

Submitted by: Yates Petroleum Corp./Ocean Energy Resources, Inc. Hearing Date: <u>January 11, 2001</u>

### $\int_{-\infty}^{\infty}$

### **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

David H. Arrington Oil & Gas, Inc. 214 West Texas, Suite 400 Midland, Texas 79701

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

Mr. Clifford Cone Post Office Drawer 1629 Lovington, New Mexico 88260

Mr. Clifford Cone
Trustee of the Clifford Cone Family
Trust U/W/O Kathleen Cone
Post Office Drawer 1629
Lovington, New Mexico

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

# CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

 $\gamma'$ 

LAWYERS

MICHAEL B CAMPBELL
WILLIAM F CARR
BRADFORD C. BERGE
MARK F SHERIDAN
MICHAEL H FELDEWERT
TANYA M TRUJILLO
ROBERT J SUTPHIN, JR
JACK M. CAMPBELL

1916-1999

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421

FACSIMILE: (505) 983-6043 E-MAIL: law@westofpecos.com

December 21, 2000

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for compulsory pooling and three non-standard oil and gas spacing and proration units, 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 certain spacing and proration units in Lots 1 through 8 of Irregular Section 3, Township 16 South, Range 35 East, NMPM, Lea County, New Mexico. Said units will be dedicated to a well which Yates Petroleum Corporation 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 Morrow formation.

This application has been set for hearing before a Division Examiner on January 11, 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

Enc.

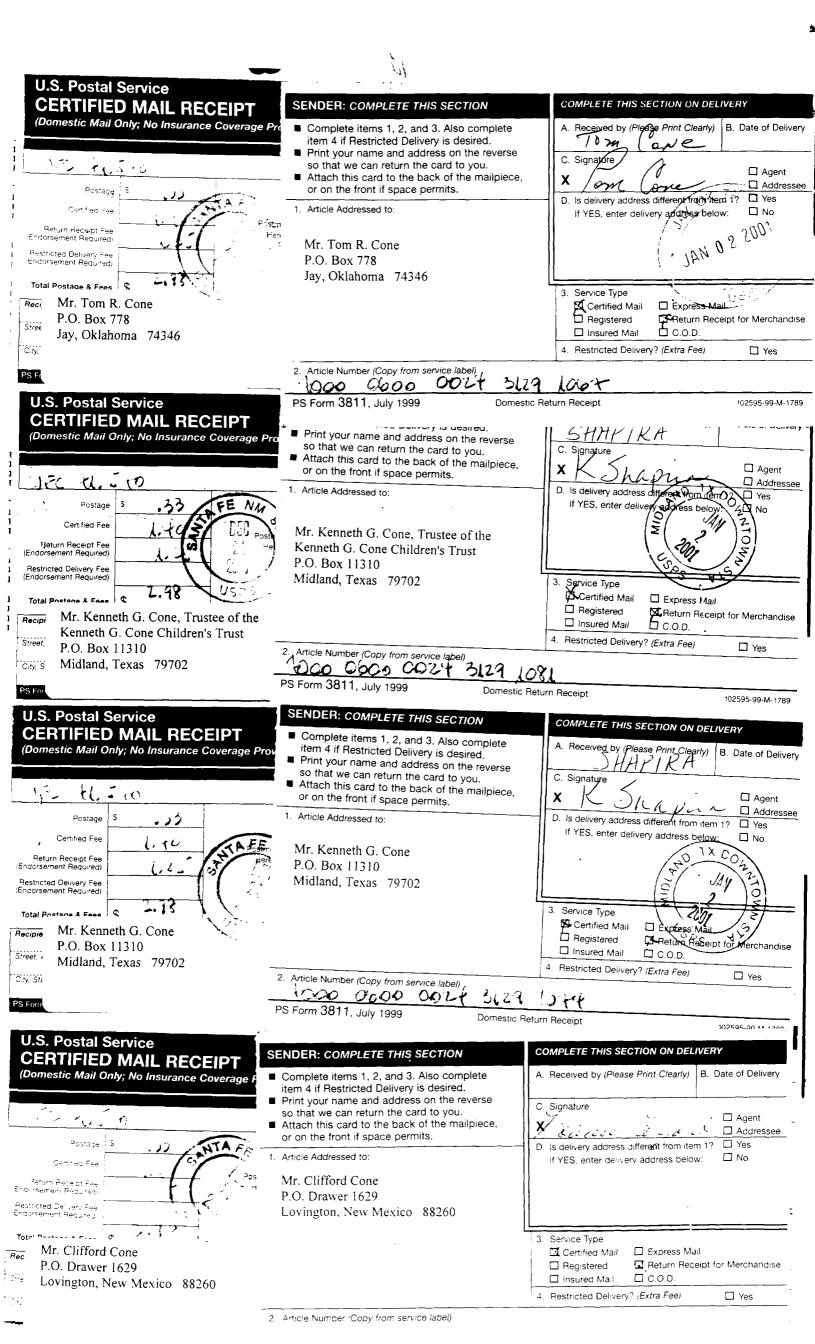
	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
<b>T</b>								
ተበተተ	رة	- 110 -	10					
л L		<b>/</b> ⊃ostage	\$	. 3	3/	SANT	AFE.	
ŋ		Gartified Fee		4	0/		Pana	
r 10 10 10		WReceipt Fee ent Finquired)		1.	1		Here	
		Delivery Fee ent Required)			15		يخ بمعمرسيد.	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Total Po	stana & Fase	¢	L.C	R			
	Recipier	Ms. Lynda Pratt Rast 1202 Marlee Lane						
	Street, A	Arlington, Texas 76014						
	City, Sta							

	19	
U.S. Postal Service	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CERTIFIED MAIL RECEIPT	Complete items 1, 2, and 3, Also complete	
(Domestic Mail Only; No Insurance Coverage Pro	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Hecewed by (Please Print Clearly)  B. Date of Delivery  2.24.00
	so that we can return the card to you	C. Signature
10-11.500	Attach this card to the back of the mailpiece, or on the front if space permits.	X Ciscuette Steam Addressee
Postage 3	Article Addressed to:	D. Is delivery address different from item 1? Yes
Sent ed Fee		If YES, enter delivery address below: ☐ No
Refuln Receipt Fee Endorsement Recuired.	The Long Trusts	
Restricted Delivery Fee Endorsement Required	P.O. Box 3096	
- 12	Kilgore, Texas 75663	3. Service Type
Total Phetana & Fase W		Certified Mail
P.O. Box 3096		Registered Receipt for Merchandise
Stree Kilgore, Texas 75663		4 Bestricted Delivon 2 (Extra 5)
TÖRT.	2. Article Number (Copy from service label)	1 163
PS Fd	DD F 2011	.28
	PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789
U.S. Postal Service	item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly)   B. Date of Delive
CERTIFIED MAIL RECEIPT	Print your name and address on the reverse	
(Domestic Mail Only; No Insurance Coverage Pro	Attach this card to the back of the mailiness	C. Signature
	or on the front if space permits.	Agent Address.
10/7_ H.510	Article Addressed to:	D. Is delivery address different from item 1?  Yes
·	Ms. Marilyn Cone	If YES, enter delivery address below: No
Certified Fee	Trustee of the D.C. Trust	
Refurn Receipt Fee	P.O. Drawer 1629	
Endors ment Required  Restricted Delivery Fee	Lovington, New Mexico 88260	3. Service Type
(Endorsement Required)	•	Certified Mail
Total Pnetane & Fees   4		Registered Receipt for Merchandise
Ms. Marilyn Cone Trustee of the D.C. Trust	2. 4554. 11	4. Restricted Delivery? (Extra Fee) ☐ Yes
Street, P.O. Drawer 1629	2. Article Number (Copy from service label)	126
	120000000000000000000000000000000000000	13
Lovington, New Mexico 88260	PS Form 3811 (1) 1000	Peturn Bookins
PS For	PS Form 3811 (1) 1000	Return Receipt 102595-99-M-1789
PS Fort	PS Form 3811, July 1999 Domestic R	102595-99-M-1789
U.S. Postal Service	PS Form 3811, July 1999  SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
U.S. Postal Service	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY
U.S. Postal Service	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly)  B. Date of Delivery
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	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	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	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.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Addressee
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	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.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	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.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Addressee
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	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.  Article Addressed to:	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Addressee
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	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.  Article Addressed to:  Mr. Philip L. White The Blanco Company	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr.  Postage Certifed Fee Endorsement Reduired) Restricted Delivery Fee	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.  Article Addressed to:  Mr. Philip L. White The Blanco Company	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  3. Service Type  C. Certified Mail  Express Mail
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Proceedings of the Postage Support of the Postage 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.  Article Addressed to:  Mr. Philip L. White The Blanco Company	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pi  Postage  Return Receict Fee (Endorsement Required) Restricted Derivery Fee Endorsement Required  Total Postage & Fees  Recir Mr. Philip L. White The Blanco Company	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Mr. Philip L. White The Blanco Company	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Section Receipt Fee (Endorsement Required) Restricted Delivery Fee Endorsement Redured Total Postage & Fees & Recit Mr. Philip L. White The Blanco Company P.O. Box 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.  Article Addressed to:  Mr. Phillip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. 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   Receipt for Merchandise   Plansured Mail   C.O.D.
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Section Required) Restricted Delivery Fee Endorsement Required) Restricted Delivery Fee Endorsement Redured Total Postage & Fees & Recit Mr. Philip L. White The Blanco Company P.O. 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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168	A. Received by (Please Print Clearly)  B. Date of Delivery  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Section Receipt Fee (Endorsement Required) Restricted Delivery Fee Endorsement Redured Total Postage & Fees & Recit Mr. Philip L. White The Blanco Company P.O. Box 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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1? Addressee  If YES, enter delivery address below:  3. Service Type  Certified Mail Express Mail  Registered Receipt for Merchandise  Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Return Receipt  102595-99-M-178
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pi  Postage Certified Fee (Endorsement Reduired) Restricted Delivery Fee Endorsement Reduired) Total Postage & Fees  Recir Mr. Philip L. White The Blanco Company P.O. 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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168	A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressee  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No  3. Service Type  Certified Mail Registered Receipt for Merchandise  Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Return Receipt  102595-99-M-178
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Proceeding of the Postage Service Certifed Fee Endorsement Redured) Restricted Devicey Fee Endorsement Redured Total Postage & Fees Recur Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  PSFC  U.S. Postal Service CERTIFIED MAIL RECEIPT	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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  Article Number (Copy from service label) PS Form 3811, July 1999  Domestic	A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressee  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No  3. Service Type  Certified Mail Registered Receipt Factorian Receipt for Merchandise  Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Pes  Return Receipt  A. Received by (Please Print Clearly)  B. Date of Delivery
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Proceeding of the Postage Service Certifed Fee Endorsement Reduired) Restricted Delivery Fee Endorsement Reduired Total Postage & Fees Recir Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  U.S. Postal Service	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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  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	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1? Addressee  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Pes  102595-99-M-176  Return Receipt  A. Received by (Please Print Clearly)  B. Date of Delivery  B. Date of Delivery  102595-99-M-176  Return Receipt  Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Proceeding of the Postage Service Certifed Fee Endorsement Redured) Restricted Devicey Fee Endorsement Redured Total Postage & Fees Recur Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  PSFC  U.S. Postal Service CERTIFIED MAIL RECEIPT	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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,	A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressee  Addressee  D. Is delivery address different from item 1?
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Mail Only; No	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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.	A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressee  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  No  3. Service Type  Certified Mail Registered Registered Received Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Return Receipt  A. Received by Rease Print Clearly,  Restricted Delivery  C. Signature  A. Received by Rease Print Clearly,  C. Signature
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Proceeding of the Postage Service Certifed Fee Endorsement Redured) Restricted Devicey Fee Endorsement Redured Total Postage & Fees Recur Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  PSFC  U.S. Postal Service CERTIFIED MAIL RECEIPT	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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,	A. Received by (Please Print Clearly)  B. Date of Delivery  A. Received by (Please Print Clearly)  B. Date of Delivery  Addressee  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   Registered   Receipt for Merchandise   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  Return Receipt   102595-99-M-178  Return Receipt   B. Date of Delivery  A. Received by Rease Print Clearly,   B. Date of Delivery  C. Signature   Agent   Addressee
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Postage Service Return Receiot Fee (Endorsement Required) Restricted Delivery Fee Endorsement Redured) Total Postage & Fees Recip Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Processing Mail Only; No Insurance Coverage Processing Processing Mail Only; No Insurance Coverage Processing Mail Only; No Insurance Covera	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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  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.  Article Addressed to:  Ms. Keith Pratt Daniels	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1?   Agent   Addressee   No    3. Service Type   Certified Mail   Express Mail   Registered   Receipt for Merchandise   No   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  Return Receipt   102595-99-M-176  C. Signature   Agent   Addressee   Agent   Addressee   Agent   Addressee   Agent   Agent   Addressee   Agent   Addressee   Addressee   Agent   Addressee   Agent   Addressee   Addressee   Addressee   Agent   Addressee   Agent   Addressee   Agent   Addressee   Addressee   Agent   Addressee   Addressee   Addressee   Addressee   Addressee   Agent   Addressee   Addresse   Addressee   Addressee   Addressee   Addressee   Addresse   Addresse
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr.  Return Receipt Fee (Endorsement Reduired) Restricted Derivary Fee Endorsement Reduired) Total Postage & Fees  Recir Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  PSFd  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Production of the Coverage Production of	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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.  Ms. Keith Pratt Daniels P.O. Box 190766	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1?   Agent   Addressee   No    3. Service Type   Certified Mail   Express Mail   Registered   Receipt for Merchandise   No   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  Return Receipt   102595-99-M-176  C. Signature   Agent   Addressee   Agent   Addressee   Agent   Addressee   Agent   Agent   Addressee   Agent   Addressee   Addressee   Agent   Addressee   Agent   Addressee   Addressee   Addressee   Agent   Addressee   Agent   Addressee   Agent   Addressee   Addressee   Agent   Addressee   Addressee   Addressee   Addressee   Addressee   Agent   Addressee   Addresse   Addressee   Addressee   Addressee   Addressee   Addresse   Addresse
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Pr	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.  Article Addressed to:  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  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.  Article Addressed to:  Ms. Keith Pratt Daniels	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Addressee  D. Is delivery address different from item 1?   Agent   Addressee   No    3. Service Type   Certified Mail   Express Mail   Registered   Receipt for Merchandise   No   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  Return Receipt   102595-99-M-176  C. Signature   Agent   Addressee   Agent   Addressee   Agent   Addressee   Agent   Agent   Addressee   Agent   Addressee   Addressee   Agent   Addressee   Agent   Addressee   Addressee   Addressee   Agent   Addressee   Agent   Addressee   Agent   Addressee   Addressee   Agent   Addressee   Addressee   Addressee   Addressee   Addressee   Agent   Addressee   Addresse   Addressee   Addressee   Addressee   Addressee   Addresse   Addresse
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Service Against Plant Peers of Peerson Peerso	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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.  Ms. Keith Pratt Daniels P.O. Box 190766	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  B. Date of Delivery    Agent   Addressee   Addressee   Addressee   Addressee   No
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Service)  Return Recent Fee (Endorsement Required)  Restricted Devery Fee Endorsement Required)  Total Postage & Fees  Wr. Philip L. White The Blanco Company P.O. Box 2168  City Santa Fe, New Mexico 87504-2168  PSF6  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Restricted Devery Fee Endorsement Required)  Restricted Devery Fee Endorsement Required  Restricted Devery Fee Endorsement Required  Restricted Devery Fee Endorsement Required  Total Postage & Fees	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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.  Ms. Keith Pratt Daniels P.O. Box 190766	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Section Receipt Fee Endorsement Redured) Restricted Dervery Fee Endorsement Redured Total Postage & Fees From Mr. Philip L. White The Blanco Company P.O. Box 2168 Girl Santa Fe, New Mexico 87504-2168  PSF6  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Processing Mail Only; No Insurance Coverage Processing Mail Only; No Insurance Coverage Processing Mail Only; Restricted Devery Fee Endorsement Redured Restricted Devery Fee Endorsement Redured Restricted Devery Fee Endorsement Redured	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.  Mr. Philip L. White The Blanco Company P.O. Box 2168 Santa Fe, New Mexico 87504-2168  2. Article Number (Copy from service label) 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.  Ms. Keith Pratt Daniels P.O. Box 190766	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature

PS For

Domestic Return Receipt

102595-99-M-1789



	<b>N.</b>	
U.S. Postal Service	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Prov	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A Received by (Please Print Clearly) B. Date of Delivery
17 H.50	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.	C. Signature  Agent  Addressee
Postage S	Article Addressed to:	D. Is delivery address different from item 1?
Return Receipt Fee Endorsement Required:  Pestnoted Delivery Fee Endorsement Required:	LWJ Partnership P.O. Box 64244 Lubbock, Texas 79424	
Total LWJ Partnership P.O. Box 64244 Lubbock, Texas 79424		3. Service Type Certified Mail Registered Insured Mail C.O.D.
Siree Lubbock, Texas 79424		4. Restricted Delivery? (Extra Fee) Yes
PS Folk	2. Article Number (Copy from service label) 2000 Cooo GOZY 3179 1	142
U.S. Postal Service	PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Prov	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Sigriature
WEG 24.50	or on the front if space permits.	E Sales Delles - Addressee
Postage \$ .33  Certified Fee L.VO  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	1. Article Addressed to:  Mr. Clifford Cone, Trustee of the Clifford Cone Family Trust U/W/O Kathleen Cone P.O. Drawer 1629	D. Is delivery address different from item 1?
Mr. Clifford Cone, Trustee of the Clifford Cone Family Trust U/W/O	Lovington, New Mexico 88260	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
Kathleen Cone P.O. Drawer 1629		4. Restricted Delivery? (Extra Fee)
Lovington, New Mexico 88260	2. Article Number (Copy from service label) 1000 000 0024 3129	11/2/2
Postage S  Certified Fee  Return Receipt Fee Endorsement Required)  Restricted Delivery Fee Endorsement Required	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>David H. Arrington Oil &amp; Gas, Inc.</li> <li>214 West Texas, Suite 400</li> <li>Midland, Texas 79701</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
David H. Arrington Oil & Gas 18 214 West Texas, Suite 400  Midland, Texas 79701	Manage	3. Service Type  A Certified Mail
<del></del>	2. Article Number (Copy from service label)	1120
U.S. Postal Service	200 0000 0001 3001	Return Receipt 102595-99-M-1789
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (PleaserPrint Clearly)  B. Date of Delivery  L. 28 · D.  C. Signature  X
Sertified Fee  Feturn Recept Fee (Endojgement Required)  Restricted Delivery Fee (Endorsement Required)	Ocean Energy Resources, Inc. 1001 Fannin, Suite 1600 Houston, Texas 77002-6794	If YES, enter delivery address below: ☐ No
Total Postage & Fees Control Recip Ocean Energy Resources, Inc.  1001 Fannin, Suite 1600  Street Houston, Texas 77002-6794		3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
TOW'S	2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS For	PS Form 3811, July 1999 Domest - B-	att on Book of

Domestic Batish Basish