

DATE: 9/17/2014	SUSPENSE	ENGINEER: MAM	LOGGED IN: 9/17/2014	TYPE: CTB	APP NO: PMAM1410544920
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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

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

#### Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]

[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]

[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]

[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]

[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]

[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

414 ✓  
- CTB  
- Yates Petroleum  
25575

#### [1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify \_\_\_\_\_

#### [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☒ Waivers are Attached

Wells  
- Patriot AIZ #10  
30-015-28409  
- Patriot AIZ #11  
30-015-28410  
- Patriot AIZ #6  
30-015-28405  
- C4+CB APL #1  
30-015-28397  
- Rodc Aoz #1  
30-015-28404  
Pool

#### [3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

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

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

Miriam Morales

Print or Type Name

Signature

Production Analyst

Title

Date

mmorales@yatespetroleum.com  
e-mail Address

Submit 1 Copy To Appropriate District  
Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

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

WELL API NO. 30-015-28410
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Patriot AIZ
8. Well Number 11
9. OGRID Number 025575
10. Pool name or Wildcat N. Seven Rivers; Glorietta-Yeso

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

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 S. Fourth Street Artesia, NM 88210

4. Well Location

Unit Letter F : 1880 feet from the North line and 1880 feet from the West line

Section 21 Township 19S Range 25E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

OTHER: Amend Surface/Lease Commingle CTB-414-B ☒

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Yates Petroleum respectfully requests administrative approval to amend the Surface/Lease Commingle order #CTB-414-B by **adding** the following wells:

Patriot AIZ #10  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28409  
FEE  
Eddy County, NM

Patriot AIZ #11  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28410  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G. Please see attached plats and site security diagram.

The ownership is diversified. All owners have been notified. (see attached copies of certified mail)

**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. Any vapor recovery gas shall be included in this application.

Estimated daily oil production for each well is 20 bbls.

**Gas Measurement**

Each well will have its own meter and no surface commingling will take place.

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.

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

SIGNATURE Miriam Morales TITLE Production Analyst DATE 4/1/14

Type or print name Miriam Morales E-mail address: mmorales@yatespetroleum.com PHONE: 575-748-4200

**For State Use Only**

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

Conditions of Approval (if any): \_\_\_\_\_

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

**OIL CONSERVATION DIVISION**  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

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

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: Yates Petroleum Corporation  
OPERATOR ADDRESS: 105 South Fourth St. Artesia, NM 88210  
APPLICATION TYPE:

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

LEASE TYPE: ☒ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☒ Yes ☐ No If "Yes", please include the appropriate Order No. CTB-414-B

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

**(A) POOL COMMINGLING**

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**

Please attach sheets with the following information

(1) Pool Name and Code. N. Seven Rivers; Glorietta-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

(4) Measurement type: ☒ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**

Please attach sheets with the following information

(1) Complete Sections A and E.

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

Please attach sheets with the following information

(1) Is all production from same source of supply? ☐ Yes ☐ No

(2) Include proof of notice to all interest owners.

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

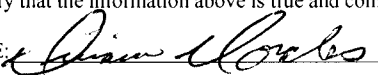
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: 

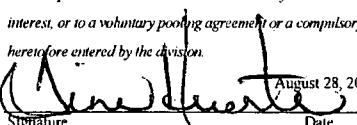
TITLE: Production Analyst

DATE: 4/9/14

TYPE OR PRINT NAME Miriam Morales

TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: mmorales@yatespetroleum.com

16					<p align="center"><b>17 OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <div style="display: flex; justify-content: space-between;">  <div style="text-align: right;">August 28, 2013</div> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div> <hr/> <div>Tina Huerta Printed Name</div> <hr/> <div>tinah@vatespetroleum.com E-mail Address</div>
					<p align="center"><b>18 SURVEYOR CERTIFICATION</b></p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <hr/> <div>Date of Survey</div> <hr/> <div>Signature and Seal of Professional Surveyor:</div> <hr/> <div>Certificate Number</div>

S.O'18

1980'W

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

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

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-28410	<sup>2</sup> Pool Code 97565	<sup>3</sup> Pool Name N. Seven Rivers; Glorieta-Yeso
<sup>4</sup> Property Code	<sup>5</sup> Property Name Patriot AIZ	<sup>6</sup> Well Number 11
<sup>7</sup> OGRID No. 025575	<sup>8</sup> Operator Name Yates Petroleum Corporation	<sup>9</sup> Elevation 3489'GL

<sup>10</sup> Surface Location

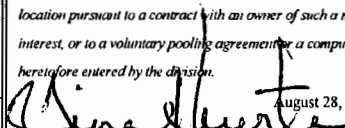
UL or lot no. F	Section 21	Township 19S	Range 25E	Lot Idn	Feet from the 1880	North/South line North	Feet from the 1880	East/West line West	County Eddy
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	<p><sup>17</sup> OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p> Signature August 28, 2013 Date</p> <p>Tina Huerta Printed Name</p> <p><a href="mailto:tinah@yatespetroleum.com">tinah@yatespetroleum.com</a> E-mail Address</p>	
	<p><sup>18</sup> SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>_____ Date of Survey</p> <p>_____ Signature and Seal of Professional Surveyor:</p> <p>_____ Certificate Number</p>	
	<p>RECEIVED AUG 30 2013 NMOCD ARTESIA</p>	

State of New Mexico  
Energy, Minerals and Natural Resources Department

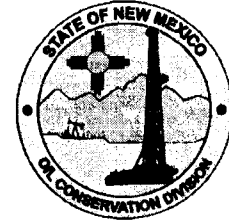
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**Susana Martinez**  
Governor

**David Martin**  
Cabinet Secretary-Designate

**Brett F. Woods, Ph.D.**  
Deputy Cabinet Secretary

**Jami Bailey, Division Director**  
Oil Conservation Division



**COMMINGLING ORDER CTB-414-B**  
**Administrative Application Reference No. pPRG1308439247**

Yates Petroleum Corporation  
Attention: Ms. Miriam Morales

The above named operator is hereby authorized to commingle production from the North Seven Rivers; Glorieta-Yeso Pool (97565) from the following wells, which are on separate leases and have diverse ownership:

Patriot "AIZ" Well No.6  
API No. 30-015-28405  
Unit I-Sec. 21-T19S-R25E

Cutter "APC" Well No.1  
API No. 30-015-28397  
Unit P-Sec. 21-T19S-R25E

Rodke AOY Well No.1  
API No. 30-015-28404  
Unit A-Sec. 21-T19S-R25E

all in Eddy County, New Mexico.

Production shall be allocated to each lease by separately metering the production from each well prior to commingling. The commingled production shall be stored at, and sold from the Patriot AIZ tank batter in Unit N of Section 21.

No pool commingling is authorized. Since other zones previously authorized for commingling by Orders CTB-414 and CTB-414-A have been permanently plugged and abandoned, these zones are not an issue.

This installation shall be installed and operated in accordance with the applicable provisions of Division rules. It is the responsibility of the producer to notify the transporter of this commingling authority.

The operator shall notify the Artesia District Office of the Division prior to implementation of the commingling process.

Applicant has not provided notice that it is requesting addition of future wells or additional leases or pools to this commingle as per Rule 19.15.12.10.C.(4)(g)(i) NMAC. Therefore, additional wells or pools shall not be included in this surface commingle without the operator again making application and providing notice to all owners.

April 18, 2013  
Page 2

Sincerely,



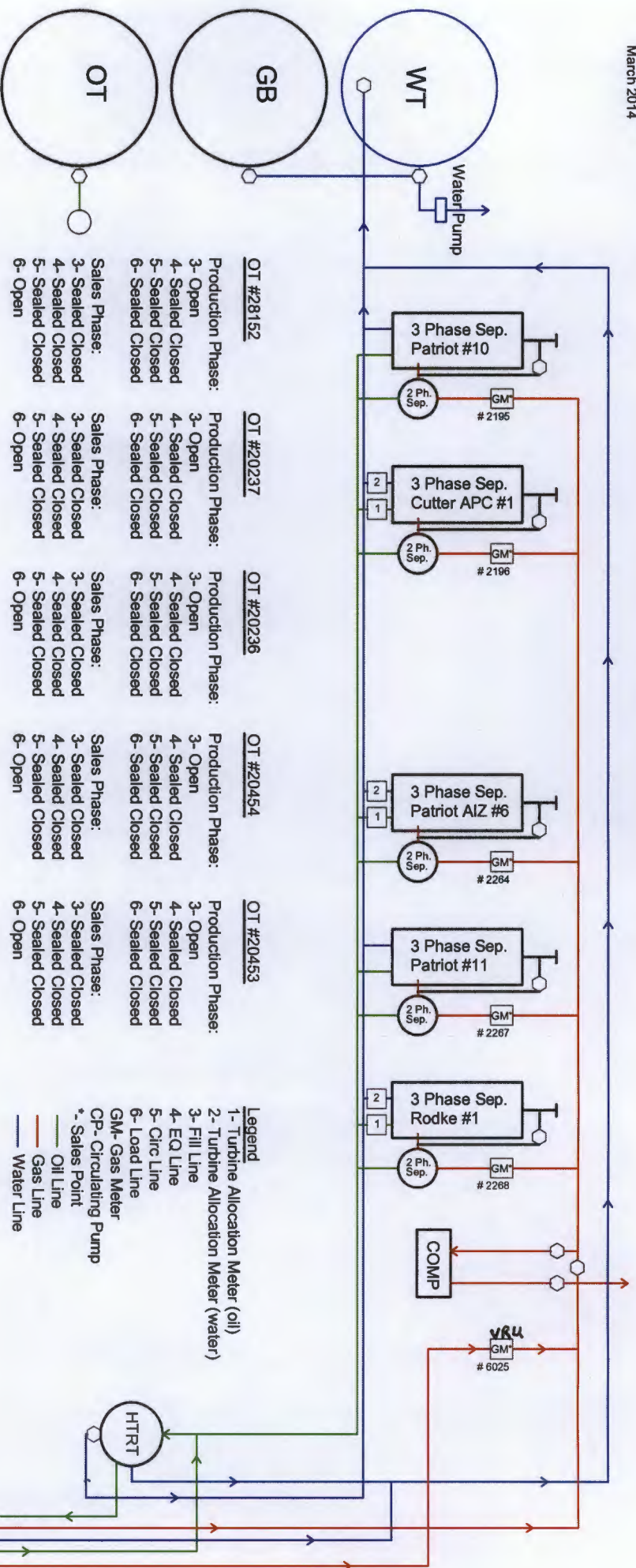
JAMIE BAILEY  
Division Director

JB/db

cc: Oil Conservation Division – Artesia

# PATRIOT / RODKE BATTERY

Sec 21-T19S-R25E \* Unit G \* SWNE  
 Eddy County, NM





MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

JOHN D. PERINI  
EXECUTIVE V.P. OF MONETIZATION  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amend Surface/ Lease Commingle  
Patriot AIZ #10 & 11  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend Surface/Lease Commingle order #CTB-414-B for the wells below:

Patriot AIZ #10  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28409  
FEE  
Eddy County, NM

Patriot AIZ #11  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28410  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

#### **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 oil production for both wells is 20 bbls.

#### **Gas Measurement**

Each well will have its own meter and no surface commingling will take place.

The purpose of the surface/lease commingle of production is in the interest of conservation, 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

  
Company: Yates Petroleum Corporation

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
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ARTESIA, NEW MEXICO 88210-2118

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RE: Amend Surface/ Lease Commingle  
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Sec. 21-T19S-R25E  
API #30-015-28409  
FEE  
Eddy County, NM

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N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28410  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

#### 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 oil production for both wells is 20 bbls.

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Each well will have its own meter and no surface commingling will take place.

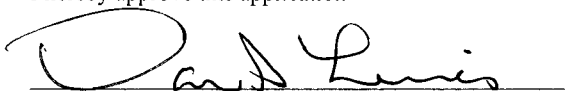
The purpose of the surface/lease commingle of production is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production. Without approval for utilizing existing batteries on adjacent leases, 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



Company: Abo Petroleum Corporation

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118

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CHAIRMAN OF THE BOARD

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PRESIDENT

JOHN D. PERINI  
EXECUTIVE V.P. OF MONETIZATION  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

RE: Amend Surface/ Lease Commingle  
Patriot AIZ #10 & 11  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is notifying you of an application to amend Surface/Lease Commingle order #CTB-414-B for the wells below:

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N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28409  
FEE  
Eddy County, NM

Patriot AIZ #11  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28410  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

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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 oil production for both wells is 20 bbls.

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Each well will have its own meter and no surface commingling will take place.

The purpose of the surface/lease commingle of production is in the interest of conservation, 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

  
Company: Myco Industries, Inc

MARTIN YATES, III  
1912-1985

FRANK W. YATES  
1936-1986

S.P. YATES  
1914-2008



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

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CHAIRMAN OF THE BOARD

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PRESIDENT

JOHN D. PERINI  
EXECUTIVE V.P. OF MONETIZATION  
CHIEF FINANCIAL OFFICER

JAMES S. BROWN  
CHIEF OPERATING OFFICER

April 9, 2014

RE: Amend Surface/ Lease Commingle  
Patriot AIZ #10 & 11  
Eddy County, New Mexico

Dear Interest Owner,

Yates Petroleum is requesting administrative approval from the Oil Conservation Division to amend Surface/Lease Commingle order #CTB-414-B for the wells below:

Patriot AIZ #10  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28409  
FEE  
Eddy County, NM

Patriot AIZ #11  
N. Seven Rivers; Glorietta-Yeso  
Sec. 21-T19S-R25E  
API #30-015-28410  
FEE  
Eddy County, NM

The commingled production is located at the Patriot AIZ tank battery facilities located in Sec. 21-T19S-R25E, Unit G.

The ownership is diversified.

#### 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 oil production for both wells is 20 bbls.

#### Gas Measurement

Each well will have its own meter and no surface commingling will take place.

The purpose of the surface/lease commingle of production is in the interest of conservation, 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.

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

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 1961

7013 2630 0002 0641 1961

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, Zip  
PS Form 3800, August 2006

**KIMBERLY STEWART BLANTON**  
**P O BOX 53**  
**NOBLE OK 73068**

See Reverse for Instructions

Total Postage & Fees  
Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

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

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

STEWART BLANTON  
73068

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**KIMBERLY STEWART BLANTON**  
**P O BOX 53**  
**NOBLE OK 73068**

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 2630 0002 0641 1961

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 1978

7013 2630 0002 0641 1978

Sent To:  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2000  
See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postmark  
Here

*Patricia A Barber*  
*4/10/14*

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

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

PATRICIA A BARBER  
341 N BOLTON RD  
ARTESIA, NM 88210

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICIA A BARBER  
341 N BOLTON RD  
ARTESIA, NM 88210

2. Article Number  
(Transfer from se)

7013 2630 0002 0641 1978

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 1985  
7013 2630 0002 0641 1985

Sent To  
Street, Apt. No.  
or PO Box No  
City, State, ZIP  
FRANCES B BUNN REV LVG TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU, HI 96822-2547  
PS Form 3800, August 2005 See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
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FRANCES B BUNN REV LVG TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU, HI 96822-2547

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

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANCES B BUNN REV LVG TRUST  
2493 MAKIKI HEIGHTS DR  
HONOLULU, HI 96822-2547

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0002 0641 1985

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 1992  
7013 2630 0002 0641 1992

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Robert E. Chambers Jr.</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. or PO Box	
City, State,	
ROBERT E CHAMBERS JR 2441 STANMORE DRIVE HOUSTON, TX 77019	
PS Form 3800, August 2006 See Reverse for Instructions	

ROBERT E CHAMBERS JR  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT E CHAMBERS JR  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

2. Article Number  
(Transfer from service)

7013 2630 0002 0641 1992

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent  
**X** ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

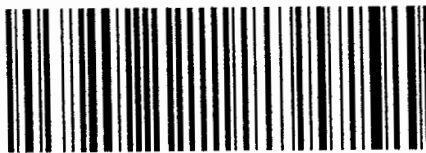




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2005

7013 2630 0002 0641 2005

PS Form 3800, August 2006

See Reverse for Instructions

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE D CHAMBERS  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
Robert E. Chambers Jr.  
4/3/13  
Houston, TX

**U.S. Postal Service™**  
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ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE D CHAMBERS  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT E CHAMBERS JR  
AS TTEE OF LOLLIE D CHAMBERS  
2441 STANMORE DRIVE  
HOUSTON, TX 77019

2. Article Number  
(Transfer from se

7013 2630 0002 0641 2005

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

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7013 2630 0002 0641 2012

7013 2630 0002 0641 2012

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP  
PS Form 3800, August 2006 See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postmark  
Here

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RENCE M ESSMAN CURRY  
PALOMINO  
LAND, TX 79705

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FLORENCE M ESSMAN CURRY  
804 PALOMINO  
MIDLAND, TX 79705

2. Article Number  
(Transfer from ser

7013 2630 0002 0641 2012

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2029  
7013 2630 0002 0641 2029

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>NEVA CHAMBERS DAWSON</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No. or PO Box No.	
NEVA CHAMBERS DAWSON	
8 S WEST OAK DR	
City, State, ZIP	
HOUSTON, TX 77056-2122	
PS Form 3800, August 2006 See Reverse for Instructions	

NEVA CHAMBERS DAWSON  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEVA CHAMBERS DAWSON  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

**Service Type**

- ☒ Certified Mail®
- ☐ Registered
- ☐ Insured Mail
- ☐ Priority Mail Express™
- ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0641 2029

PS Form 3811, July 2013

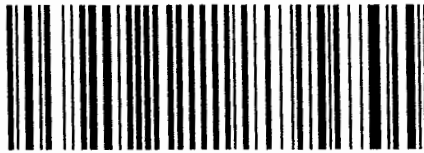
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2036  
7013 2630 0002 0641 2036

Sent To  
NEVA CHAMBERS DAWSON  
Street, Apt. No.,  
or PO Box No. AS TTEE OF LOLLIE D CHAMBERS  
City, State, ZIP+  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122  
PS Form 3800, August 2006 See Reverse for Instructions

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

For delivery information visit our website at www.usps.com®  
Neve Chambers Dawson  
C. J. J.

U.S. Postal Service™  
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NEVA CHAMBERS DAWSON  
AS TTEE OF LOLLIE D CHAMBERS  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEVA CHAMBERS DAWSON  
AS TTEE OF LOLLIE D CHAMBERS  
8 S WEST OAK DR  
HOUSTON, TX 77056-2122

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7013 2630 0002 0641 2036



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2043  
7013 2630 0002 0641 2043

Sent To  
Street, Apt. 1  
or PO Box N  
City, State, ZIP  
PS Form 3800, August 2006 See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postmark  
Here

*Robert J. ...*

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DEVON ENERGY PRODUCTION  
P O BOX 842485  
DALLAS, TX 75284-2485

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEVON ENERGY PRODUCTION CO  
P O BOX 842485  
DALLAS, TX 75284-2485

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
**X** ☐ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7013 2630 0002 0641 2043  
(Transfer from s)



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2050  
7013 2630 0002 0641 2050

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2006 See Reverse for Instructions

COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

*Handwritten signature: Charles J. Cobb*

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG OPERATIONG LLC  
P O BOX 844857  
DALLAS, TX 75284-4857

2. Article Number  
(Transfer from sei)

7013 2630 0002 0641 2050

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**



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

ADDRESS SERVICE REQUESTED



7013 2630 0002 0641 2067  
7013 2630 0002 0641 2067

Sent to  
Street, Apt. No.  
or PO Box No.  
City, State, Zip  
NEVA EICHENBERGER  
C/O GARY EICHENBERGER  
2015 MATHENY AVE  
MARION OH 43302

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

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

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

NEVA EICHENBERGER  
C/O GARY EICHENBERGER  
2015 MATHENY AVE  
MARION OH 43302

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
NEVA EICHENBERGER  
C/O GARY EICHENBERGER  
2015 MATHENY AVE  
MARION OH 43302

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

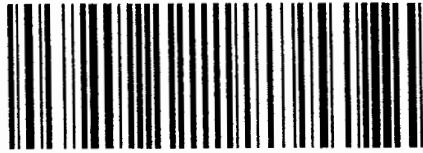
2. Article Number  
(Transfer from serial number)  
7013 2630 0002 0641 2067



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2074

7013 2630 0002 0641 2074

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
JAMES H ESSMAN  
1209 COUNTRY CLUB DR  
MIDLAND, TX 79701  
PS Form 3800, August 2005 See Reverse for Instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

*James H. Essman*  
7/1/03  
C. Fred

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

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

JAMES H ESSMAN  
1209 COUNTRY CLUB DR  
MIDLAND, TX 79701

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES H ESSMAN  
1209 COUNTRY CLUB DR  
MIDLAND, TX 79701

2. Article Number  
(Transfer from st)

7013 2630 0002 0641 2074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

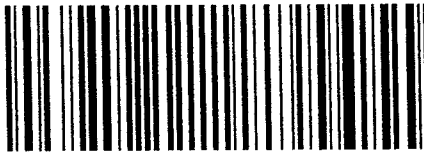




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2081  
7013 2630 0002 0641 2081

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2006 See Reverse for Instructions

GOOD EARTH MINERALS LLC  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

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

10/13/06 11:07 AM  
C/O Deborah L Goluska  
C. Goluska

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

GOOD EARTH MINERALS LL  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GOOD EARTH MINERALS LLC  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from servi

7013 2630 0002 0641 2081

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

7013 2630 0002 0641 2098

7013 2630 0002 0641 2098

**ADDRESS SERVICE REQUESTED**

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Alice A Hanks Freeman</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. N. or PO Box N. City, State, Z	
ALICE A HANKS FREEMAN P O BOX 9087 WICHITA FALLS, TX 76308-9087	
PS Form 3800, August 2006 See Reverse for Instructions	

ALICE A HANKS FREEMAN  
P O BOX 9087  
WICHITA FALLS, TX 76308-9087

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ALICE A HANKS FREEMAN  
P O BOX 9087  
WICHITA FALLS, TX 76308-9087

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from serv

7013 2630 0002 0641 2098

PS Form 3811, July 2013

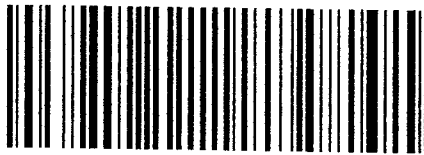
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2104

7013 2630 0002 0641 2104

Sent To MYRTLE HEARD  
Street, Apt. C/O CHARLEY HEARD  
or PO Box 33 MARCUS LANE  
City, State CASTLE ROCK, CO 80108  
PS Form 3800, August 2005 See Reverse for Instructions

Total Postage & Fees \$  
Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

MYRTLE HEARD  
C/O CHARLEY HEARD  
33 MARCUS LANE  
CASTLE ROCK, CO 80108

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MYRTLE HEARD  
C/O CHARLEY HEARD  
33 MARCUS LANE  
CASTLE ROCK, CO 80108

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from ser

7013 2630 0002 0641 2104

PS Form 3811, July 2013

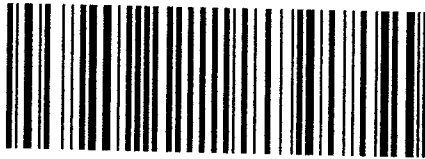
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2111  
7013 2630 0002 0641 2111

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

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

*SHERMAN U HICKAM*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To  
Street, Apt. N  
or PO Box No  
City, State, Zi

SHERMAN U HICKAM  
809 PICKETT RD  
THE VILLAGES, FL 32163-2349

PS Form 3800, August 2006 See Reverse for Instructions

SHERMAN U HICKAM  
809 PICKETT RD  
THE VILLAGES, FL 32163-2349

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT POSTAGE LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHERMAN U HICKAM  
809 PICKETT RD  
THE VILLAGES, FL 32163-2349

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from serv

7013 2630 0002 0641 2111

PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0641 2128

7013 2630 0002 0641 2128

Sent To  
Street, Apt. 1  
or PO Box A  
City, State, Z  
CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343  
PS Form 3800, August 2000

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

*Celeste Chambers Lipscomb*

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

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

CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CELESTE CHAMBERS LIPSCOMB  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

2. Article Number  
(Transfer from st

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 2630 0002 0641 2128

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006

See Reverse for Instructions

Sent to  
Street, Apt. 1  
or PO Box 1  
City, State, ZIP+4<sup>®</sup>  
CELESTE CHAMBERS LIPSCOMB  
AS TTEE OF LOLLIE D CHAMBERS  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

Total Postage & Fees \$  
Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

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

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

CELESTE CHAMBERS LIPSCOMB  
AS TTEE OF LOLLIE D CHAMBERS  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CELESTE CHAMBERS LIPSCOMB  
AS TTEE OF LOLLIE D CHAMBERS  
480 N WARSON ROAD  
ST LOUIS, MO 63124-1343

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from ser)

7013 2630 0002 0641 2135

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2142

7013 2630 0002 0641 2142

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

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

*Deborah L Goluska*

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To: MATLOCK MINERALS LTD CO  
Street, Apt. N C/O DEBORAH L GOLUSKA  
or PO Box No P O BOX 1090  
City, State, ZIP+4® ROSWELL, NM 88202-1090

PS Form 3800, August 2006 See Reverse for Instructions

MATLOCK MINERALS LTD  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MATLOCK MINERALS LTD CO  
C/O DEBORAH L GOLUSKA  
P O BOX 1090  
ROSWELL, NM 88202-1090

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from serv.)

7013 2630 0002 0641 2142

PS Form 3811, July 2013

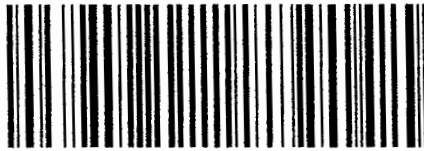
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2159

7013 2630 0002 0641 2159

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Artesia, NM 88211-1290</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To MARIGOLD LLLP P O BOX 1290 ARTESIA, NM 88211-1290	
Street, Apt., or PO Box # City, State, # PS Form 3800, August 2006 See Reverse for instructions	

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARIGOLD LLLP  
P O BOX 1290  
ARTESIA, NM 88211-1290

2. Article Number  
(Transfer from se

7013 2630 0002 0641 2159

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
**X** ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes





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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2166

7013 2630 0002 0641 2166

Sent To  
Phyllis J Miller  
Street, Apt. No.  
or PO Box No. 10205 LEXINGTON AVE NE  
City, State, Zip ALBUQUERQUE, NM 87112  
PS Form 3800, August 2006 See Reverse for Instructions

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

Phyllis J Miller  
10205 Lexington Ave NE  
Albuquerque, NM 87112

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

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

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, BOLD AT POSTAL LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PHYLLIS J MILLER  
10205 LEXINGTON AVE NE  
ALBUQUERQUE, NM 87112

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sen

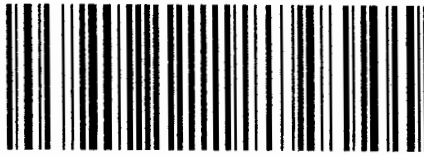
7013 2630 0002 0641 2166



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2173

7013 2630 0002 0641 2173

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

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

*Clarke C Coll*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent to: **CLARKE C COLL**  
P O BOX 1818  
ROSWELL, NM 88202-1818

Street, Apt. 1  
or PO Box A  
City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

CLARKE C COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CLARKE C COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from sei)

7013 2630 0002 0641 2173

# CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7013 2630 0002 0641 2180

7013 2630 0002 0641 2180

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	ERIC J COLL
Street, Apt. N	P O BOX 1818
or PO Box No.	
City, State, Zi	ROSWELL, NM 88202-1818
PS Form 3800, August 2006 See Reverse for Instructions	

ERIC J COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

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

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ERIC J COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

2. Article Number  
(Transfer from se

7013 2630 0002 0641 2180

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7013 2630 0002 0641 2197  
7013 2630 0002 0641 2197

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

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here

Sent To  
Street, Ap  
or PO Box  
City, State  
CHARLES H COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

PS Form 3800, August 2006 See Reverse for Instructions

CHARLES H COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

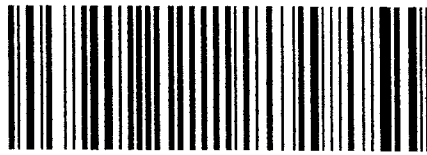
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CHARLES H COLL P O BOX 1818 ROSWELL, NM 88202-1818</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from ser)</p>	<p>7013 2630 0002 0641 2197</p>

**CERTIFIED MAIL™**



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



7013 2630 0002 0641 2203  
7013 2630 0002 0641 2203

**ADDRESS SERVICE REQUESTED**

PS Form 3800, August 2006

See Reverse for Instructions

Sent To  
Street, Apt.  
or PO Box  
City, State  
DALLAS, TX 75265  
NEARBURG EXPLORATION CO LLC  
DEPARTMENT #41530  
P O BOX 650823

Total Postage & Fees  
\$  
Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

NEARBURG EXPLORATION  
DEPARTMENT #41530  
P O BOX 650823  
DALLAS, TX 75265

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEARBURG EXPLORATION CO LLC  
DEPARTMENT #41530  
P O BOX 650823  
DALLAS, TX 75265

2. Article Number  
(Transfer from s)

7013 2630 0002 0641 2203

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 2210

7013 2630 0002 0641 2210

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Handwritten signature: [Signature]</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. or PO Box City, State PS Form 3800, August 2006 See Reverse for Instructions	
OSCURA RESOURCES INC P O BOX 2292 ROSWELL, NM 88202-2292	

OSCURA RESOURCES INC  
P O BOX 2292  
ROSWELL, NM 88202-2292

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

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  OSCURA RESOURCES INC P O BOX 2292 ROSWELL, NM 88202-2292		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from s: 7013 2630 0002 0641 2210)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

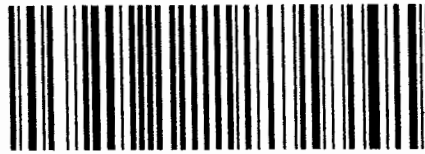


**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0641 2234

7013 2630 0002 0641 2234

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Melanie Coll Detempe</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: Street, Apt. No., or PO Box No. City, State, ZIP+4	
MELANIE COLL DETEMPE 5653 TOBIAS AVE VAN NUYS, CA 91411	
PS Form 3800, August 2006 See Reverse for Instructions	

MELANIE COLL DETEMPE  
5653 TOBIAS AVE  
VAN NUYS, CA 91411

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MELANIE COLL DETEMPE  
5653 TOBIAS AVE  
VAN NUYS, CA 91411

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from se

7013 2630 0002 0641 2234

PS Form 3811, July 2013

Domestic Return Receipt





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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 2241

7013 2630 0002 0641 2241

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP  
PS Form 3800, August 2006

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com

Signature: [Handwritten Signature]

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAY POWELL  
5153 RIO PENASCO RD  
HOPE, NM 88250

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
☒ Agent  
☒ Addressee

B. Received by (Printed Name)  
C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7013 2630 0002 0641 2241  
(Transfer from s)

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0641 2258

7013 2630 0002 0641 2258

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. N or PO Box Nc City, State, Zi	
CONCHO OIL & GAS LLC P O BOX 849929 DALLAS, TX 75284-9929	
PS Form 3800, August 2006 See Reverse for Instructions	

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CONCHO OIL & GAS LLC  
P O BOX 849929  
DALLAS, TX 75284-9929

2. Article Number  
(Transfer from se

7013 2630 0002 0641 2258

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 9937

7013 2630 0002 0640 9937

Sent to  
Street, Apt.,  
or PO Box #  
City, State, ZIP+4®  
PS Form 3800, August 2006 See Reverse for Instructions

W T AND JEANETTE J PROBANDT  
5 RIDGMAR CT  
MIDLAND, TX 79707

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

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

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

W T AND JEANETTE J PROBAND  
5 RIDGMAR CT  
MIDLAND, TX 79707

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

W T AND JEANETTE J PROBANDT  
5 RIDGMAR CT  
MIDLAND, TX 79707

2. Article Number  
(Transfer from si

7013 2630 0002 0640 9937

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

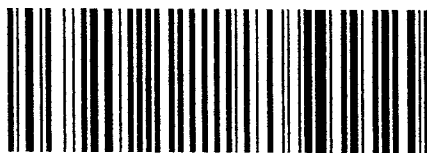
☐ Yes

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 9944

7013 2630 0002 0640 9944

**Sent To**  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+  
**MIKE H ROBERTS**  
**1108 LA VACA ST #110-282**  
**AUSTIN, TX 78701**

PS Form 3800, August 2006

See Reverse for Instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

*Received by Mike H Roberts*

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

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

MIKE H ROBERTS  
1108 LA VACA ST #110-282  
AUSTIN, TX 78701

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MIKE H ROBERTS  
1108 LA VACA ST #110-282  
AUSTIN, TX 78701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from st

7013 2630 0002 0640 9944

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 9951

7013 2630 0002 0640 9951

Sent to  
Street Apt. No.:  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2006

JAMES T ROSS  
P O BOX 216  
LAKEWOOD, NM 88254

See Reverse for Instructions

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postage \$  
Certified Fee  
Postmark Here

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

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

James T Ross  
P O Box 216  
Lakewood, NM 88254

JAMES T ROSS  
P O BOX 216  
LAKEWOOD, NM 88254

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES T ROSS  
P O BOX 216  
LAKEWOOD, NM 88254

2. Article Number  
(Transfer from se

7013 2630 0002 0640 9951

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

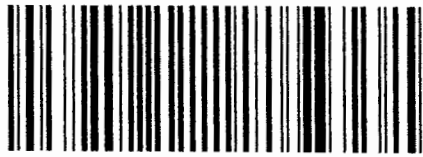
4. Restricted Delivery? (Extra Fee) ☐ Yes

# CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 9968  
7013 2630 0002 0640 9968

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>William Ross</i>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
WILLIAM ROSS 3401 S 13 STREET ARTESIA, NM 88210	
PS Form 3800, August 2006 See Reverse for Instructions	

WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

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

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM ROSS  
3401 S 13 STREET  
ARTESIA, NM 88210

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
**X** ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0640 9968

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 9975

7013 2630 0002 0640 9975

PS Form 3800, August 2006

See Reverse for Instructions

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postage  
Certified Fee

\$

Postmark  
Here

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

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

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARY ROSS  
205 INDIAN TR  
SEARCY, AR 72143

2. Article Number  
(Transfer from se

7013 2630 0002 0640 9975

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
**X** ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

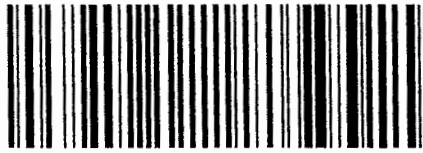
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 9982  
7013 2630 0002 0640 9982

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

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

*Barbara J Johnson*

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here

Sent To  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
S P III & BARBARA J JOHNSON  
P O BOX 1641  
ROSWELL, NM 88202-1641

PS Form 3800, August 2005 See Reverse for Instructions

S P III & BARBARA J JOHNSON  
P O BOX 1641  
ROSWELL, NM 88202-1641

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
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  S P III & BARBARA J JOHNSON P O BOX 1641 ROSWELL, NM 88202-1641	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from st)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7013 2630 0002 0640 9982

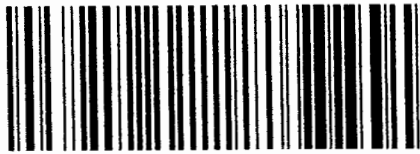




YATES BUILDING - 105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 9999

7013 2630 0002 0640 9999

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to RALPH E AND LAURIE A ROSS	
Street, Apt. 1 REV LIVING TRUST	
or PO Box N P O BOX 234	
City, State, Z LAKEWOOD, NM 88254-0234	
PS Form 3800, August 2006 See Reverse for Instructions	

RALPH E AND LAURIE A ROSS  
REV LIVING TRUST  
P O BOX 234  
LAKEWOOD, NM 88254-0234

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RALPH E AND LAURIE A ROSS  
REV LIVING TRUST  
P O BOX 234  
LAKEWOOD, NM 88254-0234

2. Article Number  
(Transfer from se

7013 2630 0002 0640 9999

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 1169

7013 2630 0002 0641 1169

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4<sup>®</sup>  
PS Form 3800, August 2006 See Reverse for Instructions

ROBERT ROSS  
P O BOX 8334  
SEARCY, AR 72145-8334

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

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

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

ROBERT ROSS  
P O BOX 8334  
SEARCY, AR 72145-8334

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT ROSS  
P O BOX 8334  
SEARCY, AR 72145-8334

2. Article Number  
(Transfer from ser

7013 2630 0002 0641 1169

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

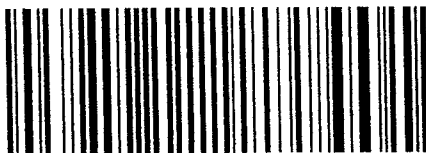
☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 1183

7013 2630 0002 0641 1183

Sent To  
Street, Apt.  
or PO Box  
City, State,  
ZIP+4  
PS Form 3800, August 2006

RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

See Reverse for Instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

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

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

*Ronald Ross*

RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RONALD ROSS  
1902 HERMOSA DRIVE  
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0641 1183

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 1190

7013 2630 0002 0641 1190

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Santo Legado LLLP</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No. or PO Box No	
City, State, Zip	
PS Form 3800, August 2005 See Reverse for Instructions	

SANTO LEGADO LLLP  
P O BOX 1020  
ARTESIA, NM 88211-1100

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

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANTO LEGADO LLLP P O BOX 1020 ARTESIA, NM 88211-1020	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from serv	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
7013 2630 0002 0641 1190	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013	Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 1206

7013 2630 0002 0641 1206

**Sent To**  
Street, Apt. 1  
or PO Box N  
City, State, Z  
PS Form 3800, August 2006 See Reverse for Instructions

NUEVO SEIS LIMITED  
P O BOX 2588  
ROSWELL, NM 88202-2588

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

*Delivered to addressee*

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

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

NUEVO SEIS LIMITED  
P O BOX 2588  
ROSWELL, NM 88202-2588

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NUEVO SEIS LIMITED  
P O BOX 2588  
ROSWELL, NM 88202-2588

2. Article Number  
(Transfer from se

7013 2630 0002 0641 1206

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7013 2630 0002 0641 1213  
7013 2630 0002 0641 1213

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

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP

SPIRAL INC  
P O BOX 1933  
ROSWELL, NM 88201

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here

SPIRAL INC  
P O BOX 1933  
ROSWELL, NM 88201

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
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  SPIRAL INC P O BOX 1933 ROSWELL, NM 88201	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from sa 7013 2630 0002 0641 1213)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0641 1220

7013 2630 0002 0641 1220

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt. # or PO Box N	
City, State, Z	
MANER B SHAW	
P O BOX 9612	
MIDLAND, TX 79708	
PS Form 3800, August 2006 See Reverse for instructions	

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MANER B SHAW  
P O BOX 9612  
MIDLAND, TX 79708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from s)

7013 2630 0002 0641 1220

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0641 1237  
7013 2630 0002 0641 1237

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2006 See Reverse for Instructions

ELIZABETH R NIXON SHEETS  
11205 SAVOY ROAD  
ST AMANT, LA 70774

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

Postmarked 4/16/14 11:00 AM ST AMANT, LA

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

ELIZABETH R NIXON ST  
11205 SAVOY ROAD  
ST AMANT, LA 70774

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELIZABETH R NIXON SHEETS  
11205 SAVOY ROAD  
ST AMANT, LA 70774

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from st 7013 2630 0002 0641 1237

PS Form 3811, July 2013

Domestic Return Receipt



**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 2518

7013 2630 0002 0640 2518

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Delivered to SHAR BRO ENERGY LLC</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to: SHAR BRO ENERGY LLC P O BOX 840 ARTESIA, NM 88211-0840	
PS Form 3800, August 2006 See Reverse for Instructions	

SHARBRO ENERGY LLC  
P O BOX 840  
ARTESIA, NM 88211-0840

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHARBRO ENERGY LLC  
P O BOX 840  
ARTESIA, NM 88211-0840

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0640 2518

PS Form 3811, July 2013

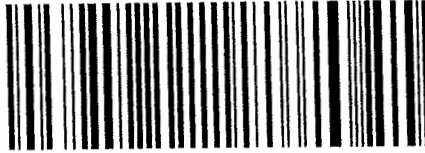
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3362

7013 2630 0002 0640 3362

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP  
PS Form 3800, August 2006 See Reverse for Instructions

UNIT PETROLEUM COMPANY  
P O BOX 702500  
TULSA, OK 74170-2500

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

UNIT PETROLEUM COMPANY  
P O BOX 702500  
TULSA, OK 74170-2500

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

UNIT PETROLEUM COMPANY  
P O BOX 702500  
TULSA, OK 74170-2500

2. Article Number  
(Transfer from ser)

7013 2630 0002 0640 3362

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7013 2630 0002 0640 3379

7013 2630 0002 0640 3379

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

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EGL RESOURCES INC  
P O BOX 10886  
MIDLAND, TX 79702

EGL RESOURCES INC  
P O BOX 10886  
MIDLAND, TX 79702

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EGL RESOURCES INC  
P O BOX 10886  
MIDLAND, TX 79702

2. Article Number (Transfer from sender)

7013 2630 0002 0640 3379

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

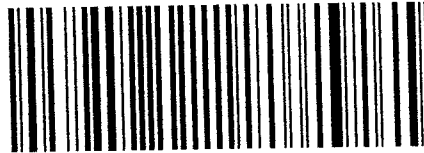
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 3386

7013 2630 0002 0640 3386

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Eva Troike</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	EVA TROIKE
City, State, ZIP	630 32 <sup>ND</sup> STREET RICHMOND, CA 94804
PS Form 3800, August 2000	

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EVA TROIKE  
630 32<sup>ND</sup> STREET  
RICHMOND, CA 94804

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from St)

7013 2630 0002 0640 3386

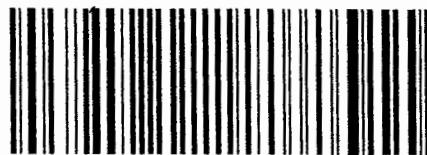
PS Form 3811, July 2013

Domestic Return Receipt

**CERTIFIED MAIL™**

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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 3393

7013 2630 0002 0640 3393

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>Signature:</b> <i>[Handwritten Signature]</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
<b>Sent To:</b> Street, Apt. No., or PO Box No. City, State, ZIP+4 <b>TULIPAN LLC</b> <b>428 SANDOVAL STE 200</b> <b>SANTA FE, NM 87501</b>	
PS Form 3800, August 2006 See Reverse for Instructions	

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE, NM 87501

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TULIPAN LLC  
428 SANDOVAL STE 200  
SANTA FE, NM 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3393

PS Form 3811, July 2013

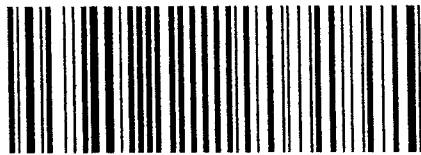
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 3409  
7013 2630 0002 0640 3409

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: WEDDERBURN PROPERTIES LLC C/O ELOISE N JONES 1121 LONDONDERRY ROAD CHARLESTON, WV 25314-2213	
PS Form 3800, August 2006 See Reverse for Instructions	

WEDDERBURN PROPERTY  
C/O ELOISE N JONES  
1121 LONDONDERRY RD,  
CHARLESTON, WV 25314.

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WEDDERBURN PROPERTIES LLC  
C/O ELOISE N JONES  
1121 LONDONDERRY ROAD  
CHARLESTON, WV 25314-2213

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7013 2630 0002 0640 3409

PS Form 3811, July 2013

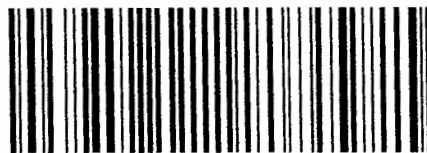
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3416

7013 2630 0002 0640 3416

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Return Receipt for Certified Mail</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
YATES INDUSTRIES LLC	
P O BOX 1091	
ARTESIA, NM 88211-1091	
PS Form 3800, August 2006	
See Reverse for Instructions	

YATES INDUSTRIES LLC  
P O BOX 1091  
ARTESIA, NM 88211-1091

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YATES INDUSTRIES LLC  
P O BOX 1091  
ARTESIA, NM 88211-1091

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se)

7013 2630 0002 0640 3416

PS Form 3811, July 2013

Domestic Return Receipt

**ADDRESS SERVICE REQUESTED**

7013 2630 0002 0640 3423

7013 2630 0002 0640 3423

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
<b>Postage</b>	\$
<b>Certified Fee</b>	
<b>Return Receipt Fee (Endorsement Required)</b>	
<b>Restricted Delivery Fee (Endorsement Required)</b>	
<b>Total Postage &amp; Fees</b>	\$

Postmark Here

Sent To \_\_\_\_\_  
 Street Apt.  
 or PO Box I  
 City, State.

OXY USA WTP LIMITED PARTNERSHIP  
 P O BOX 27570  
 HOUSTON, TX 77227

See Reverse for Instructions

OXY USA WTP LIMITED PARTNERSHIP  
P O BOX 27570  
HOUSTON, TX 77227

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		
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p>		
<p>1. Article Addressed to:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">B. Received by (<i>Printed Name</i>)</td> <td style="width: 40%; padding: 5px;">C. Date of Delivery</td> </tr> </table>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
B. Received by ( <i>Printed Name</i> )	C. Date of Delivery		
<p>OXY USA WTP LIMITED PARTNERSHIP P O BOX 27570 HOUSTON, TX 77227</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		
<p>2. Article Number (Transfer from sen</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>		
<p>7013 2630 0002 0640 3423</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>		

PS Form 3811, July 2013

Domestic Return Receipt

**Mail** Receipt  
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# CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3430

7013 2630 0002 0640 3430

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to	
Street, Apt. N or PO Box N.	CHRISTOPHER DALE COLL
City, State, Zi	1308 RUDGEAR RD WALNUT CREEK, CA 94596
PS Form 3800, August 2006 See Reverse for Instructions	

CHRISTOPHER DALE COLL  
1308 RUDGEAR RD  
WALNUT CREEK, CA 94596

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

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHRISTOPHER DALE COLL  
1308 RUDGEAR RD  
WALNUT CREEK, CA 94596

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3430

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

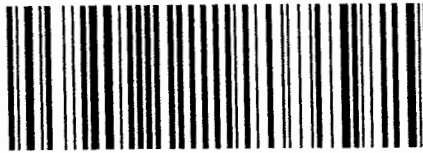
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 3447

7013 2630 0002 0640 3447

PS Form 3800, August 2006

See Reverse for Instructions

Sent To  
Street, Apt. N  
or PO Box N  
City, State, Z

JOHN F COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

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

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

*John F. Coll*

JOHN F COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN F COLL  
P O BOX 1818  
ROSWELL, NM 88202-1818

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3447

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3454  
7013 2630 0002 0640 3454

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2006

KENNETH JAMES COLL  
4623 BURNET AVE  
SHERMAN OAKS, CA 91403-2411

See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

\$  
\$  
\$  
\$  
\$  
\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

7013 2630 0002 0640 3454

KENNETH JAMES COLL  
4623 BURNET AVE  
SHERMAN OAKS, CA 91403-2411

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KENNETH JAMES COLL  
4623 BURNET AVE  
SHERMAN OAKS, CA 91403-2411

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3454

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3461

7013 2630 0002 0640 3461

Sent to:  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
MICHAEL T COLL  
3801 E YUCCA ST  
PHOENIX, AZ 85028-2829  
PS Form 3800, August 2006 See Reverse for Instructions

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
Michael T Coll

MICHAEL T COLL  
3801 E YUCCA ST  
PHOENIX, AZ 85028-2829

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL T COLL  
3801 E YUCCA ST  
PHOENIX, AZ 85028-2829

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from s:

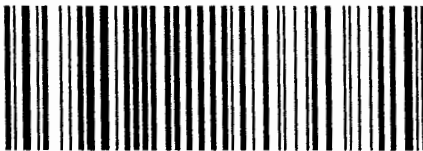
7013 2630 0002 0640 3461



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3478

7013 2630 0002 0640 3478

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent To	
Street, Apt. No. or PO Box No.	
City, State, Zip	
RICHARD KEITH COLL	
P O BOX 1941	
ROSWELL, NM 88202-1941	
PS Form 3800, August 2006 See Reverse for Instructions	

RICHARD KEITH COLL  
P O BOX 1941  
ROSWELL, NM 88202-1941

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RICHARD KEITH COLL  
P O BOX 1941  
ROSWELL, NM 88202-1941

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7013 2630 0002 0640 3478  
(Transfer from s)

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 3485

7013 2630 0002 0640 3485

Sent To  
Street, Apt. No.  
or PO Box No  
City, State, ZIP  
SALLY RODGERS COLL  
152 B ARROYO HONDO RD  
SANTA FE, NM 87508  
PS Form 3800, August 2006 See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postmark  
Here

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

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

SALLY RODGERS COLL  
152 B ARROYO HONDO RD  
SANTA FE, NM 87508

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SALLY RODGERS COLL  
152 B ARROYO HONDO RD  
SANTA FE, NM 87508

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
X  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No  
3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from si

7013 2630 0002 0640 3485

PS Form 3811, July 2013

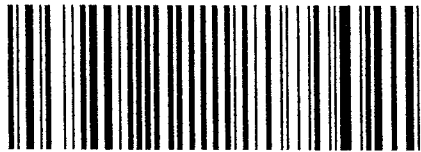
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 3492  
7013 2630 0002 0640 3492

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP  
PS Form 3800, August 2006 See Reverse for Instructions

JON F COLL II  
7335 WALLA WALLA DR  
SAN ANTONIO, TX 78250-5242

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

*Philip P. V. White, Jr.*

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

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

JON F COLL II  
7335 WALLA WALLA DR  
SAN ANTONIO, TX 78250-5

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JON F COLL II  
7335 WALLA WALLA DR  
SAN ANTONIO, TX 78250-5242

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se)

7013 2630 0002 0640 3492

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 3508

7013 2630 0002 0640 3508

Sent to  
Street, Apt. No.,  
or PO Box No.  
City, State, Zip+  
MAX W COLL II  
83 LA BARBARITA TRAIL  
SANTA FE, NM 87505-9008  
PS Form 3800, August 2006 See Reverse for Instructions

Total Postage & Fees  
\$  
Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

MAX W COLL II  
83 LA BARBARITA TRAIL  
SANTA FE, NM 87505-9008

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAX W COLL II  
83 LA BARBARITA TRAIL  
SANTA FE, NM 87505-9008

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3508

PS Form 3811, July 2013

Domestic Return Receipt

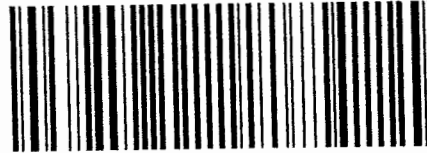


CERTIFIED MAIL™



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

ADDRESS SERVICE REQUESTED



7013 2630 0002 0640 3515

7013 2630 0002 0640 3515

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent to MAX W COLL III	
Street, Apt. No., or PO Box No. 7625 EL CENTROL BLVD #2	
City, State, ZIP+4 LAS CRUCES, NM 88012-9323	
PS Form 3800, August 2005 See Reverse for Instructions	

MAX W COLL III  
7625 EL CENTROL BLVD #2  
LAS CRUCES, NM 88012-9323

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAX W COLL III  
7625 EL CENTROL BLVD #2  
LAS CRUCES, NM 88012-9323

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from s)

7013 2630 0002 0640 3515

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 3522

7013 2630 0002 0640 3522

Sent To  
Street, Apt. No.,  
or PO Box No. HOLLYHOCK LTD  
City, State, ZIP+ MIDLAND, TX 79705  
PS Form 3800, August 2006 See Reverse for Instructions

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

Postmark  
Here

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

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

HOLLYHOCK LTD  
3300 N A STREET BLDG 2-212  
MIDLAND, TX 79705

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HOLLYHOCK LTD  
3300 N A STREET BLDG 2-212  
MIDLAND, TX 79705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from st

7013 2630 0002 0640 3522

PS Form 3811, July 2013

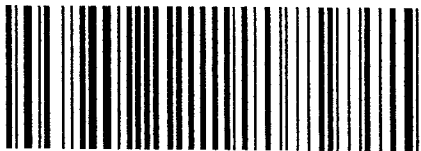
Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3539

7013 2630 0002 0640 3539

**U.S. Postal Service™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

*John W. Lodewick*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: JOHN W LODEWICK  
Street, Apt. No. or PO Box No. 3305 WENTWOOD  
City, State, ZIP+4® DALLAS, TX 75225

PS Form 3800, August 2006 See Reverse for Instructions

JOHN W LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN W LODEWICK  
3305 WENTWOOD  
DALLAS, TX 75225

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3539

PS Form 3811, July 2013

Domestic Return Receipt

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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3546

7013 2630 0002 0640 3546

PS Form 3800, August 2006  
See Reverse for Instructions

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

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

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

LAURA PATRICIA LODEWIC  
511 NEWELL AVE  
DALLAS, TX 75223-1155

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LAURA PATRICIA LODEWIC  
511 NEWELL AVE  
DALLAS, TX 75223-1155

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3546

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3553

7013 2630 0002 0640 3553

Sent to  
Street, Apt. No.  
or PO Box No. P O BOX 50880  
City, State, Zip  
MIDLAND, TX 79710-0880  
PS Form 3800, August 2006

Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees  
\$

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
Signature: [Handwritten Signature]

MARSHALL & WINSTON INC  
P O BOX 50880  
MIDLAND, TX 79710-0880

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARSHALL & WINSTON INC  
P O BOX 50880  
MIDLAND, TX 79710-0880

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3553

PS Form 3811, July 2013

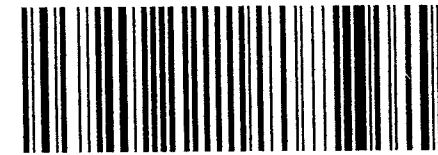
Domestic Return Receipt

**CERTIFIED MAIL™**



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

**ADDRESS SERVICE REQUESTED**



7013 2630 0002 0640 3560

7013 2630 0002 0640 3560

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

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Sent To  
Street, Apt. No., or PO Box No. ANGELA ESSMAN SPENCER  
City, State, ZIP+4® P O BOX 7501  
MIDLAND, TX 79708

PS Form 3800, August 2005 See Reverse for Instructions

Postmark Here

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANGELA ESSMAN SPENCER  
P O BOX 7501  
MIDLAND, TX 79708

2. Article Number  
(Transfer from set)

7013 2630 0002 0640 3560

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent  
☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 3577  
7013 2630 0002 0640 3577

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<i>Madison M Hinkle</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No., or PO Box No. P O BOX 2292 City, State, ZIP+ ROSWELL, NM 88202-2292	
PS Form 3800, August 2006 See Reverse for Instructions	

MADISON M HINKLE  
P O BOX 2292  
ROSWELL, NM 88202-2292

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MADISON M HINKLE  
P O BOX 2292  
ROSWELL, NM 88202-2292

2. Article Number  
(Transfer from serv)

7013 2630 0002 0640 3577

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

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August



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

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL™



7013 2630 0002 0640 3584

7013 2630 0002 0640 3584

Sent to  
Street, Apt. No.,  
or PO Box No.,  
City, State, ZIP  
ROLLA R HINKLE III  
P O BOX 2292  
ROSWELL, NM 88202-2292  
PS Form 3800, August 2006  
See Reverse for Instructions

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Postmark  
Here

For delivery information visit our website at www.usps.com®

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

ROLLA R HINKLE III  
P O BOX 2292  
ROSWELL, NM 88202-2292

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROLLA R HINKLE III  
P O BOX 2292  
ROSWELL, NM 88202-2292

2. Article Number  
(Transfer from se

7013 2630 0002 0640 3584

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes





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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**

7013 2630 0002 0640 3591

7013 2630 0002 0640 3591

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

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

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Postmark Here

Sent to  
Street, Apt. No. or PO Box No.  
City, State, ZIP+4®  
PS Form 3800, Use Reverse for Instructions

ROBERT G HOOPER  
P O BOX 733  
ROSWELL, NM 88202-0733

ROBERT G HOOPER  
P O BOX 733  
ROSWELL, NM 88202-0733

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
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:  ROBERT G HOOPER P O BOX 733 ROSWELL, NM 88202-0733	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from se)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7013 2630 0002 0640 3591



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

ADDRESS SERVICE REQUESTED

**CERTIFIED MAIL™**



7013 2630 0002 0640 3607

7013 2630 0002 0640 3607

<b>U.S. Postal Service™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to	
Street, Apt. # MORRIS E SCHERTZ	
or PO Box No. O BOX 2588	
City, State, Zip ROSWELL, NM 88202-2588	
PS Form 3800, August 2005 See Reverse for Instructions	

MORRIS E SCHERTZ  
P O BOX 2588  
ROSWELL, NM 88202-2588

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MORRIS E SCHERTZ  
P O BOX 2588  
ROSWELL, NM 88202-2588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from ser)

7013 2630 0002 0640 3607

PS Form 3811, July 2013

Domestic Return Receipt

# NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

## OIL CONSERVATION DIVISION

### AMENDED COMMINGLING ORDER CTB-414

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Attention: Ms. Pamela S. Evans

The above named company is hereby authorized to commingle North Dagger Draw Upper Penn Pool production from the following leases:

Lease: Patriot "AIZ" Well No.10  
Description: SE/4 SW/4, and;

Lease: Cutter "APC" Well No.1  
Description: SE/4 SE/4, and;

Lease: Vann "APD" Com Well No.1  
Description: NW/4 NW/4;

Lease: Ross "EG" Federal Com Well No.14  
Description: NW/4 NE/4;

all in Section 21 of Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

Production shall be allocated to each lease by separately metering the production from each well prior to commingling.

NOTE: This installation shall be installed and operated in accordance with the applicable provisions of Rule 303 of the Division Rules and Regulations and the Division "Manual for the Installation and Operation of Commingling Facilities." It is the responsibility of the producer to notify the transporter of this commingling authority.

NOTE: The commingled production shall be stored in the Patriot 'AIZ' tank battery facility located in Unit Letter N, of Section 21, Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

FURTHER: The operator shall notify the Artesia district office of the Division prior to implementation of the commingling process.

*Amended Commingling Order CTB-414*

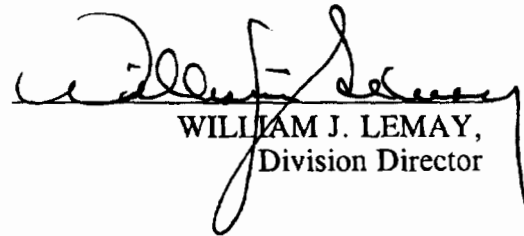
*Yates Petroleum Corporation*

*March 4, 1996*

*Page 2*

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DONE at Santa Fe, New Mexico, on this 4th day of March, 1996.



WILLIAM J. LEMAY,  
Division Director

WJL/BES

cc: Oil Conservation Division - Artesia  
Bureau of Land Management - Carlsbad

# NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

## OIL CONSERVATION DIVISION

### COMMINGLING ORDER CTB-414

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Attention: Ms. Rusty Klein

The above named company is hereby authorized to commingle North Dagger Draw Upper Penn Pool production from the following leases:

Lease: Patriot "AIZ" Well No.10  
Description: SE/4 SW/4, and;

Lease: Cutter "APC" Well No.1  
Description: SE/4 SE/4, and;

Lease: Vann "APD" Com Well No.1  
Description: NW/4 NW/4;

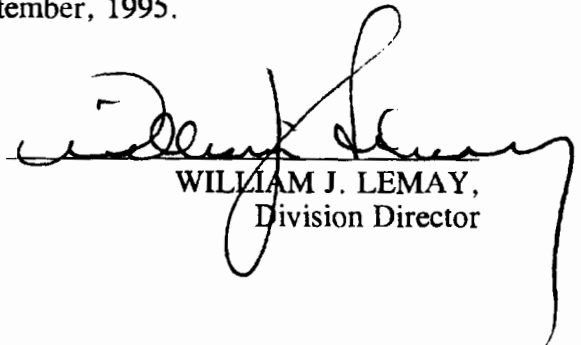
all in Section 21 of Township 19 South, Range 25 East, NMPM, Eddy County, New Mexico.

Production shall be allocated to each lease by separately metering the production from each well prior to commingling.

NOTE: This installation shall be installed and operated in accordance with the applicable provisions of Rule 303 of the Division Rules and Regulations and the Division "Manual for the Installation and Operation of Commingling Facilities." It is the responsibility of the producer to notify the transporter of this commingling authority.

FURTHER: The operator shall notify the Artesia district office of the Division prior to implementation of the commingling process.

DONE at Santa Fe, New Mexico, on this 13th day of September, 1995.

  
WILLIAM J. LEMAY,  
Division Director

WJL/BES  
cc: Oil Conservation Division - Artesia

State of New Mexico  
Energy, Minerals and Natural Resources Department

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**Susana Martinez**  
Governor

**David Martin**  
Cabinet Secretary-Designate

**Brett F. Woods, Ph.D.**  
Deputy Cabinet Secretary

**Jami Bailey, Division Director**  
Oil Conservation Division



**COMMINGLING ORDER CTB-414-B**  
**Administrative Application Reference No. pPRG1308439247**

Yates Petroleum Corporation  
Attention: Ms. Miriam Morales

The above named operator is hereby authorized to commingle production from the North Seven Rivers; Glorieta-Yeso Pool (97565) from the following wells, which are on separate leases and have diverse ownership:

Patriot "AIZ" Well No.6  
API No. 30-015-28405  
Unit I-Sec. 21-T19S-R25E

Cutter "APC" Well No.1  
API No. 30-015-28397  
Unit P-Sec. 21-T19S-R25E

Rodke AOY Well No.1  
API No. 30-015-28404  
Unit A-Sec. 21-T19S-R25E

all in Eddy County, New Mexico.

Production shall be allocated to each lease by separately metering the production from each well prior to commingling. The commingled production shall be stored at, and sold from the Patriot AIZ tank batter in Unit N of Section 21.

No pool commingling is authorized. Since other zones previously authorized for commingling by Orders CTB-414 and CTB-414-A have been permanently plugged and abandoned, these zones are not an issue.

This installation shall be installed and operated in accordance with the applicable provisions of Division rules. It is the responsibility of the producer to notify the transporter of this commingling authority.

The operator shall notify the Artesia District Office of the Division prior to implementation of the commingling process.

Applicant has not provided notice that it is requesting addition of future wells or additional leases or pools to this commingle as per Rule 19.15.12.10.C.(4)(g)(i) NMAC. Therefore, additional wells or pools shall not be included in this surface commingle without the operator again making application and providing notice to all owners.

April 18, 2013  
Page 2

Sincerely,

A handwritten signature in black ink, appearing to read "Jami Bailey", written over the printed name.

JAMI BAILEY  
Division Director

JB/db

cc: Oil Conservation Division – Artesia

MPSD821

## Inquire/Update Production History

4/15/14

14:29:28

Property . . . . . 043849 011 PATRIOT AIZ #11

Production Date Range . . . . 09 2013 to 04 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Dys	Reg	-----Oil-----		-----Gas-----		-Water-	
T	Mo/Year	Name	Cpl	Prd	Produced	Sold	Produced	Sold	Produced	Sold	Prod	
[	2	2014	PATRIOT AIZ #11	S02	27		249	266				1791
[	1	2014	PATRIOT AIZ #11	S02	31		336	480		345	345	2276
[	12	2013	PATRIOT AIZ #11	S02	31		388	307		132	132	2589
[	11	2013	PATRIOT AIZ #11	S02	25		517	457		633	633	3724
[	10	2013	PATRIOT AIZ #11	S02	30		705	783		1622	1622	5052
[	9	2013	PATRIOT AIZ #11	S02	21		719	510		1193	1193	6429

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print



MPSD821

## Inquire/Update Production History

4/15/14  
14:29:20Property . . . . . 043849 010 PATRIOT AIZ #10  
Production Date Range . . . . 09 2013 to 04 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year	Name	Cpl	Dys	Prd	Produced	Sold	Produced	Sold	Prod
2	2014	PATRIOT AIZ #10	S02	27		202	233	585	585	1479
1	2014	PATRIOT AIZ #10	S02	31		303	462	868	868	2135
12	2013	PATRIOT AIZ #10	S02	31		423	315	919	919	2664
11	2013	PATRIOT AIZ #10	S02	29		487	424	1123	1123	4642
10	2013	PATRIOT AIZ #10	S02	26		513	684	977	977	3150
9	2013	PATRIOT AIZ #10	S02	17		826	652	268	268	5932

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

## Inquire/Update Production History

4/15/14  
14:29:11

Property . . . . . 043849 006      PATRIOT AIZ #6  
 Production Date Range . . . . 09 2013 to 04 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year	Name	Cpl	Dys	Prd	Produced	Sold	Produced	Sold	Prod
[	2	2014	PATRIOT AIZ #6	S02	27	154	165			737
[	1	2014	PATRIOT AIZ #6	S02	31	219	295			1349
[	12	2013	PATRIOT AIZ #6	S02	31	233	176			1963
[	11	2013	PATRIOT AIZ #6	S02	30	287	244	30	5	2321
[	10	2013	PATRIOT AIZ #6	S02	29	295	367	643	643	1580
[	9	2013	PATRIOT AIZ #6	S02	20	211	306	726	688	1135

F3=Exit   F6=Add   F10=Totals   F11=Expand/Compress   F12=Previous   F15=Print

MPSD821

**Inquire/Update Production History**

4/15/14

14:28:49

Property . . . . . 020290 001 CUTTER APC #1

Production Date Range . . . . 09 2013 to 04 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year		Name	Cpl	Dys	Produced	Sold	Produced	Sold	Prod
└	2	2014	CUTTER APC #1	S02	27	129	135	773	738	1460
└	1	2014	CUTTER APC #1	S02	31	141	231	801	776	1246
└	12	2013	CUTTER APC #1	S02	31	249	168	829	804	2145
└	11	2013	CUTTER APC #1	S02	29	203	178	722	697	1417
└	10	2013	CUTTER APC #1	S02	31	215	294	655	616	1370
└	9	2013	CUTTER APC #1	S02	30	193	290	731	693	1175

F3=Exit F6=Add F10=Totals F11=Expand/Compress F12=Previous F15=Print

MPSD821

## Inquire/Update Production History

4/15/14  
14:28:17

Property . . . . . 047545 001      RODKE AOY #1  
 Production Date Range . . . . 09 2013 to 04 2014

Type options, press Enter.

2=Edit 4=Delete 5=Display

O	P	Prod	Well	API	Reg	-----Oil-----		-----Gas-----		-Water-
T	Mo/Year	Name	Cpl	Dys	Prd	Produced	Sold	Produced	Sold	Prod
└	2	2014	RODKE AOY #1	S02	27	60	61	175	140	590
└	1	2014	RODKE AOY #1	S02	31	77	101	77	77	529
└	12	2013	RODKE AOY #1	S02	31	83	57	130	130	539
└	11	2013	RODKE AOY #1	S02	30	76	66	117	92	552
└	10	2013	RODKE AOY #1	S02	31	78	103	153	115	444
└	9	2013	RODKE AOY #1	S02	30	70	96	146	108	361

F3=Exit   F6=Add   F10=Totals   F11=Expand/Compress   F12=Previous   F15=Print

MARTIN YATES, III

1912-1985

FRANK W. YATES

1936-1986

S.P. YATES

1914-2008



105 SOUTH FOURTH STREET

ARTESIA, NEW MEXICO 88210-2118

TELEPHONE (575) 748-1471

JOHN A. YATES  
CHAIRMAN OF THE BOARD

JOHN A. YATES JR.  
PRESIDENT

JAMES S. BROWN  
CHIEF OPERATING OFFICER

JOHN D. PERINI  
CHIEF FINANCIAL OFFICER

JORGE S. MENDOZA  
CHIEF ADMINISTRATIVE OFFICER

**Procedure to verify accuracy of turbine allocation meters:**

- 1) After the initial install of the turbine allocation meter, production fluid from the well associated to said meter is flowed through the meter and into a sales tank.
- 2) The sales tank is then gauged and the calculated volume is compared to the metered volume.
- 3) If needed, corrections to the meter's calibration factor are made to ensure that metered volumes correspond to the measured volumes from the gauged tank.
- 4) This process is repeated periodically or as needed, determined from the lease operator's daily comparison of total allocation meter readings to gauged tank volumes.

Note: Turbine allocation meters are locked to prevent unwanted tampering of the meter calibration factor.

KATHY H. PORTER  
SECRETARY

DENNIS G. KINSEY  
TREASURER