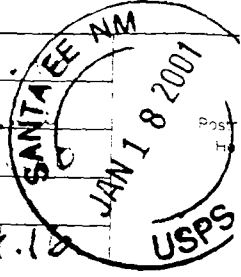
- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.18



Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tamara Young B. Date of Delivery  
C. Signature Tamara Young ☒ Agent ☐ Addressee  
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

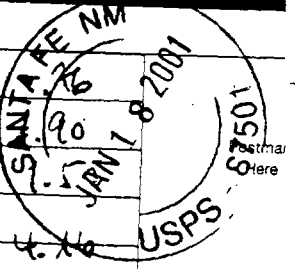
2. Article Number (Copy from service label)  
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.18



Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervantes B. Date of Delivery 1-22-00  
C. Signature Mike Cervantes ☐ Agent ☒ Addressee  
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 (Copy from service label)  
7000 0600 0024 3129 2996

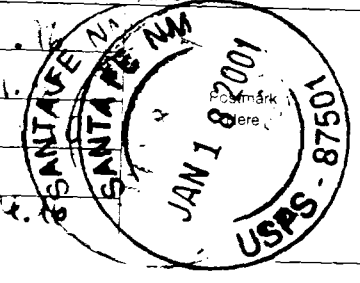
PS Form 3811, July 1999 Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

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



Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

MAIL RETURNED  
NOT DELIVERED

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:

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature Phil White ☐ Agent ☒ Addressee  
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 (Copy from service label)  
7000 0600 0024 3129 2958

102595-99-M-1789

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

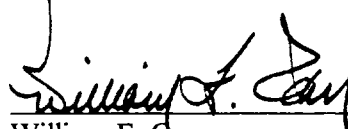
**AMENDED APPLICATION OF YATES PETROLEUM  
CORPORATION FOR COMPULSORY POOLING AND  
A NON-STANDARD GAS SPACING AND PRORATION  
UNIT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 12569**


**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001

**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D C

P O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

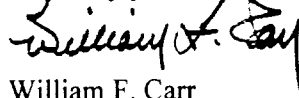
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr

ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure



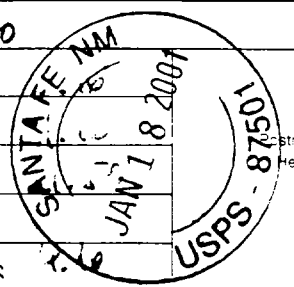
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

Recip Kenneth G. Cone  
 Street Post Office Box 11310  
 City, State Midland, Texas 79702

PS Form 3811, July 1999



**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:

Kenneth G. Cone  
 Post Office Box 11310  
 Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x K Shapira ☐ Agent ☐ Addressee

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

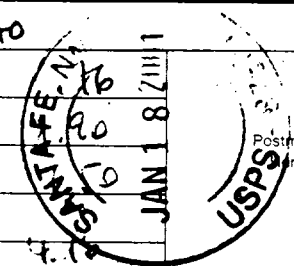
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

Recip Kenneth G. Cone, Trustee of the  
 Street Kenneth G. Cone Children's Trust  
 City, State Post Office Box 11310  
 Midland, Texas 79702

PS Form 3811, July 1999



**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:

Kenneth G. Cone, Trustee of the  
 Kenneth G. Cone Children's Trust  
 Post Office Box 11310  
 Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x K Shapira ☐ Agent ☐ Addressee

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

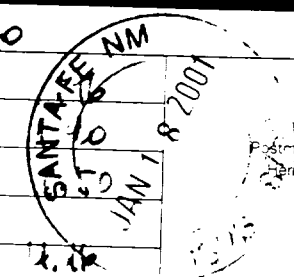
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

Recip Marilyn Cone  
 Street Trustee of the D.C. Trust  
 City, State Post Office Drawer 1629  
 Lovington, New Mexico 88260

PS Form 3811, July 1999



- 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:

Marilyn Cone  
 Trustee of the D.C. Trust  
 Post Office Drawer 1629  
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x Marilyn Cone ☐ Agent ☐ Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.10

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.26

Rec Tom R. Cone  
 Post Office Box 778  
 Jay, Oklahoma 74346

City, State, Zip

PS Form 3811, July 1999

**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:

Tom R. Cone  
 Post Office Box 778  
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Sue Ray

C. Signature

X Sue Ray ☐ Agent ☐ Addressee

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

JAN 24 2001

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**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.10

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.26

Recip Ms. Keith Pratt Daniels  
 Post Office Box 190766  
 Dallas, Texas 75219

City, State, Zip

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
 Post Office Box 190766  
 Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

KEITH PRATT DANIELS 1-29-01

C. Signature

X Keith Pratt Daniels ☐ Agent ☐ Addressee

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

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

WFC 71.570

Postage \$ 7.16

Certified Fee \$ 1.10

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.26

Recip The Long Trusts  
 Post Office Box 3096  
 Kilgore, Texas 75663

City, State, Zip

PS Form 3811, July 1999

- 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 Long Trusts  
 Post Office Box 3096  
 Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

ELISABETH STOUT 1-24-01

C. Signature

X Elisabeth Stout ☐ Agent ☐ Addressee

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

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.18

Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City, State, ZIP+4<sup>®</sup>

PS 1

SANTA FE NM  
JAN 18 2001  
USPS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)  
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
Tamera Young

C. Signature  
X Tamera Young ☐ Agent ☐ Addressee

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

SANTA FE NM  
JAN 18 2001  
USPS

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.18

Rec. Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

City, State, ZIP+4<sup>®</sup>

PS 1

SANTA FE NM  
JAN 18 2001  
USPS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
Mike Gonzalez 1-22-00

C. Signature  
X Mike Gonzalez ☐ Agent ☒ Addressee

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

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

WFC 71.570

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

Rec. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

City, State, ZIP+4<sup>®</sup>

PS 1

SANTA FE NM  
JAN 18 2001  
USPS - 87501

MAIL RETURNED  
NOT DELIVERED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
Philip White

C. Signature  
X Philip White ☐ Agent ☒ Addressee

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

SANTA FE NM  
JAN 19 2001  
USPS

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

WFC 71.570

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

Rec. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

City, State, ZIP+4<sup>®</sup>

PS 1

SANTA FE NM  
JAN 18 2001  
USPS - 87501

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

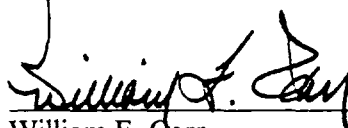
**AMENDED APPLICATION OF YATES PETROLEUM  
CORPORATION FOR COMPULSORY POOLING AND  
A NON-STANDARD GAS SPACING AND PRORATION  
UNIT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 12569**

**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001

**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

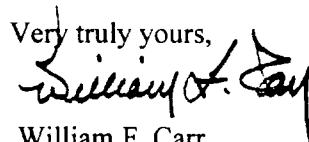
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Very truly yours,  


William F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

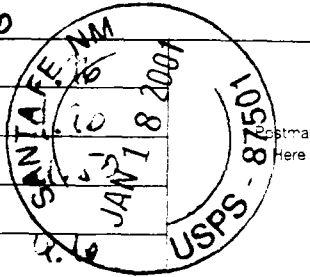
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 1.10  
 Certified Fee \$ 0.60  
 Return Receipt Fee (Endorsement Required) \$ 0.30  
 Restricted Delivery Fee (Endorsement Required) \$ 0.30  
 Total Postage & Fees \$ 2.30

Recip Kenneth G. Cone  
 Street Post Office Box 11310  
 City Midland, Texas 79702

PS Form 3811, July 1999



**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:  
 Kenneth G. Cone  
 Post Office Box 11310  
 Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 1-29-01

C. Signature X K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)  
 7000 0600 0024 3129 3023

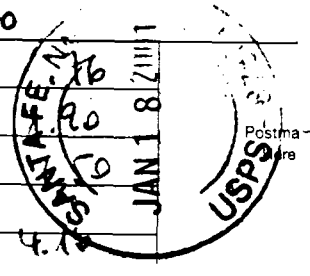
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 1.10  
 Certified Fee \$ 0.60  
 Return Receipt Fee (Endorsement Required) \$ 0.30  
 Restricted Delivery Fee (Endorsement Required) \$ 0.30  
 Total Postage & Fees \$ 2.30

Recip Kenneth G. Cone, Trustee of the  
 Kenneth G. Cone Children's Trust  
 Street Post Office Box 11310  
 City Midland, Texas 79702

PS Form 3811, July 1999



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 Kenneth G. Cone, Trustee of the  
 Kenneth G. Cone Children's Trust  
 Post Office Box 11310  
 Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 1-29-01

C. Signature X K Shapira ☐ Agent ☐ Addressee

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 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 (Copy from service label)  
 7000 0600 0024 3129 2934

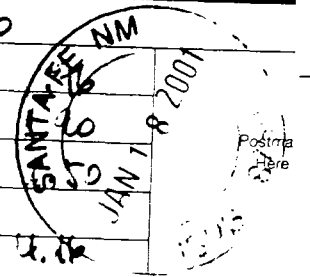
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 1.10  
 Certified Fee \$ 0.60  
 Return Receipt Fee (Endorsement Required) \$ 0.30  
 Restricted Delivery Fee (Endorsement Required) \$ 0.30  
 Total Postage & Fees \$ 2.30

Recip Marilyn Cone  
 Trustee of the D.C. Trust  
 Street Post Office Drawer 1629  
 City Lovington, New Mexico 88260

PS Form 3811, July 1999



**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Marilyn Cone  
 Trustee of the D.C. Trust  
 Post Office Drawer 1629  
 Lovington, New Mexico 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature X Marilyn Cone ☐ Agent ☐ Addressee

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 (Copy from service label)  
 7000 0600 0024 3129 2989

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

WFC 71.570

Postage \$ 5

Certified Fee \$ 4.16

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 9.16

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City

PS Form 3811, July 1999

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Sue Ray B. Date of Delivery JAN 24 2001
- C. Signature Sue Ray ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 5

Certified Fee \$ 4.16

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 9.16

Rec Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City

Form

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Keith Pratt Daniels B. Date of Delivery 1-29-01
- C. Signature Keith Pratt Daniels ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 5

Certified Fee \$ 4.16

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 9.16

Rec The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City

Form

- 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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
- C. Signature Elizabeth Stout ☐ Agent ☐ Addressee
- 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



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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$ 4.18

Rec. LWJ Partnership  
Post Office Box 64244  
City Lubbock, Texas 79424

PS 1

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Tamara Young

C. Signature

X Tamara Young

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  
CERTIFIED MAIL RECEIPT  
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WFC 71.570

Postage \$  
Certified Fee  
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(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
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Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

SENDER: COMPLETE THIS SECTION

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1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Mike Conner

C. Signature

X Mike Conner

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
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U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
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WFC 71.570

Postage \$  
Certified Fee  
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(Endorsement Required)  
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(Endorsement Required)  
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Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Instructions

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
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Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

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Santa Fe, New Mexico 87504-2168

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7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X Phil White

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

3. Service Type

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☐ Registered ☒ Return Receipt for Merchandise  
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4. Restricted Delivery? (Extra Fee) ☐ Yes

MAIL RETURNED  
NOT DELIVERED

**BEFORE THE  
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NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
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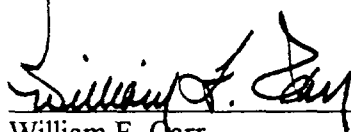
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**CASE NO. 12569**


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  ) ss.  
COUNTY OF SANTA FE     )

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\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001

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Midland, Texas 79702

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CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

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**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

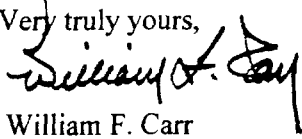
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Very truly yours,  


William F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

SAN ANTONIO, TX  
 JAN 1 8 2001  
 USPS - 8758

Recip Kenneth G. Cone  
 Street Post Office Box 11310  
 City Midland, Texas 79702

**SENDER: COMPLETE THIS SECTION**

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 Midland, Texas 79702

2. Article Number (Copy from service label)  
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**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 1-29-01

C. Signature  
 x K Shapira ☐ Agent ☐ Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

SAN ANTONIO, TX  
 JAN 1 8 2001  
 USPS - 8758

Recip Kenneth G. Cone, Trustee of the  
 Street Kenneth G. Cone Children's Trust  
 City Post Office Box 11310  
 Midland, Texas 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:  
 Kenneth G. Cone, Trustee of the  
 Kenneth G. Cone Children's Trust  
 Post Office Box 11310  
 Midland, Texas 79702

2. Article Number (Copy from service label)  
 7000 0600 0024 3129 2934

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 1-29-01

C. Signature  
 x K Shapira ☐ Agent ☐ Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

SAN ANTONIO, TX  
 JAN 1 8 2001  
 USPS - 8758

Recip Marilyn Cone  
 Street Trustee of the D.C. Trust  
 City Post Office Drawer 1629  
 Lovington, New Mexico 88260

**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:  
 Marilyn Cone  
 Trustee of the D.C. Trust  
 Post Office Drawer 1629  
 Lovington, New Mexico 88260

2. Article Number (Copy from service label)  
 7000 0600 0024 3129 2989

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
 x Marilyn Cone ☐ Agent ☐ Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.46

Rec Tom R. Cone  
 Post Office Box 778  
 Jay, Oklahoma 74346

PS Form 3811, July 1999

**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:

Tom R. Cone  
 Post Office Box 778  
 Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

SUE RAY

C. Signature

X Sue Ray Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

JAN 24 2001

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.46

Rec Ms. Keith Pratt Daniels  
 Post Office Box 190766  
 Dallas, Texas 75219

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
 Post Office Box 190766  
 Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

KEITH PRATT DANIELS 1-29-01

C. Signature

X Keith Pratt Daniels Agent Addressee

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

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

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.46

Rec The Long Trusts  
 Post Office Box 3096  
 Kilgore, Texas 75663

PS Form 3811, July 1999

- 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 Long Trusts  
 Post Office Box 3096  
 Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

ELISABETH STOUT 1-24-01

C. Signature

X Elisabeth Stout Agent Addressee

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

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

WFC 41.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

PS Form 3811, July 1999

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Tamara Young

C. Signature

X Tamara Young ☐ Agent ☒ Addressee

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

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

WFC 41.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Mike Cervantes

C. Signature

X Mike Cervantes ☐ Agent ☒ Addressee

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

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

WFC 41.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Instructions

MAIL RETURNED  
NOT DELIVERED

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

WFC 41.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

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:

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)

7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Phil White

C. Signature

X Phil White ☐ Agent ☒ Addressee

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

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

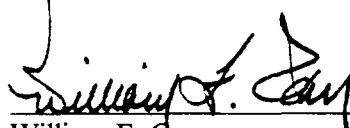
**AMENDED APPLICATION OF YATES PETROLEUM  
CORPORATION FOR COMPULSORY POOLING AND  
A NON-STANDARD GAS SPACING AND PRORATION  
UNIT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 12569**


**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001



**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

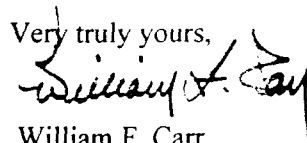
Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

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

SANTAFE, NM  
JAN 18 2001  
USPS-87501

Recip Kenneth G. Cone  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

**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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X K Shapira ☐ Agent  
☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

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

SANTAFE, NM  
JAN 18 2001  
USPS-87501

Recip Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

**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:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X K Shapira ☐ Agent  
☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

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

SANTAFE, NM  
JAN 18 2001  
USPS-87501

Recip Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X Marilyn Cone ☐ Agent  
☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	4.16
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>4.16</b>

**Rec** Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City

PS Form

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <b>Sue Ray</b>	B. Date of Delivery <b>JAN 24 2001</b>
C. Signature <b>X Sue Ray</b>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
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 checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.C.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

WFC 71.570

Postage	\$	4.16
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>4.16</b>

**Recip** Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City, St

PS Form

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <b>Keith Pratt Daniels</b>	B. Date of Delivery <b>1-29-01</b>
C. Signature <b>X Keith Pratt Daniels</b>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
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 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	

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

WFC 71.570

Postage	\$	7.16
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.16</b>

**Recip** The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City, St

PS Form

**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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

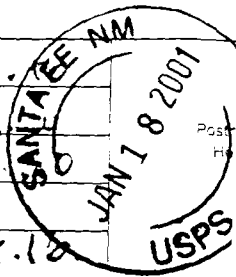
A. Received by (Please Print Clearly) <b>ELIZABETH STOUT</b>	B. Date of Delivery <b>1-24-01</b>
C. Signature <b>X Elizabeth Stout</b>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

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

WFC 21.570

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



Rec: LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City

PS 1

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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If YES, enter delivery address below:

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Is delivery address different from item 1? ☐ Yes  
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Is delivery address different from item 1? ☐ Yes  
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Is delivery address different from item 1? ☐ Yes  
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Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below:

Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below:

Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below:

Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below:

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

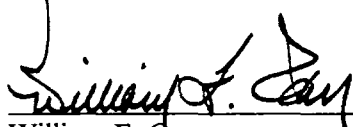
**AMENDED APPLICATION OF YATES PETROLEUM  
CORPORATION FOR COMPULSORY POOLING AND  
A NON-STANDARD GAS SPACING AND PRORATION  
UNIT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 12569**

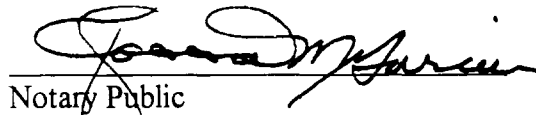
**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: Aug 21, 2001

**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**AFFECTED INTEREST OWNERS**

Re: Amended Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

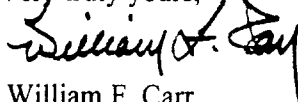
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed amended application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This amended application has been set for hearing before a Division Examiner on February 8, 2001. You are not required to attend this hearing, but as an owner of an interest that may be affected by this amended 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr

ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure



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

WFC 71.570

Postage	\$	10.38
Certified Fee		1.10
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	11.48

SANTAFE NM  
JAN 18 2001  
USPS-8758

Recip Kenneth G. Cone  
Street Post Office Box 11310  
City, State Midland, Texas 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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x K Shapira ☐ Agent  
☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	10.38
Certified Fee		1.10
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	11.48

SANTAFE NM  
JAN 18 2001  
USPS-8758

Recip Kenneth G. Cone, Trustee of the  
Street Kenneth G. Cone Children's Trust  
City, State Post Office Box 11310  
Midland, Texas 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:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x K Shapira ☐ Agent  
☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	10.38
Certified Fee		1.10
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	11.48

SANTAFE NM  
JAN 18 2001  
USPS-8758

Recip Marilyn Cone  
Street Trustee of the D.C. Trust  
City, State Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x Marilyn Cone ☐ Agent  
☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.10

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.26

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City, State, Zip

PS Form 3811, July 1999

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Sue Ray B. Date of Delivery JAN 24 2001
- C. Signature X Sue Ray ☐ Agent ☐ Addressee
- 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.C.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.10

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.26

Recip Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City, State, Zip

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Keith Pratt Daniels B. Date of Delivery 1-29-01
- C. Signature X Keith Pratt Daniels ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 7.16

Certified Fee \$ 1.10

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 8.26

Recip The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City, State, Zip

PS Form 3811, July 1999

**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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) ELISABETH STOUT B. Date of Delivery 1-24-01
- C. Signature X Elisabeth Stout ☐ Agent ☐ Addressee
- 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

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

WFC 21.570

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.10

Rec. LWJ Partnership  
Post Office Box 64244  
City, Lubbock, Texas 79424

PS Form 3811, July 1999

**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:  
LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)  
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Tamera Young  
B. Date of Delivery 1/22/01  
C. Signature X Tamera Young  
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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 21.570

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.10

Rec. Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
City, Houston, Texas 77002-6794

PS Form 3811, July 1999

**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:  
Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Mike Cervantes  
B. Date of Delivery 1/22/01  
C. Signature X Mike Cervantes  
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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 21.570

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

Rec. Lynda Pratt Rast  
1202 Marlee Lane  
City, Arlington, Texas 76014

PS Form 3811, July 1999

**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:  
Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery  
C. Signature X Phil White  
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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 21.570

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

Rec. Philip L. White  
The Blanco Company  
Post Office Box 2168  
City, Santa Fe, New Mexico 87504-2168

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

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■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery  
C. Signature X Phil White  
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

MAIL RETURNED  
NOT DELIVERED

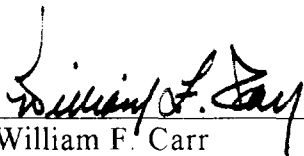
**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION      CASE NO. 12590  
FOR COMPULSORY POOLING AND A NON-STANDARD  
GAS SPACING AND PRORATION UNIT, LEA COUNTY  
NEW MEXICO.**

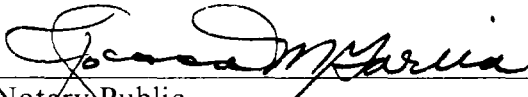
**AFFIDAVIT**

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

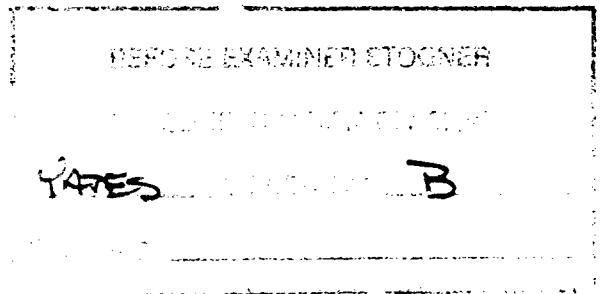
William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001



**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

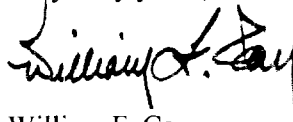
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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.

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Very truly yours,



William F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

Postage \$ 1.50  
Certified Fee \$ 0.50  
Return Receipt Fee (Endorsement Required) \$ 0.00  
Restricted Delivery Fee (Endorsement Required) \$ 0.00  
Total Postage & Fees \$ 2.00

Recip Kenneth G. Cone  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

PS Form 3811, July 1999

**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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$ 1.50  
Certified Fee \$ 0.50  
Return Receipt Fee (Endorsement Required) \$ 0.00  
Restricted Delivery Fee (Endorsement Required) \$ 0.00  
Total Postage & Fees \$ 2.00

Recip Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$ 1.50  
Certified Fee \$ 0.50  
Return Receipt Fee (Endorsement Required) \$ 0.00  
Restricted Delivery Fee (Endorsement Required) \$ 0.00  
Total Postage & Fees \$ 2.00

Recip Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Street Lovington, New Mexico 88260  
City, S

PS Form 3811, July 1999

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X Marilyn Cone ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

UFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.20

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.36

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City, State, Zip

PS Form 3811, July 1999

## 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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 24 2001

C. Signature X Sue Ray ☐ Agent ☐ Addressee

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.C.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

UFC 71.570

Postage \$ 4.16

Certified Fee \$ 1.20

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.36

Recipient Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City, State, Zip

PS Form 3811, July 1999

## 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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery JAN 29 01

C. Signature X Keith Pratt Daniels ☐ Agent ☐ Addressee

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

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

UFC 71.570

Postage \$ 7.16

Certified Fee \$ 1.20

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 8.36

Recipient The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City, State, Zip

PS Form 3811, July 1999

## 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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery JAN 24 01

C. Signature X Elizabeth Stout ☐ Agent ☐ Addressee

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



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

WFC 11.570

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

Total Postage & Fees \$

Rec. LWJ Partnership  
Post Office Box 64244  
City, Lubbock, Texas 79424

PS Form 3811, July 1999

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 11.570

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

Total Postage & Fees \$

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 11.570

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

Total Postage & Fees \$

Rec. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Instructions

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

WFC 11.570

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

Total Postage & Fees \$

Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)

7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

3. Service Type

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☐ Registered ☒ Return Receipt for Merchandise  
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MAIL RETURNED  
NOT DELIVERED

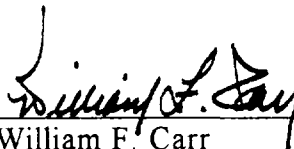
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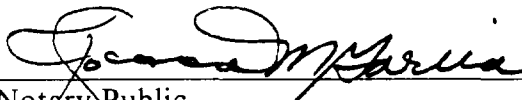
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  ) ss.  
COUNTY OF SANTA FE    )

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William F. Carr

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\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001

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Ocean Energy Resources, Inc.  
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HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
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DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

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AFFECTED INTEREST OWNERS

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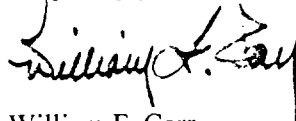
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Very truly yours,



William F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	74.57

SANTAFE, NM  
JAN 18 2001  
USPS-8750

Recip Kenneth G. Cone  
Post Office Box 11310  
Street Midland, Texas 79702  
City, State, ZIP+4

**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.
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Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

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C. Signature  
X K Shapira ☐ Agent ☐ Addressee

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

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PS Form 3811, July 1999

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102595-99-M-1789

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**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	74.57

SANTAFE, NM  
JAN 18 2001  
USPS-8750

Recip Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Street Midland, Texas 79702  
City, State, ZIP+4

**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:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	74.57

SANTAFE, NM  
JAN 18 2001  
USPS-8750

Recip Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
X Marilyn Cone ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

PS Form 3811, July 1999

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Sue Ray** B. Date of Delivery  
C. Signature **X Sue Ray** ☐ Agent ☐ Addressee  
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.C.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Keith Pratt Daniels** B. Date of Delivery **1-29-01**  
C. Signature **X Keith Pratt Daniels** ☐ Agent ☐ Addressee  
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

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

PS Form 3811, July 1999

**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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **ELIZABETH STOUT** B. Date of Delivery **1-24-01**  
C. Signature **X Elizabeth Stout** ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

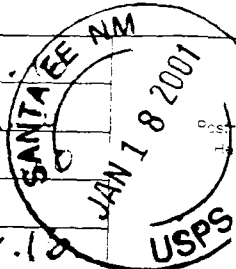
- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFC 71.570

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



Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City

PSI

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tamara Young B. Date of Delivery  
C. Signature Tamara Young ☐ Agent ☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 3009

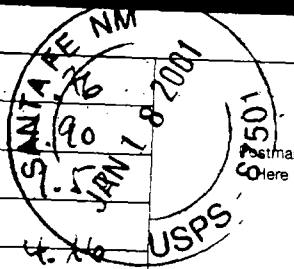
PS Form 3811, July 1999

Domestic Return Receipt

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

WFC 71.570

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



Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervantes B. Date of Delivery 1-22-00  
C. Signature Mike Cervantes ☐ Agent ☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

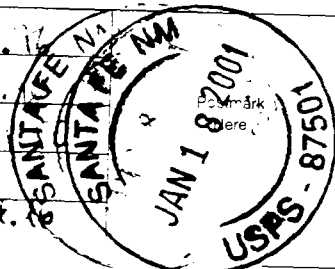
Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

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



Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

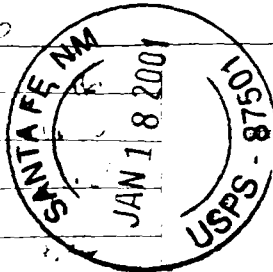
Instructions

MAIL RETURNED  
NOT DELIVERED

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

WFC 71.570

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



Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

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:

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature Phil White ☐ Agent ☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 2958

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

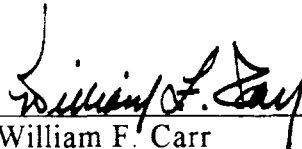
**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION      CASE NO. 12590  
FOR COMPULSORY POOLING AND A NON-STANDARD  
GAS SPACING AND PRORATION UNIT, LEA COUNTY  
NEW MEXICO.**

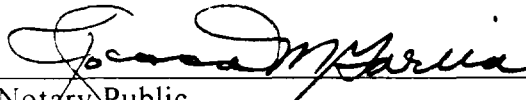
**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001



**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

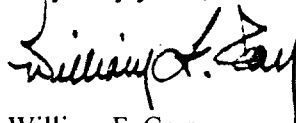
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

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

Postmark Here

SANTAFE, NM  
JAN 18 2001  
USPS - 87501

Recip Kenneth G. Cone  
Street Post Office Box 11310  
City Midland, Texas 79702

PS Form 3811, July 1999

**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:  
  
Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
1-29-01

C. Signature  
x K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)  
7000 0600 0024 3129 3023

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

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

Postmark Here

SANTAFE, NM  
JAN 18 2001  
USPS - 87501

Recip Kenneth G. Cone, Trustee of the  
Street Kenneth G. Cone Children's Trust  
City Post Office Box 11310  
Midland, Texas 79702

PS Form 3811, July 1999

**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:  
  
Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
1-29-01

C. Signature  
x K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)  
7000 0600 0024 3129 2934

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

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

Postmark Here

SANTAFE, NM  
JAN 18 2001  
USPS - 87501

Recip Marilyn Cone  
Street Trustee of the D.C. Trust  
City Post Office Drawer 1629  
Lovington, New Mexico 88260

PS Form 3811, July 1999

**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:  
  
Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
x Marilyn Cone ☐ Agent ☐ Addressee

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 (Copy from service label)  
7000 0600 0024 3129 2989

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

Postage \$ 3.16

Certified Fee \$ 1.16

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.32

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City, State, ZIP+4

PS Form 3811, July 1999

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Sue Ray B. Date of Delivery JAN 24 2001
- C. Signature X Sue Ray ☐ Agent ☐ Addressee
- 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.C.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFC 71.570

Postage \$ 3.16

Certified Fee \$ 1.16

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.32

Rec Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City, State, ZIP+4

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1783

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) Keith Pratt Daniels B. Date of Delivery 1-29-01
- C. Signature X Keith Pratt Daniels ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 3.16

Certified Fee \$ 1.16

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.32

Rec The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City, State, ZIP+4

PS Form 3811, July 1999

**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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
- C. Signature X Elizabeth Stout ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.18

Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City, State, ZIP+4<sup>®</sup>

PS Form 3811, July 1999

**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:  
  
LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)  
7000 0600 0024 3129 3009

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Tamera Young  
B. Date of Delivery 1/18/01  
C. Signature X Tamera Young  
D. Is delivery address different from item 1? ☒ Yes  
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

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

WFC 71.570

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.18

Rec. Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

City, State, ZIP+4<sup>®</sup>

PS Form 3811, July 1999

**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:  
  
Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2996

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Mike Cervantes  
B. Date of Delivery 1/22/01  
C. Signature X Mike Cervantes  
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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

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

Rec. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

City, State, ZIP+4<sup>®</sup>

PS Form 3811, July 1999

**MAIL RETURNED  
NOT DELIVERED**

102595-99-M-1789

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

WFC 71.570

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

Rec. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

City, State, ZIP+4<sup>®</sup>

PS Form 3811, July 1999

**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:  
  
Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2958

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery  
C. Signature X Phil White  
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

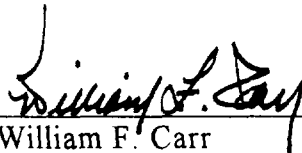
**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION      CASE NO. 12590  
FOR COMPULSORY POOLING AND A NON-STANDARD  
GAS SPACING AND PRORATION UNIT, LEA COUNTY  
NEW MEXICO.**

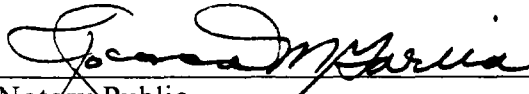
**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001

**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

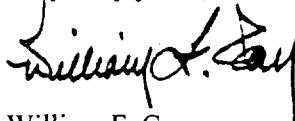
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure



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

WFC 71.570

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

SANTAFE NM  
 JAN 18 2001  
 USPS-8758

Recip Kenneth G. Cone  
 Street Post Office Box 11310  
 City Midland, Texas 79702

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Kenneth G. Cone  
 Post Office Box 11310  
 Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
 B. Date of Delivery 1-29-01  
 C. Signature x K Shapira  
☐ Agent  
☐ Addressee  
 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 (Copy from service label)  
 7000 0600 0024 3129 3023  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

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

SANTAFE NM  
 JAN 18 2001  
 USPS

Recip Kenneth G. Cone, Trustee of the  
 Kenneth G. Cone Children's Trust  
 Street Post Office Box 11310  
 City Midland, Texas 79702

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Kenneth G. Cone, Trustee of the  
 Kenneth G. Cone Children's Trust  
 Post Office Box 11310  
 Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
 B. Date of Delivery 1-29-01  
 C. Signature x K Shapira  
☐ Agent  
☐ Addressee  
 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 (Copy from service label)  
 7000 0600 0024 3129 2934  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

WFC 71.570

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

SANTAFE NM  
 JAN 18 2001  
 USPS

Recip Marilyn Cone  
 Trustee of the D.C. Trust  
 Street Post Office Drawer 1629  
 City Lovington, New Mexico 88260

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Marilyn Cone  
 Trustee of the D.C. Trust  
 Post Office Drawer 1629  
 Lovington, New Mexico 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
 B. Date of Delivery  
 C. Signature x Marilyn Cone  
☐ Agent  
☐ Addressee  
 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 (Copy from service label)  
 7000 0600 0024 3129 2989  
 PS Form 3811, July 1999 Domestic Return Receipt

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

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 0.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.46

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City: Jay, Oklahoma

PS Form 3811, July 1999

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

SUE RAY

C. Signature

X Sue Ray Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

JAN 24 2001

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)

WFC 71.570

Postage \$ 4.16

Certified Fee \$ 0.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.46

Rec Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City: Dallas, Texas

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

KEITH PRATT DANIELS 1-29-01

C. Signature

X Keith Pratt Daniels Agent Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 7.16

Certified Fee \$ 0.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 7.46

Recip The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City: Kilgore, Texas

PS Form 3811, July 1999

- 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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

ELIZABETH STOUT 1-24-01

C. Signature

X Elizabeth Stout Agent Addressee

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  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City

PSI

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tamara Young B. Date of Delivery 1/18/01  
C. Signature Tamara Young ☒ Agent ☐ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervantes B. Date of Delivery 1/22/01  
C. Signature Mike Cervantes ☐ Agent ☒ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Instructions

MAIL RETURNED  
NOT DELIVERED

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.10

Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

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:

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Phil White B. Date of Delivery 1/19/01  
C. Signature Phil White ☐ Agent ☒ Addressee  
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 (Copy from service label)

7000 0600 0024 3129 2958

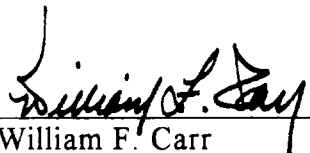
**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION      CASE NO. 12590  
FOR COMPULSORY POOLING AND A NON-STANDARD  
GAS SPACING AND PRORATION UNIT, LEA COUNTY  
NEW MEXICO.**


**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001

**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D. C.

P. O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

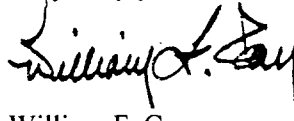
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement three days in advance of a scheduled hearing. 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 F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>74.57</b>

**Recip** Kenneth G. Cone  
Post Office Box 11310  
**Street** Midland, Texas 79702  
**City, S**

**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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 3023

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

1-29-01

C. Signature

x K Shapira

☐ Agent  
☐ Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>74.57</b>

**Recip** Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
**Street** Midland, Texas 79702  
**City, S**

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Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

2. Article Number (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

1-29-01

C. Signature

x K Shapira

☐ Agent  
☐ Addressee

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

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**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$	71.57
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>74.57</b>

**Recip** Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

2. Article Number (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

x Marilyn Cone

☐ Agent  
☐ Addressee

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**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage \$ 1.16

Certified Fee \$ 1.16

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 2.32

1. Article Addressed to:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)  
7000 0600 0024 3129 3030

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **SUE RAY** B. Date of Delivery **JAN 24 2001**
- C. Signature **X Sue Ray** ☐ Agent ☐ Addressee
- 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.C.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

WFC 71.570

Postage \$ 1.16

Certified Fee \$ 1.16

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 2.32

1. Article Addressed to:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2972

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

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Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **KEITH PRATT DANIELS** B. Date of Delivery **1-29-01**
- C. Signature **X Keith Pratt Daniels** ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 1.16

Certified Fee \$ 1.16

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 2.32

1. Article Addressed to:

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2941

PS Form 3811, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **ELIZABETH STOUT** B. Date of Delivery **1-24-01**
- C. Signature **X Elizabeth Stout** ☐ Agent ☐ Addressee
- 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)

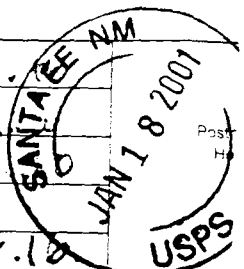
☐ Yes



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

WFC 41.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.10



Rec. LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

City

PS 1

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
Tamarara Young  
C. Signature  
X Tamarara Young  
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 (Copy from service label)

7000 0600 0024 3129 3009

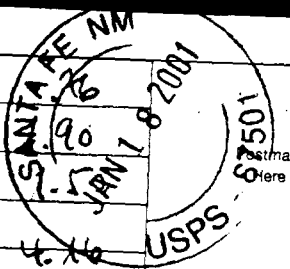
PS Form 3811, July 1999

Domestic Return Receipt

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

WFC 41.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.10



Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
Mike Conzantes 1/22/01  
C. Signature  
X Mike Conzantes  
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 (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

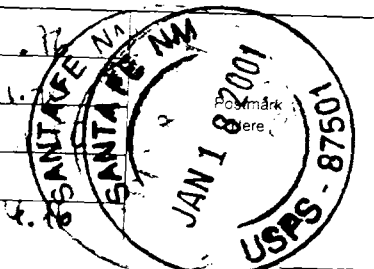
Domestic Return Receipt

102595-99-M-1789

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

WFC 41.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.10



Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

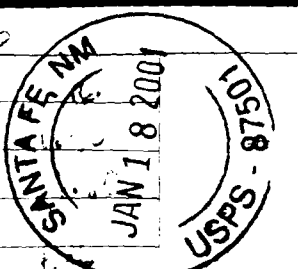
Instructions

MAIL RETURNED  
NOT DELIVERED

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

WFC 41.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.10



Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

SENDER: COMPLETE THIS SECTION

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The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  
X Philip White  
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 (Copy from service label)

7000 0600 0024 3129 2958

Domestic Return Receipt

102595-99-M-1789

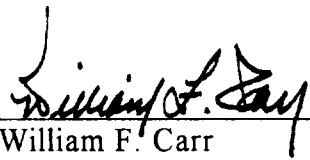
**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION      CASE NO. 12590  
FOR COMPULSORY POOLING AND A NON-STANDARD  
GAS SPACING AND PRORATION UNIT, LEA COUNTY  
NEW MEXICO.**

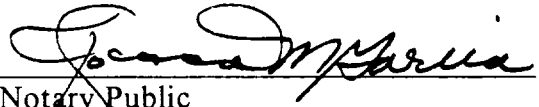
**AFFIDAVIT**

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

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\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001

**EXHIBIT A**

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Ms. Lynda Pratt Rast  
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LWJ Partnership  
Post Office Box 64244  
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Ocean Energy Resources, Inc.  
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HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

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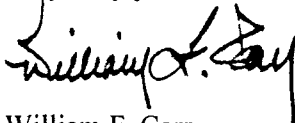
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ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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SANTAFE NM  
JAN 18 2001  
USPS-87501

Recip Kenneth G. Cone  
Post Office Box 11310  
Street Midland, Texas 79702  
City, S

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Post Office Box 11310  
Midland, Texas 79702

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C. Signature

x K Shapira ☐ Agent ☐ Addressee

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PS Form 3811, July 1999

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102595-99-M-1789

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Total Postage & Fees	\$	71.57

SANTAFE NM  
JAN 18 2001  
USPS-87501

Recip Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

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1. Article Addressed to:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2934

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage	\$	71.57
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	71.57

SANTAFE NM  
JAN 18 2001  
USPS-87501

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

x M Cone ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

PS Form

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Sue Ray** B. Date of Delivery  
C. Signature **X Sue Ray** ☐ Agent ☐ Addressee  
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

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

PS Form

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Keith Pratt Daniels** B. Date of Delivery **1-29-01**  
C. Signature **X Keith Pratt Daniels** ☐ Agent ☐ Addressee  
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

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

WFC 71.570

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 4.16

Rec The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

PS Form

**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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **ELISABETH STOUT** B. Date of Delivery **1-24-01**  
C. Signature **X Elisabeth Stout** ☐ Agent ☐ Addressee  
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

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.18

Rec: LWJ Partnership  
Post Office Box 64244  
Srv: Lubbock, Texas 79424  
City:

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)

7000 0600 0024 3129 3009

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.18

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)

7000 0600 0024 3129 2996

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.18

Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Instructions

MAIL RETURNED  
NOT DELIVERED

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

WFC 71.570

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.18

Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

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:

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)

7000 0600 0024 3129 2958

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

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

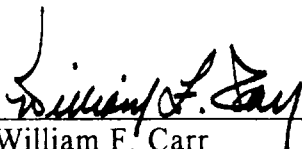
**APPLICATION OF YATES PETROLEUM CORPORATION  
FOR COMPULSORY POOLING AND A NON-STANDARD  
GAS SPACING AND PRORATION UNIT, LEA COUNTY  
NEW MEXICO.**

**CASE NO. 12590**

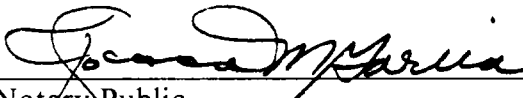
**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Yates Petroleum Corporation, applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 7th day of February, 2001.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: August 21, 2001



**EXHIBIT A**

Mr. Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

Mr. Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

Mr. Kenneth G. Cone  
Trustee of the Kenneth G. Cone  
Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

Ms. Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

Ms. Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

HOLLAND & HART<sup>LLP</sup>  
and  
CAMPBELL & CARR  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

January 18, 2001

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and a non-standard gas spacing and proration unit, Lea County, New Mexico.

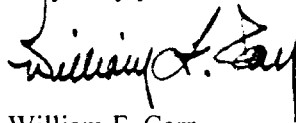
Ladies and Gentlemen:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the compulsory pooling of all 320-acre spacing and proration units comprised of Lots 1 through 8 (N/2 Equivalent) of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to the Yates Petroleum Corporation Daisy AFS State Well No. 2 which it proposes to drill at a standard location 660 feet from the North and East lines of said Section 3 to test all formations from the surface to the base of the Mississippian formation.

This application has been set for hearing before a Division Examiner on February 8, 2001. 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 Prehearing Statement three days in advance of a scheduled hearing. 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,

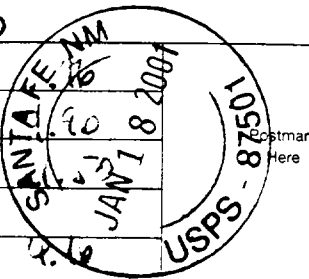


William F. Carr  
ATTORNEY FOR YATES PETROLEUM CORPORATION

Enclosure

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

WFC 71.570



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

Recipient  
Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 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:

Kenneth G. Cone  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
x K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 3023

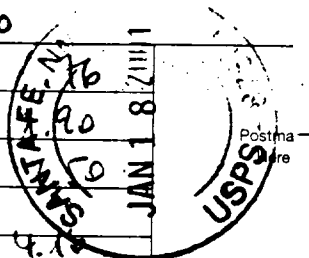
PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570



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

Recipient  
Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 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:

Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
Post Office Box 11310  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
x K Shapira ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2934

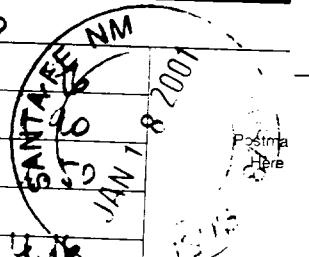
PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570



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

Recipient  
Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

- 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:

Marilyn Cone  
Trustee of the D.C. Trust  
Post Office Drawer 1629  
Lovington, New Mexico 88260

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
x Marilyn Cone ☐ Agent ☐ Addressee

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 (Copy from service label)

7000 0600 0024 3129 2989

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

WFC 71.570

Postage \$ 4.16

Certified Fee 1.50

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 7.16

Rec Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

City

PS Form 3811, July 1999

**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:

Tom R. Cone  
Post Office Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

7000 0600 0024 3129 3030

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) SUE RAY B. Date of Delivery JAN 24 2001
- C. Signature X Sue Ray ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 4.16

Certified Fee 1.50

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 7.16

Recipient Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

City

PS Form 3811, July 1999

**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:

Ms. Keith Pratt Daniels  
Post Office Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)

7000 0600 0024 3129 2972

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) KEITH PRATT DANIELS B. Date of Delivery 1-29-01
- C. Signature X Keith Pratt Daniels ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage \$ 4.16

Certified Fee 1.50

Return Receipt Fee (Endorsement Required) 1.50

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 7.16

Recipient The Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

City

PS Form 3811, July 1999

- 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 Long Trusts  
Post Office Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)

7000 0600 0024 3129 2941

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) ELIZABETH STOUT B. Date of Delivery 1-24-01
- C. Signature X Elizabeth Stout ☐ Agent ☐ Addressee
- 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

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Rec LWJ Partnership  
Post Office Box 64244  
City Lubbock, Texas 79424

PS 1

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:

LWJ Partnership  
Post Office Box 64244  
Lubbock, Texas 79424

2. Article Number (Copy from service label)  
7000 0600 0024 3129 3009  
PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tamera Young  
B. Date of Delivery

C. Signature X Tamera Young  
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  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

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:

Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Houston, Texas 77002-6794

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2996  
PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervantes  
B. Date of Delivery 1-22-00

C. Signature X Mike Cervantes  
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  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Lynda Pratt Rast  
1202 Marlee Lane  
Arlington, Texas 76014

Instructions

MAIL RETURNED  
NOT DELIVERED

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

WFC 71.570

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

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:

Mr. Philip L. White  
The Blanco Company  
Post Office Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
7000 0600 0024 3129 2958  
PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Phil White  
B. Date of Delivery

C. Signature X Phil White  
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