

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION :  
OF YATES PETROLEUM CORPORATION : CASE NO. 10241  
FOR AN UNORTHODOX GAS WELL :  
LOCATION, EDDY COUNTY, NEW MEXICO :  
\_\_\_\_\_ :

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH RULE 1207

In accordance with Division Rule 1207, I hereby certify that on January 23, 1991, a copy of the Application filed in the above referenced case was mailed, at least 20 days prior to hearing set for February 21, 1991, to the operators and interested parties listed in Exhibit "A" attached hereto. On January 31, 1991, a copy of the Amended Application filed in the above referenced case was mailed to the operators and interested parties listed in Exhibit "A" attached hereto. On February 13, 1991, notice of the hearing set for February 21, 1991, a copy of which notice was received in this office on February 11, 1991, was mailed to the operators and interested parties listed in Exhibit "A" attached hereto.

Also attached hereto are copies of said correspondence as mailed to each operator and interested party as Exhibits "B", "C" and "D", respectively.

LOSEE, CARSON, HAAS & CARROLL, P.A.

By: \_\_\_\_\_  
Ernest L. Carroll  
P. O. Drawer 239  
Artesia, New Mexico 88210  
(505/746-3505)

Attorneys for Applicant,  
Yates Petroleum Corporation

YATES PETROLEUM CORP.  
BEFORE EXAMINER CATANACH  
N.M. O.C.D. CASE NO. 10241  
DATE: 02/21/91  
EXHIBIT NO. 3

STATE OF NEW MEXICO )

SS.

SUBSCRIBED AND SWORN TO before me this February 14,  
1991.

My commission expires:

Notary Public

EXHIBIT "A"

Santa Fe Energy Operating Partners, LP  
550 West Texas, Suite 1330  
Midland, Texas 79701

Torch Operating Company  
P. O. Box 200722  
Houston, Texas 77216-0722

Conoco, Inc.  
P. O. Box 1959  
Midland, Texas 79702

Chevron U.S.A., Inc.  
P. O. Box 1150  
Midland, Texas 79702

**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)

<p>3. Article Addressed to:</p> <p><i>Santa Fe Energy Operations</i>  <i>Partners, L.P.</i>  <i>550 W. Texas, Suite 1330</i>  <i>Muellers, TX 79701</i></p>	<p>4. Article Number</p> <p><i>P916 634 335</i></p> <p>Type of Service:</p> <p><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</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature -- Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature -- Agent</p> <p><i>x Hande Hade</i></p>	
<p>7. Date of Delivery</p> <p><i>1/24</i></p>	

**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)

<p>3. Article Addressed to:</p> <p><i>Torch Operating Co.</i>  <i>P.O. Box 200722</i>  <i>Houston TX 77216-0722</i></p>	<p>4. Article Number</p> <p><i>P916 634 333</i></p> <p>Type of Service:</p> <p><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</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p><i>JAN 29 1991</i></p>	

**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: Chevron, U.S.A., Inc. P.O. Box 1150 Midland, TX 79702	4. Article Number P916 634 332 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 6. Signature - Agent X  7. Date of Delivery JAN 24 1991	8. Addressee's Address (ONLY if requested and fee paid)

**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: <i>Conoco, Inc.</i> <i>P.O. Box 1959</i> <i>Midland, TX 79702</i>	4. Article Number <i>P 916 634 334</i> 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 <b>DATE DELIVERED.</b>
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery <b>JAN 25 1991</b>	

P 916 434 332

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to <i>Chewon</i>	
Street and No	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <i>11/23/91</i>	



P 916 634 335

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

S Form 3800, June 1985

Sent to <i>J Fe</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <i>1/23/91</i>	

P 916 634 334

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

S Form 3800, June 1985

Sent to - <i>Genoco</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <i>1/23/91</i>	

P 916 634 333

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

'S Form 3800, June 1985

Sent to <i>1 on ch</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <i>1/23/91</i>	

LAW OFFICES  
LOSEE, CARSON, HAAS & CARROLL, P. A.

ERNEST L. CARROLL  
JOEL M. CARSON  
JAMES E. HAAS  
A. J. LOSEE  
DEAN B. CROSS

300 YATES PETROLEUM BUILDING  
P. O. DRAWER 239  
ARTESIA, NEW MEXICO 88211-0239

TELEPHONE  
(505) 746-3508  
TELECOPY  
(505) 746-6316

January 23, 1991

Mr. William J. LeMay, Director  
New Mexico Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Re: Application of Yates Petroleum Corporation

Dear Mr. LeMay:

Enclosed for filing, please find three copies of Application of Yates Petroleum Corporation for an unorthodox gas well location for its Judith "AIJ" Federal No. 1 Well in Eddy County, New Mexico.

We ask that this case be set for hearing before an examiner and that we be furnished with a copy of the docket for said hearing.

Yours truly,

LOSEE, CARSON, HAAS & CARROLL, P.A.

Ernest L. Carroll

ELC:bjk  
Enclosures

cc w/encl: Ms. Kathy Porter  
Santa Fe Energy Operating Partners, LP  
Conoco, Inc.  
Torch Operating Company  
Chevron U.S.A., Inc.

EXHIBIT "B"

● **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)

<p>3. Article Addressed to:</p> <p><i>Conoco, Inc.</i>  <i>P.O. Box 1959</i>  <i>Midland, TX 79702</i></p>	<p>4. Article Number</p> <p><i>P 916 634 338</i></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature -- Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature -- Agent</p> <p>X <i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p><b>FEB 4 1991</b></p>	

**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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)	2. <input type="checkbox"/> Restricted Delivery (Extra charge)
3. Article Addressed to:  <i>Churron, U.S.A. Inc.</i> <i>P.O. Box 1150</i> <i>Middland, TX 79702</i>	4. Article Number <i>P 916 634 340</i> 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 <u>DATE DELIVERED.</u>
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery  <b>FEB 4 1981</b>	

**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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)	2. <input type="checkbox"/> Restricted Delivery (Extra charge)
--	---

3. Article Addressed to: <i>Santa Fe Energy Op. Partners, LP</i> <i>550 W. Texas, Suite 1330</i> <i>Midland, TX 79701</i>	4. Article Number <i>P916 634 341</i>
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 <b>DATE DELIVERED.</b>	
5. Signature — Address <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>Wanda Wade</i>	
7. Date of Delivery <i>2/4</i>	

**Instructions:** 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)

<p>3. Article Addressed to:</p> <p><i>Torch Operators Co.</i>  <i>P.O. Box 200722</i>  <i>Houston, TX 77216-0722</i></p>	<p>4. Article Number</p> <p><i>P916 634 339</i></p> <p>Type of Service:</p> <p><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</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p><b>FEB 5 - 1991</b></p>	



P 916 634 338

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to <i>Conoco</i>	
Street and No	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 916 634 339

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

S Form 3800, June 1985

Sent to <i>101ch</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 916 634-341

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

S Form 3800, June 1985

Sent to <i>Jfe</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

F 916 634 340

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Churro</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Form 3800, June 1985

LAW OFFICES

LOSEE, CARSON, HAAS & CARROLL, P. A.

ERNEST L. CARROLL  
JOEL M. CARSON  
JAMES E. HAAS  
A. J. LOSEE  
DEAN B. CROSS

300 YATES PETROLEUM BUILDING  
P. O. DRAWER 239  
ARTESIA, NEW MEXICO 88211-0239

TELEPHONE  
(505) 746-3508  
TELECOPY  
(505) 746-6316

January 31, 1991

Mr. William J. LeMay, Director  
New Mexico Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Re: Amended Application of Yates Petroleum Corporation


Dear Mr. LeMay:

Enclosed for filing, please find three copies of the Amended Application of Yates Petroleum Corporation for an unorthodox gas well location for its Judith "AIJ" Federal No. 1 Well in Eddy County, New Mexico. Yates Petroleum Corporation is filing its Amended Application to change the total depth of the well to the Morrow Formation, rather than the Cisco Canyon Formation.

We ask that this case be set for hearing before an examiner and that we be furnished with a copy of the docket for said hearing.

Yours truly,

LOSEE, CARSON, HAAS & CARROLL, P.A.

  
Ernest L. Carroll

ELC:bjk  
Enclosures

cc w/encl: Ms. Kathy Porter  
Santa Fe Energy Operating Partners, LP  
Conoco, Inc.  
Torch Operating Company  
Chevron U.S.A., Inc.

EXHIBIT "C"

● **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)

<b>3. Article Addressed to:</b> <i>Perco, Inc.</i> <i>P.O. Box 1959</i> <i>Houston, TX 77002</i>	<b>4. Article Number</b> <i>1 012 654 300</i> <b>Type of Service:</b> <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 <u>DATE DELIVERED</u> .
<b>5. Signature — Address</b> <b>X</b>	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> <b>X</b> <i>[Signature]</i>	
<b>7. Date of Delivery</b> <i>FEB 1988</i>	

**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)

<p>3. Article Addressed to:</p> <p><i>Churron, U.S.A. Inc</i> <i>P.O. Box 1150</i> <i>Midland, TX 79702</i></p>	<p>4. Article Number</p> <p><i>P916 634 346</i></p> <p>Type of Service:</p> <p><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</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p><i>FEB 14 1991</i></p>	

**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)

<p>3. Article Addressed to:</p> <p><i>Jfe Energy Operating Partners</i> <i>550 W Texas, Suite 1330</i> <i>Midland, TX 79701</i></p>	<p>4. Article Number</p> <p><i>P 916 634 347</i></p> <p>Type of Service:</p> <table border="0"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	<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
<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						
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature — Agent</p> <p>X <i>Wanda Wade</i></p>							
<p>7. Date of Delivery</p> <p><i>2/14</i></p>							



P 916 634 344

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Leich</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

S Form 3800, June 1985

P 916 634 346

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Chilton</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

P 916 634 345

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

S Form 3800, June 1985

Sent to: <i>Centro</i>	
Street and No.	
P O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 916 634 347

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to, <i>Sfe</i>	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

|

LAW OFFICES

LOSEE, CARSON, HAAS & CARROLL, P. A.

ERNEST L. CARROLL  
JOEL M. CARSON  
JAMES E. HAAS  
A. J. LOSEE  
DEAN B. CROSS

300 YATES PETROLEUM BUILDING  
P. O. DRAWER 239  
ARTESIA, NEW MEXICO 88211-0239

TELEPHONE  
(505) 746-3508  
TELECOPY  
(505) 746-6316

February 13, 1991

CERTIFIED MAIL

Santa Fe Energy Operating Partners, LP  
550 West Texas, Suite 1330  
Midland, Texas 79701

Conoco, Inc.  
P. O. Box 1959  
Midland, Texas 79702

Torch Operating Company  
P. O. Box 200722  
Houston, Texas 77216-0722

Chevron U.S.A., Inc.  
P. O. Box 1150  
Midland, Texas 79702

Re: Application of Yates Petroleum Corporation  
for an Unorthodox Gas Well Location for its  
Judith "AIJ" Federal No. 1 Well

Gentlemen:

We have received notice from the New Mexico Oil Conservation Division that the hearing for the above application has been set for next Thursday, February 21, 1991, at 8:15 A.M., in Santa Fe, New Mexico. Should you have any questions regarding this application, please do not hesitate to contact me.

Yours truly,

LOSEE, CARSON, HAAS & CARROLL, P.A.

Ernest L. Carroll

ELC:bjk  
Enclosure

cc w/encl: Ms. Kathy Porter

EXHIBIT "D"