

PTGW  
 DATE IN 1.30.12 SUSPENSE ENGINEER DB LOGGED IN 1.30.12 TYPE NSL APP NO. 1203056484

162928

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION  
 - Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505



ENERGEN 7092

S.I. 30-4 Unit Com #6611

**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]

6563

P-26-30W-4W

SWD-820  
 on a well in  
 this same sec.

- [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

- [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.

Bryan Lewis

Print or Type Name

Signature

Title

Date

e-mail Address

RECEIVED OCD  
2012 JAN 30 A 11:31

**CERTIFIED RETURN RECEIPT REQUESTED**

7009 2820 0000 5801 7593

Wednesday, January 25, 2012

Mr. David Brooks  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505

*D- 26-30N-4W*

**RE: Administrative Approval of Unorthodox Location**  
**San Juan 30-4 Unit Com # 66H**  
**1205' FNL, 894' FWL-Section 26-T30N-R4W--Surface Location**  
**2100' FNL, 200' FWL-Section 27-T30N-R4W—Bottom Hole location (proposed)**  
**Rio Arriba County, New Mexico**

Energen Resources Corporation hereby requests Administrative Approval for an Unorthodox Location of its San Juan 30-4 Unit Com # 66H East Blanco Pictured Cliffs formation well under the provisions of New Mexico Oil Conservation Division, East Blanco Pictured Cliffs pool rules.

This well is being drilled as a horizontal well bore and is situated so that the longest possible lateral can be achieved. This additional length is required to provide for the potential for the production of the most reserves and the best possible economics for this well.

The horizontal portion of this well is located in the S/2 N/2 of Section 27-T30-R4W, Rio Arriba County, New Mexico and is dedicated to a special proration unit consisting of the N/2 of Section 27-T30N-R4W in the East Blanco Pictured Cliffs gas pool. The horizontal portion goes through 2 existing regular East Blanco Pictured Cliffs proration units and is in the southerly portion to avoid interfering with the existing wells to the North.

The entry point into the East Blanco Pictured Cliffs gas pool to the East and the bottom hole location at the western terminus of the well are both located closer than 660' from the eastern and western boundaries of said Section 27 by 460'. That portion of the

Mr. David Brooks  
New Mexico Oil Conservation Division  
Wednesday, January 25, 2012:  
Page 2 of 2

horizontal wellbore in the NE/4 of Section 27 is within the boundaries of the San Juan 30-4 Unit but is not internal to the Unit so it is subject to the 660' setback. That portion of the horizontal wellbore in the NW/4 of Section 27 is not within the San Juan 30-4 Unit boundaries and is also subject to the 660' setback. There is one (1) offsetting East Blanco Pictured Cliffs spacing unit adjoining to the East and one (1) offsetting East Blanco Pictured Cliffs spacing unit adjoining to the West<sup>1</sup> of this special proration unit. Both of these offsetting spacing units are non-unit acreage and are subject to the 660' setback; both setbacks are being breached.

Energen Resources Corporation is the operator of both of the adjoining affected spacing units. There are other working interest owners in the adjoining affected spacing units that have been notified of the Unorthodox Location proposed herein. Those owners have been asked to approve waivers within 20 days from receipt if they have no objections to the proposal. A list of these owners and copies of the waiver letter is attached to this proposal. Also attached is a well location plat showing the dedicated acreage (C102) and a plat showing the affected spacing units and owners.

Your favorable consideration of this request would be appreciated.

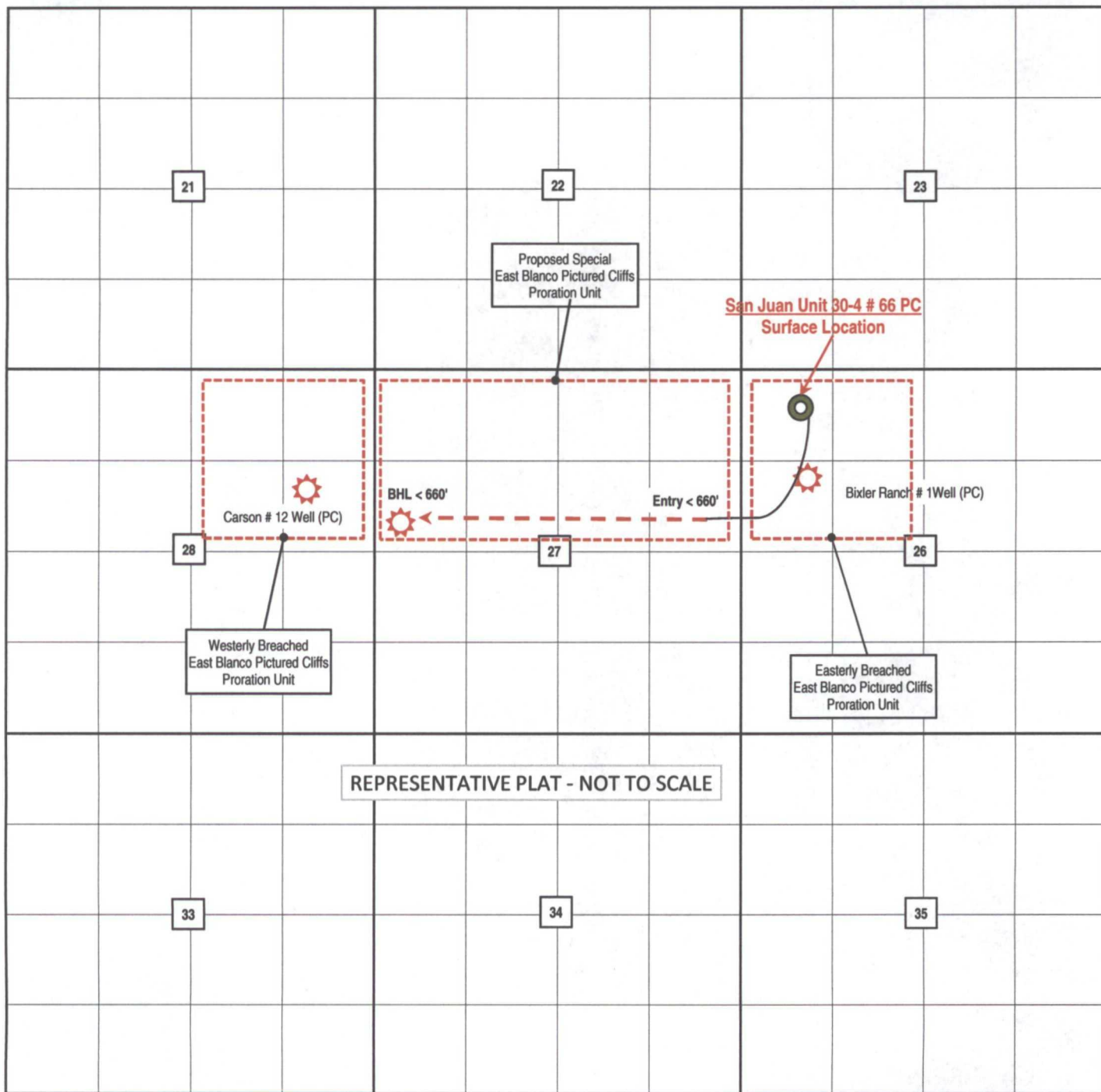
Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Lewis", written in a cursive style.

Bryan Lewis  
District Landman

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<sup>1</sup> The PC unit to the West is not producing yet. That well, the Carson 12 well is currently only producing from the Fruitland Coal formation but the APD was approved for dual completion in the PC.



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District I  
1625 N. French Drive, Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

District II  
811 S. First Street, 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 Drive, Santa Fe, NM 87505  
Phone: (505) 476-3450 Fax: (505) 476-3452

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-102  
Revised August 1, 2011

Submit one copy to  
Appropriate District Office

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code 72400	Pool Name BLANCO PICTURED CLIFFS, EAST
Property Code	Property Name SAN JUAN 30-4 UNIT COM	Well Number 56
GRID No. 162928	Operator Name ENERGEN RESOURCES CORPORATION	Elevation 7292'

10 Surface Location

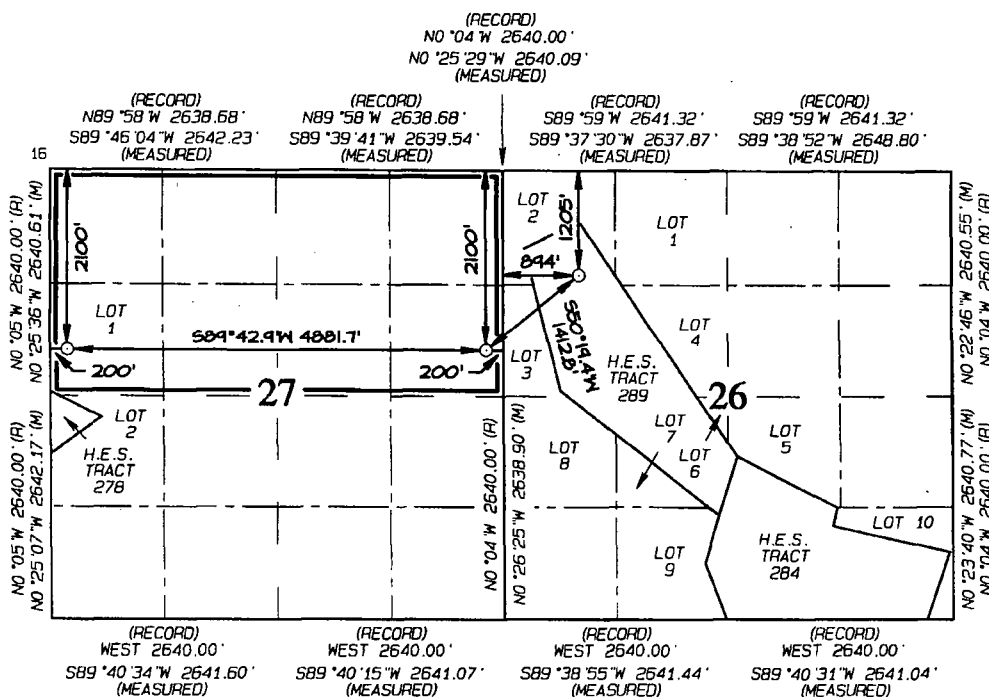
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	26	30N	4W		1205	NORTH	894	WEST	RIO ARriba

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	27	30N	4W		2100	NORTH	200	WEST	RIO ARriba

12 Dedicated Acres 320.0 Acres - N/2 Section 27	13 Joint or Infill	14 Consolidation Code	15 Order No.
----------------------------------------------------	--------------------	-----------------------	--------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



BOTTOM-HOLE  
2100' FNL 200' FWL  
SECTION 27, T30N, R4W  
LAT: 36.78413°N  
LONG: 107.24996°W  
DATUM: NAD1927  
  
LAT: 36.78414°N  
LONG: 107.25056°W  
DATUM: NAD1983

POINT OF ENTRY  
2100' FNL 200' FWL  
SECTION 27, T30N, R4W  
LAT: 36.78412°N  
LONG: 107.23329°W  
DATUM: NAD1927  
  
LAT: 36.78413°N  
LONG: 107.23389°W  
DATUM: NAD1983

SURFACE LOCATION  
1205' FNL 894' FWL  
SECTION 26, T30N, R4W  
LAT: 36.78658°N  
LONG: 107.22955°W  
DATUM: NAD1927  
  
LAT: 36.78659°N  
LONG: 107.23016°W  
DATUM: NAD1983

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom-hole location or has a right to drill this well 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Survey Date: NOVEMBER 16, 2011

Signature and Seal of Professional Surveyor



JASON C. EDWARDS  
Certificate Number 15269

## OWNER NAME & ADDRESS LIST

04165 Dugan Production Corporation  
Post Office Box 420  
Farmington, NM 87499-0420

04555 JABCO LLC  
Bank of America, NA Agent  
Post Office Box 840738  
Dallas, TX 75284

06474 Burlington Resources Oil & Gas Co LP  
Real Property Administration  
Post Office Box 7500  
Bartlesville, OK 74005

30342 Lorryn Gay Hacker  
% James Raymond  
Post Office Box 291445  
Kerrville, TX 78029

38686 Providence Minerals LLC  
14860 Monfort Drive, Suite 209  
Dallas, TX 75254

41979 TinMil  
% Robert P Tinnin Jr  
500 Marquette Avenue NW, Suite 1300  
Albuquerque, NM 87102

56688 Trust Of Ruth Zimmerman  
Hazel Z Hart, Trustee  
842 Muirlands Vista Way  
La Jolla, CA 92037

57822 Tamacam LLC  
% James Raymond  
Post Office Box 291445  
Kerrville, TX 78029

04188 Mar Oil & Gas Corporation Inc  
Post Office Box 5155  
Santa Fe, NM 87502

05735 TH McElvain Oil & Gas LLLP  
1050 17th Street, Suite 2500  
Denver, CO 80265

30341 Charles W Gay  
% James Raymond  
Post Office Box 291445  
Kerrville, TX 78029

36676 McKay Oil & Gas LLC  
Post Office Box 14738  
Albuquerque, NM 87191

41978 Thomas P Tinnin  
2303 Candelaria Road NW  
Albuquerque, NM 87107

45271 J & M Raymond  
James M Raymond  
Post Office Box 291445  
Kerrville, TX 78029

49922 Rio Aribagas Ltd  
% Eddy Dreyer Management Co as Agent  
4925 Greenville Avenue, Suite 900  
Dallas, TX 75206



**CERTIFIED RETURN RECEIPT REQUESTED**

7009 2820 0000 5801 7609

Wednesday, January 25 2012

Dugan Production Corporation  
Post Office Box 420  
Farmington, NM 87499-0420

**RE: Administrative Approval of Unorthodox Location**  
**San Juan 30-4 Unit Com # 66H**  
**1205' FNL, 894' FWL-Section 26-T30N-R4W--Surface Location**  
**2100' FNL, 200' FWL-Section 27-T30N-R4W—Bottom Hole location (proposed)**  
**Rio Arriba County, New Mexico**

Energen Resources Corporation (Energen) has made or will make application for a permit to drill the referenced well. The design of this well calls for beginning and ending points that fall outside of the setback guidelines dictated by the New Mexico Oil Conservation Division (the NMOCD). Contemporaneously herewith Energen has made application to the NMOCD in its Santa Fe, New Mexico office for an Administrative Approval for an Unorthodox Location of its San Juan 30-4 Unit Com # 66H East Blanco Pictured Cliffs formation well.

This well is being drilled as a horizontal well bore and is situated so that the longest possible lateral can be achieved. This additional length is required to provide for the potential for the production of the most reserves and the best possible economics for this well.

The horizontal portion of this well is located in the S/2 N/2 of Section 27-T30-R4W, Rio Arriba County, New Mexico and is dedicated to a special proration unit consisting of the N/2 of Section 27-T30N-R4W in the East Blanco Pictured Cliffs gas pool. The horizontal portion goes through 2 existing regular East Blanco Pictured Cliffs proration units and is in the southerly portion to avoid interfering with the existing wells to the North.

The entry point into the East Blanco Pictured Cliffs gas pool to the East and the bottom hole location at the western terminus of the well are both located closer than 660' from the eastern and western boundaries of said Section 27 by 460'. That portion of the horizontal wellbore in the NE/4 of Section 27 is within the boundaries of the San Juan 30-4 Unit but is not internal to the Unit so it is subject to the 660' setback. That portion of the horizontal wellbore in the NW/4

of Section 27 is not within the San Juan 30-4 Unit boundaries and is also subject to the 660' setback. There is one (1) offsetting East Blanco Pictured Cliffs spacing unit adjoining to the East and one (1) offsetting East Blanco Pictured Cliffs spacing unit adjoining to the West<sup>1</sup> of this special proration unit. Both of these offsetting spacing units are non-unit acreage and are subject to the 660' setback; both setbacks are being breached.

Energen is the operator of both of the adjoining affected spacing units. You are a working interest owner in one or both of the adjoining affected spacing units. As such an owner, Energen is required to notify you of its proposed Unorthodox Location and to inform you that you have twenty (20) days after receipt of this letter in which to register your objections to the proposal with the NMOCD. You can register those objections with:

Mr. David Brooks  
New Mexico Oil Conservation Division  
1220 South St. Francis Drive.  
Santa Fe, NM 87505

If the NMOCD hasn't received an objection from you within the allotted 20 days it will be deemed that you have no objection. If you have no objection and in lieu of waiting for the 20 days to elapse you may fill out, sign and return the waiver attached to this letter to the undersigned using the envelope that I have included for your convenience.

I have enclosed a photocopy of the application for Administrative Approval for an Unorthodox Location and plats showing the dedicated acreage (C102) and the affected spacing units.

Sincerely,

Bryan Lewis  
District Landman

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<sup>1</sup> The PC unit to the West is not producing yet. That well, the Carson 12 well is currently only producing from the Fruitland Coal formation but the APD was approved for dual completion in the PC.



**WAIVER**

To: Bryan Lewis, District Landman  
Energen Resources Corporation  
2010 Afton Place  
Farmington, NM 87401

RE: APPLICANT – ENERGEN RESOURCES CORPORATION  
Administrative Approval of Unorthodox Location  
San Juan 30-4 Unit Com # 66H  
1205' FNL, 894' FWL-Section 26-T30N-R4W--Surface Location  
2100'FNL, 200' FWL-Section 27-T30N-R4W—Bottom Hole location (proposed)  
Rio Arriba County, New Mexico

**THE UNDERSIGNED, BEING A WORKING INTEREST OWNER IN ONE OR BOTH OF THE AFFECTED PRORATION UNITS ADJOINING THE APPLICANT'S REFERENCED WELL AND ASSOCIATED PRORATION UNIT HAVE NO OBJECTION TO THE NEW MEXICO OIL CONSERVATION DIVISION GRANTING AN APPROVAL FOR AN UNORTHODOX LOCATION RELATING THERETO.**

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Address, Street, Mailing:

\_\_\_\_\_  
City, State, ZIP:

\_\_\_\_\_  
Phone:

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
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Send To  
Dugan Production Corp  
Post Office Box 420  
Farmington NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

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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:  
*Dugan Production Corp  
Post Office Box 420  
Farmington NM 87499*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

2. 7009 2820 0000 5801 7609

7009 2820 0000 5801 7616  
7009 2820 0000 5801 7616

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Total Postage & Fees \$	

15856-XL  
7009 2820 0000 5801 7616  
JABCO, LLC  
Post Office Box 840738  
Dallas, TX 75284

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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:  
JABCO, LLC  
c/o Bank of America, NA  
Post Office Box 840738  
Dallas, TX 75284

**COMPLETE THIS SECTION ON DELIVERY**

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

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- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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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:

*Burlington Resources Oil & Gas Co. VP Real Property Admin  
PO Box 7500  
Bartlesville OK 74005*

**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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
7009 2820 0000 5801 7623

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102595-02-M-1540

See Reverse for Instructions

*2004 OK 11/15/04  
Burlington Resources Oil & Gas Co.  
Sent to  
Street or Post Office Box No. 7500  
City, State, ZIP+4  
Bartlesville, OK 74005*

Postmark Here

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

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1. Article Addressed to:

*Lorrayn Gay Hacker  
c/o James Raymond  
Post Office Box 291445  
Kearville, TX 78029*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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Here

7009 2820 0000 5801 7630  
7009 2820 0000 5801 7630

Sent to *Lorrayn Gay Hacker c/o James Raymond*  
Street No. *Box 291445*  
City, State, ZIP+4 *Kearville TX 78029*

PS Form 3800 August 2006

See Reverse for Instructions

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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:

*Charles W. Gay  
c/o James Raymond  
Post Office Box 291445  
Kerrville TX 78029*

**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 ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Postmark  
Here

7009 2820 0000 5801 7647  
7009 2820 0000 5801 7647

Sent to  
*Charles W. Gay: c/o James Raymond*  
Post Office Box 291445  
Kerrville TX 78029

PS Form 3800 August 2005

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

*James Raymond*  
*James Raymond*  
*Post Office Box 291445*  
*Kanville TX 78029*

**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
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2 7009 2820 0000 5801 7654

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Postmark  
Here

7009 2820 0000 5801 7654  
 7009 2820 0000 5801 7654

*James Raymond*  
*Post Office Box 291445*  
*Kanville TX 78029*

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

*Tamalam LLC  
c/o James Raymond  
PO Box 291445  
Kearville TX 78029*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ X ☐ Agent

B. Received by (Printed Name) ☐ Addressee

C. Date of Delivery

3. Service Type:

☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7009 2820 0000 5801 7661

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Postmark  
Here

7009 2820 0000 5801 7661  
7009 2820 0000 5801 7661

Send to  
*Tamalam LLC: James Raymond*  
Post Office Box  
*PO Box 291445*  
City, State, ZIP+4  
*Kearville TX 78029*

PS Form 3800, August 2006

See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

*Providence Minerals LLC  
14860 Montfort Drive, Ste 209  
Dallas TX 75254*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7009 2820 0000 5801 7678

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

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

Postmark  
Here

To: *Providence Minerals LLC*  
Street: *14860 Montfort Drive Ste 209*  
City, State, ZIP: *Dallas TX 75254*

PS Form 3800, August 2006 See Reverse for Instructions

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

**CERTIFIED MAIL<sup>TM</sup>**

7009 2820 0000 5801 7678  
7009 2820 0000 5801 7678

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

**CERTIFIED MAIL™**

7009 2820 0000 5801 7777  
7009 2820 0000 5801 7777

PS Form 3801 August 2006 See Reverse for Instructions

TO: *Mr. Robert P. Tinnin, Jr.*  
500 Marquette Ave NW Ste 1300  
Albuquerque NM 87102

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

Postmark  
Here

**OFFICIAL USE**

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)*

**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:

*Mr. Robert P. Tinnin, Jr.*  
*500 Marquette Ave NW*  
*Suite 1300*  
*Albuquerque NM 87102*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		

7009 2820 0000 5801 7777

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

**CERTIFIED MAIL**

7009 2820 0000 5801 7685  
7009 2820 0000 5801 7685

PS Form 3800, August 2006 See Reverse for Instructions

Send To  
Trust of Ruth Zimmerman: Hazel Z Hart  
842 X Muirlands Vista Way  
La Jolla CA 92037

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

Postmark  
Here

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

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

**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:

Trust of Ruth Zimmerman  
Hazel Z Hart, Trustee  
842 X Muirlands Vista Way  
La Jolla CA 92037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7009 2820 0000 5801 7685

## 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:

Mar Oil & Gas Corp Inc  
Post Office Box 5155  
Santa Fe NM 87502

## 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7009 2620 0000 5801 7692

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

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

Postmark  
Here7009 2620 0000 5801 7692  
7009 2620 0000 5801 7692

See Reverse for Instructions

PS Form 3800, August 2006

Mar Oil & Gas Corp Inc  
Post Office Box 5155  
Santa Fe NM 87502

## 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:

TH McElwain Old & Sons LLP  
1050 17th Street, Ste 2500  
Denver CO 80265.

## 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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7009 2620 0000 5801 7708

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

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

Postmark  
Here

7009 2620 0000 5801 7708  
7009 2620 0000 5801 7708

TH McElwain Old & Sons LLP  
1050 17th Street Suite 2500  
Denver CO 80265.

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

*McKay Oil & Gas LLC  
Post Office Box 14738  
Albuquerque NM 87191*

**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 ☐ No  
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7009 2820 0000 5801 7715

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

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

Postmark Here

Sent to: *McKay Oil & Gas LLC*  
Street No. *Post Box 14738*  
City, State, ZIP+4<sup>®</sup> *Albuquerque NM 87191*

PS Form 3800, August 2006 See Reverse for Instructions

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

**CERTIFIED MAIL<sup>TM</sup>**

7009 2820 0000 5801 7715  
7009 2820 0000 5801 7715

**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:

*Thomas P. Timin  
2303 Candalaria Road NW  
Albuquerque NM 87107*

**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 ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7009 2820 0000 5801 7722

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Postmark Here

7009 2820 0000 5801 7722  
7009 2820 0000 5801 7722

To  
*Thomas P. Timin  
2303 Candalaria Road NW  
Albuquerque NM 87107*

PS Form 3801, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**Rio Arribaas Ltd.**  
**c/o Eddye Dreyer**  
**Management Co - Agent**  
**4925 Greenville Ave, Ste 900**  
**Dallas TX 75206**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ Addressee

B. Received by (Printed Name) ☐ Addressee

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  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☒ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7009 2820 0000 5801 7739

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Postmark  
Here

7009 2820 0000 5801 7739  
 7009 2820 0000 5801 7739

Send to  
**Rio Arribaas Ltd: Eddye Dreyer**  
**4925 Greenville Ave, Ste 900**  
**Dallas TX 75206**

PS Form 3800, August 2006 See Reverse for Instructions

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

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