

RECEIVED

Form 3160-5
(June 2015)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APR 24 2017

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS *Wells* *Field Office*
Do not use this form for proposals to drill or re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. NMNM03357

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

BP America Production Company

3a. Address 737 North Eldridge Parkway
Houston, TX 770793b. Phone No. (include area code)
(281) 892-53694. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 30 T31N R06W SWSW 1190 FSL 1050 FWL

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. Northeast Blanco Unit #304

9. API Well No. 30-039-24163

10. Field and Pool or Exploratory Area
Basin Dakota, Los Pinos; FRT SND PC, South11. Country or Parish, State
Rio Arriba, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has detennined that the site is ready for final inspection.)

BP respectfully requests to downhole commingle the existing Basin Dakota and Los Pinos; FRT SND PC, South formations in the subject well.

The Basin Dakota (71599) and Los Pinos; FRT SND PC, South (80690) interest owners are not identical between these two pools, therefore notification is required and has been sent by certified mail. Please see attached Land Letter.

Production is proposed to be allocated based on a fixed percentage. Allocation will be as follows: Basin Dakota= Gas 20% Oil 0%, Los Pinos; FRT SND PC, South= Gas 80% Oil 0%.

Commingle production downhole in the subject well from the proposed pools will not reduce the value of the total remaining production. Please see attached procedure, wellbore schematics & C-102 plats.

Notification of this request has been sent by certified mail to NMOC Santa Fe

OIL CONS. DIV DIST. 3

MAY 04 2017

BLM'S APPROVAL OR ACCEPTANCE OF THIS ACTION DOES NOT RELIEVE THE LESSEE AND OPERATOR FROM OBTAINING ANY OTHER AUTHORIZATION REQUIRED FOR OPERATIONS ON FEDERAL AND INDIAN LANDS

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Toya Colvin

Regulatory Analyst

Title

Signature

Date

04/17/2017

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

William Tambekou

Title

Petroleum Engineer

Date

5/2/2017

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

FFO

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCDFV

16

Northeast Blanco Unit 304

PC/DK

API # 30-039-24163

M-30-31N-06W

Rio Arriba, New Mexico

Reason/Background for Job

The NEBU 304 was drilled and completed in the PC and DK in 1987. In order to optimize production in the well, it is proposed to pull short string, unset the packer, pull long string tubing, Cleanout to PBTD (if needed) and run tubing allowing PC and DK to be bottom hole commingled.

Basic Job Procedure

1. Pull short string tubing
2. Unset Packer
3. Pull long string tubing
4. Clean out to PBTD (if needed)
5. Run tubing without packet
6. Return well to production

Current WBD



NEBU 304
PC/DK
API # 30-039-24163
M-30-31N-06W
Rio Arriba, New Mexico

Formation Tops

Ojo Alamo Formation	2262
Kirtland Formation	2393
Fruitland Formation	2894
Pictured Cliffs Formation	3174
Cliff House Formation	5225
Menefee Formation	5262
Point Lookout Formation	5526
Gallup Formation	6982
Greenhorn Member of the Mancos Formation	7577
Dakota Formation	7764

3/4° at 97'	3° at 4976'
1/4° at 279'	2 1/4° at 5134'
3/4° at 612'	2 3/4° at 5291'
1/2° at 1121'	2 1/4° at 5511'
1° at 1645'	3° at 5824'
1/2° at 2139'	2 1/4° at 6077'
3/4° at 2618'	2 3/4° at 6326'
3/4° at 2673'	2 1/4° at 6575'
1° at 3181'	2 1/2° at 6828'
1/2° at 3600'	2° at 7111'
1° at 3939'	1 3/4° at 7363'
2 1/2° at 4442'	2 3/4° at 7834'
2 3/4° at 4590'	3 1/4° at 7967'
3° at 4724'	
2 3/4° at 4819'	

LOS PINOS;FRT SND PC,SOUTH

3290 to 3377 1 SPF
500 gal 7.5% HCl, 96,000 gal Water with 100,000# 20/40 sand

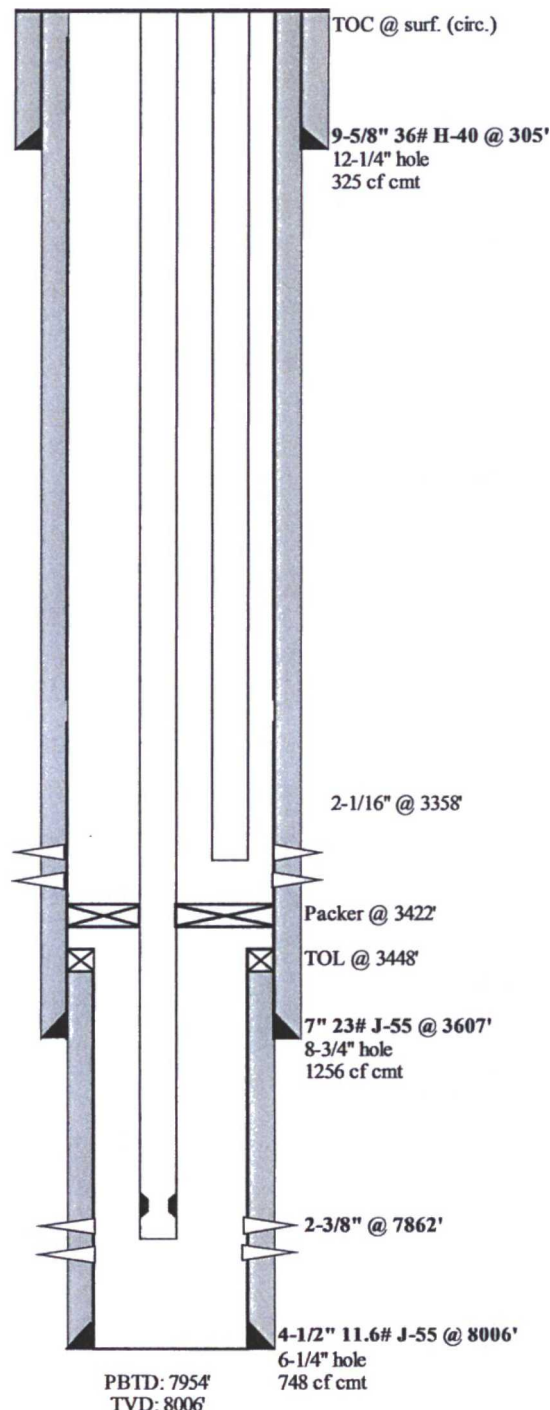
Dakota Perforation

7772 to 7894 4 SPF
1500 gal 7.5% HCl, 108,000 gal 40# Gel with 25,000 # 40/60 and 100,000# 20/40 Sand

History

10/11/1987 Spudded well.

6347 GL



Proposed WBD



6347' GL

NEBU 304
PC/DK
API # 30-039-24163
M-30-31N-06W
Rio Arriba, New Mexico

Formation Tops

Ojo Alamo Formation	2262
Kirtland Formation	2393
Fruitland Formation	2894
Pictured Cliffs Formation	3174
Cliff House Formation	5225
Menefee Formation	5262
Point Lookout Formation	5526
Gallup Formation	6982
Greenhorn Member of the Mancos Formation	7577
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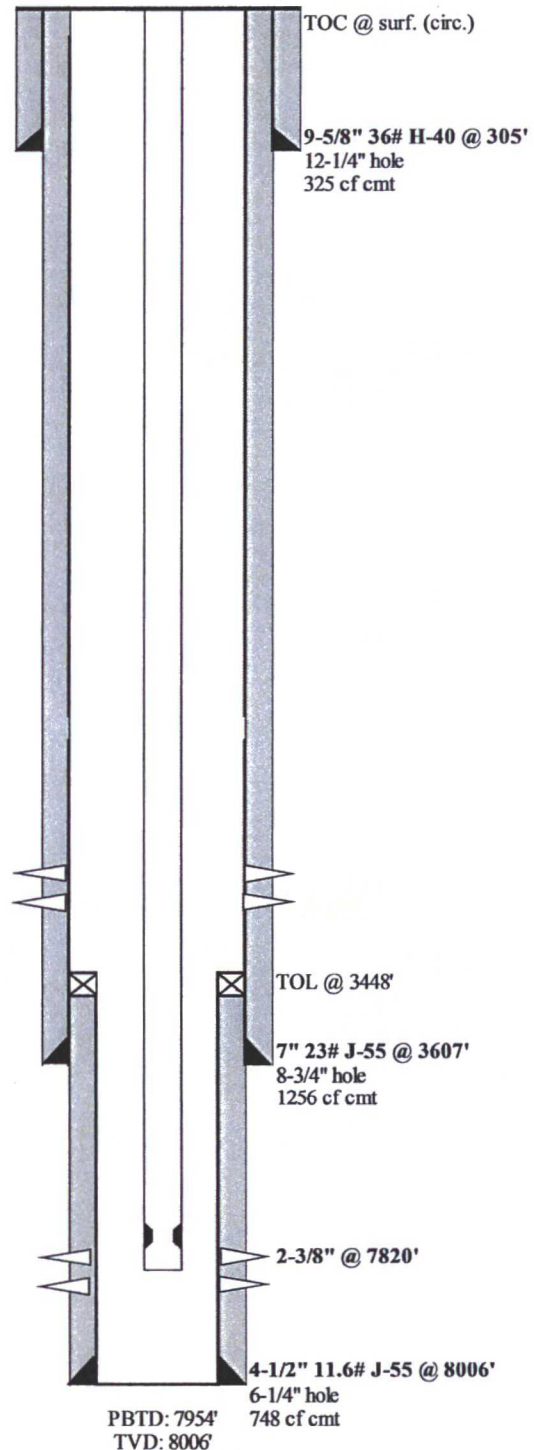
3/4° at 97'	3° at 4976'
1/4° at 279'	2 1/4° at 5134'
3/4° at 612'	2 3/4° at 5291'
1/2° at 1121'	2 1/4° at 5511'
1° at 1645'	3° at 5824'
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1° at 3939'	1 3/4° at 7363'
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LOS PINOS;FRT SND PC,SOUTH

3290 to 3377 1 SPF
500 gal 7.5% HCl, 96,000 gal Water with 100,000# 20/40 sand

Dakota Perforation

7772 to 7894 4 SPF
1500 gal 7.5% HCl, 108,000 gal 40# Gel with 25,000 # 40/60 and 100,000# 20/40 Sand



History

10/11/1987 Spudded well.



BP America Production Co.
Lower 48 Onshore

Craig T. Ferguson
craig.ferguson@bp.com
281-892-5743 (direct)

E3, 12.173B
737 N. Eldridge Parkway
Houston, Texas 77079

April 17, 2017

BP America Production Company
737 N. Eldridge Parkway
Houston, TX 77079

RE: Northeast Blanco Unit 304 – Commingle Application
SWSW Section 30-T31N-R06W
Rio Arriba County, NM
API #30-039-24163

Hello:

I have reviewed BP America Production Company's division order records and other BP files concerning the above captioned well by comparing interest records for the Dakota Participating Area ("PA") of the Northeast Blanco Unit ("NEBU"), and the Pictured Cliffs PA of the NEBU as all are documented from decks associated with the NEBU 304 DK/PC well.

This review indicated that ownership in the Dakota PA and the Pictured Cliffs PA are as follows:

Dakota PA of the NEBU

	<u>Cost-Bearing GWI</u>	<u>True GWI</u>
BP America Production Company	67.197424%	66.607205%
Blackwood and Rainey NEBU LLC	02.340816%	02.793644%
Burlington Resources Oil and Gas Co.	15.871154%	16.341062%
Charles W Gay	00.015302%	00.015302%
ConocoPhillips Cos.	08.417438%	08.332246%
Fortune Natural Resources Co.	01.360176%	01.133639%
Four Star Oil and Gas Co.	01.469007%	01.469007%
Frank C Davis III	01.468613%	01.467979%
J and M Raymond LTD	00.306043%	00.306043%
Lorrayn Gay Hacker	00.015302%	00.015302%
McAfee Oil and Gas LLC	00.622785%	00.622785%
TAMACAM LLC	00.030604%	00.306043%
T H McElvain Oil and Gas	00.750811%	00.750810%
Warwick Ares LLC	00.134525%	00.114372%
Total	100.000000%	100.00000

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, 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 & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised July 16, 2010

Submit one copy to appropriate
District Office

☐ AMENDED REPORT
WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-039-24163	² Pool Code 71599	³ Pool Name Basin Dakota
⁴ Property Code 013325	⁵ Property Name Northeast Blanco Unit	
⁷ OGRID No. 000778	⁸ Operator Name BP America Production Company	⁶ Well Number 304 ⁹ Elevation 6347

¹⁰ Surface Location

UL or lot no. M	Section 30	Township 31N	Range 06W	Lot Idn	Feet from the 1190	North/South line South	Feet from the 1050	East/West line West	County Rio Arriba
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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>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 at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> Signature _____ Date 4/17/17 Toya Colvin Printed Name Toya.Colvin@bp.com E-mail Address	
			¹⁸ SURVEYOR CERTIFICATION <i>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.</i>	
			Date of Survey _____ Signature and Seal of Professional Surveyor: _____	
			Previously Filed Certificate Number _____	

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1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised July 16, 2010

Submit one copy to appropriate
District Office

☐ AMENDED REPORT**WELL LOCATION AND ACREAGE DEDICATION PLAT**

¹ API Number 30-039-24163	² Pool Code 80690	³ Pool Name Los Pinos; FRT SND PC, South
⁴ Property Code 013325	⁵ Property Name Northeast Blanco Unit	⁶ Well Number 304
⁷ OGRID No. 000778	⁸ Operator Name BP America Production Company	⁹ Elevation 6347

¹⁰ Surface Location

UL or lot no. M	Section 30	Township 31N	Range 06W	Lot Idn	Feet from the 1190	North/South line South	Feet from the 1050	East/West line West	County Rio Arriba
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 160	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.

¹⁶ 				¹⁷ OPERATOR CERTIFICATION <i>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 at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> Signature _____ Date 4/17/17 Toya Colvin Printed Name Toya.Colvin@bp.com E-mail Address
				¹⁸ SURVEYOR CERTIFICATION <i>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.</i> Date of Survey _____ Signature and Seal of Professional Surveyor: _____ Previously Filed Certificate Number _____

District I
1625 N. French Drive, Hobbs, NM 88240

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1000 Rio Brazos Road, Aztec, NM 87410

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1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-107A
Revised August 1, 2011

APPLICATION TYPE
☐ Single Well
☐ Establish Pre-Approved Pools
EXISTING WELLBORE
☒ Yes ☐ No

APPLICATION FOR DOWNHOLE COMMINGLING

BP America Production Company 737 North Eldridge Parkway, Houston, TX 77079
Operator Address

NMNM03357 Northeast Blanco Unit #304 M-30-31N-06W 1190 FSL 1050 FWL Rio Arriba, NM
Lease Well No. Unit Letter-Section-Township-Range County

OGRID No. 000778 Property Code 013325 API No. 30-039-24163 Lease Type: ☒ Federal ☐ State ☐ Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	Los Pinos; FRT SND PC, South		Basin Dakota
Pool Code	80690		71599
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	3290-3377		7772-7894
Method of Production (Flowing or Artificial Lift)	Flowing		Plunger
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)	100 psi		Original 1100 psi Current-500
Oil Gravity or Gas BTU (Degree API or Gas BTU)	1100 BTU		1030 BTU
Producing, Shut-In or New Zone	Producing		Producing
Date and Oil/Gas/Water Rates of Last Production. (Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.)	Date: 9/7/2016 Rates: 80 Mscfd	Date: Rates:	Date: 9/7/2016 Rates: 20 Mscfd
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil Gas 0 % 80 %	Oil Gas % %	Oil Gas 0 % 20% %

ADDITIONAL DATA

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

WPX Energy Production, LLC
 Attn: Brennan West
 3500 One Williams Center
 Tulsa, OK 74172-0135



9590 9402 1758 6074 6894 43

7008 0150 0001 8512 9737

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

WARWICK-ARES, LLC
 Billy Jeffers, Land Supervisor
 6608 N. Western Avenue, Box 417
 Oklahoma City, OK 73116



9590 9402 1758 6074 6889 58

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9720

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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☐ 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

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- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
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1. Article Addressed to:

Omimex Petroleum, Inc.
 ATTN: Clark P. Storms
 7950 John T White Rd
 Fort Worth, TX 76120



9590 9402 1758 6074 6819 80

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9713

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

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Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Herbert C. Phillips
 55 High Street
 Pittsburgh, PA 15223



9590 9402 1758 6074 6819 73

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9706

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

- ☐ Adult Signature
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1. Article Addressed to:

Amelia C. Kelly
 4585 Jordan Spur Road
 Bozeman, MT 59715



9590 9402 1758 6074 6819 66

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9690

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

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C. Date of Delivery

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 If YES, enter delivery address below: ☐ No

3. Service Type

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- ☐ Collect on Delivery
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Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

XTO Energy Inc.
 ATTN: Jackson Dean, Landman
 810 Houston Street
 Fort Worth, TX 76102



9590 9402 1758 6074 6889 27

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9683

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

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- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
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- ☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

TAMACAM, LLC
c/o James M. Raymond, A.I.F.
P. O. Box 291445
Kerrville, TX 78029-1445



9590 9402 1758 6074 6889 34

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9676

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

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- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

T. H. McElvain Oil & Gas LLLP
Rick Harris, Land Manager
1050 17th Street, Suite 2500
Denver, CO 80265



9590 9402 1758 6074 6889 41

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9669

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Susanna P. Kelly, II
8383 Chapman Road
Bozeman, MT 59715



9590 9402 1758 6074 6889 03

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9652

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Andrew B. Kelly, Jr.
650 Glendalough Ct
Alpharetta, GA 30004



9590 9402 1758 6074 6889 10

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9645

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Four Star Oil & Gas Company
Larry Angle, Landman
1400 Smith Street
Houston, TX 77002



9590 9402 1758 6074 6820 00

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9638

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Fortune Natural Resources Corporation
Cameron Rice, Landman
16400 Dallas Parkway, Suite 100
Dallas, TX 75248



9590 9402 1758 6074 6819 97

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9621

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Lorrayn Gay Hacker
c/o James M. Raymond, AIF
P. O. Box 291445-1445
Kerrville, TX 78029-1445



9590 9402 1758 6074 6888 80

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9614

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Estate of Susanna Phillips Kelly
c/o Andrew B. Kelly, Jr.
650 Glendalough Ct.
Pharettta, GA 30004



9590 9402 1758 6074 6888 97

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9607

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

McAfee Oil and Gas LLC
ATTN: Mark Williams
P.O. Box 1087
Norman, OK 73070-1087



9590 9402 1758 6074 6820 17

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9843

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
J & M Raymond, Ltd.
Raymond & Sons I, LLC, GP
 ATTN: Rhonda Ray, Landman
 P. O. Box 291445
 Kerrville, TX 78029-1445



9590 9402 1758 6074 6894 67

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9836

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

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Charles W. Gay
c/o James M. Raymond, AIF
P. O. Box 291445
Kerrville, TX 78029-1445



9590 9402 1758 6074 6819 35

2. Article Number (Transfer from service label)

7008 1140 0001 9414 8606

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

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Frank C. Davis III
*P. O. BOX 600185
Dallas, TX 75360



9590 9402 1758 6074 6819 28

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9751

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

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
ConocoPhillips Company/
Burlington Resources
 Ben Mitchell, Associate Landman
 3401 E. 30th Street,
 Farmington, NM 87402



9590 9402 1758 6074 6894 81

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9744

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 New Mexico Oil Conservation Division
 1220 South St. Francis Drive
 Santa Fe, NM 87505



9590 9402 1758 6074 6894 29

2. Article Number (Transfer from service label)

7008 1140 0001 9414 9788

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Bureau of Land Management
 6251 College Blvd. Suite A
 Farmington, NM 87402



9590 9402 1758 6074 6894 36

2. Article Number (Transfer from service label)

7008 1140 0001 9414 9795

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

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Blackwood & Rainey NEBU LLC
 Attn: Margaret Holden
 Blackwood & Rainey NEBU, LLC
 8028 N. May Avenue Suite 201
 Oklahoma City, OK 73120



9590 9402 1758 6074 6894 50

2. Article Number (Transfer from service label)

7008 0150 0001 8512 9768

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |