

6-11-10

REVISED

RE

LOCATED

6-11-10

PLC

PT6W

1016251892

DO NOT WRITE IN THIS SPACE

NEW MEXICO OIL CONSERVATION DIVISION  
- Engineering Bureau -  
1100 South St. Francis Drive Santa Fe, NM 87505



Yates Pet.

5 wells

Eddy Co.

## ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS INTENDED FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

## Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]  
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- (1) TYPE OF APPLICATION - Check Those Which Apply for [A]  
[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement  
☐ DHC ☐ CTB ☒ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other Specify \_\_\_\_\_

- (2) NOTIFICATION REQUIRED TO - Check Those Which Apply, or ☐ Does Not Apply  
[A] ☒ Working, Royalty or Overriding Royalty Interest Owners  
[B] ☐ Offset Operators, Leasenhoders or Surface Owner  
[C] ☐ Application is One Which Requires Published Legal Notice  
[D] ☒ Notification and/or Concurrent Approval by BLM or SEC  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office  
[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or.  
[F] ☐ Waivers are Attached

- (3) SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

- (4) CERTIFICATION I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity

MAYTE REYES

MAYTE REYES

Production Clerk

1-18-2010

mayte@yatespetroleum.com  
e-mail Address

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr. Hobbs NM 88240  
District II  
1301 W. Grand Ave. Artesia NM 88210  
District III  
1000 Rio Brazos Rd. Aztec NM 87410  
District IV  
1220 S. St. Francis Dr. Santa Fe NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1990

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED OGD

WELL API NO 30-015-26980
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No K-6385
7 Lease Name or Unit Agreement Name Dee 36SE State
8 Well No 6
9 Pool name or Wildcat Canyon/Wolfcamp Glorieta Yeso North

SUNDY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT (FORM C-101)" FOR SUCH PROPOSALS)

1 Type of Well Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	***AMENDED***
2 Name of Operator Yates Petroleum Corporation	
3 Address of Operator 105 South Fourth Street, Artesia NM 88210	
4 Well Location Unit Letter <u>J</u> <u>1830'</u> feet from the <u>South</u> line and <u>390'</u> feet from the <u>East</u> line Section 36 Township 19S Range 24E NMPM Eddy County	
10 Elevation (Show whether DR, RKB, RT, GR, etc)	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER Surface/Pool Lease Commingle Oil only <input checked="" type="checkbox"/> (Amendment to previously submitted sundry dated March 9, 2004 Commingling Order PLC-253)		OTHER <input type="checkbox"/>	

12 Describe proposed or completed operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103 For Multiple Completions Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum Corporation respectfully requests to amend the approved Surface/Pool Lease Commingle oil only sundry filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004 Amendment is due to recompletion on the Dee 36SE State #6, and possible recompletion on the Dee 36SW State #2

See attachment

The battery is located at the Dee 36SW State #2. Please see attached plat, and site facility diagram

Note No plats attached at this time for the Dee 36SW State #2 (Will furnish if/when plans begin to recomplete)

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment  
Total sales volumes will be allocated back to individual wells based on daily well test.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production

The purpose of the Surface/Pool Commingling, is to reduce operating costs for storage and treating, thereby extending the economic life of each well  
Without approval for utilizing existing batteries on adjacent leases, it will become necessary to built separate facilities for each well This will greatly increase costs and shorten the economic life of the well

The proposed commingling is necessary for economic operation of the above referenced leases

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

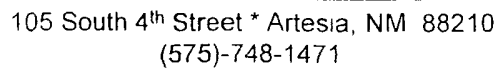
SIGNATURE Mate Reyes TITLE Production Secretary DATE January 18 2010

Type or print name Mate Reyes Telephone No (505) 748-4213

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

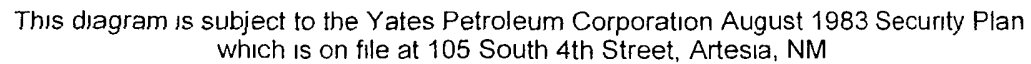
Conditions of approval if any



~~Joe Chavez~~ LEE R07  
January, 2010

Lease # LG-1525  
36-19S-24E

Eddy County, New Mexico



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STATE  
Dee 36SE State #6 ✓  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation. Seven Rivers Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #5 ✓  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn

Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36SE State #3 ✓  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #2, ✓  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

STATE  
Dee 36 SW State #4 ✓  
Section 36-T19S-R24E  
Formation Dagger Draw Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

---

Submittal  
1220 S. St. Francis Drive, Santa Fe, NM 87505  
District I  
1000 Pecos Street, Santa Fe, NM 87505  
District II  
1000 Pecos Street, Santa Fe, NM 87505  
District III  
1000 Pecos Street, Santa Fe, NM 87505  
District IV  
1220 S. St. Francis Drive, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

## OIL CONSERVATION DIVISION

1220 S. St. Francis Drive  
Santa Fe, New Mexico 87505

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office

### APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME YATED PETROLEUM CORPORATION  
OPERATOR ADDRESS 105 SOUTH EQUITH STREET ALBUQUERQUE, NM 87210  
APPLICATION TYPE

☐ Pool Commingling ☐ Lease Commingling ☒ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingling)

LEASE TYPE ☐ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☒ Yes ☐ No If "Yes", please include the appropriate Order No. PLC-253

Have the Bureau of Land Management (BLM) and State Land Office (SLO) been notified in writing of the proposed commingling?  
☒ Yes ☐ No

#### (A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities 'BTU of Non-Commingled Production	Calculated Gravities 'BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
CANYON, WOLF CAMP 8450					
DAWGER DEAN UPPER PENN 15472					
SEVEN RIVER WOLF CAMP 15472					

- (2) Are any wells producing at top allowances? ☐ Yes ☒ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No  
(4) Measurement type: ☒ Metering ☐ Other (Specify)  
(5) Will commingling decrease the value of production? ☐ Yes ☒ No If "yes", describe why commingling should be approved

#### (B) LEASE COMMINGLING

Please attach sheets with the following information

- (1) Pool Name and Code  
(2) Is all production from same source of supply? ☐ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No  
(4) Measurement type: ☐ Metering ☐ Other (Specify)

#### (C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

- (1) Complete Sections A and B

#### (D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No  
(2) Include proof of notice to all interest owners.

#### (E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Maite Rego

TITLE

PRODUCTION CLERK

DATE 1-18-10

District I  
1625 N. Green Dr. Hobbs NM 88240  
District II  
1301 W. Grand Avenue Artesia NM 88210  
District III  
1000 Rio Brazos Rd. Santa Fe NM 87410  
District IV  
1220 S. St. Francis Dr. Santa Fe NM 87505

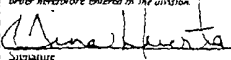
State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr  
Santa Fe, NM 87505

Form C-162  
Revised October 13, 2009  
Submit one copy to appropriate  
District Office  
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

* API Number 30-015-26980		* Pool Code 1		* Pool Name Seven Rivers-Glorieta-Yeso-North					
* Property Code 20904		* Property Name Dee 36 SE State			* Well Number 6				
* OGRID No 025575		* Operator Name Yates Petroleum Corporation			* Elevation 3589'GL				
10 Surface Location									
UL or lot no 1	Section 36	Township 19S	Range 24E	Lot 1/4 1830	Feet from the North/South line South 890	Feet from the East/West line East	County Eddy		
11 Bottom Hole Location If Different From Surface									
UL or lot no	Section	Township	Range	Lot 1/4	Feet from the	North/South line	Feet from the	East/West line	County
12 Dedicated Acres 40		13 Joint or Infill		14 Consolidation Code		15 Order No			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division

				17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this corporation either owns a working interest or undivided mineral interest in the tract including the proposed bottom hole location or has a right to drill this well in this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a combination pooling order heretofore entered in the division.  Signature _____ Date December 29, 2009 Printed Name _____	
				18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey _____ Signature and Seal of Professional Surveyor _____ Certificate Number _____	
				890'E	
				1830'S	

District I  
 1025 N French Dr Hobbs NM 88240  
 District II  
 1301 W Grand Avenue, Artesia NM 88210  
 District III  
 1000 Rio Brazos Rd. Las Alamos NM 87410  
 District IV  
 1220 S St Francis Dr. Santa Fe NM 87505

State of New Mexico  
 Energy Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 1220 South St Francis Dr  
 Santa Fe, NM 87505

Form C-102  
 Revised October 15 2009  
 Submit one copy to appropriate  
 District Office

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1 API Number 30-015-26980		2 Pool Code 08450		3 Pool Name Canyon-Wolfcamp					
4 Property Code 20904		5 Property Name Dee 36 SE State						6 Well Number 6	
7 OGRID No 025575		8 Operator Name Yates Petroleum Corporation						9 Elevation 3589'GL	
10 Surface Location									
UL or lot no 1	Section 36	Township 19S	Range 24E	Lot 1/4 1830	Feet from the South	Feet from the 890	East/West line East	County Eddy	
11 Bottom Hole Location If Different From Surface									
UL or lot no	Section	Township	Range	Lot 1/4	Feet from the	North/South line	Feet from the	East/West line	County
12 Dedicated Acres 40		13 Joint or (nml)		14 Consolidation Code		15 Order No			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division

16					17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well in this location pursuant to a contract with an owner of such a mineral or working interest or to a voluntary pooling agreement or a commission, pending order heretofore entered by the division.  Signature: <i>[Signature]</i> Date: December 29 2009 Printed Name: _____	
					18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual survey made by me or under my supervision and that the same is true and correct to the best of my belief Date of Survey: _____ Signature and Seal of Professional Surveyor: _____ Certificate Number: _____	

MARTIN YATES III  
1912-1983  
FRANK W YATES  
1936-1986  
S P YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

JOHN A YATES  
CHAIRMAN OF THE BOARD  
JOHN A YATES JR  
PRESIDENT  
SCOTT M YATES  
VICE PRESIDENT  
JAMES S BROWN  
CHIEF OPERATING OFFICER  
JOHN D PERINI  
CHIEF FINANCIAL OFFICER

January 18, 2010

To Whom It May Concern

Re Surface Pool/Lease Commingle Oil Only  
Amendment to previously submitted sundry dated  
March 9 2004

Dear Interest Owner

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division, and State Land Office to amend the approved Surface Pool/Lease Commingle oil only filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004. Amendment is due to recompletion on the Dee 36SE State #6, and possible recompletion on the Dee 36SW State #2

STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production

The proposed commingling is necessary for economic operation of the above referenced leases

The purpose of the Surface Pool/Lease commingling is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

KATHY H PORTER  
SECRETARY

DENNIS G KINSEY  
TREASURER



MARTIN YATES III  
910-1985

FRANK W YATES  
1936-1986

S P YATES  
1914-2008



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STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
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SECRETARY

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1914-2008



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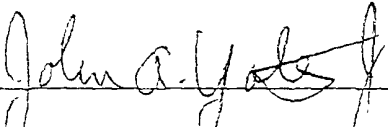
Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners

If you should have any questions, please give me a call at (575) 748-4213 (direct line)

Sincerely,

Mayte Reyes  
Production Clerk

I hereby approve this application

  
\_\_\_\_\_  
Company Yates Petroleum Corporation.

KATHY H PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES III  
1910-1985

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STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
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STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
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STATE  
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Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
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SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES III  
1910-1985

FRANK W YATES  
1936-1966

S P YATES  
1914-2008



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ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

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JOHN D PEPINI  
CHIEF FINANCIAL OFFICER

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If you should have any questions, please give me a call at (575) 748-4213 (direct line)

Sincerely,

Mayte Reyes  
Production Clerk

I hereby approve this application

Company MYCO Industries, Inc.

---

KATHY H PORTER  
SECRETARY

DENNIS G KINSEY  
TREASURER

MARTIN YATES III  
1932-1985  
FRANK W. YATES  
1936-1986  
S. P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

JOHN A. YATES  
CHAIRMAN OF THE BOARD  
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PRESIDENT  
SCOTT M. YATES  
VICE PRESIDENT  
JAMES S. BROWN  
CHIEF OPERATING OFFICER  
JOHN D. PERINI  
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January 18, 2010

To Whom It May Concern

Re. Surface Pool/Lease Commingle Oil Only  
Amendment to previously submitted sundry dated  
March 9 2004

Dear Interest Owner:

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Dee 36SE State #6  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #5  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
  
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State Lease # LG-1525  
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KATHY H. PORTER  
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DENNIS G. KINSEY  
TREASURER

MARTIN YATES III  
5.2.1985

FRANK W YATES  
1936-1986

S P YATES  
1914-2008



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Production Clerk

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Company ABO Petroleum Corporation.

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SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES III

6-1-1983

FRANK W. YATES

1936-1986

S. P. YATES

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Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
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State Lease # LG-1525  
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STATE  
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Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
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State Lease # K-6385  
API # 30-015-26671

STATE  
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*Mayte Reyes*

Mayte Reyes  
Production Clerk

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Production Clerk

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Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
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STATE  
Dee 36SE State #5  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn

Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2  
Section 36-T19S-R24E  
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910-1985

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State Lease # K-6385  
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Mayte Reyes  
Production Clerk

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TREASURER

MARTIN YATES III  
1910-1985

FRANK W. YATES  
1936-1986

S. P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

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PRESIDENT

SCOTT M. YATES  
VICE PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

January 18, 2010

To Whom It May Concern:

Re Surface Pool/Lease Commingle Oil Only  
Amendment to previously submitted sundry dated  
March 9 2004

Dear Interest Owner:

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STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn

Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation: Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

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If you should have any questions, please give me a call at (575) 748-4213 (direct line)

Sincerely,

Mayte Reyes  
Production Clerk

---

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1913-1965

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State Lease # K-6385  
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Mayte Reyes  
Production Clerk

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CHIEF FINANCIAL OFFICER

Any objection must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please give me a call at (575) 748-4213 (direct line)

Sincerely,

Mayte Reyes  
Production Clerk

---

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER



MARTIN YATES III  
1912-1985  
FRANK W. YATES  
1936-1986  
S. P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

JOHN A. YATES  
CHAIRMAN OF THE BOARD  
JOHN A. YATES JR.  
PRESIDENT  
SCOTT M. YATES  
VICE PRESIDENT  
JAMES S. BROWN  
CHIEF OPERATING OFFICER  
JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

January 18, 2010

To Whom It May Concern

Re. Surface Pool/Lease Commingle Oil Only  
Amendment to previously submitted sundry dated  
March 9 2004.

Dear Interest Owner

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division, and State Land Office to amend the approved Surface Pool/Lease Commingle oil only filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004. Amendment is due to recompleton on the Dee 36SE State #6, and possible recompleton on the Dee 36SW State #2

STATE  
Dee 36SE State #6  
Section 36-T19S-R24E  
Formanon. Canyon, Wolfcamp  
Formation Seven Rivers, Gloneta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE  
Dee 36SE State #3  
Section 36-T19S-R24E  
Formation. Canyon, Wolfcamp  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE  
Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE  
Dee 36SE State #5  
Section 36-T19S-R24E  
Formanon Dagger Draw, Upper Penn  
Eddy County New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE  
Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation. Seven Rivers, Gloneta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test.

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for economic operation of the above referenced leases.

The purpose of the Surface Pool/Lease commingling is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to built separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES III

1921-1985

FRANK W YATES

1936-1986

S P YATES

1914-2006



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

JOHN A YATES  
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SCOTT M YATES  
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CHIEF OPERATING OFFICER

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Sincerely,

Mayte Reyes  
Production Clerk

---

KATHY H PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES III  
913 985

FRANK W YATES  
.936-1986

S P YATES  
1914 2009



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (575) 748-1471

JOHN A YATES  
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January 18, 2010

To Whom It May Concern

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STATE Dee 36SE State #6 Section 36-T19S-R24E Formation Canyon, Wolfcamp Formation Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # K-6385 API # 30-015-26980	STATE Dee 36SE State #3 Section 36-T19S-R24E Formation Canyon, Wolfcamp Eddy County, New Mexico State Lease # K-6385 API # 30-015-26623	STATE Dee 36 SW State #4 Section 36-T19S-R24E Formation Dagger Draw, Upper Penn Eddy County, New Mexico State Lease # LG-1525 API # 30-015-27221
STATE Dee 36SE State #5, Section 36-T19S-R24E Formation Dagger Draw, Upper Penn  Eddy County, New Mexico State Lease # K-6385 API # 30-015-26671	STATE Dee 36 SW State #2, Section 36-T19S-R24E Formation Dagger Draw, Upper Penn Formation Canyon, Wolfcamp Formation Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # LG-1525 API # 30-015-26185	

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment Total sales volumes will be allocated back to individual wells based on daily well test

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KATHY H PORTER  
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DENNIS G KINSEY  
TREASURER

MARTIN YATES III

1912-1985

FRANK W YATES

1936-1986

S P YATES

1914-2009



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
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JOHN A YATES  
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If you should have any questions, please give me a call at (575) 748-4213 (direct line)

Sincerely,

A handwritten signature in cursive script that reads 'Mayte Reyes'.

Mayte Reyes  
Production Clerk

---

KATHY H PORTER  
SECRETARY

DENNIS G KINSEY  
TREASURER

MARTIN YATES III

1910-1985

FRANK W YATES

1936-1986

S P YATES

1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (505) 748-1471

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CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
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January 18, 2010

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STATE

Dee 36SE State #6  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26980

STATE

Dee 36SE State #3  
Section 36-T19S-R24E  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26623

STATE

Dee 36 SW State #4  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-27221

STATE

Dee 36SE State #5,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Eddy County, New Mexico  
State Lease # K-6385  
API # 30-015-26671

STATE

Dee 36 SW State #2,  
Section 36-T19S-R24E  
Formation Dagger Draw, Upper Penn  
Formation Canyon, Wolfcamp  
Formation Seven Rivers, Glorieta Yeso North  
Eddy County, New Mexico  
State Lease # LG-1525  
API # 30-015-26185

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KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits         </p>		<p>           A Signature  <b>X</b> </p>	
<p>           1 Article Addressed to             Kenneth G. Cone            P O. Box # 11310            Midland, TX 79702-11310         </p>		<p> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </p>	
		<p>           B. Received by (Printed Name)         </p>	<p>           C Date of Delivery         </p>
		<p>           D Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below <input type="checkbox"/> No         </p>	
		<p>           3 Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D.         </p>	
		<p>           4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes         </p>	
<p>           2 Article Number            (Transfer from back of mailpiece)            7009 2250 0004 1781 0671         </p>			



BUILDING - 105 SOUTH FOURTH ST  
ESIA, NEW MEXICO 88210-2118

RESS SERVICE REQUESTED

7009 2250 0004 1781 0671  
7009 2250 0004 1781 0671

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery to:	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production 1/19/10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post.	
Sent To:	Kenneth G Cone P O Box # 11310 Midland, TX 79702-11310
Street, Apt. N or PO Box No.	
City, State, Zip	
PS Form 3800, August 2006 See Reverse for Restrictions	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits</p>		<p>A Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X</p>	
		B Received by (Printed Name)	C Date of Delivery
		D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
1 Article Addressed to:		3 Service Type	
Robert E Chambers Jr 2441 Stanmore drive Houston, TX 77019		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
		<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
		<input type="checkbox"/> Insured Mail <input type="checkbox"/> COD	
		4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2 Article Number (Transfer from se)		7009 2250 0004 1781 0664	



7009 2250 0004 1781 0664

7009 2250 0004 1781 0664

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery, visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Return  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage

Sent to Robert E Chambers Jr  
2441 Stanmore drive  
Houston, TX 77019

Street, Apt. No.,  
or PO Box No

City, State, ZIP

PS Form 3800, August 2006

**TES  
TETROLEUM  
CORPORATION**

3 - 105 SOUTH FOURTH ST  
EW MEXICO 88210 2118

SERVICE REQUESTED



**ATES  
PETROLEUM  
CORPORATION**

DING - 105 SOUTH FOURTH ST  
A NEW MEXICO 88210-2118

SS SERVICE REQUESTED

7009 2250 0004 1781 0657  
7009 2250 0004 1781 0657

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For ☐ **Dee 36SE State #6 & #2**  
**Amendment Commingle PLC-253**  
**Mayte Reyes Production**  
**1/19/10**

(Endorsement Required) ☐ Here

Restricted Delivery Fee  
(Endorsement Required) ☐

**Randy Lee Cone**  
**P O Box #552**  
**Jay.OK 74346-552**

US Form 3800, August 2006 See Reverse for Instructions

**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

Kathleen Cone Trust F/B/O  
The Children of Kenneth G. Cone  
P.O. Box # 11310  
Midland, TX 79702-11310

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

X

☐ Agent☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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)

☐ Yes2 Article Number  
(Transfer from s.)

7009 2250 0004 1781 0640

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminder**

- Certified Mail
- Certified Mail
- NO INSURANCE
- For an additional delivery to a different address, a duplicate receipt is required

- For an address change, the addressee must endorse the receipt with the new address
- If a postmark is not received, the receipt is not valid

**IMPORTANT:**  
PS Form 3800, 7-03

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

**For** [Redacted] Dee 36SE State #6 & #2  
 Amendment Commingle PLC-253  
 Mayte Reyes Production  
 1/19/10

**Re** [Redacted]  
 (Endorsement)

**Restricted Delivery Fee** [Redacted]  
 (Endorsement Required)

**Total Postage** Kathleen Cone Trust F/B/O  
 The Children of Kenneth G. Cone

**Sent to** P O Box # 11310  
 Street, Apt. or PO Box  
 City, State, Midland, TX 79702-11310

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0004 1781 0640  
 7009 2250 0004 1781 0640

**ES  
 PETROLEUM  
 CORPORATION**

105 SOUTH FOURTH ST  
 / MEXICO 88210 2118

INVOICE REQUESTED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1 Article Addressed to</p> <p>Kathleen Cone Trust F/B/O The Children of Tom R. Cone P O Box # 1588 Tulsa, OK 74101-1588</p>		<p>B Received by (Printed Name)</p>	<p>C Date of Delivery</p>
		<p>D Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below</p>	
		<p>3 Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C O D</span></p>	
		<p>4 Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>	
<p>2. Article Number <b>7009 2250 0004 1781 0633</b></p> <p>(Transfer from sender's label)</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders:**

- Certified Mail
- NO INSURANCE
- For an additional delivery To or From Receipt (PS Form 3811) fee. Endorsement a duplicate required.
- For an additional addressee endorsement.
- If a postmark on the piece at the post office, receipt is not required.

**IMPORTANT:** PS Form 3800, August 2003

7009 2250 0004 1781 0633

7009 2250 0004 1781 0633

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
c 1/19/10

Return to:  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

To: \_\_\_\_\_

Sent \_\_\_\_\_

Street \_\_\_\_\_

or PO Box \_\_\_\_\_

City, State \_\_\_\_\_

Kathleen Cone Trust F/B/O  
The Children of Tom R. Cone  
P O Box # 1588  
Tulsa, OK 74101-1588

PS Form 3800, August 2006

See Reverse for Instructions

**STATES PETROLEUM CORPORATION**

BUILDING - 105 SOUTH FOURTH ST  
ESIA, NEW MEXICO 88210 2118

LESS SERVICE REQUESTED

**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

Cathie Cone McCown  
P O Box #658  
Dripping Spring, TX 78620-0658

2. Article Number

(Transfer from service label)

7009 2250 0004 1781 0626

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

X

☐ Agent☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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**Certified Mail P**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminders**

- Certified Mail must be paid for
- Certified Mail is not insurable for valuable contents, please

For an additional delivery to obtain Receipt (PS Form 3811) Endorse mail a duplicate return required

- For an addition addressee's authentication endorsement
- If a postmark on the post receipt is not needed

**IMPORTANT: Save**

PS Form 3800, August



CERTIFIED MAIL

7009 2250 0004 1781 0626  
7009 2250 0004 1781 0626

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery to:  
Dec 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

(End) \_\_\_\_\_ Here

Restricted Delivery Fee \_\_\_\_\_  
(Endorsement Required)

Total: Cathie Cone McCown  
Sent To P O. Box #658  
Street, or PO Box Dripping Spring, TX 78620-0658  
City, St.

PS Form 3800, August 2005 See Reverse for Instructions

78620-0658

U.S. PETROLEUM CORPORATION

105 SOUTH FOURTH ST  
MEXICO 88210-2118

DUPLICATE REQUESTED

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits</p>		<p>A Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X</p>	
<p>1 Article Addressed to</p>		<p>B Received by (Printed Name)</p>	<p>C Date of Delivery</p>
<p>Leo C Graves 11920 South Sangre Road Perkins, OK 74059</p>		<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from serv</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D</p>	
<p>7005 1820 0000 6573 1922</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595 02 M-1540

**Certified Mail**  
 ■ A mailing receipt  
 ■ A unique identification number  
 ■ A record of delivery  
**Important Re**  
 ■ Certified Mail  
 ■ Certified Mail  
 ■ NO INSURANCE  
 ■ For an additional fee, you may elect to insure your mailpiece for up to \$5,000. For an additional fee, you may elect to insure your mailpiece for up to \$5,000.  
 ■ For an additional fee, you may elect to insure your mailpiece for up to \$5,000.  
 ■ For an additional fee, you may elect to insure your mailpiece for up to \$5,000.  
**IMPORTANT:**  
 Internet access required to use this service.

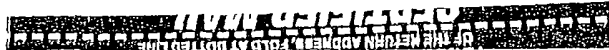
**ATES  
PETROLEUM  
CORPORATION**

BUILDING - 105 SOUTH FOURTH ST  
SIA NEW MEXICO 88210-2118

ESS SERVICE REQUESTED

7005 1820 0000 6573 1922  
7005 1820 0000 6573 1922

US Postal Service <sup>TM</sup>	
CERTIFIED MAIL <sup>TM</sup> RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
Postmark	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production 1/19/10
Cel	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Leo C Graves 11920 South Sangre Road Perkins OK 74059	
PS Form 3800, June 2002 See Reverse for Instructions	

**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

Neva Chambers Dawson  
2418 Del Monte  
Houston, TX 77019

2 Article Number  
(Transfer from service)

7005 1820 0000 6573 1915

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

X

☐ Agent☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Reminder**

- Certified Mail
- Certified Mail

**NO INSURANCE**

- For an additional fee, you can insure your mailpiece up to \$500.

**For an additional fee, you can insure your mailpiece up to \$500.****Receipt (PS Form 3811) is required.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.****For an additional fee, you can insure your mailpiece up to \$500.**

**TES  
PETROLEUM  
CORPORATION**

G - 105 SOUTH FOURTH ST  
NEW MEXICO 88210-2118

SERVICE REQUESTED

7005 1820 0000 6573 1915  
7005 1820 0000 6573 1915

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only)

For delivery to:  
Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

C

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

To

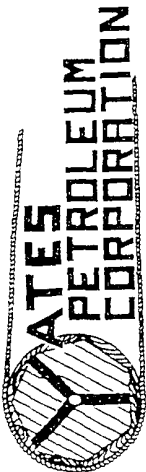
Sent Neva Chambers Dawson  
Street 2418 Del Monte  
or PO  
City, Houston, TX 77019

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL

7005 1820 0000 6573 1908  
7005 1820 0000 6573 1908

<b>U.S. Postal Service</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Visit our website at <a href="http://www.usps.com">www.usps.com</a>	
For the	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production 1/19/10
Re: (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total \$	
Sent To	Lollie Dee King Chambers
Street, A or PO Box	Estate, Deceased Robert E Chambers
City, State	Houston TX 77019
PS Form 3800, June 2002	
See Reverse for Instructions	



YATES BUILDING - 105 SOUTH FOURTH ST  
ARTESIA, NEW MEXICO 88210 2118

ADDRESS SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><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></ul>		<p>A Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p> <p>B Received by (Printed Name) C Date of Delivery</p> <p>D Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p>	
1 Article Addressed to			
Lolhe Dee King Chambers Estate, Deceased Robert E. Chambers Houston, TX 77019			
		J Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
		4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2 Article Number (Transfer from)		7005 1820 0000 6573 1908	

**Certified Mail**  
mailing receipt  
unique identifier  
record of delivery  
**Important** Remains  
Certified Mail item  
Certified Mail is  
O INSURANCE  
liabilities, please  
or an additional  
delivery To obtain  
receipt (PS Form  
e Endorsement  
duplicate return  
required  
or an additional  
Addressee's au  
endorsement  
a postmark o  
le at the post  
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**IMPORTANT** Se  
Internet access  
addressed to Al

**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

i Article Addressed to

Lollie Dee King Chambers  
Estate, Deceased Robert E Chambers  
Houston, TX 77019

2 Article Number  
(Transfer to)

7005 1820 0000 6573 1908

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

**X**

☐ Agent☐ Addressee

B Received by (Printed Name)

C	Date of Delivery
---	------------------

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☐ COD

4 Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595 02 M-1540

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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

Celeste Chambers Lipscombe  
480 North Watson Road  
St. Louis, MO 63124

2 Article Number  
(Transfer from service.

7005 1820 0000 6573 1892

PS Form 3811, February 2004

### Domestic Return Receipt

102595 Q2-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

☐ Agent  
☐ Addressee

**X**

B Received by (Printed Name)

C Date of Delivery

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

**Certified Ma**

- **Get a mailing label** — A mailing label is a unique identifier for each record in a database.
- **Important Reminder** — Certified Mail is required for all insured valuables, for delivery to the addressee's home.
- **For an address change** — For an address change, the addressee must provide a duplicate receipt.
- **For an address change** — For an address change, the addressee must provide a duplicate receipt.
- **For an address change** — For an address change, the addressee must provide a duplicate receipt.

**TES  
PETROLEUM  
CORPORATION**

ING - 105 SOUTH FOURTH ST  
NEW MEXICO 88210-2118

IS SERVICE REQUESTED

7005 1820 0000 6573 1892  
7005 1820 0000 6573 1892

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

**For delivery to:**  
Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Return  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Total

**Sent To:** Celeste Chambers Lipscombe  
**Street or PO Box:** 480 North Warson Road  
**City, State:** St. Louis, MO 63124

PS Form 3800, June 2002

See Reverse for Instructions

Celeste  
480 North  
St. Louis

**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

W T Probandt  
415 W Wall St Ste 2206  
Midland, TX 79701

2. Article Number

(Transfer from service label)

7005 1820 0000 6573 1885

PS Form 3811, February 2004

Domestic Return Receipt

102595-02 M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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**Certified Mail**

- A mailing receipt
- A unique identification number
- A record of delivery

**Important Return Receipt**

- Certified Mail
- Certified Mail

**NO INSURANCE**

- For an additional fee, you can insure your mailpiece up to \$500. To obtain a duplicate receipt, a duplicate receipt is required.

**For an additional fee, you can insure your mailpiece up to \$500. To obtain a duplicate receipt, a duplicate receipt is required.**

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**ATES  
PETROLEUM  
CORPORATION**

JING - 106 SOUTH FOURTH ST  
A, NEW MEXICO 88210 2118

IS SERVICE REQUESTED

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

**For** Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

**Re** \_\_\_\_\_ **Here**  
(Endorsement Required)  
**Restricted Delivery Fee** \_\_\_\_\_  
(Endor

**Total** W T Probandt  
**Sent To** 415 W Wall St Ste 2206  
**Street, or PO** Midland, TX 79701  
**City, S** \_\_\_\_\_

PS Form 3800, June 2002 See Reverse for Instructions

W T  
415  
Midl

7005 1820 0000 6573 1885  
7005 1820 0000 6573 1885

CERTIFIED MAIL<sup>™</sup>

7005 1820 0000 6573 1878  
7005 1820 0000 6573 1878

U.S. Postal Service <sup>™</sup>	
CERTIFIED MAIL <sup>™</sup> RECEIPT	
(Domestic Mail Only. No Insurance or Signature Provided)	
For	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production 1/19/10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Toby B Graves 11440 E Desert Troon LN Scottsdale, AZ 85255-8266	

PS Form 3800, June 2002 See Reverse for Instructions

ATES  
PETROLEUM  
CORPORATION

ING - 105 SOUTH FOURTH ST  
NEW MEXICO 88210-2118

S SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

# 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

Toby B Graves  
11440 E Desert Tron LN  
Scottsdale, AZ 85255-8266

# COMPLETE THIS SECTION ON DELIVERY

A Signature

X

☐ Agent

☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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

(Transfer from service label)

7005 1820 0000 6573 1878

PS Form 3811, February 2004

Domestic Return Receipt

102595-02 M 1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Remind**

- Certified Mail is
- NO INSURANCE

For an additional fee, you can insure your mailpiece up to \$500. To obtain a duplicate return receipt, please

For an additional fee, you can insure your mailpiece up to \$500. To obtain a duplicate return receipt, please

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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

Patsy Graves Hampton  
1422 Logan  
Lawton, OK 73501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

(Transfer from service)

7005 1820 0000 6573 1861

PS Form 3811, February 2004

Domestic Return Receipt

102595 02 M-1540

**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Return Receipt**

- Certified Mail
- Certified Mail

- NO INSURANCE

For an additional fee, delivery to the addressee's residence is required.

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**ES  
ETROLEUM  
IRPORATION**

- 105 SOUTH FOURTH ST  
N MEXICO 88210-2118

SERVICE REQUESTED

7005 1820 0000 6573 1861  
7005 1820 0000 6573 1861

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<b>For the</b>	Dee 36SE State #6 & #2
	Amendment Commingle PLC-253
	Mayte Reyes Production
	1/19/10
<b>Return</b> (Endorsement Required)	
<b>Restricted Delivery Fee</b> (Endorsement Required)	
<b>Total Po</b>	
<b>Sent To</b>	Patsy Graves Hampton
<b>Street, Apt. or PO Box</b>	1422 Logan
<b>City, State</b>	Lawton, OK 73501
PS Form 3800, June 2002	
See Reverse for Instructions	



**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

Bank of Oklahoma  
Kathleen Cone Dec'd Trust  
P O Box #1588  
Tulsa, OK 74101-1588

2 Article Number

(Transfer from service 1)

7005 1820 0000 6573 1854

PS Form 3811, February 2004

Domestic Return Receipt

102595 02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

X

☐ Agent☐ Addressee

B Received by (Printed Name)

C Date of Delivery

D Is delivery address different from Item 1? ☐ YesIf 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**Certified Mail**

- A mailing receipt
- A unique identifier
- A record of delivery

**Important Return Receipt**

- Certified Mail
- Certified Mail

**NO INSURANCE**

- For an additional fee, you may elect to insure your mailpiece up to \$500.00. For more information, see the back of this receipt.

**For an additional fee, you may elect to insure your mailpiece up to \$500.00. For more information, see the back of this receipt.**

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**ATES  
PETROLEUM  
CORPORATION**

DING - 105 SOUTH FOURTH ST  
IA, NEW MEXICO 88210-2118

ESS SERVICE REQUESTED

7005 1.620 0000 6573 1.654  
7005 1.620 0000 6573 1.654

U.S. Postal Service <sup>™</sup>	
CERTIFIED MAIL <sup>™</sup> RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery	Dee 36SE State #6 & #2 Amendment Commingle PLC-253 Mayte Reyes Production Cert 1/19/10
Return Rec. (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	Bank of Oklahoma Kathleen Cone Dec'd Trust P O Box #1588 Tulsa, OK 74101-1588
Sent To Street, or PO City, &	
PS Form 3800, June 2002	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS ONLY

# 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

Tom R Cone  
P O Box #778  
Jay, OK 74346-778

2. Article Number

(Transfer from service label)

7009 22nd 0004 1781 0688

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A Signature

X

☐ Agent

☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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

Certified Mail Pro

mailing receipt  
unique identifier  
record of delivery

Important Reminder

Certified Mail may

Certified Mail is not

INSURANCE

For additional

delivery to obtain

receipt (PS Form

3811, Endorsement

is duplicate return

required

For an additior

addressee's auth

endorsement

If a postmark or

cle at the post

receipt is not ne

IMPORTANT: See

Form 3800, Augu

CERTIFIED MAIL

7009 2250 0004 1781 0688  
7009 2250 0004 1781 0688

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Return  
(Endorsement)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage

Sent To

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

Street, Apt. #  
or PO Box N

City, State Z

PS Form 3800, August 2008

See Reverse for Instructions

**ATES  
PETROLEUM  
CORPORATION**

DING - 105 SOUTH FOURTH ST  
A, NEW MEXICO 86210 2118

SS SERVICE REQUESTED

**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

Auvenshine Children's Testamentary Trust  
Cathie Cone McCown, Trustee  
P O Box #507  
Dropping Spring, TX 78620-0507

1 2 Article Number

(Transfer from service layer)

7005 1820 0000 6573 1847

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

X

☐ Agent

☐ Addressee

B Received by ( *Printed Name* )

C Date of Delivery

D Is delivery address different from Item 1? ☐ Yes  
If YES, enter delivery address below ☐ No

3	Service Type
---	--------------

☒ Certified Mail      ☐ Express Mail

☐ Registered☐ Insured Mail      ☐ C O D.

4 Restricted Delivery? (Extra Fee)

☐ Yes

**Certified Mail P**

- A mailing receipt
  - A unique identifier
  - A record of delivery
- Important Reminders**
- Certified Mail must be used for all return mail.
  - Certified Mail is **NOT** insurable for valuables, please use additional delivery to obtain Receipt (PS Form 3800) fee. Endorse mail as a duplicate return required.

For an additional addressee's authentication, the addressee's authentication endorsement "Re-

If a postmark on the envelope is not needed, the postmark is not needed.

**IMPORTANT:** Save internet access if addressed to APD

CERTIFIED MAIL<sup>TM</sup>

7005 1820 0000 6573 1847  
7005 1820 0000 6573 1847

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Dee 36SE State #6 & #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Return  
(Endorsement)

Restricted Delivery Fee  
(Endorsement Required)

Total \$

Sent To Auvenshine Children's Testamentary Trust  
Cathie Cone McCown, Trustee  
Street / P O Box #507  
City, Sta Dripping Spring TX 78620-0507

PS Form 3800, June 2002

See Reverse for Instructions

**TES  
PETROLEUM  
CORPORATION**

WG - 105 SOUTH FOURTH ST  
NEW MEXICO 88210-2118

3 SERVICE REQUESTED

- 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

Commissioner of Public Lands  
Attn: Pete Martinez  
P O Box #1148  
Santa Fe, NM 87504-1148

A Signature

X

☐ Agent

☐ Addressee

B Received by (Printed Name)

C Date of Delivery

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

☐ COD

4 Restricted Delivery? (Extra Fee)

☐ Yes

2 Article Number

(Transfer from)

7009 2250 0004 1781 0701

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M 1540

Commissioner of Public Lands  
Attn: Pete Martinez  
P O Box #1148  
Santa Fe, NM 87504-1148

U.S. Postal Service  
CERTIFIED MAIL - RECEIPT  
(Postage and Insurance Only - Not for Return)

Dec 36SE State #6 X #2  
Amendment Commingle PLC-253  
Mayte Reyes Production  
1/19/10

Commissioner of Public Lands  
Attn: Pete Martinez  
P O Box #1148  
Santa Fe, NM 87504-1148

7009 2250 0004 1781 0701



Dec 36SE State 70 & #2  
Amendment Combingule PLC -253  
Mayte Reyes Production  
119 10

Oil Conservation Division  
1220 South St Francis Drive  
Santa Fe, New Mexico 87505

Old Conservation Division  
1220 South St James Drive  
Santa Fe, New Mexico 87505

<b>COMPLETE THIS SECTION</b> Signature _____ <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Date of Delivery _____		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<b>A</b> Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired. <b>B</b> Print your name and address on the reverse so that we can return the card to you. <b>C</b> Attach this card to the back of the mailpiece, or on the front if space permits.		Article Addressed to _____  Old Conservation Division 1220 South St. Francis Drive Santa Fe, New Mexico 87505	
<b>D</b> Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ _____ _____			
<b>E</b> Received by (Printed Name) _____ C Date of Delivery _____			
<b>F</b> Service Type _____ <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD			
<b>G</b> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Article Number _____ (Transfer from serial number)		PS Form 3811, February 2004 Domestic Return Receipt	



January 18, 2010

To Whom It May Concern.

Re: Surface Pool/Lease Commingle Oil Only  
Amendment to previously submitted sundry dated  
March 9 2004

Dear Interest Owner.

Yates Petroleum Corporation is requesting administrative approval from the Oil Conservation Division, and State Land Office to amend the approved Surface Pool/Lease Commingle oil only filed on March 9, 2004 and approved by the Oil Conservation Division on June 1, 2004 PLC-253, and by the Commissioner of Public Lands on March 22, 2004 Amendment is due to recompletion on the Dee 36SE State #6, and possible recompletion on the Dee 36SW State #2

STATE Dee 36SE State #6 Section 36-T19S-R24E Formation Canyon, Wolfcamp Formation Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # K-6385 API # 30-015-26980	STATE Dee 36SE State #3 Section 36-T19S-R24E Formation Canyon, Wolfcamp Eddy County, New Mexico State Lease # K-6385 API # 30-015-26623	STATE Dee 36 SW State #4 Section 36-T19S-R24E Formation Dagger Draw, Upper Penn Eddy County, New Mexico State Lease # LG-1525 API # 30-015-27221
STATE Dee 36SE State #5, Section 36-T19S-R24E Formation Dagger Draw, Upper Penn  Eddy County, New Mexico State Lease # K-6385 API # 30-015-26671	STATE Dee 36 SW State #2, Section 36-T19S-R24E Formation Dagger Draw, Upper Penn Formation Canyon, Wolfcamp Formation Seven Rivers, Glorieta Yeso North Eddy County, New Mexico State Lease # LG-1525 API # 30-015-26185	

Oil will be transported off lease prior to measurement and will be measured by positive displacement, temperature compensated metering equipment. Total sales volumes will be allocated back to individual wells based on daily well test

The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production

The proposed commingling is necessary for economic operation of the above referenced leases.

The purpose of the Surface Pool/Lease commingling is to reduce operating costs for storage and treating, thereby extending the economic life of each well Without approval for utilizing existing batteries on adjacent leases, it will become necessary to built separate facilities for each well This will greatly increase costs and shorten the economic life of the well