

proposed to be pooled or unitized, in securely sealed, certified mail, return receipt requested, postage prepaid envelopes, addressed to the following named parties:

Marilyn Cone, Trustee
for the D. C. Trust
P. O. Box 64244
Lubbock, Texas 79464

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

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

Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, Texas 78764

Clifford Cone
P. O. Box 1509
Lovington, New Mexico 88260

on the 29th day of of January, 1990, as reflected by the copies of the letters transmitting such copies of the Application and the return receipts executed on behalf of the addressees, attached hereto.



Patti Wier

SUBSCRIBED AND SWORN TO before me this 29th day of January, 1990, by PATTI WIER.

My commission expires:
1-2-94



Notary Public

FISK & VANDIVER

ATTORNEYS AT LAW

SEVENTH & MAHONE / SUITE E
ARTESIA, NEW MEXICO 88210

(505) 746-9841

JOHN FISK
DAVID R. VANDIVER

FAX
(505) 746-4208

January 29, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Marilyn Cone, Trustee
for the D. C. Trust
P. O. Box 64244
Lubbock, Texas 79464

Re: John "AGU" No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 14: N/2
Eddy County, New Mexico

Dear Ms. Cone:

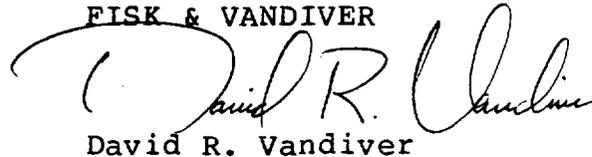
Enclosed, please find a copy of the Application of Yates Petroleum Corporation for Compulsory Pooling, Eddy County, New Mexico.

Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on February 21, 1990.

Please contact the undersigned if you have any questions regarding this application.

Very truly yours,

FISK & VANDIVER



David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

FISK & VANDIVER

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January 29, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

Re: John "AGU" No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 14: N/2
Eddy County, New Mexico

Dear Mr. Cone:

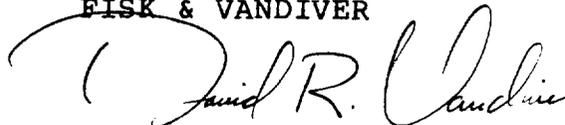
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January 29, 1990

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RETURN RECEIPT REQUESTED

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

Re: John "AGU" No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 14: N/2
Eddy County, New Mexico

Dear Mr. Cone:

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Enclosure

cc: Yates Petroleum Corporation

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DAVID R. VANDIVER

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(505) 746-4208

January 29, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, Texas 78764

Re: John "AGU" No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 14: N/2
Eddy County, New Mexico

Dear Ms. Auvenshine:

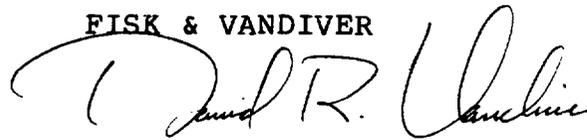
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Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on February 21, 1990.

Please contact the undersigned if you have any questions regarding this application.

Very truly yours,

FISK & VANDIVER



David R. Vandiver

DRV:pw
Enclosure

cc: Yates Petroleum Corporation

FISK & VANDIVER

ATTORNEYS AT LAW

SEVENTH & MAHONE / SUITE E
ARTESIA, NEW MEXICO 88210

(505) 746-9841

JOHN FISK
DAVID R. VANDIVER

FAX
(505) 746-4208

January 29, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Clifford Cone
P. O. Box 1509
Lovington, New Mexico 88260

Re: John "AGU" No. 1 Well
Township 20 South, Range 24 East, NMPM
Section 14: N/2
Eddy County, New Mexico

Dear Mr. Cone:

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Hearing is scheduled before the New Mexico Oil Conservation Division, in Santa Fe, New Mexico, on February 21, 1990.

Please contact the undersigned if you have any questions regarding this application.

Very truly yours,

FISK & VANDIVER



David R. Vandiver

DRV:pvw
Enclosure

cc: Yates Petroleum Corporation

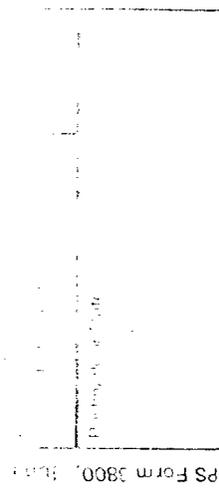
P 132 555 030

Marilyn Cone, Trustee
for the D. C. Trust
P. O. Box 64244
Lubbock, TX 79464



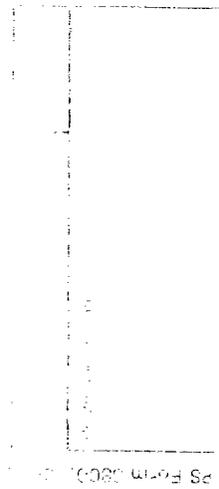
P 132 555 031

Kenneth G. Cone
P. O. Box 11310
Midland, TX 79702



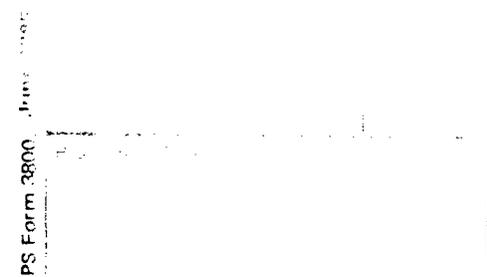
P 132 555 032

Tom R. Cone
P. O. Box 778
Jay, OK 74346



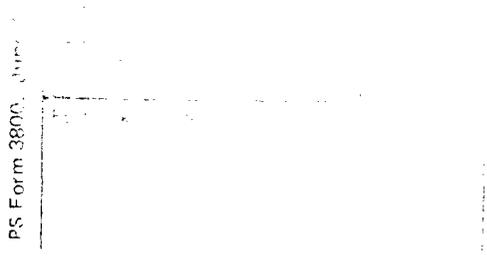
P 132 555 033

Cathie Cone Auvenshine
P. O. Box 33280-296
Austin, TX 78764



P 132 555 034

Clifford Cone
P. O. Box 1509
Lovington, NM 88260



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Marilyn Cone, Trustee for the D. C. Trust P. O. Box 64244 Lubbock, TX 79464	4. Article Number P 132 555 030 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X <i>Pat Krug</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 1-30-90	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Kenneth G. Cone P. O. Box 11310 Midland, TX 79702 <i>Kenneth G. Cone</i>	4. Article Number P 132 555 031 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery JAN 31 1991	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Tom R. Cone P. O. Box 778 Jay, OK 74346	4. Article Number P 132 555 032 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X <i>Tom R. Cone</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2-19-90	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Cathie Cone Auvenshine P. O. Box 33280-296 Austin, TX 78764	4. Article Number P 132 555 033
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED .	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Janet T. Sprouse</i>	
7. Date of Delivery <i>2-3-90</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Clifford Cone P. O. Box 1509 Lovington, NM 88260	4. Article Number P 132 555 034
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED .	
5. Signature - Address X <i>Clifford Cone by C. Kinchel</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT