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

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL POOL RULES, LEA COUNTY, NEW MEXICO. **Case No. 15,821**

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL POOL RULES, LEA COUNTY, NEW MEXICO. **Case No. 15,822**

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Kaiser-Francis Oil Company.

3. Kaiser-Francis Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners or operators, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of September, 2017 by James Bruce.

OFFICIAL SEAL
HEIDIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-22-18

My Commission Expires: _____

Notary Public

EXHIBIT 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

August 23, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of two applications for pool creation and special pool rules, filed with the New Mexico Oil Conservation Division by Kaiser-Francis Oil Company, regarding the South Bell Lake-Bone Spring Pool and the South Bell Lake-Wolfcamp Pool in Lea County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, Spectator 14, 2017, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, September 7, 2017. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Kaiser-Francis Oil Company

ATTACHMENT A

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL RULES AND REGULATIONS THEREFOR THE, LEA COUNTY, NEW MEXICO.

Case No. _____

APPLICATION

Kaiser-Francis Oil Company applies for an order (i) creating a new pool for horizontal Bone Spring development, to be named the South Bell Lake-Bone Spring Pool, and (ii) instituting special rules and regulations for the proposed pool, and in support thereof, states:

1. Applicant is an interest owner in and operator of the following acreage in Lea County, New Mexico:

Township 23 South, Range 33 East, N.M.P.M.
Section 36: All

Township 23 South, Range 34 East, N.M.P.M.
Section 31: Lots 1-4, E/2, and E/2W/2 (All)
Section 32: All

Township 24 South, Range 33 East, N.M.P.M.
Section 1: Lots 1-4, S/2N2, and S/2 (All)
Section 12: All

Township 24 South, Range 34 East, N.M.P.M.
Section 5: Lots 1-4, S/2N2, and S/2 (All)
Section 6: Lots 1-7, S/2NE/4, SE/4NW/4, E/2SW/4, and SE/4 (All)
Section 7: Lots 1-4, E/2, and E/2W/2 (All)
Section 8: All

The foregoing acreage is contained in the South Bell Lake Unit (the "Unit"), comprised of 5,747.56 acres of Federal, State, and Fee land.

2. Applicant intends to drill multiple Bone Spring wells inside the Unit. The wells will be 1-1/2 miles in length, and will be drilled as north-south standup units. Applicant's drilling

program is planned to properly drain Bone Spring reserves from the Unit, and obtain maximum recovery therefrom. This will result in certain wells having otherwise unorthodox locations.

3. The allowable established by NMAC 19.15.20.12 is insufficient for the planned multiple horizontal wells per well unit, and may cause or exacerbate overproduction. Therefore, Applicant proposes to create a new pool for horizontal Bone Spring development within the Unit, and special rules and regulations for the new pool.

4. Applicant requests the creation of a new pool, named the South Bell Lake-Bone Spring Pool (the "Pool"), to include the lands described in paragraph 1 above. The Pool will cover the entire Bone Spring formation. Applicant requests that special rules and regulations be established for the Pool, providing for:

(a) A standard oil spacing and proration unit of 480 acres for horizontal wells;

(b) Horizontal to be located no closer than 330 feet to the exterior boundary of the Unit;

(c) Interior setbacks of 10 feet from a quarter-quarter section line for horizontal wells;

(d) Setbacks of 100 feet from the side line of a standard horizontal well unit, except as provided in subparagraph (b) above, and 50 feet from the last take point of a well;

(e) A special depth bracket allowable of 9600 barrels of oil per day for a standard horizontal well unit;

(f) A limiting gas:oil ratio of 5000 cubic feet of gas per barrel of oil produced; and

(g) All other rules to be in conformance with statewide rules.

5. Existing vertical wells in the Unit will retain their current well units.

6. **Applicant requests that the pool rules be limited to lands within the Unit.**

7. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division grant the relief requested above.

Respectfully submitted,

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Kaiser-Francis Oil Company

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF KAISER-FRANCIS OIL COMPANY FOR POOL CREATION AND SPECIAL RULES AND REGULATIONS THEREFOR THE, LEA COUNTY, NEW MEXICO. **Case No. _____**

APPLICATION

Kaiser-Francis Oil Company applies for an order (i) creating a new pool for horizontal Wolfcamp development, to be named the South Bell Lake-Wolfcamp Pool, and (ii) instituting special rules and regulations for the proposed pool, and in support thereof, states:

1. Applicant is an interest owner in and operator of the following acreage in Lea County, New Mexico:

Township 23 South, Range 33 East, N.M.P.M.
Section 36: All

Township 23 South, Range 34 East, N.M.P.M.
Section 31: Lots 1-4, E/2, and E/2W/2 (All)
Section 32: All

Township 24 South, Range 33 East, N.M.P.M.
Section 1: Lots 1-4, S/2N2, and S/2 (All)
Section 12: All

Township 24 South, Range 34 East, N.M.P.M.
Section 5: Lots 1-4, S/2N2, and S/2 (All)
Section 6: Lots 1-7, S/2NE/4, SE/4NW/4, E/2SW/4, and SE/4 (All)
Section 7: Lots 1-4, E/2, and E/2W/2 (All)
Section 8: All

The foregoing acreage is contained in the South Bell Lake Unit (the "Unit"), comprised of 5,747.56 acres of Federal, State, and Fee land.

2. Applicant intends to drill multiple Wolfcamp wells inside the Unit. The wells will be 1-1/2 miles in length, and will be drilled as north-south standup units. Applicant's drilling

program is planned to properly drain Wolfcamp reserves from the Unit, and obtain maximum recovery therefrom. This will result in certain wells having otherwise unorthodox locations.

3. The allowable established by NMAC 19.15.20.12 is insufficient for the planned multiple horizontal wells per well unit, and may cause or exacerbate overproduction. Therefore, Applicant proposes to create a new pool for horizontal Wolfcamp development within the Unit, and special rules and regulations for the new pool.

4. Applicant requests the creation of a new pool, named the South Bell Lake-Wolfcamp Pool (the "Pool"), to include the lands described in paragraph 1 above. The Pool will cover the entire Wolfcamp formation. Applicant requests that special rules and regulations be established for the Pool, providing for:

(a) A standard oil spacing and proration unit of 480 acres for horizontal wells;

(b) Horizontal to be located no closer than 330 feet to the exterior boundary of the Unit;

(c) Interior setbacks of 10 feet from a quarter-quarter section line for horizontal wells;

(d) Setbacks of 100 feet from the side line of a standard horizontal well unit, except as provided in subparagraph (b) above, and 50 feet from the last take point of a well;

(e) A special depth bracket allowable of 6000 barrels of oil per day for a standard horizontal well unit;

(f) A limiting gas:oil ratio of 5000 cubic feet of gas per barrel of oil produced; and

(g) All other rules to be in conformance with statewide rules.

5. Existing vertical wells in the Unit will retain their current well units.

6. **Applicant requests that the pool rules be limited to lands within the Unit.**

7. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division grant the relief requested above.

Respectfully submitted,

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Kaiser-Francis Oil Company

5588 Oil, LLC
P. O. Box 470925
Fort Worth, TX 76107

820MT O & G Multi-State, LLC
201 Main Street, Suite 2600
Fort Worth, TX 76102

820MT I BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

820MT II BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

A & P Family Limited Partnership
P.O. Box 1046
Eunice, NM 88231

Ada Resources, Inc.
6603 Kirbyville Street
Houston, TX 77033-1104

Ada Mae Rosebrough, Trustee under H. D. and Ada M.
Rosebrough Living Trust dated 11/2/84
3105 Pontiac Drive
Farmington, NM 87401

ARBGT (RMB) O & G Multi-State, LLC
201 Main Street, Suite 2600
Fort Worth, TX 76102

Barbara Hinkley
260 Waterside Circle
San Rafael, CA 94903

Barry B. Thompson
1856 Bugtussie Lane
West, TX 75591

Beverly B. Strohl
2635 Bamboo Drive
Lake Havasu City, AZ 86403

Besty Bond
43-10 48th Avenue, Apt 3U
Woodside, NY 11377

BMT O & G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Buckeye Energy, Inc.
1401 West Wall Street
Midland, TX 79701-6523

Buckeye Oil Producing Company
P. O. Box 129
Wooster, OH 44691

Buckeye Royalty Holdings, LLC
P. O. Box 129
Wooster, OH 44691

Bureau of Land Management
Carlsbad Field Office
620 E. Greene St.
Carlsbad, New Mexico 88220-6292

Carrie Ellen Thomas Hair
Address unknown

Cassius Carter
4425 98th St., Ste. 200
Lubbock, TX 79424

Caza Operating, LLC
200 N. Loraine, Suite 1550
Midland, TX 79701

CEP Minerals, LLC
P. O. Box 50820
Midland, TX 79714

CH MINERALS LLC
PO BOX 6387
Beaverton, OR 97007-0387

Chesapeake Operating, Inc.
P. O. Box 18496
Oklahoma City, OK 73154

Chisholm Trail Ventures, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

Chisos Minerals, LLC
1111 Bagby Street, Suite 2140
Houston, TX 77002

Channing B. Brown, Jr.
5612 Pebble Beach
El Paso, TX 79912

Charles and Beverly C Overton Trust
P.O. Box 32
Yeso, NM 88136

Chevron USA Inc.
6301 Deauville Blvd.
Midland, TX 79706

Chevron USA Inc.
Attn: Shalyce Holmes
1400 Smith Street
Houston, TX 77002

Claire Chilton Lopez
620 Rockledge Drive
Saginaw, TX 76131

EXHIBIT A-1

Clifford M. Randel, Trustee of the Ralph M. Randel Trust
P. O. Box 821011
North Richland Hills, TX 76182-1011

Clyde G. Grappe, Trustee of the Lilly May Grappe Trust
312 Sandalwood Lane
Levelland, TX 79336

Clyde R. Harris
4220 Village East Circle
San Angelo, TX 76904

Cobb Family Trust
Kenneth M. Cobb, Trustee
1202 Cherrywood Court
Allen, TX 75002

Cody Sims
P. O. Box 2630
Hobbs NM 88241

College of the Southwest
6610 N. Lovington Hwy
Hobbs, NM 88240

Concho Oil & Gas, LLC
One Concho Center
600 West Illinois Avenue
Midland, TX 79701

COG Operating, LLC
One Concho Center
600 West Illinois Avenue
Midland, TX 79701

Conoco Phillips
Burlington Resources Oil & Gas, L P
Attention: Cody Travers
600 N. Dairy Ashford
Houston, TX 77079

ConocoPhillips Company
Attention: Cody Travers
600 N. Dairy Ashford
Houston, TX 77079

Crump Energy Partners II, LLC
P. O. Box 50820
Midland, TX 79710

Dan T. Desmond
208 N McKown Ave
Sherman , TX 75092-7430

Darrell R. Roan and Kim E. Roan
2931 Ridge Rd, Ste. 101, #198
Rockwall, TX 75032

Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

Devon Energy Production Company, L. P.
Attention: Cari Allen
3333 W. Sheridan Avenue
Oklahoma City, OK 73702-5015

Donald A. Klise
1008 Greens View
Wooster, OH 44691

Doris Harris Thompson
4220 Village East Circle
San Angelo, TX 76904

Edith A. Hover
c/o Wade H. Hover
101 Church Street, Suite 12
Los Gatos, CA 95030

Edward T. Muse
3339 Morris Ranch Road
Fredericksburt, TX 78624

Elizabeth Brannin McBee, William Dimmitt McBee II and
Michael B. McBee, Trustees W. D. McBee Family Trust - Marital Trust dated 1/21/97
5942 Averill Way
Dallas, TX 75225

Elizabeth Lea Daugherty, Trustee of Elizabeth Lea Daugherty
Revocable Trust dated 3/22/2010
329 W. Houghton
Santa Fe, NM 87505

Elliott Industries Limited Partnership
P.O Box 1328
Santa Fe, NM 87504

Ellliot - Hall Company Limit[illegible] Partnership
P.O. Box 1231
Ogden, UT 88402

Energen Resources Corporation
3510 North A Street
Midland, TX 79705

Energex, LLC
4873 Raintree Circle
Parker, CO 80134

EOG Resources, Inc.
P. O. Box 2267
Midland, TX 79702

EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79706

EOG M Resources, Inc.
105 South Fourth Street
Artesia, NM 88210

Ewell H. Must III
5802 Kentucky Derby Court
Austin, TX 78746

ExxonMobil
9 Greenway Plaza 2700
Houston, TX 77046

EXHIBIT A-2

Fine Line O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Fine Line BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Frederick L. Stead and Betty Stead
1026 Hall Court
Wylie, TX 75098

G. Dan Thompson
12107 Lueders Lane
Dallas, TX 75230

GMT Exploration
1560 Broadway Suite 2000
Denver, CO 80202-5138

George Lynn Sims
P. O. Box 34
Mayhill, NM 88339

Heirs and devisees of Luther E. Page, Edna M. Page and
Edna One Mobley, deceased
c/o Dennis Ray Mobley
606 Oakpark Drive
Brownwood, TX 76801

Heirs or devisees of M. W. Autrey and Melba Autrey
P.O. Box 543
Sonoma, CA 95476

Heirs and devisees of Winnie Sims Kenman
c/o Cody Sims
P. O. Box 2630
Hobbs NM 88241

Ida Harriette Fellers, Trustee under Hoyt and Ida H. Fellers
Living Trust dated 8/9/85
3503 Greasewood Avenue
Alamorgordo, NM 88310

Imogene M. Hanners
1004 W. Avenue North
Lovington, NM 88260

J. L. Burke III
8928 Meadowknoll Drive
Dallas, TX 75243

J. L. Burke, Jr.
8928 Meadowknoll Drive
Dallas, TX 75243

J. Penrod Toles
P.O. Box 1300
Roswell, NM 88202

The Toles Company
P.O. Box 1300
Roswell, NM 88202

J. S. Levers Oil Co. Ltd
2024 SW Howards Way, #502
Portland, OR 97201

J. S. Levers Oil Co. Ltd
P.O. Box 1691
Roswell, NM 8202

J. T. Collins
307 Lake Vista South
Highland Village, TX 75077

James H. Boles
29747 Eagle Point Drive
Canyon Lake, CA 92587

James Daniel Grappe
707 Baylor Street
Austin, TX 78703

James D. Gordon
P. O. Box 30
Grant, CO 80448-00300

Jamie E. Jennings
P.O. Box 670326
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Jean Ann Capps
312 Sandalwood Lane
Levelland, TX 79336

Joanne Harris Dietrich, Trustee of the John S. Harris Trust A
8844 North May
Oklahoma City, OK 73120

Joe John Bond
1159 Oak Forest Drive
Fort Worth, TX 76114

John Ray Grappe
143 South State Road
Levelland, TX 79336

John C. Thomas
307 W. 7th Street , Suite 1705
Fort Worth, TX 76102

John Lawrence Chilton
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Fort Worth, TX 76126

John C. Ryan IV
6229 Genoa Road
Fort Worth, TX 76116

Katherine Ariel Johnson-Barger
866 Emerald Hills Circle
Fairfield, CA 94533

EXHIBIT A-3

Katherine K. McInyre (formerly
Catherine Magruder)
512 Thunder Crest
El Paso, TX 79912-4251

Katherine W. Aven
204 Ash
Plainview, TX 79072

Keystone Group, LP
201 Main Street, Suite 2700
Fort Worth, TX 76102

Khody Land & Minerals
Attention: Justin R. Hall
3500 One Williams Center, MD 35
Tulsa, OK 74172

KWCL Properties
307 W. 7th Street , Suite 1705
Fort Worth, TX 76102

L. C. Jones
P. O. Box 153
Aransas Pass, TX 78336-0153

LDL Lowe Family Partnership Ltd
Attention: Loretta D. Lowe
1200 Barton Creek Blvd, Apt 2
Austin, TX 78735

Legacy Royalty, LLC
403 West San Francisco
Santa Fe, NM 87505

Legacy Royalty, LLC
P. O. Box 1091
Artesia, NM 88211-1091

Lela Ellen Madera
187 George Straight
Canyon Lake, TX 78133

Leo V. Sims II
c/o Cody Sims
P. O. Box 2630
Hobbs, NM 88241

Levi T. Barger and Katherine A.
Johnson-Barger, Trustees of the Barger
Family Trust
dated October 10, 2001

LMBI, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

LMBI O & G Multi-State, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Lowe Minerals and Land Family
Partnership, Ltd.
Attention: Larry Lowe
2313 Broadway
Lubbock, TX 79104

Odell L. Lowe, Trustee of the H. L.
Lowe Trusts
8200 Nashville Avenue, Suite 104
Lubbock, TX 79423

Lowe Trusts U/W/O H. L. Lowe
8200 Nashville Avenue, Suite 104
Lubbock, TX 79423

LKM Lowe Family Partnership
Attention: Larry Lowe
2313 Broadway
Lubbock, TX 79104

Lucy Ryan Muse
201 Main Street, Suite 2700
Fort Worth, TX 76102

Lynda D. Jacobson
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

Lynda Madera Jacobsen
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

Lynda Madera
c/o Sharyn Ann Rash Madera
419 East 300 South #15
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M. Fred Madera
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La Pine, Oregon 97739

Margaret Ann Weber
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Dallas, TX 75225

Marian D. Harris and Ford L. Billups,
Jr., Trustees of the Joanne D. Harris
Dietrich Trust A
8844 North May
Oklahoma City, OK 73120

Marilyn Burke Salter
20031 82nd Ave.
W. Edmonds, WA 98026

Mavros Minerals, LLC
P. O. Box 50820
Midland, TX 79710

Maxine B. Hannifin, Trustee of Robert
and Maxine Hannifin Trust
P. O. Box 218
Midland, TX 79702

Mildred A. Broman Heirs
c/o Sandra Lee Powers
1457 East Whidbey Avenue
Oak Harbor, WA 98277

Mildred Maxine Madera McCall
1434 Hamblen Road
Kingwood, TX 77339

EXHIBIT A-4

Mobil Producing Texas & New Mexico, Inc.
9 Greenway Plaza 2700
Houston, TX 77046

Myco Industries, Inc.
c/o EOG Resources
105 South Fourth Street
Artesia, NM 88210

Myco Industries, Inc.
c/o EOG Resources
P. O. Box 2267
Midland, TX 79702

Nancy J. Desmond Trust
Nancy J. Desmond, Trustee
4413 Contenta RDG
Santa Fe, NM 87507-6613

New Mexico Oil Corporation
P.O. Box 1714
Roswell, NM 88202

Nancy I. Farmer
5136 E. 35th Street
Tulsa, OK 74135

Nuevo Seis, Limited Partnership
P. O. Box 2588
Roswell, NM 88202-2588

Oak Valley Mineral and Land, LP
P. O. Box 50820
Midland, TX 79710

Occidental Oil and Gas Corporation
Oxy USA WTP LP
Attention: Alec Herzog
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

Occidental Permain, Ltd
P. O. Box 4294
Houston, TX 77210

Ohio State University
The Ohio State University
c/o Real Estate & Property Management
53 W. 11th St.,
Columbus, Ohio 88202

Opal Page
c/o Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

Pamela Madera
4621 W. Agave
Eloy, AZ 85131

Patrick Austin Graf
14 Paxton Place
Levelland, TX 79336

EXHIBIT A-5

Powhatan Carter, III
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Fort Sumner, NM 88119

R. V. Pepper and Victoria Pepper
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Midland, TX 79705

Realeza Del Spear, L P
P.O. Box 1684
Midland, TX 79702

Remergy, LP
1401 West Wall Street
Midland, TX 79701-6523

Richard Royall Ryan
14011 Bluff Park Drive
San Antonioa, TX 78216

RMB Holdings, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

RMB O&G Multi -State, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Robert H. Brown
P. O. Box 1288
Canutillo, TX 79835-1288

Rodney Carter
736 Trailside Bend
Round Rock, TX 78665

Roger John Allen and Nancy Edge Jennings Allen, Trustees under the Allen Family Revocable Trust dated May 19, 2000, FBO Jancy Edge Jennings Allen
3623 Overbrook Drive
Dallas, TX 75205

Roswell Small Investment Company
P.O. Box 5
Roswell, NM 88202

Small Business Administrative Receiver
Roswell Small Business Investment Company
Investment Division - T. Morris, Director
409 3rd Street SW, 6th Floor
Washington, D. C. 20416

Roy M. Page
c/o Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

Rubert Madera
P. O. Box 2795
Ruidosa, NM 88355

Sandra Lee Powers
1457 East Whidbey Avenue
Oak Harbor, WA 98277

Sara I. Langford
5310 Fairway Dr.
West Fayetteville, PA 17222

Shackelford Oil Properties, Inc.
1096 Mechem Dr., Lincoln Towner
Suite G-15
Ruidoso, NM 88345-7075

Sharbro Holdings, LLC
P.O. Box 840
Artesia, NM 88211

Sharyn Rash
419 East 300 South, #15
Salt Lake City, UT 84111

Sid R. Bass, Trustee
201 Main Street, Suite 2600
Fort Worth, TX 76102

South Fifth Energy , LLC
P.O. Box 130
Ruidoso, NM 88355

Southwest Royalties, Inc.
6 Desta Drive
Midland, TX 79705

Southwest Theological Seminary
The Southwestern Baptist Theological Seminary,
a Texas nonprofit corporation, acting by & through
Baptist Foundation of Texas, dba
HighGroundAdvisors, its agent & AIF
c/o HighGround Advisors
1601 Elm Street, Suite 1700
Dallas, TX 75201-7241

SRBI, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

SRBI O & G Multistate, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

SRBMT O & G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

State Land Office
Attn: Oil and Gas – Sue
310 Old Santa Fe Trail
Santa Fe, NM 87504

Strata Production Co.
P. O. Drawer 1030
Roswell, NM 88202

Successor Trustee to Ralph M. Randel, Trustee,
according to that certain Trust
Agreement executed on March 10, 1995
P. O. Box 821011
North Richalnd Hills, TX 76182-1011

Successors to Mary E. Thompson
(James D. Gordon)
P. O. Box 30
Grant, CO 80448-00300

Sun West Oil & Gas, Inc.
P.O. Box 1684
Midland, TX 79702

Susan J. Croft
4657 Southern Avenue
Dallas, TX 75209

Susan Ryan
2208 Mistletoe Blvd
Fort Worth, TX 76110

Texas Technological University
15th & Akron
Lubbock, TX 79409

Thomas T. Holley
P.O. Box 3602
Wichita Falls, TX 76301

Thru Line L.P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

Thru Line BPEOR, NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Tilden Capital
307 W. 7th St.
Suite 1203
Fort Worth, TX 76102

The Toles Company
P. O. Box 1300
Roswell, NM 88202

Valerie Shane Harris
PO Box 58
Fairfield, IA 52556

EXHIBIT A-6

Wade Hover
101 Church Street, Suite 12
Las Gatos, CA 95030

Weldon E. Page
c/o Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

Wesmax, Ltd.
c/o Terry Blankenship
1821 WestLake Dr, #123
Austin, TX 78746

Wesmax, Ltd.
C/O Terry Blankenship
1821 Westlake Dr. STE 101
Austin, TX 78746

West Texas A & M University
2501 4th Avenue
Canyon, TX 79016

Wilco Properties, Inc.
4809 Cole Avenue
Suite 107
Dallas, TX 752205

William I. Lee
Address unknown

Willie Joe Holland
1460 Kaylock Street
Stephenville, TX 76401-5110

WPX Energy, Inc.
Attention: Justin R. Hall
3500 One Williams Center, MD 35
Tulsa, OK 74172

EXHIBIT A-1

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WPX Energy, Inc.
Attention: Justin R. Hall
3500 One Williams Center, MD 35
Tulsa, OK 74172

9590 9402 3075 7124 3189 08

2. 7017 1450 0002 2175 5465

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
AUG 28 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult
Postage
$
Total Pc
$
Sent To
Street a
City, State, ZIP+4®

Postmark Here

Chevron USA Inc.
6301 Deauville Blvd.
Midland, TX 79706

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0291

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postage
$
Total Po
$
Sent To
Street a
City, State, ZIP+4®

Postmark Here

WPX Energy, Inc.
Attention: Justin R. Hall
3500 One Williams Center, MD 35
Tulsa, OK 74172

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2175 5465

SENDER: COMPLETE THIS SECTION

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

1.

Chevron USA Inc.
6301 Deauville Blvd.
Midland, TX 79706

9590 9402 3075 7124 3189 53

2. 7016 2070 0000 2472 0291

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
C. Lawrence 8/28/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Artic

EOG M Resources, Inc.
105 South Fourth Street
Artesia, NM 88210

9590 9402 3075 7124 3367 28

2. Article Number (Transfer from service label) 7016 2070 0000 2472 0611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☑ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/29/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

ed Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Tot
$
Ser
Stre
City,

Concho Oil & Gas, LLC
Concho Operating, LLC
600 West Illinois Avenue
Midland, TX 79701

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0673

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

EOG M Resources, Inc.
105 South Fourth Street
Artesia, NM 88210

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0611

SENDER: COMPLETE THIS SECTION

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

1. Art

Concho Oil & Gas, LLC
Concho Operating, LLC
600 West Illinois Avenue
Midland, TX 79701

9590 9402 3075 7124 3189 15

2. Artic 7016 2070 0000 2472 0673

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addr

B. Received by (Printed Name)
ERIKA R.

C. Dr
8/30/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

estricted Delivery
ted Delivery
(over $500)

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Industries Limited Partnership
P.O Box 1328
Santa Fe, NM 87504

9590 9402 3075 7124 3367 42

2. Article Number (Transfer from service label)

7016 2070 0000 2472 0635

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Elliott ☐ Agent ☐ Addressee

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

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

SANTA FE NM 875
AUG 30 2017
SANTA FE MAIN POST OFFICE

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500) d Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Claire Chilton Lopez
620 Rockledge Drive
Saginaw, TX 76131

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

City, State, ZIP+4®

Postmark Here

7016 2070 0000 2472 0475

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Elliott Industries Limited Partnership
P.O Box 1328
Santa Fe, NM 87504

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

City, State, ZIP+4®

Postmark Here

7016 2070 0000 2472 0635

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Claire Chilton Lopez
620 Rockledge Drive
Saginaw, TX 76131

9590 9402 3075 7124 3189 46

2. Article Number (Transfer from service label)

7016 2070 0000 2472 0475

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Lopez ☑ Agent ☐ Addressee

B. Received by (Printed Name) John Lopez C. Date of Delivery 8-29-17

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

AUG 29 2017

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500) stricted Delivery

Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

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

1. Ar

Caza Operating, LLC
200 N. Loraine, Suite 1550
Midland, TX 79701

9590 9402 3075 7124 3187 93

2. Article Nu (Transfer from service label)

7016 2070 0000 2472 0369

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

elivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

h

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ A

Postmark Here

Pos
$ A & P Family Limited Partnership
Tota P.O. Box 1046
$ Eunice, NM 88231
Sent
Stree
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0314

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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5

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Ad
☐ Ac

Postmark Here

Posta
$ Caza Operating, LLC
Total 200 N. Loraine, Suite 1550
$ Midland, TX 79701
Sent
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0369

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 & P Family Limited Partnership
P.O. Box 1046
Eunice, NM 88231

9590 9402 3075 7124 3188 47

2. Article Number (Transfer from service label)

7016 2070 0000 2472 0314

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
R.S. MCREYNOLDS 8/29/17

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

29 2017 USPS

. Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

tricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chesapeake Operating, Inc.
P. O. Box 18496
Oklahoma City, OK 73154

9590 9402 3075 7124 3187 86

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0376

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

RECEIVED
AUG 28 2017
MAILROOM

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- $

Postmark Here

7016 2070 0000 2472 0345

Buckeye Energy, Inc.
1401 West Wall Street
Midland, TX 79701-6523

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- $

Postmark Here

7016 2070 0000 2472 0376

Chesapeake Operating, Inc.
P. O. Box 18496
Oklahoma City, OK 73154

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Buckeye Energy, Inc.
1401 West Wall Street
Midland, TX 79701-6523

9590 9402 3075 7124 3188 16

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0345

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Morty Poers ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
9-28-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Artic

Beverly B. Strohl
2635 Bamboo Drive
Lake Havasu City, AZ 86403

9590 9402 3075 7124 3188 23

2. Ar 7016 2070 0000 2472 0338

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly B Blair ☐ Agent ☐ Addressee

B. Received by (Printed Name) Beverly B. Blair C. Date of Delivery 8-28-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 5
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature
☐ Adult Sig
Postage
$
Total Posta
$
Sent To
Street and
City, State, ZIP+4®

Postmark Here

CEP Minerals, LLC
P. O. Box 50820
Midland, TX 79714

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0444

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 4
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature
☐
Pos
$
Tota
$
Sent
Street
City, State, ZIP+4®

Postmark

Beverly B. Strohl
2635 Bamboo Drive
Lake Havasu City, AZ 86403

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0338

SENDER: COMPLETE THIS SECTION

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

1. A

CEP Minerals, LLC
P. O. Box 50820
Midland, TX 79714

9590 9402 3075 7124 3190 73

2. Ar 7016 2070 0000 2472 0444

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rachel Lange C. Date of Delivery 8.29.17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

ry Restricted Delivery

tricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

820MT I BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3191 27

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0390

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
AUG 28 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 0660 0000 6427 7757

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To J. Penrod Toles
P.O. Box 1300
Roswell, NM 88202

Street a

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0390

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

820MT I BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. A

J. Penrod Toles
P.O. Box 1300
Roswell, NM 88202

9590 9402 3075 7124 3400 39

2. Article N
7017 0660 0000 6427 7757

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debra Franks

☐ Agent
☐ Addressee

B. Received by (Printed Name)
Debra Franks

C. Date of Delivery
8/28/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or

1. Art

Nancy J. Desmond Trust
Nancy J. Desmond, Trustee
4413 Contenta RDG
Santa Fe, NM 87507-6613

9590 9402 3019 7124 6917 60

2. Article

7017 1450 0002 2172 3280

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Desmond ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

ed Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

AUG 3 U 2017

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult

Postmark Here

Postag
$
Total P
$
Sent T
Legacy Royalty, LLC
P. O. Box 1091
Artesia, NM 88211-1091
Street
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3198

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Postage
$
Total P
$
Sent T
Nancy J. Desmond Trust
Nancy J. Desmond, Trustee
4413 Contenta RDG
Santa Fe, NM 87507-6613
Street
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3280

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- A ... the back of the mailpiece,

1. A

Legacy Royalty, LLC
P. O. Box 1091
Artesia, NM 88211-1091

9590 9402 3075 7124 3500 90

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3198

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Frances Moreau ☐ Agent ☐ Addressee

B. Received by (Printed Name) FRANCES MOREAU
C. Date of Delivery 8-30-17

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

ARTESIA NM AUG 0 2017 USPS 88210

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

cted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Ar

Occidental Oil and Gas Corporation
Oxy USA WTP LP
Attention: Alec Herzog
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

SEP - 4 2017

9590 9402 3019 7124 6918 69

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3471

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0002 2172 3297

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$
Sent T

Nuevo Seis, Limited Partnership
P. O. Box 2588
Roswell, NM 88202-2588

Street a
City, St

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3471

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signa Delivery $

Postage
$
Total Posta
$
Sent To
Street and

Occidental Oil and Gas Corporation
Oxy USA WTP LP
Attention: Alec Herzog
5 Greenway Plaza, Suite 110
Houston, TX 77046-0521

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. A

Nuevo Seis, Limited Partnership
P. O. Box 2588
Roswell, NM 88202-2588

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8-30-17

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

9590 9402 3019 7124 6917 53

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3297

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. /

Barry B. Thompson
1856 Bugtussie Lane
West, TX 75591

9590 9402 3075 7124 3190 11

2. Article Number *(Transfer from service label)*
7017 1450 0002 2175 5502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sandra Thompson ☐ 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

TX 7659
AUG 29 2017
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

:ted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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CERTIFIED MAIL® RECEIPT 5
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street

City, S

Postmark Here

7016 2070 0000 2472 0604

Clyde G. Grappe, Trustee of the Lilly
May Grappe Trust
312 Sandalwood Lane
Levelland, TX 79336

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

0002 2175 5502

Barry B. Thompson
1856 Bugtussie Lane
West, TX 75591

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: COMPLETE THIS SECTION

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

1. Artic

Clyde G. Grappe, Trustee of the Lilly
May Grappe Trust
312 Sandalwood Lane
Levellan TX 79336

9590 9402 3075 7124 3367 11

2. Article Number *(Transfer from service label)*
7016 2070 0000 2472 0604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Capps ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Ann Capps | C. Date of Delivery 8-28-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article A

Legacy Royalty, LLC
403 West San Francisco
Santa Fe, NM 87505

9590 9402 3075 7124 3502 05

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1378

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

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

elivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ed Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2070 0000 2472 0383

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Pc
$
$

Channing B. Brown, Jr.
5612 Pebble Beach
El Paso, TX 79912

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1378

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Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Posta
$
Total
$
Sent

Legacy Royalty, LLC
403 West San Francisco
Santa Fe, NM 87505

Street
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1378

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Channing B. Brown, Jr.
5612 Pebble Beach
El Paso, TX 79912

9590 9402 3075 7124 3187 79

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0383

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☒ Addressee

B. Received by (Printed Name) CHANNING M BROWN C. Date of Delivery 8-28-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ed Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bureau of Land Management
Carlsbad Field Office
620 E. Greene St.
Carlsbad, New Mexico 88220-6292

9590 9402 3075 7124 3188 09

2. Article Number (Transfer from service label)

7016 2070 0000 2472 0352

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $

Postmark Here

Willie Joe Holland
1460 Kaylock Street
Stephenville, TX 76401-5110

7017 1450 0002 2175 5458

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $

Postmark Here

Bureau of Land Management
Carlsbad Field Office
620 E. Greene St.
Carlsbad, New Mexico 88220-6292

7016 2070 0000 2472 0352

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Willie Joe Holland
1460 Kaylock Street
Stephenville, TX 76401-5110

9590 9402 3075 7124 3188 61

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5458

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Willie Joe Holland

☐ Agent
☑ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/28/17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Arti

Besty Bond
43-10 48th Avenue, Apt 3U
Woodside, NY 11377

9590 9402 3075 7124 3190 97

2. Ar

7016 2070 0000 2472 0420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betsy Bond ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult S
- ☐ Adult S

Postage
$
Total Pos
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Barbara Hinkley
260 Waterside Circle
San Rafael, CA 94903

Postmark Here

7016 2070 0000 2472 0413

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult S
- ☐ Adult S

Postage
$
Total Pos
$
Sent To
Street and
City, State, ZIP+4®

Besty Bond
43-10 48th Avenue, Apt 3U
Woodside, NY 11377

Postmark Here

7016 2070 0000 2472 0420

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail
or on the front if

1. Article Ad

Barbara Hinkley
260 Waterside Circle
San Rafael, CA 94903

9590 9402 3075 7124 3191 03

2. Article

7016 2070 0000 2472 0413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

ived by (Printed Name) C. Date of Delivery
8/29

very address different from item 1? ☐ Yes
, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

xd Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elliot - Hall Company Limited Partnership
P.O. Box 1231
Ogden, UT 88402

9590 9402 3075 7124 3366 50

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0543

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery SEP 08 2018

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

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

7017 1450 0002 2172 1484

Khody Land & Minerals
Attention: Justin R. Hall
3500 One Williams Center, MD 35
Tulsa, OK 74172

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

7016 2070 0000 2472 0543

Postage
$
Total P
$
Sent To
Street
City, St

Elliot - Hall Company Limited Partnership
P.O. Box 1231
Ogden, UT 88402

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: COMPLETE THIS SECTION

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

1. Article

Khody Land & Minerals
Attention: Justin R. Hall
3500 One Williams Center, MD 35
Tulsa, OK 74172

9590 9402 3075 7124 3503 80

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1484

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery AUG 31 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Toles Company
P.O. Box 1300
Roswell, NM 88202

9590 9402 3075 7124 3504 58

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7658

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debra Franks ☑ Agent ☐ Addressee

B. Received by (Printed Name) Debra Franks
C. Date of Delivery 8-30-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
John Ray Grappe

Street and Apt. No., or PO Box No.
143 South State Road

City, State, ZIP+4®
Levelland, TX 79336

7017 0660 0000 6427 7719

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
The Toles Company

Street and Apt. No., or PO Box No.
P.O. Box 1300

City, State, ZIP+4®
Roswell, NM 88202

7017 0660 0000 6427 7658

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Ray Grappe
143 South State Road
Levelland, TX 79336

9590 9402 3075 7124 3374 97

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7719

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Ann Capps
312 Sandalwood Lane
Levelland, TX 79336

9590 9402 3075 7124 3375 03

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7726

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ann Capps C. Date of Delivery 8-30-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Sun West Oil & Gas, Inc.
Street and Apt. No., or PO Box No. P.O. Box 1684
City, State, ZIP+4® Midland, TX 79702

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3792

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Jean Ann Capps
Street and Apt. No., or PO Box No. 312 Sandalwood Lane
City, State, ZIP+4® Levelland, TX 79336

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6427 7726

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sun West Oil & Gas, Inc.
P.O. Box 1684
Midland, TX 79702

9590 9402 3019 7124 6913 57

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3792

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nelson Spa C. Date of Delivery 9/11/17

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

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wilco Properties, Inc.
4809 Cole Avenue
Suite 107
Dallas, TX 752205

9590 9402 3075 7124 3502 74

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3846

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. Tesch C. Date of Delivery 9-6-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Wade Hover
101 Church Street, Suite 12
Las Gatos, CA 95030

7017 1450 0002 2172 3631

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Wilco Properties, Inc.
4809 Cole Avenue
Suite 107
Dallas, TX 752205

7017 1450 0002 2172 3846

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach [illegible] of the mailpiece, or on t

1. Article Addressed to:

Wade Hover
101 Church Street, Suite 12
Las Gatos, CA 95030

9590 9402 3019 7124 6915 62

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) W. Hoover C. Date of Delivery 9-6-17

elivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

d Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or

1. Art R. V. Pepper and Victoria Pepper
2102 Woodlawn Dr.
Midland, TX 79705

9590 9402 3019 7124 6917 22

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. V. Pepper ☐ Agent ☒ Addressee

B. Received by (Printed Name) K. V. Pepper C. Date of Delivery 9/5/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To Sandra Lee Powers
Street and 1457 East Whidbey Avenue
City, State Oak Harbor, WA 98277

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3457

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To R. V. Pepper and Victoria Pepper
Street and 2102 Woodlawn Dr.
City, State Midland, TX 79705

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3327

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Lee Powers
1457 East Whidbey Avenue
Oak Harbor, WA 98277

9590 9402 3019 7124 6916 78

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3457

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sandra Lee Powers ☒ Agent ☐ Addressee

B. Received by (Printed Name) Sandra Lee Powers C. Date of Delivery 9/7/17

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

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. A

Oak Valley Mineral and Land, LP
P. O. Box 50820
Midland, TX 79710

9590 9402 3019 7124 6918 45

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3389

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
G. Mendoza
C. Date of Delivery
10/5/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

cted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

7017 1450 0002 2172 3365

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pc
$

Sent To
Rubert Madera

Street a
P. O. Box 2795

City, State, ZIP+4®
Ruidosa, NM 88355

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3389

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

P

Oak Valley Mineral and Land, LP
P. O. Box 50820
Midland, TX 79710

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Ad

Rubert Madera
P. O. Box 2795
Ruidosa, NM 88355

9590 9402 3019 7124 6916 85

2. Artic (Transfer from service label)
7017 1450 0002 2172 3365

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
10-17

very address different from item 1? ☐ Yes
, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

cted Delivery

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

1. Ar

Powhatan Carter, III
P.O. Box 328
Fort Sumner, NM 88119

9590 9402 3019 7124 6916 54

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3495

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Madrid ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
xd Delivery
(over $500)

Domestic Return Receipt

7017 1450 0002 2172 3419

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Realeza Del Spear, L P
P.O. Box 1684
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3495

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

Powhatan Carter, III
P.O. Box 328
Fort Sumner, NM 88119

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or

1. Ar

Realeza Del Spear, L P
P.O. Box 1684
Midland, TX 79702

9590 9402 3019 7124 6918 14

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3419

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nelson Spear C. Date of Delivery 9/1/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
ted Delivery
(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79706

9590 9402 3075 7124 3365 51

2. Article Number (Transfer from service label) 7017 1450 0002 2172 1743

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 9-1-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

Joe John Bond
1159 Oak Forest Drive
Fort Worth, TX 76114

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6476 9788

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79706

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1743

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joe John Bond
1159 Oak Forest Drive
Fort Worth, TX 76114

9590 9402 3075 7124 3373 50

2. Article Number (Transfer from service label) 7017 0660 0000 6476 9788

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 9-6-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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. S. Levers Oil Co. Ltd
2024 SW Howards Way, #502
Portland, OR 97201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joan Levers ☐ Agent ☒ Addressee

B. Received by (Printed Name) Joan Levers C. Date of Delivery 9/6/17

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

9590 9402 3075 7124 3373 81

2. Article Number (Transfer from service label) 7017 0660 0000 6476 9818

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Fine Line BPEOR NM, LLC
Street and Apt. No., or PO Box No. 201 Main Street, Suite 2700
City, State, ZIP+4® Fort Worth, TX 76102

Postmark Here

7017 0660 0000 6476 9764

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To J. S. Levers Oil Co. Ltd
Street and Apt. No., or PO Box No. 2024 SW Howards Way, #502
City, State, ZIP+4® Portland, OR 97201

Postmark Here

7017 0660 0000 6476 9818

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Fine Line BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

9590 9402 3075 7124 3400 77

2. Article Number (Transfer from service label) 7017 0660 0000 6476 9764

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or

1. Ar

Jamie E. Jennings
P.O. Box 670326
Dallas, TX 75367

9590 9402 3075 7124 3373 67

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9795

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X T. Reeves for Jennings ☐ Agent ☐ Addressee

B. Received by (Printed Name) T. REEVES

C. Date of Delivery 9/8/17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult S

Postage
$
Total Po
$
Sent To
Street a
City, State, ZIP+4®

Postmark Here

John Lawrence Chilton
4949 Corriente Lane
Fort Worth, TX 76126

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6476 9771

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult
- ☐ Adul

Postage
$
Total P
$
Sent T
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Jamie E. Jennings
P.O. Box 670326
Dallas, TX 75367

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6476 9795

SENDER: COMPLETE THIS SECTION

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

1. Article A

John Lawrence Chilton
4949 Corriente Lane
Fort Worth, TX 76126

9590 9402 3075 7124 3373 43

2. Article

7017 0660 0000 6476 9771

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☑ Addressee

B. Received by (Printed Name) JOHN L. CHILTON

C. Date of Delivery 9/10/17

elivery address different from item 1? ☐ Yes
S, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 C. Thomas
~~307 W. 7th Street, Suite 1705~~
Fort Worth, TX 76102
PO Box 6881
San Antonio TX 78209

9590 9402 3075 7124 3504 10

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7610

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John C Thomas ☐ Agent ☑ Addressee

B. Received by (Printed Name) John C Thomas
C. Date of Delivery 9/5/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 0660 0000 6427 7689

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
George Lynn Sims
P. O. Box 34
Mayhill, NM 88339

Street

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6427 7610

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

John C. Thomas
307 W. 7th Street , Suite 1705
Fort Worth, TX 76102

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Lynn Sims
P. O. Box 34
Mayhill, NM 88339

9590 9402 3075 7124 3374 66

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7689

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name) Lynn Sims
C. Date of Delivery 9/7/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharyn Rash
419 East 300 South, #15
Salt Lake City, UT 84111

9590 9402 3019 7124 6913 95

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharyn Rash ☐ 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

DOWNTOWN STATION SALT LAKE CITY UT 84

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Sara I. Langford
5310 Fairway Dr.
West Fayetteville, PA 17222

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3549

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Sharyn Rash
419 East 300 South, #15
Salt Lake City, UT 84111

Street and Apt. No.

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3754

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,

1. Article Addressed to:

Sara I. Langford
5310 Fairway Dr.
West Fayetteville, PA 17222

9590 9402 3075 7124 3502 67

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3549

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sara Langford ☐ Agent ☐ Addressee

B. Received by (Printed Name) SARA LANGFORD C. Date of Delivery 9/8/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Remergy, LP
1401 West Wall Street
Midland, TX 79701-6523

9590 9402 3075 7124 3501 20

2. 7017 1450 0002 2172 3501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-5-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Successor Trustee to Ralph M. Randel, Trustee,
according to that certain Trust
Agreement executed on March 10, 1995
P. O. Box 821011
North Richalnd Hills, TX 76182-1011
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3594

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Sig[illegible] $
Postage
$
Total Post
$
Sent To
Remergy, LP
1401 West Wall Street
Midland, TX 79701-6523
Street and
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3501

SENDER: COMPLETE THIS SECTION

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

1. Article A
Successor Trustee to Ralph M. Randel, Trustee,
according to that certain Trust
Agreement executed on March 10, 1995
P. O. Box 821011
North Richalnd Hills, TX 76182-1011

9590 9402 3019 7124 6916 09

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3594

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

elivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Shackelford Oil Properties, Inc.
1096 Mechem Dr., Lincoln Towner
Suite G-15
Ruidoso, NM 88345-7075

9590 9402 3019 7124 6916 47

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3556

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

SAM SHACKELFORD

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To

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

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3426

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
RMB Holdings, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

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

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3556

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RMB Holdings, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3019 7124 6918 07

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3426

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☑ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 M. Randel, Trustee of the Ralph
M. Randel Trust
P. O. Box 821011
North Richland Hills, TX 76182-1011

9590 9402 3075 7124 3189 39

2. Article Number (Transfer from service label)

7016 2070 0000 2472 0697

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clifford Randel ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 4
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postmark Here

Total $
Sent 5588 Oil, LLC
P. O. Box 470925
Fort Worth, TX 76107
Street
City, State, ZIP+4®

7017 1450 0002 2175 5472

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 3
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postmark Here

Total $
Sent Clifford M. Randel, Trustee of the Ralph
M. Randel Trust
P. O. Box 821011
North Richland Hills, TX 76182-1011
Street
City, State, ZIP+4®

7016 2070 0000 2472 0697

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

5588 Oil, LLC
P. O. Box 470925
Fort Worth, TX 76107

9590 9402 3075 7124 3190 42

2. Article Number (Transfer from service label)

7017 1450 0002 2175 5472

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michel Ketter ☐ Agent ☐ Addressee

B. Received by (Printed Name) MICHEL KETTER C. Date of Delivery 9-6-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or r

1. Arti

Lucy Ryan Muse
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3503 35

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1439

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ ry Restricted Delivery
☐ restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 1450 0002 2172 1408

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult S

Postage
$

Total Pos
$

Sent To

Street and

City, State, ZIP+4®

Postmark Here

Maxine B. Hannifin, Trustee of Robert
and Maxine Hannifin Trust
P. O. Box 218
Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1439

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted

Postage
$

Total
$

Sent

Street

City, State, ZIP+4®

Postmark Here

Lucy Ryan Muse
201 Main Street, Suite 2700
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article

Maxine B. Hannifin, Trustee of Robert
and Maxine Hannifin Trust
P. O. Box 218
Midland, TX 79702

9590 9402 3075 7124 3503 04

2. Article (Transfer from service label)
7017 1450 0002 2172 1408

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cindy Blair

☐ Agent
☐ Addressee

B. Received by (Printed Name)
Cindy Blair

C. Date of Delivery
9-6-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ed Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Keystone Group, LP
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3501 13

2. Article Number (Transfer from service label)

7017 1450 0002 2172 0029

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0002 2172 0036

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Sig
☐ Adult Si

Postage
$

Total Post
$

Sent To

Street and

City, State, ZIP+4®

Postmark Here

Mildred A. Broman Heirs
c/o Sandra Lee Powers
1457 East Whidbey Avenue
Oak Harbor, WA 98277

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 0029

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery $

Postage
$

Total I
$

Sent T

Street

City, S

Postmark Here

Keystone Group, LP
201 Main Street, Suite 2700
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or
- Article Addressed to:

Mildred A. Broman Heirs
c/o Sandra Lee Powers
1457 East Whidbey Avenue
Oak Harbor, WA 98277

9590 9402 3075 7124 3501 37

2. Article Number (Transfer from service label)

7017 1450 0002 2172 0036

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sandra Lee Powers

☐ Agent
☐ Addressee

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

Sandra Lee Powers | 9/7/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

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

1. Artic

KWCL Properties
307 W. 7th Street , Suite 1705
Fort Worth, TX 76102

9590 9402 3075 7124 3502 12

2. Article Number *(Transfer from service label)*
7017 1450 0002 2172 1385

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Ryan ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* KELLY RYAN
C. Date of Delivery 9/5/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0002 2172 1460

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult S
Postage
$
Total Po
$
Sent To
Street a
City, State, ZIP+4®

Postmark Here

Lela Ellen Madera
187 George Straight
Canyon Lake, TX 78133

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1385

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postag
$
Total F
$
Sent T
Street
City, State, ZIP+4®

Postmark Here

KWCL Properties
307 W. 7th Street , Suite 1705
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Artic

Lela Ellen Madera
187 George Straight
Canyon Lake, TX 78133

9590 9402 3075 7124 3503 66

2. Article
7017 1450 0002 2172 1460

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Robert Hinson
C. Date of Delivery 9-6-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
ad Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

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

1. Article

New Mexico Oil Corporation
P.O. Box 1714
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

9590 9402 3019 7124 6918 52

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

7017 1450 0002 2172 3372

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article

820MT O & G Multi-State, LLC
201 Main Street, Suite 2600
Fort Worth, TX 76102

9590 9402 3075 7124 3188 54

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0307

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
AUG 28 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

ARBGT (RMB) O & G Multi-State, LLC
201 Main Street, Suite 2600
Fort Worth, TX 76102

7016 2070 0000 2472 0321

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $

Postmark
Here

820MT O & G Multi-State, LLC
201 Main Street, Suite 2600
Fort Worth, TX 76102

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

7016 2070 0000 2472 0307

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article

ARBGT (RMB) O & G Multi-State, LLC
201 Main Street, Suite 2600
Fort Worth, TX 76102

9590 9402 3075 7124 3188 30

2. 7016 2070 0000 2472 0321

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
AUG 28 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Chisholm Trail Ventures, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3190 66

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0451

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUN 20 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 1450 0002 2172 3181

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

Post
$ Fine Line O&G NM, LLC
Tota 201 Main Street, Suite 2700
$ Sen Fort Worth, TX 76102
Stre
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0451

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $

Postmark

Chisholm Trail Ventures, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.
Fine Line O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3374 35

2. Art
7017 1450 0002 2172 3181

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Doris Harris Thompson
4220 Village East Circle
San Angelo, TX 76904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Thompson ☑ Agent ☐ Addressee

B. Received by (Printed Name) D. Thompson C. Date of Delivery 9-1-17

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

9590 9402 3075 7124 3366 74

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0567

Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total $
Sent
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Imogene M. Hanners
1004 W. Avenue North
Lovington, NM 88260

7017 0660 0000 6427 7764

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Ac
- ☐ Ac

Postage $
Total $
Sent
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Doris Harris Thompson
4220 Village East Circle
San Angelo, TX 76904

7016 2070 0000 2472 0567

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Artic

Imogene M. Hanners
1004 W. Avenue North
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Imogene Hanners ☑ Agent ☐ Addressee

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

s delivery address different from item 1? ☐ Yes
f YES, enter delivery address below: ☐ No

USPS

9590 9402 3075 7124 3400 46

2. Artic 7017 0660 0000 6427 7764

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Lowe Minerals and Land Family Partnership, Ltd.
Attention: Larry Lowe
2313 Broadway
Lubbock, TX 79104

9590 9402 3075 7124 3500 76

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☑ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

Postage $
Total $
Sent To LKM Lowe Family Partnership
Attention: Larry Lowe
Street 2313 Broadway
Lubbock, TX 79104
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3228

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $

Postmark Here

Postage $
Total $
Sent To Lowe Minerals and Land Family Partnership, Ltd.
Attention: Larry Lowe
Street 2313 Broadway
Lubbock, TX 79104
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3211

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

LKM Lowe Family Partnership
Attention: Larry Lowe
2313 Broadway
Lubbock, TX 79104

9590 9402 3075 7124 3500 69

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3228

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☑ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marilyn Burke Salter
20031 82nd Ave.
W. Edmonds, WA 98026

9590 9402 3075 7124 3501 44

2. Article Number (Transfer from service label)

7017 1450 0002 2172 0043

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) CAROLYN SALTER 8/31/17

C. Date of Delivery

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postage
$

Total Postage and Fees
$

Sent To
Strata Production Co.
P. O. Drawer 1030
Roswell, NM 88202

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

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3785

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Marilyn Burke Salter
20031 82nd Ave.
W. Edmonds, WA 98026

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

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 0043

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Strata Production Co.
P. O. Drawer 1030
Roswell, NM 88202

9590 9402 3019 7124 6913 64

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3785

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) E. deLeon

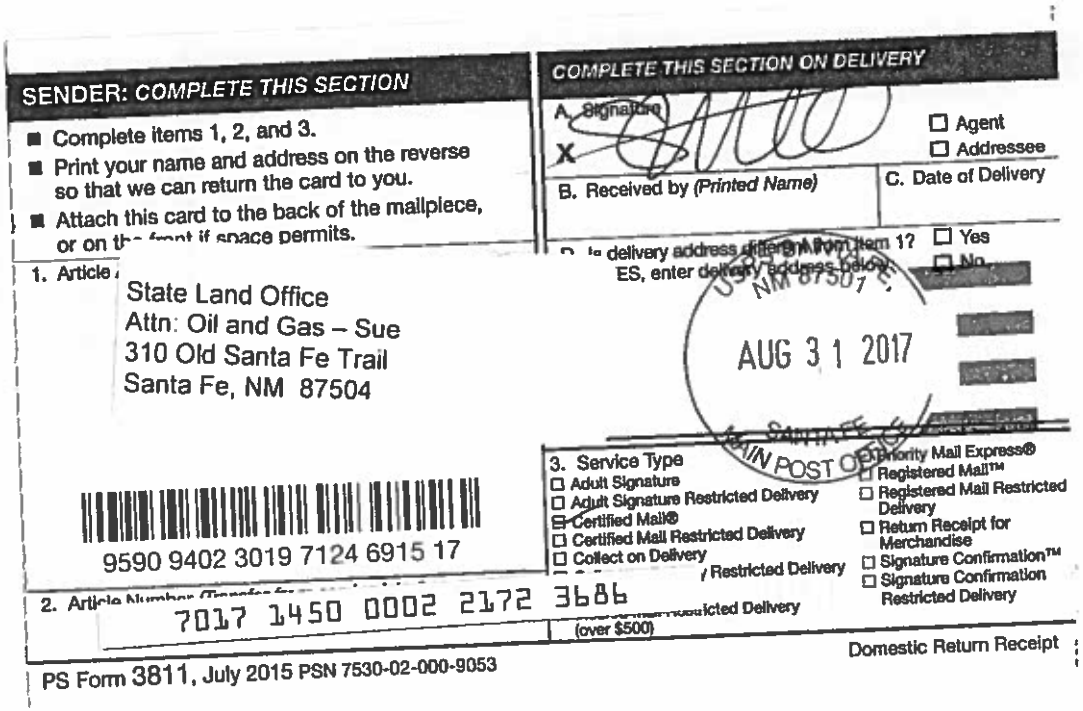
C. Date of Delivery

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	
☐ Insured Mail Restricted Delivery (over $500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

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

1. Article

State Land Office
Attn: Oil and Gas – Sue
310 Old Santa Fe Trail
Santa Fe, NM 87504

9590 9402 3019 7124 6915 17

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3686

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

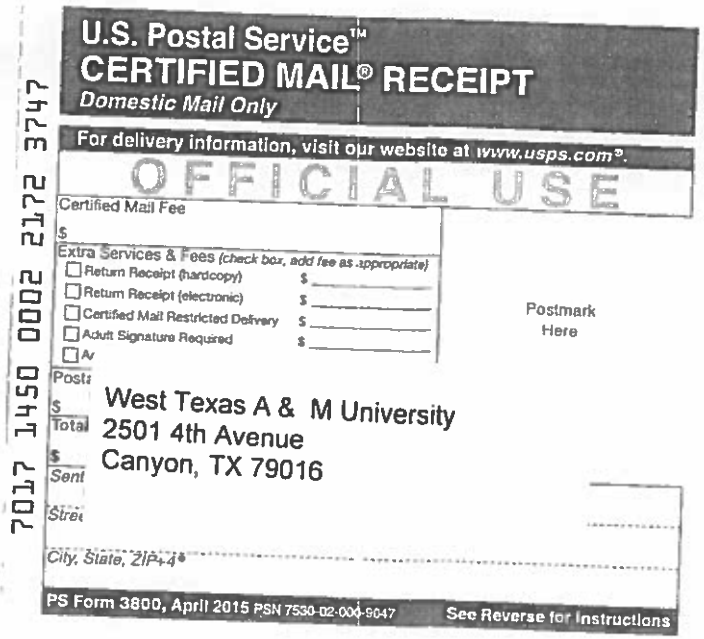
D. Is delivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

USPS NM 87507
AUG 31 2017
SANTA FE
MAIN POST OFFICE

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Av

Postmark Here

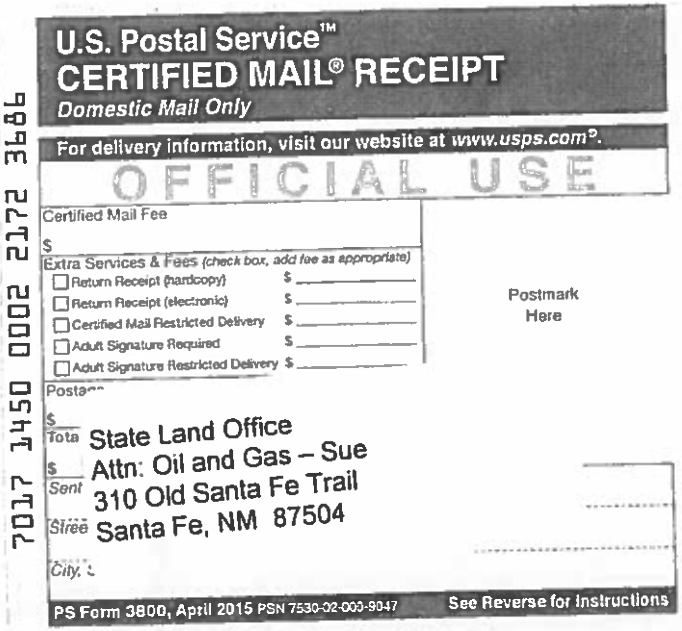
Posta
$
Total
$
Sent
Stree

West Texas A & M University
2501 4th Avenue
Canyon, TX 79016

City, State, ZIP+4®

7017 1450 0002 2172 3747

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

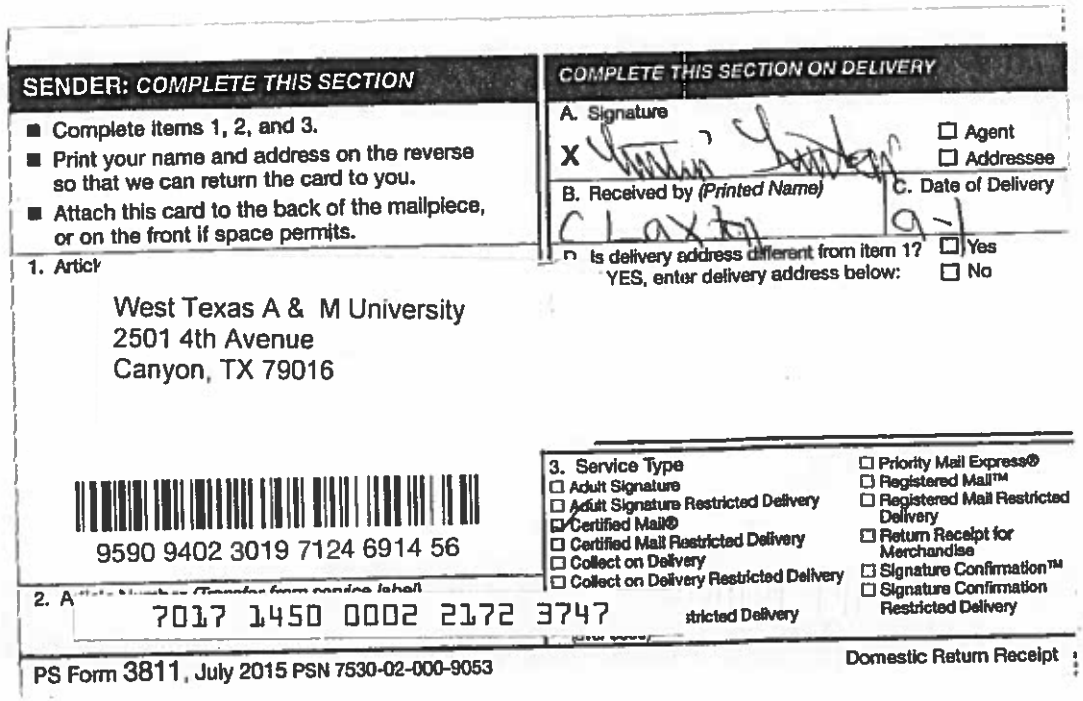
Postmark Here

Posta
$
Tota
$
Sent
Stree
City,

State Land Office
Attn: Oil and Gas – Sue
310 Old Santa Fe Trail
Santa Fe, NM 87504

7017 1450 0002 2172 3686

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Articl

West Texas A & M University
2501 4th Avenue
Canyon, TX 79016

9590 9402 3019 7124 6914 56

2. A
7017 1450 0002 2172 3747

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
9/

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article

Weldon E. Page
c/o Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

9590 9402 3019 7124 6914 63

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Weldon E. Page ☐ Agent ☐ Addressee

B. Received by (Printed Name) Weldon E Page
C. Date of Delivery 9-2-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Sharbro Holdings, LLC
P.O. Box 840
Artesia, NM 88211

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3655

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adu

Postag
$
Total P
$
Sent To
Street a

Postmark Here

Weldon E. Page
c/o Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3730

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sharbro Holdings, LLC
P.O. Box 840
Artesia, NM 88211

9590 9402 3019 7124 6915 48

2. Article Number (Transfer from
7017 1450 0002 2172 3655

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna Navratil ☐ 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
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

lestricted Delivery
Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 H. Brown
P. O. Box 1288
Canutillo, TX 79835-1288

9590 9402 3019 7124 6917 08

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3341

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

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

CANUTILLO TX 79835 SEP 6 2017 USPS

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To Nancy I. Farmer
5136 E. 35th Street
Street and Tulsa, OK 74135

City, State,

Postmark Here

7017 1450 0002 2172 3464

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To Robert H. Brown
P. O. Box 1288
Street and Canutillo, TX 79835-1288

City, State,

Postmark Here

7017 1450 0002 2172 3341

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy I. Farmer
5136 E. 35th Street
Tulsa, OK 74135

9590 9402 3019 7124 6975 33

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3464

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy Farmer C. Date of Delivery Sep 5 17

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

TULSA OK 74135 SEP - 5 2017

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Austin Graf
14 Paxton Place
Levelland, TX 79336

9590 9402 3019 7124 6918 21

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DAVE GRAF C. Date of Delivery 9/1

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Postage and Fees
$
Sent To
CH MINERALS LLC
PO BOX 6387
Beaverton, OR 97007-0387
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

7016 2070 0000 2472 0277

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Postage and Fees
$
Sent To
Patrick Austin Graf
14 Paxton Place
Levelland, TX 79336
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3402

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CH MINERALS LLC
PO BOX 6387
Beaverton, OR 97007-0387

9590 9402 3075 7124 3189 77

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0277

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
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BMT O & G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3190 04

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5519

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
AUG 28 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
ted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Cert[illegible] Restricted Delivery $
☐ Adu
☐ Ad
Postmark Here
Posta
$
Total
$
Sent
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

820MT II BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

7017 1450 0002 2175 5489

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postmark Here

BMT O & G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

$
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2175 5519

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

820MT II BPEOR NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3190 35

2. Article Number (Transfer from service label)
7017 1450 0002 2175 5489

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
AUG 28 2017

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☑ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
tricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 A. Klise
1008 Greens View
Wooster, OH 44691

9590 9402 3075 7124 3188 85

2. Articl… 7016 2070 0000 2472 0659

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Donald Klise ☐ 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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500) …ed Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To Cobb Family Trust
Kenneth M. Cobb, Trustee

Street and A 1202 Cherrywood Court
Allen, TX 75002

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0680

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Por
$
Tot Donald A. Klise
$ 1008 Greens View
Sei Wooster, OH 44691
Sin
City, State, ZIP+4

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0659

SENDER: COMPLETE THIS SECTION

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

1. Article

Cobb Family Trust
Kenneth M. Cobb, Trustee
1202 Cherrywood Court
Allen, TX 75002

9590 9402 3075 7124 3189 22

2. Arti… 7016 2070 0000 2472 0680

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

B. Received by (Printed Name) Ken Cobb | C. Date of Delivery 08/31/2017

delivery address different from item 1? ☑ Yes
/ES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500) …icted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LMBI, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3503 59

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1453

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult
Postage
$
Total P
$
Sent To
Street a

Postmark Here

LMBI O & G Multi-State, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1354

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult
Postag
$
Total P
$
Sent To
Street

Postmark Here

LMBI, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1453

SENDER: COMPLETE THIS SECTION

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

1. Arti

LMBI O & G Multi-State, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3501 82

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1354

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 and Beverly C Overton Trust
P.O. Box 32
Yeso, NM 88136

9590 9402 3075 7124 3190 59

2. Article Number: 7016 2070 0000 2472 0468

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
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2070 0000 2472 0468

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Dan T. Desmond
208 N McKown Ave
Sherman , TX 75092-7430

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

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0499

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $

Postmark Here

Charles and Beverly C Overton Trust
P.O. Box 32
Yeso, NM 88136

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0468

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 T. Desmond
208 N McKown Ave
Sherman , TX 75092-7430

9590 9402 3075 7124 3366 05

2. Article Number: 7016 2070 0000 2472 0499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

SHERMAN TX 750 SEP 2 - 2017 USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Devon Energy Production Co., L. P.
Attention: Cari Allen
333 W. Sheridan Avenue
Oklahoma City, OK 73102-5015

9590 9402 3075 7124 3365 99

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0482

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

CENTER OKLAHOMA CITY, OK AUG 31 2017 USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ A
☐ A

Postmark Here

Post G. Dan Thompson
$ 12107 Lueders Lane
Tota Dallas, TX 75230
$
Ser

Street and Apt. ...
City, State, ZIP+4®...

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3174

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Pc
$
To Devon Energy Production Co., L. P.
$ Attention: Cari Allen
Se 333 W. Sheridan Avenue
Sti Oklahoma City, OK 73102-5015

City, ...

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0482

SENDER: COMPLETE THIS SECTION

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

1. Article

G. Dan Thompson
12107 Lueders Lane
Dallas, TX 75230

9590 9402 3075 7124 3374 28

2. Article Number (Transfer from ...)
7017 1450 0002 2172 3174

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
9-5-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

stricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Edith A. Hover
c/o Wade H. Hover
101 Church Street, Suite 12
Los Gatos, CA 95030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☒ Addressee

B. Received by (Printed Name) WADE H. HOVER
C. Date of Delivery 9/11/17

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

9590 9402 3075 7124 3365 82

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1712

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee $
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Postage and Fees $
Sent To GMT Exploration Co. LLC
Street and Apt. No., or PO Box No. 1560 Broadway Suite 2000
City, State, ZIP+4® Denver, CO 80202-5138

Postmark Here

7017 0660 0000 6476 9757

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee $
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $
Total Postage and Fees $
Sent To Edith A. Hover
Street and Apt. No., or PO Box No. c/o Wade H. Hover
City, State, ZIP+4® 101 Church Street, Suite 12
Los Gatos, CA 95030

Postmark Here

7017 1450 0002 2172 1712

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GMT Exploration Co. LLC
1560 Broadway Suite 2000
Denver, CO 80202-5138

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jim Lyman
C. Date of Delivery 9.6.17

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

9590 9402 3075 7124 3400 60

2. Article Number (Transfer from service label)
7017 0660 0000 6476 9757

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or

1. Ar

James H. Boles
29747 Eagle Point Drive
Canyon Lake, CA 92587

9590 9402 3075 7124 3373 74

2. Article Number *(Transfer from service label)*
7017 0660 0000 6476 9801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia S ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* PATRICIA SANCHEZ C. Date of Delivery 8 31 17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2070 0000 2472 0581

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sen Crump Energy Partners II, LLC
P. O. Box 50820
Sir Midland, TX 79710
Ci

Postmark Here

PS Form 3800, Apr r Instructions

7017 0660 0000 6476 9801

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult
- ☐ Adult

Postage
$

Total Pr
$

Sent To

Street a

City, State, ZIP+4

James H. Boles
29747 Eagle Point Drive
Canyon Lake, CA 92587

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Art

Crump Energy Partners II, LLC
P. O. Box 50820
Midland, TX 79710

9590 9402 3075 7124 3366 98

2. Article Number *(Transfer from service label)*
7016 2070 0000 2472 0581

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Rachel Lange C. Date of Delivery 9.1.17

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

. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

d Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Conoco Phillips
Burlington Resources Oil & Gas, L P
Attention: Cody Travers
600 N. Dairy Ashford
Houston, TX 77079

9590 9402 3075 7124 3366 12

2. Article Number (Transfer from service label)
7016 2070 0000 2472 0505

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Postage
$
Total Postage and Fees
$
Sent To
Joanne Harris Dietrich, Trustee of the
John S. Harris Trust A
Street and Apt. No., or PO Box No.
8844 North May
City, State, ZIP+4®
Oklahoma City, OK 73120

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6427 7627

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

Postage
$
Total Postage and Fees
$
Sent To
Conoco Phillips
Burlington Resources Oil & Gas, L P
Attention: Cody Travers
Street and Apt. No., or PO Box No.
600 N. Dairy Ashford
City, State, ZIP+4®
Houston, TX 77079

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0505

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 Harris Dietrich, Trustee of the
John S. Harris Trust A
8844 North May
Oklahoma City, OK 73120

9590 9402 3075 7124 3504 27

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7627

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marion D Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name) Marion Brown C. Date of Delivery 9-5-17

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

My phone
(405) 242-3297

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or r

1. Arti

LDL Lowe Family Partnership Ltd
Attention: Loretta D. Lowe
1200 Barton Creek Blvd, Apt 2
Austin, TX 78735

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name) [illegible]
C. Date of Delivery 8-31-17

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

9590 9402 3075 7124 3503 73

2. Article N 7017 1450 0002 2172 1477

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postage
$
Total Po
$
Sent To
Street ar
City, State, ZIP+4®

Postmark Here

John C. Ryan IV
6229 Genoa Road
Fort Worth, TX 76116

7017 0660 0000 6427 7702

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Ad
Posta
$
Total
$
Sent
Stree
City, State, ZIP+4®

Postmark Here

LDL Lowe Family Partnership Ltd
Attention: Loretta D. Lowe
1200 Barton Creek Blvd, Apt 2
Austin, TX 78735

7017 1450 0002 2172 1477

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Arti

John C. Ryan IV
6229 Genoa Road
Fort Worth, TX 76116

9590 9402 3075 7124 3374 80

2. Artic 7017 0660 0000 6427 7702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

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

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

RIDGLEA STA FORT WO
SEP 11 2017
TX7611
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Restricted Delivery
☐ cted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mavros Minerals, LLC
P. O. Box 50820
Midland, TX 79710

9590 9402 3075 7124 3500 38

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3259

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rachel Lange ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rachel Lange C. Date of Delivery 9.1.17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Lynda Madera Jacobsen
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

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

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 3235

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $

Postmark Here

Mavros Minerals, LLC
P. O. Box 50820
Midland, TX 79710

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

City, State, ZIP+4®

7017 1450 0002 2172 3259

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lynda Madera Jacobsen
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

9590 9402 3075 7124 3500 52

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3235

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharyn Rash ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sharyn Rash C. Date of Delivery 9-1-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. A

Valerie Shane Harris
PO Box 58
Fairfield, IA 52556

9590 9402 3075 7124 3502 98

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3822

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Valerie Shane Harris ☐ Agent ☐ Addressee

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

Valerie Shane Harris 9-2-17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total P
$
Sent To Southwest Royalties, Inc.
6 Desta Drive
Street Midland, TX 79705
City, State, ZIP+4

Postmark Here

7017 1450 0002 2172 3761

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ A

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City, State, ZIP+4

Valerie Shane Harris
PO Box 58
Fairfield, IA 52556

Postmark Here

7017 1450 0002 2172 3822

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article

Southwest Royalties, Inc.
6 Desta Drive
Midland, TX 79705

9590 9402 3019 7124 6913 88

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3761

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tom Brady ☐ Agent ☐ Addressee

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

Tom Brady

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wesmax, Ltd.
c/o Terry Blankenship
1821 WestLake Dr, #123
Austin, TX 78746

9590 9402 3075 7124 3502 81

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3839

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

1821 Westlake Dr #101

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 1450 0002 2172 3525

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Roger John Allen and Nancy Edge Jennings Allen, Trustees under the Allen Family Revocable Trust dated May 19, 2000, FBO Jancy Edge Jennings Allen
3623 Overbrook Drive
Dallas, TX 75205

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3839

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Wesmax, Ltd.
c/o Terry Blankenship
1821 WestLake Dr, #123
Austin, TX 78746

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 John Allen and Nancy Edge Jennings Allen, Trustees under the Allen Family Revocable Trust dated May 19, 2000, FBO Jancy Edge Jennings Allen
3623 Overbrook Drive
Dallas, TX 75205

9590 9402 3075 7124 3502 43

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3525

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article

Susan J. Croft
4657 Southern Avenue
Dallas, TX 75209

9590 9402 3019 7124 6915 93

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

7017 1450 0002 2172 3600

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Susan J. Croft ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Susan Croft C. Date of Delivery 9-2-17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*

- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Wesmax, Ltd.
C/O Terry Blankenship
1821 Westlake Dr. STE 101
Austin, TX 78746

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3648

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*

- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Susan J. Croft
4657 Southern Avenue
Dallas, TX 75209

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3600

SENDER: COMPLETE THIS SECTION

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

1. Ar

Wesmax, Ltd.
C/O Terry Blankenship
1821 Westlake Dr. STE 101
Austin, TX 78746

9590 9402 3019 7124 6915 55

2. Ar

7017 1450 0002 2172 3648

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* Terry Blankenship C. Date of Delivery 9/1/17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Successors to Mary E. Thompson
(James D. Gordon)
P. O. Box 30
Grant, CO 80448-00300

9590 9402 3019 7124 6915 00

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3693

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Rodney Carter
736 Trailside Bend
Round Rock, TX 78665

7017 1450 0002 2172 3433

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Successors to Mary E. Thompson
(James D. Gordon)
P. O. Box 30
Grant, CO 80448-00300

7017 1450 0002 2172 3693

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rodney Carter
736 Trailside Bend
Round Rock, TX 78665

9590 9402 3019 7124 6917 91

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1.

M. Fred Madera
P.O.Box 645
La Pine, Oregon 97739

9590 9402 3075 7124 3501 51

2. Article Number (Transfer from ... 7017 1450 0002 2172 0050

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Madera ☒ Agent ☐ Addressee

B. Received by (Printed Name) Patricia MADERA
C. Date of Delivery 9-1-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Restricted Delivery
☐ (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 5
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postage
$
Total Postage and Fees
$
Sent To Lynda D. Jacobson
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 0067

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 5
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $

Postmark Here

M. Fred Madera
P.O.Box 645
La Pine, Oregon 97739

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

7017 1450 0002 2172 0050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Ar

Lynda D. Jacobson
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

9590 9402 3075 7124 3501 68

2. Article ... 7017 1450 0002 2172 0067

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharyn Rash ☐ Agent ☐ Addressee

B. Received by (Printed Name) SHARYN RASH
C. Date of Delivery 9-1-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ed Delivery
☐ (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on th

1. Article A

Lynda Madera
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharyn Rash ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* SHARYN RASH
C. Date of Delivery 9-1-17

elivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

9590 9402 3075 7124 3503 28

2. A 7017 1450 0002 2172 1422

stricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT $
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Pos
$
Sent To Buckeye Oil Producing Company
Street a P. O. Box 129
City, State, ZIP+4® Wooster, OH 44691

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0437

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT $
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐
Pos
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Tot
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Sen
Stre
City, State, ZIP+4®

Lynda Madera
c/o Sharyn Ann Rash Madera
419 East 300 South #15
Salt Lake City, UT 84111

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1422

SENDER: COMPLETE THIS SECTION

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

1.

Buckeye Oil Producing Company
P. O. Box 129
Wooster, OH 44691

9590 9402 3075 7124 3190 80

2. Arti 7016 2070 0000 2472 0437

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Frank ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Judy Frank
C. Date of Delivery 8/29/17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

cted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Margaret Ann Weber
5906 Joyce Way
Dallas, TX 75225

9590 9402 3075 7124 3500 45

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-6-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To Thru Line BPEOR, NM, LLC
Street 201 Main Street, Suite 2700
City, Fort Worth, TX 76102

Postmark Here

7017 1450 0002 2172 3815

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Sign
- ☐ Adult Sig

Postage $

Total Posta $

Sent To Margaret Ann Weber
Street and Apt. 5906 Joyce Way
City, State, ZIP+4 Dallas, TX 75225

Postmark Here

7017 1450 0002 2172 3242

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thru Line BPEOR, NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3019 7124 6913 33

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3815

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
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Artic

Texas Technological University
15th & Akron
Lubbock, TX 79409

9590 9402 3019 7124 6913 40

2. Ar 7017 1450 0002 2172 3808

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Date of Delivery

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

DOWNTOWN STATION AUG 31 2017

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
tricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0002 2172 3778

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Ad
Postmark Here
Posta
$
Total
$
Sent
Stree
City, State, ZIP+4®

SRBI O & G Multistate, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3808

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adu
Postmark Here
Postag
$
Total F
$
Sent T
Street
City, State, ZIP+4®

Texas Technological University
15th & Akron
Lubbock, TX 79409

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on th permits.

1. Article

SRBI O & G Multistate, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3019 7124 6913 71

2. Ar 7017 1450 0002 2172 3778

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
tricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. A

RMB O&G Multi -State, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3075 7124 3502 36

2. A 7017 1450 0002 2172 3518

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Posti
$
Tota
$
Sen Thomas T. Holley
P.O. Box 3602
Wichita Falls, TX 76301
Stre
City, State, ZIP+4®

7017 1450 0002 2172 3617

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Posti
$
Total RMB O&G Multi -State, LLC
201 Main Street, Suite 2700
$ Sent Fort Worth, TX 76102
Stree
City, State, ZIP+4®

7017 1450 0002 2172 3518

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article A

Thomas T. Holley
P.O. Box 3602
Wichita Falls, TX 76301

9590 9402 3019 7124 6915 86

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3617

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tom Holley ☐ Agent ☑ Addressee

B. Received by (Printed Name) Tom Holley C. Date of Delivery 8-31-17

elivery address different from item 1? ☐ Yes
S, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on t

1. Article A

The Southwestern Baptist Theological Seminary,
a Texas nonprofit corporation, acting by & through
Baptist Foundation of Texas, dba
HighGroundAdvisors, its agent & AIF
c/o HighGround Advisors
1601 Elm Street, Suite 1700
Dallas. TX 75201-7241

9590 9402 3019 7124 6916 23

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3570

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ethan Rayburn C. Date of Delivery 9/25/17

elivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ted Delivery

Domestic Return Receipt

7017 1450 0002 2172 3624

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City, S

Postmark Here

Tilden Capital
307 W. 7th St.
Suite 1203
Fort Worth, TX 76102

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3570

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To
Street and
City, State, ZIP+4®

Postmark Here

Southwest Theological Seminary
The Southwestern Baptist Theological Seminary,
a Texas nonprofit corporation, acting by & through
Baptist Foundation of Texas, dba
HighGroundAdvisors, its agent & AIF
c/o HighGround Advisors
1601 Elm Street, Suite 1700
Dallas. TX 75201-7241

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on t

1. Article A

Tilden Capital
307 W. 7th St.
Suite 1203
Fort Worth, TX 76102

9590 9402 3019 7124 6915 79

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3624

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Ashton Waters C. Date of Delivery 9/12/17

elivery address different from item 1? ☐ Yes
ES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Arti

Sid R. Bass, Trustee
201 Main Street, Suite 2600
Fort Worth, TX 76102

Southwest Theological Seminary

9590 9402 3019 7124 6916 30

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3563

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Age
☐ Add

B. Received by (Printed Name) | C. Date of D

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restn Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐

Postmark Here

Po
$
To
$
Se
Sir
City, State, ZIP+4®

SRBMT O & G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

7017 1450 0002 2172 3587

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult
- ☐ Adu

Postmark Here

Postag
$
Total F
$
Sent T

Sid R. Bass, Trustee
201 Main Street, Suite 2600
Fort Worth, TX 76102

Street and Apt. No., or PO Box No. Southwest Theological Seminary
City, State, ZIP+4®

7017 1450 0002 2172 3563

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Atta
or o

1. Artic

SRBMT O & G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3019 7124 6916 16

2. Article Number (Transfer from service label)

7017 1450 0002 2172 3587

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

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

s delivery address different from item 1? ☐ Yes
f YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article

Thru Line L.P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3019 7124 6914 87

2. Ar 7017 1450 0002 2172 3716

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
YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent To SRBI, L. P.

Street 201 Main Street, Suite 2700

City, State, ZIP+4® Fort Worth, TX 76102

Postmark Here

7017 1450 0002 2172 3679

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult

Postage
$

Total P
$

Sent To Thru Line L.P.

Street 201 Main Street, Suite 2700

City, State, ZIP+4® Fort Worth, TX 76102

Postmark Here

7017 1450 0002 2172 3716

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SRBI, L. P.
201 Main Street, Suite 2700
Fort Worth, TX 76102

9590 9402 3019 7124 6915 24

2. Artic 7017 1450 0002 2172 3679

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
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Artic

The Toles Company
P. O. Box 1300
Roswell, NM 88202

9590 9402 3019 7124 6914 70

2. Article I — 7017 1450 0002 2172 3723

COMPLETE THIS SECTION ON DELIVERY

A. Signature — Debra Franks — ☑ Agent ☐ Addressee

B. Received by (Printed Name) Debra Franks — C. Date of Delivery 8-31-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7017 1450 0002 2172 3709

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Postag
$
Total P
$
Sent To Susan Ryan
Street a 2208 Mistletoe Blvd
City, State, ZIP+4® Fort Worth, TX 76110

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7017 1450 0002 2172 3723

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

Postmark Here

Postag
$
Total P
$
Sent To The Toles Company
Street P. O. Box 1300
City, State, ZIP+4® Roswell, NM 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Artic

Susan Ryan
2208 Mistletoe Blvd
Fort Worth, TX 76110

9590 9402 3019 7124 6914 94

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3709

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☑ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

nm oil Corp
PO Box 1714
Roswell, NM 88202

9590 9402 2648 6336 3451 94

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

7017 1450 0002 2172 3372

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vanessa Sixton ☐ Agent ☐ Addressee

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

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

AUG 31 2017

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☐ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	
☐ Insured Mail Restricted Delivery (over $500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Pc
$
Sent To Pamela Madera
Street a 4621 W. Agave
City, St Eloy, AZ 85131

Postmark Here

7017 1450 0002 2172 3310

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Tota
$ New Mexico Oil Corporation
Sen P.O. Box 1714
Stre Roswell, NM 88202
City,

Postmark Here

7017 1450 0002 2172 3372

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

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

1. A

Pamela Madera
4621 W. Agave
Eloy, AZ 85131

9590 9402 3019 7124 6917 39

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

7017 1450 0002 2172 3310

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Madera ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* Madera C. Date of Delivery 8/31/17

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☒ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
(over $500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on t

1. Article

Occidental Permian, Ltd
P. O. Box 4294
Houston, TX 77210

9590 9402 3019 7124 6917 46

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3303

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

elivery address different from item 1?
ES, enter delivery address below:
☐ Yes
☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here

7017 1450 0002 2172 1736

Energen Resources Corporation
3510 North A Street
Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Ad

Postmark Here

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Total
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Sent
Stree
City, State, ZIP+4®

7017 1450 0002 2172 3303

Occidental Permian, Ltd
P. O. Box 4294
Houston, TX 77210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.

Energen Resources Corporation
3510 North A Street
Midland, TX 79705

9590 9402 3075 7124 3365 68

2. Article Num
7017 1450 0002 2172 1736

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Artic

J. L. Burke, Jr.
8928 Meadowknoll Drive
Dallas, TX 75243

9590 9402 3075 7124 3373 98

2. Article Number (Transfer from ... 7017 0660 0000 6476 9825

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J L Burke ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ ...cted Delivery
... Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2070 0000 2472 0598

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Pos
$
Sent To Cody Sims
P. O. Box 2630
Street an Hobbs NM 88241
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6476 9825

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Post
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Tota
$
Ser
Str
City, State, ZIP+4®
J. L. Burke, Jr.
8928 Meadowknoll Drive
Dallas, TX 75243

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Artic

Cody Sims
P. O. Box 2630
Hobbs NM 88241

9590 9402 3075 7124 3367 04

2. Article Number (Transfer from service label) 7016 2070 0000 2472 0598

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Denise Albertson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Denise Albertson | C. Date of Delivery 8-31-17

s delivery address different from item 1? ☐ Yes
f YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
d Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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 N. Lovington Hwy
Hobbs, NM 88240

9590 9402 3075 7124 3366 29

2. Article Number (Transfer from service label)

7016 2070 0000 2472 0512

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☒ Agent
☐ Addressee

B. Received by (Printed Name) J. GRIFFIN

C. Date of Delivery 8-30-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To J. L. Burke III
8928 Meadowknoll Drive
Dallas, TX 75243

Street

City, State, ZIP+4®

Postmark Here

7017 0660 0000 6427 7665

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To College of the Southwest
6610 N. Lovington Hwy
Hobbs, NM 88240

Street

City, State, ZIP+4®

Postmark Here

7016 2070 0000 2472 0512

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return 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. L. Burke III
8928 Meadowknoll Drive
Dallas, TX 75243

9590 9402 3075 7124 3374 42

2. Article Number (Transfer from service label)

7017 0660 0000 6427 7665

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Katherine K. McInyre (formerly
Catherine Magruder)
512 Thunder Crest
El Paso, TX 79912-4251

9590 9402 3075 7124 3503 97

2. Article Numb 7017 1450 0002 2172 1491

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 8-31-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0660 0000 6427 7672

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postage
$
Total Po
$
Sent To Heirs and devisees of Winnie Sims Kenman
c/o Cody Sims
P. O. Box 2630
Hobbs NM 88241
Street a
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1491

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ A... Required $
☐ A...
Pos Katherine K. McInyre (formerly
$ Catherine Magruder)
Tot 512 Thunder Crest
$ El Paso, TX 79912-4251
Se
Stre...
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Artic Heirs and devisees of Winnie Sims Kenman
c/o Cody Sims
P. O. Box 2630
Hobbs NM 88241

9590 9402 3075 7124 3374 59

2. Article Number (Transfer from service label) 7017 0660 0000 6427 7672

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Denise Albertson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Denise Albertson C. Date of Delivery 8-31-17

s delivery address different from item 1? ☐ Yes
f YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
tricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Artic

James Daniel Grappe
707 Baylor Street
Austin, TX 78703

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

9590 9402 3075 7124 3400 15

2. Article Nu 7017 0660 0000 6427 7733

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To Chisos Minerals, LLC
1111 Bagby Street, Suite 2140
Houston, TX 77002

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0284

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To James Daniel Grappe
707 Baylor Street
Austin, TX 78703

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6427 7733

SENDER: COMPLETE THIS SECTION

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

1. Artic

Chisos Minerals, LLC
1111 Bagby Street, Suite 2140
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

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

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

9590 9402 3075 7124 3189 60

2. Artic 7016 2070 0000 2472 0284

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or

1. Ar

Buckeye Royalty Holdings, LLC
P. O. Box 129
Wooster, OH 44691

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Frank ☐ Agent ☐ Addressee

B. Received by (Printed Name) Judy Frank | C. Date of Delivery 8-29-17

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

9590 9402 3075 7124 3189 91

2. Art 7016 2070 0000 2472 0253

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ y Restricted Delivery
☐ icted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2070 0000 2472 0628

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Tota
$
Sent
Stree
City,

Postmark Here

Energex, LLC
4873 Raintree Circle
Parker, CO 80134

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0253

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult
☐ Adult
Postage
$
Total Po
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Buckeye Royalty Holdings, LLC
P. O. Box 129
Wooster, OH 44691

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Energex, LLC
4873 Raintree Circle
Parker, CO 80134

9590 9402 3075 7124 3367 35

2. Article [illegible] 7016 2070 0000 2472 0628

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

AUG 31 2017

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article

Leo V. Sims II
c/o Cody Sims
P. O. Box 2630
Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Denise Albertson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Denise Albertson

C. Date of Delivery 8-31-17

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

9590 9402 3075 7124 3501 99

2. Article Number (Transfer from service label) 7017 1450 0002 2172 1361

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 1450 0002 2172 1361

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

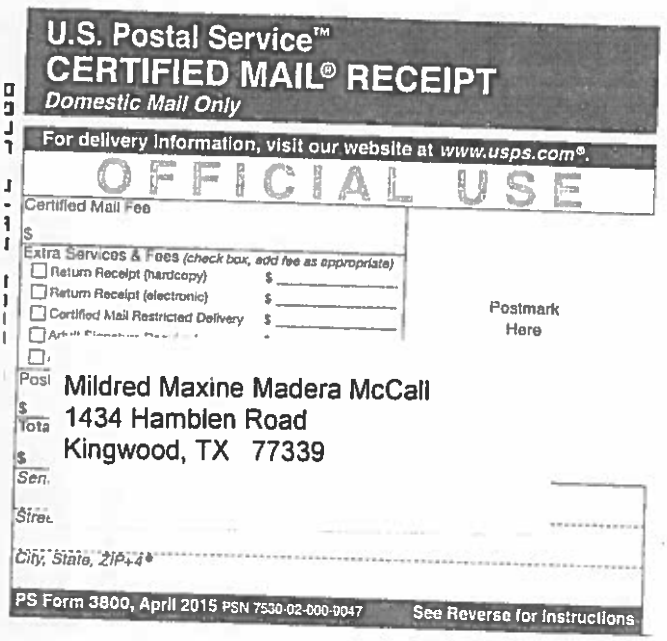
Sent To
Leo V. Sims II
c/o Cody Sims
P. O. Box 2630
Hobbs, NM 88241

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

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

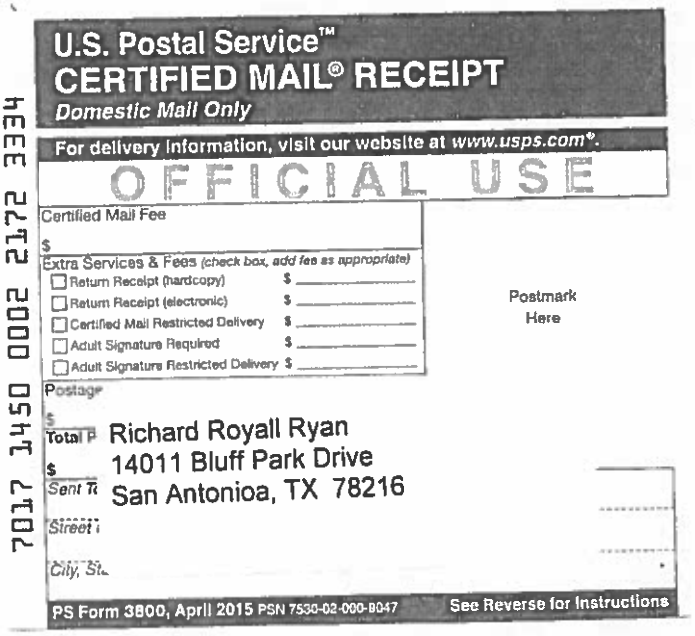
Total Postage and Fees
$

Sent To
Mildred Maxine Madera McCall

Street and Apt. No., or PO Box No.
1434 Hamblen Road

City, State, ZIP+4®
Kingwood, TX 77339

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

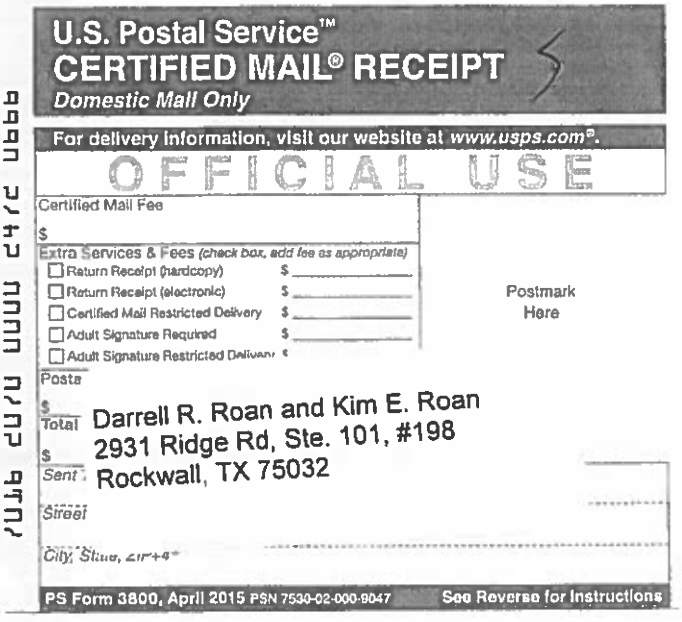
Sent To
Richard Royall Ryan

Street and Apt. No., or PO Box No.
14011 Bluff Park Drive

City, State, ZIP+4®
San Antonioa, TX 78216

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3334



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Darrell R. Roan and Kim E. Roan

Street and Apt. No., or PO Box No.
2931 Ridge Rd, Ste. 101, #198

City, State, ZIP+4®
Rockwall, TX 75032

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0566

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required
- Adult Signature Restricted Delivery

Postage
$

Total Postage and Fees
$

Sent To
Ewell H. Must III

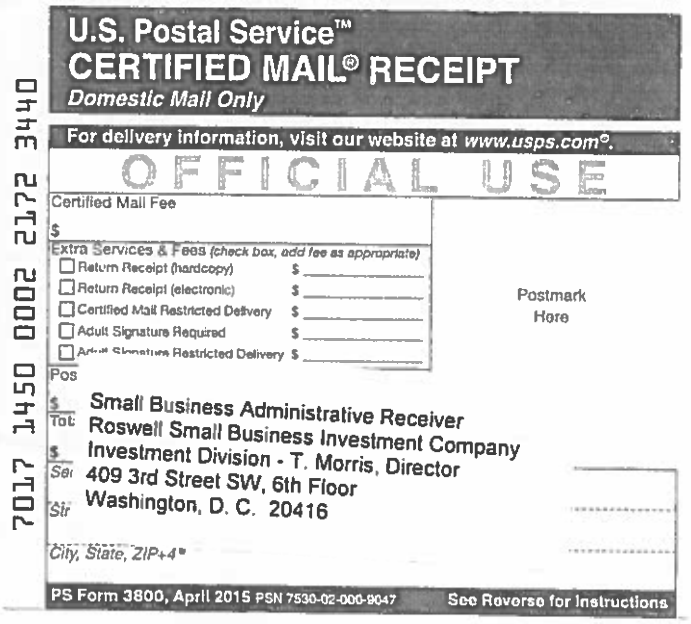
Street and Apt. No., or PO Box No.
5802 Kentucky Derby Court

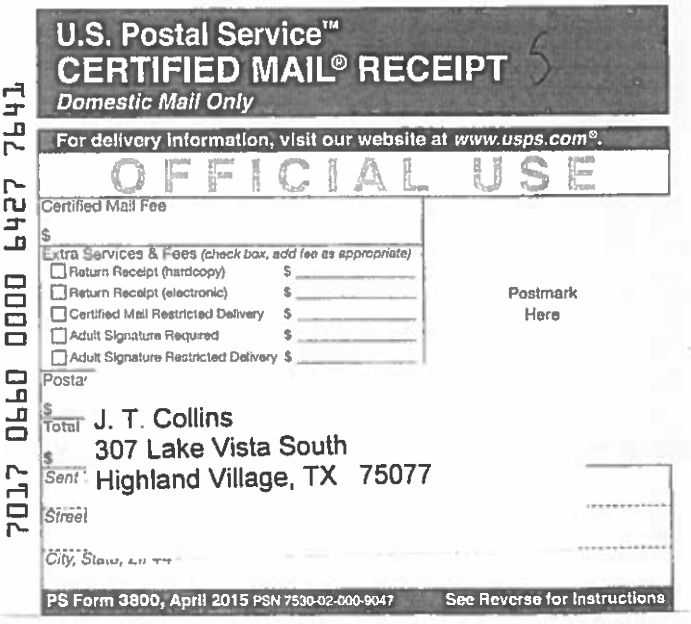
City, State, ZIP+4®
Austin, TX 78746

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 2472 0536


7017 1450 0002 2172 1507
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Postmark Here
Katherine Ariel Johnson-Barger
866 Emerald Hills Circle
Fairfield, CA 94533
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions


7017 1450 0002 2172 3440
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Postmark Here
Small Business Administrative Receiver
Roswell Small Business Investment Company
Investment Division - T. Morris, Director
409 3rd Street SW, 6th Floor
Washington, D. C. 20416
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions


7017 0460 0000 6427 7641
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postmark Here
J. T. Collins
307 Lake Vista South
Highland Village, TX 75077
Street
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions

7017 1450 0002 2172 3204

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To
Levi T. Barger and Katherine A. Johnson-Barger, Trustees of the Barger Family Trust dated October 10, 2001

Street and

City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7017 1450 0002 2172 3204

$6.77⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000099375

Levi T. Barger and Katherine A. Johnson-Barger, Trustees of the Barger Family Trust dated October 10, 2001

RETURN TO SENDER
INSUFFICIENT ADDRESS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To J. S. Levers Oil Co. Ltd
P.O. Box 1691
Street an Roswell, NM 8202

City, Stat

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6427 7740

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

CERTIFIED MAIL®

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

7017 0660 0000 6427 7740

$6.77⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000099337

AUG 30 2017

RETURN TO SENDER
ADDRESSEE UNKNOWN
INITIALS

J. S. Levers Oil Co. Ltd
P.O. Box 1691
Roswell, NM 8202

7017 0660 0000 6427 7696

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Frederick L. Stead and Betty Stead
1026 Hall Court
Wylie, TX 75098

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7017 0660 0000 6427 7696

$6.77⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000099331

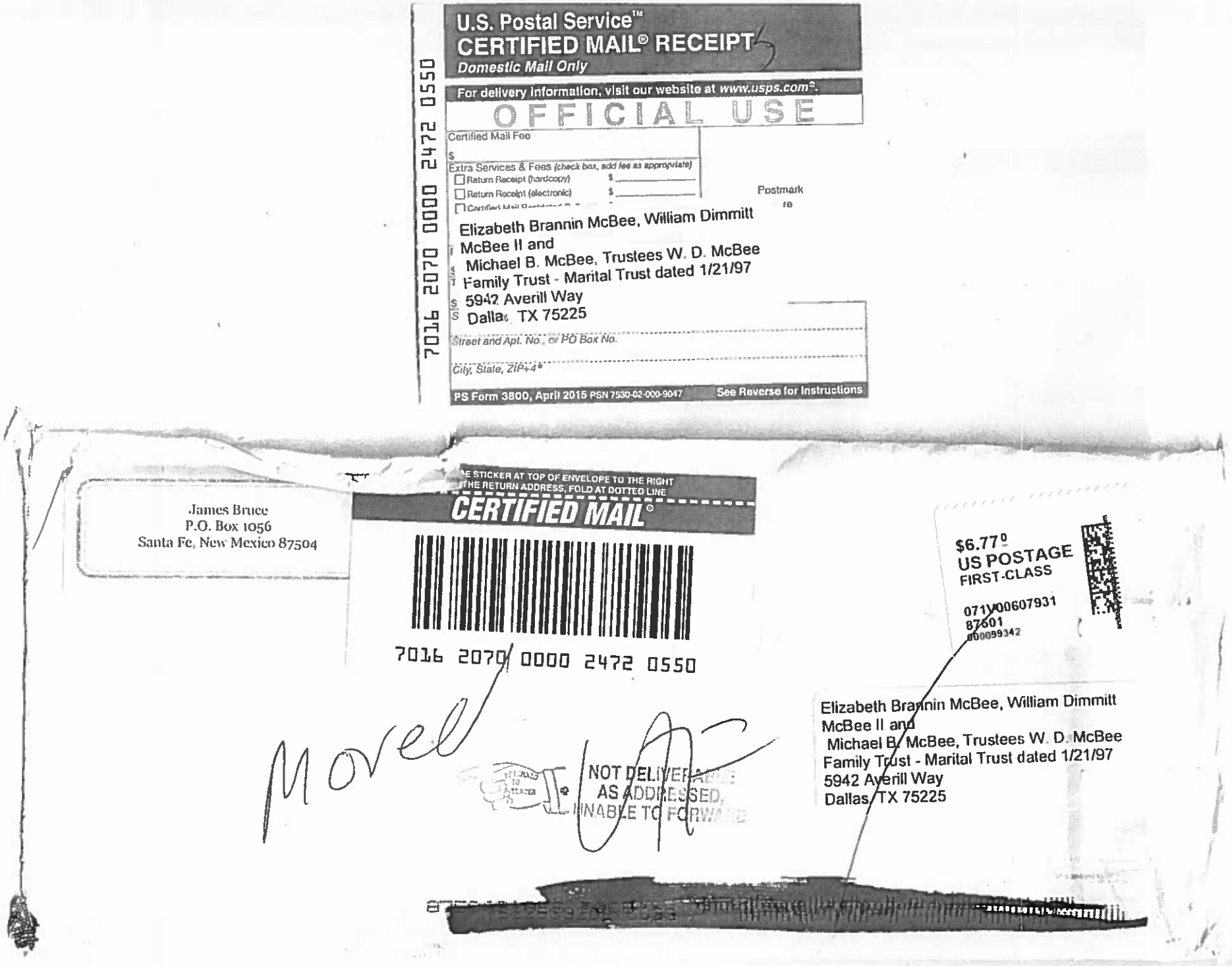
NOTICE 21

Frederick L. Stead and Betty Stead
1026 Hall Court
75098

NIXIE 750 DE 1 0009/25/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

750584687 NC: 87504105656 *1134-01912-30-31
87504>1056



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $

Postmark
Here

7016 2070 0000 2472 0550

Elizabeth Brannin McBee, William Dimmitt McBee II and
Michael B. McBee, Trustees W. D. McBee Family Trust - Marital Trust dated 1/21/97
5942 Averill Way
Dallas, TX 75225

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

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7016 2070 0000 2472 0550

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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071V00607931
87501
000099342

Elizabeth Brannin McBee, William Dimmitt McBee II and
Michael B. McBee, Trustees W. D. McBee Family Trust - Marital Trust dated 1/21/97
5942 Averill Way
Dallas, TX 75225

Moved

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD

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Total P
$
Sent To Clyde R. Harris
Street a 4220 Village East Circle
City, Sta. San Angelo, TX 76904

Postmark Here

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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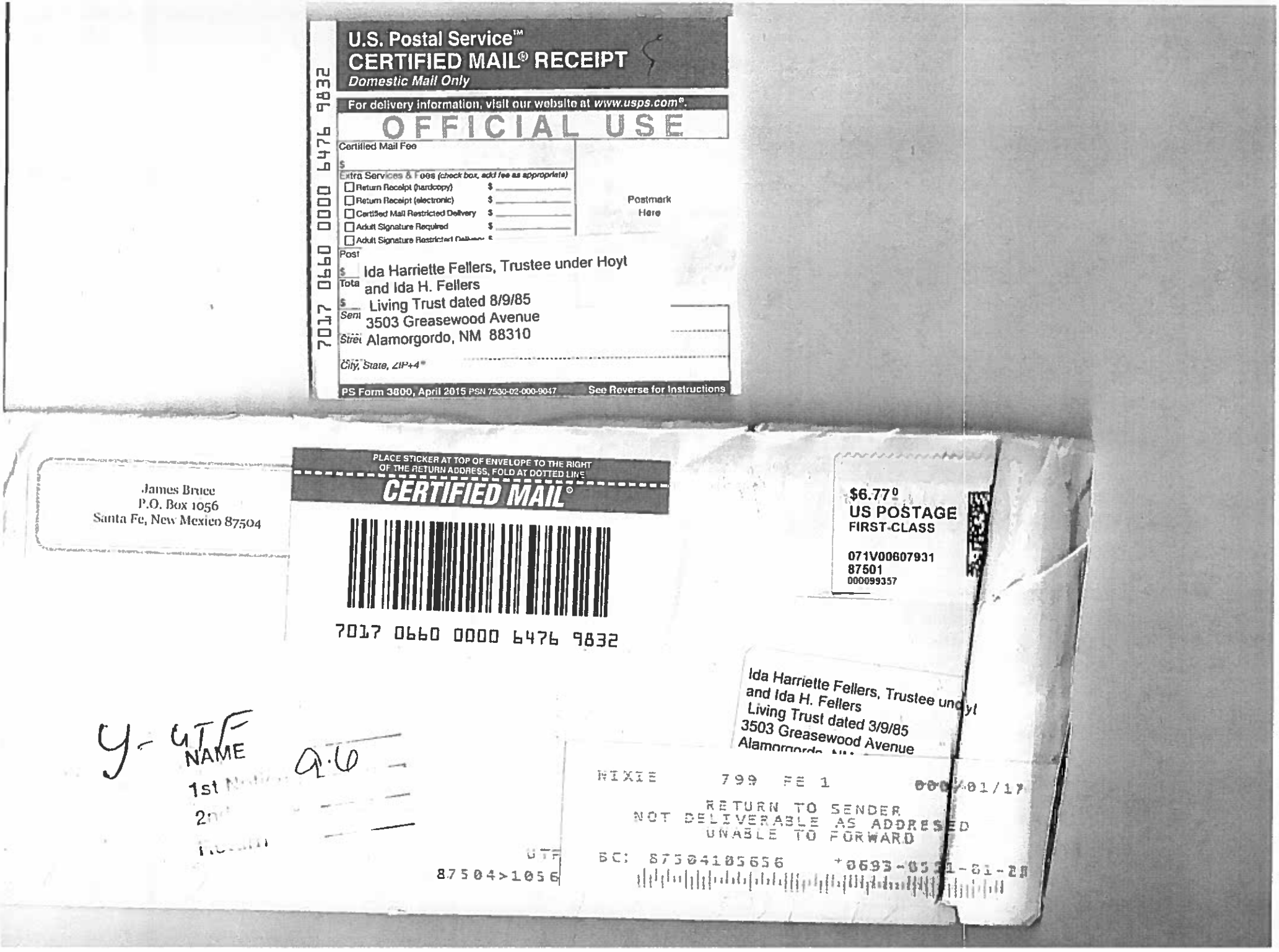
NAME 10.11
1st Notice
2nd Notice
Return

Deceased
9-1-17

Clyde R. Harris
4220 Village East Circle
San Angelo TX 76904

NIXIE 769045033-1N 09/19/17

RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



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- Adult Signature Required $
- Adult Signature Restricted Delivery $

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Post
$ Tota
Ida Harriette Fellers, Trustee under Hoyt
and Ida H. Fellers
$ Sent
Living Trust dated 8/9/85
Stree
3503 Greasewood Avenue
Alamorgordo, NM 88310
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 6476 9832

James Brice
P.O. Box 1056
Santa Fe, New Mexico 87504

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US POSTAGE
FIRST-CLASS
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Ida Harriette Fellers, Trustee und yt
and Ida H. Fellers
Living Trust dated 3/9/85
3503 Greasewood Avenue
Alamorgordo

Y- UTF
NAME
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2nd
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87504>1056

NIXIE 799 FE 1 000 01/17
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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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$

Total Po: Heirs or devisees of M. W. Autrey and
$ Melba Autrey
Sent To P.O. Box 543
Street an Sonoma, CA 95476
City, State,

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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7017 0660 0000 6427 7771

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OTICE
NOTICE

Heirs or devisees of M. W. Autrey and
Melba Autrey
P.O. Box 543

NIXIE 957 DE 1 0009/24/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

AE: 93260201674145 UNC
87504>1056

BC: 87504105656 *2641-04917-24-41

7017 1450 0002 2172 1415

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- ☐ Adult Sig
- ☐ Adult Sig

Postage
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Total Post
$

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Sent To
Marian D. Harris and Ford L. Billups, Jr., Trustees of the Joanne D. Harris Dietrich Trust A

Street and Apt. No., or PO Box No.
8844 North May

City, State, ZIP+4®
Oklahoma City, OK 73120

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P.O. Box 1056
Santa Fe, New Mexico 87504

$6.77⁰
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FIRST-CLASS

071V00607931
87501
000099390

Marian D. Harris and Ford L. Billups, Jr.,
Trustees of the Joanne D. Harris Dietrich
Trust A

NIXIE 731 DE 1 0009/07/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *2557-05639-01-24

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Edward T. Muse
3339 Morris Ranch Road
Fredericksburt, TX 78624

City, State, ZIP+4

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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FIRST-CLASS

071V00607931
87501
000099308

Edward T. Muse
3339 Morris Ranch Road
Fredericksburt, TX 78624

NIXIE 871 NFE 1 17I0006/25/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0268-00823-25-41

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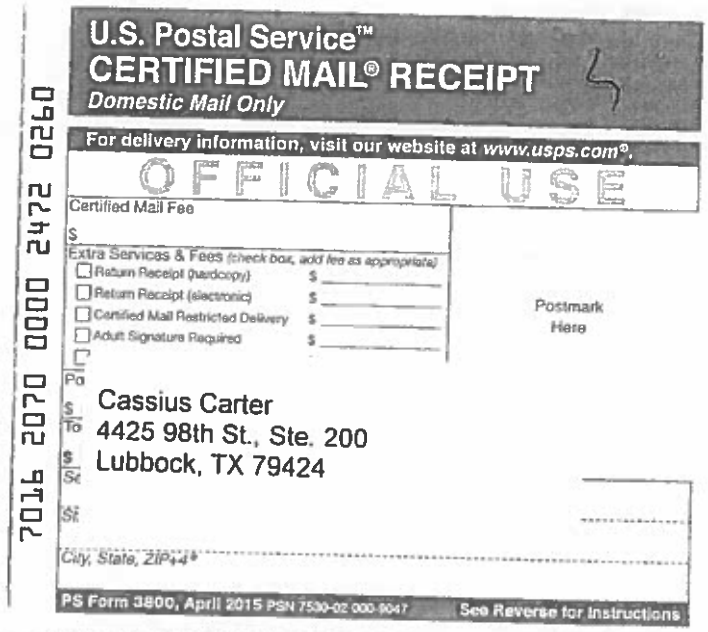

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Cassius Carter
4425 98th St., Ste. 200
Lubbock, TX 79424

City, State, ZIP+4®

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7016 2070 0000 2472 0260

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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NIXIE 750 FE 1 0008/31/17

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Opal Page
c/o Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

Street and Apt. No.

City, State, ZIP+4®

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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NIXIE 76801-RFS-1N 09/02/17

AT NIXIE 750 DC 1 0009/07/17

RETURN TO SENDER
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7017 1450 0002 2172 1750

ExxonMobil
9 Greenway Plaza 2700
Houston, TX 77046

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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87501
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ExxonMobil
9 Greenway Plaza 2700
Houston, TX 77046

NIXIE 773 DE 1 0009/23/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *1133-05267-02-41

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1: 940092059326 61

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Mobil Producing Texas & New Mexico, Inc.
9 Greenway Plaza 2700
Houston, TX 77046

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P.O. Box 1056
Santa Fe, New Mexico 87504

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7017 1450 0002 2172 3273

$6.77⁰
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FIRST-CLASS
071V00607931
87501
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Mobil Producing Texas & New Mexico, Inc.
9 Greenway Plaza 2700

NIXIE 773 DE 1 0009/23/17
RETURN TO SENDER
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87504>1056

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Ohio State University
The Ohio State University
c/o Real Estate & Property Management
53 W. 11th St.,
Columbus, Ohio 88202

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 3396

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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7017 1450 0002 2172 3396

$6.80⁰
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FIRST-CLASS

071V00607931
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NIXIE 430 FE 1 0009/21/17

RETURN TO SENDER
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Roswell Small Investment Company
P.O. Box 5
Roswell, NM 88202

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

City, State, ZIP+4®

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7017 1450 0002 2172 3358

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P.O. Box 1056
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Roswell Small Investment Company

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City, State, ZIP+4®

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South Fifth Energy , LLC
P.O. Box 130
Ruidoso, NM 88355

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P.O. Box 1056
Santa Fe, New Mexico 87504

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FIRST-CLASS

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000099476

South Fifth Energy , LLC
P.O. Box 130
Ruidoso, NM 88355

NIXIE 799 DE 1 0009/21/17

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Total Po
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Sent To Roy M. Page
c/o Dennis Ray Mobley

Street an 606 Oakpark Dr.

City, State, ZIP+4® Brownwood, TX 76801

Postmark Here

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7017 1450 0002 2172 3532

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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NIXIE 76801-RFS-1N 09/02/17

RETURN TO SENDER
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NIXIE 750 DC 1 0009/07/17

RETURN TO SENDER
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- ☐ Adult Signature Restricted Delivery $

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Total
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Sent To
James D. Gordon
P. O. Box 30
Grant, CO 80448-00300

Street

City, State, ZIP

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7017 0660 0000 6427 7634

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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FIRST-CLASS

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James D. Gordon
P. O. Box 30
Grant, CO 80448-00300

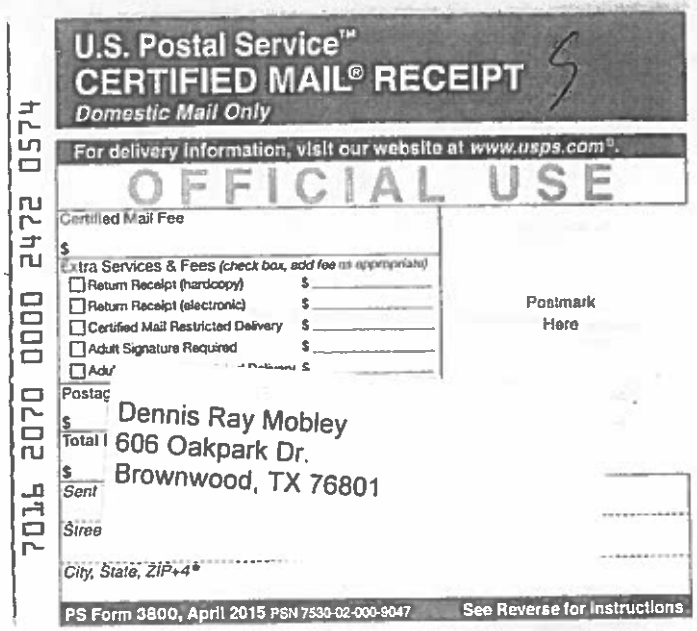
8-31-17
9-5-17
9-14-17

NIXIE 888 DE 1 0009/19/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0520-01571-29-37

UNC



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Dennis Ray Mobley
606 Oakpark Dr.
Brownwood, TX 76801

7016 2070 0000 2472 0574

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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7016 2070 0000 2472 0574

$6.77⁰
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FIRST-CLASS

071V00607931
87501
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09/02/17

NIXIE 76801-RFS-1N

RETURN TO SENDER
ATTEMPTED - NOT KNOWN

NIXIE 750 DC 1 0006/07/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

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87504>105

BC: 87504105656 *2182-04401-07-30

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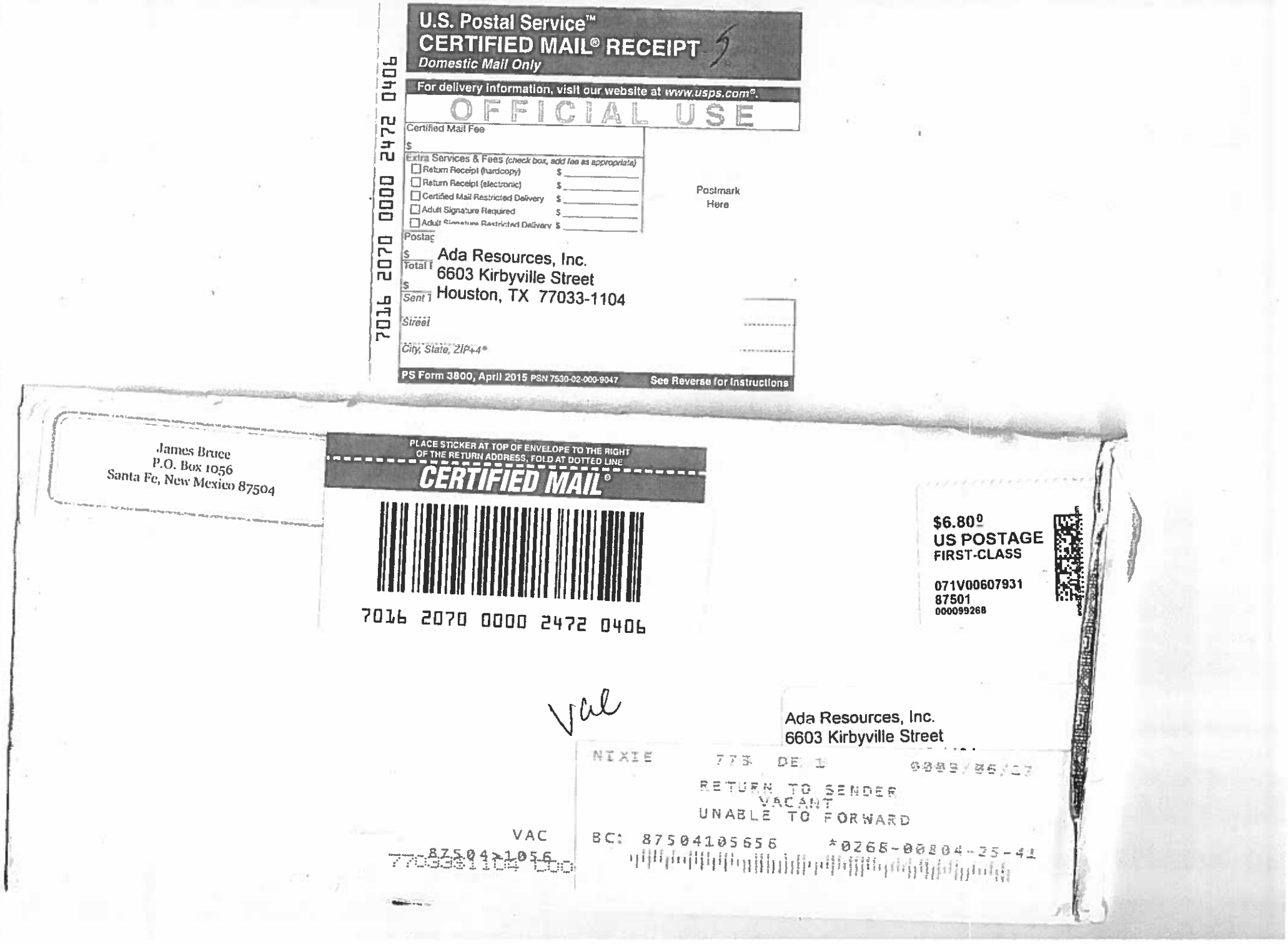

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- Return Receipt (electronic) $
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- Adult Signature Restricted Delivery $

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Sent To
Ada Resources, Inc.
6603 Kirbyville Street
Houston, TX 77033-1104

Street

City, State, ZIP+4®

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7016 2070 0000 2472 0406

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

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7016 2070 0000 2472 0406

$6.80
US POSTAGE
FIRST-CLASS

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Val

Ada Resources, Inc.
6603 Kirbyville Street

NIXIE 773 DE 1 0003/05/17

RETURN TO SENDER
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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
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Street
City, State, ZIP+4®

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Elizabeth Lea Daugherty, Trustee of
Elizabeth Lea Daugherty
Revocable Trust dated 3/22/2010
329 W. Houghton
Santa Fe, NM 87505

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0002 2172 1729

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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

CERTIFIED MAIL®

7017 1450 0002 2172 1729

LW 6-29-14

$6.77⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000099364

RETURN TO SENDER
REASON CHECKED
- ☐ Unclaimed
- ☐ Refused
- ☐ Attempted - Not Known
- ☐ Insufficient Address
- ☐ No Such Street
- ☐ No Such Number
- ☐ No Such Office In State
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Elizabeth Lea Daugherty, Trustee of
Elizabeth Lea Daugherty
Revocable Trust dated 3/22/2010
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Lubbock, TX 79423

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Lowe Trusts
8200 Nashville Avenue, Suite 104

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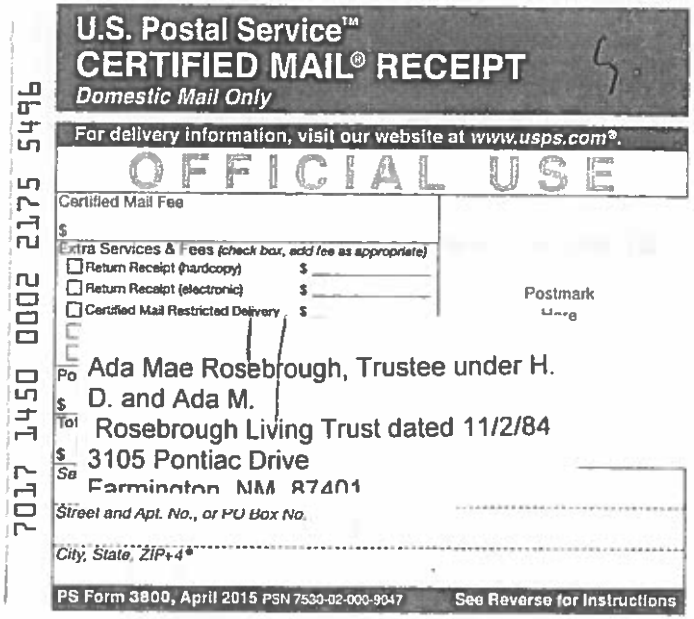

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Ada Mae Rosebrough, Trustee under H. D. and Ada M. Rosebrough Living Trust dated 11/2/84
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Farmington, NM 87401

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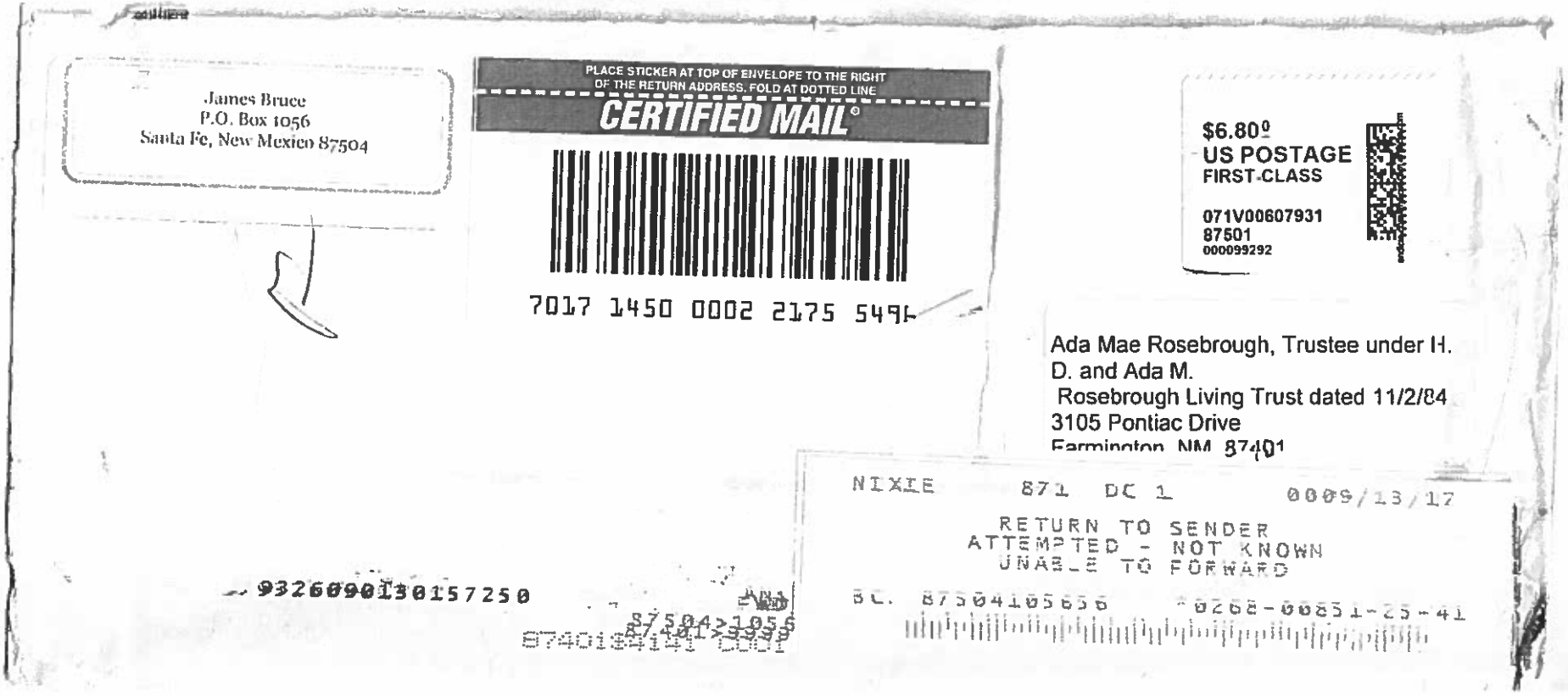

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Farmington, NM 87401

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Heirs and devisees of Luther E. Page, Edna M. Page and
Edna One Mobley, deceased
c/o Dennis Ray Mobley
606 Oakpark Drive
Brownwood, TX 76801

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