

**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION**

**IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION  
COMMISSION FOR THE PURPOSE OF CONSIDERING:**

**APPLICATION OF OCCIDENTAL PERMIAN LTD., TO AMEND ORDER R-6199-B  
TO EXPAND THE NORTH HOBBS GRAYBURG-SAN ANDRES UNIT PHASE I  
TERTIARY RECOVERY PROJECT, TO MODIFY CERTAIN OPERATING  
REQUIREMENTS, AND TO CERTIFY THIS EXPANSION FOR THE RECOVERED  
OIL TAX RATE PURSUANT TO THE NEW MEXICO ENHANCED OIL RECOVERY  
ACT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 15103**

**RETURN RECEIPTS FROM  
CERTIFIED MAIL**

**BEFORE THE OIL CONSERVATION  
COMMISSION  
Santa Fe, New Mexico  
Exhibit No. 16  
Submitted by: OCCIDENTAL PERMIAN LTD.  
Hearing Date: March 13, 2014**

**NORTH HOBBS UNIT**

YEAGER HOLDING LLC  
4600 CONNECTICUT AVE NW NO 609  
WASHINGTON DC 20008-5750

PATRICK CUSACK  
1837 SOUTH DUNSMUIR AVE  
LOS ANGELES CA 90019

MRS IOLANDA HOY  
15250 PRESTONWOOD BLVD #238  
DALLAS TX 75248

A GAYLE HUDGENS  
P O Box 1195  
MANCHACA TX 78652

CHRISTOPHER R CUSACK  
2114 HOLMBY  
LOS ANGELES CA 90025

MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111

RORCO LLC  
CAROLYN K LISLE MANAGING MEMBER  
2540 WARWICK DRIVE  
OKLAHOMA CITY OK 73116

MARATHON OIL CO  
ATTN COLLIN HOOVER  
5555 SAN FELIPE  
HOUSTON TX 77056

MARSHALL & WINSTON INC  
P O BOX 50880  
MIDLAND TX 79710

KATHRYN LOUISE CONRAD MCCARTHY  
4435 SAN GABRIEL  
DALLAS TX 75229

K D MCPETERS  
502 W GOLD  
HOBBS NM 8824

WANDA T MILLIGAN  
151 MATTHEWS ROAD  
OAKDALE NY 11769

CARY MURDOCH  
1277 CR 2415  
LEESBURG TX 75451

NOBLE ISSUE TRUST  
C/O FARMER NATL CO AGENT  
P O Box 3480  
OMAHA NE 68103-0480

THOMAS AQUINAS COLLEGE  
10000 NORTH OJAIRD  
SANTA PAULA CA 93060

PH INC  
P O BOX 3142  
MIDLAND TX 79702-3142

LEGACY RESERVES  
P O BOX 10848  
MIDLAND TX 79702

SEA PROPERTIES LTD  
P O BOX 1486  
ARDMORE OK 73402

JULIE ANTWEIL SILVERMAN  
4408 CANYON COURT NE  
ALBUQUERQUE NM 87111

TRABAJO DEL SPEAR LP  
P O BOX 1684  
MIDLAND TX 79702-1684

GY GROUP INC  
P O BOX 990  
MIDLAND TX 79702-0990

FIRST UNITED METHODIST CHURCH  
C/O PROSPERITY BANK TRUST DEPT  
1401 AVE Q  
LUBBOCK TX 79401

STEVENS ENHANCED RECOVERY PARTNERS  
ATTN N L STEVENS III  
1000 LOUISIANA # 3400  
HOUSTON TX 77002-5007

TIMOTHY CUSACK  
P O BOX 250  
ROSWELL NM 88202

ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702

CHEVRON MIDCONTINENT LP  
ATTN NOJV MANAGER  
P O BOX 2100  
HOUSTON TX 77252

RY ANN CURTIS LLC  
C/O E SILVERNAIL SUC TTEE  
P O Box 58095  
OKLAHOMA CITY OK 73157-8095

BETTYE CONRAD TREADAWAY  
9507 GODSTONE LANE  
SPRING TX 77379

JOHN P CUSACK III  
19945 KIRK AVE  
EAGLE RIVER AR 99577

TWO STATES OIL COMPANY  
4925 GREENVILLE AVENUE #940  
DALLAS TX 75206

SARA WARD SIMS SUCCESSOR  
TRUSTEE OF THE JS WARD &  
MARGARET WARD TRUST OF 1985  
101 S FOURTH ST  
ARTESIA NM 88210-2177

LOYD WHITLEY  
P O BOX 168  
MIDLAND TX 79702

WILLIAM TRUST FBO MMP  
C/O PROSPERITY BANK TRUST DEPT  
1401 AVE Q  
LUBBOCK TX 79401

DANIELDALE PROPERTY LP  
9915 MYATT DR  
AMARILLO TX 79119

YATES PETROLEUM CORPORATION  
S P YATES; ABO PETR  
ATTN LAND DEPT  
105 SOUTH 4<sup>TH</sup> ST  
ARTESIA NM 88210

PGP HOLDINGS I LLC  
104 TOWNPARK DR  
KENNESAW GA 30144

SEVEN WAYS VENTURE CAPTIAL LTD  
P O BOX 6009  
MIDLAND TX 79704

DR. HENRY YEAGER JR  
5624 KNOLLWOOD  
BETHESDA MD 20816

XTO ENERGY INC  
ATTN LAND - PERMIAN  
810 HOUSTON ST #2000  
FORT WORTH TX 76102-6298

LANDRETH COMPANY STOCKHOLDERS  
ATTN W A LANDRETH  
3207 W 4<sup>TH</sup> ST  
FORT WORTH TX 76107-2114

BARRY ANTWEIL  
12610 STILLWOOD PARK CT  
CYPRESS TX 77433

NEW YORK STATE AR LEVY RECEIVABLES  
P O Box 365  
LARCHMONT NY 10538

STEVE CUSACK  
2910 ANNA J DR  
ROSWELL NM 88201-3406

DAN C BERRY III  
P O Box 160  
EUNICE NM 88231

PHILIP BERRY  
P O Box 1551  
LOVINGTON NM 88260

CHEMILY MANAGEMENT COMPANY  
ATTN JOINT INTEREST  
11131 MCCrackEN CIRCLE STE A  
CYPRESS TX 77429-4462

CATHERINE CUSACK  
2223 PAJARITO SW  
ALBUQUERQUE NM 87105

KAREN CUSACK PASQUIER  
P O BOX 46138  
RIO RANCHO NM 87174

O B O INC  
P O BOX 22577  
HIALEAH FL 33002

JOHN P CUSACK JR ESTATE  
C/O F C NEWBURN  
P O BOX 250  
ROSWELL NM 88202-0250

CRAIG CUSACK  
P O BOX 250  
ROSWELL NM 88202

MICHAEL F CUSACK II  
6003 VALKEITH  
HOUSTON TX 77096

CUSACK FAMILY REV LVG TRUST  
P O BOX 2688  
FREDERICKSBURG TX 78624

SUNDOWN ENERGY LP  
GALLERIA TOWER  
455 NOEL RD #2000  
DALLAS TX 75240  
\*\*LANDMAIL@SUNDOWNENERGY.COM

FIRST ROSWELL COMPANY  
P O Box 1797  
ROSWELL NM 88202

EXXON Co USA \*\*MAIL TO XTO\*\*  
ATTN JI OPERATIONS  
P O Box 4707  
HOUSTON TX 77210-4707

F & M BANK & TRUST Co TRUSTEE  
FOR THE CHARLES NOBLE FORBES  
FAMILY TRUST  
P O Box 3688  
TULSA OK 74101

OIL & GAS DIST ACCT ARMSTRONG  
ACCT No 050515113500  
WELL FARGO BANK NA TRUSTEE  
P O Box 40909  
AUSTIN TX 78704

FORBES INVESTMENT COMPANY  
ILAMAE FORBES REV TRUST  
P O Box 843  
TULSA OK 74101

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 1

7006 0100 0005 5771 9204

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** #1

Postage	\$ 1.61
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.61</b>

Postmark Here: FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

**PATRICK CUSACK**  
1837 SOUTH DUNSMUIR AVE  
LOS ANGELES CA 90019

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5771 9211

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** #1

Postage	\$ 1.61
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.61</b>

Postmark Here: FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

**YEAGER HOLDING LLC**  
4600 CONNECTICUT AVE NW NO 609  
WASHINGTON DC 20008-5750

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>John Cusack</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>PATRICK CUSACK</b> 1837 SOUTH DUNSMUIR AVE LOS ANGELES CA 90019</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5771 9211</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page | 2

7006 0100 0005 5771 9235

7006 0100 0005 5771 9228

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$ 1.61
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

To: **A GAYLE HUDGENS**  
 or: **P O BOX 1195**  
 City: **MANCHACA TX 78652**

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$ 1.61
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

To: **MRS IOLANDA HOY**  
**15250 PRESTONWOOD BLVD #238**  
**DALLAS TX 75248**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
**A GAYLE HUDGENS**  
**P O BOX 1195**  
**MANCHACA TX 78652**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9235**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

A. Signature  **Harvey Dowd**  Agent  Addressee

B. Received by (Printed Name) **Harvey Dowd** C. Date of Delivery **2/25/14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
  
**MRS IOLANDA HOY**  
**15250 PRESTONWOOD BLVD #238**  
**DALLAS TX 75248**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9228**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

A. Signature  **Ed Sanchez**  Agent  Addressee

B. Received by (Printed Name) **Ed Sanchez** C. Date of Delivery **2-24-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 3

7006 0100 0005 5771 9242

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC**

Postage	\$ 1.01
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

CHRISTOPHER R CUSACK  
 2114 HOLMBY  
 LOS ANGELES CA 90025

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9259

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC**

Postage	\$ 3.30
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60

Postmark Here: FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent to:  
 MARY ALICE LAFLIN MEHAFFEY  
 6138 S IOLA WAY  
 ENGLEWOOD CO 80111

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CHRISTOPHER R CUSACK  
 2114 HOLMBY  
 LOS ANGELES CA 90025

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9242**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MARY ALICE LAFLIN MEHAFFEY  
 6138 S IOLA WAY  
 ENGLEWOOD CO 80111

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9259**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 4

7006 0100 0005 5771 9266

7006 0100 0005 5771 9273

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

To  
 RORCO LLC  
 CAROLYN K LISLE MANAGING MEMBER  
 2540 WARWICK DRIVE  
 OKLAHOMA CITY OK 73116

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

To  
 MARATHON OIL Co  
 ATTN COLLIN HOOVER  
 5555 SAN FELIPE  
 HOUSTON TX 77056

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

RORCO LLC  
 CAROLYN K LISLE MANAGING MEMBER  
 2540 WARWICK DRIVE  
 OKLAHOMA CITY OK 73116

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9266

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X [Signature]

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

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

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:

MARATHON OIL Co  
 ATTN COLLIN HOOVER  
 5555 SAN FELIPE  
 HOUSTON TX 77056

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9273

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X Marcos Camcy

B. Received by (Printed Name) C. Date of Delivery  
 Marcos Camcy 2-25-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page 15

7006 0100 0005 5771 9280

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here: FEB 21 2014

MARSHALL & WINSTON INC  
P O BOX 50880  
MIDLAND TX 79710

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9297

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here: FEB 21 2014

KATHRYN LOUISE CONRAD MCCARTHY  
4435 SAN GABRIEL  
DALLAS TX 75229

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
MARSHALL & WINSTON INC  
P O BOX 50880  
MIDLAND TX 79710

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9280**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) **JESSICA SMITH**  
 C. Date of Delivery **2/25/14**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
KATHRYN LOUISE CONRAD MCCARTHY  
4435 SAN GABRIEL  
DALLAS TX 75229

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9297**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) **Jessette Mc Carthy**  
 C. Date of Delivery **2/24/14**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page | 6

7006 0100 0005 5771 9303

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

For delivery information visit **OFFICIAL**

**OXY-N.HOBBS** #1

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Postmark Here: SANTA FE, NM FEB 21 2014

Sent to: **K D MCPETERS**  
 Street or P.O. #: **502 W GOLD**  
 City: **HOBBS NM 8824**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9310

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

For delivery information visit **OFFICIAL**

**OXY-N.HOBBS** #1

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Postmark Here: SANTA FE, NM FEB 21 2014

Sent to: **WANDA T MILLIGAN**  
 Street or P.O. #: **151 MATTHEWS ROAD**  
 City: **OAKDALE NY 11769**

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**K D MCPETERS**  
**502 W GOLD**  
**HOBBS NM 8824**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 9303**

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Sharon Kunkel*  Agent  Addressee  
 B. Received by (Printed Name): **Sharon Kunkel**  
 C. Date of Delivery: **2-24-14**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**WANDA T MILLIGAN**  
**151 MATTHEWS ROAD**  
**OAKDALE NY 11769**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 9310**

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Wanda T Milligan*  Agent  Addressee  
 B. Received by (Printed Name):  
 C. Date of Delivery: **2/24**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

OXY NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page 17

7006 0100 0005 5771 8948  
7006 0100 0005 5771 8955

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7

Postmark Here: SANTA FE, NM FEB 21 2014

See Reverse for Instructions

PS Form 3800, June 2002

TO: CARY MURDOCH  
1277 CR 2415  
LEESBURG TX 75451

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7

Postmark Here: SANTA FE, NM FEB 21 2014

See Reverse for Instructions

PS Form 3800, June 2002

TO: NOBLE ISSUE TRUST  
C/O FARMER NATL CO AGENT  
P O BOX 3480  
OMAHA NE 68103-0480

**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:

CARY MURDOCH  
1277 CR 2415  
LEESBURG TX 75451

2. Article Number (Transfer from service label) 7006 0100 0005 5771 8948

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**TURN ADDRESS, FOLD AT DOTTED LINE**

TO: RETURN TO THE RIGHT

A. Signature: *Cary Murdoch*  Agent  Addressee

B. Received by (Printed Name): *Murdoch*

C. Date of Delivery: *2-26-14*

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

NOBLE ISSUE TRUST  
C/O FARMER NATL CO AGENT  
P O BOX 3480  
OMAHA NE 68103-0480

2. Article Number (Transfer from service label) 7006 0100 0005 5771 8955

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**TURN ADDRESS, FOLD AT DOTTED LINE**

TO: RETURN TO THE RIGHT

A. Signature: *Rick L Hager*  Agent  Addressee

B. Received by (Printed Name): *Rick L Hager*

C. Date of Delivery: *2-26-14*

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page | 8

7006 0100 0005 5771 8962

7006 0100 0005 5771 8979

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

For delivery information visit **OFFICE**

**OXY-N.HOBBS** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.80

Postmark Here  
FEB 21 2014

SANTA PAULA CA 93060  
SANTA PAULA MAIN POST OFFICE

Sent To  
THOMAS AQUINAS COLLEGE  
10000 NORTH OJAI RD  
SANTA PAULA CA 93060

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OFFICE**

**OXY-N.HOBBS** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here  
FEB 21 2014

SANTA PAULA CA 93060  
SANTA PAULA MAIN POST OFFICE

Sent To  
PH INC  
P O BOX 3142  
MIDLAND TX 79702-3142

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

THOMAS AQUINAS COLLEGE  
10000 NORTH OJAI RD  
SANTA PAULA CA 93060

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8962**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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

A. Signature  
Edward Seelke

B. Received by (Printed Name)  
Edward Seelke

C. Date of Delivery  
FEB 23 2014

D. Is delivery address different from item 1? If YES, enter delivery address below:  Yes  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:

PH INC  
P O BOX 3142  
MIDLAND TX 79702-3142

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8979**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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

A. Signature  
J Caskey

B. Received by (Printed Name)  
J Caskey

C. Date of Delivery  
02-27-14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 9

7006 0100 0005 5771 8986

7006 0100 0005 5771 8993

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent: LEGACY RESERVES  
Street or PO: P O BOX 10848  
City: MIDLAND TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent: SEA PROPERTIES LTD  
Street or PO: P O BOX 1486  
City: ARDMORE OK 73402

PS Form 3800, June 2002 See Reverse for Instructions

**ED MAIL™**  
TOP OF ENVELOPE TO THE RIGHT  
ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SEA PROPERTIES LTD  
P O Box 1486  
ARDMORE OK 73402

2. Article Number  
*(Transfer from service label)* 7006 0100 0005 5771 8993

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  
*X Fenmore Johnson*  Agent  Addressee

B. Received by (Printed Name)  
*Fenmore Johnson*

C. Date of Delivery  
*2-25-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 10

7006 0100 0005 5771 9006

7006 0100 0005 5771 9013

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)

For delivery information visit **OFFICIAL MAIL**

**OXY-N.HOBBS**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.00

Postmark Here: FEB 21 2014

Sent To:

**JULIE ANTWEIL SILVERMAN**  
**4408 CANYON COURT NE**  
**ALBUQUERQUE NM 87111**

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)

For delivery information visit **OFFICIAL MAIL**

**OXY-N.HOBBS**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.00

Postmark Here: FEB 21 2014

Sent To:

**TRABAJO DEL SPEAR LP**  
**P O BOX 1684**  
**MIDLAND TX 79702-1684**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

A. Signature: *Julie A. Silverman*  
 Agent  
 Addressee

B. Received by (Printed Name): **JULIE A. SILVERMAN**  
 C. Date of Delivery: **2-22-14**

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

1. Article Addressed to:

**JULIE ANTWEIL SILVERMAN**  
**4408 CANYON COURT NE**  
**ALBUQUERQUE NM 87111**

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): **7006 0100 0005 5771 9006**

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.

A. Signature: *Chelsea Sosa*  
 Agent  
 Addressee

B. Received by (Printed Name): **Chelsea Sosa**  
 C. Date of Delivery: **2-26-14**

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

1. Article Addressed to:

**TRABAJO DEL SPEAR LP**  
**P O BOX 1684**  
**MIDLAND TX 79702-1684**

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): **7006 0100 0005 5771 9013**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 11

7006 0100 0005 5771 9037

7006 0100 0005 5771 9020

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Santa Fe, NM FEB 21 2014  
 Postmark Here

Sent To  
**FIRST UNITED METHODIST CHURCH**  
 C/O PROSPERITY BANK TRUST DEPT  
 1401 AVE Q  
 LUBBOCK TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Santa Fe, NM FEB 21 2014  
 Postmark Here

Sent To  
**GY GROUP INC**  
 P O BOX 990  
 MIDLAND TX 79702-0990

PS Form 3800, June 2002 See Reverse for Instructions

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Santa Fe, NM FEB 21 2014  
 Postmark Here

Sent To  
**FIRST UNITED METHODIST CHURCH**  
 C/O PROSPERITY BANK TRUST DEPT  
 1401 AVE Q  
 LUBBOCK TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**GY GROUP INC**  
**P O BOX 990**  
**MIDLAND TX 79702-0990**

2. Article Number: **7006 0100 0005 5771 9020**  
*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*[Signature]*

C. Date of Delivery  
 02/21/14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Santa Fe, NM FEB 21 2014  
 Postmark Here

Sent To  
**FIRST UNITED METHODIST CHURCH**  
 C/O PROSPERITY BANK TRUST DEPT  
 1401 AVE Q  
 LUBBOCK TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**FIRST UNITED METHODIST CHURCH**  
**C/O PROSPERITY BANK TRUST DEPT**  
**1401 AVE Q**  
**LUBBOCK TX 79401**

2. Article Number: **7006 0100 0005 5771 9037**  
*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*[Signature]*

C. Date of Delivery  
 02/21/14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 12

7006 0100 0005 5771 9044

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL**

Postage \$  
Certified Fee \$ 3.30  
Return Receipt Fee (Endorsement Required) \$ 2.80  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 761

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

STEVENSON ENHANCED RECOVERY PARTNERS  
ATTN N L STEVENS III  
1000 LOUISIANA # 3400  
HOUSTON TX 77002-5007

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9051

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL**

Postage \$  
Certified Fee \$ 3.30  
Return Receipt Fee (Endorsement Required) \$ 2.80  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 761

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

TIMOTHY CUSACK  
P O BOX 250  
ROSWELL NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

STEVENSON ENHANCED RECOVERY PARTNERS  
ATTN N L STEVENS III  
1000 LOUISIANA # 3400  
HOUSTON TX 77002-5007

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9044

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

WILKINSON

**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:

TIMOTHY CUSACK  
P O BOX 250  
ROSWELL NM 88202

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9051

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

ET GALLAGHER

FEB 26 2014  
ROSWELL NM



OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 13

7006 0100 0005 5771 9068

7006 0100 0005 5771 9075

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

For delivery information visit **OFFICIAL**

**OXY-N.HOBBS**

Postage \$  
Certified Fee 3.30  
Return Receipt Fee (Endorsement Required) 2.70  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 7.01

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014

To  
ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OFFICIAL**

**OXY-N.HOBBS**

Postage \$  
Certified Fee 3.30  
Return Receipt Fee (Endorsement Required) 2.70  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 7.01

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014

To  
CHEVRON MIDCONTINENT LP  
ATTN NOJV MANAGER  
P O BOX 2100  
HOUSTON TX 77252

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9068

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) ANA ERIC C. Date of Delivery 3-3-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
CHEVRON MIDCONTINENT LP  
ATTN NOJV MANAGER  
P O BOX 2100  
HOUSTON TX 77252

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9075

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery FEB 25 2014

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 14

7006 0100 0005 5771 9082

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage \$  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 761

Sent To  
 MARY ANN CURTIS LLC  
 JOYCE E SILVERNAIL SUC TTEE  
 P O Box 58095  
 OKLAHOMA CITY OK 73157-8095

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM  
 MAIN POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

MARY ANN CURTIS LLC  
 JOYCE E SILVERNAIL SUC TTEE  
 P O Box 58095  
 OKLAHOMA CITY OK 73157-8095

Article Number (Transfer from service label) 7006 0100 0005 5771 9082

n 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Joyce E Silvernail

B. Received by (Printed Name) Joyce E Silvernail

C. Date of Delivery 2-25-14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Postmark Here  
 FEB 25 2014  
 OKLAHOMA CITY, OK, USA

7006 0100 0005 5771 9099

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage \$  
 Certified Fee 3.30  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 761

Sent To  
 BETTYE CONRAD TREADAWAY  
 9507 GODSTONE LANE  
 SPRING TX 77379

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM  
 MAIN POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BETTYE CONRAD TREADAWAY  
 9507 GODSTONE LANE  
 SPRING TX 77379

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9099

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Bettye Treadaway

B. Received by (Printed Name) Bettye Treadaway

C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 15

7006 0100 0005 5771 9105

7006 0100 0005 5771 9112

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

For delivery information vis **OXY-N.HOBBS**

**OFFIC** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
 FEB 27 2014  
 Postmark Here

JOHN P CUSACK III  
 19945 KIRK AVE  
 EAGLE RIVER AR 99577

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information vis **OXY-N.HOBBS**

**OFFIC** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
 FEB 27 2014  
 Postmark Here

TWO STATES OIL COMPANY  
 4925 GREENVILLE AVENUE #940  
 DALLAS TX 75206

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN P CUSACK III  
 19945 KIRK AVE  
 EAGLE RIVER AR 99577

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9105**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *John P. Cusack III* C. Date of Delivery *2-25-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

TWO STATES OIL COMPANY  
 4925 GREENVILLE AVENUE #940  
 DALLAS TX 75206

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9112**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) *W.R. CRAIG* C. Date of Delivery *2/24/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 16

7006 0100 0005 5771 9136

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)	
For delivery information visit <b>OFFICE</b>	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	761
Sent To: SARA WARD SIMS SUCCESSOR TRUSTEE OF THE JS WARD & Street or PO: MARGARET WARD TRUST OF 1985 City, State: 101 S FOURTH ST ARTESIA NM 88210-2177	
PS Form 3800, June 2002 See Reverse for Instructions	

7006 0100 0005 5771 9129

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)	
For delivery information visit <b>OFFICE</b>	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	761
Sent To: SARA WARD SIMS SUCCESSOR TRUSTEE OF THE JS WARD & Street or PO: MARGARET WARD TRUST OF 1985 City, State: 101 S FOURTH ST ARTESIA NM 88210-2177	
PS Form 3800, June 2002 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

SARA WARD SIMS SUCCESSOR  
TRUSTEE OF THE JS WARD &  
MARGARET WARD TRUST OF 1985  
101 S FOURTH ST  
ARTESIA NM 88210-2177

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9129**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL**

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

COM

A. Signature  Agent  Addressee  
 X *S. Mathass*

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

LOYD WHITLEY  
P O BOX 168  
MIDLAND TX 79702

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9136**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL**

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

A. Signature  Agent  Addressee  
*Marly Mason*

B. Received by (Printed Name) *MARILYN MASON* C. Date of Delivery *3-14-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 17

7006 0100 0005 5771 9693

7006 0100 0005 5771 9143

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501

Sent  
WILLIAM TRUST FBO MMP  
C/O PROSPERITY BANK TRUST DEPT  
1401 AVE Q  
LUBBOCK TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501

Sent  
WILLIAM TRUST FBO MMP  
C/O PROSPERITY BANK TRUST DEPT  
1401 AVE Q  
LUBBOCK TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501

Sent  
DANIELDALE PROPERTY LP  
9915 MYATT DR  
AMARILLO TX 79119

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
WILLIAM TRUST FBO MMP  
C/O PROSPERITY BANK TRUST DEPT  
1401 AVE Q  
LUBBOCK TX 79401

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9143**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery  
C/O PROSPERITY BANK TRUST DEPT 2/28

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
  
DANIELDALE PROPERTY LP  
9915 MYATT DR  
AMARILLO TX 79119

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9693**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery  
C/O PROSPERITY BANK TRUST DEPT 2/28

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 18

7006 0100 0005 5771 9716

7006 0100 0005 5771 9709

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

For delivery information visit **OXY-N.HOBBS OFFIC**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01

Postmark Here  
FEB 21 2014

Send to: **YATES PETROLEUM CORPORATION**  
SP YATES; ABO PETR  
Str or. ATTN LAND DEPT  
Cit 105 SOUTH 4<sup>TH</sup> ST  
ARTESIA NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01

Postmark Here  
FEB 21 2014

Send to: **YATES PETROLEUM CORPORATION**  
SP YATES; ABO PETR  
Str or. ATTN LAND DEPT  
Cit 105 SOUTH 4<sup>TH</sup> ST  
ARTESIA NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**PGP HOLDINGS 1 LLC**  
104 TOWNPARK DR  
KENNESAW GA 30144

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9716**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature **X E.W. Williams**  Agent  Addressee

B. Received by (Printed Name) **H.A. Arge** C. Date of Delivery **2-24-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**YATES PETROLEUM CORPORATION**  
SP YATES; ABO PETR  
ATTN LAND DEPT  
105 SOUTH 4<sup>TH</sup> ST  
ARTESIA NM 88210

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9709**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature **X A. Arge**  Agent  Addressee

B. Received by (Printed Name) **H.A. Arge** C. Date of Delivery **2/24/14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 19

7006 0100 0005 5771 9730

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014

SEVEN WAYS VENTURE CAPTIAL LTD  
 P O BOX 6009  
 MIDLAND TX 79704

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9723

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	1761

Postmark Here  
 FEB 21 2014

SEVEN WAYS VENTURE CAPTIAL LTD  
 P O BOX 6009  
 MIDLAND TX 79704

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SIDE

VERY

1. Article Addressed to:  
 SEVEN WAYS VENTURE CAPTIAL LTD  
 P O BOX 6009  
 MIDLAND TX 79704

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9723

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
*Kay Cummings*

B. Received by (Printed Name) *Kay Cummings*

C. Date of Delivery *2-25*

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

See  
Next  
Page

REGISTERED MAIL

SENDER: COMPLETE THIS SECTION

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

- 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:

DR. HENRY YEAGER JR  
5624 KNOLLWOOD  
BETHESDA MD 20816

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

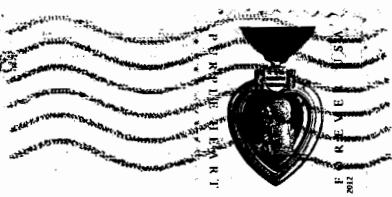
2. Article Number 7006 0100 0005 5771 9730  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Received  
February 24, 2014!

19.1

Henry Yeager Jr  
5624 Knollwood Rd  
Bethesda, MD 20816  
CAPITAL DISTRICT 200/208  
25 FEB 2014 PM 5 L



Holland + Hert LLP  
PO Box 2208  
Santa Fe, New Mexico 87504





OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 20

7006 0100 0005 5771 9754

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Send to:  
**LANDRETH COMPANY STOCKHOLDERS**  
**ATTN W A LANDRETH**  
**3207 W 4<sup>TH</sup> ST**  
**FORT WORTH TX 76107-2114**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9747

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Send to:  
**XTO ENERGY INC**  
**ATTN LAND - PERMIAN**  
**810 HOUSTON ST #2000**  
**FORT WORTH TX 76102-6298**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Send to:  
**LANDRETH COMPANY STOCKHOLDERS**  
**ATTN W A LANDRETH**  
**3207 W 4<sup>TH</sup> ST**  
**FORT WORTH TX 76107-2114**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Send to:  
**XTO ENERGY INC**  
**ATTN LAND - PERMIAN**  
**810 HOUSTON ST #2000**  
**FORT WORTH TX 76102-6298**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**XTO ENERGY INC**  
**ATTN LAND - PERMIAN**  
**810 HOUSTON ST #2000**  
**FORT WORTH TX 76102-6298**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9747**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
**FEB 24 2014**

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

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Send to:  
**XTO ENERGY INC**  
**ATTN LAND - PERMIAN**  
**810 HOUSTON ST #2000**  
**FORT WORTH TX 76102-6298**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**XTO ENERGY INC**  
**ATTN LAND - PERMIAN**  
**810 HOUSTON ST #2000**  
**FORT WORTH TX 76102-6298**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9747**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
**FEB 24 2014**

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

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 21

7006 0100 0005 5771 9778

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		761

Postmark Here  
FEB 21 2014

Se.  
NEW YORK STATE AR LEVY RECEIVABLES  
or P O Box 365  
City LARCHMONT NY 10538

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5771 9761

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		761

Postmark Here  
FEB 21 2014

Se.  
BARRY ANTWEIL  
12610 STILLWOOD PARK CT  
CYPRESS TX 77433

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BARRY ANTWEIL  
12610 STILLWOOD PARK CT  
CYPRESS TX 77433

2. Article Number  
*(Transfer from service label)*

7006 0100 0005 5771 9761

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature  
*Barry Antweil*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page | 22

7006 0100 0005 5771 9792

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

For delivery information visit our website at **OXY-N.HOBBS**

**OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		7.61
Total Postage & Fees	\$	

Postmark Here: FEB 21 2014

PS Form 3811, February 2004

Send to:  
Steve Cusack  
2910 ANNA J DR  
ROSWELL NM 88201-3406

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5771 9808

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

For delivery information visit our website at **OXY-N.HOBBS**

**OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		7.61
Total Postage & Fees	\$	

Postmark Here: FEB 21 2014

PS Form 3811, February 2004

Send to:  
Dan C Berry III  
P O Box 160  
EUNICE NM 88231

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

STEVE CUSACK  
2910 ANNA J DR  
ROSWELL NM 88201-3406

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 9792

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  
**x Steven Cusack**  Agent  Addressee

B. Received by (Printed Name)  
**Steven Cusack**

C. Date of Delivery  
**2-25-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

DAN C BERRY III  
P O BOX 160  
EUNICE NM 88231

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 9808

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  
**x D. C Berry**  Agent  Addressee

B. Received by (Printed Name)  
**DC Berry**

C. Date of Delivery  
**2/24/14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 23

7006 0100 0005 5771 9822

7006 0100 0005 5771 9815

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

For delivery information visit **OFFIC**

**OXY-N.HOBBS**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

**CHEMILY MANAGEMENT COMPANY**  
 ATTN JOINT INTEREST  
 11131 MCCrackEN CIRCLE STE A  
 CYPRESS TX 77429-4462

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**CHEMILY MANAGEMENT COMPANY**  
 ATTN JOINT INTEREST  
 11131 MCCrackEN CIRCLE STE A  
 CYPRESS TX 77429-4462

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9822**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
 x *[Signature]*

B. Received by (Printed Name) **B. Matlock** 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

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

For delivery information visit **OFFIC**

**OXY-N.HOBBS**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

**PHILIP BERRY**  
 P O BOX 1551  
 LOVINGTON NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**PHILIP BERRY**  
 P O BOX 1551  
 LOVINGTON NM 88260

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9815**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
 x *[Signature]*

B. Received by (Printed Name) **Philip Berry** C. Date of Delivery **030514**

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

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 24

7006 0100 0005 5771 9839

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* (

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		76¢
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

3  
C  
C  
C  
P

CATHERINE CUSACK  
2223 PAJARITO SW  
ALBUQUERQUE NM 87105

For Instructions

7006 0100 0005 5771 9846

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* (

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		76¢
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent

KAREN CUSACK PASQUIER  
P O BOX 46138  
RIO RANCHO NM 87174

PS F

**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:

KAREN CUSACK PASQUIER  
P O BOX 46138  
RIO RANCHO NM 87174

2. Article Number  
(Transfer from service label)

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

A. Signature  
x *Karen C. Pasquier*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 9846

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page | 25

7006 0100 0005 5771 9853  
7006 0100 0005 5771 9860

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		7.61

Postmark: FEB 21 2014  
SANTA FE, NM MAIN POST OFFICE

to  
O B O INC  
P O BOX 22577  
HIALEAH FL 33002

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		7.61

Postmark: FEB 21 2014  
SANTA FE, NM MAIN POST OFFICE

to  
JOHN P CUSACK JR ESTATE  
C/O F C NEWBURN  
P O BOX 250  
ROSWELL NM 88202-0250

PS Form 3811, February 2004 See Reverse for Instructions

**CERTIFIED MAIL**  
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
**O B O INC**  
**P O BOX 22577**  
**HIALEAH FL 33002**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 9853**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: **X** *Cecilia Cruz*  Agent  Addressee  
B. Received by (Printed Name): **Cecilia Cruz** C. Date of Delivery: **2-25-14**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL**  
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
**JOHN P CUSACK JR ESTATE**  
**C/O F C NEWBURN**  
**P O BOX 250**  
**ROSWELL NM 88202-0250**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 9860**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: **X** *ET. Cusack*  Agent  Addressee  
B. Received by (Printed Name): **ET. Cusack** C. Date of Delivery: **FEB 25 2014**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 26

7006 0100 0005 5771 9877

7006 0100 0005 5771 9884

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
 SANTA FE, NM 87501  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
**CRAIG CUSACK**  
**P O BOX 250**  
**ROSWELL NM 88202**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
 SANTA FE, NM 87501  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
**MICHAEL F CUSACK II**  
**6003 VALKEITH**  
**HOUSTON TX 77096**

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: **COMPL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**N DELIVERY**

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

1. Article Addressed to:  
**CRAIG CUSACK**  
**P O BOX 250**  
**ROSWELL NM 88202**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9877**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature **X** *ET Galleos*  Agent  Addressee  
 B. Received by (Printed Name) **ET Galleos** C. Date of Delivery **2/20/14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**CERTIFIED MAIL™**  
 SENDER: **COMPLETE THIS SECTION**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
**MICHAEL F CUSACK II**  
**6003 VALKEITH**  
**HOUSTON TX 77096**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9884**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature **X** *D. Cusack*  Agent  Addressee  
 B. Received by (Printed Name) **D. CUSACK** C. Date of Delivery **3/1/14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 27

7006 0100 0005 5771 9907

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To  
CUSACK FAMILY REV LVG TRUST  
P O BOX 2688  
FREDERICKSBURG TX 78624  
City, State

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9891

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To  
CUSACK FAMILY REV LVG TRUST  
P O BOX 2688  
FREDERICKSBURG TX 78624  
City, State

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To  
SUNDOWN ENERGY LP  
TWO GALLERIA TOWER  
13455 NOEL RD #2000  
DALLAS TX 75240  
\*LANDMAIL@SUNDOWNENERGY.COM

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
CUSACK FAMILY REV LVG TRUST  
P O BOX 2688  
FREDERICKSBURG TX 78624

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9891  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
Pauline Cusack

B. Received by (Printed Name) C. Date of Delivery  
P. Cusack 2/25/14

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

**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:  
SUNDOWN ENERGY LP  
TWO GALLERIA TOWER  
13455 NOEL RD #2000  
DALLAS TX 75240  
\*LANDMAIL@SUNDOWNENERGY.COM

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9907  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
Christi Stenon

B. Received by (Printed Name) C. Date of Delivery  
Christi Stenon 2/21/14

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



OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 28

7006 0100 0005 5771 9921

7006 0100 0005 5771 9914

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

For delivery information visit **OXY-N.HOBBS OFFICE \* 1**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

Sent to:  
Street or PO Box: OIL & GAS DIST ACCT ARMSTRONG ACCT NO 050515113500  
City: WELL FARGO BANK NA TRUSTEE  
P O BOX 40909  
AUSTIN TX 78704

PS Form 3800, June 2002 See Reverse for Instructions

Sent to:  
Street or PO Box: EXXON Co USA \*\*MAIL TO XTO\*\*  
City: ATTN JI OPERATIONS  
P O BOX 4707  
HOUSTON TX 77210-4707

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
EXXON Co USA \*\*MAIL TO XTO\*\*  
ATTN JI OPERATIONS  
P O BOX 4707  
HOUSTON TX 77210-4707

2. Article Number: 7006 0100 0005 5771 9914  
*(Transfer from service label)*

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *James Hobbs*

B. Received by (Printed name): JAMES HOBBS

C. Date of Delivery: FEB 25 2014

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners  
Page | 29

7006 0100 0005 5771 9938

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

For delivery information visit **OXY-N.HOBBS OFFICE \* 1**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

To: **FIRST ROSWELL COMPANY**  
P O Box 1797  
ROSWELL NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**FIRST ROSWELL COMPANY  
P O Box 1797  
ROSWELL NM 88202**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9938**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature **X Kay Spader**  Agent  Addressee  
 B. Received by (Printed Name) **Kay Spader**  
 C. Date of Delivery **FEB 25 2014**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5771 9952

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

For delivery information visit **OXY-N.HOBBS OFFICE \* 1**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

To: **F & M BANK & TRUST CO TRUSTEE  
FOR THE CHARLES NOBLE FORBES  
or FAMILY TRUST  
P O Box 3688  
TULSA OK 74101**

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**F & M BANK & TRUST CO TRUSTEE  
FOR THE CHARLES NOBLE FORBES  
FAMILY TRUST  
P O Box 3688  
TULSA OK 74101**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9952**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature **X Paul M. Thint**  Agent  Addressee  
 B. Received by (Printed Name) **FEB 25 2014**  
 C. Date of Delivery **FEB 25 2014**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

North Hobbs Unit Working Interest Owners

Page | 30

7006 0100 0005 5771 9969

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE**

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here

FORBES INVESTMENT COMPANY  
ILAMAE FORBES REV TRUST  
P O BOX 843  
TULSA OK 74101

PS Form 3811, February 2004 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLETE THIS

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

- 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:

FORBES INVESTMENT COMPANY  
ILAMAE FORBES REV TRUST  
P O BOX 843  
TULSA OK 74101

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9969

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
x *Beel Anderson*  Agent  Addressee

B. Received by (Printed Name) *BILL ANDERSON*

C. Date of Delivery

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

DOWNTOWN TULSA OK FEB 28 74103-USA

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SOUTH HOBBS

O B O INC  
BOX 22577  
DALEAH FL 33002

C M E OIL & GAS COMPANY  
P O BOX 10621  
MIDLAND TX 79702-7621

CARA V UMPLEBY LOCKETT RLTY TR  
C/O ASSOCIATED RESOURCES INC A  
403 S CHEYENNE #800  
TULSA OK 74103

PATRICIA LAND CO LTD  
P O BOX 10621  
MIDLAND TX 79702

JOHN P CUSACK III  
19945 KIRK AVE  
EAGLE RIVER AR 99577

CHRISTEN SCHUTTE SANDERS  
1408 CARSON  
FORT WORTH TX 76117-6107

MICHAEL HARRISON MOORE 2006 TRUST  
MICHAEL HARRISON MOORE TRUSTEE  
P O BOX 51570  
MIDLAND TX 79710

CYNTHIA ANN AVARA TAVERNA  
3808 HIGHWEED  
EL PASO TX 79928

LOUIS TAUBMAN TRUST DTD 3/30/1982  
P O BOX 4820  
OCEANSIDE CA 92052-4820

SUSAN G UMPLEBY PEASNER RLTY TR  
C/O ASSOCIATED RESOURCES INC A  
403 S CHEYENNE #800  
TULSA OK 74103

JAMES B THOMAS  
3304 CENTENARY AVE  
DALLAS TX 75225-4833

CONNIE HINMAN  
2334 CHRISWOOD  
TOLEDO OH 43617

VIRGINIA HINMAN  
2334 CHRISWOOD RD  
TOLEDO OH 43617-1250

STUART A UMPLEBY TRUST  
4007 49<sup>TH</sup> ST NW  
WASHINGTON DC 20016-2339

FBO HUGH CORRIGAN IV  
HUGH CORRIGAN IV TRUSTEE  
3809 SHENADOAH ST  
DALLAS TX 75205-1701

CEC TRUST  
8750 N CENTRAL EXPY #510  
DALLAS TX 75231

ELEANOR CHRISTIE CORRIGAN TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 63869  
COLORADO SPRINGS CO 80962-3869

JAMES PATRICK CORRIGAN JR TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

HUGH DANIEL S CORRIGAN TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

PAULINE DUNBAR EREKSON  
P O BOX 213  
ROCKSPRINGS TX 78880-0213

EDWARD ALLAN DUNBAR  
P O BOX 885  
ROCKSPRINGS TX 78880-0885

MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111-5706

ROUND HILL ROYALTY LP  
ATTN SETH WOODBERRY  
P O BOX 25128  
DALLAS TX 75225

AMANDA SUSAN BARKER  
13610 CRADLE HILL RD  
MIDLOTHIAN VA 23112

ROBERT F LONG TESTAMENTARY TRUST  
P O BOX 2605  
FORT WORTH TX 76113-2605

GEORGE G SNOWDEN III TRUST  
ANN H SNOWDEN TRUSTEE  
93 BEACH ST  
WESTERLY RI 02891

RKC INC  
ATTN ANTHONY KOICHEVAR  
7500 ARAPAHOE RD #380  
CENTENNIAL CO 80112-6116

TIMOTHY J CUSACK  
BOX 250  
ROSWELL NM 88202-0250

STEVE CUSACK  
2910 ANNA J DR  
ROSWELL NM 88201

PRODUCERS AND REFINERS CORP  
P O BOX 1765  
ENID OK 73702

BEFORE THE OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico  
Exhibit No. 11  
Submitted by: OCCIDENTAL PERMIAN LTD.  
Hearing Date: March 13, 2014

SOUTH HOBBS

CATHERINE CUSACK  
23 PAJARITO SW  
ALBUQUERQUE NM 87105

KAREN CUSACK PASQUIER  
P O BOX 46138  
RIO RANCHO NM 87174

ADELAIDE F COHU TRUST  
C/O JAY R WAGNER ESQ  
P O BOX 679  
READING PA 19603-0679

PATRICIA P SCHIEFFER TEST TRUST  
P O BOX 832407  
DALLAS TX 75283-2407

LINDA THOMPSON GORDON  
325 NORTH ST PAUL STE 4300  
DALLAS TX 75201

JEAN CHRISTINE THOMPSON TRUST 2  
JAMES CLEO THOMPSON JR TRUSTEE  
325 NORTH ST PAUL STE 4300  
DALLAS TX 75201

L SANDERS THOMPSON III  
4420 GLENWICK  
DALLAS TX 75205

ANN H TAYLOR  
P O BOX 3487  
MIDLAND TX 79702-3487

JAMES M SNOWDEN TRUST  
JAMES M SNOWDEN AND MARIE KIELY  
SNOWDEN TRUSTEES  
12 FORDYCE LN  
SAINT LOUIS MO 63124-1354

VEJA INC  
P O BOX 18442  
OKLAHOMA CITY OK 73154-0442

CRAIG CUSACK  
P O BOX 250  
ROSWELL NM 88202-0250

MICHAEL F CUSACK II  
6003 VALKEITH  
HOUSTON TX 77096-3832

PAT CORRIGAN TRUST  
PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

MARGARET COUCH TRUST  
JAMES C BROWN & WILLIAM C COUCH  
CO-TRUSTEES  
P O BOX 10621  
MIDLAND TX 79702-7621

EVELYN CLAY OHARA TRUST  
3833 MATTISON AVE  
FORT WORTH TX 76107

RUFUS GORDON PETE CLAY TRUST  
RUFUS P CLAY & JAMES C BROWN  
CO TRUSTEES  
P O BOX 10621  
MIDLAND TX 79702-7621

CHRISTOPHER R CUSACK  
2114 HOLMBY  
LOS ANGELES CA 90025

PATRICK CUSACK  
1837 SOUTH DUNSMUIR AVE  
LOS ANGELES CA 90019

LYNN T CONNOLLY  
605 PRAIRIE WAY  
WICHITA FALLS TX 76310

MARTHA THOMPSON  
45116 UNIVERSITY UNIT A  
DALLAS TX 75205

GEORGE L AVARA  
3108 TIERRA ENCINO DR  
EL PASO TX 79938-4521

JAMES C BROWN  
P O BOX 10621  
MIDLAND TX 79702-7621

DINAH GEMELLE  
14117 136<sup>TH</sup> AVE KPN  
GIG HARBOR WA 98329

GEORGE H ETZ SR TRUST  
GEORGE ETZ JR TRUSTEE  
1105 XANTHISMA  
MCALLEN TX 78504-3519

JOHN PATRICK CUSACK JR ESTATE  
C/O F C NEWBURN CPA  
P O BOX 250  
ROSWELL NM 88202-0250

CUSACK FAMILY REV LVG TR  
P O BOX 2688  
FREDERICKSBURG TX 78624

20 ACRES LLC  
801 GARCIA ST  
SANTA FE NM 87505

COLLEEN M WALLACE NEWMAN  
CLUB CIRCLE  
FERRWOOD AR 72120

LOYD WHITLEY  
P O Box 168  
MIDLAND TX 79702

BELLA DANIEL TR  
C/O BOKF NA AGENT  
P O BOX 3499  
TULSA OK 74101

SOUTH HOBBS

LEGACY RESERVES  
BOX 10848  
MIDLAND TX 79702

CBR OIL PROPERTIES LLC  
P O BOX 1518  
ROSWELL NM 88202-1518

BUTTRAM ENERGIES INC  
2601 N W EXPRESSWAY  
501 OIL CENTER WEST  
OKLAHOMA CITY OK 73112-7269

GAVIN R GARRETT  
P O BOX 99084  
FORT WORTH TX 76199-0084

LAWSON PETROLEUM COMPANY  
401 SOUTH BOSTON # 2100  
TULSA OK 74103-4103

LOMA INC  
ATTN LAND  
3908 TELEPHONE RD  
FORT WORTH TX 76135

MARY ANN MYERS AYRES  
P O BOX 25231  
DALLAS TX 75225

MCPETERS FAMILY REVOCABLE TRUST  
502 W GOLD  
HOBBS NM 88240-1805

SEA PROPERTIES LTD  
P O BOX 1486  
ARDMORE OK 73402-1486

JOANNE GRIEB  
P O BOX 516  
BUENA VISTA CO 81211-0516

SANDRA SNOWDEN TRUMP  
42 NECK RD  
TIVERTON RI 02878-4010

FIRST ROSWELL COMPANY  
P O BOX 1797  
ROSWELL NM 88202-1797

CORRIGAN STHRN LAND CATTLE CO LLC  
8117 PRESTON RD #610  
DALLAS TX 75225

LANDRETH COMPANY STOCKHOLDERS  
3207 W 4<sup>TH</sup> ST  
FORT WORTH TX 76107-2114

RICHARD LYONS MOORE 2006 TRUST  
RICHARD LYONS MOORE TRUSTEE  
P O BOX 94077  
SOUTHLAKE TX 76092

BILLIE S DEVOSS  
15311 E LA SALOS DR  
WHITTIER CA 90603-2243

BARBARA J DEVOSS JUNKER  
P O BOX 53546  
LUBBOCK TX 79453-3546

JOAN CLAY  
26242 VIA MISTRAL  
SAN JUAN CAPISTRANO CA 92675-4452

JENNIFER ANN CLAY CATHER  
4200 VERSAILLES AVE  
DALLAS TX 75205-3009

JOHN W CLAY III  
1924 MEMPHIS  
BEDFORD TX 76022-0312

SUSAN MARIE MAIER  
13129 BLUFFTON AVE  
BATON ROUGE LA 70817

EDYTHE OWEN PRIKRYL  
12 AUSTIN DOUGLAS WAY  
CONGERS NY 10920-2466

GOODRICH TRUST NUMBER ONE  
PLAINS CAPITAL BANK  
3707 CAMP BOWIE #220  
FORT WORTH TX 76107

GOODRICH TRUST NUMBER TWO  
PLAINS CAPITAL BANK  
3707 CAMP BOWIE #220  
FORT WORTH TX 76107

CLIFF T MILFORD  
12019 BROWNING LN  
DALLAS TX 75230-2851

LOUIS H KUNTZ  
2118 HILLTOP CT  
FULLERTON CA 92831-1311

GILLIAMS AGHORN ENERGY INC  
ATTN LAND  
P O BOX 12663  
ODESSA TX 79768

WESTBOURNE LLC  
BOX 1401  
LUBBOCK TX 79408

HARVEY L JOHNSON  
1009 MINTER LN APT C  
ABILENE TX 79603-4591

MALLOY OIL & GAS PROP LLP  
P O BOX 18414  
OKLAHOMA CITY OK 73154

SOUTH HOBBS

ROGER D JOHNSON  
BOX 3516  
HOBBS NM 88241-3516

GOODRICH MALLOY MINERAL TRUST  
PLAINS CAPITAL BANK  
3707 CAMP BOWIE #220  
FORT WORTH TX 76107

CYNTHIA S GREGG  
P O BOX 724  
SUNDOWN TX 79372-0724

STEPHANIE DOSHER  
209 NE AVE D  
SEMINOLE TX 79360

LAVON JOHNSON  
10433 LAKE PARK DR  
HURST TX 76053

SCOTT JOHNSON  
3304 TEXAS TRAIL CT  
HURST TX 76054

TY JOHNSON  
3304 TEXAS TRAIL CT  
HURST TX 76054

CHARTER PRIVATE EQUITY  
47 HIGHLAND PARK VILLAGE #200  
DALLAS TX 75205

JACK CHANDLER MYERS  
4709 WEST LOVERS LN #200  
DALLAS TX 75209

ROBERT LEE MYERS  
3812 MARQUETTE ST  
DALLAS TX 75225

REEF O & G CO  
1901 NORTH CENTRAL EXPRESSWAY  
RICHARDSON TX 75080-3609

RDG MINERAL LTD  
F/B/O JANE GARRETT HEINRICHS  
P O B OX 17001  
SAN ANTONIO TX 78217

KDCB GARRETT HOLDING LLC  
P O BOX 1366  
LAMPASAS TX 76550

SAGECREST O & G LLC  
P O BOX 630  
FORT WORTH TX 76101

LA SOMBRA MINERAL LLC  
F/B/O JULIA GARRETT HEINRICHS  
P O BOX 17001  
SAN ANTONIO TX 78217

ROBERT M TAUBMAN FAM PRTNRSH  
P O BOX 3499  
TULSA OK 74101

MILTON I TAUBMAN  
P O BOX 3499  
TULSA OK 74101

TAUBMAN MINERALS PRTNRSH  
P O BOX 3499  
TULSA OK 74101

CHARLES TAUBMAN FAM LTD PRTNRSH 2  
P O BOX 3499  
TULSA OK 74101

CHARLES TAUBMAN FAM LTD PRTNRSH 1  
P O BOX 3499  
TULSA OK 74101

RICHARD J TAUBMAN  
BANK OF OK  
JANICE L TAUBMAN & GLORIA LEDE  
P O BOX 1588  
TULSA OK 74101

MAURINE TAUBMAN  
P O BOX 3499  
TULSA OK 74101

MICHAEL EDWARD DUNBAR  
P O BOX 366  
SONORA TX 76950-0366

RICHARD J TAUBMAN REV TR  
P O BOX 3499  
TULSA OK 74101

DEMSON FAMILY PARTNERSHIP  
P O BOX 3499  
TULSA OK 74101

ROMY TAUBMAN SEP PROPERTY TR  
P O BOX 3499  
TULSA OK 74101

LARRY ALLAN DUNBAR  
P O BOX 258  
ROCKSPRINGS TX 78880-0252

STANLEY THOMAS DUNBAR  
03 GRINER  
DEL RIO TX 78840

ANDREW WADE DUNBAR  
P O BOX 194  
ROCKSPRINGS TX 78880-0194

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 1

7006 0100 0005 5771 9976

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; Coverage Provided)

For delivery information: **OXY-N.HOBBS #2**

OFFICIAL MAIL

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01

Santa Fe Main Post Office  
FEB 21 2014

Sent to:  
O B O INC  
P O BOX 22577  
HIALEAH FL 33002

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9648

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; Coverage Provided)

For delivery information: **OXY-N.HOBBS #2**

OFFICIAL MAIL

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.70

Santa Fe Main Post Office  
FEB 21 2014

Sent to:  
C M E OIL & GAS COMPANY  
P O BOX 10621  
MIDLAND TX 79702-7621

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
O B O INC  
P O BOX 22577  
HIALEAH FL 33002

2. Article Number (Transfer from service label): 7006 0100 0005 5771 9976

3. Service Type:  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Cecilia Lopez*  
B. Received by (Printed Name): Cecilia Lopez  
C. Date of Delivery: 2/25/14  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
C M E OIL & GAS COMPANY  
P O BOX 10621  
MIDLAND TX 79702-7621

2. Article Number (Transfer from service label): 7006 0100 0005 5771 9648

3. Service Type:  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Laura Brown*  
B. Received by (Printed Name): Laura Brown  
C. Date of Delivery: 2/25/14  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page 12

7006 0100 0005 5771 9662

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICIAL** #2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.00

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sen  
Patricia Land Co Ltd  
P O BOX 10621  
MIDLAND TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9655

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICIAL** #2

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.20

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

CARA V UMPLEBY LOCKETT RLTY TR  
C/O ASSOCIATED RESOURCES INC A  
403 S CHEYENNE #800  
TULSA OK 74103

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
PATRICIA LAND CO LTD  
P O BOX 10621  
MIDLAND TX 79702

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9662

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

A. Signature  Agent  Addressee  
Laura Brown

B. Received by (Printed Name) Laura Brown  
C. Date of Delivery 3/5/14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
CARA V UMPLEBY LOCKETT RLTY TR  
C/O ASSOCIATED RESOURCES INC A  
403 S CHEYENNE #800  
TULSA OK 74103

2. Article Number (Transfer from service label) 7006 0100 0005 5771 9655

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
Nicole Mobile

B. Received by (Printed Name) Nicole Mobile  
C. Date of Delivery 3-4-14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 3

7006 0100 0005 5771 9679

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

For delivery information visit **OXY-N.HOBBS**

**OFFICIAL USE** \*2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76

Santa Fe, NM 87501  
 Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent to:  
 JOHN P CUSACK III  
 19945 KIRK AVE  
 EAGLE RIVER AR 99577

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9686

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

For delivery information visit **OXY-N.HOBBS**

**OFFICIAL USE** \*2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76

Santa Fe, NM 87501  
 Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent to:  
 CHRISTEN SCHUTTE SANDERS  
 1408 CARSON  
 FORT WORTH TX 76117-6107

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**JOHN P CUSACK III**  
**19945 KIRK AVE**  
**EAGLE RIVER AR 99577**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9679**

PS Form 3811, February 2004

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CO:

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *John P. Cusack III* Date of Delivery *2-25-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 4

7006 0100 0005 5771 8924

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

Sent To: **MICHAEL HARRISON MOORE 2006 TRUST**  
Street or PO Box: **MICHAEL HARRISON MOORE TRUSTEE**  
City, State, ZIP: **MIDLAND TX 79710**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8931

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

Sent To: **MICHAEL HARRISON MOORE 2006 TRUST**  
Street or PO Box: **MICHAEL HARRISON MOORE TRUSTEE**  
City, State, ZIP: **MIDLAND TX 79710**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**MICHAEL HARRISON MOORE 2006 TRUST**  
**MICHAEL HARRISON MOORE TRUSTEE**  
**P O BOX 51570**  
**MIDLAND TX 79710**

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 8931

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature  
**X** *Michael King*  Agent  Addressee

B. Received by (Printed Name)  
*Michael King*

C. Date of Delivery  
*7-25-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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:

**CYNTHIA ANN AVARA TAVERNA**  
**3808 HIGHWEED**  
**EL PASO TX 79928**

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 8924

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature  
**X** *Mark Romero*  Agent  Addressee

B. Received by (Printed Name)  
*Mark Romero*

C. Date of Delivery  
*7/25/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page 15

7006 0100 0005 5771 8900

7006 0100 0005 5771 8771

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here: **SANTA FE, NM FEB 21 2014**

Sent by: **LOUIS TAUBMAN TRUST DTD 3/30/1982**  
or P O BOX 4820  
City: **OCEANSIDE CA 92052-4820**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here: **SANTA FE, NM FEB 21 2014**

Sent by: **VIRGINIA HINMAN**  
or **2334 CHRISWOOD RD**  
City: **TOLEDO OH 43617-1250**

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS**

- 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:

**LOUIS TAUBMAN TRUST DTD 3/30/1982**  
**P O BOX 4820**  
**OCEANSIDE CA 92052-4820**

2. Article Number: **7006 0100 0005 5771 8900**  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature: *Michael Higgins*  Agent  Addressee  
B. Received by (Printed Name): **Debra Higgins**  
C. Date of Delivery: **2-25-14**  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**VIRGINIA HINMAN**  
**2334 CHRISWOOD RD**  
**TOLEDO OH 43617-1250**

2. Article Number: **7006 0100 0005 5771 8771**  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature: *Virginia Hinman*  Agent  Addressee  
B. Received by (Printed Name): **C Hinman**  
C. Date of Delivery: **2-25-14**  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 6

7006 0100 0005 5771 9785

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

For delivery information visit **OXY-N.HOBBS OFFICE \* 2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Sent To

Street, Apt. or PO Box: FBO HUGH CORRIGAN IV  
City, State: HUGH CORRIGAN IV TRUSTEE  
DALLAS TX 75205-1701

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8764

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

For delivery information visit **OXY-N.HOBBS OFFICE \* 2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To

Street, Apt. or PO Box: STUART A UMPLEBY TRUST  
City, State: 4007 49<sup>TH</sup> ST NW  
WASHINGTON DC 20016-2339

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**CERTIFIED MAIL™**

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:

FBO HUGH CORRIGAN IV  
HUGH CORRIGAN IV TRUSTEE  
3809 SHENADOAH ST  
DALLAS TX 75205-1701

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9785**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery 2-21

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page 17

7006 0100 0005 5771 8740  
7006 0100 0005 5771 8757

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE, NM  
MAIN POST OFFICE

Sent To  
Street, Apt. N or PO Box No. City, State, Zip  
CEC TRUST  
8750 N CENTRAL EXPY #510  
DALLAS TX 75231

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE, NM  
MAIN POST OFFICE

Sent To  
Street, Apt. N or PO Box No. City, State, Zip  
ELEANOR CHRISTIE CORRIGAN TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 63869  
COLORADO SPRINGS CO 80962-3869

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 8

7006 0100 0005 5771 8726

7006 0100 0005 5771 8733

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent To: HUGH DANIEL S CORRIGAN TRUST  
Street: U/W/O C E CORRIGAN  
or P O B J PAT CORRIGAN TRUSTEE  
City, State: P O BOX 690068  
VERO BEACH FL 32969-0068

Postmark Here: SANTA FE, NM FEB 21 2014

PS Form 3811, February 2004 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Sent To: JAMES PATRICK CORRIGAN JR TRUST  
Street: U/W/O C E CORRIGAN  
or P O B J PAT CORRIGAN TRUSTEE  
City, State: P O BOX 690068  
VERO BEACH FL 32969-0068

Postmark Here: SANTA FE, NM FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent To: HUGH DANIEL S CORRIGAN TRUST  
Street: U/W/O C E CORRIGAN  
or P O B J PAT CORRIGAN TRUSTEE  
City, State: P O BOX 690068  
VERO BEACH FL 32969-0068

Postmark Here: SANTA FE, NM FEB 21 2014

PS Form 3811, February 2004 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Sent To: JAMES PATRICK CORRIGAN JR TRUST  
Street: U/W/O C E CORRIGAN  
or P O B J PAT CORRIGAN TRUSTEE  
City, State: P O BOX 690068  
VERO BEACH FL 32969-0068

Postmark Here: SANTA FE, NM FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

HUGH DANIEL S CORRIGAN TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8726

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Signature: X Timothy Youngblood  
Received by (Printed Name): Timothy Youngblood  
Date of Delivery: 2/24/14

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

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:

JAMES PATRICK CORRIGAN JR TRUST  
U/W/O C E CORRIGAN  
J PAT CORRIGAN TRUSTEE  
P O BOX 690068  
VERO BEACH FL 32969-0068

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8733

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Signature: X Timothy Youngblood  
Received by (Printed Name): Timothy Youngblood  
Date of Delivery: 2/24/14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page 19

7006 0100 0005 5771 8719

7006 0100 0005 5771 8702

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To  
**PAULINE DUNBAR EREKSON**  
**P O BOX 213**  
**ROCKSPRINGS TX 78880-0213**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
**EDWARD ALLAN DUNBAR**  
**P O BOX 885**  
**ROCKSPRINGS TX 78880-0885**

PS Form 3800, June 2002 See Reverse for Instructions

**MAIL CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**PAULINE DUNBAR EREKSON**  
**P O BOX 213**  
**ROCKSPRINGS TX 78880-0213**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 8719**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  
 **Paula E Epperson**  Agent  Addressee

B. Received by (Printed Name)  
**Paula E Epperson**

C. Date of Delivery  
**FEB 25 2014**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**MAIL CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**EDWARD ALLAN DUNBAR**  
**P O BOX 885**  
**ROCKSPRINGS TX 78880-0885**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 8702**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  
 **Kimberly Dunbar**  Agent  Addressee

B. Received by (Printed Name)  
**Kimberly Dunbar**

C. Date of Delivery  
**2-26-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 10

7006 0100 0005 5771 8696

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$		Postmark Here
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	761	

Sent To: \_\_\_\_\_  
Street, or PO Box: MARY ALICE LAFLIN MEHAFFEY  
City, State: 6138 S IOLA WAY  
ENGLEWOOD CO 80111-5706

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8689

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$		Postmark Here
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	761	

Sent To: \_\_\_\_\_  
Street, or PO Box: ROUND HILL ROYALTY LP  
City, State: ATTN SETH WOODBERRY  
P O BOX 25128  
DALLAS TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
MARY ALICE LAFLIN MEHAFFEY  
6138 S IOLA WAY  
ENGLEWOOD CO 80111-5706

2. Article Number (Transfer from service label) \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
X *[Signature]*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 2/25

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

7006 0100 0005 5771 8696

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
ROUND HILL ROYALTY LP  
ATTN SETH WOODBERRY  
P O BOX 25128  
DALLAS TX 75225

2. Article Number (Transfer from service label) \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
X *[Signature]*

B. Received by (Printed Name) Seth Woodberry C. Date of Delivery 2/25/14

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

7006 0100 0005 5771 8689

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page 111

7006 0100 0005 5771 8672

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Provided)  
For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Street, or PO Box: **AMANDA SUSAN BARKER**  
City, State: **13610 CRADLE HILL RD**  
**MIDLOTHIAN VA 23112**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8665

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Provided)  
For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Street, or PO Box: **ROBERT F LONG TESTAMENTARY TRUST**  
City, State: **P O BOX 2605**  
**FORT WORTH TX 76113-2605**

PS Form 3800, June 2002 See Reverse for Instructions

Return

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**ROBERT F LONG TESTAMENTARY TRUST**  
**P O BOX 2605**  
**FORT WORTH TX 76113-2605**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 8665**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  
**X** *Robert Boley*  Addressee

B. Received by (Printed Name): **Robert Boley** C. Date of Delivery: **2/24**

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

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 12

7006 0100 0005 5771 8641

7006 0100 0005 5771 8658

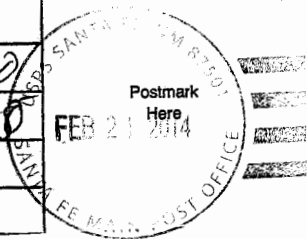
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC \*2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: **GEORGE G SNOWDEN III TRUST**  
 Street, or PO B: **ANN H SNOWDEN TRUSTEE**  
 City, St: **93 BEACH ST**  
**WESTERLY RI 02891**

PS Form 3800, June 2002 See Reverse for Instructions



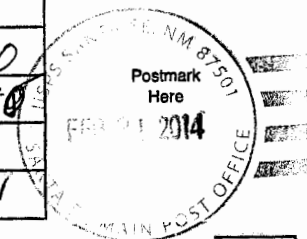
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC \*2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: **RKC INC**  
 Street, or PO B: **ATTN ANTHONY KOICHEVAR**  
 City, St: **7500 ARAPAHOE RD #380**  
**CENTENNIAL CO 80112-6116**

PS Form 3800, June 2002 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**GEORGE G SNOWDEN III TRUST**  
**ANN H SNOWDEN TRUSTEE**  
**93 BEACH ST**  
**WESTERLY RI 02891**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8658**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) **ANN SNOWDEN** C. Date of Delivery **2-27-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 13

7006 0100 0005 5771 8627

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here: FEB 21 2014 SANTA FE, NM 87501

Sent To: STEVE CUSACK  
Street, Apt. or PO Box: 2910 ANNA J DR  
City, State: ROSWELL NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

STEVE CUSACK  
2910 ANNA J DR  
ROSWELL NM 88201

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8627

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here: FEB 21 2014 SANTA FE, NM 87501

Sent To: STEVE CUSACK  
Street, Apt. or PO Box: 2910 ANNA J DR  
City, State: ROSWELL NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

STEVE CUSACK  
2910 ANNA J DR  
ROSWELL NM 88201

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8627

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**CERTIFIED MAIL™**

A. Signature: X Steven Cusack  Agent  Addressee

B. Received by (Printed Name): Steven Cusack C. Date of Delivery: 2-25-14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 8634

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here: FEB 21 2014 SANTA FE, NM 87501

Sent To: TIMOTHY J CUSACK  
Street, Apt. or PO Box: P O BOX 250  
City, State: ROSWELL NM 88202-0250

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

TIMOTHY J CUSACK  
P O BOX 250  
ROSWELL NM 88202-0250

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8634

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**CERTIFIED MAIL™**

A. Signature: X [Signature]  Agent  Addressee

B. Received by (Printed Name): ET Galkes C. Date of Delivery: 2-25-14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 14

7006 0100 0005 5771 8603

7006 0100 0003

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: \_\_\_\_\_  
 Street, or PO Box: PRODUCERS AND REFINERS CORP  
 City, State: ENID OK 73702

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: \_\_\_\_\_  
 Street, or PO Box: PRODUCERS AND REFINERS CORP  
 City, State: ENID OK 73702

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: \_\_\_\_\_  
 Street, or PO Box: PRODUCERS AND REFINERS CORP  
 City, State: ENID OK 73702

PS Form 3800, June 2002 See Reverse for Instructions

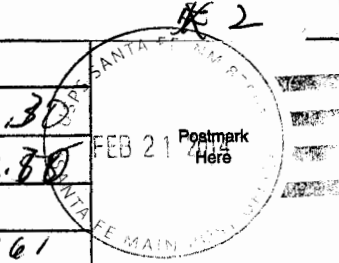
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: \_\_\_\_\_  
 Street, or PO Box: PRODUCERS AND REFINERS CORP  
 City, State: ENID OK 73702

PS Form 3800, June 2002 See Reverse for Instructions



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 15

7006 0100 0005 5771 8887

7006 0100 0005 5771 8887

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

For delivery information visit our **OXY-N.HOBBS OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: **ADELAIDE F COHU TRUST**  
Street, or PO Box: **C/O JAY R WAGNER ESQ**  
City, State: **P O BOX 679**  
**READING PA 19603-0679**

Postmark Here: **FEB 21 2014**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit our **OXY-N.HOBBS OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: **KAREN CUSACK PASQUIER**  
Street, or PO Box: **P O BOX 46138**  
City, State: **RIO RANCHO NM 87174**

Postmark Here: **FEB 21 2014**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**KAREN CUSACK PASQUIER**  
**P O BOX 46138**  
**RIO RANCHO NM 87174**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8887**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
**x Karen C. Pasquier**

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

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 16

7006 0100 0005 5771 8856

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To:  
LINDA THOMPSON GORDON  
325 NORTH ST PAUL STE 4300  
DALLAS TX 75201

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8863

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To:  
PATRICIA P SCHIEFFER TEST TRUST  
P O BOX 832407  
DALLAS TX 75283-2407

PS Form 3800, June 2002 See Reverse for Instructions

**MAIL CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
LINDA THOMPSON GORDON  
325 NORTH ST PAUL STE 4300  
DALLAS TX 75201

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8856**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature: *Steve Cantrell*  
B. Received by (Printed Name): **Steve Cantrell**  
C. Date of Delivery: **FEB 21 2014**

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

**MAIL CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
PATRICIA P SCHIEFFER TEST TRUST  
P O BOX 832407  
DALLAS TX 75283-2407

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8863**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature: *Patricia P Schieffer*  
B. Received by (Printed Name):  
C. Date of Delivery: **FEB 28 2014**

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

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 17

7006 0100 0005 5771 8832

7006 0100 0005 5771 8849

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: JEAN CHRISTINE THOMPSON TRUST 2  
 Street or PO: JAMES CLEO THOMPSON JR TRUSTEE  
 City, St: 325 NORTH ST PAUL STE 4300  
 DALLAS TX 75201

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: JEAN CHRISTINE THOMPSON TRUST 2  
 Street or PO: JAMES CLEO THOMPSON JR TRUSTEE  
 City, St: 325 NORTH ST PAUL STE 4300  
 DALLAS TX 75201

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: L SANDERS THOMPSON III  
 Street or PO: 4420 GLENWICK  
 City, St: DALLAS TX 75205

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 JEAN CHRISTINE THOMPSON TRUST 2  
 JAMES CLEO THOMPSON JR TRUSTEE  
 325 NORTH ST PAUL STE 4300  
 DALLAS TX 75201

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8849

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Steve Cantrell*  Agent  Addressee  
 B. Received by (Printed Name): Steve Cantrell  
 C. Date of Delivery: FEB 2 2014

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

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:  
 L SANDERS THOMPSON III  
 4420 GLENWICK  
 DALLAS TX 75205

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8832

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *L Sanders Thompson III*  Agent  Addressee  
 B. Received by (Printed Name):  
 C. Date of Delivery:

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 18

7006 0100 0005 5771 8825

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501

Sent To: ANN H TAYLOR  
 Street or PO: P O BOX 3487  
 City: MIDLAND TX 79702-3487

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8818

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501

Sent To: JAMES M SNOWDEN TRUST  
 Street or PO: JAMES M SNOWDEN AND MARIE KIELY  
 City: SNOWDEN TRUSTEES  
 12 FORDYCE LN  
 SAINT LOUIS MO 63124-1354

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 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:  
 ANN H TAYLOR  
 P O BOX 3487  
 MIDLAND TX 79702-3487

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8825

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 3-3-14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
 JAMES M SNOWDEN TRUST  
 JAMES M SNOWDEN AND MARIE KIELY  
 SNOWDEN TRUSTEES  
 12 FORDYCE LN  
 SAINT LOUIS MO 63124-1354

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8818

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature: *[Signature]*  Agent  Addressee

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

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

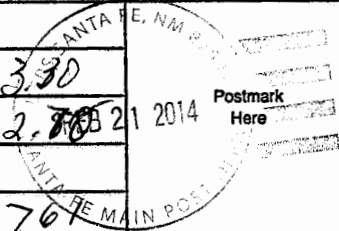
South Hobbs Unit Working Interest Owners  
Page | 19

7006 0100 0005 5771 8795

7006 0100 0005 5771 8801

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

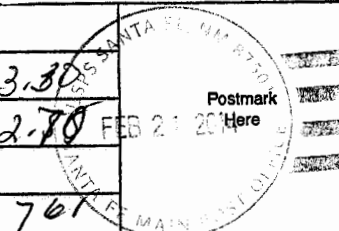
Postage	\$		
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.61	

Sent 1  
 Street or PO **VEJA INC**  
**P O BOX 18442**  
 City, State & ZIP **OKLAHOMA CITY OK 73154-0442**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$		
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.61	

Sent 1  
 Street or PO **CRAIG CUSACK**  
**P O BOX 250**  
 City, State & ZIP **ROSWELL NM 88202-0250**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**VEJA INC**  
**P O BOX 18442**  
**OKLAHOMA CITY OK 73154-0442**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8795**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee  
*J. Davidson*

B. Received by (Printed Name)  Date of Delivery  
**J. Davidson** FEB 28 2014

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
**CRAIG CUSACK**  
**P O BOX 250**  
**ROSWELL NM 88202-0250**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8801**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee  
*E. Gallegos*

B. Received by (Printed Name)  Date of Delivery  
**E. Gallegos** FEB 28 2014

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 20

7006 0100 0005 5771 8597

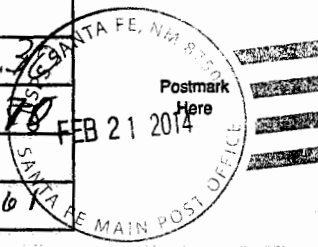
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Postage Necessary for Return Receipt)*

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To  
 Street, Apt. # or PO Box # **MICHAEL F CUSACK II**  
**6003 VALKEITH**  
 City, State, ZIP+4® **HOUSTON TX 77096-3832**

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5771 8580

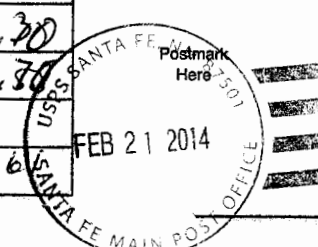
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Postage Necessary for Return Receipt)*

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To  
 Street, Apt. # or PO Box # **PAT CORRIGAN TRUST**  
**PAT CORRIGAN TRUSTEE**  
**P O BOX 690068**  
**VERO BEACH FL 32969-0068**

PS Form 3800, June 2002 See Reverse for Instructions



**CERTIFIED MAIL™**  
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
**MICHAEL F CUSACK II**  
**6003 VALKEITH**  
**HOUSTON TX 77096-3832**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8597**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) **D. Cusack**

C. Date of Delivery **3.1.14**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
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:  
**PAT CORRIGAN TRUST**  
**PAT CORRIGAN TRUSTEE**  
**P O BOX 690068**  
**VERO BEACH FL 32969-0068**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8580**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes


A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) **Timothy Youngblood**

C. Date of Delivery **2/24/14**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 21

7006 0100 0005 5771 8573

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.70
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

1. Article Addressed to:

MARGARET COUCH TRUST  
JAMES C BROWN & WILLIAM C COUCH  
CO-TRUSTEES  
P O BOX 10621  
MIDLAND TX 79702-7621

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8566

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.70
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

1. Article Addressed to:

EVELYN CLAY OHARA TRUST  
3833 MATTISON AVE  
FORT WORTH TX 76107

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS**

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

A. Signature: *Laura Brown*  Agent  Addressee

B. Received by (Printed Name): *Laura Brown* C. Date of Delivery: *3/5/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number: *7006 0100 0005 5771 8573*  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 22

7006 0100 0005 5771 8542

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here **FEB 21 2014**  
SANTA FE MAIN POST OFFICE

Sent To  
CHRISTOPHER R CUSACK  
Street, Apt or PO Box  
City, State  
LOS ANGELES CA 90025

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here **FEB 21 2014**  
SANTA FE MAIN POST OFFICE

Sent To  
CHRISTOPHER R CUSACK  
Street, Apt or PO Box  
City, State  
LOS ANGELES CA 90025

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8559

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here **FEB 2 2014**  
SANTA FE MAIN POST OFFICE

Sent To  
RUFUS GORDON PETE CLAY TRUST  
RUFUS P CLAY & JAMES C BROWN  
Street, Apt or PO Box  
City, State  
MIDLAND TX 79702-7621

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**RUFUS GORDON PETE CLAY TRUST  
RUFUS P CLAY & JAMES C BROWN  
CO TRUSTEES  
P O BOX 10621  
MIDLAND TX 79702-7621**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8559**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  
*Laura Brown*  Agent  Addressee

B. Received by (Printed Name) **Laura Brown** C. Date of Delivery **3/5/14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 23

7006 0100 0005 5771 8412

7006 0100 0005 5771 8306

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

For delivery information visit **OXY-N.HOBBS** OFFICE #2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Street, Apt. 1 PATRICK CUSACK  
or PO Box N 1837 SOUTH DUNSMUIR AVE  
City, State, ZIP+4 LOS ANGELES CA 90019

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS** OFFICE #2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Street, Apt. 1 PATRICK CUSACK  
or PO Box N 1837 SOUTH DUNSMUIR AVE  
City, State, ZIP+4 LOS ANGELES CA 90019

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

LYNN T CONNOLLY  
605 PRAIRIE WAY  
WICHITA FALLS TX 76310

2. Article Number (Transfer from service label) 7006 0100 0005 5771 8412

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**COMPL**

A. Signature  Agent  Addressee  
X Lynn Connolly

B. Received by (Printed Name) C. Date of Delivery  
Lynn Connolly 2-22

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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 CUSACK  
1837 SOUTH DUNSMUIR AVE  
LOS ANGELES CA 90019

2. Article Number (Transfer from service label) 7006 0100 0005 5771 8306

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee  
X Lisa Connolly

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 24

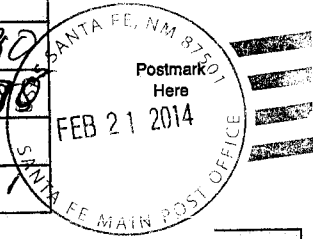
7006 0100 0005 5771 8436

7006 0100 0005 5771 8429

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

For delivery information visit **OXY-N.HOBBS OFFIC \* 2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



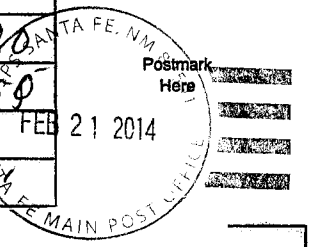
Sent \_\_\_\_\_  
Street or PO Box: **MARTHA THOMPSON**  
**45116 UNIVERSITY UNIT A**  
City: **DALLAS TX 75205**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC \* 2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent T \_\_\_\_\_  
Street or PO Box: **GEORGE L AVARA**  
**3108 TIERRA ENCINO DR**  
City, State: **EL PASO TX 79938-4521**

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 25

7006 0100 0005 5771 8443

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Service)	
For delivery information visit <b>OXY-N.HOBBS OFFICE</b> *2	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	7.61

Sent To: JAMES C BROWN  
Street, Apt. # or PO Box No: P O BOX 10621  
City, State, ZIP: ZMIDLAND TX 79702-7621

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8450

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Service)	
For delivery information visit <b>OXY-N.HOBBS OFFICE</b> *2	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	7.61

Sent To: DINAH GEMELLE  
Street, Apt. # or PO Box No: 14117 136<sup>TH</sup> AVE KPN  
City, State, ZIP: GIG HARBOR WA 98329

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JAMES C BROWN  
P O BOX 10621  
MIDLAND TX 79702-7621

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8443

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: Laura Brown  Agent  Addressee

B. Received by (Printed Name): Laura Brown C. Date of Delivery: 3/5/14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 26

7006 0100 0005 5771 8467

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

For delivery information visit **OFFIC** OXY-N.HOBBS \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Sent To: GEORGE H ETZ SR TRUST  
 GEORGE ETZ JR TRUSTEE  
 1105 XANTHISMA  
 MCALLEN TX 78504-3519

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OFFIC** OXY-N.HOBBS \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: JOHN PATRICK CUSACK JR ESTATE  
 C/O F C NEWBURN CPA  
 P O BOX 250  
 ROSWELL NM 88202-0250

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

GEORGE H ETZ SR TRUST  
 GEORGE ETZ JR TRUSTEE  
 1105 XANTHISMA  
 MCALLEN TX 78504-3519

2. Article Number:  
 (Transfer from service label)

7006 0100 0005 5771 8467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL**

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

A. Signature  
 X *George Etz*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**CERTIFIED MAIL**

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JOHN PATRICK CUSACK JR ESTATE  
 C/O F C NEWBURN CPA  
 P O BOX 250  
 ROSWELL NM 88202-0250

2. Article Number:  
 (Transfer from service label)

7006 0100 0005 5771 8474

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature  
 X *ET Gallegos*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 27

7006 0100 0005 5771 8481

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$		Postmark Here  SANTA FE, NM FEB 21 2014
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.60	

Sent To

Street, or PO Box: 20 ACRES LLC  
City, State: 801 GARCIA ST  
SANTA FE NM 87505

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$		Postmark Here  SANTA FE, NM FEB 21 2014
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.60	

Sent To

Street, or PO Box: CUSACK FAMILY REV LVG TR  
City, State: P O BOX 2688  
FREDERICKSBURG TX 78624

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CUSACK FAMILY REV LVG TR  
P O BOX 2688  
FREDERICKSBURG TX 78624

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8481

PS Form 3811, February 2004

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

A. Signature: X *Pauline Cusack*  Agent  Addressee

B. Received by (Printed Name): P. Cusack C. Date of Delivery: 2/24/14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 8481

Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 28

7006 0100 0005 5771 8504

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent To  
 Street, Apt. 1 COLLEEN M WALLACE NEWMAN  
 or PO Box 24 CLUB CIRCLE  
 City, State, ZIP SHERWOOD AR 72120

PS Form 3800, June 2002 See Reverse for Instructions

SANTA FE, NM 501  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent To  
 Street, Apt. 1 LOYD WHITLEY  
 or PO Box N P O Box 168  
 City, State, ZIP MIDLAND TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

SANTA FE, NM 501  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

**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:  
 COLLEEN M WALLACE NEWMAN  
 24 CLUB CIRCLE  
 SHERWOOD AR 72120

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 8504

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X Colleen M Newman  Agent  Addressee

B. Received by (Printed Name)  
 Colleen M Newman

C. Date of Delivery  
 MAR - 5 2014

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

USPS

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:  
 LOYD WHITLEY  
 P O Box 168  
 MIDLAND TX 79702

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 8511

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 X Marbe Maso  Agent  Addressee

B. Received by (Printed Name)  
 MARILYN MASO

C. Date of Delivery  
 3-4-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 29

7006 0100 0005 5771 8535

7006 0100 0005 5771 8535

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: LEGACY RESERVES  
Street, Apt or PO Box: P O BOX 10848  
City, State: MIDLAND TX 79702

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: BELLA DANIEL TR  
Street, Apt or PO Box: C/O BOKF NA AGENT P O BOX 3499  
City, State: TULSA OK 74101

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
BELLA DANIEL TR  
C/O BOKF NA AGENT  
P O BOX 3499  
TULSA OK 74101

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8528

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: X [Signature]  
B. Received by (Printed Name): [Signature]  
C. Date of Delivery: FEB 25 2014  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

7006 0100 0005 5771 8108 Page | 30

7006 0100 0005 5771 8290

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.00

Postmark Here: SANTA FE, NM FEB 21 2014

Sent To: BUTTRAM ENERGIES INC  
Street, or PO: 2601 N W EXPRESSWAY  
City, St: 501 OIL CENTER WEST  
OKLAHOMA CITY OK 73112-7269

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.00

Postmark Here: SANTA FE, NM FEB 21 2014

Sent To: CBR OIL PROPERTIES LLC  
Street, or PO: P O BOX 1518  
City, St: ROSWELL NM 88202-1518

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
CBR OIL PROPERTIES LLC  
P O BOX 1518  
ROSWELL NM 88202-1518

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8290

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *G Griffith*  Agent  Addressee

B. Received by (Printed Name): G GRIFFITH

C. Date of Delivery: FEB 25 2014

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

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
BUTTRAM ENERGIES INC  
2601 N W EXPRESSWAY  
501 OIL CENTER WEST  
OKLAHOMA CITY OK 73112-7269

2. Article Number (Transfer from service label): 7006 0100 0005 5771 8108

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Shirley A...*  Agent  Addressee

B. Received by (Printed Name):

C. Date of Delivery:

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

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 31

7006 0100 0005 5771 8122

7006 0100 0005 5771 8115

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

For delivery information visit our **OXY-N.HOBBS**  
**OFFICIAL USE** \* 2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent To  
Street, Apt or PO Box  
City, State  
LAWSON PETROLEUM COMPANY  
401 SOUTH BOSTON # 2100  
TULSA OK 74103-4103

Postmark Here  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
GAVIN R GARRETT  
P O BOX 99084  
FORT WORTH TX 76199-0084

2. Article Number (Transfer from service label)  
7006 0100 0005 5771 8115

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured-Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery 2-21-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
LAWSON PETROLEUM COMPANY  
401 SOUTH BOSTON # 2100  
TULSA OK 74103-4103

2. Article Number (Transfer from service label)  
7006 0100 0005 5771 8122

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) Kim Parks  
 C. Date of Delivery 2/25/14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 32

7006 0100 0005 5771 8139

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Signature Required) \* 2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: LOMA INC  
Street, or PO Box: ATTN LAND  
City, State: 3908 TELEPHONE RD  
FORT WORTH TX 76135

PS Form 3800, June 2002 See Reverse for Instructions

Postmark: FEB 21 2014 SANTA FE, NM 87501

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Signature Required) \* 2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: MARY ANN MYERS AYRES  
Street, or PO Box: P O BOX 25231  
City, State: DALLAS TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

Postmark: FEB 21 2014 SANTA FE, NM 87501

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:

LOMA INC  
ATTN LAND  
3908 TELEPHONE RD  
FORT WORTH TX 76135

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 8139

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: 2-24-14

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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 ANN MYERS AYRES  
P O BOX 25231  
DALLAS TX 75225

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 8146

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery:

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 33

7006 0100 0005 5771 8160

7006 0100 0005 5771 8153

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)	
For delivery information visit <a href="http://usps.com">usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	MCPETERS FAMILY REVOCABLE TRUST
Street, Apt. or PO Box	502 W GOLD
City, State	HOBBS NM 88240-1805
PS Form 3800, June 2002 See Reverse for Instructions	

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)	
For delivery information visit <a href="http://usps.com">usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	MCPETERS FAMILY REVOCABLE TRUST
Street, Apt. or PO Box	502 W GOLD
City, State	HOBBS NM 88240-1805
PS Form 3800, June 2002 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE</b>	
■ 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:			
SEA PROPERTIES LTD P O BOX 1486 ARDMORE OK 73402-1486			
2. Article Number (Transfer from service label)			
		7006 0100 0005 5771 8160	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE</b>	
■ 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:			
MCPETERS FAMILY REVOCABLE TRUST 502 W GOLD HOBBS NM 88240-1805			
2. Article Number (Transfer from service label)			
		7006 0100 0005 5771 8153	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)	
For delivery information visit <a href="http://usps.com">usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	SEA PROPERTIES LTD
Street, Apt. or PO Box	P O BOX 1486
City, State	ARDMORE OK 73402-1486
PS Form 3800, June 2002 See Reverse for Instructions	

A. Signature X Sharon Kerkel		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Sharon Kerkel		C. Date of Delivery 2-24-14
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

A. Signature X Fernone Johnson		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Fernone Johnson		C. Date of Delivery 2-25-14
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 34

7006 0100 0005 5771 8177

U.S. Postal Service™  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Signature Required) **OXY-N.HOBBS** #2

For delivery information visit our website **OFFICIAL USE**

Postage	\$
Certified Fee	3.80
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent To  
 Street, Apt or PO Box SANDRA SNOWDEN TRUMP  
 City, State TIVERTON RI 02878-4010

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Signature Required) **OXY-N.HOBBS** #2

For delivery information visit **OFFICIAL USE**

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

Sent To  
 Street, Apt or PO Box JOANNE GRIEB  
 City, State BUENA VISTA CO 81211-0516

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 JOANNE GRIEB  
 P O BOX 516  
 BUENA VISTA CO 81211-0516

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 8177

PS Form 3811, February 2004 Domestic Return Receipt

**CERTIFIED MAIL**

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

A.  Joanne Grieb  Agent  Addressee

B. Received by (Printed Name) **JOANNE GRIEB** C. Date of Delivery **2-24-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 8177

102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 35

7006 0100 0005 5771 8207

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

**OXY-N.HOBBS** # 2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Santa Fe, NM 87501  
Postmark Here  
FEB 21 2014

Sent To  
Street, or P.O. Box  
City, State, ZIP+4<sup>®</sup>  
CORRIGAN STRN LAND CATTLE CO LLC  
8117 PRESTON RD #610  
DALLAS TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8191

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

**OXY-N.HOBBS** # 2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Santa Fe, NM 87501  
Postmark Here  
FEB 21 2014

Sent To  
Street, or P.O. Box  
City, State, ZIP+4<sup>®</sup>  
FIRST ROSWELL COMPANY  
P O BOX 1797  
ROSWELL NM 88202-1797

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
CORRIGAN STRN LAND CATTLE CO LLC  
8117 PRESTON RD #610  
DALLAS TX 75225

2. Article Number (Transfer from service label) 7006 0100 0005 5771 8207

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature: X *D. Holl and*  Agent  Addressee

B. Received by (Printed Name): *D. HOLLAND* C. Date of Delivery: *2-24-14*

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

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
FIRST ROSWELL COMPANY  
P O BOX 1797  
ROSWELL NM 88202-1797

2. Article Number (Transfer from service label) 7006 0100 0005 5771 8191

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature: X *Kay Strader*  Agent  Addressee

B. Received by (Printed Name): *Kay Strader* C. Date of Delivery:

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

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 36

7006 0100 0005 5771 8221

7006 0100 0005 5771 8214

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No International)

**OXY-N.HOBBS** \* 2

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

**OFFICIAL USE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60

Sent To  
Street, A or PO Box  
City, State  
**LANDRETH COMPANY STOCKHOLDERS  
3207 W 4<sup>TH</sup> ST  
FORT WORTH TX 76107-2114**

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No International)

**OXY-N.HOBBS** \* 2

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

**OFFICIAL USE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60

Sent To  
Street, A or PO Box  
City, State  
**RICHARD LYONS MOORE 2006 TRUST  
RICHARD LYONS MOORE TRUSTEE  
P O BOX 94077  
SOUTHLAKE TX 76092**

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**LANDRETH COMPANY STOCKHOLDERS  
3207 W 4<sup>TH</sup> ST  
FORT WORTH TX 76107-2114**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8214**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  
*Cherene Phillips*  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**RICHARD LYONS MOORE 2006 TRUST  
RICHARD LYONS MOORE TRUSTEE  
P O BOX 94077  
SOUTHLAKE TX 76092**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8221**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  
*Richard Moore*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
**MAR 05 2014**

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

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 37

7006 0100 0005 5771 8238

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Signature Required)

**OXY-N.HOBBS** \*2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	3.30

Sent To  
Street, Apt. or PO Box: **BILLIE S DEVOSS**  
**15311 E LA SALOS DR**  
City, State: **WHITTIER CA 90603-2243**

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Signature Required)

**OXY-N.HOBBS** \*2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To  
Street, Apt. or PO Box: **BARBARA J DEVOSS JUNKER**  
**P O BOX 53546**  
City, State: **LUBBOCK TX 79453-3546**

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

A. Signature: *David R. [Signature]*  Agent  Addressee

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

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

1. Article Addressed to:  
**BILLIE S DEVOSS**  
**15311 E LA SALOS DR**  
**WHITTIER CA 90603-2243**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 8238**

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**SENDER: COMPLETE THIS SECTION**

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

A. Signature: *[Signature]*  Agent  Addressee

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

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

1. Article Addressed to:  
**BARBARA J DEVOSS JUNKER**  
**P O BOX 53546**  
**LUBBOCK TX 79453-3546**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 8245**

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 38

7006 0100 0005 5771 8252

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

For delivery information visit **OXY-N.HOBBS OFFICE**

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

Sent To: **JOAN CLAY**  
 Street or PO **26242 VIA MISTRAL**  
 City, State, ZIP+4® **SAN JUAN CAPISTRANO CA 92675-4452**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

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

Sent To: **JENNIFER ANN CLAY CATHER**  
 Street, Apt. # or PO Box # **4200 VERSAILLES AVE**  
 City, State, ZIP+4® **DALLAS TX 75205-3009**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**JOAN CLAY**  
**26242 VIA MISTRAL**  
**SAN JUAN CAPISTRANO CA 92675-4452**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8252**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) **Joan Clay**

C. Date of Delivery **2/25/14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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 ANN CLAY CATHER**  
**4200 VERSAILLES AVE**  
**DALLAS TX 75205-3009**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8269**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) **Norma Reyna**

C. Date of Delivery **3/5/14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 39

7006 0100 0005 5771 8283

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$		Postmark	
Certified Fee		33.90		
Return Receipt Fee (Endorsement Required)		2.50		
Restricted Delivery Fee (Endorsement Required)				
Total Postage & Fees	\$	761		

Sent To  
Street, Apt, or PO Box: **SUSAN MARIE MAIER**  
**13129 BLUFFTON AVE**  
City, State: **BATON ROUGE LA 70817**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8276

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$		Postmark	
Certified Fee		33.90		
Return Receipt Fee (Endorsement Required)		2.50		
Restricted Delivery Fee (Endorsement Required)				
Total Postage & Fees	\$	761		

Sent To  
Street, Apt, or PO Box: **JOHN W CLAY III**  
**1924 MEMPHIS**  
City, State: **BEDFORD TX 76022-0312**

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**JOHN W CLAY III**  
**1924 MEMPHIS**  
**BEDFORD TX 76022-0312**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8276**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
**(X) Shyllis Smith**

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

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 40

7006 0100 0005 5771 8313

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To:  
EDYTHE OWEN PRIKRYL  
12 AUSTIN DOUGLAS WAY  
CONGERS NY 10920-2466

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8320

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

For delivery information visit **OXY-N.HOBBS OFFICE #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To:  
GOODRICH TRUST NUMBER ONE  
PLAINS CAPITAL BANK  
3707 CAMP BOWIE #220  
FORT WORTH TX 76107

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**EDYTHE OWEN PRIKRYL  
12 AUSTIN DOUGLAS WAY  
CONGERS NY 10920-2466**

2. Article Number (Transfer from service label)  
7006 0100 0005 5771 8313

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**A. Signature**  
X [Signature]  Agent  Addressee

**B. Received by (Printed Name)**  
[Signature]  Agent  Addressee

**C. Date of Delivery**  
2/24

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

**3. Service Type**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

**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:  
**GOODRICH TRUST NUMBER ONE  
PLAINS CAPITAL BANK  
3707 CAMP BOWIE #220  
FORT WORTH TX 76107**

2. Article Number (Transfer from service label)  
7006 0100 0005 5771 8320

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**A. Signature**  
X [Signature]  Agent  Addressee

**B. Received by (Printed Name)**  
Stephanie Hunt  Agent  Addressee

**C. Date of Delivery**

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

**3. Service Type**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

7006 0100 0005 5771 8337 Page | 41

7006 0100 0005 5771 8337

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*2

Postage	\$
Certified Fee	3.20
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 70

SANTA FE, NM 87501  
 FEB 21 2014  
 MAIN POST OFFICE

Sent To: **CLIFF T MILFORD**  
 Street, Apt. or PO Box: **12019 BROWNING LN**  
 City, State: **DALLAS TX 75230-2851**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*2

Postage	\$
Certified Fee	3.20
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 70

SANTA FE, NM 87501  
 FEB 21 2014  
 MAIN POST OFFICE

Sent To: **GOODRICH TRUST NUMBER TWO**  
 Street, Apt. or PO Box: **PLAINS CAPITAL BANK**  
**3707 CAMP BOWIE #220**  
 City, State: **FORT WORTH TX 76107**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

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

A. Signature: *[Signature]*  Agent  Addressee

X *[Signature]*

B. Received by (Printed Name): *Stephan Hurst* C. Date of Delivery: \_\_\_\_\_

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

1. Article Addressed to:

**GOODRICH TRUST NUMBER TWO  
PLAINS CAPITAL BANK  
3707 CAMP BOWIE #220  
FORT WORTH TX 76107**

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

2. Article Number: **7006 0100 0005 5771 8337**  
(Transfer from service label)



OXY  
NORTH HOBBS UNIT

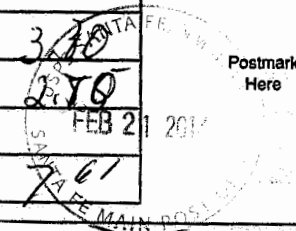
South Hobbs Unit Working Interest Owners  
Page | 42

7006 0100 0005 5771 8351

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE #2**

Postage	\$		
Certified Fee		3.70	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.61	

Sent To  
 Street, Apt. or PO Box: **LOUIS H KUNTZ**  
**2118 HILLTOP CT**  
 City, State: **FULLERTON CA 92831-1311**

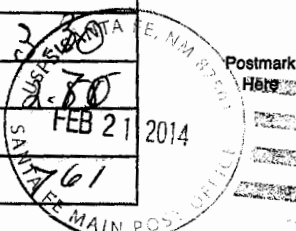
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8368

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE #2**

Postage	\$		
Certified Fee		3.70	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.61	

Sent To  
 Street, Apt. or PO Box: **GILLIAMS AGHORN ENERGY INC**  
**ATTN LAND**  
**P O BOX 12663**  
 City, State: **ODESSA TX 79768**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

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

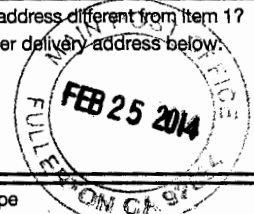
A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **LH KUNTZ** C. Date of Delivery: \_\_\_\_\_

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



1. Article Addressed to:

**LOUIS H KUNTZ**  
**2118 HILLTOP CT**  
**FULLERTON CA 92831-1311**

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 8351

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.

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

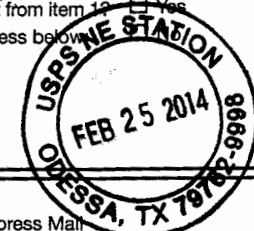
A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **Laure Payne** C. Date of Delivery: \_\_\_\_\_

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



1. Article Addressed to:

**GILLIAMS AGHORN ENERGY INC**  
**ATTN LAND**  
**P O BOX 12663**  
**ODESSA TX 79768**

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 8368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 43

7006 0100 0005 5771 8375

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7

Sent To  
 Street, Apt. or PO Box: WESTBOURNE LLC  
 P O BOX 1401  
 City, State: LUBBOCK TX 79408

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8382

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent To  
 Street, Apt. or PO Box: HARVEY L JOHNSON  
 1009 MINTER LN APT C  
 City, State: ABILENE TX 79603-4591

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

WESTBOURNE LLC  
P O BOX 1401  
LUBBOCK TX 79408

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 8375

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL**  
 (OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)  
 (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* 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

Postmark Here: FEB 21 2014

Return

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 44

7006 0100 0005 5771 8405  
7006 0100 0005 5771 8399

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

For delivery information visit **OXY-N.HOBBS OFFIC #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To  
Street, Apt. No. MALLOY OIL & GAS PROP LLP  
or PO Box No. P O BOX 18414  
City, State, Zip OKLAHOMA CITY OK 73154

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC #2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To  
Street, Apt. No. ROGER D JOHNSON  
or PO P O BOX 3516  
City, S HOBBNS NM 88241-3516

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>ROGER D JOHNSON</u></p> <p>C. Date of Delivery <u>2-25-14</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ROGER D JOHNSON P O BOX 3516 HOBBNS NM 88241-3516</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7006 0100 0005 5771 8405	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

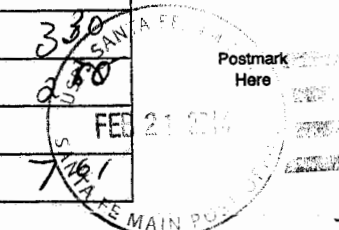
OXY NORTH HOBBS UNIT

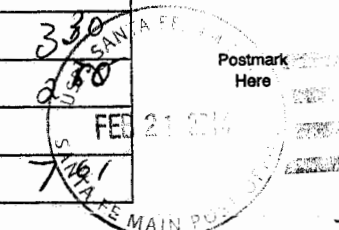
South Hobbs Unit Working Interest Owners

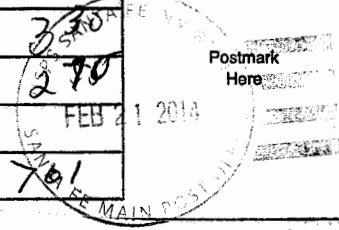
Page | 45

7006 0100 0005 5771 7705

7006 0100 0005 5771 7699

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit <b>OXY-N.HOBBS</b>	* 2
<b>OFFICIAL</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <b>CYNTHIA S GREGG</b> Street, Apt or PO Box <b>P O BOX 724</b> City, State <b>SUNDOWN TX 79372-0724</b>	
PS Form 3800, June 2002 See Reverse for Instructions	

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit <b>OXY-N.HOBBS</b>	* 2
<b>OFFICIAL</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <b>CYNTHIA S GREGG</b> Street, Apt or PO Box <b>P O BOX 724</b> City, State <b>SUNDOWN TX 79372-0724</b>	
PS Form 3800, June 2002 See Reverse for Instructions	

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit <b>OXY-N.HOBBS</b>	* 2
<b>OFFICIAL</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <b>GOODRICH MALLOY MINERAL TRUST</b> Street, Apt or PO Box <b>PLAINS CAPITAL BANK 3707 CAMP BOWIE #220</b> City, State <b>FORT WORTH TX 76107</b>	
PS Form 3800, June 2002 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	
■ 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:	A. Signature <input checked="" type="checkbox"/> Agent <i>Stephane Hunt</i> <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Stephane Hunt</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

<b>SENDER: COMPLETE THIS SECTION</b>	
■ 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:	A. Signature <input checked="" type="checkbox"/> Agent <i>Shirley Gregg</i> <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Shirley Gregg</i> <b>3-7-14</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 46

7006 0100 0005 5771 7712

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 FEB 21 2014

Sent To  
 Street, or PO Box: **STEPHANIE DOSHER**  
 City, State: **209 NE AVE D**  
**SEMINOLE TX 79360**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 FEB 21 2014

Sent To  
 Street, or PO Box: **STEPHANIE DOSHER**  
 City, State: **209 NE AVE D**  
**SEMINOLE TX 79360**

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**LAVON JOHNSON**  
**10433 LAKE PARK DR**  
**HURST TX 76053**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7729**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Lavon Johnson*  Agent  Addressee

B. Received by (Printed Name): **Lavon Johnson** C. Date of Delivery: **2-25-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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 DOSHER**  
**209 NE AVE D**  
**SEMINOLE TX 79360**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7712**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Stephanie Doshier*  Agent  Addressee

B. Received by (Printed Name): **S Doshier** C. Date of Delivery: **2-25-14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
**209 NE AVE E**  
**SEMINOLE TX 79360**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 47

7006 0100 0005 5771 7538

7006 0100 0005 5771 7736

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		210
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: SANTA FE, NM FEB 21 2014

Sent To: **TY JOHNSON**

Street, or PO: **3304 TEXAS TRAIL CT**

City, State: **HURST TX 76054**

PS Form 3800, June 2002 See Reverse for Instructions

Sent To: **SCOTT JOHNSON**

Street, or PO: **3304 TEXAS TRAIL CT**

City, State: **HURST TX 76054**

PS Form 3800, June 2002 See Reverse for Instructions

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

Postmark Here: SANTA FE, NM FEB 20 2014

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 2

**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:

**TY JOHNSON**  
**3304 TEXAS TRAIL CT**  
**HURST TX 76054**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7538**

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Sherril Ford*  Agent  Addressee  
 B. Received by (Printed Name): **Sherril Ford** C. Date of Delivery: **2/24/14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**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 JOHNSON**  
**3304 TEXAS TRAIL CT**  
**HURST TX 76054**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7736**

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Sherril Ford*  Agent  Addressee  
 B. Received by (Printed Name): **Sherril Ford** C. Date of Delivery: **2/24/14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 48

7006 0100 0005 5771 7552

7006 0100 0005 5771 7545

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$		Postmark Here
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.40	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.61	

Sent To  
Street, Apt or PO Box JACK CHANDLER MYERS  
City, State 4709 WEST LOVERS LN #200  
DALLAS TX 75209

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$		Postmark Here
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.40	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.61	

Sent To  
Street or PO Box CHARTER PRIVATE EQUITY  
City, State 47 HIGHLAND PARK VILLAGE #200  
DALLAS TX 75205

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**CHARTER PRIVATE EQUITY  
47 HIGHLAND PARK VILLAGE #200  
DALLAS TX 75205**

2. Article Number  
*(Transfer from service label)* **7006 0100 0005 5771 7545**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

B. Received by (Printed Name) *Jackie Zbilic*  Agent  Addressee  
C. Date of Delivery *2/24/14*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

7006 0100 0005 5770 5641 Page | 49

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 ROBERT LEE MYERS  
 Street, Apt. or PO Box: 3812 MARQUETTE ST  
 City, State: DALLAS TX 75225

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFIC** \*2

Postage	\$	
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 REEF O & G CO  
 Street, Apt. or PO Box: 1901 NORTH CENTRAL EXPRESSWAY  
 City, State: RICHARDSON TX 75080-3609

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 REEF O & G CO  
 1901 NORTH CENTRAL EXPRESSWAY  
 RICHARDSON TX 75080-3609

2. Article Number (Transfer from service label)  
 7006 0100 0005 5770 5658

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 \* [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 2-24-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 50

7006 0100 0005 5770 5665  
7006 0100 0005 5770 5672

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Postage Necessary for Delivery)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

Sent Via: **RDG MINERAL LTD**  
Street, or P.O. Box: **F/B/O JANE GARRETT HEINRICHS**  
City: **P O B OX 17001**  
**SAN ANTONIO TX 78217**

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Postage Necessary for Delivery)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 2

Postage	\$	
Certified Fee		2.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

Sent Via: **KDCB GARRETT HOLDING LLC**  
Street, or P.O. Box: **P O BOX 1366**  
City: **LAMPASAS TX 76550**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**KDCB GARRETT HOLDING LLC  
P O BOX 1366  
LAMPASAS TX 76550**

2. Article Number (Transfer from service label): **7006 0100 0005 5770 5672**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Kim T. Garrett*  Agent  Addressee

B. Received by (Printed Name): *Kim T. Garrett* C. Date of Delivery: *FEB 25 2014*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 51

7006 0100 0005 5770 5689

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Needed for Mailing)

For delivery information visit **OXY-N.HOBBS**  
**OFFICIAL** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To  
 Street, Apt. or PO Box **SAGECREST O & G LLC**  
**P O BOX 630**  
 City, State **FORT WORTH TX 76101**

Postmark Here  
 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Needed for Mailing)

For delivery information visit **OXY-N.HOBBS**  
**OFFICIAL** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To  
 Street, Apt. or PO Box **LA SOMBRA MINERAL LLC**  
**F/B/O JULIA GARRETT HEINRICHS**  
**P O BOX 17001**  
 City, State **SAN ANTONIO TX 78217**

Postmark Here  
 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**SAGECREST O & G LLC**  
**P O BOX 630**  
**FORT WORTH TX 76101**

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5689**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X *GR Garrett*

B. Received by (Printed Name) **GR Garrett** C. Date of Delivery **FEB 25 2014**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 52

7006 0100 0005 5770 5719

7006 0100 0005 5770 5702

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

For delivery information visit **OXY-N.HOBBS**

Postage \$  
Certified Fee \$ 3.30  
Return Receipt Fee (Endorsement Required) \$ 2.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 7.80

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Street, Apt. or PO Box MILTON I TAUBMAN  
P O BOX 3499  
City, State, ZIP+4 TULSA OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**

Postage \$  
Certified Fee \$ 3.30  
Return Receipt Fee (Endorsement Required) \$ 2.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 7.80

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Street, Apt. or PO Box ROBERT M TAUBMAN FAM PRTNRSH  
P O BOX 3499  
City, State, ZIP+4 TULSA OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
MILTON I TAUBMAN  
P O BOX 3499  
TULSA OK 74101

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5719

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:  
  
MILTON I TAUBMAN  
P O BOX 3499  
TULSA OK 74101

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5719

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 M TAUBMAN FAM PRTNRSH  
P O BOX 3499  
TULSA OK 74101

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5702

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) C. Date of Delivery  
KAREN CRUGER FEB 25 2014

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

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

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

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

7006 0100 0005 5770 5726

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)

For delivery information visit **OXY-N.HOBBS**

OFFICE \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To: TAUBMAN MINERALS PRTRNSHP  
 Street, Apt or PO Box P O BOX 3499  
 City, State TULSA OK 74101

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)

For delivery information visit **OXY-N.HOBBS**

OFFICE \* 2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To: CHARLES TAUBMAN FAM LTD PRTRNSHP 2  
 Street, Apt or PO Box P O BOX 3499  
 City, State TULSA OK 74101

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 TAUBMAN MINERALS PRTRNSHP  
 P O BOX 3499  
 TULSA OK 74101

2. Article Number: 7006 0100 0005 5770 5726  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: X [Signature]  Agent  Addressee  
 B. Received by (Printed Name): [Signature] C. Date of Delivery: FEB 25 2014  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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:  
 CHARLES TAUBMAN FAM LTD PRTRNSHP 2  
 P O BOX 3499  
 TULSA OK 74101

2. Article Number: 7006 0100 0005 5770 5467  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: X [Signature]  Agent  Addressee  
 B. Received by (Printed Name): [Signature] C. Date of Delivery: FEB 25 2014  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 54

7006 0100 0005 5771 7583

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)  
 For delivery information visit **OXY-N.HOBBS**

**OFFICIAL USE** \* 2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
 FEB 21 2014  
 TULSA, OK 74101  
 MAIN POST OFFICE

Sent To  
 CHARLES TAUBMAN FAM LTD PRTRNSHP 1  
 or P O BOX 3499  
 TULSA OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7590

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)  
 For delivery information visit **OXY-N.HOBBS**

**OFFICIAL USE** \* 2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
 FEB 21 2014  
 TULSA, OK 74101  
 MAIN POST OFFICE

Sent To  
 RICHARD J TAUBMAN  
 Street, Apt or PO Box BANK OF OK  
 City, State JANICE L TAUBMAN & GLORIA LEDE  
 P O BOX 1588  
 TULSA OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CHARLES TAUBMAN FAM LTD PRTRNSHP 1  
P O BOX 3499  
TULSA OK 74101

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5771 7583

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature  
 [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name)  
 [Signature]  
 C. Date of Delivery  
 FEB 25 2014

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

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

7006 0100 0005 5771 7606

Page | 55

7006 0100 0005 5771 7613

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
 MAURINE TAUBMAN  
 Street, or PO BP O BOX 3499  
 City, State TULSA OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 2

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
 MICHAEL EDWARD DUNBAR  
 Street, or PO Box 366  
 City, State SONORA TX 76950-0366

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 MAURINE TAUBMAN  
 P O BOX 3499  
 TULSA OK 74101

2. Article Number (Transfer from service label) 7006 0100 0005 5771 7606

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) KANA CHOW C. Date of Delivery FEB 25 2014  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 MICHAEL EDWARD DUNBAR  
 P O BOX 366  
 SONORA TX 76950-0366

2. Article Number (Transfer from service label) 7006 0100 0005 5771 7613

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) MIKE DUNBAR C. Date of Delivery FEB 26 2014  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 56

7006 0100 0005 5771 7637

7006 0100 0005 5771 7620

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		250
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent \_\_\_\_\_  
 Street or P.O. Box: **RICHARD J TAUBMAN REV TR  
P O BOX 3499**  
 City: **TULSA OK 74101**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		250
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent \_\_\_\_\_  
 Street or P.O. Box: **RICHARD J TAUBMAN REV TR  
P O BOX 3499**  
 City: **TULSA OK 74101**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**DEMSON FAMILY PARTNERSHIP  
P O BOX 3499  
TULSA OK 74101**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7637**

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): *[Signature]* C. Date of Delivery: **FEB 25 2014**

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**RICHARD J TAUBMAN REV TR  
P O BOX 3499  
TULSA OK 74101**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7620**

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): *[Signature]* C. Date of Delivery: **FEB 25 2014**

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners  
Page | 57

7006 0100 0005 5771 7644  
7006 0100 0005 5771 7651

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

**Postmark Here**  
SANTA FE, NM 87501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

**Sent To**  
ROMY TAUBMAN SEP PROPERTY TR  
Street, Apt. or PO Box: P O BOX 3499  
City, State: TULSA OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

**Postmark Here**  
SANTA FE, NM 87501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

**Sent To**  
LARRY ALLAN DUNBAR  
Street, Apt. or PO Box: P O BOX 258  
City, State: ROCKSPRINGS TX 78880-0252

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ROMY TAUBMAN SEP PROPERTY TR  
P O BOX 3499  
TULSA OK 74101

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5771 7644

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:

LARRY ALLAN DUNBAR  
P O BOX 258  
ROCKSPRINGS TX 78880-0252

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5771 7651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**RECEIVED MAIL**

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

A. Signature  Agent  Addressee

B. Received by (Printed Name) **Romy Taubman**

C. Date of Delivery **FEB 25 2014**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**RECEIVED MAIL**

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

A. Signature  Agent  Addressee

B. Received by (Printed Name) **Larry A Dunbar**

C. Date of Delivery **2.28.14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 58

7006 0100 0005 5771 7668

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

For delivery information visit our **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
**STANLEY THOMAS DUNBAR**  
 Street, Apt. or PO Box **1203 GRINER**  
 City, State **DEL RIO TX 78840**

Postmark Here  
 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit our **OXY-N.HOBBS OFFICE** \*2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
**ANDREW WADE DUNBAR**  
 Street, Apt. or PO Box **P O BOX 194**  
 City, State **ROCKSPRINGS TX 78880-0194**

Postmark Here  
 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**STANLEY THOMAS DUNBAR**  
**1203 GRINER**  
**DEL RIO TX 78840**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7668**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature **[Signature]**  Agent  Addressee

B. Received by (Printed Name) **Stanley Dunbar** C. Date of Delivery **2-27-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
**ANDREW WADE DUNBAR**  
**P O BOX 194**  
**ROCKSPRINGS TX 78880-0194**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7675**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature **[Signature]**  Agent  Addressee

B. Received by (Printed Name) **Timberly Dunbar** C. Date of Delivery **2-26-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 59 7006 0100 0005 5771 8870

7006 0100 0005 5771 8788

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

For delivery information visit **OXY-N.HOBBS OFFICE \*2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street or PO **CONNIE HINMAN**  
 City, State, ZIP+4® **2334 CHRISWOOD TOLEDO OH 43617**

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE \*2**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street or PO **JAMES B THOMAS**  
 City, State, ZIP+4® **3304 CENTENARY AVE DALLAS TX 75225-4833**

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION

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

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

A. Signature  
 Agent  
 Addressee  
*Rebecca H. Powell*

B. Received by (Printed Name)  
*Rebecca H. Powell*

C. Date of Delivery  
*3/17*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*1833 devondale circle  
 Charleston, WJ 25314*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
**CONNIE HINMAN  
 2334 CHRISWOOD  
 TOLEDO OH 43617**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8788**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION

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

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

A. Signature  
 Agent  
 Addressee  
*James B Thomas*

B. Received by (Printed Name)  
*James B Thomas*

C. Date of Delivery  
*2-24-14*

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

1. Article Addressed to:  
**JAMES B THOMAS  
 3304 CENTENARY AVE  
 DALLAS TX 75225-4833**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 8870**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

South Hobbs Unit Working Interest Owners

Page | 60

7006 0100 0005 5771 8917

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit <b>OXY-N.HOBBS</b>	
<b>OFFICE</b>	
Postage	\$
Certified Fee	3.20
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent  
SUSAN G UMPLEBY PEASNER RLTY TR  
Street or P.O. Box  
C/O ASSOCIATED RESOURCES INC A  
City, State, ZIP+4®  
403 S CHEYENNE #800  
TULSA OK 74103

PS Form 3800, June 2002 See Reverse for Instructions

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM

Return

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Abo Petroleum Corp.  
105 South Fourth Street  
Artesia, NM 88210

Adele B. Tucker  
P.O. Box 854  
Carlsbad, NM 88220

Adelle Lockhart  
4263 FM 1954, Route 2  
Wichita Falls, TX 76301

AHC Minerals Family LP  
3300 North "A" Street,  
Building 2  
Mildand, TX 79705

Alice Katherine Brewer and  
Amy Carol Brewer  
310 Van Rowe  
Ducanville, TX 75067

Allen C. Oliphant, Jr.  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

Allene C. Mayo  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

Ameritrust Texas, N.A. trustee for Jeanette  
Clift George and Estate Jeanette E. Clift  
ATTN: Oil & Gas Management Section  
P.O. Box 3285  
Houston, TX 77253

Anderson Carter  
26060 Highway 70  
Ruidoso Downs, NM 88346

Andrea Holt Catania  
3323 North Midland Drive,  
Suite 113-104  
Midland, TX 79701

Andrew H. McElhaney  
95 West Boulder Street  
Colorado Springs, CO 80903

Andrew Hervey & Flavia  
79 El Prado Lane  
Oceanside, CA 92054

Andrew Holt Shelton II  
8001 RedRock Cove  
Austin, TX 78749

Andrew Malcolm Shelton  
1510 25th Street  
Galveston, TX 77550

Anita Rose Evans  
5104 75th Street  
Lubbock, TX 79424

Ann Alyein Hayes  
P.O.Box 89  
Archer, FL 32618

Ann Hooper Taylor  
3033 Red Bluff Circle  
San Angelo, TX 76904

Anne Bourg Knapp  
c/o Oscar A. Bourg, Jr.  
2404 Scenic Drive  
Salt Lake City, UT 84109

Apache Corp.  
2000 Post Oak Blvd., Suite 100  
Houston, TX 77056

April Elizabeth Tucker  
4308 South Rim Court  
Gilbert, AZ 85297

Audrey M. Curry  
1202 West Golf Course Road  
Midland, TX 79701

B.A.Christmas, Jr.  
c/o Jimmy Leeton  
400 West Illinois, Suite 120  
Midland, TX 79701

Bank of America NA, trustee of the  
Winifred Witwer Edwards Trust  
P.O. Box 830308  
Dallas, TX 75238

Bank of America, N.A., as trustee of  
the Shelby Noble Ellis Trust  
P.O. Box 830308  
Dallas, TX 75283

Bank One Texas NA, trustee of the  
Jessie B. Crump Family Trust  
P.O. Box 830308  
Dallas, TX 75238

Bank One Texas NA, trustee of  
the Joe & Jessie Crump Fund  
P.O. Box 2605  
Fort Worth, TX 76113

Barthel Industries LLC  
1214 Caprock  
Hobbs, NM 88240

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Beams Mineral Company c/o Drew Beams 4825 Greenville Avenue Dallas, TX 75206	Beth Hamilton 411 West 11th Post, TX 79356	Bettianne H. Bowen, Trustee of the Bettianne H. Bowen Living Trust 1902 Ivanhoe Lane Abilene, TX 79605
Betty Ann Brewwer 311 West Wheeler Breckenridge, TX 76424	Betty Joyce Perryman Jones 2009 Nowlin Road #58 Coleman, TX 76834	Beverly Bowen deLucia 340 West Colorado, Apt. C Monrovia, CA 91016
Billy Glenn Spadlin 29 Rim Road Kilgore, TX 75662	Bishop Canyon Oil & Gas Box 2183 Roswell, NM 88201	Blankenship Mineral Properties LLC 6412 Avondale Drive, Suite 400 Oklahoma City, OK 73116
Blue Mountain Oil P.O. Box 8504 Midland, TX 79708	Boatmans First National Bank of Oklahoma, Trustee of the Myrtle L. Davis Trust 211 North Robinson Oklahoma City, OK 73102	BP America 501 Westlake Park Blvd Houston, TX 77079
Brace Oil & Gas LLL, J. David Little AIF 2302 Fannin, Suite 500 Houston, TX 77002	Bradford Ace Christmas P.O. Box 173 Wagon Mound, NM 87752	Bradley Gaylord 865 South Steele Street Denver, CO 80209
Bradley Nominee Corp. P.O. Box 198 Palm City, FL 34991	Bran Oil Corp. P.O. Box 2328 Roswell, NM 88201	Branex Resources, Inc. P.O. Box 2328 Roswell, NM 88202
Breck Operating Co. PO BOX 911 Breckenridge , TX 76424	Brett C. Barton 2312 Coach Light Drive Edmond, OK 73013	Brooks Trogolo 2 South Illinois Du Quoin, IL 62832
Bryan E. Lee 777 Main Street, Suite 3200 Fort Worth, TX 76102	Bryan Murphy Dye 6517 Louise Place NE Albuquerque, NM 87109	Bureau of Land Management 620 E Greene St. Carlsbad, NM 88220
Burke Lewis Healey P.O. Box 582 Davis, OK 73030	Burley Doreen Matson Mott P.O. Box 547 Castle Rock, WA 98611	Candy Christmas P.O. Box 771272 Ocala, FL 34477

NORTH HOBBS UNIT AFFECTED MINERAL OWNERS.

Canyon E&P  
251 O Connor Ridge Blvd  
Street E  
Irving, TX 75038

Carl A. Schellinger  
P.O. Box 447  
Roswell, NM 88202-0447

Carolyn Burden Green  
204 Birchwood  
Traverse City, MI 49634

Carolyn Lee Bachman, Maurice Lee  
Bachman, Michele Diane Bachman and  
Jaydee Kay McPhetres co-trustees of the  
Carolyn Lee Bachman Trust dated 11/14/01  
7918 West 90th Street  
Denver, CO 80021

Carter Family Minerals LLC  
P.O. Box 328  
Fort Sumner, NM 88119

Carter Legacy LLC  
5331 85th Street  
Lubbock, TX 79424

Caswell Fincher Neal etux Ethel c/o  
Mary Gene Bloomquist  
14050 East Linvale Place, Unit 202  
Aurora, CO 80014

Caswell Fincher Neal etux Ethel c/o  
Mary Jean Bloomquist  
1934 North McKinley  
Hobbs, NM 88240

Cathie Cone Auvenshine trustee of the  
Auvenshine Children's Testamentary Trust  
u/w/o Kathleen Cone  
P.O. Box 507  
Dripping Springs, TX 78620

Cathye Raye Sewell  
12038 Canyon Valley Drive  
Tomball, TX 77337

Cecile Steckenrider  
Rural Route 2 Box 100  
Herrin, IL 62948

Ceja Corp.  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

Chardonnay I Ltd. c/o J. Holt  
Peacock II  
P.O. Box 1751  
Beaumont, TX 77704

Charlene E. Allmon  
190 Riley Cove  
Kyle, TX 79640

Charles & Beverly Overton as  
Trsutee of the Charles & Beverly  
Overton Revocable Trust  
P.O. Box 32  
Yeso, NM 88136

Charles B. Read  
P.O. Box 1518  
Roswell, NM 88202

Charles David Ellison c/o  
David H. Ellison  
3118 Carroll Avenue  
Cleveland, OH 44113

Charles E. Hinkle  
P.O. Box 1030  
King City, CA 93930

Charles E. Kinkle  
P.O. Box 1030  
King City, CA 93930

Charles Neal Wohlford  
64 Haven Drive  
Fort Smith, AR 72901

Charles W. Oliphant  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

Cherie Tosh  
7222 Timberleaf  
San Antonio, TX 78238

Chevron U.S.A. Inc.  
P.O. Box 1635  
Houston, TX 77251-1635

Chieftain Royalty Company  
P.O. Box 780514  
Tulsa, OK 74101

Christmas Mineral Interests,  
LLC  
1820 Helen Street  
Alice, TX 78332

Christopher Keith Glover  
1826 North Street  
San Angelo, TX 76901

City of Hobbs  
200 E. Broadway  
Hobbs, NM 88240

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Clifford Cone trustee fbo children of  
Clifford Cone Trust u/w/o Kathleen Cone  
P.O. Drawer 1629  
Lovington, NM 88260

Clodette Maner as Guardian of  
the Estate of Haley Lowe  
3424 61st Street  
Lubbock, TX 79413

Coates Energy Interests Ltd.  
P.O. Box 171717  
San Antonio, TX 78217

Coates Energy Trust  
P.O. Box 171717  
San Antonio, TX 78217

Colleen Grady McPheron Wallace  
#2 Violet Circle  
North Little Rock, AR 72116

College of the Southwest  
6610 Lovington Highway  
Hobbs, NM 88240

ConocoPhillips  
3300 North "A" Street, Building 6  
Midland, TX 79705-5490

Constance Rachel Pace  
7206 Wild Valley  
Dallas, TX 75231

Cornelia Aileen England  
2359 Tumbletree Lane  
Reaton, VA 22070

Coy S. Lowe  
3301 42nd Street  
Lubbock, TX 79413

Crawford Culp  
415 East Arriba Drive  
Hobbs, NM 88240

CRJ Resources LLC  
5908 Los Hermanos Court NE  
Albuquerque, NM 87111

Cynthia Hinkle, Trustee for herself  
& Kristin Hinkle & Jenna Hinkle  
Route 3 Box 519  
Carmel, NM 93923

Cynthia Marie Wohlford  
14522 John David  
Pelotrus, TX 78203

D. M. Royalties Ltd.  
P.O. Box 2546  
Fort Worth, TX 76113

Danglade/Speight Family Oil  
& Gas LP  
777 Main Street, Suite 3250  
Fort Worth, TX 76102

David Fred Carr  
6401 Mount Ada Road  
San Diego, CA 92111

David H. Ellison, Personal Rep. of  
the Estate of George Rittenhouse  
Ellison  
3118 Carroll Avenue  
Cleveland, OH 44113

Deborah Louisa Slator Gillan  
7425 West Ranch Road 152  
Llano, TX 78643

Deborah Lyeth Master and First  
Interestate Bank of Denver trustees of  
the Lyeth Oil Trust(Bank)  
P.O. Box 5825  
Denver, CO 80217

Debra D. Dye  
P.O. Box 834  
LaPorte, TX 77572

Debra Lowe Finn  
1500 Broadway, Suite 1230  
Lubbock, TX 79401

Denis Withrow Tarin  
2457 Cincinnati  
San Antonio, TX 78228

Denise Lowe  
3424 61st Street  
Lubbock, TX 79413

Diana Wingfield, Trustee of the  
Diana Wingfield Living Trust  
P.O. Box 1838  
Terrell, TX 75160

Dion Lowe  
2306 Cypress Point West  
Austin, TX 78734

Dixie Eileen Wilda  
1910 Ridgecrest Drive  
Perry, OK 73077

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Don Gourley & Betty  
526 West Taos  
Hobbs, NM 88240

Don Scott Slaughter & Laura Nelson  
Slaughter, Co-Trustees of the Zachary  
Nelson Slaughter Trust; Sally Ann Slaughter  
Trust; Benjamin Wyly Slaughter Trust;  
Elizabeth Leftwich Slaughter Trust  
205 McConnell Drive  
Austin, TX 78746

Donald Leon Williams  
2801 Vista del Arroyo  
San Angelo, TX 76904

Dorothy O. Merkle  
465 Perkimer Avenue  
Haworth, NJ 07641

Douglas C. Koch  
P.O. Box 10651  
Midland, TX 79702

Drew Cornell & Delta B.  
Box 51267  
La Fayette, LA 70501

Dwight L. Johnson, Individually and as  
Executor and Successor Trustee u/w/o  
Edna L. Johnson  
9 Indian Creek Trail  
Lexington, SC 29072

EAP Properties Inc. (c/o  
Encore Acquisition Co.)  
777 Main Street, Suite 1400  
Fort Worth, TX 76102

Earleen Duel Mills and Earle Marvin  
Simon, Executors of the Estate of  
Earle M. Simon  
2528 NW 58th Place  
Oklahoma City, OK 73112

Eastwood Capital Ltd.  
3916 Floyd Drive  
Fort Worth, TX 76116

Edward O. Merkle  
12 Bedford Street  
New York, New York 10014-  
4729

Edward R. Hudson, Jr. trustee of The  
Hudson New Mexico Mineral Trust  
616 Texas Street  
Fort Worth, TX 76102

Elisabeth B. Butler trustee of the  
Elisabeth B. Butler Separate Property  
Declaration of Trust dated 4/18/90  
221 Avenida Princesa  
San Clemente, CA 92762

Elizabeth R. Neal  
1934 North McKinley  
Hobbs, NM 88240

Ellen Anne Wallace Williams trustee of  
the Williams Revocable Trust  
1801 Crestmont Court  
Glendale, CA 91208-2619

Elliott-Hall Company  
P.O. Box 1231  
Ogden, UT 84402

EMG Oil Properties, Inc.  
1000 West Fourth Street  
Roswell, NM 88201

Estate of Kethleen Hallin  
Route 1 Box 251-A  
Davis, OK 73030

Ethel Markham  
3110 38th Street  
Lubbock, TX 79413

Etz Oil Properties Ltd.  
P.O. Box 73406  
Phoenix, AZ 85050

Eusedia S. Stonestreet  
Testamentary Trust  
P.O. Drawer 840738  
Dallas, TX 75284

ExxonMobil Corp.  
P.O. Box 2305  
Houston, TX 77252

Farley Ranch Lowe Family  
Partnership Ltd.  
308 Comet  
Austin, TX 78734

Faye Ruth Brattain & Les  
1902 North Salem  
Anchorage, Alaska 99504

Fern Cone  
3309 43rd Street  
Lubbock, TX 79413

First Baptist Church of Hobbs  
P.O. Box 857  
Hobbs, NM 88240

First National Bank of Roswell trustee of the  
Allie M. Lee f/b/o Reno Cancer Center,  
Inc.; Nevada Children's Foundation, Inc.;  
Nevada Tuberculosis & Health Association  
2801 North Main Street  
Roswell, NM 88201



## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

First Roswell Company  
P.O. Box 1797  
Roswell, NM 88202

Frances Knox Shelton Howell  
1621 68th Street  
Galveston, TX 77551

Frances Neal Johnson et vir  
Charles c/o Melvin R. Neal  
2415 Garland  
Lakewood, CO 80215

Gary E. Ogden trustee  
5339 NW 58th Terrace  
Kansas, MO 64151

Gary Phillips  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

George H. O'Brien  
P.O. Box 1717  
Midland, TX 79702

George M. Slaughter & Betty Slaughter  
Joint Revocable Trust c/o Thomas F.  
Dunn  
4025 Woodland Park Blvd., Suite 150  
Arlington, TX 76013

Gerald Carl Golden  
9602 West 116th  
Overland Park, KS 66210

Gertrude O. Sundgren  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

Glen R. Gross, widow; W.O.  
Gross, Jr.; Mary Jo Gillespie  
1303 NW 4th Street  
Mineral Wells, TX 76067

Gordon Dennis, Independent  
Executor of the Estate of Addie  
Dennis  
2020 North 15th Street  
Temple, TX 76501

Guinevere L. Crabtree  
1727 Eddy Court  
Longmont, CO 80503

H.R. Stansey & Sons Ltd.  
P.O. Box 1826  
Albany, TX 76430

Harold Ray Storie  
Route 'F'  
Silverton, TX 79257

Harry Levy  
4720 NW 75th Street  
Oklahoma City, OK 73132

Hazel Ethridge  
1007 College  
Midland, TX 79701

HDB, LLC c/o Henry D.  
Bedford, Jr.  
664 Fattig Creek Road  
Roundup, Montana 59072

Healey LP  
P.O. Box 2120  
Ardmore, OK 73402

Heidi C. Barton  
1109 East I-30, Apt. 204  
Garland, TX 75043

Helen Fields Harkin  
3997 East Desmond Lane  
Tucson, AZ 85712

Helen Jane Christmas Barby trustee of the  
Helen Jane Christmas Barby Trust dated  
2/14/1992  
P.O. Box 425  
Okarche, OK 73762

Helen Joy Smith Co LLC  
5410 26th Street West  
Bradenton, FL 34207

Helen L. Bedford, Edwin L. Bedford &  
William J. Bedford trustees of the Helen  
Learmont Bedford Family Trust  
P.O. Box 275  
Point Richmond, CA 94807

Herring's Carter Minerals LLC  
P.O. Box 2036  
Roswell, NM 88202

Hess Corporation  
1501 McKinney St  
Houston, TX 77010

Holly Holt Williamson  
702 Crystal Creek Drive  
Austin, TX 78746

Howard C. Eldridge  
2352 Fite Road  
Memphis, TN 38127

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

HRC Inc. P. O. Box 5102 Hobbs, NM 88241	J. Michael Fowler trustee of the Susan Sloan Trust P.O. Box 2403 Midland, TX 79702	J. Penrod Toles etux Sally; Toles- Com Ltd.; The Toles Co. LLC P.O. Drawer 1300 Roswell, NM 88202
J. Stanley Fikes, Jr. P.O. Box 8560 Midland, TX 79708	J.C. Peacock c/o J. Holt Peacock II P.O. Box 1751 Beaumont, TX 77704	J.M. Zachary P.O. Box 2546 Fort Worth, TX 76113
J.W. Hanna, Trustee of the William Chesley Crabtree Trust & Lurline Crabtree Rachel Trust 212 Shelly Drive Tyler, TX 75701	Jack Greenwood Rural Route 1 Herrin, IL 62948	Jack Robinson & Ethel 2120 FM 1780 Morton, TX 79346
Jacqueline Fields Campbell P.O. Box 112 Ouray, CO 81427	James D. Schmidt trustee of the Jean D. Beckwith Trust 515 South Figueroa Street Los Angeles, CA 90071	James Earl Bourg P.O.Box 1510 Ranchos De Taos, NM 87557
James Greenwood Route 1 Mulkeytown, IL 62865	James H. Wilkes 777 Main Street, Suite 3200 Fort Worth, TX 76102	James L. Marr, Trustee of the M&M Families Trust 1308 SW 114th Street Oklahoma City, OK 73170
James Lisle Hinkle P.O. Box 2002 Roswell, NM 88202	James Reed McCrory P.O. Box 25764 Albuquerque, NM 87125	Jan Marie Williams Henderson 2801 Vista del Arroyo San Angelo, TX 76904
Jane M. Borden 2830 East 7th Avenue Denver, CO 80206-3825	Janet K. Brackett 2750 Pierce Street NE Minneapolis, MN 55418	Jean Snajder 1546 East 3rd Avenue Mesa, AZ 85204
Jenna Hinkle 2 Pinewood Lane Novata, CA 94947	Jerit Neal Wohlford 3118 South 41st Street Fort Smith, AR 72903	Jimmy Robertson Energy PO Box 729 Benton, LA 71006
John Elliott Hayes 13 Trow Avenue Stratford, Ontario, Canada N5A4L4	John T. Hinkle & Linda Hinkle, Trustees of the Hinkle Living Trust P.O. Box 1793 Roswell, NM 88201	Joshua J. Leonard & Georage Taylor Co-Personal Rep. of the Estate of Mark Leonard 700 West Silver Hobbs, NM 88240

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Joyce Ann Christmas Brown  
P.O.Box 72  
Watrous, NM 87753

JP Morgan Chase Bank, N.A., Trustee of  
the Nancy Brace Ryan Trust, c/o  
Mineral Management Group  
P.O. Box 2558  
Houston, TX 77252

Judith O. McGinn  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

Judith Rittenhouse  
2434 East Contessa  
Mesa, AZ 85213

Judy Van Gilder  
6012 88th Place  
Lubbock, TX 79424

K&K Minerals LLC  
5400 North Grand Blvd., Suite  
100  
Oklahoma City, OK 73112

Karen Cone  
P.O. Box 8351  
Fayetteville, AR 72702

Karen H. Briggs & David E. Briggs  
242 West Grandview Blvd.  
Erie, PA 16508

Kay Lowe Hughes  
3914 54th Street  
Lubbock, TX 79412

Kay Salem as Guardian of  
Kelly Lowe  
4513 13th Street  
Lubbock, TX 79416

Kay Salem as Guardian of  
Lauren Lowe  
4513 13th Street  
Lubbock, TX 79416

Kayla Cone  
P.O. Box 746  
Fayetteville, AR 72702

KB Sycamore Creek Ranch LP  
P.O.Box 678  
Gainesville, TX 76241

Keith W. Davis  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

Kenneth Cone trustee fbo children of  
Kenneth Cone Trust u/w/o Kathlenn Cone  
P.O. Box 11310  
Midland, TX 79702

Kenneth G. Cone  
P.O. Box 11310  
Midland, TX 79702

Kenneth L. & Jane E. Edwards  
1180 South Luserne Blvd.  
Los Angeles, CA 90019

Kenneth R. Shelton  
1802 Seawall Blvd.  
Galveston, TX 77550

Kenneth R. Shelton, Jr.  
1728 Sealey Street  
Galveston, TX 77550

Kenneth Terrell Tinker  
1008 California SE  
Albuquerque, NM 87108

Keohane, Inc.  
P.O. Box 1120  
Roswell, NM 88202

Kerry Lee Glover c/o  
Christopher Keith Glover  
1826 North Street  
San Angelo, TX 76901

Kirby D. Schneck  
34 Kings Canyon  
New Orleans, LA 70131

Kristen Hinkle  
762 Hayes Street #37  
Seattle, WA 98109

L.M. Harris  
2442 FM 138  
Center, TX 75935

L.M. Robinson LLC  
P.O. Box 847  
Ruidoso, NM 88355

Larry K. Lowe 2313  
Broadway  
Lubbock, TX 79401

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Laura A. Kaempf c/o Twila Gooding 1003 Crestview Circle Farmington, NM 87401	Laura A. Kempf 1325 Valley View Road #302 Glendale, CA 91202	Lauren Hall trustee of the Estate of Lydian H. Woods Trust dated 12/31/2008 4701 Caduceus Place Galveston, TX 77551
Lazy Backwards S Ltd P.O. Box 51087 Midland, TX 79710	LDL Lowe Family Partnership Ltd 308 Comet Austin, TX 78734	Leede Operating Co. LLC 2100 Plaza Tower One, 6400 South Fiddlers Green Circle Englewood, CO 80111
Leo A. Szczotka & Cornilia 2638 Preatwick Court La Jolla, CA 92037	Lewis Weldon Beard 1109 Riverside Drive Jackson, MS 39202	Liberty National Bank, Trustee of the W.T. Reed Trust P.O. Box 1627 Lovington, NM 88260
Linda Lou Gourley 1522 Guadalupe Street San Angelo, TX 76901	Linda Yost Lindh Trustee of the Beverly Yost Lindh 'B' Trust P.O.Box 678 Gainesville, TX 76241	Linda Yost Lindh Trustee of the Kenneth Morgan Lindh 'B' Trust P.O. Box 678 Gainesville, TX 76241
Loran Tyner Lamb c/o Floyd M. Melton P.O. Box 534 Greenwood, MS 38935	Loretta D. Lowe 30040 Royal Mustang Circle Boerne, TX 78006	Loretta Mildred Wilson 369 Sandy Mountain Drive Sunset Beach, TX 78643
Lori L. Lieske 13875 Gates Avenue Northfield, MN 55057	Lori Lee Tyson 290 Sunfest Drive Deatsville, AL 36022	Louis H. Witwer III, trustee of the Louis H. Witwer III Trust P.O. Box 2453 Tulsa, OK 74101
Louise Orr Wise Yandell 3410 Country Club Road Garland, TX 75043	Lucinda Jane Shipp 1015 North 8th Carlsbad, NM 88220	Lula Dennis Brewer Route 1 Celeste, TX 75423
Mack H. Woolridge P.O. Box 1846 Albany, TX 76430	Madeleine Alann Peckham Bedford Trust 1235 Kingston Avenue Alexandria, VA 22302	Maecenas Minerals LP P.O. Box 176 Abilene, TX 79604
Margaret Neal Huestis et vir G.L. c/o Melvin R. Neal 2415 Garland Lakewood, CO 80215	Marguerite T. Ogden 8744 Coffman Path Inver Grove Heights, MN 55076	Marie Eugenia McKnight, c/o Oscar A. Bourg, Jr. 2404 Scenic Drive Salt Lake City, UT 84109

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Marilyn M. Law & James B. Law  
trustees of the Marilyn M. Law  
Revocable Trust dated 2/3/89  
2825 N.W. Grand Blvd. Unit 3  
Oklahoma City, OK 73116

Marjorie A. Eakle  
951 Park Drive  
Kankakee, IL 60901

Marjorie Cone Kastman  
P.O. Box 5930  
Lubbock, TX 79408

Mark E. Hodge  
P.O. Box 158  
Hobbs, NM 88241

Mark Henry Denton  
3375 East Lockett #4  
Flagstaff, AZ 86004

Marshall A. Jacobs, Kathryn S. Jacobs  
and James L. Jacobs as trustees of The  
Jacobs Family Trust, dated 6/13/07  
620 Sand Hill Road, Apt. 207-F  
Palo Alto, CA 94304

Floyd M. Melton, Trustee  
u/w/o John Auston Rittenhouse  
P.O.Box 534  
Greenwood, MS 38935

Martha Ann Rees  
1527 Donnette Place NE  
Albuquerque, NM 87112-4709

Martha Mae Scharbauer Adams, Lynn  
Scharbauer Collett & Ted Kerr trustees  
P.O. Box 194  
Midland, TX 79702

Mary Ann Hastings Stephenson  
3805 Riverview Road NW  
Albuquerque, NM 87102

Mary Carolyn Fasken Bekher  
1314 Bonham  
Odessa, TX 79761

Mary Gene Bloomquist  
14050 East Linvale Place, Unit  
202  
Aurora, CO 80014

Mary Jean Bloomquist  
1934 North McKinley  
Hobbs, NM 88240

Mary T. Ard, trustee of the Edward R.  
Hudson Trust 4, created by The Will of  
Edward R. Hudson, Sr. f/b/o Mary T.Ard  
4808 Westridge Avenue  
Fort Worth, TX 76116

McMahon Energy Partners LP  
4545 South Monaco Street  
#133  
Denver, CO 80237

Michael E. Chapman  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

Michael Harrison Moore  
310 West Wall Street, Suite 404  
Midland, TX 79701

Midwest Royalties, Inc.  
1919 N. Turner St.  
Hobbs, NM 88240-2712

Mildred A. Wright  
P.O. Box 505  
Farmington, NM 87401

Mildred A. Wright trustee of the  
Mildred A. Wright Trust #1  
P.O. Box 505  
Farmington, NM 87401

Mildred E. Slator  
1210 Perry Brooks Building  
Austin, TX 78701

Mildred G. Turner  
P.O. Box 248  
Roswell, NM 88202

Mildred M. Day  
20-10320 Calimesa Blvd.  
Calimesa, CA 92320

MLR, Inc.  
P.O. Box 18967  
Oklahoma City, OK 73154

Molly Catherine Lamb c/o  
Floyd M. Melton  
P.O. Box 534  
Greenwood, MS 38935

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Moore & Shelton Ltd.  
P.O.Box 3070  
Galveston, TX 77552

Morgan Operating Inc  
P. O. Box 118  
Hobbs, NM 88241

Myco Industries, Inc.  
105 South Fourth Street  
Artesia, NM 88210

Namy Energy  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

Nell Cornell Douglas  
11724 Persuasion  
San Antonio, TX 78216

Nell P. Lowe  
Box 53775  
Lubbock, TX 79453

New Mexico Oil Corp.  
P.O. Box 1714  
Roswell, NM 88201

New Mexico Western Minerals, Inc.  
P.O. Box 1738  
Roswell, NM 88202

Norman M. Brewer  
922 Boxwood Drive  
Lewisville, TX 75067

Odell L. Lowe  
Box 53775  
Lubbock, TX 79453

Onez Norman Rooney Testamentary  
Trust c/o D. Craig Story  
1001 NW 63rd, Suite 200  
Oklahoma City, OK 73116

Oscar A. Bourg, Jr.  
2404 Scenic Drive  
Salt Lake City, UT 84109

Overlode, Ltd.  
P.O. Box 148  
Farmington, NM 87401

OXY USA WTP LP  
P.O. Box 77247  
Houston, TX 77227

Pacific Enterprises ABC Corp.  
3131 Turtle Creek Blvd.  
Dallas, TX 75219

Patricia P. Schieffer  
Testamentary Trust  
P.O. Box 840738  
Dallas, TX 75248

Pauline B. Lowe  
317 Atlantic  
Austin, TX 78734

Pauline Storie Savage  
3312 78th Street  
Lubbock, TX 797414

Perry Glynn Gregory  
503 West Vista Parkway  
Roswell, NM 88201

Peter Hurd  
Sentiniel Ranch  
San Patricio, NM 88348

Phillip H. Peacock c/o J. Holt  
Peacock II  
P.O. Box 1751  
Beaumont, TX 77704

Phillip N. Whitt & Karen D.  
Whitt  
500 West Broom Drive  
Hobbs, NM 88240

Pyote Well Servicing Inc.  
400 W Illinois Ave Ste 950  
Midland, TX 79701

Randy George Tinker  
374 FM 170  
Farmington, NM 87401

Randy Lee Cone  
P.O. Box 552  
Jay, OK 74346

Realeza Del Spear LP  
P.O. Box 1684  
Midland, TX 79702

Rector Oil Ltd.  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Republic Royalty Company  
200 Crescent Court, Suite 1055  
Dallas, TX 75201

Richard Lyons Moore  
310 West Wall Street, Suite  
404  
Midland, TX 79701

Richard Lyons Moore & Michael  
Harrison Moore co-trustees u/w/o  
Stephen Scott Moore, dec.  
310 West Wall Street, Suite 404  
Midland, TX 79701

Richard Lyons Moore & Michael  
Harrison Moore co-trustees u/w/o  
Stephen Scott Moore  
310 West Wall, Suite 104  
Midland, TX 79701

Richard Witkins  
256 South Columbia Avenue  
Columbus, OH 43209

Rita Annette Evans c/o Thomas  
Wayne Evans  
136 Rose Street  
Burkburnett, TX 76354

Robert Dale Evans  
5104 75th Street  
Lubbock, TX 79424

Robert Dale Tinker  
5 Cottonwood Lane  
Los Lunas, NM 87031

Robert E. Dennis  
3413 74th Street  
Lubbock, TX 79423

Robert E. Ogden  
1464 Del Norte  
Corona, CA 91719

Robert Greenwood  
Rural Route 2 Box 102  
Herrin, IL 62948

Robert Hooper  
P.O. Box 733  
Roswell, NM 88202

Robert Lee McPheron et ux Irene  
P.O. Box 6273  
Edmond, OK 73083

Robert T. Hartley  
P.O. Box 1407  
Clovis, NM 88101

Roger L. Dennis  
7315 21st Street  
Lubbock, TX 79407

Ron Greenwood  
Route 4 Box 1-E  
Reedsport, OR 97467

Ronald Clark Dunn  
270 Joe Rockey Road  
Raymond, WA 98577

Ronny P. Lowe  
6400 Coors Road NW  
Albuquerque, NM 87120

Rose Matson c/o Mrs. Burley  
Mott  
Box 947  
Castle Rock, WA 98611

Roy G. Barton, III  
2914 Cashell Wood Drive  
Cedar Park, TX 78613

Roy G. Barton, Jr.  
P.O. Box 978  
Hobbs, NM 88241

Roy G. Barton, Jr. trustee of the Roy  
G. Barton, Sr. & Opal Barton  
Revocable Trust  
1919 North Turner Street  
Hobbs, NM 88240

Royalty Holding Company  
3535 NW 58th Street, Suite  
720  
Oklahoma City, OK 73112

RSG Properties Ltd.  
2700 Racquet Club Drive  
Midland, TX 79705

Russell B. Jones & Melissa  
4906 17th Street  
Lubbock, TX 79408

S.C. Storie, Jr.  
Box 638  
Post, TX 79356

Sabre Operating Inc.  
400 W Illinois Ave Ste 950  
Midland, TX 79701-4399

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Samantha Eugenie Withrow c/o  
Theresa Withrow Strain  
P.O. Box 3503  
Wichita Falls, TX 76301

Samuel J. Zanti  
520 Newfield Road  
Glen Bernie, MD 21061

Samuel Jay Zanti  
520 Newfield Road  
Glen Bernie, MD 21061

Sandra Barnard and Patrick A.  
Robinson co-trustee of the Robinson  
Sixth Lake Trust  
29 Dairy Farm Road  
Brookfield, CT 06804

Schumacher Partners II LP  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

Scott A. Ogden  
20593 Cypress Drive  
Farmington, MN 55024

Shana Lowe Conine  
405 Oak Forrest Circle  
Waco, TX 76710

Sharon Aileen Mehs  
372 South Balsam Street  
Lakewood, CO 80226

Shell Western E&P Inc.  
200 N. Dairy Ashford Rd.  
Houston, TX 77079

Sheryl Ann Miller  
P.O. Box 1049  
Leakey, TX 78873

Shriner Hospitals for Crippled  
Children San Francisco Unit  
2211 North Oak Park Avenue  
Chicago, IL 60707

Sisters of the Humility of Mary  
820 West Central Park  
Davenport, IA 52804

Slaughter Investment Corp.  
7700 Sun Island Drive South  
#805  
St. Petersburg, FL 33707

Souther Cross Alliance LLC  
P.O. Box 777  
Davis, OK 73030

St. Mary Hospital Foundation,  
Inc  
P.O. Box 1938  
Roswell, NM 88202

Stanton Brunson  
P.O. Box 619  
Crosbyton, TX

State of New Mexico  
P.O. Box 27115  
Santa Fe, NM 87502

Stuart Evans Burden  
642 Antler Drive  
Boulder, CO 80302

Susan Elisabeth Bowen  
922 East Glenoaks Blvd.  
Glandale, CA 91207

Susan Lamb Griffith  
1510 Belmont  
Jackson, MS 38935

Susanne Shinalt Kendall; Jerry  
Peacock Shinalt Life Estate, c/o J.  
Holt Shinalt  
8921 East Copper Drive  
Sun Lakes, AZ 85248

Suzanne Cunningham trustee of  
the Frances J. Freeman  
Revocable Trust  
3613 East 49th Street  
Tulsa, OK 74135

Sylvie Bryce Trusts u/w/o Angelica S.  
Bryce f/b/o Nina Potter, Clifford Potter,  
Angelica Schuyler Bryce  
P.O. Box 5383  
Denver, CO 80217

Techsys Resources LLC  
PO Box 19465  
Houston, TX 77224

Teddy L. Hartley  
P.O. Box 309  
Clovis, NM 88101

Terry Tinker  
5848 Highway 64  
Farmington, NM 87401

Texland Petroleum Hobbs LLC  
777 Main Street, Suite 3200  
Fort Worth, TX 76102



## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

The Blanco Company  
P.O. Box 1150  
Roswell, NM 88240

The Estate of W.A. Phillips, dec.  
c/o Austin Bank  
P.O. Box 951  
Jacksonville, TX 75766

The Long Trusts  
P.O. Box 3096  
Kilgore, TX 75663

Theresa Arliss Smith (aka  
Theresa Whitley Hill)  
4511 80th Street  
Lubbock, TX 79424

Theresa Withrow Strain  
P.O. Box 3503  
Wichita Falls, TX 76301

Thomas Cone  
P.O. Box 778  
Jay, OK 74346

Thomas James Golden  
P.O. Box 398  
Grand Junction, CO 81502

Thomas Richard Mehs  
6742 Oneida Court  
Englewood, CO 80112

Thomas Wayne Evans  
136 Rose Street  
Burkburnett, TX 76354

Thomas Weldon Tucker c/o Susan  
Lamb Griffith, Agent & AIF  
1510 Belmont  
Jackson, MS 38935

Thomas Wiley Neal, Jr. et ux  
Mildred c/o Melvin R. Neal  
2415 Garland  
Lakewood, CO 80215

Thomas Willey Neal III trustee of the  
Thomas Willey Neall III Revocable  
Trust dated 9/27/1988  
1208 San Pedro NE #104  
Albuquerque, NM 87110

Tierra Oil Co. LLC  
P.O. Box 700698  
San Antonio, TX 78270

Tofte Energy Partners  
P.O. Box 4221  
Casper, WY 82604

Tom R.Cone  
P.O. Box 778  
Jay, OK 74346

Twila Gooding trustee of the Joseph  
E. & Trwila Gooding Living Trust  
1003 Crestview Circle  
Farmington, NM 87401

Vanguard Permian LLC  
7700 San Felipe Suite 485  
Houston, TX 77063

Vera L. Hartley  
4919 34th Street  
Lubbock, TX 79424

Vern Greenwood  
1029 Arlington Drive  
Billings, MT 59102

Victoria Burden Hurley  
281 Woodland  
Brightwaters, NY 11718

Vincent Harold Gourley II  
Box 2215  
Ardmore, OK 72402

Virginia A. Marting Revocable  
Trust  
1306 West Cheyenne Road  
Colorado Springs, CO 80906

Virginia Luttrell  
Box 775  
Miami, OK 74355

Vivian Lowe Anseimi 1  
500 Broadway, Suite 1230  
Lubbock, TX 79401

W.C. Crabtree, Jr.  
905 East Worth Street  
Grapevine, TX 76051

W.H.T. LLC  
258 Compound Road  
Ardmore, OK 73401

Walter O. Ford, trustee of the Injection  
Engineering Services Profit Sharing  
Trust  
P.O. Box 4050  
Santa Fe, NM 89702

## NORTH HOBBS UNIT AFFECTED MINERAL OWNERS

Wayne A. Bissett  
P.O. Box 2101  
Midland, TX 79702

Wells Fargo Bank NA trustee u/w/o  
Ariel Bryce Appleton Trusts f/b/o Lynne  
Appleton, Marc Appleton, Lee Appleton,  
Peter Appleton  
P.O. Box 5383  
Denver, CO 80217

Wells Fargo Bank, N.A., Trustee of the  
Diana Winfield Living Trust dated  
12/10/1998  
400 North Pennsylvania Avenue  
Roswell, NM 88201

Wells Fargo Bank, N.A., Trustee of the  
William D. Schauer Living Trust dated  
10/5/1998  
400 North Pennsylvania Avenue  
Roswell, NM 88201

Wentz Petroleum LLC  
P.O. Box 834  
Davis, OK 73030

Wesley Alan Dunn  
8955 Crystal View Lane  
Flagstaff, AZ 86004

Western Commerce Bank as Agent  
for Rita D. Schneck and William  
Carl Schneck  
P.O. Box 1627  
Lovington, NM 88260

Western Commerce Bank Personal  
Representative of the Estate of Durwood  
O. Jones, Dec. c/o Rita Neal  
P.O. Box 1627  
Lovington, NM 88260

Western Commerce Bank trustee of the  
Frances J. Freeman Revocable Living  
Trust  
P.O. Box 1627  
Lovington, NM 88260

William C. Dennis  
3504 79th Street  
Lubbock, TX 79423

William D. Schauer, Trustee of the  
William D. Schauer Living Trust  
P.O. Box 129  
Terrell, TX 75160

William E. Wise  
7371 South Madison Circle  
Centennial, CO 80122

William F. Pendleton  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

William Shipp & Pamela Shipp trustees  
of the William Marshall Shipp and  
Pamela Ann Dunn Shipp Revocable  
Trust  
1104 West Avenue  
Lovington, NM 88260

William T. Henderson, Jr. and Dorothy L.  
Henderson as trustee of the William T. and  
Dorothy L. Henderson Family Trust by  
Living Trust Agreement, dated 9/10/96  
1327 Terra Court  
Midland, TX 79705-2834

William W. Dennis  
2905 Miles Way, Apt. NBR 91  
Bedford, TX 76021

Willian Cotton Burden  
7345 Park Lane Road  
Longmont, CO 80501

Willie K. Dill, Jr. & Edna  
Box 854-B  
Cedar Park, TX 78613

Wise Oil & Gas No. 8 Ltd.  
6851 NE Loop 820, Suite 110  
North  
Richland Hills, TX 76180

Yates Drilling Company  
105 South Fourth Street  
Artesia, NM 88210

Yates Petroleum Corp.  
105 South Fourth Street  
Artesia, NM 88210

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 1

7006 0100 0005 5771 3783

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS** \*4-1  
**OFFICE**

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

Sent To: Abo Petroleum Corp.  
Street, or PO Box: 105 South Fourth Street  
City, State: Artesia, NM 88210

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3790

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS** \*4-1  
**OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.10
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent To: Adele B. Tucker  
Street, or PO Box: P.O. Box 854  
City, State: Carlsbad, NM 88220

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Abo Petroleum Corp.  
105 South Fourth Street  
Artesia, NM 88210

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 3783

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature: X *A. Argee*  Agent  Addressee

B. Received by (Printed Name): *H. Argee* C. Date of Delivery: *2/24/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Adele B. Tucker  
P.O. Box 854  
Carlsbad, NM 88220

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 3790

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

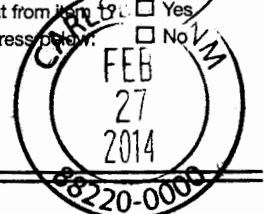
A. Signature: X *Margie Gonzalez*  Agent  Addressee

B. Received by (Printed Name): *Margie Gonzalez* C. Date of Delivery: *2-27-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 2

7006 0100 0005 5771 3806

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS**  
OFFICE \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
SAN ANTONIO, TX 78201  
MAIN POST OFFICE

Sent To  
Street, Apt or PO Box  
City, State  
Adelle Lockhart  
4263 FM 1954, Route 2  
Wichita Falls, TX 76301  
PS Form 3800, June 2002 See Reverse for Instructions

Return

7006 0100 0005 5771 3813

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS**  
OFFICE \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
SAN ANTONIO, TX 78201  
MAIN POST OFFICE

Sent To  
Street, Apt or PO Box  
City, State  
AHC Minerals Family LP  
3300 North "A" Street,  
Building 2  
Mildand, TX 79705  
PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 3

7006 0100 0005 5771 3820

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Alice Katherine Brewer and  
Amy Carol Brewer  
310 Van Rowe  
Ducanville, TX 75067

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3837

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Sent to: Allen C. Oliphant, Jr.  
Street or PO: 1437 South Boulder Avenue  
City: #1250  
Tulsa, OK 74119

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Alice Katherine Brewer and  
Amy Carol Brewer  
310 Van Rowe  
Ducanville, TX 75067

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3820

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: 2/27/14  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Allen C. Oliphant, Jr.  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3837

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: 2-27-14  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 4

7006 0100 0005 5771 3844

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.20
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 27 2014

Sent To: Allene C. Mayo  
 Street, or PO: 1437 South Boulder Avenue  
 City, St: #1250  
 Tulsa, OK 74119

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3851

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.20
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 27 2014

Sent To: Ameritrust Texas, N.A. trustee for Jeanette Clift George and Estate Jeanette E. Clift  
 Street, or PO: ATTN: Oil & Gas Management Section  
 City, St: P.O. Box 3285  
 Houston, TX 77253

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Allene C. Mayo  
 1437 South Boulder Avenue  
 #1250  
 Tulsa, OK 74119

**2. Article Number:**

(Transfer from service label)

7006 0100 0005 5771 3844

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL**

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

**A. Signature**

X Julie McDaniel  Agent  
 Addressee

**B. Received by (Printed Name)**

Julie McDaniel

**C. Date of Delivery**

2-24-14

**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

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page 15

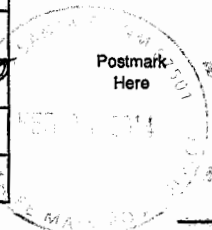
7006 0100 0005 5771 3668

7006 0100 0005 5770 5016

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent

Street or PO: Anderson Carter  
City: 26060 Highway 70  
Ruidoso Downs, NM 88346

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent

Street or PO: Andrea Holt Catania  
City: 3323 North Midland Drive,  
Suite 113-104  
Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

Return

**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:  
  
Andrea Holt Catania  
3323 North Midland Drive,  
Suite 113-104  
Midland, TX 79701

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5016

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: X *Andrea Holt Catania*  Agent  Addressee

B. Received by (Printed Name): *Anderson*

C. Date of Delivery: *2/24/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5146

Mineral Ownership

Page | 6

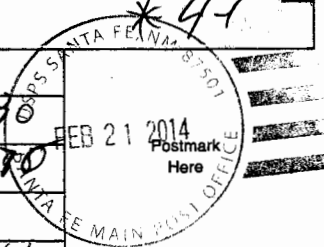
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit

**OFFIC**

OXY-N.HOBBS

Postage	\$
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Send to:  
Andrew H. McElhaney  
95 West Boulder Street  
Colorado Springs, CO 80903

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 5770 5153

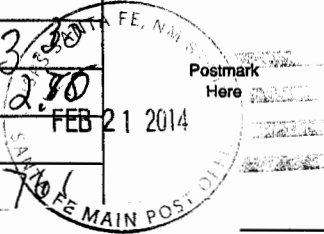
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit

**OFFIC**

OXY-N.HOBBS

Postage	\$
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Send to:  
Andrew Hervey & Flavia  
79 El Prado Lane  
Oceanside, CA 92054

PS Form 3800, June 2002

See Reverse for Instructions

Return



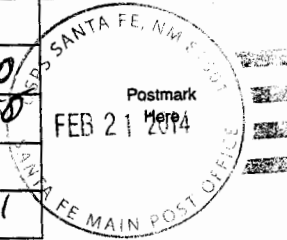
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 7

7006 0100 0005 5770 5160

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Andrew Holt Shelton II  
 8001 RedRock Cove  
 Austin, TX 78749

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Andrew Holt Shelton II  
 8001 RedRock Cove  
 Austin, TX 78749

2. Article Number (Transfer from service label): 7006 0100 0005 5770 5160

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: [Signature]  
 Agent  
 Addressee

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

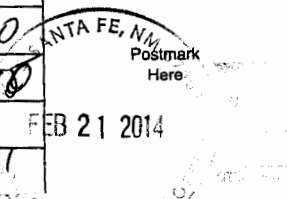
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 5177

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFI** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Andrew Malcolm Shelton  
 1510 25th Street  
 Galveston, TX 77550

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Andrew Malcolm Shelton  
 1510 25th Street  
 Galveston, TX 77550

2. Article Number (Transfer from service label): 7006 0100 0005 5770 5177

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name): Hunter Shelton  
 C. Date of Delivery: 2-25-14

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

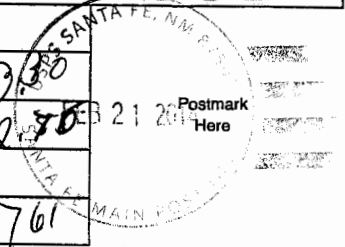
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5184  
Mineral Ownership  
Page | 8

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Signature Required)  
For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

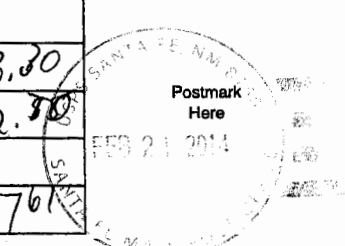


Anita Rose Evans  
5104 75th Street  
Lubbock, TX 79424

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Signature Required)  
For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent  
Street or P.O. Box  
City  
Ann Aleyin Hayes  
P.O.Box 89  
Archer, FL 32618

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
SENDER: COMPLETE THIS SECTION

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

■ 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:  
  
Anita Rose Evans  
5104 75th Street  
Lubbock, TX 79424

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5184**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery **2-24-14**  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Return

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 9

7006 0100 0005 5770 5207

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
**OXY-N.HOBBS**  
 For delivery information visit  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01



Sent 1  
 Street or PO: Ann Hooper Taylor  
 3033 Red Bluff Circle  
 City, State: San Angelo, TX 76904  
 PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5214

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
**OXY-N.HOBBS**  
 For delivery information visit  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01



Sent 1  
 Street or PO: Anne Bourg Knapp  
 c/o Oscar A. Bourg, Jr.  
 2404 Scenic Drive  
 City, State: Salt Lake City, UT 84109  
 PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Anne Bourg Knapp  
 c/o Oscar A. Bourg, Jr.  
 2404 Scenic Drive  
 Salt Lake City, UT 84109

2. Article Number (Transfer from service label): 7006 0100 0005 5770 5214

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

OXY  
NORTH HOBBS UNIT

Mineral Ownership

Page | 10

7006 0100 0005 5771 3776

7006 0100 0005 5771 3769

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2004

Sent To  
Street, or PO  
City, St  
 Apache Corp.  
 2000 Post Oak Blvd., Suite 100  
 Houston, TX 77056

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2004

Sent To  
Street, or PO  
City, St  
 April Elizabeth Tucker  
 4308 South Rim Court  
 Gilbert, AZ 85297

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Apache Corp.  
 2000 Post Oak Blvd., Suite 100  
 Houston, TX 77056

2. Article Number (Transfer from service label)  
 7006 0100 0005 5771 3769

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 [Signature]

B. Received by (Printed Name)  
 Anna B.

C. Date of Delivery  
 2-25-14

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

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:  
 April Elizabeth Tucker  
 4308 South Rim Court  
 Gilbert, AZ 85297

2. Article Number (Transfer from service label)  
 7006 0100 0005 5771 3776

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 [Signature]

B. Received by (Printed Name)

C. Date of Delivery

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

7006 0100 0005 5770 5290

Mineral Ownership Page | 11

7006 0100 0005 5770 5054

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

**OXY-N.HOBBS** \* 4-1

For delivery information visit **OFFI**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To  
 Audrey M. Curry  
 1202 West Golf Course Road  
 Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

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

**OXY-N.HOBBS** \* 4-1

For delivery information visit **OFFI**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To  
 B.A.Christmas, Jr.  
 c/o Jimmy Leeton  
 400 West Illinois, Suite 120  
 Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Audrey M. Curry  
 1202 West Golf Course Road  
 Midland, TX 79701

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5290**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  
 *A. Curry*  Addressee

B. Received by (Printed Name) *Audrey Curry* C. Date of Delivery *2/24/14*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 B.A.Christmas, Jr.  
 c/o Jimmy Leeton  
 400 West Illinois, Suite 120  
 Midland, TX 79701

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5054**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  
 *B.A. Christmas, Jr.*  Addressee

B. Received by (Printed Name) *B.A. Christmas, Jr.* C. Date of Delivery *2/24/14*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

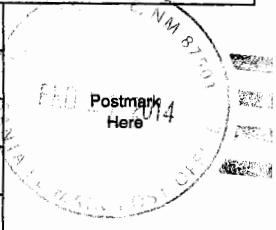
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 12

7006 0100 0005 5770 5061

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our **OFFICIAL WEBSITE**  
**OXY-N.HOBBS**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Bank of America NA, trustee of the  
Winifred Witwer Edwards Trust  
Street, Apt. or PO Box: P.O. Box 830308  
City, State: Dallas, TX 75238

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5078

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our **OFFICIAL WEBSITE**  
**OXY-N. HOBBS**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Bank of America, N.A., as trustee of  
the Shelby Noble Ellis Trust  
Street, Apt. or PO Box: P.O. Box 830308  
City, State: Dallas, TX 75283

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Bank of America NA, trustee of the  
Winifred Witwer Edwards Trust  
P.O. Box 830308  
Dallas, TX 75238

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5061**

**COMPLETE THIS SECTION AT TOP OF ENVELOPE FOR DELIVERY**

A. Signature: *X [Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery **FEB 28 2014**

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

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 13

7006 0100 0005 5770 5085

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Postage Needed for Return Receipt)*

For delivery information visit **OXY-N.HOBBS**  
**OFFICIAL** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 DALLAS, TX MAIN POST OFFICE

*Sent To* Bank One Texas NA, trustee of the  
*Street, or PO B* Jessie B. Crump Family Trust  
*City, State* P.O. Box 830308  
 Dallas, TX 75238

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5092

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Postage Needed for Return Receipt)*

For delivery information visit **OXY-N.HOBBS**  
**OFFICIAL** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 DALLAS, TX MAIN POST OFFICE

*Sent To* Bank One Texas NA, trustee of  
*Street, or PO B* the Joe & Jessie Crump Fund  
*City, State* P.O. Box 2605  
 Fort Worth, TX 76113

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5092

**SENDER: COMPLETE THIS SECTION**

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

■ 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:

Bank One Texas NA, trustee of  
 the Joe & Jessie Crump Fund  
 P.O. Box 2605  
 Fort Worth, TX 76113

2. Article Number (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *Robert Boyle*  Agent  Addressee  
 B. Received by (Printed Name) *Robert Boyle* C. Date of Delivery *2/21/14*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5108

Mineral Ownership  
Page | 14

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

For delivery information visit **OXY-N.HOBBS** \*4-1  
**OFFICE**

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

SANTA FE, NM 87501  
FEB 21 2014  
MAIN POST OFFICE

**Sent To:** Barthel Industries LLC  
1214 Caprock  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5115

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

For delivery information visit **OXY-N.HOBBS** \*4-1  
**OFFICE**

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

SANTA FE, NM 87501  
FEB 21 2014  
MAIN POST OFFICE

**Sent To:** Beams Mineral Company c/o  
Drew Beams  
4825 Greenville Avenue  
Dallas, TX 75206

PS Form 3800, June 2002 See Reverse for Instructions

Return

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Beams Mineral Company c/o  
Drew Beams  
4825 Greenville Avenue  
Dallas, TX 75206

2. Article Number (Transfer from service label)  
7006 0100 0005 5770 5115

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Thomas*  Agent  Addressee  
 B. Received by (Printed Name): *CTHOMAS*  
 C. Date of Delivery: *2-24-14*

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



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5122

Mineral Ownership

Page | 15

7006 0100 0005 5770 5139

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit **OXY-N.HOBBS**  
 OFFICE \*4-1

Postage	\$	
Certified Fee		3.39
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street, or PO Box  
 City, State, ZIP+4®  
 Beth Hamilton  
 411 West 11th  
 Post, TX 79356

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit **OXY-N.HOBBS**  
 OFFICE \*4-1

Postage	\$	
Certified Fee		3.70
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 20 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street, or PO Box  
 City, State, ZIP+4®  
 Bettianne H. Bowen, Trustee of the  
 Bettianne H. Bowen Living Trust  
 1902 Ivanhoe Lane  
 Abilene, TX 79605

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Beth Hamilton  
411 West 11th  
Post, TX 79356

2. Article Number  
(Transfer from service label)

7006 0100 0005 5770 5122

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature  
x Beth Hamilton  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
3-6-14

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OXY  
 NORTH HOBBS UNIT

Mineral Ownership  
 Page | 16

7006 0100 0005 5770 5306

7006 0100 0005 5770 5313

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL** #4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here **FEB 21 2014**

Sent To: Betty Ann Brewwer  
 311 West Wheeler  
 Breckenridge, TX 76424

PS Form 3800, June 2002 See Reverse for Instructions

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

**OXY-N.HOBBS**

For delivery information visit **OFFICIAL** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here **FEB 21 2014**

Sent To: Betty Joyce Perryman Jones  
 209 Nowlin Road #58  
 Coleman, TX 76834

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Betty Ann Brewwer  
 311 West Wheeler  
 Breckenridge, TX 76424

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5306**

3. Service Type - 7642  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X *Sandra Anderson*

B. Received by (Printed Name) *Sandra Anderson* C. Date of Delivery *2-25-14*

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

**FEB 25 2014**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 17

7006 0100 0005 5770 5320

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Postage Necessary for Return Receipt)

**OXY-N.HOBBS**

For delivery information visit **OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent To: Beverly Bowen deLucia  
340 West Colorado, Apt. C  
Monrovia, CA 91016

PS Form 3800, June 2002 See Reverse for Instructions

USPS SANTA FE, NM 87501  
FEB 21 2014  
Postmark Here  
SANTA FE MAIN POST OFFICE

7006 0100 0005 5770 5337

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Postage Necessary for Return Receipt)

**OXY-N.HOBBS**

For delivery information visit **OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent To: Billy Glenn Spadlin  
29 Rim Road  
Kilgore, TX 75662

PS Form 3800, June 2002 See Reverse for Instructions

USPS SANTA FE, NM 87501  
FEB 21 2014  
Postmark Here  
SANTA FE MAIN POST OFFICE

**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:

Billy Glenn Spadlin  
29 Rim Road  
Kilgore, TX 75662

2. Article Number:  
(Transfer from service label)

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  
 Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5770 5337

OXY  
 NORTH HOBBS UNIT

Mineral Ownership  
 Page | 18

7006 0100 0005 5770 5351

7006 0100 0005 5770 5344

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail Permitted)  
 For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: Blankenship Mineral Properties LLC  
 Street, or P.O.: 6412 Avondale Drive, Suite 400  
 City, State: Oklahoma City, OK 73116

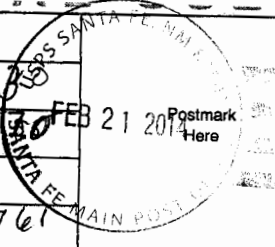
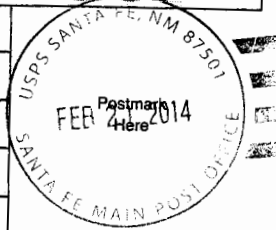
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail Permitted)  
 For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent: Bishop Canyon Oil & Gas  
 Street, or P.O.: Box 2183  
 City, State: Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions



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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Blankenship Mineral Properties LLC  
 6412 Avondale Drive, Suite 400  
 Oklahoma City, OK 73116

2. Article Number (Transfer from service label): 7006 0100 0005 5770 5351

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Kathie Price*  Agent  Addressee  
 B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: 2-24-14  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

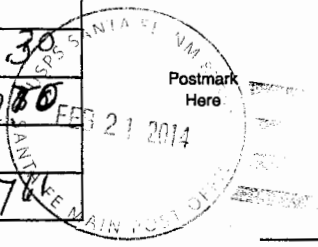
(Domestic Mail Only; No Insurance Coverage Provided) **OXY-N.HOBBS**

For delivery information visit

**OFFICIAL**

\*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.40



Sent To: Blue Mountain Oil  
 Street, or PO: P.O. Box 8504  
 City, State: Midland, TX 79708

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5368

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 19

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

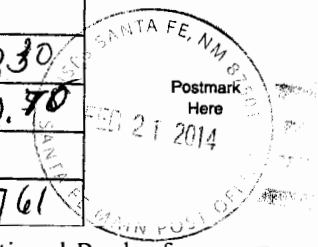
(Domestic Mail Only; No Insurance Coverage Provided) **OXY-N.HOBBS**

For delivery information visit

**OFFICIAL**

\*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To: Boatmans First National Bank of  
 Oklahoma, Trustee of the Myrtle L.  
 Street, or PO: Davis Trust  
 City, State: 211 North Robinson  
 Oklahoma City, OK 73102

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5375

Return

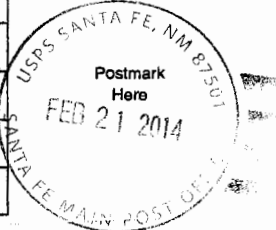
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5382

Mineral Ownership  
Page | 20

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
**OXY-N.HOBBS**  
 For delivery information visit [usps.com](#)  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.10
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

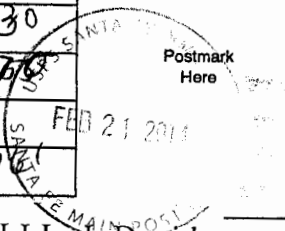


BP America  
 501 Westlake Park Blvd  
 Houston, TX 77079  
 PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5399

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
**OXY-N.HOBBS**  
 For delivery information visit [usps.com](#)  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.05



Brace Oil & Gas LLL, J. David  
 Little AIF  
 2302 Fannin, Suite 500  
 Houston, TX 77002  
 PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Brace Oil & Gas LLL, J. David  
 Little AIF  
 2302 Fannin, Suite 500  
 Houston, TX 77002

2. Article Number:   
 (Transfer from service label)

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

A. Signature  Agent  Addressee  
*x chasfermin*

B. Received by (Printed Name) C. Date of Delivery  
*Courtney Masson Miller 2-26-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5770 5399

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5405

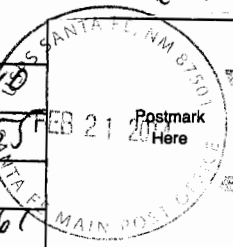
Mineral Ownership  
Page | 21

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

For delivery information visit **OXY-N.HOBBS**

**OFFIC** \*4-1

Postage	\$	
Certified Fee		3.15
Return Receipt Fee (Endorsement Required)		2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City, \_\_\_\_\_  
Bradford Ace Christmas  
P.O. Box 173  
Wagon Mound, NM 87752

PS Form 3800, June 2002 See Reverse for Instructions

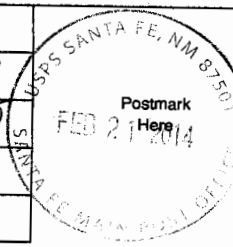
7006 0100 0005 5770 5412

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

For delivery information visit **OXY-N.HOBBS**

**OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City, State \_\_\_\_\_  
Bradley Gaylord  
865 South Steele Street  
Denver, CO 80209

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Bradley Gaylord  
865 South Steele Street  
Denver, CO 80209

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5770 5412

**CERTIFIED MAIL**

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

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5429

Mineral Ownership  
Page | 22

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Signature Coverage Provided)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76.11

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501

Sent to  
Street or P.O. Box  
City, State, ZIP+4®  
Bradley Nominee Corp.  
P.O. Box 198  
Palm City, FL 34991

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5221

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Signature Coverage Provided)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76.11

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501

Sent to  
Street or P.O. Box  
City, State, ZIP+4®  
Bran Oil Corp.  
P.O. Box 2328  
Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

Return



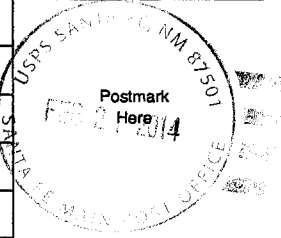
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 23

7006 0100 0005 5770 5236

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS OFFIC** \*4-1

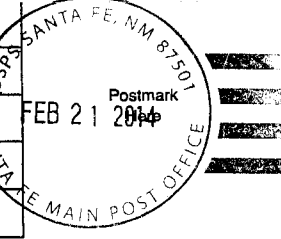
Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



7006 0100 0005 5770 5245  
 Branex Resources, Inc.  
 P.O. Box 2328  
 Roswell, NM 88202  
 PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS OFFIC** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



7006 0100 0005 5770 5245  
 Breck Operating Co.  
 PO BOX 911  
 Breckenridge, TX 76424  
 PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

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

1. Article Addressed to:  
  
 Breck Operating Co.  
 PO BOX 911  
 Breckenridge, TX 76424

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5245

OXY  
NORTH HOBBS UNIT

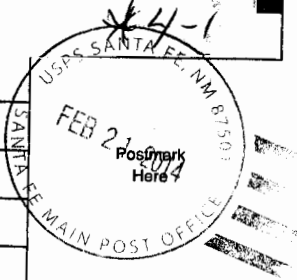
Mineral Ownership  
Page | 24

7006 0100 0005 5770 5252

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

For delivery information visit  
**OXY-N.HOBBS**  
**OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



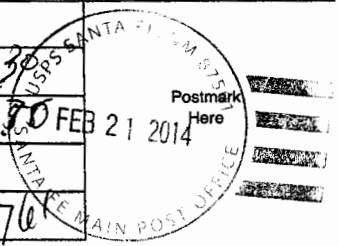
Sent To  
Street or PO, City, State, ZIP+4®  
Brett C. Barton  
2312 Coach Light Drive  
Edmond, OK 73013  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5269

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

For delivery information visit  
**OXY-N.HOBBS**  
**OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Street or PO, City, State, ZIP+4®  
Brooks Trogolo  
2 South Illinois  
Du Quoin, IL 62832  
PS Form 3800, June 2002 See Reverse for Instructions

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 25

7006 0100 0005 5770 5276

7006 0100 0005 5770 5283

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

For delivery information via **OXY-N.HOBBS** \*4-1

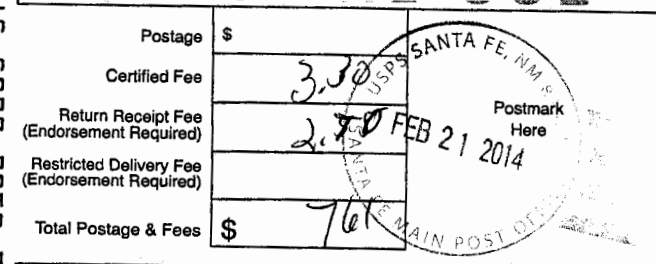
**OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76¢

Postmark Here: SANTA FE, NM FEB 21 2014

Sent To: Bryan E. Lee  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

PS Form 3811, February 2004 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Bryan E. Lee  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

2. Article Number (Transfer from service label): 7006 0100 0005 5770 5276

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Penny Stafford*  Agent  Addressee  
 B. Received by (Printed Name): PENNY STAFFORD  
 C. Date of Delivery: 2-24-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C

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

For delivery information via **OXY-N.HOBBS** \*4-1

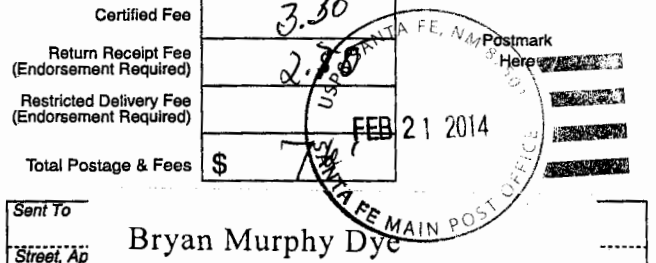
**OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here: SANTA FE, NM FEB 21 2014

Sent To: Bryan Murphy Dye  
6517 Louise Place NE  
Albuquerque, NM 87109

PS Form 3800, June 2002 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Bryan Murphy Dye  
6517 Louise Place NE  
Albuquerque, NM 87109

2. Article Number (Transfer from service label): 7006 0100 0005 5770 5283

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Bryan Murphy Dye*  Agent  Addressee  
 B. Received by (Printed Name): J. Murphy Dye  
 C. Date of Delivery: 2-22-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3912

Mineral Ownership  
Page | 26

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insured Mail Allowed)

For delivery information visit **OFFICIAL** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Sent to: Bureau of Land Management  
620 E Greene St.  
Carlsbad, NM 88220

Postmark Here: SANTA FE, NM 87501  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insured Mail Allowed)

For delivery information visit **OFFICIAL** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Sent to: Burke Lewis Healey  
P.O. Box 582  
Davis, OK 73030

Postmark Here: SANTA FE, NM 87501  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *LISA J SCOTT*  Agent  Addressee

B. Received by (Printed Name): *LISA J SCOTT*

C. Date of Delivery: *2/24/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
  
Bureau of Land Management  
620 E Greene St.  
Carlsbad, NM 88220

2. Article Number: **7006 0100 0005 5771 3912**  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

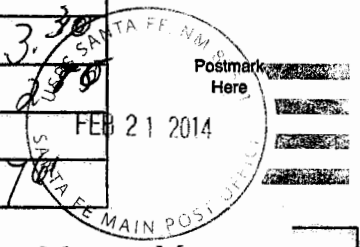
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3936

Mineral Ownership  
Page | 27

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS**  
*\* 4-1*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.00

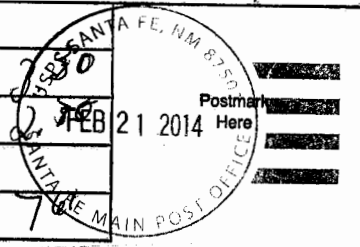


Sent To  
 Street, or PO B  
 City, St  
 Burley Doreen Matson Mott  
 P.O. Box 547  
 Castle Rock, WA 98611

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS**  
*\* 4-1*

Postage	\$
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.00



Sent To  
 Street, or PO B  
 City, St  
 Candy Christmas  
 P.O. Box 771272  
 Ocala, FL 34477

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Burley Doreen Matson Mott  
 P.O. Box 547  
 Castle Rock, WA 98611

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3936

3. Service Type - 98611  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 *Willie D. Mott*  Agent  
 Addressee

B. Received by (Printed Name) *WILLIE D. MOTT* Date of Delivery *FEB 25 2014*

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

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

PS Form 3800, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 28

7006 0100 0005 5771 3950

7006 0100 0005 5771 3967

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; Not for International Mail)*

For delivery information visit **OXY-N.HOBBS**

**OFFICIAL USE** \*4-1

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.61</b>

Postmark Here: **SANTA FE, NM 87501**  
**FEB 21 2014**

Sent to:  
 Canyon E&P  
 251 O Connor Ridge Blvd  
 Street E  
 Irving, TX 75038

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; Not for International Mail)*

For delivery information visit **OXY-N.HOBBS**

**OFFICIAL USE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.61</b>

Postmark Here: **SANTA FE, NM 87501**  
**FEB 21 2014**

Sent to:  
 Carl A. Schellinger  
 P.O. Box 447  
 Roswell, NM 88202-0447

PS Form 3800, June 2002 See Reverse for Instructions

Return

**CERTIFIED MAIL™**

**SENDER: COMPLETE THIS SECTION**

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

<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Pat Schellinger</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Pat Schellinger</i>	C. Date of Delivery  
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;">           Carl A. Schellinger            P.O. Box 447            Roswell, NM 88202-0447         </div>		
2. Article Number <i>(Transfer from service label)</i>		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7006 0100 0005 5771 3967

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3974  
Mineral Ownership  
Page | 29

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

For delivery information  
**OXY-N.HOBBS**  
\*4-1

**OFFICIAL USE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
FEB 21 2014

Sent To  
Street or PO  
City, State, ZIP+4  
Carolyn Burden Green  
204 Birchwood  
Traverse City, MI 49634

PS Form 3800, June 2002 See Reverse for Instructions

Return

7006 0100 0005 5771 3981

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

For delivery information  
**OXY-N.HOBBS**  
\*4-1

**OFFICIAL USE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
FEB 21 2014

Sent To  
Street or PO  
City, State, ZIP+4  
Carolyn Lee Bachman, Maurice Lee  
Bachman, Michele Diane Bachman and  
Jaydee Kay McPhetres co-trustees of the  
Carolyn Lee Bachman Trust dated 11/14/01  
7918 West 90th Street  
Denver, CO 80021

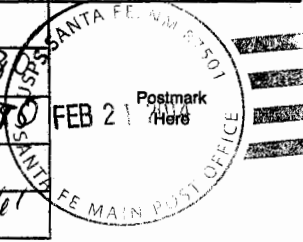
PS Form 3800, June 2002 See Reverse for Instructions

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 3998

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No International)*  
 For delivery information visit **OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
 Street, or PO Box  
 City, State  
**Carter Family Minerals LLC**  
**P.O. Box 328**  
**Fort Sumner, NM 88119**

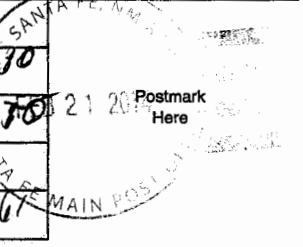
PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership Page | 30

7006 0100 0005 5771 4001

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No International)*  
 For delivery information visit **OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
 Street, or PO Box  
 City, State  
**Carter Legacy LLC**  
**5331 85th Street**  
**Lubbock, TX 79424**

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**Carter Family Minerals LLC**  
**P.O. Box 328**  
**Fort Sumner, NM 88119**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 3998**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Shirley Carter*  
 B. Received by (Printed Name):  
 C. Date of Delivery: **2-24-14**  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**Carter Legacy LLC**  
**5331 85th Street**  
**Lubbock, TX 79424**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 4001**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Steve Patton*  
 B. Received by (Printed Name): **Steve Patton**  
 C. Date of Delivery: **2-24-14**  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 31

7006 0100 0005 5771 3561

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Postage Provided)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Caswell Fincher Neal etux Ethel c/o  
Street or PO: Mary Gene Bloomquist  
City, State: 14050 East Linvale Place, Unit 202  
Aurora, CO 80014

PS Form 3800, June 2002 See Reverse for Instructions

*Postmark Here*  
FEB 21 2014  
SANTA FE MAIN POST OFFICE 87501

7006 0100 0005 5771 3578

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Postage Provided)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Caswell Fincher Neal etux Ethel c/o  
Street or PO: Mary Jean Bloomquist  
City, State: 1934 North McKinley  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

*Postmark Here*  
FEB 21 2014  
SANTA FE MAIN POST OFFICE 87501

Return

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 3585

Mineral Ownership  
Page | 32

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

For delivery information via **OXY-N.HOBBS**  
**OFFFI** \*4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 700

Sent To: Cathie Cone Auvenshine trustee of the Auvenshine Children's Testamentary Trust u/w/o Kathleen Cone P.O. Box 507 Dripping Springs, TX 78620

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Cathie Cone Auvenshine trustee of the Auvenshine Children's Testamentary Trust u/w/o Kathleen Cone P.O. Box 507 Dripping Springs, TX 78620

2. Article Number: 7006 0100 0005 5771 3585  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: x H. Brown  Agent  Addressee

B. Received by (Printed Name): H. Brown C. Date of Delivery: 2-25-14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5771 3592

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

For delivery information via **OXY-N.HOBBS**  
**OFFFI** \*4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 700

Sent To: Cathye Raye Sewell 12038 Canyon Valley Drive Tomball, TX 77337

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Cathye Raye Sewell 12038 Canyon Valley Drive Tomball, TX 77337

2. Article Number: 7006 0100 0005 5771 3592  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: x C. Sewell  Agent  Addressee

B. Received by (Printed Name): CATHYE SEWELL C. Date of Delivery: 2-24-14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3608

Mineral Ownership  
Page | 33

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Santa Fe, NM 87500  
FEB 21 2014  
Postmark Here

Sent  
Street or PO City:  
Cecile Steckenrider  
Rural Route 2 Box 100  
Herrin, IL 62948

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3615

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Santa Fe, NM 87500  
FEB 21 2014  
Postmark Here

Sent  
Street or PO City:  
Ceja Corp.  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

PS Form 3800, June 2002 See Reverse for Instructions

# Return

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ceja Corp.  
1437 South Boulder Avenue  
#1250  
Tulsa, OK 74119

2. Article Number (Transfer from service label) **7006 0100 0005 5771 3615**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
*John McDaniel*

B. Received by (Printed Name)  Date of Delivery  
*John McDaniel* *2-24-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

Mineral Ownership

Page | 34

7006 0100 0005 5771 3875

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

For delivery information visit our **OFFICIAL** **OXY-N.HOBBS** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: Chardonnay I Ltd. c/o J. Holt  
 Street, or PO: Peacock II  
 City, St: P.O. Box 1751  
 PS Form: Beaumont, TX 77704

Postmark: FEB 24 2014  
 SANTA FE, NM 87501

See Reverse for Instructions

7006 0100 0005 5771 3882

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

For delivery information visit our **OFFICIAL** **OXY-N.HOBBS** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: Charlene E. Allmon  
 Street, or PO: 190 Riley Cove  
 City, St: Kyle, TX 79640

Postmark: FEB 21 2014  
 SANTA FE, NM 87501

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Chardonnay I Ltd. c/o J. Holt  
 Peacock II  
 P.O. Box 1751  
 Beaumont, TX 77704

2. Article Number  
 (Transfer from service label)

7006 0100 0005 5771 3875

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: FEB 24 2014

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Charlene E. Allmon  
 190 Riley Cove  
 Kyle, TX 79640

2. Article Number  
 (Transfer from service label)

7006 0100 0005 5771 3882

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**

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

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Dora Setliff C. Date of Delivery: 2/25/14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 35

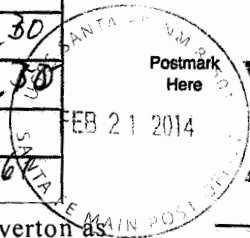
7006 0100 0005 5771 3899

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

For delivery information visit **OFFIC**

OXY-N.HOBBS \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76



Charles & Beverly Overton as  
Trsutee of the Charles & Beverly  
Overton Revocable Trust  
P.O. Box 32  
Yeso, NM 88136

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Charles & Beverly Overton as  
Trsutee of the Charles & Beverly  
Overton Revocable Trust  
P.O. Box 32  
Yeso, NM 88136

2. Article Number  
(Transfer from service label)

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

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*Lin Hesel*

C. Date of Delivery  
*2-27-14*

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

7006 0100 0005 5771 3899

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5771 3905

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

For delivery information visit **OFFIC**

OXY-N.HOBBS \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76



Charles B. Read  
P.O. Box 1518  
Roswell, NM 88202

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Charles B. Read  
P.O. Box 1518  
Roswell, NM 88202

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*CHARLES B. READ*

C. Date of Delivery  
*FEB 25 2014*

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

7006 0100 0005 5771 3905

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3462

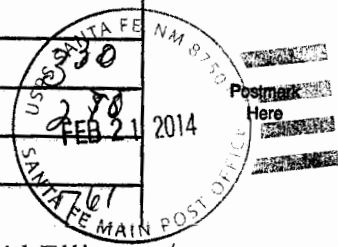
Mineral Ownership  
Page | 36

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

For delivery information visit **OFFIC**

OXY-N.HOBBS \* 4-1

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



Ser Charles David Ellison c/o  
 Str David H. Ellison  
 or F 3118 Carroll Avenue  
 City Cleveland, OH 44113

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Charles David Ellison c/o  
 David H. Ellison  
 3118 Carroll Avenue  
 Cleveland, OH 44113

2. Article Number (Transfer from service label)

7006 0100 0005 5771 3462

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**

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

A. Signature  Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Charles E. Hinkle  
 P.O. Box 1030  
 King City, CA 93930

2. Article Number (Transfer from service label)

7006 0100 0005 5771 3479

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**

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

A. Signature  Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

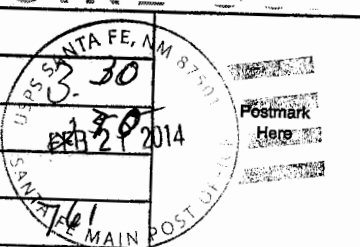
7006 0100 0005 5771 3479

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

For delivery information visit **OFFIC**

OXY-N.HOBBS \* 4-1

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



Ser Charles E. Hinkle  
 Str P.O. Box 1030  
 or I  
 City King City, CA 93930

PS Form 3800, June 2002 See Reverse for Instructions

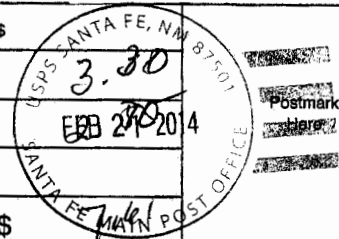
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 37

7006 0100 0005 5771 3486

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

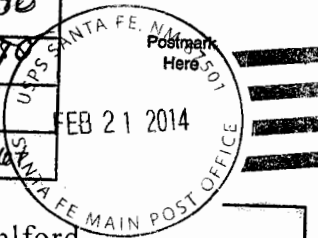
Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.98
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.26



Sent \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, \_\_\_\_\_  
 PS Form 3811, February 2004 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.98
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.26



Sent \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, \_\_\_\_\_  
 PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Charles E. Kinkle  
P.O. Box 1030  
King City, CA 93930

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature  Agent  Addressee  
*[Signature]*

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

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

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Charles Neal Wohlford  
64 Haven Drive  
Fort Smith, AR 72901

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 3493

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 2/24/14

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

OXY  
NORTH HOBBS UNIT

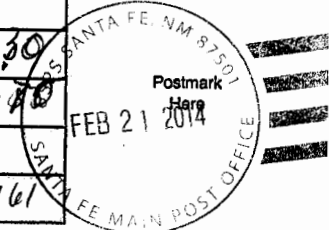
Mineral Ownership

Page | 38

7006 0100 0005 5771 3509

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.40
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

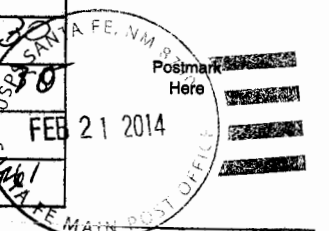


Sent To: Charles W. Oliphant  
 Street, or PO B: 1437 South Boulder Avenue  
 City, St: #1250  
 Tulsa, OK 74119  
 PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5771 3516

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.40
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



Sent To: Cherie Tosh  
 Street, or PO B: 7222 Timberleaf  
 City, St: San Antonio, TX 78238  
 PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Charles W. Oliphant  
 1437 South Boulder Avenue  
 #1250  
 Tulsa, OK 74119

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3509

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Julie McJannet*  Agent  Addressee  
 B. Received by (Printed Name): Julie McJannet C. Date of Delivery: 2-24-14  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3523

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76.10



Sent  
Street or P.O. Box  
City, State, ZIP+4®  
Chevron U.S.A. Inc.  
P.O. Box 1635  
Houston, TX 77251-1635

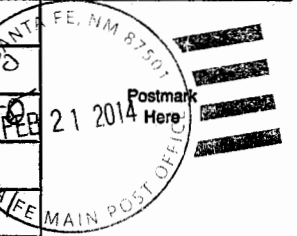
PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership  
Page | 39

7006 0100 0005 5771 3530

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 70.10



Sent To  
Street, P.O. Box, or POB  
City, State, ZIP+4®  
Chieftain Royalty Company  
P.O. Box 780514  
Tulsa, OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Chevron U.S.A. Inc.  
P.O. Box 1635  
Houston, TX 77251-1635

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5771 3523

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**RESTRICTED DELIVERY**

A. Signature  
**X** *[Signature]*

B. Received by (Printed Name)  
[ ] Addressed to Agent  
[ ] Restricted Delivery

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

3. Service Type
- [X] Certified Mail [ ] Express Mail  
[ ] Registered [X] Return Receipt for Merchandise  
[ ] Insured Mail [ ] C.O.D.

4. Restricted Delivery? (Extra Fee) [ ] Yes

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership

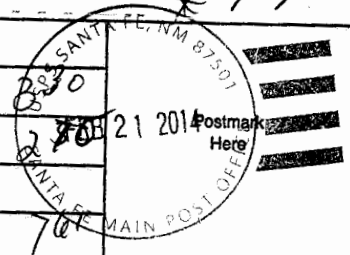
Page | 40

7006 0100 0005 5771 3547

7006 0100 0005 5771 3554

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*41

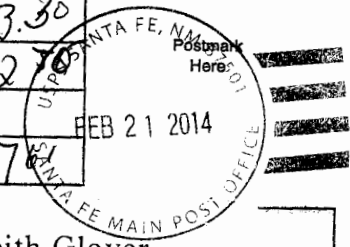
Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.80



Sent To: Christmas Mineral Interests, LLC  
Street or PO: 1820 Helen Street  
City: Alice, TX 78332  
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*41

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.80



Sent To: Christopher Keith Glover  
Street, or PO: 1826 North Street  
City, S: San Angelo, TX 76901  
PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Christopher Keith Glover  
1826 North Street  
San Angelo, TX 76901

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3554

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Madive Glover*  Agent  Addressee  
 B. Received by (Printed Name): *MG*  
 C. Date of Delivery: 2/24  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 41

7006 0100 0005 5771 3639  
7006 0100 0005 5771 3646

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Inland Delivery)

For delivery information visit [certifiedmail.com](#)

**OFFICE** OXY-N.HOBBS \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

City of Hobbs  
200 E. Broadway  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Inland Delivery)

For delivery information visit [certifiedmail.com](#)

**OFFICE** OXY-N.HOBBS \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Clifford Cone trustee fbo children of  
Clifford Cone Trust u/w/o Kathleen Cone  
P.O. Drawer 1629  
Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
City of Hobbs  
200 E. Broadway  
Hobbs, NM 88240

2. Article Number: (Transfer from service label) 7006 0100 0005 5771 3639

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
  
Clifford Cone trustee fbo children of  
Clifford Cone Trust u/w/o Kathleen Cone  
P.O. Drawer 1629  
Lovington, NM 88260

2. Article Number: (Transfer from service label) 7006 0100 0005 5771 3646

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3653

Mineral Ownership  
Page | 42

7006 0100 0005 5771 3660

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \*4-1

Postage	\$	
Certified Fee		30
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Santa Fe, NM 87501  
FEB 21 2014  
MAIN POST OFFICE

Sent To: Clodette Maner as Guardian of  
the Estate of Haley Lowe  
3424 61st Street  
Lubbock, TX 79413

PS Form 3800, June 2002 See Reverse for Instructions

Return

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

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \*4-1

Postage	\$	
Certified Fee		30
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Santa Fe, NM 87501  
FEB 21 2014  
MAIN POST OFFICE

Sent To: Coates Energy Interests Ltd.  
P.O. Box 171717  
San Antonio, TX 78217

PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 43

7006 0100 0005 5771 3684

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

For delivery information visit **OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: Colleen Grady McPheron Wallace  
Street or PO: #2 Violet Circle  
City: North Little Rock, AR 72116

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3677

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

For delivery information visit **OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Coates Energy Trust  
Street or PO: P.O. Box 171717  
City: San Antonio, TX 78217

PS Form 3800, June 2002 See Reverse for Instructions

# Return

**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:

Colleen Grady McPheron Wallace  
#2 Violet Circle  
North Little Rock, AR 72116

2. Article Number (Transfer from service label)

7006 0100 0005 5771 3684

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee  
*Lori Newman*

B. Received by (Printed Name) *LORI NEWMAN*

C. Date of Delivery *2-29-2014*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3691  
Mineral Ownership  
Page | 44

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: College of the Southwest  
6610 Lovington Highway  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.80
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: ConocoPhillips  
3300 North "A" Street, Building 6  
Midland, TX 79705-5490

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
College of the Southwest  
6610 Lovington Highway  
Hobbs, NM 88240

2. Article Number (Transfer from service label) **7006 0100 0005 5771 3691**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **2-24-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
ConocoPhillips  
3300 North "A" Street, Building 6  
Midland, TX 79705-5490

2. Article Number (Transfer from service label) **7006 0100 0005 5771 3431**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **2-24-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 45

7006 0100 0005 5771 3448

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

For delivery information visit **OFFICE** \*4-1

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
Constance Rachel Pace  
Street, A  
7206 Wild Valley  
or PO Box  
City, State  
Dallas, TX 75231

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3455

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

For delivery information visit **OFFICE** \*4-1

Postage	\$
Certified Fee	3.00
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
Cornelia Aileen England  
Street, A  
2359 Tumbletree Lane  
or PO Box  
City, State  
Reaton, VA 22070

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

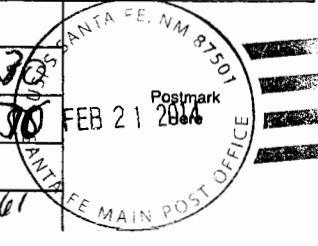
7006 0100 0005 5770 5023

Mineral Ownership  
Page | 46

7006 0100 0005 5770 5030

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

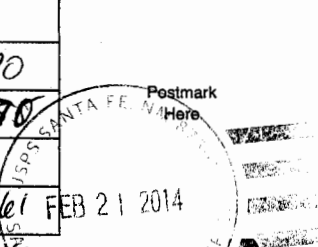


Sent To  
Coy S. Lowe  
3301 42nd Street  
Lubbock, TX 79413

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
Crawford Culp  
415 East Arriba Drive  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

A. Signature  Agent  Addressee  
*x William Koontz*

B. Received by (Printed Name) *William Koontz* C. Date of Delivery *2-28-14*

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

1. Article Addressed to:  
  
Coy S. Lowe  
3301 42nd Street  
Lubbock, TX 79413

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 Description (Traceable Mail Only) \_\_\_\_\_  
 PS Form 3800, June 2002 02595-02-M-1540

**Return**



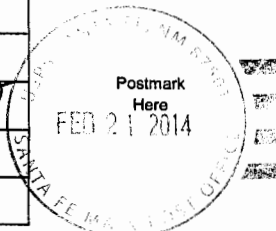
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 47

7006 0100 0005 5770 5047

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N.HOBBS**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

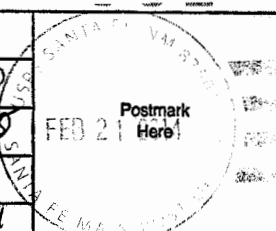


CRJ Resources LLC  
5908 Los Hermanos Court NE  
Albuquerque, NM 87111  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3707

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N.HOBBS**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Cynthia Hinkle, Trustee for herself  
& Kristin Hinkle & Jenna Hinkle  
Route 3 Box 519  
Carmel, NM 93923  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CRJ Resources LLC  
5908 Los Hermanos Court NE  
Albuquerque, NM 87111

2. Article Number

(Transfer from service label)

7006 0100 0005 5770 5047

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature

X *Kathy Jones*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-22

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

OXY  
NORTH HOBBS UNIT

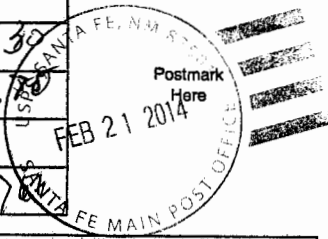
7006 0100 0005 5771 3714

Mineral Ownership  
Page | 48

7006 0100 0005 5771 3721

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \*4-1

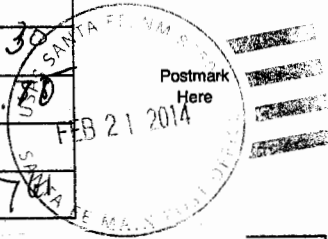
Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.80



Sent To  
 Street or PO  
 City, S  
 Cynthia Marie Wohlford  
 14522 John David  
 Pelotrus, TX 78203  
 PS Form 3811, February 2004 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.80



Sent To  
 Street or PO  
 City, S  
 D. M. Royalties Ltd.  
 P.O. Box 2546  
 Fort Worth, TX 76113  
 PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
 Cynthia Marie Wohlford  
 14522 John David  
 Pelotrus, TX 78203

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature  Agent  
 Addressee

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

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

7006 0100 0005 5771 3714

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3738

Mineral Ownership  
Page | 49

7006 0100 0005 5771 3745

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

For delivery information visit **OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.78
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.06

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Danglade/Speight Family Oil & Gas LP  
777 Main Street, Suite 3250  
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.78
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.06

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
David Fred Carr  
6401 Mount Ada Road  
San Diego, CA 92111

PS Form 3800, June 2002 See Reverse for Instructions

**MAIL**  
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:  
  
Danglade/Speight Family Oil & Gas LP  
777 Main Street, Suite 3250  
Fort Worth, TX 76102

2. Article Number (Transfer from service label) 7006 0100 0005 5771 3738

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent  Addressee  
X [Signature]

B. Received by (Printed Name) [Signature]  
C. Date of Delivery 2-24-14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 50

7006 0100 0005 5771 3752

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: David H. Ellison, Personal Rep. of the Estate of George Rittenhouse Ellison  
 3118 Carroll Avenue  
 Cleveland, OH 44113

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 David H. Ellison, Personal Rep. of the Estate of George Rittenhouse  
 3118 Carroll Avenue  
 Cleveland, OH 44113

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3752

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5771 3622

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Deborah Louisa Slator Gillan  
 7425 West Ranch Road 152  
 Llano, TX 78643

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Deborah Louisa Slator Gillan  
 7425 West Ranch Road 152  
 Llano, TX 78643

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3622

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: X *D.L.S. Gillan*  Agent  Addressee  
 B. Received by (Printed Name): *D.L.S. Gillan*  
 C. Date of Delivery: *3-5-14*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4315

Mineral Ownership  
Page | 51

7006 0100 0005 5771 4322

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: FEB 21 2014

Sent To:  
 Deborah Lyeth Master and First Interstate Bank of Denver trustees of the Lyeth Oil Trust(Bank)  
 P.O. Box 5825  
 Denver, CO 80217

PS Form 3811, February 2004 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: FEB 21 2014

Sent To:  
 Debra D. Dye  
 P.O. Box 834  
 LaPorte, TX 77572

PS Form 3811, February 2004 See Reverse for Instructions

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Deborah Lyeth Master and First Interstate Bank of Denver trustees of the Lyeth Oil Trust(Bank)  
 P.O. Box 5825  
 Denver, CO 80217

2. Article Number (Transfer from service label): **7006 0100 0005 5771 4315**

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 Agent  
 Addressee  
 X *[Signature]*

B. Received by (Printed Name): **STAROBINA**

C. Date of Delivery: \_\_\_\_\_

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 52

7006 0100 0005 577J 4339

7006 0100 0005 577J 4346

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
Street, /  
or PO B  
City, Sta  
Debra Lowe Finn  
1500 Broadway, Suite 1230  
Lubbock, TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

SANTA FE, NM  
FEB 21 2014  
MAIN POST OFFICE

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 4-1

Postage	\$
Certified Fee	3.70
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.00

Sent To  
Street, /  
or PO B  
City, Sta  
Denis Withrow Tarin  
2457 Cincinnati  
San Antonio, TX 78228

PS Form 3800, June 2002 See Reverse for Instructions

SANTA FE, NM  
FEB 21 2014  
MAIN POST OFFICE

**Returned**

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4353

Mineral Ownership  
Page | 53

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

For delivery information visit **OXY-N.HOBBS OFFIC** \* 4-1

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

Postmark Here: FEB 21 2014  
SANTA FE, NM  
SANTA FE MAIN POST OFFICE

Sent To  
Denise Lowe  
Street, or PO Box: 3424 61st Street  
City, State: Lubbock, TX 79413  
PS Form 3800, June 2002 See Reverse for Instructions

Return

7006 0100 0005 5771 4360

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

For delivery information visit **OXY-N.HOBBS OFFIC** \* 4-1

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

Postmark Here: FEB 21 2014  
SANTA FE, NM  
SANTA FE MAIN POST OFFICE

Sent To  
Diana Wingfield, Trustee of the  
Diana Wingfield Living Trust  
City, State: P.O. Box 1838  
Terrell, TX 75160  
PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 54

7006 0100 0005 5771 4377

7006 0100 0005 5771 4100

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

For delivery information visit **OFFICIAL** **OXY-N.HOBBS** \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent \_\_\_\_\_  
Street or PO \_\_\_\_\_  
City, \_\_\_\_\_  
Dion Lowe  
2306 Cypress Point West  
Austin, TX 78734

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OFFICIAL** **OXY-N.HOBBS** \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent \_\_\_\_\_  
Street, or PO \_\_\_\_\_  
City, \_\_\_\_\_  
Dixie Eileen Wilda  
1910 Ridgecrest Drive  
Perry, OK 73077

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Dixie Eileen Wilda  
1910 Ridgecrest Drive  
Perry, OK 73077

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4100**

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  
*Dixie Mathew*  Addressee

B. Received by (Printed Name) *Dixie Mathew*

C. Date of Delivery *2-24*

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



OXY NORTH HOBBS UNIT

Mineral Ownership

Page | 55

7006 0100 0005 5771 4117

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

For delivery information visit **OXY-N.HOBBS** \*4-1

**OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Santa Fe, NM FEB 21 2014

Sent To: Don Gourley & Betty  
 Street, or PO E: 526 West Taos  
 City, St: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Don Gourley & Betty  
 526 West Taos  
 Hobbs, NM 88240

A. Signature: *Don Gourley*

B. Received by (Printed Name): **DON GOURLEY**

C. Date of Delivery: **2-24-14**

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) **7006 0100 0005 5771 4117**

7006 0100 0005 5771 4124

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

For delivery information visit **OXY-N.HOBBS** \*4-1

**OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Santa Fe, NM FEB 21 2014

Sent To: Don Scott Slaughter & Laura Nelson  
 Street, or PO E: Slaughter, Co-Trustees of the Zachary Nelson Slaughter Trust; Sally Ann Slaughter Trust; Benjamin Wylly Slaughter Trust; Elizabeth Leftwich Slaughter Trust  
 City, St: 205 McConnell Drive Austin, TX 78746

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Don Scott Slaughter & Laura Nelson  
 Slaughter, Co-Trustees of the Zachary Nelson Slaughter Trust; Sally Ann Slaughter Trust; Benjamin Wylly Slaughter Trust; Elizabeth Leftwich Slaughter Trust  
 205 McConnell Drive  
 Austin, TX 78746

A. Signature: *Scott Slaughter*

B. Received by (Printed Name): **Scott Slaughter**

C. Date of Delivery:

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4124**

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4148  
Mineral Ownership  
Page | 56

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

For delivery information visit  
**OFFIC** OXY-N.HOBBS \* 4-1

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

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
MAIN POST OFFICE

Sent To  
Street, or PO Box  
City, State, ZIP+4®

Dorothy O. Merkle  
465 Perkimer Avenue  
Haworth, NJ 07641

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4131

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

For delivery information visit  
**OFFIC** OXY-N.HOBBS \* 4-1

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

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
MAIN POST OFFICE

Sent To  
Street, or PO Box  
City, State, ZIP+4®

Donald Leon Williams  
2801 Vista del Arroyo  
San Angelo, TX 76904

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Donald Leon Williams  
2801 Vista del Arroyo  
San Angelo, TX 76904

2. Article Number:

(Transfer from service label)

7006 0100 0005 5771 4131

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**

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

A. Signature  
X [Signature]  Agent  Addressee

B. Received by (Printed Name)  
CRAIG HEWSON

C. Date of Delivery  
2-24-14

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

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4155

Mineral Ownership  
Page | 57

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Santa Fe, NM Post Office  
FEB 21 2014  
Postmark Here

Sent To: Douglas C. Koch  
Street or PO: P.O. Box 10651  
City: Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4162

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Santa Fe, NM Post Office  
FEB 21 2014  
Postmark Here

Sent To: Drew Cornell & Delta B.  
Street or PO: Box 51267  
City, S: La Fayette, LA 70501

PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4179  
Mineral Ownership  
Page | 58

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

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

Postmark Here: FEB 21 2014

Sent to: Dwight L. Johnson, Individually and as Executor and Successor Trustee u/w/o Edna L. Johnson  
9 Indian Creek Trail  
Lexington, SC 29072

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.70
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

Sent to: EAP Properties Inc. (c/o Encore Acquisition Co.)  
777 Main Street, Suite 1400  
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Dwight L. Johnson, Individually and as Executor and Successor Trustee u/w/o Edna L. Johnson  
9 Indian Creek Trail  
Lexington, SC 29072

2. Article Number: 7006 0100 0005 5771 4179  
(Transfer from service label)

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Signature: Dwight L. Johnson  
 Received by (Printed Name): Dwight L. Johnson  
 Date of Delivery: 2/25/14

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

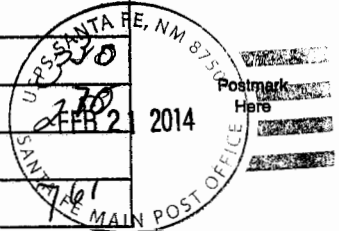
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4193

Mineral Ownership  
Page | 59

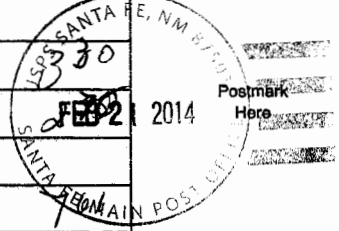
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

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

Sent To: Earleen Duel Mills and Earle Marvin  
Simon, Executors of the Estate of  
Street, or PO: Earle M. Simon  
City, State: 2528 NW 58th Place  
Oklahoma City, OK 73112

7006 0100 0005 5771 4209

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

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

Sent To: Eastwood Capital Ltd.  
Street, or PO: 3916 Floyd Drive  
City, State: Fort Worth, TX 76116

OXY NORTH HOBBS UNIT

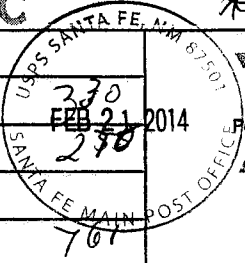
7006 0100 0005 5771 4223

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

For delivery information visit **OFFIC**

**OXY-N.HOBBS** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Edward O. Merkle  
 Street, A or PO Box: 12 Bedford Street  
 City, State: New York, New York 10014-4729

PS Form 3800, June 2002 See Reverse for Instructions

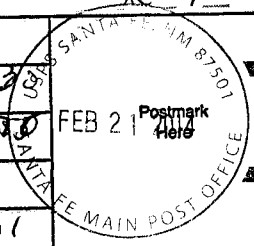
Mineral Ownership Page | 60

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

For delivery information visit **OFFIC**

**OXY-N.HOBBS** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Edward R. Hudson, Jr. trustee of The Hudson New Mexico Mineral Trust  
 Street, A or PO Box: 616 Texas Street  
 City, State: Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Edward R. Hudson, Jr. trustee of The Hudson New Mexico Mineral Trust  
 616 Texas Street  
 Fort Worth, TX 76102

2. Article Number: \_\_\_\_\_  
 (Transfer from service label)

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)     Yes

A. Signature: *Edward R. Hudson, Jr.*     Agent     Addressee

B. Received by (Printed Name): *Staci E. Gilberg*

C. Date of Delivery: *2-25-14*

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

7006 0100 0005 5771 4223

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4230

Mineral Ownership  
Page | 61

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
**OXY-N.HOBBS**  
 For delivery information visit **OFFIC** \*4-1

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

Postmark Here: FEB 21 2014

Ser Elisabeth B. Butler trustee of the  
 Str Elisabeth B. Butler Separate Property  
 or Declaration of Trust dated 4/18/90  
 City 221 Avenida Princesa  
 San Clemente, CA 92762

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4247

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
**OXY-N.HOBBS**  
 For delivery information visit **OFFIC** \*4-1

Postage	\$
Certified Fee	3.85
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76.1

Postmark Here: FEB 21 2014

Sent Elisabeth R. Neal  
 Str 1934 North McKinley  
 or P  
 City Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Elisabeth B. Butler trustee of the  
 Elisabeth B. Butler Separate Property  
 Declaration of Trust dated 4/18/90  
 221 Avenida Princesa  
 San Clemente, CA 92762

2. Article Number:  
 (Transfer from service label)

7006 0100 0005 5771 4230

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

A. Signature: *Fred U. Butler*  Agent  Addressee

B. Received by (Printed Name): *Fred U. Butler* C. Date of Delivery: *2/21/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

# Return

# Return

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 4254

Mineral Ownership

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

For delivery information visit **OFFICIAL** OXY-N.HOBBS \* 4-1

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: FEB 21 2014

Ellen Anne Wallace Williams trustee of the Williams Revocable Trust  
 1801 Crestmont Court  
 Glendale, CA 91208-2619

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4063

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

For delivery information visit **OFFICIAL** OXY-N.HOBBS \* 4-1

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here: FEB 21 2014

Elliott-Hall Company  
 P.O. Box 1231  
 Ogden, UT 84402

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Elliott-Hall Company  
 P.O. Box 1231  
 Ogden, UT 84402

2. Article Number: 7006 0100 0005 5771 4063  
 (Transfer from service label)

**CERTIFIED MAIL™**

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

B. Received by (Printed Name): *Jacobson*  
 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



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4070

Mineral Ownership  
Page | 63

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

For delivery information visit **OXY-N.HOBBS**  
OFFICE \* 4-1

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60

Postmark Here: **SANTA FE, NM FEB 21 2014**

Sent to:  
EMG Oil Properties, Inc.  
1000 West Fourth Street  
Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4087

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

For delivery information visit **OXY-N.HOBBS**  
OFFICE \* 4-1

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.30

Postmark Here: **SANTA FE, NM FEB 21 2014**

Sent to:  
Estate of Kethleen Hallin  
Route 1 Box 251-A  
Davis, OK 73030

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

EMG Oil Properties, Inc.  
1000 West Fourth Street  
Roswell, NM 88201

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5771 4070

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Grady Nor...*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 64

7006 0100 0005 5771 3400

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

For delivery information visit **OXY-N.HOBBS** \* 4-1

**OFFIC**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.05

Sent \_\_\_\_\_  
Street or P.O. \_\_\_\_\_  
City, \_\_\_\_\_

**Etz Oil Properties Ltd.**  
**P.O. Box 73406**  
**Phoenix, AZ 85050**

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4094

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

For delivery information visit **OXY-N.HOBBS** \* 4-1

**OFFI**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.05

Sent \_\_\_\_\_  
Street or P.O. \_\_\_\_\_  
City, \_\_\_\_\_

**Ethel Markham**  
**3110 38th Street**  
**Lubbock, TX 79413**

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
**Ethel Markham**  
**3110 38th Street**  
**Lubbock, TX 79413**

2. Article Number (transfer from service label) **7006 0100 0005 5771 4094**

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)     Yes

A. Signature  
**X Mrs. C.R. Markham**     Agent     Addressee

B. Received by (Printed Name)    C. Date of Delivery  
**Mrs. C.R. Markham**    **2/21/14**

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

13811, February 2004    Domestic Return Receipt    102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 65

7006 0100 0005 5771 3417

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

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

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

See Reverse for Instructions

Se: Eusedia S. Stonestreet  
City or P.O. Box: Testamentary Trust  
City: P.O. Drawer 840738  
PS: Dallas, TX 75284

7006 0100 0005 5771 3424

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-1

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

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

See Reverse for Instructions

Se: ExxonMobil Corp.  
City or P.O. Box: P.O. Box 2305  
City: Houston, TX 77252  
PS: Houston, TX 77252

**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:

ExxonMobil Corp.  
P.O. Box 2305  
Houston, TX 77252

2. Article Number (Transfer from service label)

7006 0100 0005 5771 3424

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *James*  Agent  Addressee

B. Received by (Printed Name): **JAMES** C. Date of Delivery: **FEB 20 2014**

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership

Page | 66

7006 0100 0005 5771 3301

7006 0100 0005 5771 331A

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

For delivery information visit us at **OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent: Farley Ranch Lowe Family  
Street or PO: Partnership Ltd.  
City: 308 Comet  
Austin, TX 78734

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit us at **OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent: Faye Ruth Brattain & Les  
Street or PO: 1902 North Salem  
City: Anchorage, Alaska 99504

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

Mineral Ownership

Page | 67

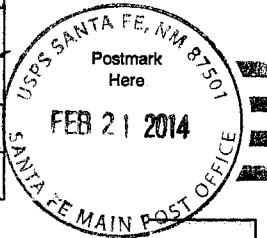
7006 0100 0005 5771 3325

7006 0100 0005 5771 3332

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent to:  
Street or P.O. Box: Fern Cone  
City: 3309 43rd Street  
Lubbock, TX 79413

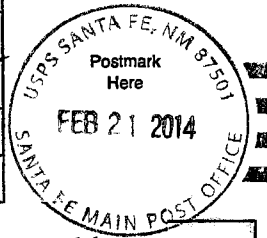
PS Form 3800, June 2002 See Reverse for Instructions

Return

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent to:  
Street or P.O. Box: First Baptist Church of Hobbs  
City: P.O. Box 857  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Return

# Return

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 68

7006 0100 0005 5771 3349

7006 0100 0005 5771 3356

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 41

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.61</b>

USPS SANTA FE, NM 87501  
Postmark Here  
**FEB 21 2014**  
SANTA FE MAIN POST OFFICE

Sent to: First National Bank of Roswell trustee  
Allie M. Lee f/b/o Reno Cancer Center, Inc.; Nevada Children's Foundation, Inc.; Nevada Tuberculosis & Health Association  
2801 North Main Street  
Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS OFFICE** \* 41

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.61</b>

USPS SANTA FE, NM 87501  
Postmark Here  
**FEB 21 2014**  
SANTA FE MAIN POST OFFICE

Sent to: First Roswell Company  
P.O. Box 1797  
Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">First Roswell Company P.O. Box 1797 Roswell, NM 88202</p> <p>2. Article Number (Transfer from service label) <b>7006 0100 0005 5771 3356</b></p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Kay Spader</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kay Spader</i></p> <p>C. Date of Delivery <i>FEB 25 2014</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>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

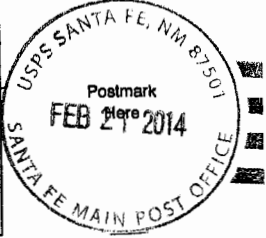
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 69

7006 0100 0005 5771 3363

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
 OFFICE \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To  
 Street, or PO Box  
 City, State  
 Frances Knox Shelton Howell  
 1621 68th Street  
 Galveston, TX 77551

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3370

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **OXY-N.HOBBS**  
 OFFICE \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To  
 Street, or PO Box  
 City, State  
 Frances Neal Johnson et vir  
 Charles c/o Melvin R. Neal  
 2415 Garland  
 Lakewood, CO 80215

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Frances Knox Shelton Howell  
 1621 68th Street  
 Galveston, TX 77551

2. Article Number  
 (Transfer from service label)

7006 0100 0005 5771 3363

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Frances S Howell*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 3-7-14

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership

Page | 70

7006 0100 0005 5771 3387

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

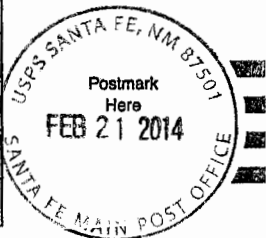
For delivery information visit

OXY-N.HOBBS

OFFIC

\* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To  
Street or PO  
City, State, & ZIP+4®  
Gary E. Ogden trustee  
5339 NW 58th Terrace  
Kansas, MO 64151

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3394

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

For delivery information visit

OXY-N.HOBBS

OFFIC

\* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To  
Street or PO  
City, State, & ZIP+4®  
Gary Phillips  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

Return



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3202

Mineral Ownership  
Page | 71

7006 0100 0005 5771 3219

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

For delivery information visit **OXY-N.HOBBS**

OFFICE # 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: George H. O'Brien  
P.O. Box 1717  
Midland, TX 79702

Postmark: SANTA FE, NM 87501  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N.HOBBS**

OFFICE # 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: George M. Slaughter & Betty Slaughter  
Joint Revocable Trust c/o Thomas F. Dunn  
4025 Woodland Park Blvd., Suite 150  
Arlington, TX 76013

Postmark: SANTA FE, NM 87501  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
George H. O'Brien  
P.O. Box 1717  
Midland, TX 79702

2. Article Number (Transfer from service label): 7006 0100 0005 5771 3202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *MULE O'BRIEN* C. Date of Delivery: *3-3-14*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3226

Mineral Ownership  
Page | 72

7006 0100 0005 5771 3233

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)  
**OXY-N.HOBBS**  
 For delivery information visit [usps.com](#)  
**OFFICIAL MAIL** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

Sent To  
 Street, Apt or PO Box  
 City, State  
 Gerald Carl Golden  
 9602 West 116th  
 Overland Park, KS 66210

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)  
**OXY-N.HOBBS**  
 For delivery information visit [usps.com](#)  
**OFFICIAL MAIL** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

Sent To  
 Street, Apt or PO Box  
 City, State  
 Gertrude O. Sundgren  
 1437 South Boulder Avenue  
 #1250  
 Tulsa, OK 74119

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Gerald Carl Golden  
 9602 West 116th  
 Overland Park, KS 66210

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 3226

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Signature  Agent  
 Addressee

B. Received by (Printed Name) S. Golden C. Date of Delivery 2-24

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3257  
Mineral Ownership  
Page | 73  
7006 0100 0005 5771 3240

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

OXY-N.HOBBS

For delivery information visit **OFFICE** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Glen R. Gross, widow; W.O.  
Street, or PO: Gross, Jr.; Mary Jo Gillespie  
City, State: 1303 NW 4th Street  
Mineral Wells, TX 76067

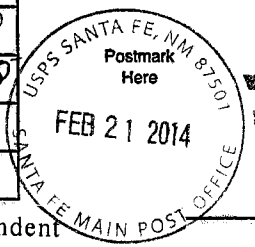
PS Form 3800, June 2002 See Reverse for Instructions

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

OXY-N.HOBBS

For delivery information visit **OFFICE** \* 4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Gordon Dennis, Independent  
Executor of the Estate of Addie  
Street, or PO: Dennis  
City, State: 2020 North 15th Street  
Temple, TX 76501

PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 74

7006 0100 0005 5771 3264

U.S. Postal Service  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No International)

OXY-N.HOBBS \*4-1

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark: SANTA FE, NM 87501 FEB 21 2014

Sent To: Guinevere L. Crabtree  
 Street, Apt or PO Box: 1727 Eddy Court  
 City, State: Longmont, CO 80503

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
 Guinevere L. Crabtree  
 1727 Eddy Court  
 Longmont, CO 80503

2. Article Number (Transfer from service label) 7006 0100 0005 5771 3264

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Guinevere L. Crabtree*  Agent  Addressee

B. Received by (Printed Name): *Guinevere L. Crabtree* C. Date of Delivery: *2-24-14*

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

ESTES PARK, CO 80513 MAR -5 2014

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No International)

OXY-N.HOBBS \*4-2

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark: SANTA FE, NM 87501 FEB 21 2014

Sent To: H.R. Stansey & Sons Ltd.  
 Street or PC: P.O. Box 1826  
 City: Albany, TX 76430

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
 H.R. Stansey & Sons Ltd.  
 P.O. Box 1826 3190  
 Albany, TX 76430

2. Article Number (Transfer from service label) 7006 0100 0005 5771 3271

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Emma Hudson*  Agent  Addressee

B. Received by (Printed Name): C. Date of Delivery: *2-24-14*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 P.O. Box 3190  
 Albany TX 76430

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3288

Mineral Ownership  
Page | 75

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Harold Ray Storie  
Route 'F'  
Silverton, TX 79257

USPS SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3295

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

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Harry Levy  
4720 NW 75th Street  
Oklahoma City, OK 73132

USPS SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4513  
7006 0100 0005 5771 4506  
7006 0100 0005 5771 4506

Mineral Ownership  
Page | 76

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

For delivery information visit **OXY-N. HOBBS**

**OFFICE \* 4-1**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To: HDB, LLC c/o Henry D.  
Street, or PO Box: Bedford, Jr.  
City, State: 664 Fattig Creek Road  
Roundup, Montana 59072

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS**

**OFFICE \* 4-1**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To: Hazel Ethridge  
Street, or PO Box: 1007 College  
City, State: Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4520  
Mineral Ownership  
Page | 77

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3 30
Return Receipt Fee (Endorsement Required)		2 70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7 61

Sent To: Healey LP  
 P.O. Box 2120  
 Ardmore, OK 73402

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3 30
Return Receipt Fee (Endorsement Required)		2 70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7 61

Sent To: Heidi C. Barton  
 1109 East I-30, Apt. 204  
 Garland, TX 75043

Postmark Here: FEB 20 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Healey LP  
 P.O. Box 2120  
 Ardmore, OK 73402

2. Article Number (Transfer from service label): 7006 0100 0005 5771 4520

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Colt Healey*

C. Date of Delivery: *2-24-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 78

7006 0100 0005 5771 4551

7006 0100 0005 5771 4544

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

For delivery information visit our **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent  
To: Helen Fields Harkin  
3997 East Desmond Lane  
Tucson, AZ 85712

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5771 4551

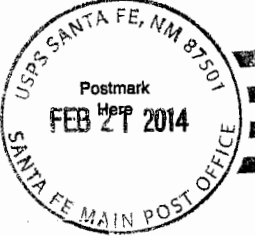
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent  
To: Helen Jane Christmas Barby trustee of the  
Helen Jane Christmas Barby Trust dated  
2/14/1992  
P.O. Box 425  
Okarche, OK 73762

PS Form 3800, June 2002 See Reverse for Instructions



Return

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Helen Jane Christmas Barby trustee of the Helen Jane Christmas Barby Trust dated 2/14/1992  
P.O. Box 425  
Okarche, OK 73762

2. Article Number  
(Transfer from service label) **7006 0100 0005 5771 4551**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Greg Barby* C. Date of Delivery *2/24/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4568

Mineral Ownership  
Page | 79

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To: Helen Joy Smith Co LLC  
 Street, or PO: 5410 26th Street West  
 City, S: Bradenton, FL 34207

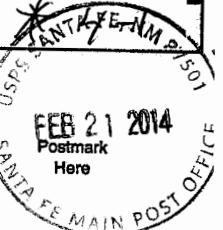
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To: Helen L. Bedford, Edwin L. Bedford & William J. Bedford trustees of the Helen Learmont Bedford Family Trust  
 Street, or P.O.: P.O. Box 275  
 City: Point Richmond, CA 94807

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Helen Joy Smith Co LLC  
5410 26th Street West  
Bradenton, FL 34207

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 4568

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *V. Fennner*  Agent  Addressee

B. Received by (Printed Name): *V. Fennner* C. Date of Delivery: *2/24/14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

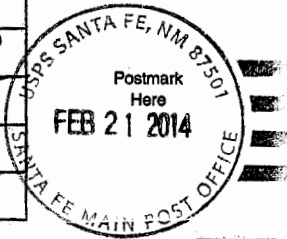
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4599 Mineral Ownership Page | 80

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Street or PO Box  
City, State  
Herring's Carter Minerals LLC  
P.O. Box 2036  
Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Street, APO or PO Box  
City, State  
Hess Corporation  
1501 McKinney St  
Houston, TX 77010

PS Form See Reverse for Instructions

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

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Hess Corporation 1501 McKinney St Houston, TX 77010</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <b>JAMES FELDER</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7006 0100 0005 5771 4599

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4612 Mineral Ownership  
Page | 81

7006 0100 0005 5771 4605

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

For delivery information visit **OXY-N. HOBBS**

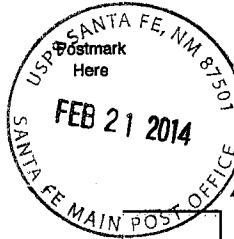
**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Ser \_\_\_\_\_  
Sir or F \_\_\_\_\_  
City \_\_\_\_\_

Holly Holt Williamson  
702 Crystal Creek Drive  
Austin, TX 78746

PS Form 3800, June 2002 See Reverse for Instructions



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

For delivery information visit **OXY-N. HOBBS**

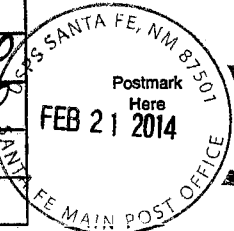
**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Ser \_\_\_\_\_  
Sir or F \_\_\_\_\_  
City \_\_\_\_\_

Howard C. Eldridge  
2352 Fite Road  
Memphis, TN 38127

PS Form 3800, June 2002 See Reverse for Instructions



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 82

7006 0100 0005 5771 4629

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

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Se  
 St. or City  
 HRC Inc.  
 P. O. Box 5102  
 Hobbs, NM 88241

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5771 4636

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

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent  
 Street or P.O. Box  
 City, State, ZIP+4  
 J. Michael Fowler trustee of  
 the Susan Sloan Trust  
 P.O. Box 2403  
 Midland, TX 79702 -

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 HRC Inc.  
 P. O. Box 5102  
 Hobbs, NM 88241

2. Article Number:  
 (Transfer from service label) 7006 0100 0005 5771 4629

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 Barbara Rencel  Agent  Addressee

B. Received by (Printed Name)  
 BARBARA RENCHEL

C. Date of Delivery  
 2-24-14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

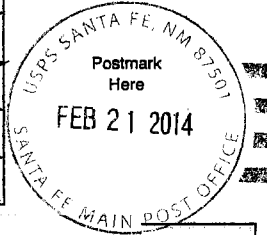
Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4643  
Mineral Ownership  
Page | 83

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No International Mail)  
For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-1

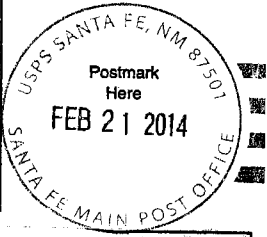
Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



J. Penrod Toles et ux Sally; Toles-  
Com Ltd.; The Toles Co. LLC  
P.O. Drawer 1300  
Roswell, NM 88202  
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No International Mail)  
For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	280
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



J. Stanley Fikes, Jr.  
P.O. Box 8560  
Midland, TX 79708  
PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 84

7006 0100 0005 5771 4674

7006 0100 0005 5771 4667

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

For delivery information visit **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 77501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Ser. J.M. Zachary  
Street or P.O. P.O. Box 2546  
City Fort Worth, TX 76113

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 77501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To J.C. Peacock c/o J. Holt  
Street, or P.O. Peacock II  
City, S P.O. Box 1751  
Beaumont, TX 77704

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

ERY

■ 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:

J.C. Peacock c/o J. Holt  
Peacock II  
P.O. Box 1751  
Beaumont, TX 77704

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4667

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *[Signature]*  
 B. Received by (Printed Name) *[Signature]*  
 C. Date of Delivery FEB 24 2014  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

Mineral Ownership

Page | 85

7006 0100 0005 5771 4681

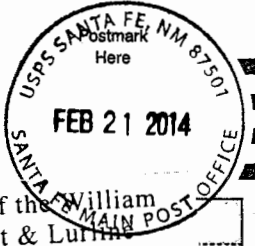
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail Permitted)

For delivery information visit **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	1761

Sent To: J.W. Hanna, Trustee of the William Chesley Crabtree Trust & Lurline Crabtree Rachel Trust  
 212 Shelly Drive  
 Tyler, TX 75701

PS Form 3811, February 2004 See Reverse for Instructions



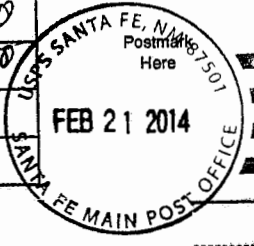
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No International Mail Permitted)

For delivery information visit **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Jack Greenwood  
 Rural Route 1  
 Herrin, IL 62948

PS Form 3800, June 2002 See Reverse for Instructions



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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 J.W. Hanna, Trustee of the William Chesley Crabtree Trust & Lurline Crabtree Rachel Trust  
 212 Shelly Drive  
 Tyler, TX 75701

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4681**

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **2-25-14**

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Returned

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4803

Mineral Ownership  
Page | 86

7006 0100 0005 5771 4810

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To  
Street, or P.O.  
City, St

Jack Robinson & Ethel  
2120 FM 1780  
Morton, TX 79346

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To  
Street, or P.O.  
City, St

Jacqueline Fields Campbell  
P.O. Box 112  
Ouray, CO 81427

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Jack Robinson & Ethel  
2120 FM 1780  
Morton, TX 79346

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Jack Robinson  Agent  Addressee

B. Received by (Printed Name)  
JACK ROBINSON

C. Date of Delivery  
2/24/14

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) 7006 0100 0005 5771 4803

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jacqueline Fields Campbell  
P.O. Box 112  
Ouray, CO 81427

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 J Campbell  Agent  Addressee

B. Received by (Printed Name)  
J Campbell

C. Date of Delivery  
3-3

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) 7006 0100 0005 5771 4810

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY-N. HOBBS UNIT

Mineral Ownership

Page | 87

7006 0100 0005 5771 4827

7006 0100 0005 5771 4834

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

For delivery information visit **OXY-N. HOBBS**

**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.61</b>



Sent to: James D. Schmidt trustee of  
the Jean D. Beckwith Trust  
515 South Figueroa Street  
Los Angeles, CA 90071

PS Form 3800, June 2002

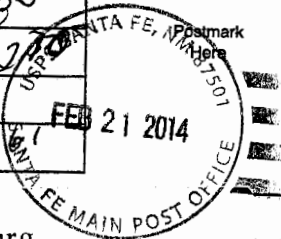
See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS**

**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>7.61</b>



Sent to: James Earl Bourg  
P.O. Box 1510  
Ranchos De Taos, NM 87557

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James Earl Bourg  
P.O. Box 1510  
Ranchos De Taos, NM 87557

2. Article Number

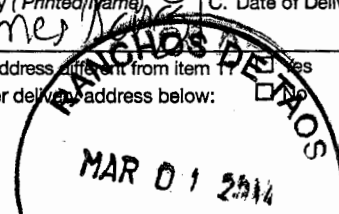
(Transfer from service label)

7006 0100 0005 5771 4834

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X James Bourg  
 B. Received by (Printed Name) James Bourg  
 C. Date of Delivery

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

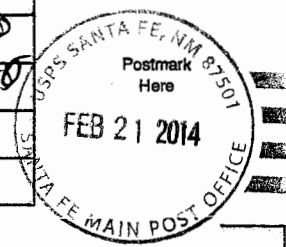
4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 4841

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



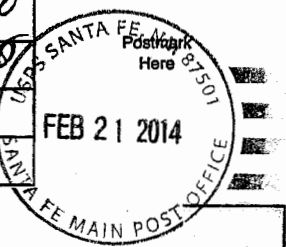
Sent To  
Street, or PO B  
City, Sts  
James Greenwood  
Route 1  
Mulkeytown, IL 62865

PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership Page | 88

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N. HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Street, or PO B  
City, Sts  
James H. Wilkes  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
James Greenwood  
~~Route 1~~  
Mulkeytown, IL 62865

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4841**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*James Greenwood*

B. Received by (Printed Name)  Agent  Addressee  
C. Date of Delivery *1-24-14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
*2726 Jandrandt*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
James H. Wilkes  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

2. Article Number (Transfer from service label) **7006 0100 0005 5771 4858**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Penny Stafford*

B. Received by (Printed Name)  Agent  Addressee  
*PENNY STAFFORD*

C. Date of Delivery *2-24-14*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 89

7006 0100 0005 5771 4872

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
Street, or PO Box  
City, State  
James Lisle Hinkle  
P.O. Box 2002  
Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5771 4865

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
Street, or PO Box  
City, State  
James L. Marr, Trustee of the  
M&M Families Trust  
1308 SW 114th Street  
Oklahoma City, OK 73170

PS Form 3800, June 2002 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
James L. Marr, Trustee of the  
M&M Families Trust  
1308 SW 114th Street  
Oklahoma City, OK 73170

2. Article Number: 7006 0100 0005 5771 4865  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Melody G. Marr  Agent  Addressee

B. Received by (Printed Name): Melody G. Marr  
C. Date of Delivery: 2-24-14

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

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 4889

Mineral Ownership  
Page | 90

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

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark: FEB 2 2014  
SANTA FE MAIN POST OFFICE

Sent \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_  
City, \_\_\_\_\_

James Reed McCrory  
P.O. Box 25764  
Albuquerque, NM 87125

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 4896

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

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark: FEB 2 2014  
SANTA FE MAIN POST OFFICE

Sent \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_  
City, \_\_\_\_\_

Jan Marie Williams Henderson  
2801 Vista del Arroyo  
San Angelo, TX 76904

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James Reed McCrory  
P.O. Box 25764  
Albuquerque, NM 87125

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 4889

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)  Agent  
C. Date of Delivery  Addressee

JAMES MCCROY 2-25-14

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:

Jan Marie Williams Henderson  
2801 Vista del Arroyo  
San Angelo, TX 76904

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 4896

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)  Agent  
C. Date of Delivery  Addressee

CRAL HENDERSON 2/26/14

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

OXY  
 NORTH HOBBS UNIT

7006 0100 0005 5771 4704  
 Mineral Ownership  
 Page | 91

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.79
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark: FEB 04 2014 SANTA FE MAIN POST OFFICE USPS SANTA FE, NM 87501

Send to:  
 Jane M. Borden  
 2830 East 7th Avenue  
 Denver, CO 80206-3825

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.79
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark: FEB 04 2014 SANTA FE MAIN POST OFFICE USPS SANTA FE, NM 87501

Send to:  
 Janet K. Brackett  
 2750 Pierce Street NE  
 Minneapolis, MN 55418

PS Form 3800, June 2002 See Reverse for Instructions

Return

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Janet K. Brackett  
 2750 Pierce Street NE  
 Minneapolis, MN 55418

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4711

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 92

7006 0100 0005 5771 4735

7006 0100 0005 5771 4728

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

For delivery information visit **OXY-N. HOBBS**

**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

SANTA FE MAIN POST OFFICE  
Postmark  
FEB 21 2014  
USPS SANTA FE, NM 87501

Jenna Hinkle  
2 Pinewood Lane  
Novata, CA 94947

PS Form 3800, June 2002 See Reverse for Instructions

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

For delivery information visit **OXY-N. HOBBS**

**OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

SANTA FE MAIN POST OFFICE  
Postmark  
FEB 21 2014  
USPS SANTA FE, NM 87501

Jean Snajder  
1546 East 3rd Avenue  
Mesa, AZ 85204

PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 93

7006 0100 0005 5771 4742

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

For delivery information visit **OXY-N. HOBBS**

**OFFIC** \* 4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent to:  
 Jerit Neal Wohlford  
 3118 South 41st Street  
 Fort Smith, AR 72903  
 PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jerit Neal Wohlford  
 3118 South 41st Street  
 Fort Smith, AR 72903

2. Article Number

7006 0100 0005 5771 4742

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Frances E. Wohlford*  Agent  Addressee  
 B. Received by (Printed Name) **FRANCES Wohlford**  
 C. Date of Delivery **2/25/14**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

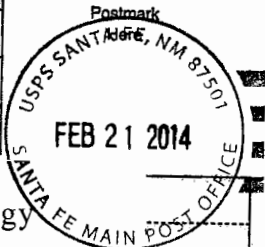
7006 0100 0005 5771 4759

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

For delivery information visit **OXY-N. HOBBS**

**OFFIC** \* 4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent to:  
 Jimmy Robertson Energy  
 PO Box 729  
 Benton, LA 71006  
 PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jimmy Robertson Energy  
 PO Box 729  
 Benton, LA 71006

2. Article Number

7006 0100 0005 5771 4759

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

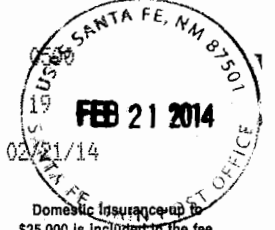
A. Signature  
 X *Jimmy Robertson*  Agent  Addressee  
 B. Received by (Printed Name) **JIMMY ROBERTSON**  
 C. Date of Delivery **FEB 24 2014**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

NB265983414US



To Be Completed By Post Office	Reg. Fee	\$13.65	
	Handling Charge	\$0.00	Return Receipt \$3.75
	Postage	\$2.71	Restricted Delivery \$0.00
	Received by	<i>[Signature]</i>	
Customer Must Declare Full Value \$0.00		<input type="checkbox"/> With Postal Insurance	Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).
		<input checked="" type="checkbox"/> Without Postal Insurance	

**OFFICIAL USE**

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Hildand e Hart P.O. Box 2208 Santa Fe, NM. 87504
	TO	John Elliott Hayes 13 Trow Avenue Stratford Ontario, Canada N5A 4J4

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer  
 May 2004 (7530-02-000-9051) (See Information on Reverse)  
 For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)

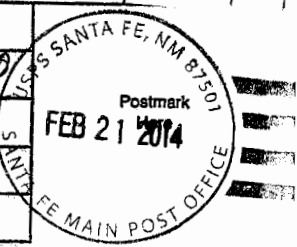
OXY NORTH HOBBS UNIT

Mineral Ownership Page 194

7006 0100 0005 5771 4773

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Provided)  
 For delivery information visit [www.usps.com](http://www.usps.com)  
**OFFICIAL USE** OXY-N. HOBBS \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Send to:  
 John T. Hinkle & Linda Hinkle,  
 Trustees of the Hinkle Living Trust  
 P.O. Box 1793  
 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 John T. Hinkle & Linda Hinkle,  
 Trustees of the Hinkle Living Trust  
 P.O. Box 1793  
 Roswell, NM 88201

2nd Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

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

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

*[Postmark: ROSWELL, NM FEB 26 2014]*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 4773



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 95

7006 0100 0005 5771 4797

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

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

USPS SANTA FE, NM 87501  
FEB 21 2014  
Postmark Here

Santa Fe Main Post Office

Str  
or  
City

Joshua J. Leonard & George Taylor  
Co-Personal Rep. of the Estate of  
Mark Leonard  
700 West Silver  
Hobbs, NM 88240

PS  
See Reverse for Instructions

7006 0100 0005 5771 4780

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

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

USPS SANTA FE, NM 87501  
FEB 21 2014  
Postmark Here

Santa Fe Main Post Office

Str  
or  
City

Joshua J. Leonard & George Taylor  
Co-Personal Rep. of the Estate of  
Mark Leonard  
700 West Silver  
Hobbs, NM 88240

PS  
Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Joyce Ann Christmas Brown  
P.O.Box 72  
Watrous, NM 87753

2. Article Number: 7006 0100 0005 5771 4797  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Joyce Ann Christmas Brown*  Agent  Addressee

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

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Joshua J. Leonard & George Taylor  
Co-Personal Rep. of the Estate of  
Mark Leonard  
700 West Silver  
Hobbs, NM 88240

2. Article Number: 7006 0100 0005 5771 4780  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Josh Leonard*  Agent  Addressee

B. Received by (Printed Name): *Josh Leonard* C. Date of Delivery: \_\_\_\_\_

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

MAR - 5 2014

USPS

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 96

7006 0100 0005 5771 4308

7006 0100 0005 5771 4292

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: JP Morgan Chase Bank, N.A., Trustee of the Nancy Brace Ryan Trust, c/o Mineral Management Group, P.O. Box 2558, Houston, TX 77252

PS Form 3800, June 2002 See Reverse for Instructions

USPS SANTA FE, NM 87501  
Postmark Here FEB 2 2014  
SANTA FE MAIN POST OFFICE

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

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To: Judith O. McGinn, 777 Main Street, Suite 3200, Fort Worth, TX 76102

PS Form 3811, February 2004 See Reverse for Instructions

USPS SANTA FE, NM 87501  
Postmark Here FEB 2 2014  
SANTA FE MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>X Penny Stafford</i></p> <p>B. Received by (Printed Name) <i>PENNY STAFFORD</i></p> <p>C. Date of Delivery <i>2-24-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Judith O. McGinn 777 Main Street, Suite 3200 Fort Worth, TX 76102</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <b>7006 0100 0005 5771 4292</b>                      (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 97

7006 0100 0005 5771 4285

7006 0100 0005 5771 4278

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

For delivery information visit **OXY-N.HOBBS OFFICE**

\* 4-1

Postage	\$	
Certified Fee		3.80
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

USPS SANTA FE NM 87501  
FEB 21 2014  
Here  
SANTA FE MAIN POST OFFICE

Judith Rittenhouse  
2434 East Contessa  
Mesa, AZ 85213

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Judith Rittenhouse  
2434 East Contessa  
Mesa, AZ 85213

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4285

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X Judith Rittenhouse

B. Received by (Printed Name) Judith Rittenhouse

C. Date of Delivery FEB 27 2014

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

For delivery information visit **OXY-N.HOBBS OFFICE**

\* 4-1

Postage	\$	
Certified Fee		3.80
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

USPS SANTA FE NM 87501  
FEB 21 2014  
Here  
SANTA FE MAIN POST OFFICE

Judy Van Gilder  
6012 88th Place  
Lubbock, TX 79424

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Judy Van Gilder  
6012 88th Place  
Lubbock, TX 79424

2. Article Number (Transfer from service label) 7006 0100 0005 5771 4278

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X Judy Van Gilder

B. Received by (Printed Name) Judy Van Gilder

C. Date of Delivery FEB 26 2014

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 98

7006 0100 0005 5771 4261

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

For delivery information visit **OXY-N.HOBBS**

**OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014  
 OXY-N.HOBBS MAIN POST OFFICE

Sent to:  
 Street or P.O. Box:  
 City, State, ZIP+4®:  
 PS Form 3811, February 2004 See Reverse for Instructions

K&K Minerals LLC  
 5400 North Grand Blvd., Suite 100  
 Oklahoma City, OK 73112

7006 0100 0005 5771 4421

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

For delivery information visit **OXY-N.HOBBS**

**OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014  
 OXY-N.HOBBS MAIN POST OFFICE

Sent to:  
 Street or P.O. Box:  
 City, State, ZIP+4®:  
 PS Form 3800, June 2002 See Reverse for Instructions

Karen Cone  
 P.O. Box 8351  
 Fayetteville, AR 72702

**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:

K&K Minerals LLC  
 5400 North Grand Blvd., Suite 100  
 Oklahoma City, OK 73112

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 4261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

*[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

2/24/14

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 99

7006 0100 0005 5771 4414

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Inland International)

For delivery information visit [usps.com](#)

OXY-N. HOBBS

OFFICE \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Street or PO Box  
City, State, ZIP+4®  
Karen H. Briggs & David E. Briggs  
242 West Grandview Blvd.  
Erie, PA 16508

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**

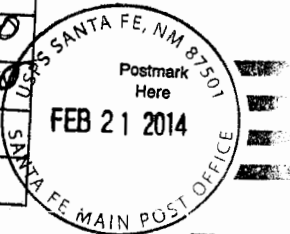
(Domestic Mail Only; No Inland International)

For delivery information visit [usps.com](#)

OXY-N.HOBBS

OFFICE \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		280
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Street or PO Box  
City, State, ZIP+4®  
Kay Lowe Hughes  
3914 54th Street  
Lubbock, TX 79412

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Karen H. Briggs & David E. Briggs  
242 West Grandview Blvd.  
Erie, PA 16508

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 4414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Karen H. Briggs  Agent  
 Addressee

B. Received by (Printed Name)

Karen H. Briggs

C. Date of Delivery

2/24/14

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

NORTH HOBBS UNIT

7006 0100 0005 5771 4384

Mineral Ownership

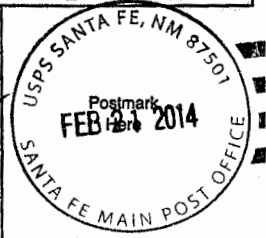
Page | 100

7006 0100 0005 5771 4391

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

For delivery information visit **OFFICIAL** **OXY-N.HOBBS** \* 4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Kay Salem as Guardian of Kelly Lowe  
Street or PO: 4513 13th Street  
City, State: Lubbock, TX 79416

PS Form See Reverse for Instructions

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

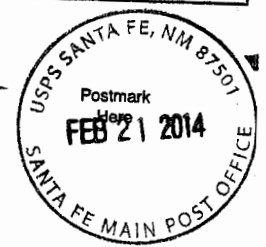
<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>Taylor Little</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: 3-6-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
1. Article Addressed to:	3. Service Type
<p>Kay Salem as Guardian of Kelly Lowe 4513 13th Street Lubbock, TX 79416</p>	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: 7006 0100 0005 5771 4384 <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit **OFFICIAL** **OXY-N.HOBBS** \* 4-1

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Kay Salem as Guardian of Lauren Lowe  
Street or PO: 4513 13th Street  
City, State: Lubbock, TX 79416

PS Form See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>Brett Little</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: 3-6-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
1. Article Addressed to:	3. Service Type
<p>Kay Salem as Guardian of Lauren Lowe 4513 13th Street Lubbock, TX 79416</p>	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number: 7006 0100 0005 5771 4391 <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 101

7006 0100 0005 5771 3103

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our **OXY-N.HOBBS OFFICIAL** website \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

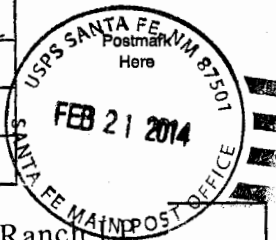


Sent  
Street or P.O. Box  
City, State, ZIP+4®  
Kayla Cone  
P.O. Box 746  
Fayetteville, AR 72702  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3110

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our **OXY-N.HOBBS OFFICIAL** website \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent  
Street or P.O. Box  
City, State, ZIP+4®  
KB Sycamore Creek Ranch  
P.O. Box 678  
Gainesville, TX 76241  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Kayla Cone  
P.O. Box 746  
Fayetteville, AR 72702

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 3103

PS Form 3811, February 2004

Domestic Return Receipt

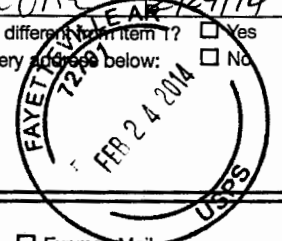
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Kayla Cone*  Agent  Addressee

B. Received by (Printed Name) *Kayla Cone* C. Date of Delivery *2/24/14*

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:

KB Sycamore Creek Ranch LP  
P.O. Box 678  
Gainesville, TX 76241

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 3110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Jane Martin*  Agent  Addressee

B. Received by (Printed Name) *Jane Martin* C. Date of Delivery *2-26-14*

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

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 102

7006 0100 0005 5771 3127

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

**OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

USPS SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent  
To: Keith W. Davis  
Street or PO: 777 Main Street, Suite 3200  
City: Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3134

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

**OXY-N.HOBBS OFFICE** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

USPS SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent  
To: Kenneth Cone trustee fbo children of  
Street or PO: Kenneth Cone Trust u/w/o Kathlenn Cone  
City: P.O. Box 11310  
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Keith W. Davis  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

2. Article Number: 7006 0100 0005 5771 3127  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Penny Stafford  Agent  Addressee

B. Received by (Printed Name): PENNY STAFFORD

C. Date of Delivery: 2-24-14

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

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 3141

Mineral Ownership  
Page | 103

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

For delivery information visit [usps.com](#)

**OXY-N.HOBBS**

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

USPS SANTA FE, NM 87501  
FEB 21 2014  
Postmark Here

Santa Fe Main Post Office

Sr  
Kenneth G. Cone  
P.O. Box 11310  
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3158

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

For delivery information visit [usps.com](#)

**OXY-N.HOBBS**

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

USPS SANTA FE, NM 87501  
FEB 21 2014  
Postmark Here

Santa Fe Main Post Office

Sr  
Kenneth L. & Jane E. Edwards  
1180 South Luserne Blvd.  
Los Angeles, CA 90019

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Kenneth L. & Jane E. Edwards  
1180 South Luserne Blvd.  
Los Angeles, CA 90019

2. Article Number: 7006 0100 0005 5771 3158  
(Transfer from service lab)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

USPS  
RIMPAU STATION 90019-9998  
FEB 27 2014

Return

7006 0100 0005 5771 3165

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

For delivery information visit **OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark: FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Street: Kenneth R. Shelton  
 1802 Seawall Blvd.  
 Galveston, TX 77550

PS Form 3800, June 2002 See Reverse for Instructions

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 104

7006 0100 0005 5771 3172

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

For delivery information visit **OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark: FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Street: Kenneth R. Shelton, Jr.  
 1728 Sealey Street  
 Galveston, TX 77550

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL**

SENDER: COMPLETE THIS SECTION

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

**1. Article Addressed to:**

Kenneth R. Shelton, Jr.  
 1728 Sealey Street  
 Galveston, TX 77550

**2. Article Number**  
 (Transfer from service label) 7006 0100 0005 5771 3172

**3. Service Type**

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

**4. Restricted Delivery? (Extra Fee)**  Yes

**A. Signature**  Agent  Addressee  
 X *[Signature]*

**B. Received by (Printed Name)** **C. Date of Delivery**  
 2/29/14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 105

7006 0100 0005 5771 3189

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

For delivery information visit **OXY-N.HOBBS**  
**OFFI** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: **FEB 21 2014**  
 SANTA FE MAIN POST OFFICE

Sent by: Kenneth Terrell Tinker  
 Street or PO: 1008 California SE  
 City: Albuquerque, NM 87108

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 3196

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

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: **FEB 21 2014**  
 SANTA FE MAIN POST OFFICE

Sent by: Keohane, Inc.  
 Street or PO: P.O. Box 1120  
 City: Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Kenneth Terrell Tinker  
 1008 California SE  
 Albuquerque, NM 87108

2. Article Number (Transfer from service label): **7006 0100 0005 5771 3189**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Diana Chauz Tinker*  Agent  Addressee

B. Received by (Printed Name): *Diana Chauz Tinker* C. Date of Delivery: *2-22-14*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Keohane, Inc.  
 P.O. Box 1120  
 Roswell, NM 88202

2. Article Number (Transfer from service label): **7006 0100 0005 5771 3196**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *PAT Greenhale*  Agent  Addressee

B. Received by (Printed Name): *PAT Greenhale* C. Date of Delivery: *FEB 25 2014*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 106

7006 0100 0005 5771 7996

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

USPS SANTA FE, NM 87501  
 FEB 21 2014  
 Postmark Here  
 SANTA FE MAIN POST OFFICE

Kerry Lee Glover c/o  
 Christopher Keith Glover  
 1826 North Street  
 San Angelo, TX 76901

PS Form 3800, June 2002

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Signature Required)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

USPS SANTA FE, NM 87501  
 FEB 21 2014  
 Postmark Here  
 SANTA FE MAIN POST OFFICE

Kirby D. Schneck  
 34 Kings Canyon  
 New Orleans, LA 70131

PS Form 3800, June 2002

**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*M. Glover*

B. Received by (Printed Name)  
*K. G.*

C. Date of Delivery  
 2/24

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:  
 Kerry Lee Glover c/o  
 Christopher Keith Glover  
 1826 North Street  
 San Angelo, TX 76901

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) 7006 0100 0005 5771 7996

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 107

7006 0100 0005 5771 8023

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
PS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

To:  
Kristen Hinkle  
762 Hayes Street #37  
Seattle, WA 98109

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8016

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
PS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

To:  
Kristen Hinkle  
762 Hayes Street #37  
Seattle, WA 98109

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
PS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

To:  
L.M. Harris  
2442 FM 138  
Center, TX 75935

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

L.M. Harris  
2442 FM 138  
Center, TX 75935

2. Article Number  
(Transfer from service label) **7006 0100 0005 5771 8023**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 L.M. Harris  
 Agent  
 Addressee

B. Received by (Printed Name) **L.M. Harris** C. Date of Delivery **2-27-14**

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

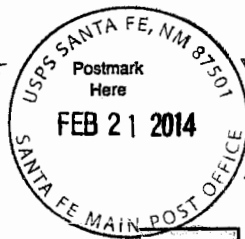
OXY NORTH HOBBS UNIT

Mineral Ownership Page | 108

7006 0100 0005 5771 8030

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OFFIC**  
OXY-N.HOBBS \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

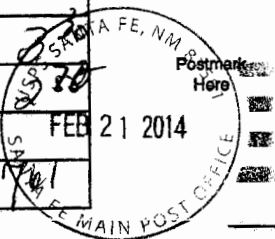


Sen  
Str or F  
City  
L.M. Robinson LLC  
P.O. Box 847  
Ruidoso, NM 88355  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8047

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OFFIC**  
OXY-N.HOBBS \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Larry K. Lowe 2313  
Broadway  
Lubbock, TX 79401  
PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
  
L.M. Robinson LLC  
P.O. Box 847  
Ruidoso, NM 88355

2. Article Number: 7006 0100 0005 5771 8030  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Kenneth Blair*  Agent  Addressee

B. Received by (Printed Name): *Kenneth Blair*

C. Date of Delivery: *FEB 24 2014*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Larry K. Lowe 2313  
Broadway  
Lubbock, TX 79401

2. Article Number: 7006 0100 0005 5771 8047  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Mary Jaramillo*  Agent  Addressee

B. Received by (Printed Name): *Mary Jaramillo*

C. Date of Delivery: *2/24/14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

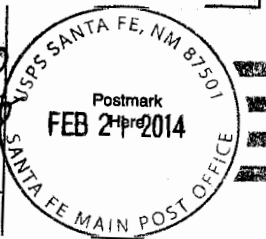
Mineral Ownership  
Page | 109

7006 0100 0005 5771 8054

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage \$  
Certified Fee 3.30  
Return Receipt Fee (Endorsement Required) 2.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 761



Sent to:  
Laura A. Kaempf c/o Twila  
Gooding  
1003 Crestview Circle  
Farmington, NM 87401

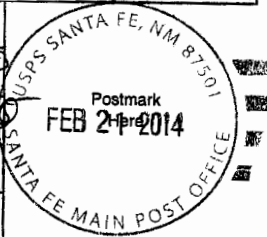
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 8061

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-1

Postage \$  
Certified Fee 3.30  
Return Receipt Fee (Endorsement Required) 2.50  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 761



Sent to:  
Laura A. Kempf  
1325 Valley View Road #302  
Glendale, CA 91202

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Laura A. Kaempf c/o Twila  
Gooding  
1003 Crestview Circle  
Farmington, NM 87401

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 8054

PS Form 3811, February 2004

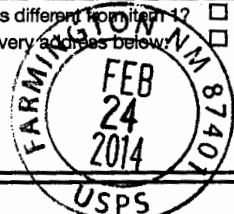
Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Laura Kaempf*

B. Received by (Printed Name)  Date of Delivery  
*Laura Kaempf* *2/24/14*

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 8078

Mineral Ownership Page | 110

7006 0100 0005 5771 8085

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.38
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent: Lauren Hall trustee of the Estate of Lydian H. Woods Trust dated 12/31/2008  
 Street or PO: 4701 Caduceus Place  
 City: Galveston, TX 77551

Postmark: SANTA FE, NM 87501 FEB 21 2014

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		3.38
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent: Lazy Backwards S Ltd  
 Street or PO: P.O. Box 51087  
 City: Midland, TX 79710

Postmark: SANTA FE, NM 87501 FEB 21 2014

**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:  
 Lauren Hall trustee of the Estate of Lydian H. Woods Trust dated 12/31/2008  
 4701 Caduceus Place  
 Galveston, TX 77551

2. Article Number: 7006 0100 0005 5771 8078  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Lauren Lydian Hall*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 111

7006 0100 0005 5771 7903

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		240
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent \_\_\_\_\_  
Street or P.O. \_\_\_\_\_  
City, \_\_\_\_\_  
State, \_\_\_\_\_  
Zip+4 \_\_\_\_\_

Leede Operating Co. LLC  
2100 Plaza Tower One,  
6400 South Fiddlers Green Circle  
Englewood, CO 80111

PS Form 3811, February 2004

7006 0100 0005 5771 7897

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		230
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent \_\_\_\_\_  
Street or P.O. \_\_\_\_\_  
City, \_\_\_\_\_  
State, \_\_\_\_\_  
Zip+4 \_\_\_\_\_

LDL Lowe Family Partnership Ltd  
308 Comet  
Austin, TX 78734

PS Form 3800, June 2002

**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:

Leede Operating Co. LLC  
2100 Plaza Tower One,  
6400 South Fiddlers Green Circle  
Englewood, CO 80111

2. Article Number **7006 0100 0005 5771 7903**  
*(Transfer from service)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X   Agent  
 Addressee

B. Received by (Printed Name) Laura Paolillo C. Date of Delivery 2/24/14

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

OXY  
NORTH HOBBS UNIT

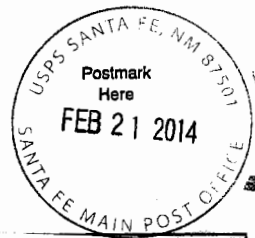
Mineral Ownership  
Page | 112

7006 0100 0005 5771 7927

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		250
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



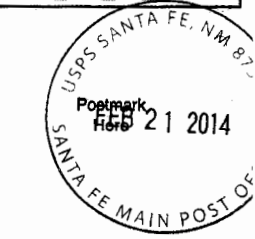
Se: Leo A. Szczotka & Cornilia  
2638 Preatwick Court  
La Jolla, CA 92037

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		250
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Se: Lewis Weldon Beard  
1109 Riverside Drive  
Jackson, MS 39202

PS Form 3800, June 2002 Instructions

# Return

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Lewis W. Beard</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Lewis W. Beard 2-25-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Lewis Weldon Beard 1109 Riverside Drive Jackson, MS 39202</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5771 7927</p>	

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 113

7006 0100 0005 5771 7934

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit [usps.com](http://usps.com)  
**OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$		Postmark Here
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.01	

Sent To Liberty National Bank, Trustee  
of the W.T. Reed Trust  
P.O. Box 1627  
Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**  
COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
Liberty National Bank, Trustee  
of the W.T. Reed Trust  
P.O. Box 1627  
Lovington, NM 88260

2. Article Number  
(Transfer from service label) 7006 0100 0005 5771 7934

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5771 7941

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit [usps.com](http://usps.com)  
**OXY-N.HOBBS**  
**OFFICE** \*4-1

Postage	\$		Postmark Here
Certified Fee		3.30	
Return Receipt Fee (Endorsement Required)		2.70	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	7.01	



Sent To Linda Lou Gourley  
1522 Guadalupe Street  
San Angelo, TX 76901

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**  
COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:  
Linda Lou Gourley  
1522 Guadalupe Street  
San Angelo, TX 76901

2. Article Number  
(Transfer from service label) 7006 0100 0005 5771 7941

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

Mineral Ownership

Page | 114

7006 0100 0005 5771 7958

7006 0100 0005 5771 7965

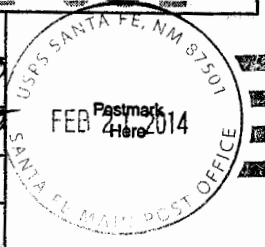
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No International Mail)

For delivery information visit [www.usps.com](http://www.usps.com)

OXY-N.HOBBS

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Send to:  
 Street or P.O. Box  
 City, State, ZIP+4®

Linda Yost Lindh Trustee of the  
 Kenneth Morgan Lindh 'B' Trust  
 P.O. Box 678  
 Gainesville, TX 76241

PS Form 3800, June 2002 See Reverse for Instructions

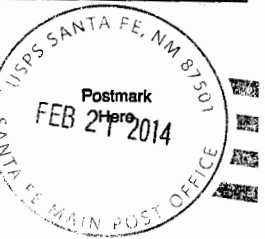
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No International Mail)

For delivery information visit [www.usps.com](http://www.usps.com)

OXY-N.HOBBS

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Send to:  
 Street or P.O. Box  
 City, State, ZIP+4®

Linda Yost Lindh Trustee of the  
 Beverly Yost Lindh 'B' Trust  
 P.O. Box 678  
 Gainesville, TX 76241

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Linda Yost Lindh Trustee of the  
 Kenneth Morgan Lindh 'B' Trust  
 P.O. Box 678  
 Gainesville, TX 76241

2. Article Number: 7006 0100 0005 5771 7965  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Jane Martin*  Agent  Addressee

B. Received by (Printed Name): Jane Martin

C. Date of Delivery: 2-26-14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Linda Yost Lindh Trustee of the  
 Beverly Yost Lindh 'B' Trust  
 P.O. Box 678  
 Gainesville, TX 76241

2. Article Number: 7006 0100 0005 5771 7958  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Jane Martin*  Agent  Addressee

B. Received by (Printed Name): Jane Martin

C. Date of Delivery: 2-26-14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 115

7006 0100 0005 5771 7972

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**

**OFFIC** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76

Postmark Here  
FEB 21 2014

Sent  
Street or P.O. Box  
City

Loran Tyner Lamb c/o Floyd  
M. Melton  
P.O. Box 534  
Greenwood, MS 38935

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7989

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**

**OFFIC** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 76

Postmark Here  
FEB 21 2014

Sent  
Street or P.O. Box  
City

Loretta D. Lowe  
30040 Royal Mustang Circle  
Boerne, TX 78006

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Loran Tyner Lamb c/o Floyd  
M. Melton  
P.O. Box 534  
Greenwood, MS 38935

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 7972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Debbie Tingle*

B. Received by (Printed Name) *Debbie Tingle*

C. Date of Delivery *2-25-14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below.

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

FEB 25 2014

Return

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 7798

Mineral Ownership  
Page | 116

7006 0100 0005 5771 7804

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 2 2014  
SANTA FE MAIN POST OFFICE

Sent to:  
 Loretta Mildred Wilson  
 369 Sandy Mountain Drive  
 Sunset Beach, TX 78643

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Loretta Mildred Wilson  
 369 Sandy Mountain Drive  
 Sunset Beach, TX 78643

2. Article Number **7006 0100 0005 5771 7798**  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Chris Bates*

C. Date of Delivery *2-26*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent to:  
 Lori L. Lieske  
 13875 Gates Avenue  
 Northfield, MN 55057

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Lori L. Lieske  
 13875 Gates Avenue  
 Northfield, MN 55057

2. Article Number **7006 0100 0005 5771 7804**  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *LORI L. LIESKE*

C. Date of Delivery *2-26-14*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 7811 Mineral Ownership Page | 117

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here 2014  
 FEB 21 2014  
 THE MAIN POST OFFICE

Sent  
 Street or P.O. Box  
 City  
 Lori Lee Tyson  
 290 Sunfest Drive  
 Deatsville, AL 36022

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7828

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		3.50
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 THE MAIN POST OFFICE

Sent  
 Street or P.O. Box  
 City  
 Louis H. Witwer III, trustee of  
 the Louis H. Witwer III Trust  
 P.O. Box 2453  
 Tulsa, OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 Lori Lee Tyson  
 290 Sunfest Drive  
 Deatsville, AL 36022

2. Article Number  
 (Transfer from service) 7006 0100 0005 5771 7811

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Alexis Tyson  Agent  Addressee

B. Received by (Printed Name)  
 Alexis Tyson

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Louis H. Witwer III, trustee of  
 the Louis H. Witwer III Trust  
 P.O. Box 2453  
 Tulsa, OK 74101

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 7828

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Karen Witwer  Agent  Addressee

B. Received by (Printed Name)  
 Karen Witwer

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 118

7006 0100 0005 5771 7835

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3 30
Return Receipt Fee (Endorsement Required)		2 70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7 61

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Se:  
St:  
or:  
Cit:

Louise Orr Wise Yandell  
3410 Country Club Road  
Garland, TX 75043

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7842

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3 30
Return Receipt Fee (Endorsement Required)		2 70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7 61

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Se:  
St:  
or:  
Cit:

Lucinda Jane Shipp  
1015 North 8th  
Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

Return



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 7859

Mineral Ownership  
Page | 119

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OFFICIAL**  
OXY-N.HOBBS

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Post Office or City: Lula Dennis Brewer  
Route 1  
Celeste, TX 75423

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OFFICIAL**  
OXY-N.HOBBS

7006 0100 0005 5771 7866

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Post Office or City: Mack H. Woolridge  
P.O. Box 1846  
Albany, TX 76430

PS Form 3800, June 2002 See Reverse for Instructions

# Return

**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:

Mack H. Woolridge  
P.O. Box 1846  
Albany, TX 76430

2. Article Number  
(Transfer from service)

7006 0100 0005 5771 7866

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *R Lawrence* C. Date of Delivery: *2/24/14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 120

7006 0100 0005 5771 7873

7006 0100 0005 5771 7880

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

Sent: Madeleine Alann Peckham  
Street or PO: Bedford Trust  
City: 1235 Kingston Avenue  
Alexandria, VA 22302

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

Sent: Maecenas Minerals LP  
Street or PO: P.O. Box 176  
City: Abilene, TX 79604

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Maecenas Minerals LP  
P.O. Box 176  
Abilene, TX 79604

2. Article Number: 7006 0100 0005 5771 7880  
*(Transfer from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Barb Roberts*  Agent  Addressee

B. Received by (Printed Name): *Barb Roberts* 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

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 121

7006 0100 0005 5771 4049

7006 0100 0005 5771 4032

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Marguerite T. Ogden  
8744 Coffman Path  
Inver Grove Heights, MN  
55076

See Reverse for Instructions

Margaret Neal Huestis et vir  
G.L. c/o Melvin R. Neal  
2415 Garland  
Lakewood, CO 80215

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Marguerite Ogden <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Marguerite Ogden</p> <p>C. Date of Delivery            3/7/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Marguerite T. Ogden 8744 Coffman Path Inver Grove Heights, MN 55076</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: 7006 0100 0005 5771 4049            (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

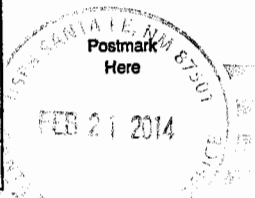
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 122

7006 0100 0005 5771 4056

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

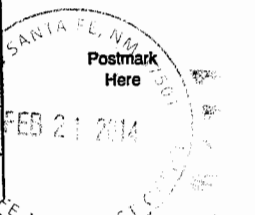


To: Marie Eugenia McKnight, c/o  
Oscar A. Bourg, Jr.  
2404 Scenic Drive  
Salt Lake City, UT 84109  
See Reverse for Instructions

7006 0100 0005 5771 4016

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our **OXY-N.HOBBS OFFICE** \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



To: Marilyn M. Law & James B. Law  
trustees of the Marilyn M. Law  
Revocable Trust dated 2/3/89  
2825 N.W. Grand Blvd. Unit 3  
Oklahoma City, OK 73116  
See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marie Eugenia McKnight, c/o  
Oscar A. Bourg, Jr.  
2404 Scenic Drive  
Salt Lake City, UT 84109

2. Article Number

7006 0100 0005 5771 4056

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

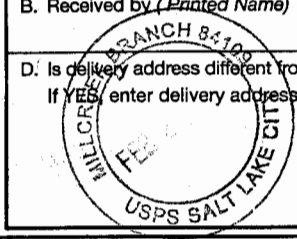
**ADDRESSEE: COMPLETE THIS SECTION**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) Oscar A. Bourg, Jr.  
 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



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 123

7006 0100 0005 5771 4025

7006 0100 0005 5771 7743

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFIC**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Ser: Marjorie A. Eakle  
St: 951 Park Drive  
or: Kanakee, IL 60901  
City:

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFIC** \*4-1

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Ser: Marjorie Cone Kastman  
St: P.O. Box 5930  
or: Lubbock, TX 79408  
City:

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Marjorie Cone Kastman  
P.O. Box 5930  
Lubbock, TX 79408

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7743**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Shanda B. Balle*  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DOWNTOWN STATION  
LUBBOCK, TEXAS  
FEB 25 2014

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 7750  
7006 0100 0005 5771 7750  
7006 0100 0005 5771 7750  
7006 0100 0005 5771 7750

Mineral Ownership  
Page | 124

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Inland Postage and Fees Waiver)  
For delivery information visit [usps.com](http://usps.com)  
**OXY-N.HOBBS**  
OFFICE \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent by  
Mark E. Hodge  
P.O. Box 158  
Hobbs, NM 88241  
See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Inland Postage and Fees Waiver)  
For delivery information visit [usps.com](http://usps.com)  
**OXY-N.HOBBS**  
OFFICE \*4-1

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent by  
Mark Henry Denton  
3375 East Lockett #4  
Flagstaff, AZ 86004  
See Reverse for Instructions

# Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 125

7006 0100 0005 5771 7774

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [oxy-n.hobbs](#)

**OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

USPS SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014

Se  
Si  
or  
Ch  
PS

Marshall A. Jacobs, Kathryn S. Jacobs  
and James L. Jacobs as trustees of The  
Jacobs Family Trust, dated 6/13/07  
620 Sand Hill Road, Apt. 207-F  
Palo Alto, CA 94304

See Reverse for Instructions

7006 0100 0005 5771 7781

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [oxy-n.hobbs](#)

**OFFICIAL**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

USPS SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014

Floyd M. Melton, Trustee  
u/w/o John Auston Rittenhouse  
P.O.Box 534  
Greenwood, MS 38935

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marshall A. Jacobs, Kathryn S. Jacobs  
and James L. Jacobs as trustees of The  
Jacobs Family Trust, dated 6/13/07  
620 Sand Hill Road, Apt. 207-F  
Palo Alto, CA 94304

2. Article Number: 7006 0100 0005 5771 7774  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

*MARIA COW*

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Floyd M. Melton, Trustee  
u/w/o John Auston Rittenhouse  
P.O.Box 534  
Greenwood, MS 38935

2. Article Number: 7006 0100 0005 5771 7781  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Debbi Dingle*  Agent  Addressee

B. Received by (Printed Name): *Debbi Dingle* C. Date of Delivery: *2-25-14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

*FEB 25 2014*

3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

# Return

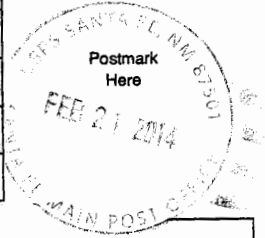
OXY NORTH HOBBS UNIT

7006 0100 0005 5771 7361  
7006 0100 0005 5771 9549

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE** #4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	701



Sent To: Martha Ann Rees  
Street or PO: 1527 Donnette Place NE  
City, State, ZIP: Albuquerque, NM 87112-4709

PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership Page | 126

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE** #4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Martha Mae Scharbauer Adams, Lynn Scharbauer Collett & Ted Kerr trustees  
Street or PO: P.O. Box 194  
City, State, ZIP: Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <b>X</b> / ed M Kerr</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <b>Ted M. Kerr</b></p> <p>C. Date of Delivery  <b>3-3-14</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Martha Mae Scharbauer Adams, Lynn Scharbauer Collett &amp; Ted Kerr trustees P.O. Box 194 Midland, TX 79702</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number: <b>7006 0100 0005 5771 9549</b>            (Transfer from service label)</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 127

7006 0100 0005 5771 9556

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent 7

Street, or PO: Mary Ann Hastings Stephenson  
City, S: 3805 Riverview Road NW  
Albuquerque, NM 87102

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9563

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent 7

Street, or PO: Mary Carolyn Fasken Bekher  
City, S: 1314 Bonham  
Odessa, TX 79761

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Ann Hastings Stephenson  
3805 Riverview Road NW  
Albuquerque, NM 87102

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 9556

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 2/28/14

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

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9570  
Mineral Ownership  
Page | 128  
7006 0100 0005 5771 9587


U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent To: Mary Gene Bloomquist  
Street, Apt. or PO Box: 14050 East Linvale Place, Unit 202  
City, State: Aurora, CO 80014

PS Form 3800, June 2002 See Reverse for Instructions



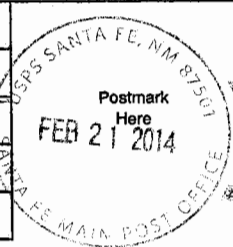
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Sent To: Mary Jean Bloomquist  
Street, Apt. or PO Box: 1934 North McKinley  
City, State: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions



Return

OXY NORTH HOBBS UNIT

Mineral Ownership

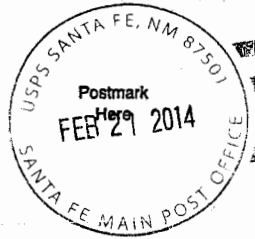
Page | 129

7006 0100 0005 5771 9594

7006 0100 0005 5771 9600

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Mary T. Ard, trustee of the Edward R. Hudson Trust 4, created by The Will of Edward R. Hudson, Sr. f/b/o Mary T. Ard  
 Street, or PO B: 4808 Westridge Avenue  
 City, St: Fort Worth, TX 76116

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: McMahon Energy Partners LP  
 Street, or PO B: 4545 South Monaco Street  
 City, St: #133 Denver, CO 80237

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Mary T. Ard, trustee of the Edward R. Hudson Trust 4, created by The Will of Edward R. Hudson, Sr. f/b/o Mary T. Ard  
 4808 Westridge Avenue  
 Fort Worth, TX 76116

2. Article Number (Transfer from service label): 7006 0100 0005 5771 9594

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *M. Ard*  Agent  Addressee

B. Received by (Printed Name): M. Ard C. Date of Delivery: 2/24/14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 130

7006 0100 0005 5771 9617

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Ins...)*  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** *4-2*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
USPS SANTA FE, NM 87501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Send to:  
Michael E. Chapman  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9624

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Ins...)*  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** *4-2*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
USPS SANTA FE, NM 87501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Send to:  
Michael Harrison Moore  
310 West Wall Street, Suite 404  
Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9433  
Mineral Ownership  
Page | 131

7006 0100 0005 5771 9631

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

USPS SANTA FE, NM 87501  
 Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street, or PO Box: Midwest Royalties, Inc.  
 City, State: 1919 N. Turner St.  
 Hobbs, NM 88240-2712

PS Form 3811, February 2004 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

USPS SANTA FE, NM 87501  
 Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street, or PO Box: Mildred A. Wright  
 City, State: P.O. Box 505  
 Farmington, NM 87401

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Midwest Royalties, Inc.  
 1919 N. Turner St.  
 Hobbs, NM 88240-2712

2. Article Number (Transfer from service label): 7006 0100 0005 5771 9631

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Brenda Stewart  Agent  Addressee

B. Received by (Printed Name): Brenda Stewart C. Date of Delivery: 2-24-14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9440

Mineral Ownership  
Page | 132

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent To: Mildred A. Wright trustee of the  
Mildred A. Wright Trust #1  
P.O. Box 505  
Farmington, NM 87401

Postmark Here: FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

PS Form 3800, June 2007

7006 0100 0005 5771 9457

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent To: Mildred E. Slator  
1210 Perry Brooks Building  
Austin, TX 78701

Postmark Here: FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

PS Form 3800, June 2007 See Reverse for Instructions

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9464

Mineral Ownership  
Page | 133

7006 0100 0005 5771 9471

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information via **OXY-N.HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark: SANTA FE, NM 87501  
FEB 21 2014

Sent to:  
Mildred G. Turner  
P.O. Box 248  
Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information via **OXY-N.HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: SANTA FE, NM 87501  
FEB 21 2014

Sent to:  
Mildred M. Day  
20-10320 Calimesa Blvd.  
Calimesa, CA 92320

PS Form 3800, June 2002 See Reverse for Instructions

**RECEIVED**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Mildred G. Turner  
P.O. Box 248  
Roswell, NM 88202

2. Article Number (Transfer from service label): 7006 0100 0005 5771 9464

3. Service Type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: xleesipe  Agent  Addressee

B. Received by (Printed Name):  
C. Date of Delivery: FEB 24 2014

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

AND RETURN

Return

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 134

7006 0100 0005 5771 9488

7006 0100 0005 5771 9495

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

Sent  
Street or P.O. Box  
City  
MLR, Inc.  
P.O. Box 18967  
Oklahoma City, OK 73154

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
FEB 21 2014

Sent  
Street or P.O. Box  
City  
Molly Catherine Lamb c/o  
Floyd M. Melton  
P.O. Box 534  
Greenwood, MS 38935

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Molly Catherine Lamb c/o  
Floyd M. Melton  
P.O. Box 534  
Greenwood, MS 38935

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 9495

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
Debbie [Signature]

C. Date of Delivery  
2-25-14

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

FEB 25 2014

Domestic Return Receipt

102595-02-M-1540



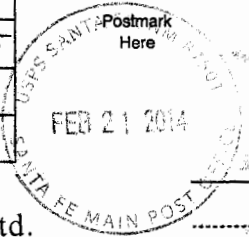
OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 135

7006 0100 0005 5771 9501

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

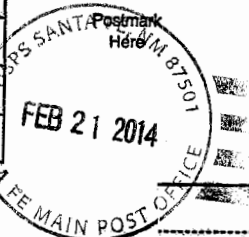


Sent To:  
 Street or P.O. City, S  
 Moore & Shelton Ltd.  
 P.O. Box 3070  
 Galveston, TX 77552  
 PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9518

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To:  
 Street or P.O. City  
 Morgan Operating Inc  
 P. O. Box 118  
 Hobbs, NM 88241  
 PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 Moore & Shelton Ltd,  
 P.O. Box 3070  
 Galveston, TX 77552

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9501**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Mike Moore*

B. Received by (Printed Name)  Agent  Addressee  
 Mike Moore

C. Date of Delivery  
 2/25/14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
 Morgan Operating Inc  
 P. O. Box 118  
 Hobbs, NM 88241

2. Article (Trans

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Miss Murga*

B. Received by (Printed Name)  Agent  Addressee  
 MELISSA MURGAN

C. Date of Delivery  
 2-25-14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2595-02-M-1540

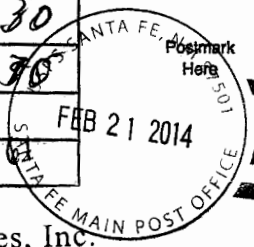
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9525

Mineral Ownership  
Page | 136

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **OFFICIAL**  
OXY-N.HOBBS  
\* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.70



Sent To  
Street, or PO Box  
City, State  
Mycos Industries, Inc.  
105 South Fourth Street  
Artesia, NM 88210  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
  
Mycos Industries, Inc.  
105 South Fourth Street  
Artesia, NM 88210

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9525**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
*A. Auger*

B. Received by (Printed Name) *A. Auger*  
 C. Date of Delivery *2/24/14*

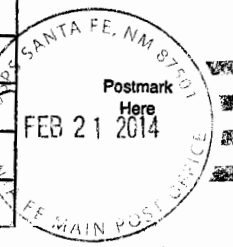
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5771 9327

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **OFFICIAL**  
OXY-N.HOBBS  
\* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60



Sent To  
Street, or PO Box  
City, State  
Namy Energy  
777 Main Street, Suite 3200  
Fort Worth, TX 76102  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
  
Namy Energy  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9327**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
*Penny Stafford*

B. Received by (Printed Name) *PENNY STAFFORD*  
 C. Date of Delivery *2-24-14*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9334

Mineral Ownership  
Page | 137

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit [usps.com](#)  
**OXY-N.HOBBS** \* 4-2  
**OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

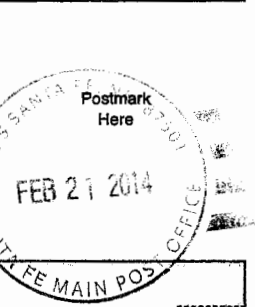


Sent To  
Nell Cornell Douglas  
11724 Persuasion  
San Antonio, TX 78216  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9341

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit [usps.com](#)  
**OXY-N.HOBBS** \* 4-2  
**OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61



Sent To  
Nell P. Lowe  
Box 53775  
Lubbock, TX 79453  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Nell P. Lowe  
Box 53775  
Lubbock, TX 79453

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature  Agent  
*Nell Lowe*  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If Yes, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number: 7006 0100 0005 5771 9341  
(Transfer from service label)

PS Form 3800, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 138

7006 0100 0005 5771 9365

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 4-7

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: New Mexico Western Minerals, Inc.  
Street or PO: P.O. Box 1738  
City: Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9358

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: New Mexico Oil Corp.  
Street or PO: P.O. Box 1714  
City: Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
New Mexico Western Minerals, Inc.  
P.O. Box 1738  
Roswell, NM 88202

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9365**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *M. West*

B. Received by (Printed Name): *M. West*

C. Date of Delivery: *FEB 25 2014*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:  
  
New Mexico Oil Corp.  
P.O. Box 1714  
Roswell, NM 88201

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9358**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Donnie Perez*

B. Received by (Printed Name): *Donnie Perez*

C. Date of Delivery: *FEB 24 2014*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

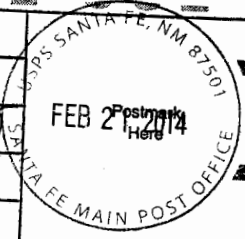
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 139

7006 0100 0005 5771 9372  
7006 0100 0005 5771 9389

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N.HOBBS OFFICE** \*H-2

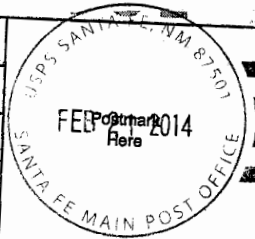
Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
Street, or PO, City, S  
Norman M. Brewer  
922 Boxwood Drive  
Lewisville, TX 75067  
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N.HOBBS OFFICE** \*H-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
Street, or PO, City,  
Odell L. Lowe  
Box 53775  
Lubbock, TX 79453  
PS Form 3800, June 2002 See Reverse for Instructions

**Return**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Odell L. Lowe  
Box 53775  
Lubbock, TX 79453

2. Article Number: 7006 0100 0005 5771 9389  
(Transfer from service label)

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature: *Odell Lowe*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: \_\_\_\_\_

3. Delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 140

7006 0100 0005 5771 9396

7006 0100 0005 5771 9402

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit **OFFICIAL** *4-2*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To: Onez Norman Rooney Testamentary  
Trust c/o D. Craig Story  
1001 NW 63rd, Suite 200  
Oklahoma City, OK 73116

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit **OFFICIAL** *4-2*

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To: Oscar A. Bourg, Jr.  
2404 Scenic Drive  
Salt Lake City, UT 84109

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oscar A. Bourg, Jr.  
2404 Scenic Drive  
Salt Lake City, UT 84109

2. Article Number: **7006 0100 0005 5771 9402**  
*(Transfer from service label)*

**COMPLETE THIS SECTION FOR THE ADDRESSEE**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 141

7006 0100 0005 5771 9419

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

For delivery information visit **OFFICE** **OXY-N.HOBBS** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To:  
Overlude, Ltd.  
P.O. Box 148  
Farmington, NM 87401

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9426

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

For delivery information visit **OFFICE** **OXY-N.HOBBS** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To:  
OXY USA WTP LP  
P.O. Box 77247  
Houston, TX 77227

PS Form 3800, June 2002 See Reverse for Instructions

# Return

**SENDER: COMPLETE THIS SECTION** **DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
OXY USA WTP LP  
P.O. Box 77247  
Houston, TX 77227

2. Article Number (Transfer from service label) **7006 0100 0005 5771 9426**

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  
 Addressee  
*J. B. B. B.*

B. Received by (Printed Name)  Agent  
*J. B. B. B.*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

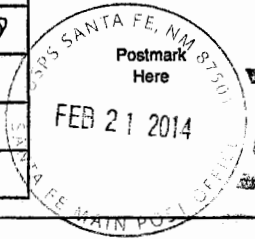
OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 142

7006 0100 0005 5771 9150

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

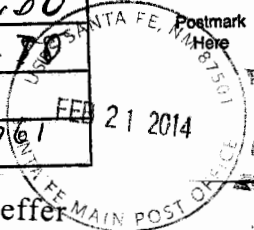


Sent To  
Pacific Enterprises ABC Corp.  
3131 Turtle Creek Blvd.  
Dallas, TX 75219  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9167

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Patricia P. Schieffer  
Testamentary Trust  
P.O. Box 840738  
Dallas, TX 75248  
PS Form 3800, June 2002 See Reverse for Instructions

Return

Return



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9174

Mineral Ownership  
Page | 143

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
USPS SANTA FE, NM 87501  
FEB 21 2014

Sent To: Pauline B. Lowe  
Street, or PO: 317 Atlantic  
City, State: Austin, TX 78734

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 9181

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
USPS SANTA FE, NM 87501  
FEB 21 2014

Sent To: Pauline Storie Savage  
Street, or PO: 3312 78th Street  
City, State: Lubbock, TX 797414

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 9196

Mineral Ownership  
Page | 144

7006 0100 0005 5770 5504

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 4-2

Postage	\$
Certified Fee	3.20
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

**Sent To**  
Perry Glynn Gregory  
503 West Vista Parkway  
Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFI** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 766

**Sent To**  
Peter Hurd  
Sentinel Ranch  
San Patricio, NM 88348

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5511

Mineral Ownership  
Page | 145

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFI** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 USPS SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To: Phillip H. Peacock c/o J. Holt  
 Peacock II  
 P.O. Box 1751  
 Beaumont, TX 77704

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Phillip H. Peacock c/o J. Holt  
 Peacock II  
 P.O. Box 1751  
 Beaumont, TX 77704

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5511

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery FEB 24 2014

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 5770 5528

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFIC** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
 FEB 21 2014  
 USPS SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To: Phillip N. Whitt & Karen D. Whitt  
 Whitt  
 500 West Broom Drive  
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Phillip N. Whitt & Karen D. Whitt  
 500 West Broom Drive  
 Hobbs, NM 88240

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5528

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 146

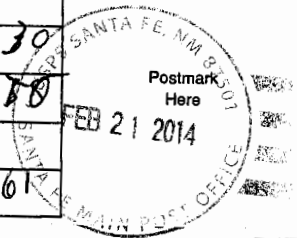
7006 0100 0005 5770 5535

7006 0100 0005 5770 5542

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



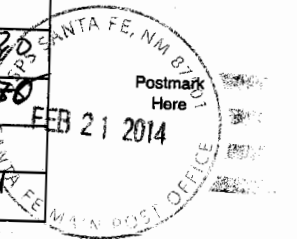
Sent To  
Pyote Well Servicing Inc.  
400 W Illinois Ave Ste 950  
Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
Randy George Tinker  
374 FM 170  
Farmington, NM 87401

PS Form 3800, June 2002 See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Randy G. Tinker</i></p> <p>C. Date of Delivery <i>2-24-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Randy George Tinker 374 FM 170 Farmington, NM 87401</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0005 5770 5542</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 147

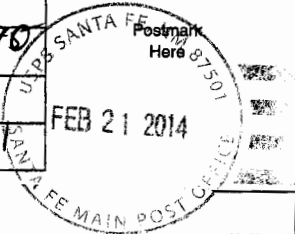
7006 0100 0005 5770 5559

7006 0100 0005 5770 5566

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Randy Lee Cone  
Street or PO: P.O. Box 552  
City: Jay, OK 74346  
PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFICE** \* 4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Realeza Del Spear LP  
Street or PO: P.O. Box 1684  
City, St: Midland, TX 79702  
PS Form 3800, June 2002 See Reverse for Instructions

**Return**

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE**

- 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:

Realeza Del Spear LP  
P.O. Box 1684  
Midland, TX 79702

2. Article Number: 7006 0100 0005 5770 5566  
(Transfer from service label)

3. Service type:  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Lor. Saunders*  Agent  Addressee  
 B. Received by (Printed Name): *LOR. SAUNDERS*  
 C. Date of Delivery: *3/3/14*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

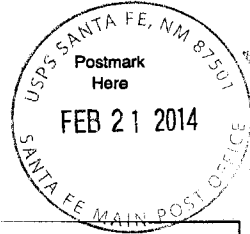
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5436

Mineral Ownership  
Page | 148

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No International Mail)*  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

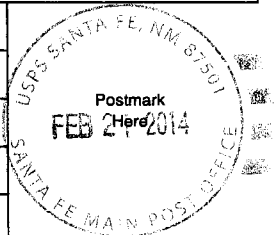


**Sent To**  
Rector Oil Ltd.  
777 Main Street, Suite 3200  
Fort Worth, TX 76102  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5443

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No International Mail)*  
For delivery information visit **OXY-N.HOBBS**  
**OFFICE** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



**Sent To**  
Republic Royalty Company  
200 Crescent Court, Suite 1055  
Dallas, TX 75201  
PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 5450

Mineral Ownership  
Page | 149

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

**Sent** Richard Lyons Moore  
**Street or PO** 310 West Wall Street, Suite  
**City** 404  
Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5474

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS**  
**OFFIC** \* 4-2

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.61

**Sent** Richard Lyons Moore & Michael  
**Street or PO** Harrison Moore co-trustees u/w/o  
**City** Stephen Scott Moore, dec.  
310 West Wall Street, Suite 404  
Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5770 548J

Mineral Ownership  
Page | 150

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
USPS SANTA FE, NM 87501  
FEB 21 2014

Sent To: Richard Lyons Moore & Michael Harrison Moore co-trustees u/w/o Stephen Scott Moore  
310 West Wall, Suite 104  
Midland, TX 79701

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 549B

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.90
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
USPS SANTA FE, NM 87501  
FEB 21 2014

Sent To: Richard Witkins  
256 South Columbia Avenue  
Columbus, OH 43209

PS Form 3800, June 2002 See Reverse for Instructions



NORTH HOBBS UNIT

Mineral Ownership  
Page | 151

7006 0100 0005 5771 6623

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014

Sent To: Robert Dale Evans  
5104 75th Street  
Lubbock, TX 79424

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6616

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: 2014

Sent To: Rita Annette Evans c/o Thomas Wayne Evans  
136 Rose Street  
Burkburnett, TX 76354

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Robert Dale Evans  
5104 75th Street  
Lubbock, TX 79424**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 6623**

**DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **2-24-14**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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:  
**Rita Annette Evans c/o Thomas Wayne Evans  
136 Rose Street  
Burkburnett, TX 76354**

2. Article Number (Transfer from service label): **7006 0100 0005 5771 6616**

**DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **Sandi L Evans** C. Date of Delivery: **3-7-14**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 6630

Mineral Ownership  
Page | 152

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

For delivery information visit **OXY/N. HOBBS OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>761</b>

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Send to:  
 Robert Dale Tinker  
 5 Cottonwood Lane  
 Los Lunas, NM 87031

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6647

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

For delivery information visit **OXY/N. HOBBS OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>761</b>

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Send to:  
 Robert E. Dennis  
 3413 74th Street  
 Lubbock, TX 79423

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Dale Tinker  
 5 Cottonwood Lane  
 Los Lunas, NM 87031

2. Article Number (transfer from service label) **7006 0100 0005 5771 6630**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 R. Dale Tinker  Agent  Addressee

B. Received by (Printed Name) **R. Dale Tinker** C. Date of Delivery **2/26/14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

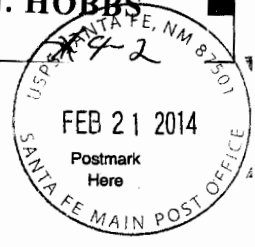
4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6654

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY/ N. HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>761</b>



Robert E. Ogden  
1464 Del Norte  
Corona, CA 91719

PS Form 3811, February 2004 See Reverse for Instructions

Mineral Ownership  
Page | 153

7006 0100 0005 5771 6661

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY/ N. HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>761</b>



Sent To  
Robert Greenwood  
Rural Route 2 Box 102  
Herrin, IL 62948

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 Addressee  
 Agent

B. Received by (Printed Name) Robert E. Ogden  
 C. Date of Delivery 2/24/14

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:  
 Robert E. Ogden  
 1464 Del Norte  
 Corona, CA 91719

2. Article Number (Transfer from service label) 7006 0100 0005 5771 6654

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6678

Mineral Ownership  
Page | 154

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS**  
**OFFIC** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To  
 Street or PO  
 City, St

Robert Hooper  
 P.O. Box 733  
 Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6685

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS**  
**OFFIC** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To  
 Street or PO  
 City, St

Robert Lee McPherson et ux Irene  
 P.O. Box 6273  
 Edmond, OK 73083

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Hooper  
 P.O. Box 733  
 Roswell, NM 88202

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 6678

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION**

A. Signature  
 X Sharon Howell  
 Agent  
 Addressee

B. Received by (Printed Name)  
 SHARON HOWELL USPS

C. Date of Delivery  
 FEB 25 2014

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**

- 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 Lee McPherson et ux Irene  
 P.O. Box 6273  
 Edmond, OK 73083

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 6685

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature  
 X Robert Lee McPherson  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Box 6273

C. Date of Delivery  
 2/25/14

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

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 155

7006 0100 0005 5771 6692

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **OFFICE OXY/N. HOBBS**  
\*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	765

Postmark Here

FEB 21 2014

Sent To  
Street, Apt or PO Box  
City, State  
Robert T. Hartley  
P.O. Box 1407  
Clovis, NM 88101

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6708

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit **OFFICE OXY/N. HOBBS**  
\*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here

FEB 21 2014

Sent To  
Street, Apt or PO Box  
City, State  
Roger L. Dennis  
7315 21st Street  
Lubbock, TX 79407

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert T. Hartley  
P.O. Box 1407  
Clovis, NM 88101

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 6692

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 L. Dennis  
7315 21st Street  
Lubbock, TX 79407

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 6708

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™ RECEIPT**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  
X *Robert T. Hartley*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
FEB 24 2014

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**

**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 L. Dennis  
7315 21st Street  
Lubbock, TX 79407

2. Article Number  
(Transfer from service label)

7006 0100 0005 5771 6708

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature  
X *Roger L. Dennis*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
2-24-14

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

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6722

Mineral Ownership  
Page | 156

7006 0100 0005 5771 6715

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)

For delivery information visit **OXY/ N. HOBBS**  
\*4-2

**OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Sent To: Ron Greenwood  
Street, or PO E: Route 4 Box 1-E  
City, St: Reedsport, OR 97467

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Ronald Clark Dunn  
270 Joe Rockey Road  
Raymond, WA 98577

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6722**

PS Form 3811, February 2004 Domestic Return Receipt 2595-02-M-1540

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *Ron Dunn*

B. Received by (Printed Name) C. Date of Delivery  
Ron Dunn 2/24

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 6715

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)

For delivery information visit **OXY/ N. HOBBS**  
\*4-2

**OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014

Sent To: Ron Greenwood  
Street, or PO E: Route 4 Box 1-E  
City, St: Reedsport, OR 97467

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Ron Greenwood  
Route 4 Box 1-E  
Reedsport, OR 97467

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6715**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *Ron Greenwood*

B. Received by (Printed Name) C. Date of Delivery  
Ron Greenwood 25 FEB 14

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
475 N 20th St  
Reedsport OR 97467

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 157

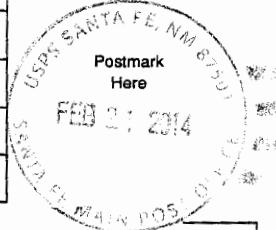
7006 0100 0005 5771 6739

7006 0100 0005 5771 6272

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Provided)*

For delivery information visit **OXY/N. HOBBS**  
**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
 Street, or PO Box  
 City, State

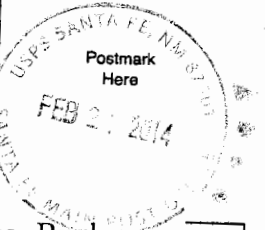
Ronny P. Lowe  
 6400 Coors Road NW  
 Albuquerque, NM 87120

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To  
 Street, or PO Box  
 City, State

Rose Matson c/o Mrs. Burley  
 Mott  
 Box 947  
 Castle Rock, WA 98611

PS Form 3811, February 2004 See Reverse for Instructions

**RECEIVED MAIL**

**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:  
 Rose Matson c/o Mrs. Burley  
 Mott  
 Box 947  
 Castle Rock, WA 98611

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6272**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *Wilbur Mott*  Agent  Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **2/27/14**  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6258  
Mineral Ownership  
Page | 158

7006 0100 0005 5771 6258

7006 0100 0005 5771 6258

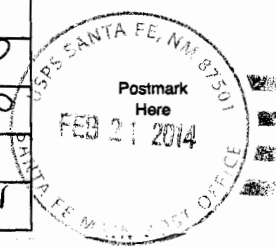
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 701

Sent To  
Street, or PO Box  
City, State  
Roy G. Barton, III  
2914 Cashell Wood Drive  
Cedar Park, TX 78613

PS Form 3800, June 2002 See Reverse for Instructions



Return

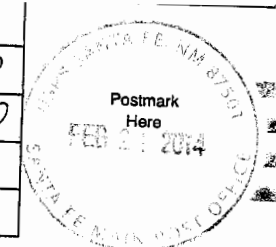
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 701

Sent To  
Street, or PO Box  
City, State  
Roy G. Barton, Jr.  
P.O. Box 978  
Hobbs, NM 88241

PS Form See Reverse for Instructions



Return



OXY  
NORTH HOBBS UNIT

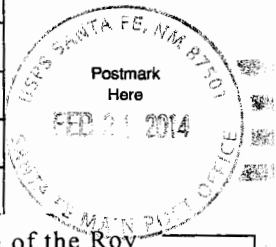
7006 0100 0005 5771 6241  
7006 0100 0005 5771 6234

Mineral Ownership  
Page | 159

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



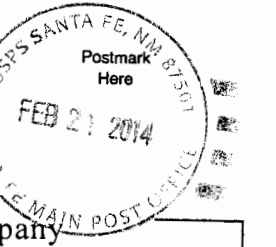
Sent Roy G. Barton, Jr. trustee of the Roy  
 Street or P. G. Barton, Sr. & Opal Barton  
 City, Revocable Trust  
 1919 North Turner Street  
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent Royalty Holding Company  
 Street or P. 3535 NW 58th Street, Suite  
 City, 720  
 Oklahoma City, OK 73112

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 Brenda Stewart  Agent  
 Addressee

B. Received by (Printed Name) *Brenda Stewart*  
 C. Date of Delivery *2-24-14*

1. Article Addressed to:  
  
 Roy G. Barton, Jr. trustee of the Roy  
 G. Barton, Sr. & Opal Barton  
 Revocable Trust  
 1919 North Turner Street  
 Hobbs, NM 88240

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) **7006 0100 0005 5771 6241**

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6227

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit us at **OXY-N. HOBBS OFFICE** #4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent To: RSG Properties Ltd.  
 2700 Racquet Club Drive  
 Midland, TX 79705

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6210

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit us at **OXY-N. HOBBS OFFICE** #4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent To: Russell B. Jones & Melissa  
 4906 17th Street  
 Lubbock, TX 79408

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
 RSG Properties Ltd.  
 2700 Racquet Club Drive  
 Midland, TX 79705

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6227

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Agent  Addressee  
 X Sandy Deulme

B. Received by (Printed Name): K. G. ... C. Date of Delivery: 2-25-14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RETURN

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 161

7006 0100 0005 5771 6050

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFIC \*4-2**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent  
Street or PO  
City, State, ZIP+4®  
S.C. Storie, Jr.  
Box 638  
Post, TX 79356

PS Form 3811, June 2002 See Reverse for Instructions



7006 0100 0005 5771 6043

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFIC \*4-2**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Sent  
Street or PO  
City, State, ZIP+4®  
S.C. Storie, Jr.  
Box 638  
Post, TX 79356

PS Form 3811, June 2002 See Reverse for Instructions

Return

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Sabre Operating Inc.  
400 W Illinois Ave Ste 950  
Midland, TX 79701-4399

2. Article Number: 7006 0100 0005 5771 6050  
*(Transfer from service label)*

**COMPLETE THIS SECTION VERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Avery D. Storie* C. Date of Delivery: *2-25-14*

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

OXY NORTH HOBBS UNIT

Mineral Ownership Page | 162

7006 0100 0005 5771 6067

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [usps.com](http://usps.com)

OXY-N. HOBBS \*4-2

OFFICE

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$



Sent To Samantha Eugenie Withrow c/o  
Theresa Withrow Strain  
P.O. Box 3503  
Wichita Falls, TX 76301

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6067

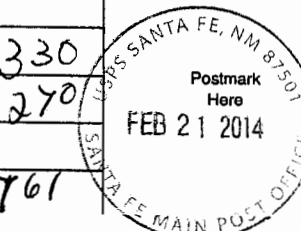
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [usps.com](http://usps.com)

OXY-N. HOBBS \*4-2

OFFICE

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$



Sent To Samuel Jay Zanti  
520 Newfield Road  
Glen Bernie, MD 21061

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Theresa Strain* C. Date of Delivery: *3-4-14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

1. Article Addressed to:

Samantha Eugenie Withrow c/o  
Theresa Withrow Strain  
P.O. Box 3503  
Wichita Falls, TX 76301

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)

7006 0100 0005 5771 6067

3 Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 163

7006 0100 0005 5771 6074

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014  
SANTA FE, NM 87501

Sent To: Samuel J. Zanti  
Street or PO Box: 520 Newfield Road  
City, State, ZIP+4: Glen Bernie, MD 21061

PS Form 3811, February 2004 See Reverse for Instructions

7006 0100 0005 5771 6098

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014  
SANTA FE, NM 87501

Sent To: Sandra Barnard and Patrick A.  
Street or PO Box: Robinson co-trustee of the Robinson Sixth Lake Trust  
City, State, ZIP+4: 29 Dairy Farm Road Brookfield, CT 06804

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Samuel J. Zanti  
520 Newfield Road  
Glen Bernie, MD 21061

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6074

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): *[Signature]* C. Date of Delivery: 2/26/14

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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 Barnard and Patrick A.  
Robinson co-trustee of the Robinson Sixth Lake Trust  
29 Dairy Farm Road  
Brookfield, CT 06804

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6098

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): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 164

7006 0100 0005 5771 6104

7006 0100 0005 5771 6111

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
Street, or PO: Schumacher Partners II LP  
City, State: 777 Main Street, Suite 3200  
Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To  
Street, Apt, or PO Box: Scott A. Ogden  
City, State: 20593 Cypress Drive  
Farmington, MN 55024

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE VERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature:  Agent  Addressee  
*Karen J Ogden*

B. Received by (Printed Name): *Karen J Ogden* C. Date of Delivery: *2/26/14*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Scott A. Ogden  
 20593 Cypress Drive  
 Farmington, MN 55024

2. Article Number: *7006 0100 0005 5771 6111*  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

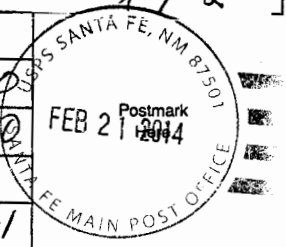
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6128

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$	
Certified Fee		380
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent \_\_\_\_\_  
Street or PO \_\_\_\_\_  
City, \_\_\_\_\_  
Shana Lowe Conine  
405 Oak Forrest Circle  
Waco, TX 76710

PS Form 3800, June 2002 See Reverse for Instructions

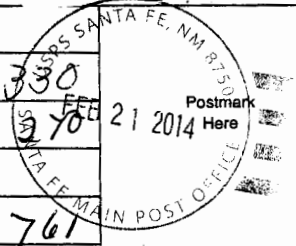
Mineral Ownership  
Page | 165

7006 0100 0005 5771 6135

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$	
Certified Fee		380
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent \_\_\_\_\_  
Street or PO \_\_\_\_\_  
City, \_\_\_\_\_  
Sharon Aileen Mehs  
372 South Balsam Street  
Lakewood, CO 80226

PS Form 3800, June 2002 See Reverse for Instructions

Return

OXY NORTH HOBBS UNIT

Mineral Ownership  
Page | 166

7006 0100 0005 5771 6203

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE** #4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To: Shell Western E&P Inc.  
 Street, A, or PO Box: 200 N. Dairy Ashford Rd.  
 City, State: Houston, TX 77079

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Shell Western E&P Inc.  
 200 N. Dairy Ashford Rd.  
 Houston, TX 77079

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6203**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Dale Pollak (Agent)

B. Received by (Printed Name): Dale Pollak C. Date of Delivery: 2/24/14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 6180

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE** #4-2

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2014  
 SANTA FE, NM 87501  
 SANTA FE MAIN POST OFFICE

Sent To: Sheryl Ann Miller  
 Street, A, or PO Box: P.O. Box 1049  
 City, State: Leakey, TX 78873

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Sheryl Ann Miller  
 P.O. Box 1049  
 Leakey, TX 78873

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6180**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Sheryl Ann Miller (Addressee)

B. Received by (Printed Name): SHERYL MILLER C. Date of Delivery: 2/26/14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY NORTH HOBBS UNIT

7006 0100 0005 5771 6173  
Mineral Ownership  
Page | 167

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Shriner Hospitals for Crippled Children San Francisco Unit  
Street, or PO Box: 2211 North Oak Park Avenue  
City, State: Chicago, IL 60707

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sherril Carmody*  Agent  Addressee  
 B. Received by (Printed Name):  
 C. Date of Delivery: *2/24/14*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:

Shriner Hospitals for Crippled Children San Francisco Unit  
2211 North Oak Park Avenue  
Chicago, IL 60707

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

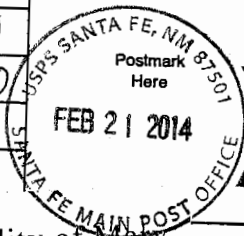
2. Article Number: 7006 0100 0005 5771 6173  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Sisters of the Humility of Mary  
Street, or PO Box: 820 West Central Park  
City, State: Davenport, IA 52804

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *R. Gray*  Agent  Addressee  
 B. Received by (Printed Name): *R. Gray*  
 C. Date of Delivery: *2-24-14*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:

Sisters of the Humility of Mary  
820 West Central Park  
Davenport, IA 52804

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: 7006 0100 0005 5771 6197  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

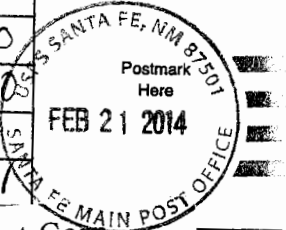
Mineral Ownership  
Page | 168

7006 0100 0005 5771 6166

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS**  
**OFFIC** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent  
Street or PO: Slaughter Investment Corp.  
7700 Sun Island Drive South  
City: #805  
St. Petersburg, FL 33707  
PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Slaughter Investment Corp.  
7700 Sun Island Drive South  
#805  
St. Petersburg, FL 33707

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6166

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *Tom Slavin*  Agent  Addressee

B. Received by (Printed Name): *Tom Slavin* C. Date of Delivery: 2-25

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 6159

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS**  
**OFFI** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent  
Street or PO: Souther Cross Alliance LLC  
P.O. Box 777  
City: Davis, OK 73030  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Souther Cross Alliance LLC  
P.O. Box 777  
Davis, OK 73030

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6159

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *Janet Healey*  Agent  Addressee

B. Received by (Printed Name): *Janet Healey* C. Date of Delivery: 3/1/14

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 169

7006 0100 0005 5771 6142

7006 0100 0005 5771 7378

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 765



Sent to: St. Mary Hospital Foundation, Inc  
 P.O. Box 1938  
 Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N. HOBBS OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent to: Stanton Brunson  
 P.O. Box 619  
 Crosbyton, TX

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SIDE**

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:  
 Stanton Brunson  
 P.O. Box 619  
 Crosbyton, TX

2. Article Number: 7006 0100 0005 5771 7378  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Susannah Horn*  
 Agent  Addressee  
 B. Received by (Printed Name): *Susannah Horn*  
 C. Date of Delivery: *2/24/14*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 7385

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: State of New Mexico  
 Street, or P.O.: P.O. Box 27115  
 City, St.: Santa Fe, NM 87502

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership Page | 170

7006 0100 0005 5771 7392

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Stuart Evans Burden  
 Street, or P.O.: 642 Antler Drive  
 City: Boulder, CO 80302

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 State of New Mexico  
 P.O. Box 27115  
 Santa Fe, NM 87502

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7385**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *Danny Cohen*  Agent  Addressee

B. Received by (Printed Name) *Danny Cohen* C. Date of Delivery *2/24/14*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Postmark Here: FEB 25 2014

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 7406

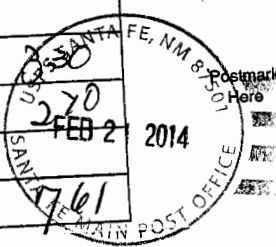
Mineral Ownership  
Page | 171

7006 0100 0005 5771 7415

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFIC** \* 4-2

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent 1  
Street or PO: Susan Elisabeth Bowen  
City: 922 East Glenoaks Blvd.  
City: Glandale, CA 91207

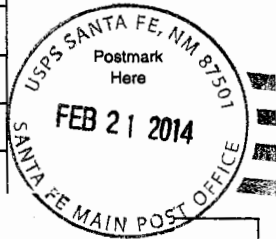
PS Form 3800, June 2002 See Reverse for Instructions

Return

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFIC** \* 2-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent 1  
Street or PO: Susan Lamb Griffith  
City: 1510 Belmont  
City: Jackson, MS 38935

PS Form 3800, June 2002 See Reverse for Instructions

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 7422

Mineral Ownership  
Page | 172

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

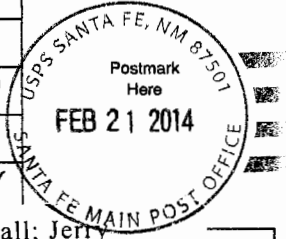
For delivery information visit **OXY-N. HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Susanne Shinalt Kendall; Jerry  
Peacock Shinalt Life Estate, c/o J.  
Street, or PO E: Holt Shinalt  
City, State: 8921 East Copper Drive  
Sun Lakes, AZ 85248

PS Form 3800, June 2002 See Reverse for Instructions



7006 0100 0005 5771 7439

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

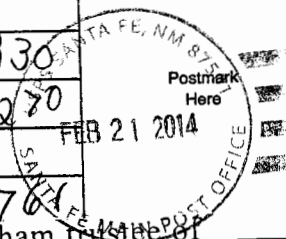
For delivery information visit **OXY-N. HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Suzanne Cunningham trustee of  
the Frances J. Freeman  
Revocable Trust  
Street: 3613 East 49th Street  
City: Tulsa, OK 74135

PS Form 3800, June 2002 See Reverse for Instructions



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 7446

Mineral Ownership  
Page | 173

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
 FEB 21 2014  
 Postmark Here

Sent To: Sylvie Bryce Trusts u/w/o Angelica S. Bryce f/b/o Nina Potter, Clifford Potter, Angelica Schuyler Bryce  
 P.O. Box 5383  
 Denver, CO 80217

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7453

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS OFFICE**

Postage	\$	
Certified Fee		380
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

SANTA FE, NM 87501  
 FEB 21 2014  
 Postmark Here

Sent To: Techsys Resources LLC  
 PO Box 19465  
 Houston, TX 77224

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Sylvie Bryce Trusts u/w/o Angelica S. Bryce f/b/o Nina Potter, Clifford Potter, Angelica Schuyler Bryce  
 P.O. Box 5383  
 Denver, CO 80217

2. Article Number (Transfer from service label): **7006 0100 0005 5771 7446**

**RECEIVER: COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **X [Signature]**  
 Agent  
 Addressee

B. Received by (Printed Name):  
 C. Date of Delivery: **2/25**

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

Stamp: GME FINANCE STATION DENVER CO 80217 USPS  
 FEB 25 2014

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6012 Mineral Ownership  
Page | 174

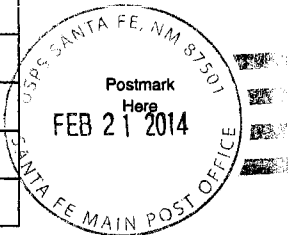
7006 0100 0005 5771 6005

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N. HOBBS**

**OFFICE** #4-2

Postage	\$	
Certified Fee		350
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent 7

Street or PO: Teddy L. Hartley  
City, State, ZIP: P.O. Box 309, Clovis, NM 88101

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Teddy L. Hartley  
P.O. Box 309  
Clovis, NM 88101

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 6005

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

*Teddy Hartley*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

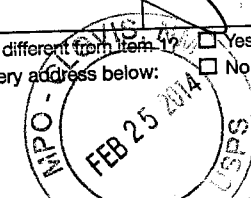
Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

88101

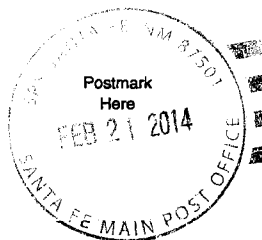


**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N. HOBBS**

**OFFICE** #4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent

Street or PO: Terry Tinker  
City, State, ZIP: 5848 Highway 64, Farmington, NM 87401

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Terry Tinker  
5848 Highway 64  
Farmington, NM 87401

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 6012

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

*N. Cooley*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

*N. Easley*

*2-22-14*

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





OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 175

7006 0100 0005 5771 6029

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 741



Sent To: **Textland Petroleum Hobbs LLC**  
 Street or PO B: **777 Main Street, Suite 3200**  
 City: **Fort Worth, TX 76102**

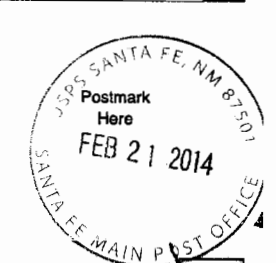
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6036

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N. HOBBS**  
**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 741



Sent To: **The Blanco Company**  
 Street, or PO B: **P.O. Box 1150**  
 City, State: **Roswell, NM 88240**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Textland Petroleum Hobbs LLC  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6029**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Penny Stafford**

B. Received by (Printed Name) **PENNY STAFFORD** C. Date of Delivery **2-21-14**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6821

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS OFFIC**

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, \_\_\_\_\_  
 The Estate of W.A. Phillips, dec.  
 c/o Austin Bank  
 P.O. Box 951  
 Jacksonville, TX 75766

PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership  
Page | 176

7006 0100 0005 5771 6838

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS OFFIC**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, \_\_\_\_\_  
 The Long Trusts  
 P.O. Box 3096  
 Kilgore, TX 75663

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Estate of W.A. Phillips, dec.  
 c/o Austin Bank  
 P.O. Box 951  
 Jacksonville, TX 75766

2. Article Number (Transfer from service label)

7006 0100 0005 5771 6821

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Sally Ann Moran*  
 B. Received by (Printed Name)  Agent  Addressee  
*Sally Ann Moran*  
 C. Date of Delivery  
*2-25-14*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

*CS*

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 Long Trusts  
 P.O. Box 3096  
 Kilgore, TX 75663

2. Article Number (Transfer from service label)

7006 0100 0005 5771 6838

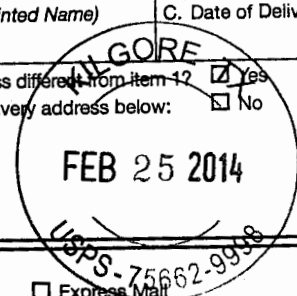
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Kathy Addison*  
 B. Received by (Printed Name)  Agent  Addressee  
 C. Date of Delivery  
*FEB 25 2014*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

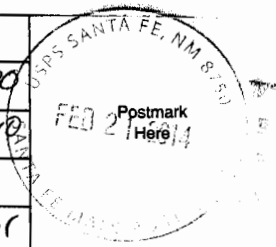
OXY NORTH HOBBS UNIT

7006 0100 0005 5771 6845  
Mineral Ownership  
Page | 177

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY/N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



**Sent To**  
Theresa Arliss Smith (aka Theresa Whitley Hill)  
4511 80th Street  
Lubbock, TX 79424

**PS Instructions**

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY/N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



**Sent To**  
Theresa Withrow Strain  
P.O. Box 3503  
Wichita Falls, TX 76301

**PS See Reverse for Instructions**

**U.S. MAIL CERTIFIED MAIL**

**SENDER: COMPLETE THIS SIDE**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**1. Article Addressed to:**  
Theresa Arliss Smith (aka Theresa Whitley Hill)  
4511 80th Street  
Lubbock, TX 79424

**2. Article Number (Transfer from service label):** 7006 0100 0005 5771 6845

**3. Service Type**  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

**A. Signature**  
x Theresa Hill     Agent     Addressee

**B. Received by (Printed Name)**    **C. Date of Delivery**

**D. Is delivery address different from item 1? If YES, enter delivery address below:**  Yes     No

PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540

**U.S. MAIL CERTIFIED MAIL**

**SENDER: COMPLETE THIS SIDE**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**1. Article Addressed to:**  
Theresa Withrow Strain  
P.O. Box 3503  
Wichita Falls, TX 76301

**2. Article Number (Transfer from service label):** 7006 0100 0005 5771 6852

**3. Service Type**  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

**A. Signature**  
x Theresa Strain     Agent     Addressee

**B. Received by (Printed Name)** - Theresa Strain    **C. Date of Delivery** 2-4-14

**D. Is delivery address different from item 1? If YES, enter delivery address below:**  Yes     No

PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540

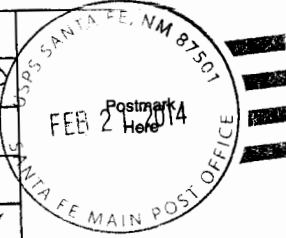
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6869

Mineral Ownership  
Page | 178

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit us at **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



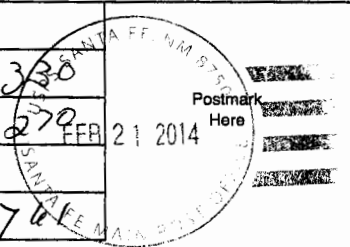
Sent to  
Thomas Cone  
Street or P.O. Box  
P.O. Box 778  
City, State, ZIP+4  
Jay, OK 74346

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6876

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit us at **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent to  
Thomas James Golden  
Street or P.O. Box  
P.O. Box 398  
City, State, ZIP+4  
Grand Junction, CO 81502

PS Form 3800, June 2002 Instructions

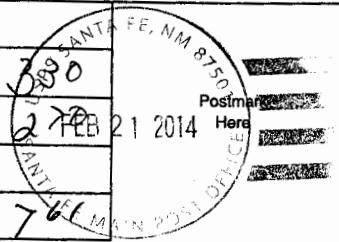
Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6883  
Mineral Ownership  
Page | 179

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY/ N. HOBBS OFFICE** #42

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	768



Sent to  
Street or PO  
City, State, ZIP+4  
Thomas Richard Mehs  
6742 Oneida Court  
Englewood, CO 80112  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:  
Thomas Richard Mehs  
6742 Oneida Court  
Englewood, CO 80112

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6883

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

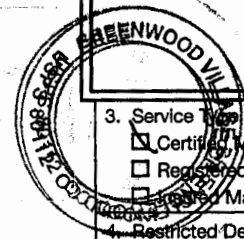
4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Thomas Richard Mehs*  
 Agent  
 Addressee

B. Received by (Printed Name):  
C. Date of Delivery:

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

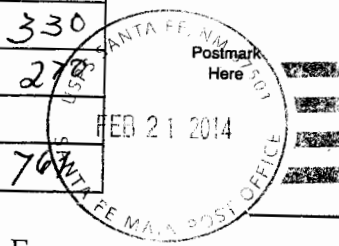
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7006 0100 0005 5771 6890

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OXY/ N. HOBBS OFFICE** #42

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	768



Sent to  
Street or PO  
City, State, ZIP+4  
Thomas Wayne Evans  
136 Rose Street  
Burkburnett, TX 76354  
PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:  
Thomas Wayne Evans  
136 Rose Street  
Burkburnett, TX 76354

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6890

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Sandi L Evans*  
 Agent  
 Addressee

B. Received by (Printed Name): Sandi L Evans  
C. Date of Delivery: 3-7-14

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 180

7006 0100 0005 5771 6913

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Ins)

For delivery information visit **OXY/ N. HOBBS**

**OFFICIAL** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
FEB 21 2014

Sent to  
Thomas Wiley Neal, Jr et ux  
Mildred c/o Melvin R. Neal  
2415 Garland  
City Lakewood, CO 80215

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6906

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Ins)

For delivery information visit **OXY/ N. HOBBS**

**OFFICIAL** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
FEB 21 2014

Sent to  
Thomas Weldon Tucker c/o Susan  
Lamb Griffith, Agent & AIF  
1510 Belmont  
City Jackson, MS 38935

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**DELIVERY**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 X Susan L. Griffith  Agent  Addressee

B. Received by (Printed Name) Susan L. Griffith  
 C. Date of Delivery 2/25/14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Thomas Weldon Tucker c/o Susan  
 Lamb Griffith, Agent & AIF  
 1510 Belmont  
 Jackson, MS 38935

2. Article Number (Transfer from service label) 7006 0100 0005 5771 6906

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6920

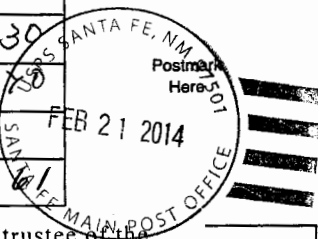
Mineral Ownership  
Page | 181

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/ N. HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Thomas Willey Neal III trustee of the  
Thomas Willey Neall III Revocable  
Trust dated 9/27/1988  
1208 San Pedro NE #104  
Albuquerque, NM 87110

PS Form 3800, June 2002 See Reverse for Instructions

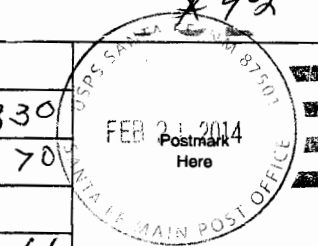
7006 0100 0005 5771 6937

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY/ N. HOBBS**

**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent To: Tierra Oil Co. LLC  
P.O. Box 700698  
San Antonio, TX 78270

PS Form 3800, June 2002 See Reverse for Instructions

# Return

**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:

Tierra Oil Co. LLC  
P.O. Box 700698  
San Antonio, TX 78270

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature  Agent  Addressee  
X Dolly Goebel

B. Received by (Printed Name) C. Date of Delivery  
Dolly Goebel 2/24/14

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 6937

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6944  
7006 0100 0005 5771 6951

Mineral Ownership

Page | 182

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit [our website](#) **OXY/ N. HOBBS**

**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Tofte Energy Partners  
Street or PO: P.O. Box 4221  
City, State: Casper, WY 82604

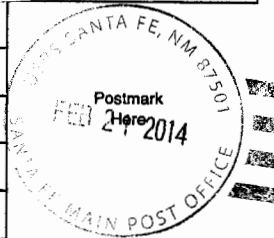
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our [website](#) **OXY/ N. HOBBS**

**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent To: Tom R. Cone  
Street or PO: P.O. Box 778  
City, State: Jay, OK 74346

PS Form 3800, June 2002 See Reverse for Instructions



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6968

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/N. HOBBS OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent  
Street or P.O. Box  
City, State, ZIP+4®  
Twila Gooding trustee of the Joseph E. & Trwila Gooding Living Trust  
1003 Crestview Circle  
Farmington, NM 87401

PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership  
Page | 183

7006 0100 0005 5771 6975

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/N. HOBBS OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent  
Street or P.O. Box  
City, State, ZIP+4®  
Vanguard Permian LLC  
7700 San Felipe Suite 485  
Houston, TX 77063

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Twila Gooding trustee of the Joseph E. & Trwila Gooding Living Trust  
1003 Crestview Circle  
Farmington, NM 87401

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6968**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**IVERY**

A. Signature  Agent  
 *Twila Gooding* Addressee

B. Received by (Printed Name) *Twila Gooding* 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

FARMINGTON NM 87401  
FEB 24 2014

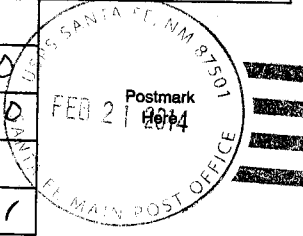
Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6982

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **oxy/n.hobbs**  
**OFFICE** \*H-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



7006 0100 0005 5771 6982

Se  
St  
es  
Cl

Vera L. Hartley  
4919 34th Street  
Lubbock, TX 79424

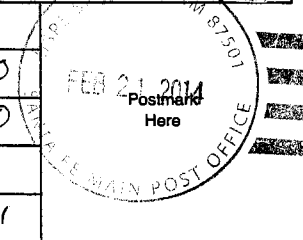
PS Form 3800, June 2002 See Reverse for Instructions

Mineral Ownership  
Page | 184

7006 0100 0005 5771 6999

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit **oxy/n.hobbs**  
**OFFICE** \*H-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



7006 0100 0005 5771 6999

Vern Greenwood  
1029 Arlington Drive  
Billings, MT 59102

PS Form 3800, June 2002 See Reverse for Instructions

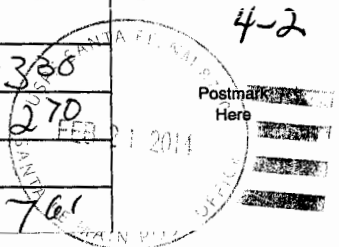
Return

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.80
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61



Sent To: Victoria Burden Hurley  
 Street, A or PO Box: 281 Woodland  
 City, State: Brightwaters, NY 11718

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7002

OXY NORTH HOBBS UNIT

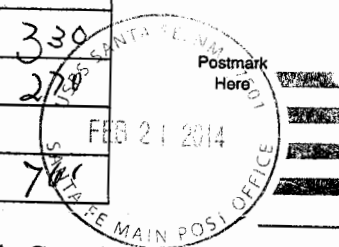
Mineral Ownership Page | 185

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [www.usps.com](http://www.usps.com) **OXY/ N. HOBBS**

**OFFICIAL USE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.41



Sent To: Vincent Harold Gourley II  
 Street, A or PO Box: Box 2215  
 City, State: Ardmore, OK 72402

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7019

**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:

Vincent Harold Gourley II  
 Box 2215  
 Ardmore, OK 72402

2. Article Number  
 (Transfer from service label)

7006 0100 0005 5771 7019

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  
 [Signature]  Addressee  
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6425 Mineral Ownership  
Page | 186

7006 0100 0005 5771 6418

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our **OXY/ N. HOBBS** OFFICE \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Virginia A. Marting Revocable Trust  
 Street or PO: 1306 West Cheyenne Road  
 City, State: Colorado Springs, CO 80906

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our **OXY/ N. HOBBS** OFFICE \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: Virginia Luttrell  
 Street or PO: Box 775  
 City, State: Miami, OK 74355

Postmark Here: FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SIDE**

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:  
 Virginia A. Marting Revocable Trust  
 1306 West Cheyenne Road  
 Colorado Springs, CO 80906

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6418

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *R. Luttrell*  Agent  Addressee  
 B. Received by (Printed Name): *R. Luttrell*  
 C. Date of Delivery: *2-24-14*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6432  
Mineral Ownership  
Page | 187  
7006 0100 0005 5771 6449

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No

For delivery information visit **OXY/ N. HOBBS**

**OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
Street, or PO Box  
City, State  
Vivian Lowe Anseimi 1  
500 Broadway, Suite 1230  
Lubbock, TX 79401

PS Form 3800, June 2002 See Reverse for Instructions

Returned

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No

For delivery information visit **OXY/ N. HOBBS**

**OFFIC** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
Street, or P.O. Box  
City, State  
W.C. Crabtree, Jr.  
905 East Worth Street  
Grapevine, TX 76051

PS Form 3800, June 2002 See Reverse for Instructions

Postmark Here  
FEB 21 2014  
SANTA FE, NM 87501  
POST OFFICE

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6456  
Mineral Ownership  
Page | 188

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/ N. HOBBS**  
**OFFIC** *X4-2*

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	760

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Sent To: **W.H.T. LLC**  
Street, or PO: **258 Compound Road**  
City, S: **Ardmore, OK 73401**

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/ N. HOBBS**  
**OFFIC** *X4-2*

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
FEB 21 2014  
USPS SANTA FE, NM 87501  
SANTA FE MAIN POST OFFICE

Walter O. Ford, trustee of the Injection  
Engineering Services Profit Sharing  
Trust  
P.O. Box 4050  
Santa Fe, NM 89702

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**VERY**

1. Article Addressed to:  
**W.H.T. LLC**  
**258 Compound Road**  
**Ardmore, OK 73401**

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6456**

3. Service Type  
 Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) **BRUCE TODD**  
 C. Date of Delivery **2/21/14**  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
**PO Box 95**  
**DAVIS OK 73033**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6470

Mineral Ownership  
Page | 189

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY/N. HOBBS**

**OFFIC**

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **7.61**



Sent To  
Wayne A. Bissett  
P.O. Box 2101  
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6487

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit **OXY/N. HOBBS**

**OFFIC**

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ **7.61**



Wells Fargo Bank NA trustee u/w/o  
Ariel Bryce Appleton Trusts f/b/o Lynne  
Appleton, Marc Appleton, Lee Appleton,  
Peter Appleton  
P.O. Box 5383  
Denver, CO 80217

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayne A. Bissett  
P.O. Box 2101  
Midland, TX 79702

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 6470

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) Wayne A. Bissett C. Date of Delivery 2/21/2014

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:

Wells Fargo Bank NA trustee u/w/o  
Ariel Bryce Appleton Trusts f/b/o Lynne  
Appleton, Marc Appleton, Lee Appleton,  
Peter Appleton  
P.O. Box 5383  
Denver, CO 80217

2. Article Number

(Transfer from service label)

7006 0100 0005 5771 6487

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) Peter Appleton C. Date of Delivery 2/25/2014

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

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6494

Mineral Ownership  
Page | 190

7006 0100 0005 5771 6500

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** website **OXY/N. HOBBS \*4-2**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Santa Fe, NM 87501  
 FEB 21 2014  
 Postmark Here

Sent  
 To: Wells Fargo Bank, N.A., Trustee of the Diana Winfield Living Trust dated 12/10/1998  
 400 North Pennsylvania Avenue  
 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**Return**

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** website **OXY/N. HOBBS \*4-2**

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761

Santa Fe, NM 87501  
 FEB 21 2014  
 Postmark Here

Sent  
 To: Wells Fargo Bank, N.A., Trustee of the William D. Schauer Living Trust dated 10/5/1998  
 400 North Pennsylvania Avenue  
 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Wells Fargo Bank, N.A., Trustee of the Diana Winfield Living Trust dated 12/10/1998  
 400 North Pennsylvania Avenue  
 Roswell, NM 88201

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6494**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) **Andres Thompson** C. Date of Delivery **2/27/14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Wells Fargo Bank, N.A., Trustee of the William D. Schauer Living Trust dated 10/5/1998  
 400 North Pennsylvania Avenue  
 Roswell, NM 88201

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6500**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) **Andres Thompson** C. Date of Delivery **2/27/14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



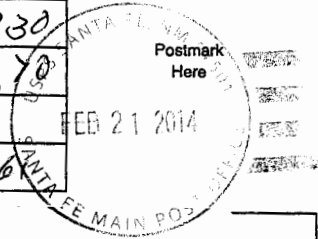
OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6517

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** **OXY/N. HOBBS** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent: \_\_\_\_\_  
 Street or PO: **Wentz Petroleum LLC**  
 City: **P.O. Box 834**  
**Davis, OK 73030**

PS Form 3800, June 2002 See Reverse for Instructions

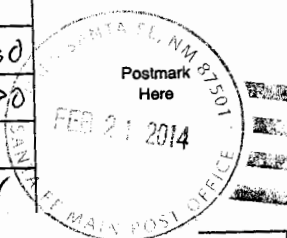
Mineral Ownership  
Page | 191

7006 0100 0005 5771 6524

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OFFICIAL** **OXY/N. HOBBS** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761



Sent: \_\_\_\_\_  
 Street or PO: **Wesley Alan Dunn**  
 City: **8955 Crystal View Lane**  
**Flagstaff, AZ 86004**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Wentz Petroleum LLC**  
**P.O. Box 834**  
**Davis, OK 73030**

2. Article Number: **7006 0100 0005 5771 6517**  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **Wentz Petroleum LLC** C. Date of Delivery: **2/25/14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

**Wesley Alan Dunn**  
**8955 Crystal View Lane**  
**Flagstaff, AZ 86004**

2. Article Number: **7006 0100 0005 5771 6524**  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): **Wesley Alan Dunn** C. Date of Delivery: **2-29**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**OXY**  
**NORTH HOBBS UNIT**

---

Mineral Ownership  
Page | 192

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 193

7006 0100 0005 5771 6548

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS OFFICE** #4-2

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014  
MAIN POST OFFICE

Western Commerce Bank Personal Representative of the Estate of Durwood O. Jones, Dec. c/o Rita Neal  
P.O. Box 1627  
Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS OFFICE** #4-2

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014  
MAIN POST OFFICE

Western Commerce Bank as Agent for Rita D. Schneck and William Carl Schneck  
P.O. Box 1627  
Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION VERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  Kathy Woody  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Western Commerce Bank Personal Representative of the Estate of Durwood O. Jones, Dec. c/o Rita Neal  
P.O. Box 1627  
Lovington, NM 88260

2. Article Number (Transfer from service label) 7006 0100 0005 5771 6548

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION VERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  Kathy Woody  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Western Commerce Bank as Agent for Rita D. Schneck and William Carl Schneck  
P.O. Box 1627  
Lovington, NM 88260

2. Article Number (Transfer from service label) 7006 0100 0005 5771 6531

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

7006 0100 0005 5771 6555

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/N. HOBBS OFFICE**

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2004

Sent To: Western Commerce Bank trustee of the Frances J. Freeman Revocable Living Trust  
 P.O. Box 1627  
 Lovington, NM 88260

PS Form 3811, February 2004 See Reverse for Instructions

Mineral Ownership Page | 194

7006 0100 0005 5771 6562

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/N. HOBBS OFFICE**

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Postmark Here: FEB 21 2004

Sent To: William C. Dennis  
 3504 79th Street  
 Lubbock, TX 79423

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Western Commerce Bank trustee of the Frances J. Freeman Revocable Living Trust  
 P.O. Box 1627  
 Lovington, NM 88260

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6555

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Kathy Woody*  Agent  Addressee  
 B. Received by (Printed Name): *Kathy Woody* C. Date of Delivery: *2/21/04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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:  
 William C. Dennis  
 3504 79th Street  
 Lubbock, TX 79423

2. Article Number (Transfer from service label): 7006 0100 0005 5771 6562

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *William C. Dennis*  Agent  Addressee  
 B. Received by (Printed Name): *William C. Dennis* C. Date of Delivery: *2/21/04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 195

7006 0100 0005 5771 6579

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01

Postmark Here  
FEB 21 2004

Sent To: William D. Schauer, Trustee of the William D. Schauer Living Trust  
P.O. Box 129  
Terrell, TX 75160

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6586

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.01

Postmark Here  
FEB 21 2014

Sent To: William E. Wise  
7371 South Madison Circle  
Centennial, CO 80122

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
William D. Schauer, Trustee of the William D. Schauer Living Trust  
P.O. Box 129  
Terrell, TX 75160

2. Article Number (Transfer from service label) 7006 0100 0005 5771 6579

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DELIVERY

A. Signature: *John R Wingfield*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
JOHN R WINGFIELD  
2-24-14

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 E. Wise  
7371 South Madison Circle  
Centennial, CO 80122

2. Article Number (Transfer from service label) 7006 0100 0005 5771 6586

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *William E. Wise*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

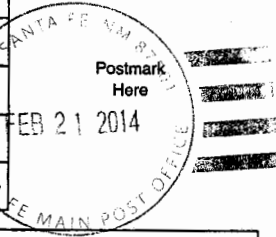
7006 0100 0005 5771 6593

Mineral Ownership  
Page | 196

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	760



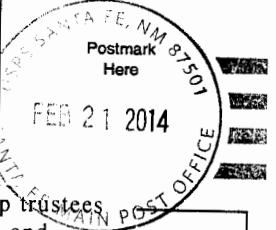
William F. Pendleton  
777 Main Street, Suite 3200  
Fort Worth, TX 76102  
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 6609

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our **OXY/ N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	760



William Shipp & Pamela Shipp trustees  
of the William Marshall Shipp and  
Pamela Ann Dunn Shipp Revocable  
Trust  
1104 West Avenue  
Lovington, NM 88260  
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William F. Pendleton  
777 Main Street, Suite 3200  
Fort Worth, TX 76102

2. Article Number

(Transfer from service label) 7006 0100 0005 5771 6593

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Penny Stafford  Agent  Addressee

B. Received by (Printed Name) PENNY STAFFORD  
C. Date of Delivery 2-24-14

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Return

OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6319

Mineral Ownership  
Page | 197

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/ N. HOBBS**  
**OFFICE** \*4-2

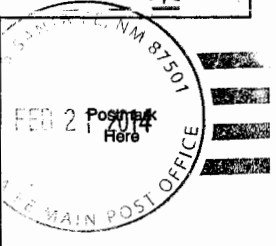
Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

**Sent To** William T. Henderson, Jr. and Dorothy L. Henderson as trustee of the William T. and Dorothy L. Henderson Family Trust by Living Trust Agreement, dated 9/10/96

**Street, or PO B.** 1327 Terra Court

**City, State** Midland, TX 79705-2834

PS Form 3800, June 2002 See Reverse for Instructions



Return

7006 0100 0005 5771 6326

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY/ N. HOBBS**  
**OFFICE** \*4-2

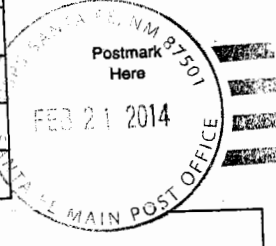
Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

**Sent To** William W. Dennis

**Street, or P.** 2905 Miles Way, Apt. NBR 91

**City** Bedford, TX 76021

PS Form 3800, June 2002 See Reverse for Instructions



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6333

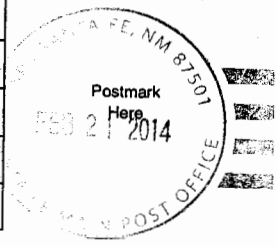
Mineral Ownership  
Page | 198

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at **OXY/ N. HOBBS**

**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent to:  
Street or P.O. Box:  
City, State, ZIP+4®:  
Willian Cotton Burden  
7345 Park Lane Road  
Longmont, CO 80501

PS Form 3800, June 2002 See Reverse for Instructions

Return

7006 0100 0005 5771 6340

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at **OXY/ N. HOBBS**

**OFFICE** \*4-2

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 761



Sent to:  
Street or P.O. Box:  
City, State, ZIP+4®:  
Willie K. Dill, Jr. & Edna  
Box 854-B  
Cedar Park, TX 78613

PS Form 3800, June 2002 See Reverse for Instructions

Return



OXY  
NORTH HOBBS UNIT

7006 0100 0005 5771 6357  
Mineral Ownership  
Page | 199

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at **OXY/N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To: Wise Oil & Gas No. 8 Ltd.  
6851 NE Loop 820, Suite 110  
North  
Richland Hills, TX 76180

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at **OXY/N. HOBBS OFFICE** \*4-2

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To: Yates Petroleum Corp.  
105 South Fourth Street  
Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- 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:  
Wise Oil & Gas No. 8 Ltd.  
6851 NE Loop 820, Suite 110  
North  
Richland Hills, TX 76180

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6357**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Jamie Downing*  Agent  Addressee

B. Received by (Printed Name) *Jamie Downing* Date of Delivery *2/25/14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Yates Petroleum Corp.  
105 South Fourth Street  
Artesia, NM 88210

2. Article Number (Transfer from service label) **7006 0100 0005 5771 6371**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *A. Anger*  Agent  Addressee

B. Received by (Printed Name) *A. Anger* Date of Delivery *2/24/14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Ownership  
Page | 200

7006 0100 0005 5771 6364

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No International Mail)*

For delivery information visit **OXY/N. HOBBS**  
**OFFICE** \*4-2

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	760

Sent To  
 Street or PO  
 City, State

Yates Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
 COMPLETE THIS SECTION

1. Article Addressed to:

Yates Drilling Company  
 105 South Fourth Street  
 Artesia, NM 88210

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5771 6364

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 Agent  
 Addressee  
 X A. Argue

B. Received by (Printed Name)  
 A. Argue

C. Date of Delivery  
 2/24/14

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

NORTH HOBBS SURFACE OWNERS

A C Ranch  
317 N. Grimes  
Hobbs, NM 88240

Alonzo Ramirez Jr  
3404 N. Enterprise Rd  
Hobbs, NM 88240

Aries Financial Inc  
PO Box 784  
Hobbs, NM 88241

Armstrong Industries LLC  
PO Box 2106  
Roswell, NM 88202

Assemblies of Faith Inc.  
3300 W. Marland  
Hobbs, NM 88240

Black Gold Estates LLC  
72-650 Fred Waring Dr,  
Suite 202  
Palm Desert, CA 92260

Brett Clay  
P.O. Box 968  
Hobbs, NM 88241

Dirt Works Service Inc.  
PO Box 430  
Hobbs, NM 88421

Frac Tech Services Ltd.  
P. O. Box 802206  
Dallas, TX 75380

HMC Leasing LLC  
2727 SE Evangeline Thruway  
Lafayette, LA 70508

Hobbs Municipal School  
PO Box 1030  
Hobbs, NM 88241

Juan Flores  
1109 W. Scharbauer  
Hobbs, NM 88240

Kirt and Jill Jones  
4003 W. Sanger  
Hobbs, NM 88240

Kress Jones  
3729 W. Sanger  
Hobbs, NM 88240

Moose Lodge #2084  
Box 2407  
Hobbs, NM 88241

New Mexico State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504

Nolan H Brunson III, et al  
1324 W. Marland  
Hobbs, NM 88240

Randy J. Smith  
2825 West County Rd  
Hobbs, NM 88240

Ricardo C. Alvarado  
PO Box 5034  
Hobbs, NM 88241

Ricky C. Alvarado  
PO Box 5034  
Hobbs, NM 88241

Suerte Land Group LLC  
P.O. Box 97  
Roswell, NM 88202

Texland Petroleum-Hobbs LLC  
307 W. 7th St., Suite 1110  
Fort Worth, TX 76102

Yucca Land Company  
PO Box 2550  
Hobbs, NM 88241

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

Page 11

7006 0100 0005 5771 9532

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only)*

For delivery information: **OXY-N.HOBBS** \*3

**OFFI**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To: A C Ranch  
817 N. Grimes  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5771 7569

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information: **OXY-N.HOBBS** \*3

**OFF**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	76

Sent To: Alonzo Ramirez Jr  
3404 N. Enterprise Rd  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A C Ranch  
817 N. Grimes  
Hobbs, NM 88240

2. Article (Transfer from service label)

PS Form

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 2/24

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

02595-02-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:

Alonzo Ramirez Jr  
3404 N. Enterprise Rd  
Hobbs, NM 88240

2. Article Number (Transfer from service label)

7006 0100 0005 5771 7569

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

Page | 2

7006 0100 0005 5771 7682

7006 0100 0005 5771 7576

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N.HOBBS**

**OFFICE #3**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To  
Street, Apt. No. or PO Box No.  
City, State, Zip

Aries Financial Inc  
PO Box 784  
Hobbs, NM 88241

Postmark Here  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N.HOBBS**

**OFFICE #3**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Sent To  
Street, Apt. No. or PO Box No.  
City, State, Zip

Aries Financial Inc  
PO Box 784  
Hobbs, NM 88241

Postmark Here  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Armstrong Industries LLC  
PO Box 2106  
Roswell, NM 88202

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7682**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Bill Armstrong*

B. Received by (Printed Name) C. Date of Delivery  
*BILL ARMSTRONG*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

Aries Financial Inc  
PO Box 784  
Hobbs, NM 88241

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7576**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Genda Saxon*

B. Received by (Printed Name) C. Date of Delivery  
*Genda Saxon*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners  
Page | 3

7006 0100 0005 5770 5733

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To: Assemblies of Faith Inc.  
3300 W. Marland  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 5770 5740

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Sent To: Black Gold Estates LLC  
72-650 Fred Waring Dr,  
Suite 202  
Palm Desert, CA 92260

PS Form 3811, February 2004 See Reverse for Instructions

Return

**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:

Black Gold Estates LLC  
72-650 Fred Waring Dr,  
Suite 202  
Palm Desert, CA 92260

2. Article Number:  
(Transfer from service label)

7006 0100 0005 5770 5740

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

7006 0100 0005 5770 5757 Page 14 7006 0100 0005 5771 5015

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No International Mail Permitted)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage \$  
Certified Fee 330  
Return Receipt Fee (Endorsement Required) 250  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 701

Postmark Here  
FEB 21 2014

Sent  
Street or P.O. Box City, State ZIP+4®  
Brett Clay  
P.O. Box 968  
Hobbs, NM 88241

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No International Mail Permitted)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage \$  
Certified Fee 330  
Return Receipt Fee (Endorsement Required) 250  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 701

Postmark Here  
FEB 21 2014

Sent  
Street or P.O. Box City, State ZIP+4®  
Dirt Works Service Inc.  
PO Box 430  
Hobbs, NM 88421

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Brett Clay  
P.O. Box 968  
Hobbs, NM 88241

2. Article Number (Transfer from service label) 7006 0100 0005 5770 5757

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) Rocky Carcia  
 C. Date of Delivery 2-24-14  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Dirt Works Service Inc.  
PO Box 430  
Hobbs, NM 88421

2. Article Number (Transfer from service label) 7006 0100 0005 5771 5015

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) Jesse Oide  
 C. Date of Delivery 2/27/14  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

Page 15

7006 0100 0005 5771 7477

7006 0100 0005 5771 7460

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 3

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City, \_\_\_\_\_

HMC Leasing LLC  
 2727 SE Evangeline Thruway  
 Lafayette, LA 70508

PS Form 3811, February 2004 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 3

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City, \_\_\_\_\_

Frac Tech Services Ltd.  
 P. O. Box 802206  
 Dallas, TX 75380

PS Form 3811, February 2004 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 3

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City, \_\_\_\_\_

HMC Leasing LLC  
 2727 SE Evangeline Thruway  
 Lafayette, LA 70508

PS Form 3811, February 2004 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 3

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City, \_\_\_\_\_

Frac Tech Services Ltd.  
 P. O. Box 802206  
 Dallas, TX 75380

PS Form 3811, February 2004 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS**  
**OFFICE** 3

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.61

Postmark Here  
 FEB 21 2014

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City, \_\_\_\_\_

HMC Leasing LLC  
 2727 SE Evangeline Thruway  
 Lafayette, LA 70508

PS Form 3811, February 2004 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Frac Tech Services Ltd.  
 P. O. Box 802206  
 Dallas, TX 75380

2. Article Number  
 (Transfer from service label)

7006 0100 0005 5771 7460

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL**  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

A. Signature  
 X *Elida Moraga*  Agent  Addressee

B. Received by (Printed Name)  
 Elida Moraga

C. Date of Delivery  
 2/25/14

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**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:

HMC Leasing LLC  
 2727 SE Evangeline Thruway  
 Lafayette, LA 70508

2. Article Number  
 (Transfer from service label)

7006 0100 0005 5771 7477

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL**  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

A. Signature  
 X *Katie Hudon*  Agent  Addressee

B. Received by (Printed Name)  
 K

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

7006 0100 0005 5771 7484 Page | 6

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Sent To  
 Street, or PO # Hobbs Municipal School  
 City, State, ZIP+4® PO Box 1030  
 Hobbs, NM 88241

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.00

Sent To  
 Street, or PO # Juan Flores  
 City, State, ZIP+4® 1109 W. Scharbauer  
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Hobbs Municipal School  
 PO Box 1030  
 Hobbs, NM 88241

2. Article Number (Transfer from service label)  
 PS Form 3811, February 2004

**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *Mary Yell*  Agent  Addressee  
 B. Received by (Printed Name): *MARIE LUNSTON*  
 C. Date of Delivery: *2/25/14*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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:  
 Juan Flores  
 1109 W. Scharbauer  
 Hobbs, NM 88240

2. Article Number (Transfer from service label)  
 PS Form 3811, February 2004

**CERTIFIED MAIL**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

A. Signature: *Juan Flores*  Agent  Addressee  
 B. Received by (Printed Name):  
 C. Date of Delivery: *2/25*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 5771 7491

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

7006 0100 0005 5771 7507 Page 17

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage \$  
 Certified Fee \$3.30  
 Return Receipt Fee (Endorsement Required) \$2.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$7.60

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street, Apt. 1 or PO Box N  
 City, State, Z  
 Kirt and Jill Jones  
 4003 W. Sanger  
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage \$  
 Certified Fee \$3.30  
 Return Receipt Fee (Endorsement Required) \$2.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$7.60

Postmark Here  
 FEB 21 2014  
 SANTA FE MAIN POST OFFICE

Sent To  
 Street, / or PO B  
 City, St  
 Kress Jones  
 3729 W. Sanger  
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Kirt and Jill Jones  
 4003 W. Sanger  
 Hobbs, NM 88240

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7507**

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) **P. Jones** C. Date of Delivery **2-24-14**

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

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Kress Jones  
 3729 W. Sanger  
 Hobbs, NM 88240

2. Article Number (Transfer from service label) **7006 0100 0005 5771 7514**

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) **P. Jones** C. Date of Delivery **2-24-14**

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

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

Page | 8

7006 0100 0005 5771 7521

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	70

Sent To  
Street, or PO B  
City, Sta  
Moose Lodge #2084  
Box 2407  
Hobbs, NM 88241

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		2
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	761

Sent To  
Street, or PO B  
City, Sta  
New Mexico State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504

Postmark Here  
SANTA FE, NM 87501  
FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Moose Lodge #2084  
Box 2407  
Hobbs, NM 88241

2. Article Number (Transfer from service label)  
PS Form 3811, February 2004

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
NANCY D. REID

C. Date of Delivery  
2-26-14

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

7521  
02595-02-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:  
New Mexico State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504

2. Article Number (Transfer from service label)  
7006 0100 0005 5770 5573  
PS Form 3811, February 2004

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
NANCY D. REID

C. Date of Delivery  
2-26-14

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

SANTA FE MAIN POST OFFICE  
FEB 26 2014

102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

7006 0100 0005 5770 5580 Page 19

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.60
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Nolan H Brunson III, et al  
1324 W. Marland  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.60
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.60

Postmark Here  
FEB 21 2014  
SANTA FE MAIN POST OFFICE

Sent To  
Randy J. Smith  
2825 West County Rd  
Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nolan H Brunson III, et al  
1324 W. Marland  
Hobbs, NM 88240

2. Article Number  
(Transfer from service label)

7006 0100 0005 5770 5580

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*

B. Received by (Printed Name)  
C. Date  
2-21-14

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:

Randy J. Smith  
2825 West County Rd  
Hobbs, NM 88240

2. Article Number  
(Transfer from service label)

7006 0100 0005 5770 5597

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*

B. Received by (Printed Name)  
C. Date of Delivery  
MONICA HOWARD 2-21-14

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

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners  
Page | 10

7006 0100 0005 5770 5603

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.60
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60

Sent To  
Ricardo C. Alvarado  
PO Box 5034  
Hobbs, NM 88241

Postmark Here  
FEB 21 2014

PS Form 3800, June 2002

**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:  
  
Ricardo C. Alvarado  
PO Box 5034  
Hobbs, NM 88241

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5603**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**RECEIVED MAIL™**  
TOP OF ENVELOPE TO BE OPENED TO THE RIGHT  
ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee

B. Received by (Printed Name) **M. Alvarado** C. Date of Delivery **2-25-14**

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

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit **OXY-N.HOBBS OFFICE**

Postage	\$
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.60
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.60

Sent To  
Ricky C. Alvarado  
PO Box 5034  
Hobbs, NM 88241

Postmark Here  
FEB 21 2014

PS Form 3800, June 2002

**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:  
  
Ricky C. Alvarado  
PO Box 5034  
Hobbs, NM 88241

2. Article Number (Transfer from service label) **7006 0100 0005 5770 5610**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**RECEIVED MAIL™**  
TOP OF ENVELOPE TO BE OPENED TO THE RIGHT  
ADDRESS, FOLD AT DOTTED LINE

A. Signature  Agent  Addressee

B. Received by (Printed Name) **M. Alvarado** 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

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

7006 0100 0005 5771 9990

Page | 11

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information **OXY-N.HOBBS**

**OFFFI** *3*

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.10

Sent To: Suerte Land Group LLC  
 P.O. Box 97  
 Roswell, NM 88202

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information **OXY-N.HOBBS**

**OFFFI** *3*

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.10

Sent To: Texland Petroleum-Hobbs LLC  
 307 W. 7th St., Suite 1110  
 Fort Worth, TX 76102

Postmark Here: SANTA FE, NM 87501 FEB 21 2014

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Suerte Land Group LLC  
 P.O. Box 97  
 Roswell, NM 88202

2. Article Number (Transfer from service label): 7006 0100 0005 5771 9990

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name):  Agent  Addressee

C. Date of Delivery: FEB 25 2014

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OXY  
NORTH HOBBS UNIT

Mineral Interest/other Operators and Surface Owners

Page | 12

7006 0100 0005 5770 5634

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage)</i>	
For delivery information visit <b>OXY-N.HOBBS OFFICE</b>	
Postage	\$
Certified Fee	3
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Yucca Land Company  
Street, or PO Box: PO Box 2550  
City, State: Hobbs, NM 88241

PS Form 3800, June 2002 See Reverse for Instructions

Postmark: SANTA FE, NM 87505 FEB 21 2014

Handwritten: 3, 2, 3