

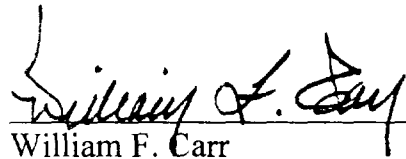
**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY, MINERALS  
AND NATURAL RESOURCES**

**APPLICATION OF YATES PETROLEUM CORPORATION    CASE NO. 12569  
FOR COMPULSORY POOLING, AND THREE NON-  
STANDARD OIL AND GAS SPACING AND PRORATION  
UNITS, LEA COUNTY, NEW MEXICO.**

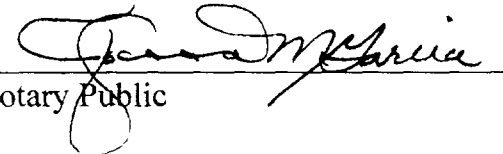
**AFFIDAVIT**

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 10<sup>th</sup> day of January, 2001.

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

My Commission Expires:

August 21, 2001

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case Nos. 12535/12567/12569 Cons.        Exhibit 5

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

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.  
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

December 21, 2000

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

**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)

15-510

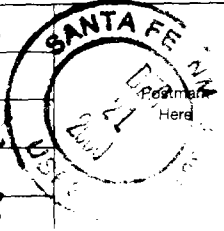
Postage \$ .33

Certified Fee \$ 4.10

Return/Receipt Fee  
(Endorsement Required) \$ 1.25

Restricted Delivery Fee  
(Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.68



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

PS Form

Instructions

POSTAGE WILL BE PAID BY ADDRESSEE

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

Postage \$ 0.22  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required) 2.98  
Total Postage & Fees \$ 2.98

Recip: The Long Trusts  
Street: P.O. 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  
P.O. Box 3096  
Kilgore, Texas 75663

2. Article Number (Copy from service label)  
1000 0600 0024 3129 1128

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) ELISABETH STOUT B. Date of Delivery 12-26-00

C. Signature *Elisabeth Stout* ☐ 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)

Postage \$ 0.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required) 2.98  
Total Postage & Fees \$ 2.98

Recip: Ms. Marilyn Cone  
Street: Trustee of the D.C. Trust  
City: P.O. 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:

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

2. Article Number (Copy from service label)  
1000 0600 0024 3129 1135

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *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)

Postage \$ 0.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required) 2.98  
Total Postage & Fees \$ 2.98

Recip: Mr. Philip L. White  
Street: The Blanco Company  
City: P.O. Box 2168  
Santa Fe, New Mexico 87504-2168

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  
P.O. Box 2168  
Santa Fe, New Mexico 87504-2168

2. Article Number (Copy from service label)  
1000 0600 0024 3129 1111

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *Philip 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

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

Postage \$ 0.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required) 2.98  
Total Postage & Fees \$ 2.98

Recip: Ms. Keith Pratt Daniels  
Street: P.O. 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  
P.O. Box 190766  
Dallas, Texas 75219

2. Article Number (Copy from service label)  
1000 0600 0024 3129 1111

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) KEITH DANIELS B. Date of Delivery 12-26-00

C. Signature *Keith Daniels* ☐ 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)

Postage \$ .33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.40  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Rec'd Mr. Tom R. Cone  
Street P.O. Box 778  
City 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:

Mr. Tom R. Cone  
P.O. Box 778  
Jay, Oklahoma 74346

2. Article Number (Copy from service label)

1000 0000 0024 3129 1007

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 Tom Cone

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)

Postage \$ .33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.40  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Rec'd Mr. Kenneth G. Cone, Trustee of the  
Street Kenneth G. Cone Children's Trust  
City P.O. Box 11310  
Midland, Texas 79702

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

- 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. Kenneth G. Cone, Trustee of the  
Kenneth G. Cone Children's Trust  
P.O. Box 11310  
Midland, Texas 79702

2. Article Number (Copy from service label)

1000 0000 0024 3129 1081

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)

Postage \$ .33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.40  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Rec'd Mr. Kenneth G. Cone, Trustee of the  
Street Kenneth G. Cone Children's Trust  
City P.O. 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:

Mr. Kenneth G. Cone  
P.O. Box 11310  
Midland, Texas 79702

2. Article Number (Copy from service label)

1000 0000 0024 3129 1074

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

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)

Postage \$ .33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.40  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Rec'd Mr. Kenneth G. Cone  
Street P.O. Box 11310  
City Midland, Texas 79702

PS Form 3811, July 1999

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

Postage \$ .33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.40  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98

Rec'd Mr. Clifford Cone  
Street P.O. Drawer 1629  
City 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:

Mr. Clifford Cone  
P.O. Drawer 1629  
Lovington, New Mexico 88260

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature X Clifford Cone

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)

Postage \$ 0.33  
Certified Fee 1.50  
Return Receipt Fee (Endorsement Required) 0.25  
Restricted Delivery Fee (Endorsement Required) 0.98  
Total 2.78  
Recip: LWJ Partnership  
P.O. Box 64244  
Street: Lubbock, Texas 79424  
City, S

SANTA FE NM  
DEC 21 2000  
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  
P.O. Box 64244  
Lubbock, Texas 79424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Cheryl Koss  
B. Date of Delivery 12-29-00  
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

2. Article Number (Copy from service label)

7000 0000 0024 3129 1142

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)

Postage \$ 0.33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 0.25  
Restricted Delivery Fee (Endorsement Required) 0.98  
Total 2.98  
Recip: Mr. Clifford Cone, Trustee of the  
Clifford Cone Family Trust U/W/O  
Kathleen Cone  
P.O. Drawer 1629  
Lovington, New Mexico 88260  
City, S

SANTA FE NM  
DEC 21 2000  
USPS

- 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. Clifford Cone, Trustee of the  
Clifford Cone Family Trust U/W/O  
Kathleen Cone  
P.O. Drawer 1629  
Lovington, New Mexico 88260

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

2. Article Number (Copy from service label)

7000 0000 0024 3129 1166

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)

Postage \$ 0.33  
Certified Fee 1.50  
Return Receipt Fee (Endorsement Required) 0.25  
Restricted Delivery Fee (Endorsement Required) 0.98  
Total 2.98  
Recip: David H. Arrington Oil & Gas, Inc.  
214 West Texas, Suite 400  
Street: Midland, Texas 79701  
City, S

SANTA FE NM  
DEC 21 2000  
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:

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

A. Received by (Please Print Clearly)  
B. Date of Delivery 12-27-00  
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

2. Article Number (Copy from service label)

7000 0000 0024 3129 1180

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)

Postage \$ 0.33  
Certified Fee 1.50  
Return Receipt Fee (Endorsement Required) 0.25  
Restricted Delivery Fee (Endorsement Required) 0.98  
Total 2.98  
Recip: Ocean Energy Resources, Inc.  
1001 Fannin, Suite 1600  
Street: Houston, Texas 77002-6794  
City, S

SANTA FE NM  
DEC 21 2000  
USPS

- 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

A. Received by (Please Print Clearly) Mike Cervantez  
B. Date of Delivery 12-28-00  
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

2. Article Number (Copy from service label)

7000 0000 0024 3129 1180

PS Form 3811, July 1999

Domestic Return Receipt