

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,

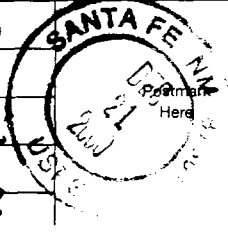
William F. Carr
ATTORNEY FOR YATES
PETROLEUM CORPORATION

Enc.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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12-510

Postage	\$.33
Certified Fee	1.40
Return/Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98



Recipient	Ms. Lynda Pratt Rast
Street, A	1202 Marlee Lane
City, Sta	Arlington, Texas 76014

PS Form

Instructions

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

Postage \$ 1.33
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 1.25
Restricted Delivery Fee (Endorsement Required) \$ 2.98
Total Postage & Fees \$ 4.96

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) ELIZABETH STOUT
B. Date of Delivery 12-26-00
C. Signature X Elizabeth Stout
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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Postage \$ 1.33
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 1.25
Restricted Delivery Fee (Endorsement Required) \$ 2.98
Total Postage & Fees \$ 4.96

Recip: Ms. Marilyn Cone
Street: Trustee of the D.C. Trust
City: P.O. Drawer 1629
City, St: Lovington, New Mexico 88260

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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 X [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
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Postage \$ 1.33
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 1.25
Restricted Delivery Fee (Endorsement Required) \$ 2.98
Total Postage & Fees \$ 4.96

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

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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 1135

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Postage \$ 1.33
Certified Fee \$ 1.40
Return Receipt Fee (Endorsement Required) \$ 1.25
Restricted Delivery Fee (Endorsement Required) \$ 2.98
Total Postage & Fees \$ 4.96

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)

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 X [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)

152 20510

Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98

Recip: 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 0600 0024 3129 1067

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X Tom 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)

152 20510

Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98

Recip: 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

- 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 0600 0024 3129 1081

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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)

152 20510

Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98

Recip: Mr. Kenneth G. Cone
Street: P.O. 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:

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

2. Article Number (Copy from service label)

1000 0600 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 ☐ 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)

152 20510

Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98

Recip: Mr. Clifford Cone
Street: P.O. 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:

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 ☐ 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.

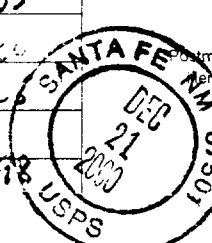
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFL 12.5.00

Postage	\$ 3.22
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	2.98
Total	8.85

Recip: LWJ Partnership
P.O. Box 64244
Street: Lubbock, Texas 79424
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
P.O. Box 64244
Lubbock, Texas 79424

2. Article Number (Copy from service label)
7000 0600 0024 3129 1142

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COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cheryl Ross
B. Date of Delivery 12-9-00
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
☐ Agent
☐ Addressee

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

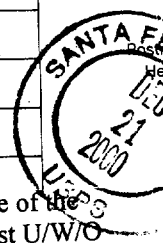
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

WFL 12.5.00

Postage	\$ 3.22
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	2.98
Total	8.85

Recip: Mr. Clifford Cone, Trustee of the
Clifford Cone Family Trust U/W/O
Kathleen Cone
P.O. Drawer 1629
Street: Lovington, New Mexico 88260
City: Lovington, New Mexico 88260
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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:

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

2. Article Number (Copy from service label)
7000 0600 0024 3129 1166

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
☐ Agent
☐ Addressee

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)

WFL 12.5.00

Postage	\$ 3.22
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	2.98
Total	8.85

Recip: David H. Arrington Oil & Gas
214 West Texas, Suite 400
Street: Midland, Texas 79701
City: Midland, Texas 79701
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:

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

2. Article Number (Copy from service label)
7000 0600 0024 3129 1180

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery 12-27-00
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
☐ Agent
☐ Addressee

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

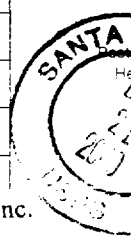
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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WFL 12.5.00

Postage	\$ 3.22
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	2.98
Total	8.85

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

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

2. Article Number (Copy from service label)
7000 0600 0024 3129 1180

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Cervante
B. Date of Delivery 12-28-00
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
☐ Agent
☒ Addressee

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

4. Restricted Delivery? (Extra Fee) ☐ Yes