TYPE CTB

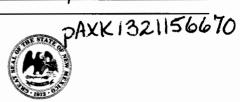
APP NO. 13 AVE 13 CH 866 96

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

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



ADMINISTRATIVE APPLICATION CHECKLIST

		O MANUS ATORNA SOR ALL ADMINISTRATIVE ADDUCATI	IONIC FOR EVOERTIONS TO DIVISION RULE	C AND DECLII ATIONS
		S MANDATORY FOR ALL ADMINISTRATIVE APPLICATI WHICH REQUIRE PROCESSING AT TH		S AND REGULATIONS
Applic	[DHC-De	standard Location] [NSP-Non-Standard Prownhole Commingling] [CTB-Lease Com- -Pool Commingling] [OLS - Off-Lease St	nmingling] [PLC-Pool/Lease Con orage] [OLM-Off-Lease Measure ressure Maintenance Expansion] Injection Pressure Increase]	nmingling] ement]
[1]	[A]	□ NSL □ NSP □ SD eck One Only for [B] or [C]	ply for [A] 30-015 - 28424 s Dedication 30-015 - 27417 30-015-27631 Yales Petioleur 1 PC OLS OLM	Bayd XSHE Com NODUP 27 NODUP 40 1
	[C]	Injection - Disposal - Pressure Increase WFX PMX SWD	e - Enhanced Oil Recovery IPI EOR PPR	
	[D]	Other: Specify		
[2]	[A]	Offset Operators, Leaseholders or	Royalty Interest Owners Surface Owner	
	[C]			
	[D]	Notification and/or Concurrent Ap U.S. Bureau of Land Management - Commissioner of	pproval by BLM or(SLO) of Public Lands, State Land Office	
	[E]	For all of the above, Proof of Noti	ification or Publication is Attached,	and/or,
	[F]			
[3]		ACCURATE AND COMPLETE INFORMATION INDICATED ABOVE.	MATION REQUIRED TO PROC	CESS THE TYPE
	val is <mark>accurat</mark>	CATION: I hereby certify that the informat e and complete to the best of my knowledge required information and notifications are	e. I also understand that no action	
	N	ote: Statement must be completed by an individua	l with managerial and/or supervisory capa	acity.
Miriam Drint o	Morales or Type Name	Signature a Crabo	Production Analyst Title	
			<u>mmorales@yatespetroleum.</u> e-mail Address	com

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

District II 1301 W. Grand Ave, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410

TYPE OR PRINT NAME Miriam Morales

E-MAIL ADDRESS: <u>mmorales@yatespetrolem.com</u>

District IV

1220 S. St Francis Dr, Santa Fe, NM

State of New Mexico Energy, Minerals and Natural Resources Department

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

TELEPHONE NO.: (575) 748-1471

Form C-107-B

Revised June 10, 2003

appropriate District Office. APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP) **OPERATOR NAME:** Yates Petroleum Corporation **OPERATOR ADDRESS:** 105 South Fourth St. Artesia, NM 88210 APPLICATION TYPE: ☐ Pool Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled) LEASE TYPE: ☐ State ☐ Federal Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. 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 Gravities / BTU of Calculated Gravities / Calculated Value of BTU of Commingled (1) Pool Names and Codes Non-Commingled Commingled Volumes Production Production Production Are any wells producing at top allowables? Yes No Has all interest owners been notified by certified mail of the proposed commingling? ☐Yes ☐No. (3) (4) (B) LEASE COMMINGLING Please attach sheets with the following information Pool Name and Code. N. Seven Rivers; Glorieta-Yeso #97565 (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 (C) POOL and LEASE COMMINGLING Please attach sheets with the following information Complete Sections A and E. (D) OFF-LEASE STORAGE and MEASUREMENT Please attached sheets with the following information (1) Is all production from same source of supply? Yes No 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. TITLE: Production Analyst DATE: 7/25/13 SIGNATURE:

Submit 1 Copy To Appropriate District	State of New Ma	wice	F C 102		
Office	State of New Me		Form C-103		
District I – (575) 393-6161	Energy, Minerals and Nat	ural Resources	Revised August 1, 2011		
1625 N. French Dr., Hobbs, NM 88240	OII CONCEDUATION	DIMIGION	WELL API NO. 30-015-27417		
District II – (575) 748-1283	OIL CONSERVATION		5. Indicate Type of Lease		
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Fran		STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 85		6. State Oil & Gas Lease No.		
District IV – (505) 476-3460		J	o. State on & das Ecase 110.		
1220 S. St. Francis Dr., Santa Fe, NM					
87505	777 77 65 53 5	part pare			
•	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO RESERVOIR. USE "APPLICATION FOR PERMIT			NDDUP UNIT		
	II Other	,	8. Well Number 27		
2. Name of Operator			9. OGRID Number 025575		
Yates Petroleum	Corporation		7. Odkib Manioci 023373		
3. Address of Operator			10. Pool name or Wildcat		
	treet Artesia, NM 88210		N. Seven Rivers; Glorietta-Yeso		
4. Well Location					
Unit Letter <u>K</u> : 1650	feet from the South line	and 1650	feet from the West line		
Section 17	1 0	25E NMPM	1 County Eddy		
	11. Elevation (Show whether DR, RKI	B, RT, GR, etc.)			
12 Ctt-	3535' GR		an art an Oth an Data		
12. Check	Appropriate Box to Indicate N	ature of Notice, K	eport or Other Data		
NOTICE OF INT	ENTION TO:	l si	JBSEQUENT REPORT OF:		
	PLUG AND ABANDON □	REMEDIAL WORK	☐ ALTERING CASING ☐		
	CHANGE PLANS	COMMENCE DRILL	-		
-	MULTIPLE COMPL	CASING/CEMENT			
<u> </u>	MOLTIPLE COMPL	CASING/CEMENT	JOB 🔲		
DOWNHOLE COMMINGLE					
OTHER: Surface Lease Commingle oi	il only	OTHER:	П		
13 Describe proposed or completed on	erations (Clearly state all pertinent do		nt dates, including estimated date of starting any		
			diagram of proposed completion or recompletion.		
1 1					
Yates Petroleum respectfully requests admini	strative approval Surface Lease Comm	ningle the oil production	on on following wells:		
A	NODAND VI. de Mar		NIPOTID II II III II		
Amole AMM State #2	NDDUP Unit #27 Barbara MW #17 possible futu		NDDUP Unit #40 Barbara 1266 #18 possible future name)		
N. Seven Rivers; Glorietta-Yeso	N. Seven Rivers; Glorietta-Yeso		N. Seven Rivers; Glorietta-Yeso		
Sec. 16-T19S-R25E	Sec. 17-T19S-R25E		Sec. 17-T19S-R25E		
API #30-015-28424	API #30-015-27417		API #30-015-27631		
St. Lease #LG-864	FEE		FEE STATE OF THE S		
Eddy County, NM	Eddy County, NM		Eddy County, NM		
The commingled production will be located a	it the Amole battery in Sec. 16-T19S-F	R25E, Unit M. Please	see attached plats and site security diagram.		
The comming of production will be recalled a	· · · · · · · · · · · · · · · · · · ·		and blood plans and blood between y and grain.		
The ownership is diversified. All owners have	e been notified. (see attached copies o	f certified mail)			
Oil Measurement					
			ing commingled for sales at the battery. Total		
	h individual well using the metered(da	illy well tests)volumes	. Metered volumes will be compared to total battery		
volumes daily and monthly for accuracy.					
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			- 1		
Gas Measurement					
Each well will have its own meter located at	he battery.				
The numerous of the surface/	of and duction is in the interest of		sibility the made ation of a series and the		
			sibility, the reduction of environmental impact area, and approval for utilizing existing batteries on adjacent		
leases, it will become necessary to build sepa					
iousse, it will become necessary to build sepa	tate racinities for each well. This will	merease costs and shor	ten die conomie nie of each wen.		
I hereby certify that the information above is	true and complete to the heat of my le				

Locales TITLE Production Analyst

TITLE

SIGNATURE_

APPROVED BY:____Conditions of Approval (if any):

Type or print name Miriam Morales
For State Use Only

DATE 7/25/13

_DATE__

E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200



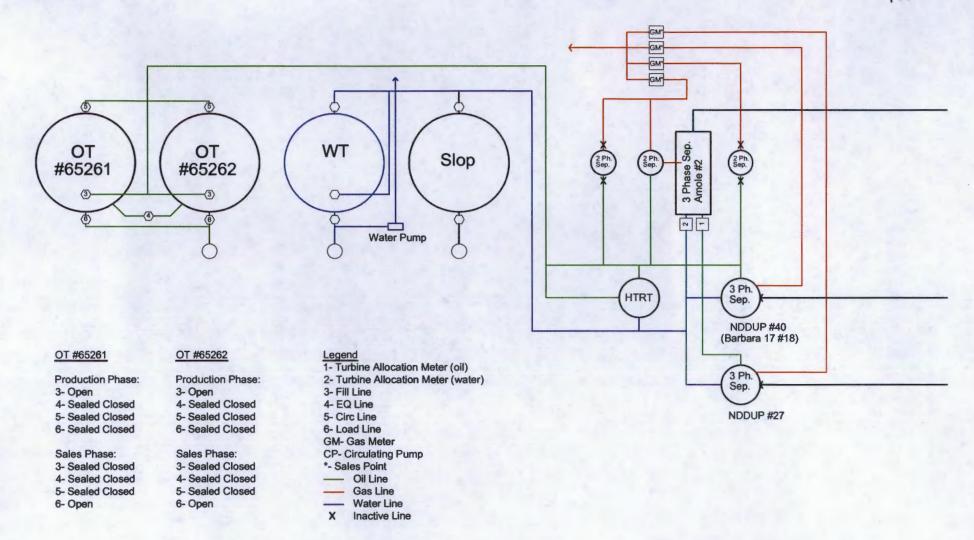
105 South 4th Stree Artesia, NM 88210 (575) 748-1471

Michael Farmer July 2013

Amole Battery

760' FSL & 660' FWL Sec 16-T19S-R25E Unit M Eddy County, NM

ÎN



MARTIN YATES, III 1912-1985

FRANK W. YATES

5.P YATES



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

JOHN A. YATES

JOHN A. YATES JR. CHAIRMAN OF THE BOARD PRESIDENT

JOHN D. PERINI
EXECUTIVE VICE PRESIDENT
CHIEF FINANCIAL OFFICER

JAMES S. BROWN CHIEF OPERATING DEFICER

RE: Surface Lease Commingle Amole AMM State #2, NDDUP Unit #27, and NDDUP Unit #40 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to Surface Lease Commingle oil only for the lease s below:

Amole AMM State #2

N. Seven Rivers; Glorietta-Yeso Sec. 16-T19S-R25E API #30-015-28424 St. Lease #LG-864 Eddy County, NM NDDUP Unit #27

Barbara 17SW #17(possible future name) N. Seven Rivers; Glorietta-Yeso Sec. 17-T19S-R25E AP1 #30-015-27417 FEE Eddy County, NM NDDUP Unit #40

Barbara 17SE #18(possible future name) N. Seven Rivers; Glorietta-Yeso Sec. 17-T19S-R25E API #30-015-27631 FEE Eddy County, NM

The commingled production will be located at the Amole battery in Sec. 16-T19S-R25E, Unit M.

The ownership is diversified. All owners have been notified.

Oil Measurement

Each of the wells will be equipped with continuously metering separators for oil production prior to oil being commingled for sales at the battery. Total sales/production will be allocated back to each individual well using the metered (daily well tests) volumes. Metered volumes will be compared to total battery volumes daily and monthly for accuracy.

Estimated daily average oil production for the Amole #2 is 5 bbls, for the NDDUP #27 and NDDUP #40 is 40 bbls.

Gas Measurement

Each well will have its own meter located at the battery.

The purpose of the surface/lease commingle of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will increase costs and shorten the economic life of each well.

If you should have any questions, please call me at (575) 748-4200 (direct line)

Sincerely,

Miriam Morales Production Analyst

I hereby approve this application

KATHY H PORTER

DENNIS G. KINSEY

MARTIN YATES, III

FRANK W. YATES 1936-1986

> S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

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Miriam Morales Production Analyst

I hereby approve this application

Company: <u>SHARBRO Energy, LLC</u>

KATHY H. PORTER

DENNIS G. KINSEY
TREASURER

MARTIN YATES, III 1912-1985

FRANK W. YATES 1936-1986

S.P YATES 1914-2008



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Miriam Morales Production Analyst

I hereby approve this application

Trust Q U/W/O Peggy A Mates, deceased

KATHY H. PORTER SECRETARY DENNIS G. KINSEY

MARTIN YATES, III 1912-1985 FRANK W. YATES

1936-1986 S.P YATES 1914-2008



105 SOUTH FOURTH STREET

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KATHY H. PORTER

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Miriam Morales Production Analyst

I hereby approve this application

Company. John A Yates

DENNIS G. KINSEY TREASURER MARTIN YATES, III

FRANK W. YATES 1936-1986

> S.P YATES 1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.vatespetroleum.com

July 24, 2013

RE: Surface Lease Commingle Amole AMM State #2, NDDUP Unit #27, and NDDUP Unit #40 Eddy County, New Mexico

Dear Interest Owner,

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Sincerely,

Compan

Miriam Morales Production Analyst

I hereby approve this application

Yates Brothers

ATHY H. PORTER

DENNIS G. KINSEY

CHAIRMAN OF THE BOARD
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JOHN D. PERINI
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1914-2008



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JAMES S. BROWN CHIEF OPERATING OFFICER

105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

www.yatespetroleum.com

July 24, 2013

RE: Surface Lease Commingle Amole AMM State #2, NDDUP Unit #27, and NDDUP Unit #40 Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting approval from the Oil Conservation Division and the State Land Office to Surface Lease Commingle oil only for the leases below:

Amole AMM State #2

N. Seven Rivers; Glorietta-Yeso Sec. 16-T19S-R25E API #30-015-28424 St. Lease #LG-864 Eddy County, NM NDDUP Unit #27

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Any objections 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 call me at (575) 748-4200 (direct line)

Sincerely,

Miriam Morales Production Analyst





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0000 8009 6798 7012 3460 0000 8009 6798

ADDRESS SERVICE REQUESTED

Sirieit R R HINKLE COMPANY, INC or POLICION PO BOX 2292 ROSWELL, NM 88202-2292 PS Foliar seguit August 2005	 Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Postage \$	Por delivery information visit our website at www.usps.come	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No insurance Coverage Provided)
See Reverse for Instructions		Postmark Here	Kname pol.	at www.usps.come	CEIPT Coverage Provided)

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature Agent X ☐ Addressee ■ Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery ■ Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes 1. Article Addressed to: If YES, enter delivery address below: R R HINKLE COMPANY, INC P O BOX 2292 ROSWELL, NM 88202-2292 3. Service Type Certified Mail ☐ Express Mall ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mali □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 3460 0000 8009 6798 (Transfer from se PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 g





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6804 7012 3460 0000 8009 6804

ADDRESS SERVICE REQUESTED

Sinet, MCQUIDDY CO or FOB P O BOX 2072 City, Sta ROSWELL, NN PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	A POCO	(Domestic Mail Or	U.S. Postal So		IERGY, INC
MCQUIDDY COMM. & ENERGY, INC P O BOX 2072 ROSWELL, NM 88201 See Reverse for Instructions	\$		Here	Dorman	& Miname 10	WELL IN ON LEASURED TO SELECT THE SERVICE OF THE SERVICE SERVICE SERVICES SERVICES TO SERVICE SERVICES	Domestic Mail Only; No Insurance Coverage Provided)	Service THE RECEIPT	3201	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee			
 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. 	B. Received by (Printed Name)	Date of Delivery			
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
MCQUIDDY COMM. & ENERGY, INC P O BOX 2072					
ROSWELL, NM 88201	3. Service Type Certified Mail	ot for Merchandise			
	4. Restricted Delivery? (Extra Fee)	☐ Yes			
2. Article Number (Transfer from s 7012 3460 0000	8009 6804				





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6811 7012 3460 0000 8009 6811

Sent To Siriest, A or PO B: 2313 JIM DENT City, Sta EL PASO, TX 7993\$6 PS Form 3800 August 2006	(Endorsement Required) Rastricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee	For delivery information visit our website at www.usps.come ODUFF3746 LC DIEGE Min ord	JR SHEFT SHEFT SHEFT SHEET SHEET
JR		Postmark Here	Mill out 100	EIPT overage Provided)

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY			
 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. 	A. Signature X B. Received by (Printed Name)	☐ Agent☐ Addressee☐ C. Date of Delivery			
1. Article Addressed to: RICHARD H LANDSHEFT, JR 2313 JIM DENT	D. Is delivery address different from item 1?				
EL PASO, TX 7993 %	3. Service Type Certified Mall	ill elpt for Merchandise			
2. Article Number (Transfer from s 7012 3460 0000	8009 6811				
PS Form 3811, February 2004 Domestic Re	turn Receipt	102595-02-M-1540			





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6828 7012 3460 0000 8009 6828

ADDRESS SERVICE REQUESTED

Sireet, Api or PO Box City, State BIXBY, OK 7 PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery inform	(Domestic Mail o	ostal	SHEFT
WILLIAM B LANDSHEFT RT 6 15880 S PEORIA BIXBY, OK 74008	€				€9	For delivery information visit our website at www.usps.come	CERTIFIED MAIL™ RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	Service _{TM}	ORIA
See Reverse for Instructions			Postmark Here		on Janon b	at www.usps.com	CEIPT Coverage Provided)		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 the foot if appear named. 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
WILLIAM B LANDSHEFT RT 6 15880 S PEORIA	
BIXBY, OK 74008	3. Service Type Certified Mall
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0000	8009 6828
PS Form 3811 February 2004 Domestic Br	eturn Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED

Sent To Sinest: LYNN E DESPER or PO E OT PO E 380 LOS RANCH City: St ALBUQUERQUE PS Form strong Augustrano	Total Postage & Fees	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee Return Receipt Fee	Postage	LDDU 1 2	(Domestic Mail C	U.S. Postal S	
LYNN E DESPER 380 LOS RANCHOS RD NW ALBUQUERQUE, NM 87107-6532	€9	Here	Postmark	& Minamo Ma	DOUT 20 16 LC 75213	IED MAIL _{TM} RECEIPT all Only; No Insurance Coverage Provided)	NM 87107	'-6532

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: LYNN E DESPER 380 LOS RANCHOS RD NW	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ALBUQUERQUE, NM 87107-6532	3. Service Type Certified Mail
2. Article Number (Transfer from s. 701,2 3460 0000	
PS Form 3811, February 2004 Domestic F	eturn Receipt 102595-02-M-154





YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

7012 3460 0000 8009 6842

Sent To Street, Jan SHIRLEY CHILDRESS or POB 604 N DELAWARE AVE #2 City. Sta ROSWELL, NM 88201-2135 PS Form 3800, August 2006	Total Postage & Fees \$	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.disps.come	U.S. Postal Service TIM CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	5S : AVE #2 :201-2135
See Reverse for Instruction			Postmark Here	Miname food	11	:IPT erage Provided)	

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 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. 	A. Signature X
Article Addressed to: SHIRLEY CHILDRESS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ROSWELL, NM 88201-2135	3. Service Type Certified Mall
2. Article Number (Transfer from se 7012 3460 0000	8009 6842
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED

Sent To Street, A or PO Bc PO BC PO BOX 3209 ROSWELL, NN PS Form Supply August 2006	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required)	For delivery informs (D) Du f = 2 Postage	U.S. Postal S CERTIFIED (Domestic Mail O	.DRESS
JAMES W CHILDRESS P O BOX 3209 ROSWELL, NM 88202-3209 See Reverse for Instructions	Φ	Postmark	For delivery information visit our website at www.ueps.come ODDU # 77,40 KL HAY A	J.S. Postal Service™ CERTIFIED MAIL™ RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	88202-3209

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
 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. 	B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JAMES W CHILDRESS P O BOX 3209	
ROSWELL, NM 88202-3209	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandis
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se. 7012 3460 0000	8009 6859
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-15-

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



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For delivery information visit our website at www.usps.comb
For delivery information visit our website at www.usps.comb
For delivery information visit our website at www.usps.comb
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Certified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
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Sent To

Sincert, Ap
PO BOX 2262
City, State
KING CITY, CA 93930

Storm 3500, August 2000

SENDER: COMPLETE THIS SECTION		COMPLE	TE THIS SE	CTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. 	erse	A. Signat X B. Receiv	ved by (<i>Prin</i>	ited Name)	☐ Agent ☐ Addressee C. Date of Delivery
Article Addressed to:			•	different from ite ery address belo	—
JAMES L HINKLE ESTATE P O BOX 2262					
KING CITY, CA 93930		☐ Reg	e Type tified Mall gistered ured Mall	Express Ma	all elpt for Merchandise
		4. Restric	cted Deliver	y? (Extra Fee)	☐ Yes
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PS Form 3811, February 2004	omestic Ret	urn Receipt			102595-02-M-154





YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

7012 3460 0000 8009 6873 7012 3460 0000 8009 6873

ADDRESS SERVICE REQUESTED

Sent Ti Sirinet, OF PO BOX 1793 City, St. ROSWELL, NM 88202-1793 PS Form 3800, August 2006 See Reverse 1	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required) Postr	For delivery information visit our website at www.usps.come 1) DU 157. 16 1 C 7/25 Postage \$	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	TRUST 38202-1793
See Reverse for Instruction		Postmark Here	Mespecomo) T ge Provided)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
HINKLE LIVING TRUST P O BOX 1793	
ROSWELL, NM 88202-1793	3. Service Type Certified Mall Express Mall Registered Receipt for Merchandis C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from sei 7012 3460 0000	8009 6873
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-15



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6880

Sent To Stinest, A or PO Bt. City, Sian KING CITY, CA 939 PS Form 3800, August 2006	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Cartified Fee Return Receipt Fee (Endorsement Required)	Postage \$	U.S. Postal Service To CERTIFIED MAILTO Insura	ING TRUST
BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT KING CITY, CA 93930-3501 See Reverse for Instructions		Postmark	Postage \$ 1 Ministry Of U.S.	J.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	

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 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. Article Addressed to: 	A. Signature X
BETTIANNE H BOWEN LIVING TRUST 238 BEVERLY CT KING CITY, CA 93930-3501	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from s 7012 3460 0000	8009 68AN
PS Form 3811, February 2004 Domestic Ret	





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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at www.usps.come	For delivery information visit our website at www.usps.come
CEIPT	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	U.S. Postal Service™
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X
CHARLES E HINKLE P O BOX 1030 KING CITY, CA 93930	3. Service Type Certified Mall
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Trensfer from s 7012 3460 0000	8009 6897
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6903 7012 3460 0000 8009 6903

ADDRESS SERVICE REQUESTED

Sent: Street KRISTEN COOMES or PC Crig.; 265 259 TH AVE NE SAMMAMISH, WA 98074-3478 PS Form Serry, August 2005	(Endorsement Required) Total Postage & Fees	Return Receipt Fee (Endorsement Required)	Information visit our wabalta at www.visips.come ADDULLE 75 40 CC 765 Postage \$ Liname Liname	980 U.S. Postal Service ™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
074-3478 See Reverse for instructions		Postmark Here	Land 1001.	TVICETM MAILTM RECEIPT Y; No Insurance Coverage Provided)

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to: KRISTEN COOMES	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
265 259 TH AVE NE SAMMAMISH, WA 98074-3478	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7012 3460 0000	8009 6903
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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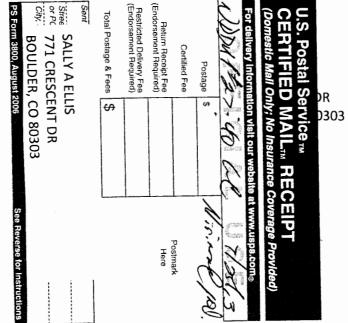
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JENNA HINKLE SARTORI 5710 HATCHERY CT PENNGROVE, CA 94951-9664	3. Service Type ### Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
5710 HATCHERY CT	Certified Mall
5710 HATCHERY CT	Certified Mall





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addresse	
 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. 	B. Received by (Printed Name)	C. Date of Deliver	
Article Addressed to:	D. Is delivery address different from item 1?		
SALLY A ELLIS			
771 CRESCENT DR			
	3. Service Type		
BOULDER, CO 80303	Certified Mail		
BOULDER, CO 80303	Certified Mall	II hipt for Merchandis	





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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Sinel HELEN CHASE RANI Sinel ATTN: WELLS FARG or PO P O BOX 5383 DENVER, CO 80217 PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	())) W//2	(Domestic Mail O	0	TRUST BANK
HELEN CHASE RAND TRUST ATTN: WELLS FARGO BANK P O BOX 5383 DENVER, CO 80217	€				\$	T275 W LL 1/25	CERTIFIED MAILTM RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	ervice™	
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 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. 	A. Signature X							
1. Article Addressed to: HELEN CHASE RAND TRUST ATTN: WELLS FARGO BANK P O BOX 5383	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No							
DENVER, CO 80217	3. Service Type AD Certified Mall							
2. Article Number 7012 3460 0000	8009 6248							
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540							

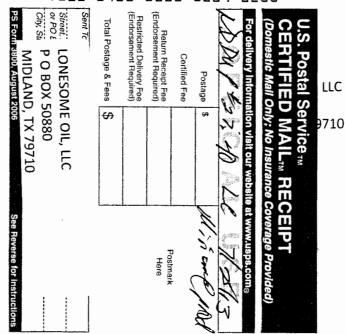




YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

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 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. 	A. Signature X				
Article Addressed to: LONESOME OIL, LLC	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
P O BOX 50880					
MIDLAND, TX 79710	3. Service Type				
1110 EARD, 1X 73710	Certified Mall				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from se 7012 3460 0000	8009 6255				
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154				

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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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 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. 	A. Signature X				
1. Article Addressed to: QUETICO SUPERIOR FOUNDATION ATTN: THOMAS VANDERMOLEN 50 S 6 TH STREET STE 1500					
MINNEAPOLIS, MN 55402-1498	3. Service Type Certified Mall				
2. Article Number (Transfer from se. 7012 3460 0000	8009 6262				
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540				





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X				
1. Article Addressed to: ROLLA R III AND ROSEMARY H HINKLE P O BOX 2292	If YES, enter delivery address below: ☐ No				
ROSWELL, NM 88202-2292	3. Service Type Certified Mall Registered Receipt for Merchandise C.O.D.				
2. Article Number (Transfer from se 7012 3460 000	4. Restricted Delivery? (Extra Fee)				
PS Form 3811, February 2004 Domestic Ret					





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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Sent To Sireel, 7 or PO B P O BOX 2292 City. Sia ROSWELL, NM 88202-2292 PS Form 3800, August 2006 See Reve	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Recuired)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	ervice™ MAIL™	USAN M HINKLE 3202-2292
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MADISON M & SUSAN M HINKLE P O BOX 2292	
ROSWELL, NM 88202-2292	3. Service Type Certified Mail Registered Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7012 3460 000	8009 6286
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

2. Article Number

(Transfer from s

PS Form 3811, February 2004

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TIES, LLC 6 1 88211-1326	₩		64	For delivery information visit our website at www.usps.come	J.S. Postal Service TM CERTIFIED MAILTM RECEIPT Domestic Mail Only; No Insurance Coverage Provided)
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
HOPE ROYALTIES, LLC	; }
P O BOX 1326 ARTESIA, NM 88211-1326	3. Service Type Certified Mail
•	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

7012 3460 0000 8009 6293

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6309 7012 3460 0000 8009 6309

ADDRESS SERVICE REQUESTED

Sent To MARSHALL & WINSTON, INC or PO E P O BOX 50880 City, Sit MIDLAND, TX 79710-0880 PS Form 3800, August 2006 Se	(Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required)	105000 \$ Winner on wearship & Winner of the Constage of the Co	U.S. Postal Service TIM CERTIFIED MAILTIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	STON, INC
NC) See Reverse for Instructions		Postmark Here	Kinne 12913	CEIPT overage Provided)	**************************************

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X
MARSHALL & WINSTON, INC P O BOX 50880 MIDLAND, TX 79710-0880	3. Service Type
	Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
	Registered Return Receipt for Merchandise



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6316 7012 3460 0000 8009 6316

Certified Fee

ADDRESS SERVICE REQUESTED

GAYLE GLASS ROCHE OF PO BOX 50248

City, State AUSTIN, TX 78763

Sent To

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

ERTIFIED MAIL_{TM} RECEIPT omestic Mail Only; No Insurance Coverage Provi

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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.

Article Addressed to:

GAYLE GLASS ROCHE
P O BOX 50248
AUSTIN, TX 78763

3. Service Type
Certified M.
Registered
Insured Ma.
4. Restricted Delivery and delivery addressed to:

ACCEPTION OF THIS COMPLETE THIS COMPLETE THIS ACCEPTION.

A. Signature
X
B. Received by (
D. Is delivery addressed to:

GAYLE GLASS ROCHE
P O BOX 50248

AUSTIN, TX 78763

3. Service Type
ACCEPTION OF THIS ACCEPTION OF THIS ACCEPTION OF THIS ACCEPTION OF THIS ACCEPTION.

ı		
ſ	A. Signature	
	x	☐ Agent
ŀ	7	☐ Addressee
١	B. Received by (Printed Name)	C. Date of Delivery
۱		
ı	D. Is delivery address different from item	1? ☐ Yes
i	If YES, enter delivery address below	PPR
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1		
1		
	3. Service Type	
	Certified Mail Express Mai	
	Certified Mail	I lipt for Merchandise
	Certified Mail Express Mai	
	Certified Mail	

PS Form 3811, February 2004

(Transfer from se

Domestic Return Receipt

7012 3460 0000

102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6323 7012 3460 0000 8009 6323

Sent Sine GAYLE ELIZABETH LANGFORD OF P. P. O. BOX 2827 BIG FORK, MT 59911 PS Form \$100, August 2006 See Revers	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$ Million	For delivery information visit our website at www.usps.come	U.S. Postal Service TAM CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	LANGFORE
See Heverse for Instructions			Here	Postmark	s conto from	7/28/13	T e Provided)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
GAYLE ELIZABETH LANGFORD P O BOX 2827	
BIG FORK, MT 59911	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0000	8009 6323
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0000 8009 6330 7012 3460 0000 8009 6330

ADDRESS SERVICE REQUESTED

Sent To Sireet, At OF PO Bo 1173 ISIDO City, Stat LOCKHART PS Form 3800, August 2006	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required)	Postage Postage	U.S. Postal Se CERTIFIED (Domestic Mail On
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL LOCKHART, TX 78644 see Reverse for Instructions	₩	Postmark	5 40 Kl / 2/3	ORD
ruelloris			18	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
ROBERT GLASS LANGFORD 1173 ISIDORA TRAIL	
LOCKHART, TX 78644	3. Service Type Certified Mail Registered Results Co.D. Express Mail Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from st. 7012 3460 0000	8009 6330
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6347 7012 3460 0000 8009 6347

Certified Fee Certified Fee Certified Fee Certified Fee Certified Fee Certified Fee Certified Delivery Fee (Endorsement Required) Total Postage & Fees STEP TOTAL POSTAGE & Fees STEP O BOX 22205 City.: SANTA FE, NM 87502 PS Form 3800, August 2006 See Reverse for Instructions	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No insurance Coverage Provided) For delivery information visit our website at www.usps.come The control of the coverage provided) For delivery information visit our website at www.usps.come
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Hinni au Ala Isano	SOL HOUSE SET 30	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature X	
1. Article Addressed to: JEFFERSON MILNER LANGFORD P O BOX 22205	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
SANTA FE, NM 87502	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number (Transfer from si 7012 3460 0000	8009 6347	
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540	





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6354 7012 3460 0000 8009 6354

Sent To Ciry. St. BRYN MAWR, PA 19010 PS Form 3800, August 2006	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	DMR27 70 2.C. Postage \$	U.S. Postal Service TM CERTIFIED MAILTON RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
See Reverse for Instructions	Неге	Miram Clas	CEIPT overage Provided)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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, 	A. Signature X	
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
LOU ANN LANGFORD 606 WINSFORD RD		
BRYN MAWR, PA 19010	3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7012 3460 0000	8009 6354	
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540	

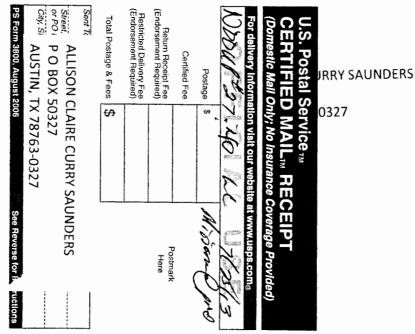




YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6361

ADDRESS SERVICE REQUESTED



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X					
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.	B. Received by (Printed Name) C. Date of Delivery					
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
ALLISON CLAIRE CURRY SAUNDERS P O BOX 50327						
AUSTIN, TX 78763-0327	3. Service Type Certified Mall Registered Insured Mail C.O.D.					
	4. Restricted Delivery? (Extra Fee)					
2. Article Number (Transfer from s 7012 3460 0000	8009 6361					
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540					





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6378 7012 3460 0000 8009 6378

ADDRESS SERVICE REQUESTED

Sent 7 Stree ALFRED FOY CURRY IV or PC CONT. 1016 ALTA LOMA CIRCLE SAN ANGELO, TX 76901 PS Form Sent August 2006	U.S. Postal Service Mellonly: For delivery Information Postage & Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees **Total Postage & Fees
m	U.S. Postal Service TAM CERTIFIED MAIL TAM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come Postage Serviced Serviced Postmark Return Receipt Fee Indorsement Required) Postmark Postmark Here Postmark Here
See Reverse for instructions	PT age Provided) wusps.come

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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SENDER: COMPLET	E THIS SE	CTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, item 4 if Restricted Print your name an so that we can retu 	Delivery is o	desired. n the reve	A. Signate	☐ Agent ☐ Addressee				
 Attach this card to or on the front if sp Article Addressed to: 	the back of	the mailpi	B. Received by (Printed Name)					
ALFRED FOY CU 1016 ALTA LON	NY CIRCLE	Ē	0.0					
SAN ANGELO,		☐ Reg	tified Mail pistered ured Mail	□ C.O.D.	elpt for Merchandise			
Article Number (Transfer from se	7075	3460	0000	4. Hestric	6378	(Extra Fee)	☐ Yes	
PS Form 3811, Febru	ary 2004	Do	omestic Ret	urn Receipt			102595-02-M-1540	

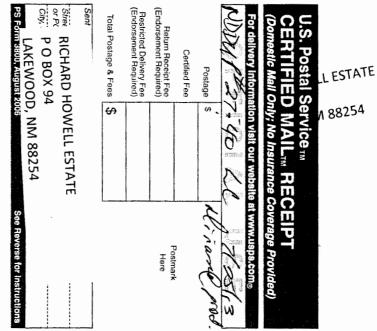
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ADDRESS SERVICE REQUESTED



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X				
Article Addressed to:	D. Is delivery address different from item 1?				
RICHARD HOWELL ESTATE P O BOX 94					
LAKEWOOD, NM 88254	3. Service Type Certified Mall □ Express Mall □ Registered □ Insured Mall □ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from se. 7012 3460 0000	8009 6385				
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15				





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0000 8009 6392 7012 3460 0000 8009 6392

ADDRESS SERVICE REQUESTED

REVOCABLE TRUST Street, or PO! P O BOX 75 City, Si LAKEWOOD, NM 88254 See Revo	70	(Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	COMITATION WEST OF THE WAY WEST OF THE COLOR	CERTIFIED MAIL RECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service To 3825	R HOWELL
See Reverse for Instructions	LOWELL -	Here	Postmark	Winned 100	1 1/26/13	CEIP I Coverage Provided)		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 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. 	A. Signature X					
1. Article Addressed to:	D. Is delivery address different from item 1?					
THE JAMES H & BETTY R HOWELL REVOCABLE TRUST						
P O BOX 75						
LAKEWOOD, NM 88254	3. Service Type Certified Mali Registered Insured Mall C.O.D.					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Transfer from se 7012 3460 0000	8009 6392					
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-					

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



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PS Form 3800, August 2006	or PO Bo CARLSBA	Sent To HUGH M KINCAID	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	JANA W	(Domestic Mail Only	U.S. Postal Ser		R ,2
	2911 OCOTILLO CANTOR DE CARLSBAD, NM 88220-3162	KINCAID NON DR	\$		Here	Postmark	Milia	10 1 9 CC	(Domestic Mail City) No.	U.S. Postal Service *** CERTIFIED MAIL*** RECEIPT CERTIFIED MAIL*** RECEIPT		
See Reverse for many					Œ	ark		0/2/12	mo	lded)		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent Addressee					
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.	B. Received by (Printed Name) C. Date of Deliver					
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
HUGH M KINCAID						
2911 OCOTILLO CANYON DR						
CARLSBAD, NM 88220-3162	3. Service Type Certified Mail					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number 7012 3460 0000	8009 6408					
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15					





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6415 7012 3460 0000 8009 6415

ADDRESS SERVICE REQUESTED

Sent To Street, JAMES R SWOPE or PO. 1832 MOUNTAIN City. S KERRVILLE, TX 78 PS Form 3800. August 2008	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	ODDM/ 2	CERTIFIED N	UREL 3-3843
OPE TAIN LAUREL X 78028-3843				0	Mino	For delivery information visit our website at www.usps.come	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	WELL 3-3843
See Reverse for Instructions			Here	Postmark	me fod.	3 6 8	rovided)	

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. X □ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: JAMES R SWOPE 1832 MOUNTAIN LAUREL 3. Service Type KERRVILLE, TX 78028-3843 Certified Mali ☐ Express Mall ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7012 3460 0000 8009 6415 (Transfer from s 102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt





7012 3460 0000 8009 6422 7012 3460 0000 8009 6422

See Reverse for Instructions	PS Form 3800, August 2006
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	Total Postage & Fees \$
	Restricted Delivery Fee (Endorsement Required)
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RECEIPT	CERTIFIED MAIL. RECEIPT
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	BURN ¹ STREE 73012-6
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X					
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.	B. Received by (Printed Name) C. Date of Delivery					
Article Addressed to:	D. Is delivery address different from item 1?					
MARGARET RABURN TRUST 1428 NW 168 TH STREET						
EDMOND, OK 73012-6873	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Transfer from s 7012 3460 000	8009 6422					
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540					





YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6439 7012 3460 0000 8009 6439

PS Form 3800 ARTESIA, NM 88210	City, State, Zi. P O BOX AA	or PO Box No ATTN: CHERYL BARTLETT	FIRST AMERICAN BANK	Sent To THELMA MAY SCHAFER	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	EC/L TWACI Selection of the selection of	CERTIFIED WAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™	R IK ETT
)		ובדד	NK	FER			Here	· ·	Microf good	ile at www.usps.come	E CEIF I e Coverage Provided)		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X		
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.	B. Received by (Printed Name) C. Date of Delivery		
1. Article Addressed to:	D. Is delivery address different from item 1?		
THELMA MAY SCHAFER			
FIRST AMERICAN BANK			
ATTN: CHERYL BARTLETT	3. Service Type		
P O BOX AA ARTESIA, NM 88210	Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from se 7012 3460 0000	8009 6439		
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540		



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6446 7012 3460 0000 8009 6446

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

(Pomestic Mail Only; No Insurance Coverage Provided)

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COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent X □ Addressee Print your name and address on the reverse so that we car return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: CAUPAHE PROPERTIES PARTNERSHIP 5299 RIO PENASCO RD MAYHILL, NM 88339 Service Type Certified Mall ☐ Express Mall Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 3460 0000 8009 6446 (Transfer from s PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 g



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: STERLING M CARTER	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P O BOX 97	
WINSTON, NM 87943	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from s 7012 3460 0000	8009 6453



ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6460 7012 3460 0000 8009 6460

, , ,	J 100 D-			
Sent To KENNA C SCOTT Siricel, Al or PO Bo 3341 SEQUOIA AVE City, State ALAMOGORDO, NM 88310 PS Form 3800, August 2006 See Reverse for Instructions	(Endorsement Hequired) Restricted Delivery Fee (Endorsement Hequired) Total Postage & Fees \$	Centified Fee Postmark Here	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	T AVE O, NM 88310

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KENNA C SCOTT 3341 SEQUOIA AVE	
	2 Carries Tune
ALAMOGORDO, NM 88310	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise C.O.D.
ALAMOGORDO, NM 88310	Certified Mail





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6477 7012 3460 0000 8009 6477

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. Article Addressed to: MICHAEL T CARTER	A. Signature X
2106 WILLS WAY RD GRANDBURY, TX 76049-5788	3. Service Type Learnified Mall
2. Article Number 7012 3460 000	0 8009 6477
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6484 7012 3460 0000 8009 6484

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X		
 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. 	B. Received by (Printed Name) C. Date of Delivery		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
JACK S MCDONALD 1110 COLLEGE AVE	!!		
SNYDER, TX 79549	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number (Transfer from s. 7012 3460 0000	8009 6484		
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540		





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PS Form 3800, August 2006	Sine To Sireel, CYDNEY M MEDFORD or PO E 2111 PAISANO RD City. St AUSTIN, TX 78746	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Feo (Endorsement Required)	Certified Fee	Postage \$	12 9 LENW (1	For delivery information visit our website at www.usps.come	PORD ORD ORD ORD ORD ORD ORD ORD ORD ORD
See Reverse for Instructions			Here		Kirane jas	12613	at www.usps.come	CEIPT Provided

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CYDNEY M MEDFORD 2111 PAISANO RD	
' AUSTIN, TX 78746	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7012 3460 0000	8009 6491
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540





7012 3460 0000 8009 6507 7012 3460 0000 8009 6507

Sent To Sirger, Apr.: JAN A HERRSTROM or PO Box A City, State, 2 WOODWAY, TX 76712-2235 PS Form 3800, August 2006 See R	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Return Receipt Fee (Endorsement Required)	Postage 5	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CIR 712-2235
VI 5 CIR 6712-2235		Postmark Here	Minand pol	EIPT verage Provided)	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below: No
JAN A HERRSTROM	
810 FOREST OAKS CIR WOODWAY, TX 76712-2235	3. Service Type
WOODWAI, IX 70712 2200	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from s 7012 3460 0000	3 8009 6507
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540



7012 3460 0000 8009 6514

OUTH FOURTH STREET 7012 3460 0000 8009 6514

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTEI)

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

Postage

Certified Fee
(Endorsement Required)

Total Postage & Fees

Sent To
Or PO Box
2009 HUBBARD CT
City. State

VILLA RICA, GA 30180

See Reverse for Instruction

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: GEORGE S CRANFORD 2009 HUBBARD CT	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
VILLA RICA, GA 30180	3. Service Type Certified Mall
2. Article Number (Transfer from se 7012 3460 0000	8009 6514
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6521 7012 3460 0000 8009 6521

ADDRESS SERVICE REQUESTED

Sireet, Ap CAROLINE A MCDONALD Or PO Box City, State COLUMBUS, GA 31904-2853 PS Form \$1500, August 2006 See Reverse for Instructions	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required) Here	Certified Fee	Postage & Kinant for	For delivery information visit our website at www.usps.come	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	IALD 904-2853
ctions					B	M		

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. □ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: CAROLINE A MCDONALD 313 SUNSET RD COLUMBUS, GA 31904-2853 3. Service Type Certified Mall ☐ Express Mail □ Registered ☐ Return Receipt for Merchandise ☐ Insured Mali ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7012 3460 0000 8009 6521 (Transfer from se 102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6538 7012 3460 0000 8009 6538

Sent To Street: RAY HALL BECK or POL Gity. St. SAN ANGELO, TX 76904 PS Form 5000 August 2006	(Endorsement Required) Total Postage & Fees	Return Receipt Fee (Endorsement Required)	Postage \$	For delivery information visit our website at www.usps.come	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	IDGE 6904
See Reverse or manuction		Here	line and pol	EN SELL	IPT rage Provided)	

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 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
RAY HALL BECK	
3509 DOMINION RIDGE	
SAN ANGELO, TX 76904	3. Service Type AD Certifled Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7012 3460 0000	8009 6538
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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6545 7012 3460 0000 8009 6545

U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.comp Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent Tc OCOTILLO PRODUCTION LLC Or PO! 1705 WASHINGTON AVE City. Si ARTESIA, NM 88210-1650 PS Form 3800. August 2006 See Reverse for Instruction

ADDRESS SERVICE REQUESTED

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
OCOTILLO PRODUCTION LLC 1705 WASHINGTON AVE	
ARTESIA, NM 88210-1650	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7012 3460 0000	8009 6545
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6552 7012 3460 0000 8009 6552

See Reverse for Instructions	2006	PS Form 3800, August 2006
	9191 YELLOWSTONE RD LONGMONT, CO 80503	or PO 9191 YELL
	VAN WINKLE FAMILY LLC	
	↔	Total Postage & Fees
1		Restricted Delivery Fee (Endorsement Required)
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C 7/21/3	7.40 6	CAPULES.
at www.usps.come	For delivery information visit our website at www.usps.come	For delivery informs
CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	ERTIFIED MAIL _{TM} RECEIPT omestic Mail Only; No insurance Coverage	CERTIFIED (Domestic Mall o
	Postal Service TM	U.S. Postal S

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: VAN WINKLE FAMILY LLC 9191 YELLOWSTONE RD LONGMONT, CO 80503 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 7012 3460 0000 8009 6552 (Transfer from se

Domestic Return Receipt

102595-02-M-1540 g

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

, PS Form 3811, February 2004





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CERTIFIED MAIL CERTIFIED MAIL CERTIFIED MAIL Domestic Mail Only; No Insurance Coverage Provide Cordillory Information visit our website at www.usps.come Certified Fee AND Postage & Fees Sent Tc Size Corporate A3-1 W FUNK RD City Si LAKE ARTHUR, NM 88253 See Reverse for to the postage of the p

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
DAVID A HARPER 43-1 W FUNK RD LAKE ARTHUR, NM 88253	2 Carries Turn
LAKE ARTHON, NIVI 3323	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from st 7012 3460 0000	8009 6569
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540





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ADDRESS SERVICE REQUESTED

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Sirieit A JUANEL A HARPER or PO Bt City, Stai 2103 W CENTRE AVE ARTESIA, NM 88210-2245 PS Form Secural guestrano	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	or-se main	For delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™	'E)-224	5
45 See Reverse for Instructions				Postmark Here	(Mirand 100	S/12/12	ilte at www.usps.come	RECEIPT ance Coverage Provided)			

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 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JUANEL A HARPER 2103 W CENTRE AVE ARTESIA, NM 88210-2245	3. Service Type Cortified Mail
2. Article Number (Transfer from s 7012 3460 0000	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540





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YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

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	JAMI A HARL	
		Sent To
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t www.usps.com⊕	For delivery information visit our website at www.usps.come	For delivery inform
EIPT overage Provided)	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	CERTIFIEI
	Service	II C Doetal Service

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JAMI A HARL 2485 E 54 TH ST	
TULSA, OK 74105-7201	3. Şervice Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7012 3460 0000	8009 6583
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

7012 3460 0000 8009 6590 7012 3460 0000 8009 6590

ADDRESS SERVICE REQUESTED

Sent To Sirect, At. JAMES A CARSON or PO Bo PO BOX 1761 City, State LOWELL, AR 72745-1761 PS Form 3800, August 2006 See Reverse for Instruction	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee Postmark	Postage \$ Alin Frute Ad	700m	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No insurance Coverage Provided)	U.S. Postal Service TM
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
JAMES A CARSON P O BOX 1761 LOWELL, AR 72745-1761	3. Service Type
LOWELL, ANY -	Certified Mail
	☐ Insured Mali ☐ C.O.D.
	☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0000	4. Restricted Delivery? (Extra Fee) ☐ Yes



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210



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For delivery Information visit our website at www.usps.coms

Postage \$ \(\)

Certified Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

TERRY A OWEN

TERRY A OWEN

TOTAL TOTAL TOTAL GEORGE AVE

13011 ROYAL GEORGE AVE

ODESSA, TX 33556-5714

PS Form 3500, August 2006

ADDRESS SERVICE REQUESTED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, are the front if mean name in. 	A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
TERRY A OWEN 13011 ROYAL GEORGE AVE ODESSA, TX 33556-5714	Service Type Certified Mall
2. Article Number 7012 3460 0000	8009 6606
(maiotor morn oc	2000





7012 3460 0000 8009 6613 7012 3460 0000 8009 6613

ADDRESS SERVICE REQUESTED

Sine: VALERIE A MAHFOOD or PC 3014 BARRYWOOD City. WICHITA FALLS, TX 76309 PS Form 3800, August 2006	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Certified Fee	Postage \$	KINDANCE TO COLOR MEDITOR OF THE COLOR OF TH	U.S. Postal Service TM CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	9
See Reverse for Instructions		Here	Postmark	Knark prod	www.usps.come	EIPT verage Provided)	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1?
VALERIE A MAHFOOD 3014 BARRYWOOD WICHITA FANNS	,
WICHITA FALLS, TX 76309	3. Service Type Certified Mall □ Express Mall □ Registered □ Return Receipt for Merchandise □ Insured Mall □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number . (Transfer from se 7012 3460 0000	8009 6613
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6620 7012 3460 0000 8009 6620

ADDRESS SERVICE REQUESTED

Sent To WILLIAM J MCCAW TStreet, P O BOX 376 TCBy. S ARTESIA, NM 88211-0376 PS Form 3800, August 2006	Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Certified Fee Postr Return Receipt Fee (Endorsement Required)	For delivery information Visit out income of the postage \$	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	AW 8211-0376
see neverof his ruction		Postmark Here	200 april 2	Provided)	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
WILLIAM J MCCAW	
P O BOX 376	
ARTESIA, NM 88211-0376	3. Service Type Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7012 3460 0000	8009 6620
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540



YATES BUILDING - 105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6637 7012 3460 0000 8009 6637

ADDRESS SERVICE REQUESTED

BRYAN, TX

S Form 3800, August 2006

Sireet, A MARY G RIDDLE or POB. 2924 MIRRORM

2924 MIRRORMERE CR BRYAN, TX 77807

E CR

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: MARY G RIDDLE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2924 MIRRORMERE CR	
BRYAN, TX 77807	3. Service Type 40 Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0000	8009 6637
PS Form 3811, February 2004 Domestic Ref	



7012 3460 0000 8009 6644 7012 3460 0000 8009 6644

ADDRESS SERVICE REQUESTED

Sent To Siriesi Ap: MIKE H RC or PO Box 1108 LA V. City. State AUSTIN, T. PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	S / MACIN	(Domestic Mail Or	CERTIFIED	= ,		T #1	10-2	82
MIKE H ROBERTS 1108 LA VACA ST #110-282 AUSTIN, TX 78701 See Reverse for Instructions	₩		Неге	Posimark	\$ Mixant	18/4 27 CP.K.	(Domestic Mail Only; No insurance Coverage Florides)) MAIL RECEIPT	vice™	7870	01		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MIKE H ROBERTS 1108 LA VACA ST #110-282	
AUSTIN, TX 78701	3. Service Type A Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from se 7012 3460 000	8009 6644
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540



7012 3460 0000 8009 6651 7012 3460 0000 8009 6651

Sent To Siriest, OSCURA RESOURCES INC or POB P O BOX 2292 City, Sta ROSWELL, NM 88202-2292 PS Form 3800, August 2006 See	(Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees			RCES INC 18202-2292
)2 See Reverse for Instruction	Hare	A. The Command	PT age Provided) w.usps.come	

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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.	B. Received by (Printed Name) C. Date of Delivery				
Article Addressed to:	D. Is delivery address different from item 1?				
OSCURA RESOURCES INC					
P O BOX 2292					
ROSWELL, NM 88202-2292	3. Service Type All Certified Mail Description Receipt for Merchandise Insured Mail C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from se 7012 3460 0000	8009 6651				
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540 g				





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ADDRESS SERVICE REQUESTED

MIDLAND, TX 79708	or PO Box M Or PO Box M Chy. Siaio, Z	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	N \ M \ T27.46 \ M \ T27.46 \ M \ M \ M \ M \ M \ M \ M \ M \ M \	(Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service MAII RECEID.	708
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) C. Date of Delivery				
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1?				
MANER B SHAW P O BOX 9612					
MIDLAND, TX 79708	3. Service Type ☐ Certified Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from s. 7012 3460 000	8009 6668				
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540				





7012 3460 0000 8009 6675 7012 3460 0000 8009 6675

ADDRESS SERVICE REQUESTED

Sent To Street, Apr. N or PO Box Ni P O BOX 302 Gity, State, Z MIDLAND, TX 79702 PS Form 3800, August 2006 See Reverse	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	K 27 97 6-1 MAGI	3 3 11	II C Doctal Service
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JAMES H ESSMAN P O BOX 302	
MIDLAND, TX 79702	3. Service Type Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from sen 7012 3460 00	00 8009 6675
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540





7012 3460 0000 8009 6682 7012 3460 0000 8009 6682

Sireet, Apr. 16 Or PO Box N City, State, 2 MIDLAND, TX 79705 PS Form 3800, August 2005 From 3800, August 2005 From 3800, August 2005	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service™	CURRY
V CURRY			J	Here	Dootmark	dirant pour	et www.usps.come	CEIP I Coverage Provided)		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 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. 	A. Signature X					
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1?					
FLORENCE M ESSMAN CURRY 804 PALOMINO	II					
MIDLAND, TX 79705	3. Service Type Certified Mail					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number 7012 3460 0000	8009 6682					





7012 3460 0000 8009 6699 7012 3460 0000 8009 6699

ADDRESS SERVICE REQUESTED

OTP. State. HOUSTON, TX 77019 PS Form 3800, August 2006		Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$ 2	For delivery information visit our website at www.usps.com	U.S. POSTAI SERVICETM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	ERS IR
See Reverse for Instruction	~	1		Here	Postmark	al some les	t www.usps.com®	EIPT vverage Provided)	

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** ■ Complete items 1, 2, and 3. Also complete A. Signature □ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse ☐ Addressee _ so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: ROBERT E CHAMBERS JR 2441 STANMORE DR 3. Service Type HOUSTON, TX 77019 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 3460 0000 8009 6699 (Transfer from sea PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540 g





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 6705 7012 3460 0000 8009 6705

PS Form 3800, August 2006	Street, Apt. No. or PO Box No. City, State, Zip ST LOUIS, MO 63124	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information vis	U.S. POSTAI SERVICE TO CERTIFIED MAIL TO RECEIPT (Domestic Mail Only; No Insurance Coverage	ЮМВ
See Reverse for Instructions	CELESTE CHAMBERS LIPSCOMB 480 N WARSON RD ST LOUIS, MO 63124			Here	Postmark	Winaufor poor	For delivery information visit our website at www.usps.come	J.S. POSTAI SERVICE™ CERTIFIED MAIL™ RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X				
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:	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:				
CELESTE CHAMBERS LIPSCOMB 480 N WARSON RD ST LOUIS, MO 63124					
	3. Service Type ☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from se7012 3460 0000	4. Restricted Delivery? (Extra Fee) ☐ Yes				





ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6712 7012 3460 0000 8009 6712

Sent To

Street, At NEVA CHAMBERS DAWSON

OF PO Bo
OCITY, State

HOUSTON, TX 77056-2122

PS Form County August 2000

PS Form County August 2000

See Reverse for Instructions

U.S. Postal Service THE CEIPT (Domestic Mall Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.come

For delivery information visit our website at www.usps.come

For delivery information visit our website at www.usps.come

For delivery information visit our website at www.usps.come

For delivery information visit our website at www.usps.come

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X				
1. Article Addressed to: NEVA CHAMBERS DAWSON 8 S WEST OAK RD HOUSTON, TX 77056-2122	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
HOUSTON, 1X 77030 2122	3. Service Type Certified Mail				
2. Article Number 7012 3460 0000	8009 6712				
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540				

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED



7012 3460 0000 8009 6729 7012 3460 0000 8009 6729

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Siriest A 2441 STANMORE DR

City. Sia HOUSTON, TX 77019

PS Form 3800, August 2006

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. Article Addressed to: ROBERT E CHAMBERS JR AS TRUSTEE OF THE LOLLIE D CHAMBERS TRUST 2441 STANMORE DR 	A. Signature X				
HOUSTON, TX 77019	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes				
2. Article Number (Transfer from si 7012 3460 0000	8009 6729				
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540				





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Total Postago & Fees \$ CELESTE CHAMBERS LIPSCOMB Siried ADI: No or PO Box No DESCENDANTS TRUST City, State, Zii 480 N WARSON RD PS Form 880 ST LOUIS, MO 63124-1343	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postage \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	M CH
IPSCOMB	Postmark Here	M. Line from	EIPT overage Provided)

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 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. 	A. Signature X				
Article Addressed to: CELESTE CHAMBERS LIPSCOMB CHAMBERS	D. Is delivery address different from item 1? If YES, enter delivery address below: No				
AS TRUTEE OF THE LOLLIE D CHAMBERS DESCENDANTS TRUST 480 N WARSON RD	3. Service Type				
ST LOUIS, MO 63124-1343	☐ 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 s 7012 3460 0000	8009 6736				
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540				



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YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To NEVA CHAMBERS DAWSON AS TRUTEE Sine I. Apri. OF THE LOLLIE D CHAMBERS TRUST OF DBOX: 8 S WEST OAK RD City, State. HOUSTON, TX 77056-2122 PS Form 3800, August 2006 PS Form 3800, August 2006 Postmark Postmark Pere Postmark PHERE PROSTRUTEE See Reverse for Instructions	U.S. Postal Service TM CERTIFIED MAIL (Domestic Mail Only; No Insurance Coverage Provided)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
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.	A. Signature X □ Agent □ Addressee B. Received by (Printed Name) C. Date of Delivery				
Attach this card to the back of the mailpiece, or on the front if space permits.					
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No				
NEVA CHAMBERS DAWSON AS TRUTEE					
8 S WEST OAK RD	l l				
HOUSTON, TX 77056-2122	3. Service Type Countrie Mail Registered Return Receipt for Merchandise Co.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from se 7012 3460 0000	8009 6743				





7012 3460 0000 8009 5845 7012 3460 0000 8009 5845

ADDRESS SERVICE REQUESTED

Siriest, ALICE A HANKS FREEMAN or PO Bo Oily, Sie WICHITA FALLS, TX 76308-9087 PS Form 8800, August 2006 PS Form 8800, August 2006	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postage \$ M. Trong	For delivery information visit our website at www.usps.come	U.S. Postal Service TIM CERTIFIED MAILTIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	EMAN 76308-9087
for Instructions		imark ere	Coa	COM®	ovided)	

OF THE RETTIEN ADDRESSES TO THE RIGHT

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X □ Agent □ Addressee					
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.	B. Received by (Printed Name) C. Date of Delivery					
Article Addressed to:	D. Is delivery address different from item 1?					
ALICE A HANKS FREEMAN P O BOX 9087						
WICHITA FALLS, TX 76308-9087	3. Service Type Certified Mail					
	4. Restricted Delivery? (Extra Fee) Yes					
2. Article Number (Transfer from s 7012 3460 000	8009 5845					
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540					

CERTIFIED MAIL.





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 5852 7012 3460 0000 8009 5852

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006		Street, Apt. N W T PF	ostage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	CANKIN	For delivery informa	CERTIFIED	U.S. Postal Service TM
	5 RIDGEMART CT MIDLAND, TX 79707-6612	WTPROBANDT	₩				₩	27 Ob L	For delivery information visit our website at www.usna.com	CERTIFIED MAIL. RECEIPT	ervice™
See Reverse for Instructions					Postmark Here		a-ramp poo	7/20/13	verage Florided)	EIPT	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X					
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.	B. Received by (Printed Name) C. Date of Delivery					
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No					
W T PROBANDT 5 RIDGEMART CT						
MIDLAND, TX 79707-6612	3. Service Type Certified Mail Registered Insured Mail C.O.D.					
	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number 7012 3460 0000	8009 5852					
PS Form 3811 February 2004 Domestic Ret	urn Receipt 102595-02-M-1540					





7012 3460 0000 8009 5869 7012 3460 0000 8009 5869

PS Form 3800, August 2006	or PO Box P O BOX 1091 City, State, ARTESIA, NM 88211-1091	Sent To	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	TOD-LES STURICA	(Domestic Mail Chily; No Insurance Coverage Provided) For delivery information visit our website at years upon com-	CERTIFIED MAIL RECEIPT	U.S. Postal Service™	D91
See Reverse for Instructions	ŭ . 				Postmark Here		Kinder from	Mastra	overage Provided)	CEIPT		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 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. 	A. Signature X					
1. Article Addressed to: YATES INDUSTRIES LLC	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No					
P O BOX 1091 ARTESIA, NM 88211-1091	3. Service Type Certified Mail					
2. Article Number (Transfer from se 7012 3460 0000	8009 5869					
PS Form 3811, February 2004 Domestic Retu						





7012 3460 0000 8009 5876 7012 3460 0000 8009 5876

ADDRESS SERVICE REQUESTED

Sient To Sireet, Apri or PO Box 919 N MARKET ST STE 420 City, State. WILMINGTON, DE 19801 PS Form 3800, August 2006 See Reverse for Instructions	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required) Here	Certified Fee	Postage \$ 1 X Karelo M.			Postal Service™	ER TRI	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
BRIAN D WOEHLER TRUST 919 N MARKET ST STE 420	
WILMINGTON, DE 19801	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7012 3460 0000	8009 5876
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

CERTIFIED MAIL,





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0000 8009 5883 7012 3460 0000 8009 5883

ADDRESS SERVICE REQUESTED

Sent to Street, Ap. ELIZABETH J NORMAN or PO Box 6637 S NEW HAVEN AVE TULSA, OK 74136 PS Form 3800, August 2006 See Reverse to	Total Postage & Fees \$	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Fedorsement Required)	Postage \$ Minaul	NDW 27, 60 CC 7/20	U.S. Postal Service TM CERTIFIED MAILTH RECEIPT (Domestic Mall Only; No Insurance Coverage Provided)	RMAN 'EN AVE
See Reverse for Instructions		Postmark Here	Les parl	a.com _®	Provided)	

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent ☐ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: **ELIZABETH J NORMAN** 6637 S NEW HAVEN AVE **TULSA, OK 74136** 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 7012 3460 0000 8009 5883 (Transfer from se

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 7012 3460 0000 8009 5890 7012 3460 0000 8009 5890

ADDRESS SERVICE REQUESTED

	ПТС	3461	ן נ	חחו	Ц	ÖUL	15	58	90		
8	Sent To Street, Apt. ROBERT	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	DANNEZ 7	For delivery informat	CERTIFIED	U.S. Postal Se	JST 420
ARKET ST STE 42 TON, DE 19801	ROBERT A OLIVER TRUST	↔				\(\sigma\)	7.40 41	For delivery information visit our website at www.usps.come	CERTIFIED MAIL _{TM} RECEIPT [Domestic Mail Only; No Insurance Coverage Provided]	Service TM	301
20	•			Postmark Here		inar posol	125/12	w.usps.com _®	PT Provided)	- 1 A	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X
ROBERT A OLIVER TRUST 919 N MARKET ST STE 420 WILMINGTON, DE 19801	3. Service Type AS-Certified Mall
2. Article Number (Transfer from se. 7012 3460 0000	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540



7012 3460 0000 8009 5906 7012 3460 0000 8009 5906

ADDRESS SERVICE REQUESTED

Sent To UNIT PETROLEUM COMPANY Sizeet, Apr. No or PO Box No. PO BOX 702500 City, State, Zif TULSA, OK 74170-2500 PS Form 3800, August 2006 See Rever	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$	For delivery information visit our wassing at www.selfs.com	U.S. Postal Service TA CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	ANY
COMPANY			Here	Poslmark	A INCOME	C 735/13	EIPT overage Provided)	

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** ■ Complete items 1, 2, and 3. Also complete A. Signature □ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: UNIT PETROLEUM COMPANY P O BOX 702500 TULSA, OK 74170-2500 Şervice Type Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7012 3460 0000 8009 5906 2. Article Number (Transfer from ser PS Form 3811, February 2004 102595-02-M-1540 { Domestic Return Receipt



7012 3460 0000 8009 5913 7012 3460 0000 8009 5913

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

Sent To Sineet, Apt. N or PO Box N O'RY, State, Z JERICHO PS Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	For delivery informa	CERTIFIED (Domestic Mail Or	
CK VAN VRANK 264 , NY 11753	€			Po	\$ 20,00	For delivery information visit our website at www.usps.come	J.S. POSIAI SELVICE™ CERTIFIED MAIL™ RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	
EN			Here	Postmark	Mar Bring		rovided)	

- ADIC SIN, CO - GIO E GAZ E G	dol in Advance done
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FREDERICK VAN VRANKEN P O BOX 264	
JERICHO, NY 11753	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se 7012 3460 0000	8009 5913
PS Form 3811 February 2004 Domestic S	Potum Popoint 102505-02-M-154

CERTIFIED MAIL



YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 5920 7012 3460 0000 8009 5920

ADDRESS SERVICE REQUESTED

Street, Apt. FRANCES B BUNN REVOCABLE TRUST or PO Box 2493 MAKIKI HEIGHTS DR City, State. HONOLULU, HI 96822-2547 PS Form 3800, August 2006 See Reverse for Instructions	Total Postage & Fees \$	Restricted Delivery Fee Postmark	Postage \$ Min aux & fast	For delivery Information visit our website at www.usps.come	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	VOCABLE TRUST TS DR 2-2547
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature Agent Addressee
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FRANCES B BUNN REVOCABLE TRUST 2493 MAKIKI HEIGHTS DR	
HONOLULU, HI 96822-2547	3. Service Type Certified Mall Registered Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from se 7012 3460 0000	0009 5920
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154

CERTIFIED MAIL.





YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 5937 7012 3460 0000 8009 5937

U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery Information visit our website at www.usps.come For delivery Information visit our website at www.usps.come Certified Fee Certified Fee Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Sireat. Apt. i. JUDITH C DEVINE TRUST or PO Box N 919 N MARKET ST STE 420 City: State: 2 WILMINGTON, DE 19801 Es Form 3800, August 2006 See Reverse for Instructions	ST : 420 :801
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P OF ENVELOPE TO THE HIGHT	OT TA REJUCE STICKER AT I
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: JUDITH C DEVINE TRUST 919 N MARKET ST STE 420	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
WILMINGTON, DE 19801	3. Seprice Type Certified Mall
2. Article Number (Transfer from s. 7012 3460 0000	8009 5937
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540





7012 3460 0000 8009 5944 7012 3460 0000 8009 5944

ADDRESS SERVICE REQUESTED

See Reverse for Instructions	900	PS Form 3800, August 2006
	P O BOX 678100 DALLAS. TX 75267-8100	
ON	NEARBURG EXPLORATION	Street, Apt. NEARB
		Contra
	€9	Total Postage & Fees
		Restricted Delivery Fee (Endorsement Required)
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CEIPT	CERTIFIED MAIL RECEIPT Comestic Mell Only: No Insurance Coverage Browled II Comestic Mell Only: No Insurance Coverage Browled II Coverage Provided II	CERTIFIEI
	Service _{TM}	U.S. Postal S

ARBURG EXPLORATION BOX 678100 LAS, TX 75267-8100

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X			
 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. 	B. Received by (Printed Name) C. Date of Delivery			
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
NEARBURG EXPLORATION P O BOX 678100 DALLAS, TX 75267-8100	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 si 7012 3460 0000	8009 5944			



7012 3460 0000 8009 5951 7012 3460 0000 8009 5951

YATES BUILDING - 105 SOUTH FOURTH STREET **ARTESIA, NEW MEXICO 88210**

ADDRESS SERVICE REQUESTED

OLIVER FOUNDATION ST STE 420 DE 19801

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
 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. 	B. Received by (Printed Name) C. I	Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:	□ Yes □ No
AGNES CLUTHE OLIVER FOUNDATION		
919 N MARKET ST STE 420 WILMINGTON, DE 19801	3. Service Type Certified Mail Express Mail Registered Return Receipt for	or Merchandise

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

COMPLETE THIS SECTION ON DELIVERY

☐ C.O.D.

PS Form 3811, February 2004

2. Article Number

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SENDER: COMPLETE THIS SECTION

Domestic Return Receipt

7012 3460 0000 8009 5951

102595-02-M-1540

☐ Yes

PETROLEUM CORPORATION

YATES BUILDING - 105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

7012 3460 0000 8009 5968 7012 3460 0000 8009 5968

ADDRESS SERVICE REQUESTED

Sent To Sincet, Apt. Ni OXY-Y-1 Company or PO Box No P.O. Box 841803 City, State, Zii Dallas, TX 75284-18 Ps Form 3800, August 2006	Total Postage & Fees	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage	N)))PU/	CERTIFIED (Domestic Mail On	U.S. Postal Service 14	803
80	₩				\$	Lot de l'America de la	CERTIFIED MAILTM RECEIP I (Domestic Mail Only; No Insurance Coverage Provided)	rvice TM	
3 See Reverse for Instructions			Here	Postmark	" Leverthe An. ed	Mest/3	ge Provided)		

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature ☐ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: OXY-Y-1 Company P.O. Box 841803 Dallas, TX 75284-1803 3. Service Type Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7012 3460 0000 8009 5968 2. Article Number (Transfer from sen

PS Form 3811, February 2004

Domestic Return Receipt

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Yates Petroleum Corporation 105 South 4th Street Artesia, NM 88210



7012 3460 0000 8009 5975 7012 3460 0000 8009 5975

Servi To Street, Apt. No.; or PO Box No. City, State, ZIE-4 City, State, ZIE-4 RES Form 8800, Mujuts 2003	Total Postage & Fees \$	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage S	12 TRI	For delivery information visit our website	U.S. Postal Service CERTIFIED MAIL RE(Domestic Mall Only; No Insurance C
SSD4 FBSC8	: %		Here		H. Josep Jill	7/25/13	at www.isos.come	SEIPT overage Provided)

New Mexico State Land Office Commissioner of Public Lands 310 Old Santa Fe Trail P.O. Box 1148 Santa Fe, New Mexico 87504-1148

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
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or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No				
New Mexico State Land Office Commissioner of Public Lands 310 Old Santa Fe Trail					
P.O. Box 1148 Santa Fe, New Mexico 87504-1148	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 s. 7012 3460 000	8009 5975				
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