

DATE IN <u>1-10-10</u>	SUSPENSE	ENGINEER <u>R.E.</u>	LOGGED IN <u>1-11-10</u>	TYPE <u>CTB</u>	PTB-W APP NO. <u>1001151449</u>
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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



Devon Energy

**ADMINISTRATIVE APPLICATION CHECKLIST**

Eddy, Co, NM

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]

[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

CTB-609

[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.

Stephanie A. Ysasaga  
Print or Type Name

Signature

Sr. Staff Engineering Technician  
Title

10/20/2009  
Date

Stephanie.Ysasaga@dmv.com  
e-mail Address



RECEIVED

2010 JAN 11 PM 1 31

Devon Energy Production Company  
Operations Engineering  
20 North Broadway - CT 3.056  
Oklahoma City, Oklahoma 73102-8260  
Phone: (405)-552-7802  
Fax (405)-552-8113  
[Stephanie.Ysasaga@dev.com](mailto:Stephanie.Ysasaga@dev.com)

October 20<sup>th</sup>, 2009

Mr. Richard Ezeanyim  
State of New Mexico  
Oil Conservation Division  
1220 S. St. Francis Drive  
Santa Fe, New Mexico 87505

**Re: Lease Commingling, Off Lease Measurement and Off Lease Sales Approval  
Hackberry 18 Federal 1 & Ranger 17 Federal 1  
LC-069464-A Sec 18-T19S-R31E & NM-97120 Sec 17-T23S-26E  
API # 30-015-29780 & 30-015-30119  
Hackberry; Bone Spring, NW - Pool Code: 29665  
Eddy County, New Mexico**

Dear Mr. Ezeanyim:

Please find attached the OCD Form C-107B and BLM Form 3160-5 Sundry Notice of Intent to Lease Commingle the aforementioned wells. The working interest, royalty interest and overriding royalty interest owners in both leases are not uniform; parties have been notified via certified mail.

BLM sundry approval and BLM conditions of approval attached.

Should you require any additional information or assistance, please do not hesitate to contact me at (405)-552-7802.

Very truly yours,

**DEVON ENERGY PRODUCTION COMPANY, L.P.**

Stephanie A. Ysasaga  
Sr. Staff Engineering Technician ☺

Enclosures

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: Devon Energy Production Co., LP

OPERATOR ADDRESS: 20 North Broadway OKC, OK 73102

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. \_\_\_\_\_

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. Hackberry; Bone Spring, NW (97020)

(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) - Each location has its' own tank battery. One gas allocation meter on Ranger location and use of Subtraction Method to allocate sales back to the Hackberry location after commingling at a Frontier central delivery point (CDP) located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal I. A chart recorder will be used on the Hackberry to measure and verify gas rate.

**(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 attached sheets with the following information

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

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

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

Please attach sheets with the following information

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

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

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

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

SIGNATURE: Stephanie A. Ysasaga TITLE: Sr. Staff Engineering Technician

DATE: 10/20/2009

TYPE OR PRINT NAME Stephanie A. Ysasaga

TELEPHONE NO.: (405)-552-7802

E-MAIL ADDRESS: Stephanie.Ysasaga@dmn.com

## APPLICATION FOR LEASE COMMINGLING & OFF-LEASE MEASUREMENT AND OFF LEASE SALES APPROVAL

State of New Mexico – Santa Fe  
Oil Conservation Division  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

### Lease commingling proposal for Hackberry & Ranger leases:

Devon Energy Production Company, LP is requesting approval for surface commingle, off-lease storage and off-lease measurement of hydrocarbon gas production from the Hackberry; Bone Springs, NW Pool (97020) from the following wells:

#### Federal Lease LC-069464-A

Well Name	Location	API #	Pool 97020
Hackberry 18 Federal 1	SWSE Sec 18-T19S-R31E	30-015-29780	Hackberry, Bone Spring, NW

#### Federal Lease NMNM-99040

Well Name	Location	API #	Pool 97020
Ranger 17 Federal 1	NWSW Sec 17-T19S-R31E	30-015-30119	Hackberry, Bone Spring, NW

A map (Exhibit A) is enclosed showing the Federal leases and well locations in Section 17 and 18 of T19S R31E. The Hackberry, Bone Spring, NW Pool is not unitized or communitized. The ownership in the Hackberry and Ranger leases are not identical; all affected working interest, royalty and overriding royalty owners have been notified of this proposal (Exhibit B).

### Gas metering:

The gas hydrocarbon production from the Hackberry 18 Federal 1 and Ranger 17 Federal 1 will be the only hydrocarbon being commingled, measured and sold off-lease. Each location has its' own facility located in the SWSE and NWSW of Section 18 and 17 (respectively) in T19S, R31E on Federal Leases LC-069464 and NMNM-99040 in Eddy County, New Mexico (Exhibit C). A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1.

The "Subtraction Method" will be used to allocate production back to the wells after commingling. A gas allocation meter is located at the Ranger 17 Federal 1 location. After subtracting the Ranger 17 Federal 1 gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. To save on costs, Devon proposes to use a chart recorder to measure and verify the gas rate on the Hackberry 18 Federal 1. These meters will be calibrated on a regular basis per API, NMOCD and BLM specifications.

Both wells are marginal producers, the BLM's interest in both wells are the same and the BTU's are equivalent. Waste is not induced and no correlative rights are impaired. The BLM and OCD will be notified of any future changes in the facilities.

### Process and Flow Descriptions:

Please see attached diagrams for the proposed Hackberry 18 Federal 1 and Ranger 17 Federal 1 batteries. The flow of produced fluids is shown in detail on Exhibit D along with a description of each vessel.

The commingling of production is in the interest of conservation and waste and will result in the most effective, economic means of producing the reserves in place from the affected wells and will not result in reduced royalty or improper measurement of production. The proposed commingling will reduce operating expenses as well as reduce the surface facility footprint and overall emissions.

Devon Energy Production Company, LP understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. Additionally, Devon Energy Production Co., LP will submit within 30 days, an application for right-of-way approval to the BLM and NMOCD section in your office, if we have not already done so.

Signed: 

Printed Name: Stephanie A. Ysasaga

Title: Sr. Staff Engineering Technician

Date: October 10<sup>th</sup>, 2009

Form 3160-5  
(February 2005)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

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

*SUBMIT IN TRIPLICATE - Other instructions on page 2.*

1. Type of Well

☐ Oil Well    ☒ Gas Well    ☐ Other

2. Name of Operator  
Devon Energy Production Co., LP

3a. Address  
20 North Broadway  
OKC, OK 73102

3b. Phone No. (include area code)  
(405)-552-7802

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 20-T23S-R26E  
1980' FEL & 660' FEL

5. Lease Serial No.  
LC-069464-A & NM 99040

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
Hackberry 18 Fed 1 & Ranger 17 Federal 1

9. API Well No.  
30-015-29780 & 30-015-30119

10. Field and Pool or Exploratory Area  
Hackberry; Bone Springs, North

11. Country or Parish, State  
Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Lease Commingle:</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Off-Lease Gas</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Sales &amp; Measurement</u>

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

Devon Energy Production Co., LLP respectfully requests approval for surface commingle and off lease storage and measurement of gas hydrocarbon production from the following wells:

- \* Hackberry 18 Federal 1: API # 30-015-29780 Sec 18-T19S-R31E Lease LC-069464-A Hackberry; Bone Spring, NW (97020)
- \* Ranger 17 Federal 1: API # 30-015-30119 Sec 17-T19S-R31E Lease NM-99040 Hackberry; Bone Spring, NW (97020)

**COPY**

Each location has its' own tank battery. The Subtraction Method will be used to allocate production back to the wells after commingling, instead of metering both locations, to save on costs. Gas allocation meter located at Ranger 17 Federal 1. A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1. After subtracting Ranger gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. A chart recorded will be used on the Hackberry 18 Federal 1 to measure and verify the gate rate on the Hackberry 18 Federal 1. Waste is not induced and no correlative rights are impaired.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached). **SEE ATTACHED FOR CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)  
Stephanie A. Ysasaga

Title Sr. Staff Engineering Technician

Signature

Date 10/20/2009

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

/s/ JD Whitlock Jr

Title

LPE7

Date

1/5/2010

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

Office

CFO

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

(Instructions on page 2)

**Bureau of Land Management  
Carlsbad Field Office  
620 East Greene Street  
Carlsbad, New Mexico 88220  
575-234-5972**

**Off-Lease Measurement, Storage and Surface Commingling**

**Conditions of Approval**

Approval of surface commingling and off-lease sales and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of sales point.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.
7. Approval for combining production from various sources is a privilege which is granted to lessees for the purpose of aiding conservation and extending the economic life of leases. Applicants should be cognizant that failure to operate in accordance with the provisions outlined in the Authorized Officer's conditions of approval and/or subsequent stipulations or modifications will subject such approval to revocation.
8. All above-ground structures not subject to safety requirements shall be painted by the holder to blend with the natural color of the landscape. The paint used shall be color which simulates "standard Environmental Colors" – Shale Green, Munsell Soil Color No. 5Y 4/2.
9. If any additional wells are added to this CDP a gas meter will have to be installed on the Hackberry 18 Federal # after commingling approval has been submitted for additional wells.



# Hackberry & Ranger Wells Off Lease Measurement, Storage & Surface Commingle (Gas) 19S-31E Eddy County, NM

USA NMINM 99040

RANGER 17 FEDERAL 1

USA NMILC 069464A

HACKBERRY 18 FEDERAL 1



**Legend**

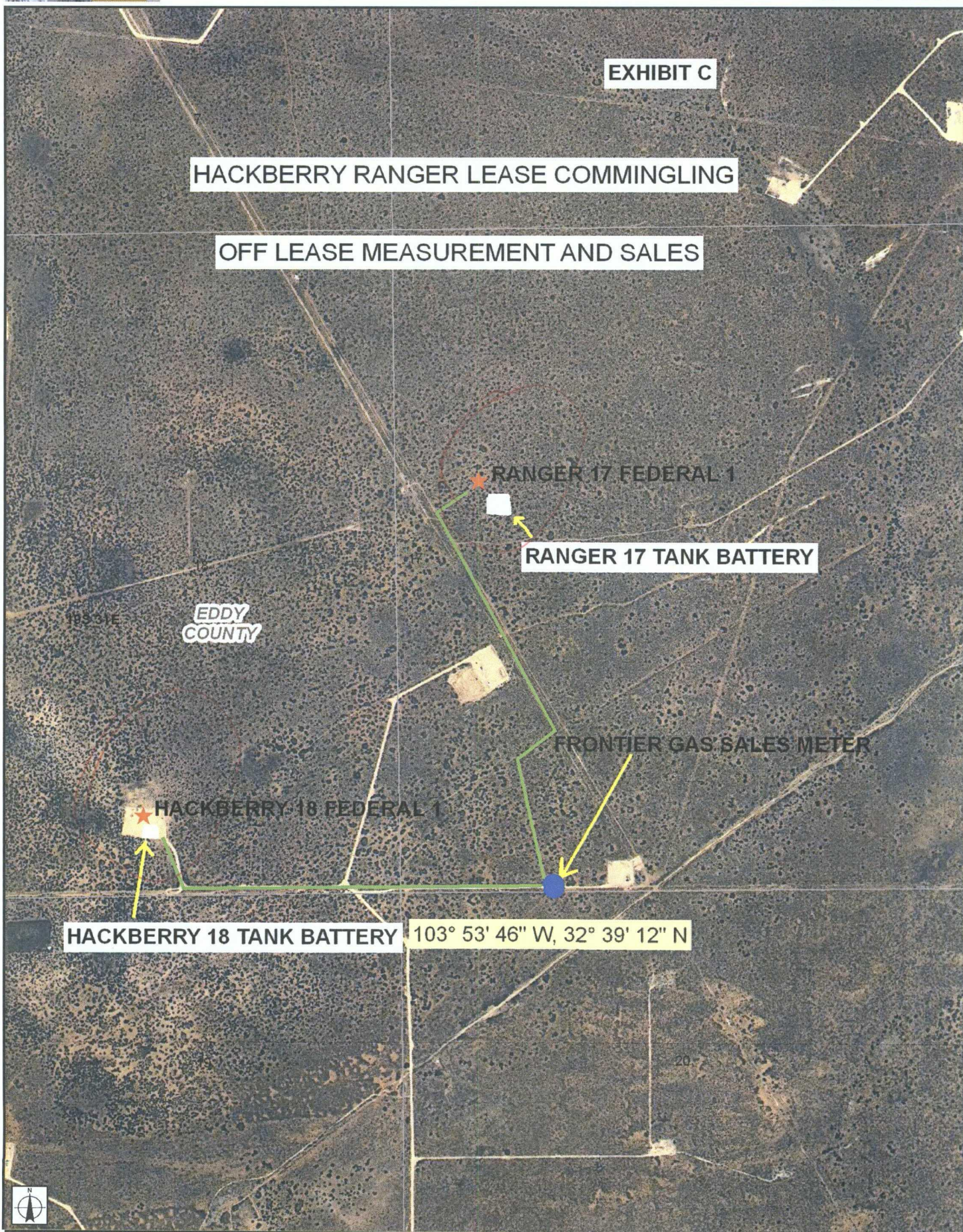





EXHIBIT C

HACKBERRY RANGER LEASE COMMINGLING

OFF LEASE MEASUREMENT AND SALES







# Laboratory Services, Inc.

2609 West Marland  
Hobbs, New Mexico 88240

*Rogers*

*H*

Telephone: (575) 397-3713

FOR: Devon Energy  
P. O. Box 250  
Artesia, New Mexico 88211-0250

SAMPLE:  
IDENTIFICATION Hackberry 18 #1  
COMPANY: Devon Energy  
LEASE:  
PLANT:

SAMPLE DATA: DATE SAMPLED: 10/16/09 10:00 am  
ANALYSIS DATE: 10/23/09  
PRESSURE - PSIG 30  
SAMPLE TEMP. °F 84  
ATMOS. TEMP. °F 88

GAS (XX) LIQUID ( )  
SAMPLED BY: Robert Hernandez  
ANALYSIS BY: Vickie Sullivan

REMARKS: H<sub>2</sub>S = 0

## COMPONENT ANALYSIS

COMPONENT		MOL PERCENT	GPM
Hydrogen Sulfide	(H <sub>2</sub> S)	0.000	
Nitrogen	(N <sub>2</sub> )	2.188	
Carbon Dioxide	(CO <sub>2</sub> )	0.084	
Methane	(C <sub>1</sub> )	65.773	
Ethane	(C <sub>2</sub> )	14.333	3.824
Propane	(C <sub>3</sub> )	9.024	2.481
I-Butane	(IC <sub>4</sub> )	1.235	0.403
N-Butane	(NC <sub>4</sub> )	3.445	1.084
I-Pentane	(IC <sub>5</sub> )	0.961	0.351
N-Pentane	(NC <sub>5</sub> )	1.057	0.382
Hexane Plus	(C <sub>6</sub> +) <u>          </u>	<u>1.900</u>	<u>0.825</u>
		100.000	9.350

BTU/CU.FT. - DRY 1469  
AT 14.650 DRY 1464  
AT 14.650 WET 1439  
AT 14.73 DRY 1472  
AT 14.73 WET 1447

MOLECULAR WT. 25.4226

SPECIFIC GRAVITY -  
CALCULATED 0.874  
MEASURED



# Laboratory Services, Inc.

2609 West Marland  
Hobbs, New Mexico 88240

Telephone: (575) 397-3713

H

FOR: Devon Energy  
P. O. Box 250  
Artesia, New Mexico 88211-0250

SAMPLE:  
IDENTIFICATION Ranger 17 Fed. #1  
COMPANY: Devon Energy  
LEASE:  
PLANT:

SAMPLE DATA: DATE SAMPLED:  
ANALYSIS DATE: 7/22/09  
PRESSURE - PSIG  
SAMPLE TEMP. °F  
ATMOS. TEMP. °F

GAS (XX) LIQUID ( )  
SAMPLED BY:  
ANALYSIS BY: Vickie Sullivan

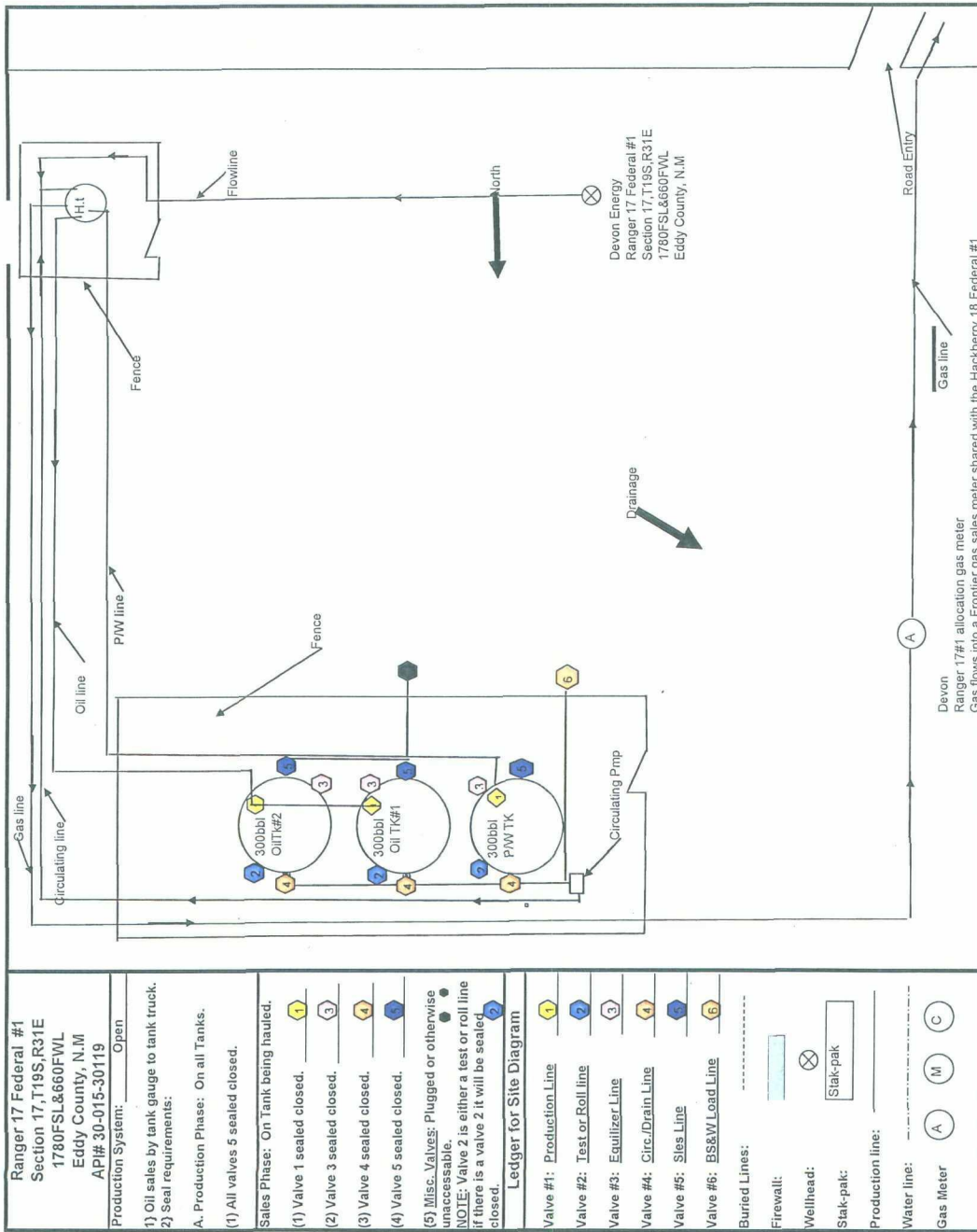
REMARKS:

## COMPONENT ANALYSIS

COMPONENT	MOL PERCENT	GPM
Hydrogen Sulfide (H2S)		
Nitrogen (N2)	2.458	
Carbon Dioxide (CO2)	0.118	
Methane (C1)	65.334	
Ethane (C2)	14.056	3.750
Propane (C3)	8.908	2.449
I-Butane (IC4)	1.223	0.399
N-Butane (NC4)	3.453	1.086
I-Pentane (IC5)	0.948	0.346
N-Pentane (NC5)	1.038	0.375
Hexane Plus (C6+)	2.464	1.069
	100.000	9.474
BTU/CU.FT. - DRY	1482	MOLECULAR WT. 25.8046
AT 14.650 DRY	1477	
AT 14.650 WET	1452	
AT 14.73 DRY	1485	
AT 14.73 WET	1460	
SPECIFIC GRAVITY -		
CALCULATED	0.886	
MEASURED		

OFF LEASE PRODUCTION - EDDY COUNTY								
	01/01/09	02/01/09	03/01/09	04/01/09	05/01/09	06/01/09	07/01/09	08/01/09
Well Name	Sum Est Gas	Sum Est Gas	Sum Est Gas	Sum Est Gas	Sum Est Gas	Sum Est Gas	Sum Est Gas	Sum Est Gas
HACKBERRY 18 FED 1	182.	181.	185.	201.	215.	176.	132.	34.
RANGER 17 FEDERAL 1	193.	183.	161.	153.	184.	173.	166.	46.





Hackberry 18 Federal #1  
 Section 18, T19S, R31E  
 660 FSL & 1980FEL  
 Eddy County, N.M  
 API# 30-015-29780




Production System: Open

- 1) Oil sales by tank gauge to tank truck.
- 2) Seal requirements:

A. Production Phase: On all Tanks.

- (1) All valves 5 sealed closed.






Sales Phase: On Tank being hauled.

- (1) Valve 1 sealed closed. 
- (2) Valve 3 sealed closed. 
- (3) Valve 4 sealed closed. 
- (4) Valve 5 sealed closed. 

(5) Misc. Valves: Plugged or otherwise inaccessible.

NOTE: Valve 2 is either a test or roll line if there is a valve 2 it will be sealed closed.

Ledger for Site Diagram

- Valve #1: Production Line 
- Valve #2: Test or Roll line 
- Valve #3: Equalizer Line 
- Valve #4: Circ./Drain Line 
- Valve #5: Sies Line 
- Valve #6: BS&W Load Line 

Buried Lines:

Firewall:

Wellhead:

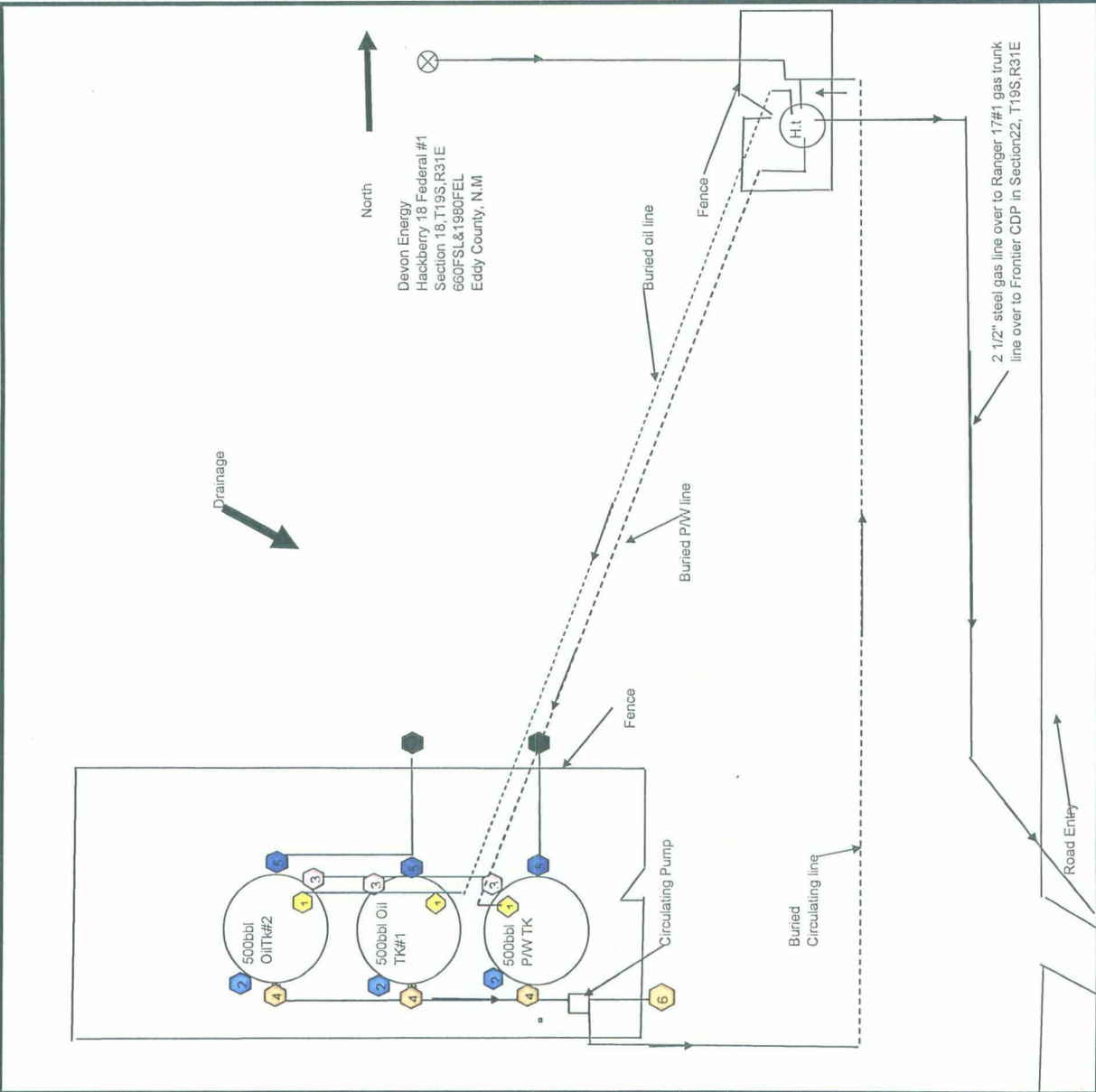
Stak-pak:

Production line:

Water line:

Gas Meter

A M C



Minerals Management Service  
Royalty Management Program  
P.O. Box 5810 Denver, Colorado 80217-5810  
7009-1140-0004-6106-9580

Robin Oil & Gas Corporation  
P.O. Box 720420  
Oklahoma City, Oklahoma 73172  
7008-1140-0004-6106-9597

Nearburg Exploration Co. LLC  
P.O. Box 678100  
Dallas, Texas 75267-8100  
7008-1140-0004-6106-9603

Jareed Parnters LTD  
P.O. Box 51451  
Midland, Texas 79710-1451  
7008-1140-0004-6106-9610

Penwell Employee Royalty Pool  
200 N Loraine Suite 1550  
Midland, Texas 79701  
7008-1140-0004-6106-9627

Butkin Investment Company LLC  
P.O. Box 2090  
Duncan, OK 73534  
7008-1140-0004-6106-9634

Todd & Karla M Kringen  
8540 E. McDowell Rd. # 59  
Mesa, AZ 85207-1431  
7008-1140-0004-6106-9641

Robro Royalty Partners LTD  
P.O. Box 141638  
Austin, TX 78714-1638  
7008-1140-0004-6106-9658

John Lawrence Thomas  
P.O. Box 863418  
Plano, TX 75086  
7008-1140-0004-6106-9665

Sandra Mary Thomas  
789 W. Hellsgate Drive  
Strawn, Texas 76475  
7008-1140-0004-6106-9672

C Mark Wheeler  
24 Smith Road, Ste 405  
Midland, Texas 79705  
7008-1140-0004-6106-9689

Paul R. Barwis c/o Dutton Harris Co.  
P.O. Box 230  
Midland, Texas 79702  
7008-1140-0004-6106-9696

Joan M Voigt  
7 Sherborne Wood  
San Antonio, 78218  
7008-1140-0004-6106-9702

Marbob Energy Corporation  
P.O. Box Drawer 227  
Artesia, NM 88211-0227  
7008-1140-0004-6106-9719

Durango Production Corporation  
P.O. Box 4848  
Wichita Falls, Texas 76308  
7008-1140-0004-6106-9726

Ballard E. Spencer Trust Inc. – Trust Dept  
P.O. Drawer AA  
Artesia, NM 88210  
7008-1140-0004-6106-9733

Stanford University c/o Bank of America  
P.O. Box 840738  
Dallas, TX 75284-0738  
7008-1140-0004-6106-9740

Minerals Management Services  
Royalty Mgmt Program  
P.O. Box 5810 Denver, CO 80217  
7008-1140-0004-6106-9757

PBR Properties Joint Venture  
P.O. Box 2802  
Midland, Texas 79702  
7008-1140-0004-6106-9764

Wallfam Limited Partnership  
1811 Heritage Blvd, STE 200  
Midland, Texas 79707  
7008-1140-0004-6106-9771

Family Tr of John & Sharon Olaf Larsgaard  
7627 146<sup>th</sup> Avenue  
Sumner, WA 98390  
7008-1140-0004-6106-9788

Zanaida Ruth Griffin  
2808 Abingdon Parkway  
Birmingham, AL 35243  
7008-1140-0004-6106-9795

Vicki L Owens  
P.O. Box 696  
Eunice, NM 88231  
7008-1140-0004-6106-9177

Scott C Henson  
3625 Spence Road  
Loomis, California 95650-8865  
7008-1140-0004-6106-9184

Constance B Cartwright Trustee  
2444 Wilshire Blvd, STE 508  
Santa Monica, CA 90403-5808  
7008-1140-0004-6106-9191

Willis R. Hartsock c/o Bank of America  
P.O. Box 620020  
Dallas, Texas 75262  
7008-1140-0004-6106-9207

Ward C. Hartsock  
P.O. Box 620020  
Dallas, Texas 75262  
7008-1140-0004-6106-9214

Jeanne (Jean) Edna Hunt  
P.O. Box 251406  
Plano, Texas 75025-1406  
7008-1140-0004-6106-9221

Franklin Thompson Family Agency Trust # 4012  
P.O. Box 840738  
Dallas, Texas 75284  
7008-1140-0004-6106-9238

Jane Landreth Russell Agency  
Lock Box 3480  
Omaha, NE 68103-0480  
7008-1140-0004-6106-9245

Lynda L Shropshire Trust I  
P.O. Box 3480  
Omaha, NE 68103-0489  
7008-1140-0004-6106-9252

Robert H Tennant  
9563 Doliver  
Houston, Texas 77063  
7008-1140-0004-6106-9269

Robert H Tennant Jr. Testamenta Trustee  
9563 Doliver  
Houston, Texas 77063  
7008-1140-0004-6106-9474

Borden Hamilton Tennant Trust  
9563 Doliver  
Houston, Texas 77063  
7008-1140-0004-6106-9467

Mary Elizabeth Tennant Trust  
9563 Doliver  
Houston, Texas 77063  
7008-1140-0004-6106-9450

Joseph A Tennant  
P.O. Box 382  
Marathon, Texas 79842  
7008-1140-0004-6106-9443

Sundance Mineral I  
P.O. Box 17744  
Ft. Worth, TX 76102  
7008-1140-0004-6106-9436

Carol J. Christianson  
19026 N 2<sup>nd</sup> Avenue  
Phoenix, AZ 85027  
7008-1140-0004-6106-9429

David Donnelly Trust  
P.O. Box 1150  
Lebanon, MO 65536  
7008-1140-6106-9412

David F. Stout  
1645 W Baseline Rd, Unit 2146  
Mesa, AZ 85202  
7008-1140-0004-6106-9405

Steven M Henson  
3265 Spence Road  
Loomis, CA 95650-8865  
7008-1140-6106-9399

William T Henderson Family Trust  
1906 E. Battlefield Road  
Springfield, MO 65804  
7008-1140-0004-6106-9382

Felisha M. Elmore  
23411 36<sup>th</sup> Avenue CT E  
Spanaway, MO 98387-7330  
7008-1140-0004-6106-9375

David Boyd Barnette  
782 Litchfield Ave  
Sebastopol, CA 95472  
7008-1140-0004-6106-9368

James D Elmore c/o IRS Levy Proceeds  
4330 Watt Ave, SA 6213  
Sacramento, CA 95821  
7008-1140-0004-6106-9818

Krista G. O'Conner  
1650 Quiet Hills Drive  
Ocean Side, CA 92056  
7008-1140-0004-6106-9825

Estate of Florence M Dooley  
1006 South 2<sup>nd</sup> Street  
Artesia, NM 88210  
7008-1140-0004-6106-9832

Terrance Patrick Perkins  
304 S. Ave F  
Portales, NM 88130  
7008-1140-0004-6106-9849

WA Landreth Jr.  
3207 W 4<sup>th</sup> Street  
Ft. Worth, Texas 76102  
7008-1140-0004-6106-9856

Mary Lindsey Kesterson Agency  
Lock Box 3480  
Omaha, NE 68103-0480  
7008-1140-0004-6106-9863

Mary Adele Landreth Smith c/o Edward Smith  
1675 Highway 591  
Dublin, Texas 76446  
7008-1140-0004-6106-9870

William Locke Allison III  
2641 Fines Creek Drive  
Statesville, NC 28625  
7008-1140-0004-6106-9887

Elizabeth Foster Tennant  
701 Bering Dr. # 204  
Houston, TX 77057  
7008-1140-0004-6106-9894

W B Kindlesparger Estate  
P.O. Box 1148  
Odessa, Texas 79760-1148  
7008-1140-0004-6106-9917

John T. Landreth  
P.O. Box 180  
Engle, CO 81631-0180  
7008-1140-0004-6106-9900

Mary Adele Landreth Trust:  
504 Ft Worth Club Bldg -306 West 7<sup>th</sup> Street  
Forth Worth, TX 76102-4905  
7008-1140-0004-6106-9924

R D. Mellard Estate  
P.O. Box 1506  
Hope, NM 88250  
7008-1140-0004-6106-9931

Robert C. Grable  
201 Main Street, STE 2500  
Fort Worth, TX 76102-3129  
7008-1140-0004-6106-9948

Thomas Ausley Allison  
1122 Dogwood Rd  
Statesville, NC 28677-3463  
7008-1140-0004-6106-9955

Gesler Grandchildren's Trust  
4605 E. Shomi Street  
Phoenix, AZ 85044  
7008-1140-0004-6106-9962



Trust UWO Bettie Allison Rand Trustee  
P.O. Box 4325  
Rocky Mount, NC 27803  
7008-1140-0004-6106-9979

Clarence G Neal Jr.  
3451 School Street  
Fortuna, CA 95540-3623  
7008-1140-0004-6106-9986

Phyllis M Wolfe  
P.O. Box 14432  
Phoenix, AZ 85063-4432  
7008-1140-0004-6106-9993

Hazel N Collins Family Trust: Texas Bank  
2525 Ridgar Blvd, STE 100  
Fort Worth, TX 76116  
7008-1140-0004-6107-9398

John Michael Esses  
10 Via Slano  
Rancho Santa MA, CA 92688-1330  
7008-1140-0004-6106-9801

Ella Joan Neal Living Trust  
6235 E Sea Breeze Drive  
Long Beach, CA 90803  
7008-1140-0004-6106-9573

Florence B. Clark Hall c/o Mineral Services Inc.  
P.O. Box 244  
St. Jacob, IL 62281-0244  
7008-1140-0004-6106-9566

Barbara C. Larimore c/o Mineral Services Inc.  
P.O. Box 244  
St Jacob, IL 62281-0244  
7008-1140-0004-6106-9559

Harold G Hartsock Living Trust  
P.O. Box 1449  
Sanford, Florida 32772-1449  
7008-1140-0004-6106-9542

Ralph Alexander Stricker  
3702 E Campbell Ave  
Phoenix, AZ 85018  
7008-1140-0004-6106-9535

Helen Joy Smith LLC c/o Adam Smith, CPA  
5410 26<sup>th</sup> Street West  
Bradenton, Florida 34207  
7008-1140-0004-6106-9528

Billie J David, Life Tennant  
P.O. Box 7706  
Midland, TX 79708  
7008-1140-0004-6106-9511

Edith A Shelton Marital Trust  
218 W Glen Eagles Rd  
Stateville, NC 28625  
7008-1140-0004-6106-9504

Nedinia S Clark Dupont c/o Horseshoe Investments  
P.O. Box 190811-6811  
St. Louis, MO 63119  
7008-1140-0004-6106-9498

Charlotte G Meador  
P.O. Box 395  
Decatur, TX 76234  
7008-1140-0004-6106-9481

Ronald T Gettys  
P.O. Box 367  
Decatur, TX 76234  
7008-1140-0004-6107-9411

The Roach Foundation Acct# 8300205110  
7777 Taylor Street  
Forth Worth, Texas 76102-4919  
7008-1140-0004-6107-9404

William K Burton  
301 Commerce Street, STE 2900  
Forth Worth, TX 76102-0084  
7008-1140-0004-6107-9237

CCB 1998 Trust – Ben Fortson Jr. Trustee  
301 Commerce St, STE 2900  
Fort Worth, TX 76102  
7008-1140-0004-6107-9220

DCB 1998 Trust - Ben Fortson Jr. Trustee  
301 Commerce St, STE 2900  
Forth Worth, TX 76102  
7008-1140-0004-6107-9190

MWB 1998 Trust - Ben Fortson Jr. Trustee  
301 Commerce St, STE 2900  
Forth Worth, TX 76102  
7008-1140-0004-6107-9213

Ben J Fortson III Children Trust – B Fortson Trste  
301 Commerce St, STE 2900  
Forth Worth, TX 76102  
7008-1140-0004-6107-9206

Riall S Moore  
124 Kelton Ave  
San Carlos, CA 94070  
7008-1140-0004-6107-9183

Shannon Moore  
124 Merrydale, #36  
San Rafael, CA 94901  
7008-1140-0004-6107-9251

Ramona L Clarke  
1615 N W 101<sup>st</sup> Street  
Clive, IA 50325  
7008-1140-0004-6107-9268

Helen Marie White  
P.O. Box 24492  
Cincinnati, OH 45224  
7008-1140-0004-6107-9275

Michele Ruth White  
2920 A Street  
Eureka, CA 95501  
7008-1140-0004-6107-9282

Stephanie P. Troth  
5714 E Acoma Drive  
Scottsdale, AZ 85254  
7008-1140-0004-6107-9299

Robin Frederick Hill  
1836 Shaded Wood  
Walnut, CA 91789  
7008-1140-0004-6107-9305

Steven P. Thompson  
P.O. Box 14596  
Odessa, TX 79768  
7008-1140-0004-6107-9312

Dan W. Irwin – Separate Property  
118 N. Grant Street  
Hinsdale, IL 60521  
7008-1140-0004-6107-9329

W/K Land Company A Co PSHP Rex Walker  
911 Kimbark Street  
Longmont, CO 80501-4510  
7008-1140-0004-6107-8971

McLinda Anne Benagh – Separate Property  
2007 Big Horn Drive  
Austin, TX 78734  
7008-1140-0004-6107-9336

John Eric Thickson – AS His Separate Property  
6672 Michael John Drive  
La Jolla, CA 92037  
7008-1140-0004-6107-9343

Patrick Dooley – As His Separate Property  
1006 South 2<sup>nd</sup> Street  
Artesia, NM 88210  
7008-1140-0004-6107-9350

Mary Ann Susan Thickstun – Her Separate Property  
5690 Arbor Grove CT  
San Diego, CA 92121  
7008-1140-0004-6107-9367

Thomas Lusk Thickstun - His Separate Property  
312 Foxglove  
Kyle, TX 78640  
7008-1140-0004-6107-9374

Patricia Benaugh White – Her Separate Property  
806 Lari Dawn  
San Antonio, TX 78258  
7008-1140-0004-6107-9381

Jennifer Thickstun Fessler  
2557 Roscoemare Road  
Los Angeles, CA 90077  
7008-1140-0004-6107-8902

Kathryn Ann Thickstun Leff  
3131 Xenophone Street  
San Diego, CA 92106-1537  
7008-1140-0004-6107-8919

Edward Landreth Smith  
1675 Hwy 591  
Dublin, TX 76446  
7008-1140-6107-8926

Todd M Wilson & Cannon Exploration Co.  
3608 S County Road 1184  
Midland, TX 79706  
7008-1140-0004-6107-8933

Kimball Art Foundation  
301 Commerce St, STE 2300  
Ft. Worth, TX 76102  
7008-1140-0004-6107-8940

Roger & Holly L Elliott – Family Lmted Partnership  
4105 Baybrook Drive  
Midland, TX 79707  
7008-1140-0004-6107-8957

Estate of Lonye Marie Williams Deceased  
1701 River Run Rd, STE 501  
Fort Worth, TX 76107-6548  
7008-1140-0004-6107-8964

MAPOO-NET A Texas Gen Partnership  
P.O. Box 268946  
OKC, OK 73126  
7008-1140-0004-6107-8971

## 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:

Paul R. Barwis c/o Dutton Harris Co.  
P.O. Box 230  
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Yusema Mervin*☐ Agent☐ Addressee

B. Received by (Printed Name)

Yusema Mervin

C. Date of Delivery

11-12-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Joseph A Tennant  
P.O. Box 382  
Marathon, Texas 79842

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joe Tennant*☐ Agent☐ Addressee

B. Received by (Printed Name)

Joe Tennant

C. Date of Delivery

11/12/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Estate of Florence M Dooley  
1006 South 2<sup>nd</sup> Street  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Florence M Dooley*☐ Agent☐ Addressee

B. Received by (Printed Name)

Florence M Dooley

C. Date of Delivery

11/12/09

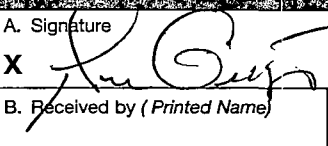
D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No


3. Service Type


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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:  <div>Ronald T Gettys P.O. Box 367 Decatur, TX 76234</div>		B. Received by (Printed Name) _____ C. Date of Delivery <u>11-12-09</u>	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 1140 0004 6107 9411	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:  <div>Gesler Grandchildren's Trust 4605 E. Shomi Street Phoenix, AZ 85044</div>		B. Received by (Printed Name) _____ C. Date of Delivery <u>NOV 12 2009</u>	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 1140 0004 6106 9962	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:  <div>C Mark Wheeler 24 Smith Road, Ste 405 Midland, Texas 79705</div>		B. Received by (Printed Name) _____ C. Date of Delivery <u>11/12/09</u>	
		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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 1140 0004 6106 9689	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



**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:

Wallfam Limited Partnership  
1811 Heritage Blvd, STE 200  
Midland, Texas 79707

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/11/2009

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

Helen Joy Smith LLC c/o Adam Smith, CPA  
5410 26<sup>th</sup> Street West  
Bradenton, Florida 34207

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9528

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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 Benaugh White -- Her Separate Property  
806 Lari Dawn  
San Antonio, TX 78258

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9381

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Hazel N Collins Family Trust: Texas Bank  
2525 Ridgar Blvd, STE 100  
Fort Worth, TX 76116

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9398

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Sundance Mineral I  
P.O. Box 17744  
Ft. Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9436

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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  
P.O. Box 678100  
Dallas, Texas 75267-8100

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9603

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-12

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

B. Carter

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

NOV 11 2009

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

## 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/K Land Company A Co PSHP Rex Walker  
911 Kimbark Street  
Longmont, CO 80501-4510

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9121

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Tricia Henry*☐ Agent☐ Addressee

B. Received by (Printed Name)

TRICIA HENRY

C. Date of Delivery

11.12.09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

911 Kimbark St

## 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:

Edward Landreth Smith  
1675 Hwy 591  
Dublin, TX 76446

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8926

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Edward Landreth Smith*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/12/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Mary Adele Landreth Smith c/o Edward Smith  
1675 Highway 591  
Dublin, Texas 76446

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9870

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mary Adele Landreth Smith*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/12/09

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

Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Charlotte G Meador  
P.O. Box 395  
Decatur, TX 76234

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9481

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-12-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Marbob Energy Corporation  
P.O. Box Drawer 227  
Artesia, NM 88211-0227

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9719

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MISTY McELURG 11-12-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Butkin Investment Company LLC  
P.O. Box 2090  
Duncan, OK 73534

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9634

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Connie Phillips 11-10-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



## 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:

Ella Joan Neal Living Trust  
6235 E Sea Breeze Drive  
Long Beach, CA 90803

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9573

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Joan Neal☒ Agent☐ Addressee

B. Received by (Printed Name)

Joan Neal

C. Date of Delivery

11/12/09D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Jareed Parnters LTD  
P.O. Box 51451  
Midland, Texas 79710-1451

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9610

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kristy Franklin☒ Agent☐ Addressee

B. Received by (Printed Name)

Kristy Franklin

C. Date of Delivery

11/12/09D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Ballard E. Spencer Trust Inc. - Trust Dept  
P.O. Drawer AA  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9733

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Phillip Lawson☒ Agent☐ Addressee

B. Received by (Printed Name)

Phillip Lawson

C. Date of Delivery

11-12-09D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Estate of Lonye Marie Williams Deceased  
1701 River Run Rd, STE 501  
Fort Worth, TX 76107-6548

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8964

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *SMoore*☐ Agent☐ Addressee

B. Received by (Printed Name)

SMoore

C. Date of Delivery

11-12-09

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

## 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:

David Donnelly Trust  
P.O. Box 1150  
Lebanon, MO 65536

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9412

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David Donnelly*☐ Agent☐ Addressee

B. Received by (Printed Name)

David Donnelly

C. Date of Delivery

11/12/09

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

## 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:

Penwell Employee Royalty Pool  
200 N Loraine Suite 1550  
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9627

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Caren Copeland*☐ Agent☐ Addressee

B. Received by (Printed Name)

Caren Copeland

C. Date of Delivery

11/12/09

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

## 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:

Todd M Wilson & Cannon Exploration Co.  
3608 S County Road 1184  
Midland, TX 79706

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8933

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorothy Izard*☒ Agent☐ Addressee

B. Received by (Printed Name)

Dorothy Izard

C. Date of Delivery

12/10/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Patrick Dooley - As His Separate Property  
1006 South 2<sup>nd</sup> Street  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9350

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patrick Dooley*☐ Agent☐ Addressee

B. Received by (Printed Name)

Patrick Dooley

C. Date of Delivery

12/10/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 Michael Esses  
10 Via Slano  
Rancho Santa MA, CA 92688-1330

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Michael Esses*☐ Agent☐ Addressee

B. Received by (Printed Name)

John Michael Esses

C. Date of Delivery

11/12

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 T Henderson Family Trust  
1906 E. Battlefield Road  
Springfield, MO 65804

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rose Brandy*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Rose Brandy

C. Date of Delivery

11-12-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9382

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Minerals Management Service  
Royalty Management Program  
P.O. Box 5810 Denver, Colorado 80217-5810

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

NOV 12 2009

RECEIVED

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9580

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Helen Marie White  
P.O. Box 24492  
Cincinnati, OH 45224

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Helen Marie White*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-16-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9275

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Roger & Holly L. Elliott - Family Lmt Partnership  
4105 Baybrook Drive  
Midland, TX 79707

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8957

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Reginald Elliott*

☐ Agent☐ Addressee

B. Received by (Printed Name)

*Reginald Elliott*

C. Date of Delivery

*11-19-09*

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

## 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:

Family Tr of John & Sharon Olaf Larsgaar  
7627 146<sup>th</sup> Avenue  
Sumner, WA 98390

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9788

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John O. Larsgaar*

☐ Agent☐ Addressee

B. Received by (Printed Name)

*JOHN O. LARSGAAR*

C. Date of Delivery

*11-17-09*

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

## 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:

WA Landreth Jr.  
3207 W 4<sup>th</sup> Street  
Ft. Worth, Texas 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9856

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Krista Bamonte*

☐ Agent☐ Addressee

B. Received by (Printed Name)

*Krista Bamonte*

C. Date of Delivery

*11-12*

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

**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 Lawrence Thomas  
P.O. Box 863418  
Plano, TX 75086

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

John Thomas

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**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:

David Boyd Barnette  
782 Litchfield Ave  
Sebastopol, CA 95472

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

David Boyd Barnette

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**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:

PBR Properties Joint Venture  
P.O. Box 2802  
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9764

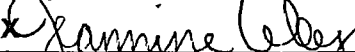
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jeannine Cebey

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



## 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:

Robro Royalty Partners LTD  
P.O. Box 141638  
Austin, TX 78714-1638

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9658

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Robert A. Helms

☐ Agent☐ Addressee

B. Received by (Printed Name)

R. HELMS

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 B. Clark Hall c/o Mineral Services Inc.  
P.O. Box 244  
St. Jacob, IL 62281-0244

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9566

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Karen S. Schultze

☐ Agent☐ Addressee

B. Received by (Printed Name)

KAREN S. SCHULTZE

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Vicki L Owens  
P.O. Box 696  
Eunice, NM 88231

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Vicki Owens

☐ Agent☒ Addressee

B. Received by (Printed Name)

VICKI OWENS

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Sandra Mary Thomas  
789 W. Hellsgate Drive  
Strawn, Texas 76475

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9672

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sandra M. Thomas* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*Sandra Thomas*

C. Date of Delivery

*11-13-09*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Robin Frederick Hill  
1836 Shaded Wood  
Walnut, CA 91789

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9305

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robin Hill* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*Robin Hill*

C. Date of Delivery

*11/12*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

MWB 1998 Trust - Ben Fortson Jr. Trustee  
301 Commerce St, STE 2900  
Forth Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9213

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eric Buller* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*Eric Buller*

C. Date of Delivery

*NOV 13 2009*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

DCB 1998 Trust - Ben Fortson Jr. Trust  
301 Commerce St, STE 2900  
Forth Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9190

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X April Bullock

☐ Agent☐ Addressee

B. Received by (Printed Name)

APRIL BULLOCK

C. Date of Delivery

13 2008

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 Lusk Thickstun - His Separate Property  
312 Foxglove  
Kyle, TX 78640

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9374

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Thomas L. Thickstun

Thomas L. Thickstun

☐ Agent☐ Addressee

B. Received by (Printed Name)

THOMAS L. THICKSTUN

C. Date of Delivery

NOV 13 2008

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

CCB 1998 Trust - Ben Fortson Jr. Trustee  
301 Commerce St, STE 2900  
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9220

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X April Bullock

☐ Agent☐ Addressee

B. Received by (Printed Name)

APRIL BULLOCK

C. Date of Delivery

13 2008

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 K Burton  
301 Commerce Street, STE 2900  
Forth Worth, TX 76102-0084

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9237

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *April Burton*☐ Agent☐ Addressee

B. Received by (Printed Name)

*April Burton*

C. Date of Delivery

NOV 13 2009

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Stanford University c/o Bank of America  
P.O. Box 840738  
Dallas, TX 75284-0738

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9740

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *T. Borden*☐ Agent☐ Addressee

B. Received by (Printed Name)

NOV 11 2009

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Todd & Karla M Kringen  
8540 E. McDowell Rd. # 59  
Mesa, AZ 85207-1431

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9641

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Karla Kringen*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Karla Kringen*

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 Locke Allison III  
2641 Fines Creek Drive  
Statesville, NC 28625

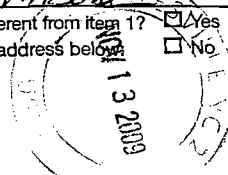
## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*William L. Allison III* C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9887

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Krista G. O'Conner  
1650 Quiet Hills Drive  
Ocean Side, CA 92056

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*[Signature]* C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9825

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Robin Oil & Gas Corporation  
P.O. Box 720420  
Oklahoma City, Oklahoma 73172

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*[Signature]* C. Date of Delivery

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

NOV 16 2009

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9597

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

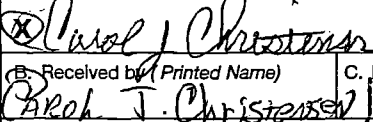
- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carol J. Christianson  
19026 N 2<sup>nd</sup> Avenue  
Phoenix, AZ 85027

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Carol J. Christianson

C. Date of Delivery

11/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9429

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

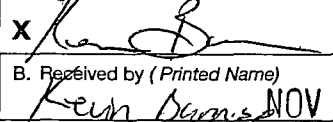
- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert C. Grable  
201 Main Street, STE 2500  
Fort Worth, TX 76102-3129

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Robert C. Grable

C. Date of Delivery

NOV 13 2009

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9948

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

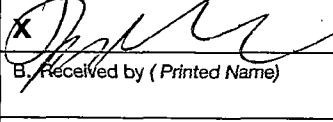
- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Zanaida Ruth Griffin  
2808 Abingdon Parkway  
Birmingham, AL 35243

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Zanaida Ruth Griffin

C. Date of Delivery

11-14-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9795

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



## 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:

Ben J Fortson III Children Trust - B Fortson Trust  
301 Commerce St. STE 2900  
Forth Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9206

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cyril Butler*☐ Agent☐ Addressee

B. Received by (Printed Name)

APRIL BULLOCK

C. Date of Delivery

3/20/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

The Roach Foundation Acct# 8300205110  
7777 Taylor Street  
Forth Worth, Texas 76102-4919

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9404

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. Eakman*☐ Agent☐ Addressee

B. Received by (Printed Name)

S. Eakman

C. Date of Delivery

11/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 Eric Thickson - AS His Separate Property  
6672 Michael John Drive  
La Jolla, CA 92037

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9343

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Thickson*☒ Agent☐ Addressee

B. Received by (Printed Name)

NOV 13 2009

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Kimball Art Foundation  
301 Commerce St, STE 2300  
Ft. Worth, TX 76102

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8940

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

NOV 13 2009

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Jennifer Thickstun Fessler  
2557 Roscoemare Road  
Los Angeles, CA 90077

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8902

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Jennifer Fessler

11/12

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Durango Production Corporation  
P.O. Box 4848  
Wichita Falls, Texas 76308

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Rickie Ford

NOV 13 2009

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Joan M Voigt  
7 Sherborne Wood  
San Antonio, 78218

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9702

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Joan Voigt

☐ Agent☐ Addressee

B. Received by (Printed Name)

JOAN VOIGT

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Barbara C. Larimore c/o Mineral Services Inc.  
P.O. Box 244  
St Jacob, IL 62281-0244

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9559

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Karen S. Schulte

☐ Agent☐ Addressee

B. Received by (Printed Name)

KAREN S. SCHULTE

C. Date of Delivery

11-13-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Lynda L. Shropshire Trust I  
P.O. Box 3480  
Omaha, NE 68103-0489

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rick L. Hager

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rick L. Hager

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Mary Lindsey Kesterson Agency  
Lock Box 3480  
Omaha, NE 68103-0480

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Rick L Hager

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rick L Hager

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

## 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:

Steven M Henson  
3265 Spence Road  
Loomis, CA 95650-8865

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9399

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Sally Tatosian

☐ Agent☐ Addressee

B. Received by (Printed Name)

SALLY TATOSIAN

C. Date of Delivery

11/13/09

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

## 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:

Steven P. Thompson  
P.O. Box 14596  
Odessa, TX 79768

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9312

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Steve Thompson

☐ Agent☐ Addressee

B. Received by (Printed Name)

STEVE THOMPSON

C. Date of Delivery

11-13-09

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

## 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:

Scott C Henson  
3625 Spence Road  
Loomis, California 95650-8865

## 2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9184

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Sally Tatusian* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

SALLY TATUSIAN

## C. Date of Delivery

11/12/09

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

3265 SPENCE RD

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Ramona L. Clarke  
1615 N W 101<sup>st</sup> Street  
Clive, IA 50325

## 2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9268

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Ramona B. Clarke* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

11/12/09

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

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Harold G Hartsock Living Trust  
P.O. Box 1449  
Sanford, Florida 32772-1449

## 2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9542

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Harold G Hartsock* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

HAROLD G HARTSOCK

## C. Date of Delivery

11/12/09

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ NoP.O. Box 1449  
Sanford, FL

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>W B Kindlesparger</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>W B Kindlesparger</i> C. Date of Delivery <i>NOV 16 2009</i></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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> W B Kindlesparger Estate  P.O. Box 1148  Odessa, Texas 79760-1148 </div>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="float: right;">7008 1140 0004 6106 9917</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>James D Elmore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James D Elmore</i> C. Date of Delivery <i>NOV 13 2009</i></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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> James D Elmore c/o IRS Levy Proceeds  4330 Watt Ave, SA 6213  Sacramento, CA 95821 </div>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="float: right;">7008 1140 0004 6106 9818</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>Felisha M Elmore</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>L. Elmore</i> C. Date of Delivery <i>11/13/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Felisha M. Elmore  23411 36<sup>th</sup> Avenue CT E  Spanaway, MO 98387-7330 </div>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="float: right;">7008 1140 0004 6106 9375</span></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	



## 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:

Jane Landreth Russell Agency  
Lock Box 3480  
Omaha, NE 68103-0480

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9245

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Rick L Hager

☐ Agent☒ Addressee

B. Received by (Printed Name)

Rick L Hager

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

## 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:

David F. Stout  
1645 W Baseline Rd, Unit 2146  
Mesa, AZ 85202

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9405

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x David Stout

☐ Agent☒ Addressee

B. Received by (Printed Name)

DAVID STOUT

C. Date of Delivery

11/28/09

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

## 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:

Melinda Anne Benagh - Separate Property  
2007 Big Horn Drive  
Austin, TX 78734

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9336

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Melinda Benagh

☐ Agent☒ Addressee

B. Received by (Printed Name)

Melinda Benagh

C. Date of Delivery

11-18-09

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

## 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 T. Landreth  
P.O. Box 180  
Engle, CO 81631-0180

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Stephanie P. Troth  
5714 E Acoma Drive  
Scottsdale, AZ 85254

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9299

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 M Wolfe  
P.O. Box 14432  
Phoenix, AZ 85063-4432

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9993

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Edith A Shelton Marital Trust  
218 W Glen Eagles Rd  
Stateville, NC 28625

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9504

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

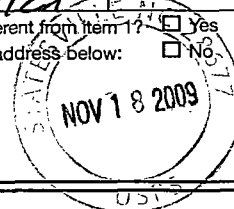
A. Signature

X *Wm. G. Shelton*☐ Agent☐ Addressee

B. Received by (Printed Name)

*William G. Shelton*

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Kathryn Ann Thickstun Leff  
3131 Xenophone Street  
San Diego, CA 92106-1537

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 8919

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *K. Thickstun Leff*☐ Agent☐ Addressee

B. Received by (Printed Name)

*K. Thickstun Leff*

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Constance B Cartwright Trustee  
2444 Wilshire Blvd, STE 508  
Santa Monica, CA 90403-5808

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9191

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Constance B. Cartwright*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Constance B. Cartwright*

C. Date of Delivery

*11-20-09*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 Alexander Stricker  
3702 E Campbell Ave  
Phoenix, AZ 85018

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9535

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

☐ Addressee

B. Received by (Printed Name)

A. Stricker

C. Date of Delivery

NOV 20 2004

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 Foster Tennant  
701 Bering Dr. # 204  
Houston, TX 77057

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9894

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

Elizabeth Foster Tennant

☐ Agent☐ Addressee

B. Received by (Printed Name)

Elizabeth Foster Tennant

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

R. D. Mellard Estate  
P.O. Box 1506  
Hope, NM 88250

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9931

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

R. D. Mellard Estate

☐ Agent☐ Addressee

B. Received by (Printed Name)

R. D. Mellard Estate

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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:

Michele Ruth White  
2920 A Street  
Eureka, CA 95501

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Michelle White

C. Date of Delivery

11/8/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6107 9282

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Clarence G Neal Jr.  
3451 School Street  
Fortuna, CA 95540-3623

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

William Neal

C. Date of Delivery

11-23-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1140 0004 6106 9986

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



PROPERTY DECK MO/YR OWNER SQ BURDEN NAME	-----PROPERTY NAME----- NAME	DESCRIPTION	INFLATED INTEREST	TYPE	PAY STAT	EX CL	WP CRT	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
120149-004 AA 11/02 RANGER 17 1	CONSOL 53612	MINERALS MANAGEMENT SERVICE ROYALTY MANAGEMENT PROGRAM PO BOX 5810 DENVER 84-0848646	MASTER DECK (CONV)	MYB	GF					0/00/00	.00000000
114826	2 CONSOL	ROBIN OIL & GAS CORPORATION PO BOX 720420 OKLAHOMA CITY OK 73172- 73-1403366		3-ORR	PA					4/26/07	.00000000
122638	2 CONSOL	NEARBURG EXPLORATION CO LLC NEARBURG PRODUCING COMPANY P O BOX 678100 DALLAS TX 75267-8100 75-2626152		1-WI	PA					4/26/07	.00000000
280248	CONSOL	JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP P O BOX 51451 MIDLAND TX 79710-1451 75-2635111		3-ORR	PA					4/26/07	.00000000
326109	CONSOL	PENWELL EMPLOYEE ROYALTY POOL 200 N LORRAINE SUITE 1550 MIDLAND TX 79701- 75-2223190		3-ORR	PA					4/26/07	.00000000
328868	CONSOL	BUTKIN INVESTMENT COMPANY LLC PO BOX 2090 DUNCAN OK 73534- 73-1602239		3-ORR	PA					4/26/07	.00000000
329248	CONSOL	TODD M KRINGEN AND KARLA R KRINGEN 8540 E MCDOWELL RD #59 MESA AZ 85207-1431 502-72-4678		3-ORR	PA					4/26/07	.00000000
335556	CONSOL	ROBRO ROYALTY PARTNERS LTD PO BOX 141638 AUSTIN TX 78714-1638 20-8581282		3-ORR	PA					7/02/08	.00000000
338946	CONSOL	JOHN LAWRENCE THOMA A SINGLE MAN P O BOX 863418 PLANO TX 75086- 114-52-8727		3-ORR	PA					7/02/08	.00000000

## WELR78 REVENUE DIVISION ORDER PRINT REQUESTS

PAGE 1  
10/13/09PROPERTY DECK MO/YR -----PROPERTY NAME----- DESCRIPTION  
OWNER SQ BURDEN NAMELEASE  
INTERESTLAST DATE  
CHANGED

PY CD

WP CRT

EX CL

PAY STAT

INFLATED  
INTEREST

TYPE

YB

MASTER DECK APO

109323-001 AA 11/02 HACKBERRY 18 FED 1

.00000549

9/26/03

PA

3-ORR

PA

YB

.00000549

MASTER DECK APO

JOAN M VOIGT

CONSOL

11970

7 SHERBORNE WOOD

SAN ANTONIO

TX 78218

467-48-3854

.00436570

9/26/03

PA

3-ORR

PA

YB

.00436570

MARBOB ENERGY CORPORATION

P O DRAWER 227

CONSOL

14343

ARTESIA

NM 88211-0227

85-0232108

.27950320

9/29/03

PA

1-WI

PA

YB

.27950320

DURANGO PRODUCTION CORPORATION

P O BOX 4848

CONSOL

48762

WICHITA FALLS

TX 76308-

75-2390732

.00477500

9/29/03

PA

3-ORR

PA

YB

.00477500

BALLARD E SPENCER TRUST INC

FIRST NATIONAL BANK OF ARTESIA

CONSOL

50648

TRUST DEPARTMENT

P O DRAWER AA

ARTESIA

NM 88210-

85-6009061

.00003424

6/04/04

PA

3-ORR

PA

YB

.00003424

STANFORD UNIVERSITY

% BANK OF AMERICA

CONSOL

50847

P O BOX 840738

DALLAS

TX 75284-0738

94-1156365

.12500000

6/04/04

GF

2-ROY

GF

YB

.12500000

MINERALS MANAGEMENT SERVICE

ROYALTY MANAGEMENT PROGRAM

CONSOL

53612

PO BOX 5810

DENVER

CO 80217-5810

84-0848646

.00000979

6/04/04

PA

3-ORR

PA

YB

.00000979

PBR PROPERTIES JOINT VENTURE

PO BOX 2802

CONSOL

59530

MIDLAND

TX 79702-

75-2650682

.01364300

6/04/04

PA

3-ORR

PA

YB

.01364300

WALLFAM LIMITED PARTNERSHIP

1811 HERITAGE BLVD STE 200

CONSOL

62257

MIDLAND

TX 79707-

75-2801503

.00035812

6/04/04

PA

3-ORR

PA

YB

.00035812

FAM TR OF JOHN OLAF LARSGAARD

AND SHARON LARUE LARSGAARD

CONSOL

62524

TD 9/18/92

JOHN OLAF LARSGAARD &amp; SHARON

LARUE LARSGAARD TTEES

7627 146TH AVE E

SUMNER

WA 98390-

535-14-6186

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO. 30-015-29780 & 30-015-30119
5. Indicate Type of Lease FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name See Below
8. Well Number
9. OGRID Number 6137
10. Pool name or Wildcat See Below

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Devon Energy Production Company, LP	
3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802	
4. Well Location (See Below) Unit Letter _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM Eddy County New Mexico	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) n/a	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: LEASE COMMINGLE, OFF-LEASE GAS SALES & MEASUREMENT <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
---	---

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Co., LLP respectfully requests approval for surface commingling and off lease storage and measurement of gas hydrocarbon production from the following wells:

- \* Hackberry 18 Federal 1: API # 30-015-29780 Sec 18-T19S-R31E Lease LC-069464-A Hackberry; Bone Spring, NW (97020)
- \* Ranger 17 Federal 1: API # 30-015-30119 Sec 17-T19S-R31E Lease NM-99040 Hackberry; Bone Spring, NW (97020)

Each location has its' own tank battery. The Subtraction Method will be used to allocate production back to the wells after commingling, instead of metering both locations, to save on costs. Gas allocation meter located at Ranger 17 Federal 1. A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1. After subtracting Ranger gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. A chart recorded will be used on the Hackberry 18 Federal 1 to measure and verify the gate rate on the Hackberry 18 Federal 1. Waste is not induced and no correlative rights are impaired.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached).

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE \_\_\_\_\_ TITLE Sr. Staff Engineering Technician DATE 10/20/2009

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802  
For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any):