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

APPLICATION OF FORTY ACRES ENERGY, LLC FOR STATUTORY UNITIZATION, LEA COUNTY, NEW MEXICO.

Case No. 15,792

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 Forty Acres Energy, LLC.

3. Applicant 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, at their correct 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

SUBSCRIBED AND SWORN TO before me this 12th day of September, 2017 by James Bruce.

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

My Commission Expires:

Notary Public

EXHIBIT 9

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

July 27, 2017

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for statutory unitization, filed with the New Mexico Oil Conservation Division by Forty Acres Energy, LLC, regarding the proposed West Eumont Unit located in portions of Township 20 South, Range 36 East, N.M.P.M. and Township 21 South, Range 35 East, N.M.P.M.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 17, 2017, in Porter Hall 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 who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter 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, August 10, 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 his or her 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 Forty Acres Energy, LLC

ATTACHMENT A

EXHIBIT A

3MG Corp.
CWM 2008
CWM 2008 II
Mewbourne Development Corp.
Mewbourne Energy Partners
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, TX 79701

Apache Corp.
Leaco New Mexico Exploration & Production LLC
ZPZ Energy Co.
Suite 3000
300 Veterans Airpark Lane
Midland, TX 79705

Chevron U.S.A. Inc.
6301 Deauville Boulevard
Midland, Texas 79706

Attention: Permitting Team

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

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

Devon Energy Production Company, L.P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

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

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

Brazos Ltd Partnership
PO Box 911
Breckenridge TX 76424 0911

Craig M McDonnold
505 N Big Spring
Midland TX 79701

Crump Est
500 W 7th St
Ft Worth TX 76102 4700

David H Essex
PO Box 5077
Midland TX 79701

Millard Deck Est
500 W 7th St TX
Ft Worth TX 76102 4700

SCR Energy Capital, LLC
PO Box 519
Phoenix MD 21131

W Leo Slaton
14267 FM 2769
Leander TX 78641 9697

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121

Yarbrough Oil Co
1008 W Broadway
Hobbs NM 88240

Carl W Burnett
2030 American Bank Tower
Austin TX 78204

Bill W Nelson
239 Aspen
Hereford TX 79045

Wade F Spillman
4101 N Hills DR
Austin TX 78731

G H Nelson
707 Purdue Dr
Tyler TX 75703

Alan O Johnson
400 Heritage Bank Bldg
Tyler TX 75703

Don Scott
PO Box 1178
Hobbs NM 88240

Marion Bowers Trust
Route 4 Box 352
Seminole TX 79360

StandleyStuder
2426 Cee Gee STE 206
San Antonio TX 78249

Silverridge Corp
302 W Pointer Trail
Van Buen AR 72956

LHR Enterprises (Robert Bowers Trust)
PO Box 1737
Hobbs NM 88240

Robert Bowers
PO Box 1737
Hobbs NM 88240

Darrell W Marker
PO Box 1737
Hobbs NM 88240

RARN Inc
920 Adeline Court
St Paul MN 55118

Robert E Olson
9014 Callaghan Rd
San Antonio TX 78230

Harvey S & Paula J Olson
2707 Marlborough Dr
San Antonio TX 78230

Roland R Nabors
8922 Wexford Dr
San Antonio TX 78217

A Earl Jones
421 Main
Brownfield TX 79316

Alan W Ralston
PO Box 1737
Hobbs NM 88240

Baber Well Service
PO Box 1772
Hobbs NM 88240

Bobby Doverspike
3312 Pine Hurst Trl Apt 169
Ft Worth TX 76137 3164

Byrl Harris
PO Box 426
Hobbs NM 88240

Douglas Kasch
813 N County Club Rd
Algona IA 50511 7265

Guy Williams
420 W Gold Ave
Hobbs NM 88240

Kenneth Boss
301 S Hinson Rd
Lovington NM 88260

R O Williams & Mel van Craighead
PO Box 576
Ardmore OK 73402

Robert D Calhoon
2713 N Gold CT
Hobbs NM 88240

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:

Craig M McDonnold
505 N Big Spring
Midland Tx 79701

9590 9402 3019 7124 6911 59

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7290

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

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
- n Delivery Restricted Delivery
- ail
- 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

7017 0660 0000 6427 7269

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 EOG Resources, Inc.
Street and Apt. No., or PO Box P.O. Box 2267
City, State, ZIP+4® Midland, TX 79702

Postmark Here

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

7017 0660 0000 6427 7290

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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 Craig M McDonnold
Street and Apt. No., or PO Box 505 N Big Spring
City, State, ZIP+4® Midland Tx 79701

Postmark Here

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

7017 0660 0000 6427 7290

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
P.O. Box 2267
Midland, TX 79702

9590 9402 3019 7124 6911 80

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7269

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) J Perry | C. Date of Delivery 8-2-17

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
- stricted 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:

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

9590 9402 3019 7124 6912 03

2. A 7017 0660 0000 6427 7245

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 F Domestic Return Receipt

HOUSTON TEXAS 77002 AUG – 3 2017

SKM HOUSTON P.C. HOUSTON, TX 77002 USA

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
ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

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 0660 0000 6427 7245

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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
3MG Corp.
CWM 2008
CWM 2008 II
Mewbourne Development Corp.
Mewbourne Energy Partners
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, TX 79701

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 0660 0000 6427 7207

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:

3MG Corp.
CWM 2008
CWM 2008 II
Mewbourne Development Corp.
Mewbourne Energy Partners
Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, TX 79701

9590 9402 3019 7124 6912 41

2. 7017 0660 0000 6427 7207

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Alejandra Kinsey | C. Date of Delivery 3-31

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 F 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 Company, L.P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

9590 9402 3019 7124 6911 97

2. 7017 0660 0000 6427 7252

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Cassidy ☐ 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

OKLAHOMA CITY, OK AUG 1 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)

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	COG Operating LLC
Street and Apt. No., or PO	One Concho Center, 600 West Illinois, Midland, TX 79701
City, State, ZIP+4	

Postmark Here

7017 0660 0000 6427 7238

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	Devon Energy Production Company, L.P.
Street and Apt. No., or	333 West Sheridan Avenue, Oklahoma City, OK 73102
City, State, ZIP+4	

Postmark Here

7017 0660 0000 6427 7252

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:

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

9590 9402 3019 7124 6912 10

2. Artic 7017 0660 0000 6427 7238

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Monroe ☐ Agent ☐ Addressee

B. Received by (Printed Name) J. MONROE C. Date of Delivery 7-31-17

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
☐ 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

(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:

SCR Energy Capital, LLC
PO Box 519
Phoenix MD 21131

9590 9402 3019 7124 6911 11

2. Article 7017 0660 0000 6427 7337

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) David Fitzell C. Date of Delivery 8/2/17

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 F 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
$

Postmark Here

Sent To James O. Duncan
Street and Apt. No., or PO Box No. PO Box 109
City, State, ZIP+4® Big Spring, Tx 79721

7017 1450 0002 2172 1804

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
$

Postmark Here

Sent To SCR Energy Capital, LLC
Street and Apt. No., or PO Box No. PO Box 519
City, State, ZIP+4® Phoenix MD 21131

7017 0660 0000 6427 7337

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:

James O. Duncan
PO Box 109
Big Spring, Tx 79721

9590 9402 2691 6351 8810 20

2. 7017 1450 0002 2172 1804

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Mike Howell

B. Received by (Printed Name) C. Da

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 F 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:

Yarbrough Oil Co
1008 W Broadway
Hobbs NM 88240

9590 9402 3019 7124 6910 81

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7368

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Prichard ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bonnie Prichard | C. Date of Delivery 8-2-17

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 F 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
$

Postmark Here

Sent To Robert D Calhoon
Street and Apt. No., or PO Box No. 2713 N Gold CT
City, State, ZIP+4® Hobbs NM 88240

7017 0660 0000 6476 9665

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
$

Postmark Here

Sent To Yarbrough Oil Co
Street and Apt. No., or PO Box No. 1008 W Broadway
City, State, ZIP+4® Hobbs NM 88240

7017 0660 0000 6427 7368

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:

Robert D Calhoon
2713 N Gold CT
Hobbs NM 88240

9590 9402 3019 7124 6922 31

2. Article Number (Transfer from service label)
7017 0660 0000 6476 9665

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Casey Calhoon | C. Date of Delivery 8-8-17

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

(over $500)

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

RARN Inc
920 Adeline Court
St Paul MN 55118

9590 9402 3019 7124 6923 61

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7498

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 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
$

Postmark Here

Sent To
Oxy USA, Inc
Street and Apt. No., or PO Box 5 Greenway Plaza, Suite 100
Houston, TX 77046
City, State, ZIP+4®

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

7017 1450 0002 2172 1828

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
$

Postmark Here

Sent To
RARN Inc
Street and Apt. No., or PO Box 920 Adeline Court
St Paul MN 55118
City, State, ZIP+4®

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

7017 0660 0000 6427 7498

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:

Oxy USA, Inc
5 Greenway Plaza, Suite 100
Houston, TX 77046

9590 9402 2691 6351 8810 44

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1828

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) BRAN 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

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:

GFW Ventures, A Reaugh Family, LP
PO Box 6897
Abilene, TX 79408

9590 9402 2691 6351 8810 13

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1798

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) D L Groves
C. Date of Delivery 8/9/17

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 (over $500)
☐ 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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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 M. Seth
Seth Family
Street and Apt. No., or PO Box No. 3 Tano Road
City, State, ZIP+4® Santa Fe, NM 87501

Postmark Here

7017 1450 0002 2172 1781

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 GFW Ventures, A Reaugh Family, LP
Street and Apt. No., or PO Box No. PO Box 6897
City, State, ZIP+4® Abilene, TX 76430

Postmark Here

7017 1450 0002 2172 1798

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:

Jean M. Seth
Seth Family
3 Tano Road
Santa Fe, NM 87501

9590 9402 2691 6351 8810 06

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1781

SANTA FE NM AUG - 3 2017 USPS

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

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:

Laurel Seth
P.O. Box 902
Santa Fe, NM 87504

9590 9402 3019 7124 6912 72

2. 7017 1450 0002 2172 1774

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

SANTA FE NM 87501
AUG 10 2017

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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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
$

Postmark Here

Sent To: Big Al Oil and Gas
Street and Apt. No., or PO Box No.: PO Box 669
City, State, ZIP+4®: Levelland, TX 79736

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

7017 1450 0002 2172 1866

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
$

Postmark Here

Sent To: Laurel Seth
Street and Apt. No., or PO Box No.: P.O. Box 902
City, State, ZIP+4®: Santa Fe, NM 87504

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

7017 1450 0002 2172 1774

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:

Big Al Oil and Gas
PO Box 669
Levelland, TX 79736

9590 9402 3019 7124 6921 32

2. Article [illegible] 7017 1450 0002 2172 1866

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. Article Addressed to:

Vanguard Natural Resources
5847 San Felipe, Suite 3000
Houston, TX 77057

9590 9402 3019 7124 6921 18

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1842

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Veronica Salas 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 F Domestic Return Receipt

7017 1450 0002 2172 1835

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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 RBA-BOC Permian NM, LLC
Street and Apt. No., or PO Box PO Box 2222
City, State, ZIP+4® Albany, TX 76430

Postmark Here

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

7017 1450 0002 2172 1842

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 Vanguard Natural Resources
Street and Apt. No., or PO B 5847 San Felipe, Suite 3000 Houston, TX 77057
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. Article Addressed to:

RBA-BOC Permian NM, LLC
PO Box 2222
Albany, TX 76430

9590 9402 3019 7124 6912 89

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1835

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Robert Gallegos C. Date of Delivery 8-3-17

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 F 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:

Stumhoffer Estate
PO Box 100416
Ft. Worth, TX 76185-416

9590 9402 3019 7124 6921 56

2. Article Number (Transfer from service label)

7017 1450 0002 2172 1880

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

cted 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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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
$

Postmark Here

Sent To
Hudspeth Family – Mr. J. Robert Hudspeth

Street and Apt. No., or PO Box No.
53 Downs Lake Circle

City, State, ZIP+4®
Dallas, TX 75230-1900

7017 1450 0002 2172 1903

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
$

Postmark Here

Sent To
Stumhoffer Estate

Street and Apt. No., or PO Box No.
PO Box 100416

City, State, ZIP+4®
Ft. Worth, TX 76185-416

7017 1450 0002 2172 1880

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:

Hudspeth Family – Mr. J. Robert Hudspeth
53 Downs Lake Circle
Dallas, TX 75230-1900

9590 9402 3019 7124 6912 58

2. Article Number (Transfer from service label)

7017 1450 0002 2172 1903

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/4/17

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

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:

Estate of James Seth C/O Oliver & Grace Seth
627 La Vista Road
Walnut Creek, CA 94598

9590 9402 3019 7124 6903 67

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

7017 1450 0002 2172 1897

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 8/7/17

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

7017 1450 0002 2172 1859

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 Postage and Fees
$

Postmark Here

Sent To Westbrook Oil Co.
Street and Apt. No., or PO 215 W. Broadway
City, State, ZIP+4® Hobbs, NM 88241-2264

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

7017 1450 0002 2172 1897

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
$

Postmark Here

Sent To Estate of James Seth C/O Oliver & Grace Seth
Street and Apt. No., 627 La Vista Road
City, State, ZIP+4® Walnut Creek, CA 94598

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

7017 1450 0002 2172 1897

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:

Westbrook Oil Co.
215 W. Broadway
Hobbs, NM 88241-2264

9590 9402 3019 7124 6921 25

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

7017 1450 0002 2172 1859

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* JESSICA DEAO C. Date of Delivery 8.3.17

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:

McGee Drilling Corp.
Po Box 2471
Midland, TX 79702

9590 9402 2691 6351 8810 37

2. Article Number *(Transfer from service label)*
7017 1450 0002 2172 1811

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dwight H. McGee ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* George H. McGee
C. Date of Delivery 8/22/17

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 F 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 $
Postage
$
Total Postage and Fees
$
Sent To StandleyStuder
Street and Apt. No., or PO Box 2426 Cee Gee STE 206
City, State, ZIP+4® San Antonio TX 78249

Postmark Here

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

7017 0660 0000 6427 7443

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 McGee Drilling Corp.
Street and Apt. No., or PO Box Po Box 2471
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 1811

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:

StandleyStuder
2426 Cee Gee STE 206
San Antonio TX 78249

9590 9402 3019 7124 6924 15

2. Article Number *(Transfer from service label)*
7017 0660 0000 6427 7443

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alicia Anderson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Alicia Anderson
C. Date of Delivery 7/31/17

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
☐ 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 F 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:

Wade F Spillman
4101 N Hills DR
Austin TX 78731

9590 9402 3019 7124 6910 50

2. Article Number (Transfer from service label)
7017 0660 0000 6427 7399

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
☐ 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
$

Postmark Here

Sent To R O Williams & Mel van Craighead
Street and Apt. No., or PO Box PO Box 576
City, State, ZIP+4® Ardmore OK 73402

7017 0660 0000 6476 9672

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
$

Postmark Here

Sent To Wade F Spillman
Street and Apt. No., or PO Box 4101 N Hills DR
City, State, ZIP+4® Austin TX 78731

7017 0660 0000 6427 7399

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:

R O Williams & Mel van Craighead
PO Box 576
Ardmore OK 73402

9590 9402 3019 7124 6922 48

2. Article Number (Transfer from service label)
7017 0660 0000 6476 9672

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mel Craighead
☒ Agent
☐ Addressee

B. Received by (Printed Name) Mel Craighead | C. Date of Delivery 7-31-17

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

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:

Kenneth Boss
301 S Hinson Rd
Lovington NM 88260

9590 9402 3019 7124 6922 55

2. Article Number (Transfer from service label)
7017 0660 0000 6476 9658

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

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)

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
$

Postmark Here

Sent To Guy Williams
Street and Apt. No., or PO 420 W Gold Ave
City, State, ZIP+4® Hobbs NM 88240

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

7017 0660 0000 6427 7603

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
$

Postmark Here

Sent To Kenneth Boss
Street and Apt. No., or P 301 S Hinson Rd
City, State, ZIP+4® Lovington NM 88260

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

7017 0660 0000 6476 9658

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:

Guy Williams
420 W Gold Ave
Hobbs NM 88240

9590 9402 3019 7124 6922 62

2. Ar 7017 0660 0000 6427 7603

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) Guy Williams C. Date of Delivery 8-1-17

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)

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:

Douglas Kasch
813 N County Club Rd
Algona IA 50511 7265

9590 9402 3019 7124 6922 79

2. Article Number (Transfer from service label) 7017 0660 0000 6427 7597

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Doug Kasch ☐ Agent ☐ Addressee

B. Received by (Printed Name) Doug Kasch 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

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7017 0660 0000 6427 7566

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
$

Postmark Here

Sent To Baber Well Service
Street and Apt. No., or PO Box No. PO Box 1772
City, State, ZIP+4® Hobbs NM 88240

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

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7017 0660 0000 6427 7597

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
$

Postmark Here

Sent To Douglas Kasch
Street and Apt. No., or PO Box No. 813 N County Club Rd
City, State, ZIP+4® Algona IA 50511 7265

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:

Baber Well Service
PO Box 1772
Hobbs NM 88240

9590 9402 3019 7124 6923 09

2. Article Number (Transfer from service label) 7017 0660 0000 6427 7566

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lana Martinez ☑ Agent ☐ Addressee

B. Received by (Printed Name) LANA MARTINEZ C. Date of Delivery 8/17/17

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

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:

A Earl Jones
421 Main
Brownfield TX 79316

9590 9402 3019 7124 6923 23

2. Article N 7017 0660 0000 6427 7542

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jaime Herrera | 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

7017 0660 0000 6427 7276

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
$

Postmark Here

Sent To XTO Energy Inc.
Street and Apt. No., or PO B 810 Houston Street
City, State, ZIP+4® Fort Worth, Texas 76102

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

7017 0660 0000 6427 7542

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
$

Postmark Here

Sent To A Earl Jones
Street and Apt. No., or PO E 421 Main
City, State, ZIP+4® Brownfield TX 79316

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:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

9590 9402 3019 7124 6911 73

2. Article Number (Transfer from service label) 7017 0660 0000 6427 7276

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121

9590 9402 3019 7124 6910 98

2. [illegible] 7017 0660 0000 6427 7351

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Felicia Simon ☐ 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
☐ [illegible]very Restricted Delivery
☐ [illegible]stricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

F

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 Chevron U.S.A. Inc.
Street and Apt. No., or PO Box No. 6301 Deauville Boulevard
City, State, ZIP+4® Midland, Texas 79706

Postmark Here

7017 0660 0000 6427 7221

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 Kaiser-Francis Oil Company
Street and Apt. No., or PO Box No. P.O. Box 21468
City, State, ZIP+4® Tulsa, Oklahoma 74121

Postmark Here

7017 0660 0000 6427 7351

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:

Chevron U.S.A. Inc.
6301 Deauville Boulevard
Midland, Texas 79706

9590 9402 3019 7124 6912 27

2. Article Number (Transfer from service label) 7017 0660 0000 6427 7221

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) Marie Brou C. Date of Delivery 7.3617

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
☐ [illegible] Mail
[illegible]stricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

F

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:

Apache Corp
Leaco New Mexico Exploration & Production LLC
ZPZ Energy Co.
Suite 3000
300 Veterans Airpark Lane
Midland, TX 79705

9590 9402 3019 7124 6912 34

2. Article Number *(Transfer from service label)*
7017 0660 0000 6427 7214

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7-21-17

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

tricted Delivery

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

7017 0660 0000 6427 7214

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 I
$

Sent To Apache Corp
Leaco New Mexico Exploration & Production LLC
ZPZ Energy Co.
Street and Apt. No. Suite 3000
300 Veterans Airpark Lane
City, State, ZIP+4® Midland, TX 79705

Postmark Here

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

7017 0660 0000 6427 7474

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
$

Postmark Here

Sent To
Robert Bowers
Street and Apt. No., or PO Box 1737
Hobbs NM 88240
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 7474

$6.80
US POSTAGE
FIRST-CLASS
00007931
87501
000098465

ANK

Robert Bowers
PO Box 1737

8/4

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK
87504>1056

BC: 87504105656 *2182-00755-12-27

7017 0660 0000 6427 7450

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
$

Postmark Here

Sent To: Silverridge Corp
Street and Apt. No., or PO: 302 W Pointer Trail
City, State, ZIP+4®: Van Buen AR 72956

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 7450

$6.80⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098467

ANK

Silverridge Corp
302 W Pointer Trail

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0668-09775-28-40

ANK
87504>1056

7017 0660 0000 6427 7573

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
$

Postmark Here

Sent To: Bobby Doverspike
Street and Apt. No., or PO Box: 3312 Pine Hurst Trl Apt 169
City, State, ZIP+4®: Ft Worth TX 76137 3164

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 7573

$6.80⁰
US POSTAGE
FIRST-CLASS
87501
000098432

ANK

87504>1056
76137C3164 CO

Bobby Doverspike

NIXIE 750 FE 1 0008/09/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0968-01789-28-43

7017 0660 0000 6427 7535

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Postage and Fees
$

Postmark
Here

Sent To Roland R Nabors
Street and Apt. No., or PO Box No. 8922 Wexford Dr
City, State, ZIP+4® San Antonio TX 78217

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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CERTIFIED MAIL®

7017 0660 0000 6427 7535

$6.80⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000098435

Roland R Nabors

NIXIE 782 FE 1 0008/04/17
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *2093-06765-04-30

7821784156 C081

DELIVERED TO WEXFORD ST INSTEAD OF DR

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- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Sent To: Bill W Nelson
Street and Apt. No., or PO Box No.: 239 Aspen
City, State, ZIP+4®: Hereford TX 79045

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

7017 0660 0000 6427 7382

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 7382

US POSTAGE
FIRST-CLASS

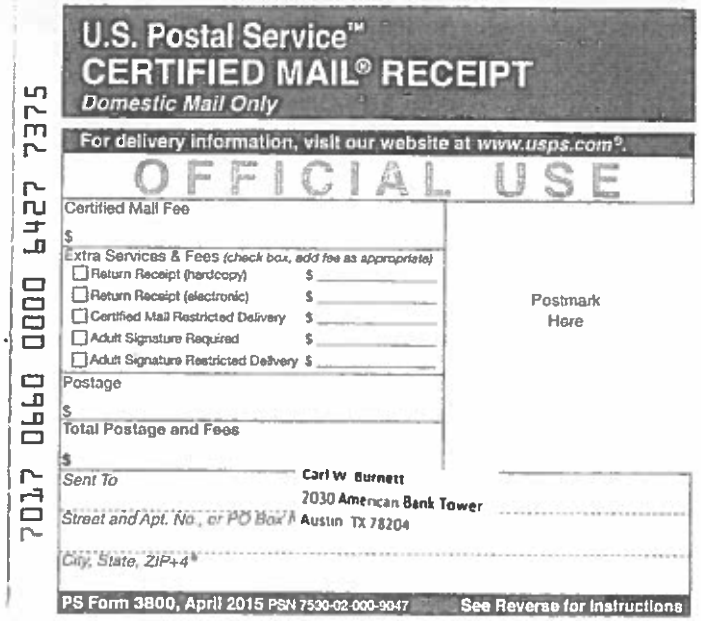
Bill W Nelson
239 Aspen

NIXIE 750 DC 1 0008/11/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF
87504>1056

BC: 87504105656 *1882-02285-11-2



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- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
$

Postmark Here

Sent To Carl W Burnett
Street and Apt. No., or PO Box No. 2030 American Bank Tower
City, State, ZIP+4® Austin TX 78204

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

7017 0660 0000 6427 7375

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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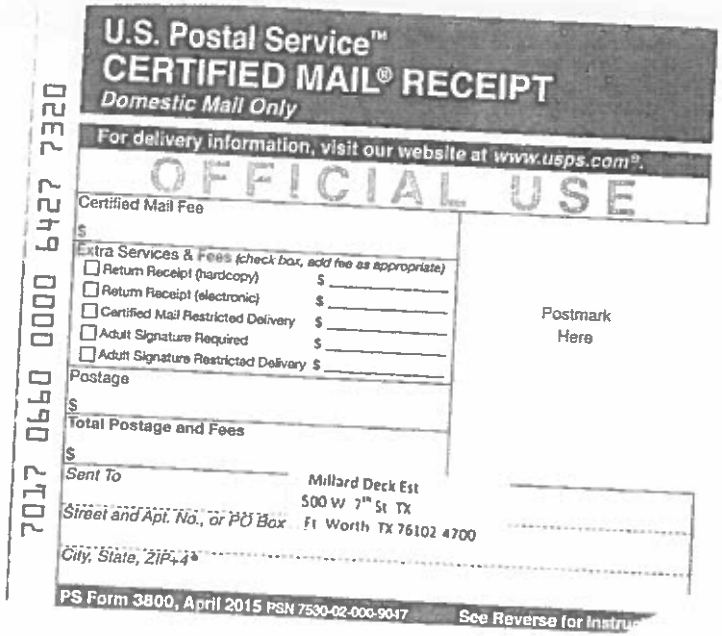
7017 0660 0000 6427 7375

$6.80
US POSTAGE
FIRST-CLASS

071V00607931

RETURNED TO SENDER INSUFFICIENT

Carl W Burnett
2030 American Bank Tower
Austin TX 78204



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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Millard Deck Est

Street and Apt. No., or PO Box: 500 W 7th St TX

City, State, ZIP+4®: Ft Worth TX 76102 4700

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

7017 0660 0000 6427 7320

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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7017 0660 0000 6427 7320

$6.80
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098456

Millard Deck Est
500 W 7th St TX

NIXIE 750 DE 1 0008/09/17

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

IA BC: 87504105656 *0968-01782-28-43

87504>1056
76102$4700 CO

7017 0660 0000 6427 7313

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To David H Essex
PO Box 5077
Midland TX 79701

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

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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7017 0660 0000 6427 7313

$6.80⁰
FIRST-CLASS
071V00607931
87501
000098457

NAME
1ST NOTICE 07-31
2ND NOTICE
RETURN 08

David H Essex
PO Box 5077
Midland TX 79701

NIXIE 799 FE 1 0003/06/17
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *0968-01785-28-43

[redacted]

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- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Postmark Here

Sent To: Crump Est
Street and Apt. No., or PO Box No.: 500 W 7th St
City, State, ZIP+4®: Ft Worth TX 76102 4700

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

7017 0660 0000 6427 7306

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 7306

$6.80⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000098458

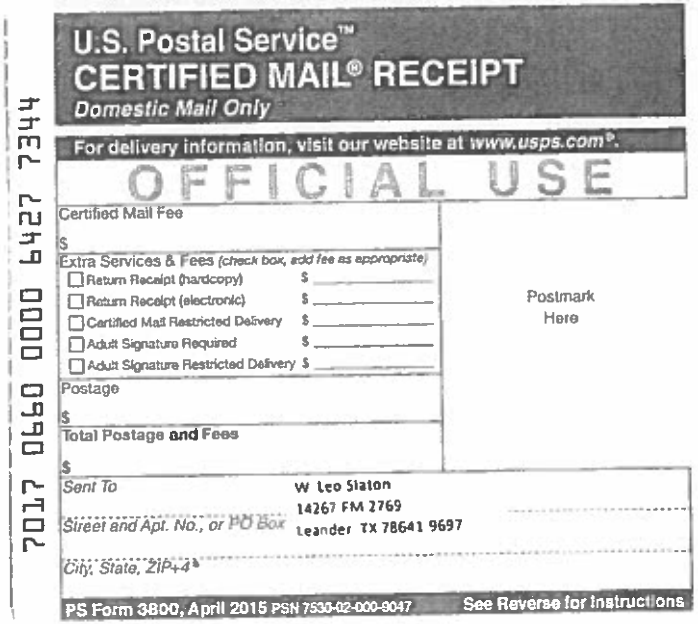
Crump Est
500 W 7th St

NIXIE 750 DE 1 0005/09/17

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

IA
87504>1056
76102#4700 C0

BC: 87504105656 *0968-01886-28-43



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Postage
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Total Postage and Fees
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Postmark Here

Sent To: W Leo Slaton
Street and Apt. No., or PO Box: 14267 FM 2769
City, State, ZIP+4®: Leander TX 78641 9697

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

7017 0660 0000 6427 7344

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 7344

$6.80
US POSTAGE
FIRST-CLASS
071V00607931
87501
000098454

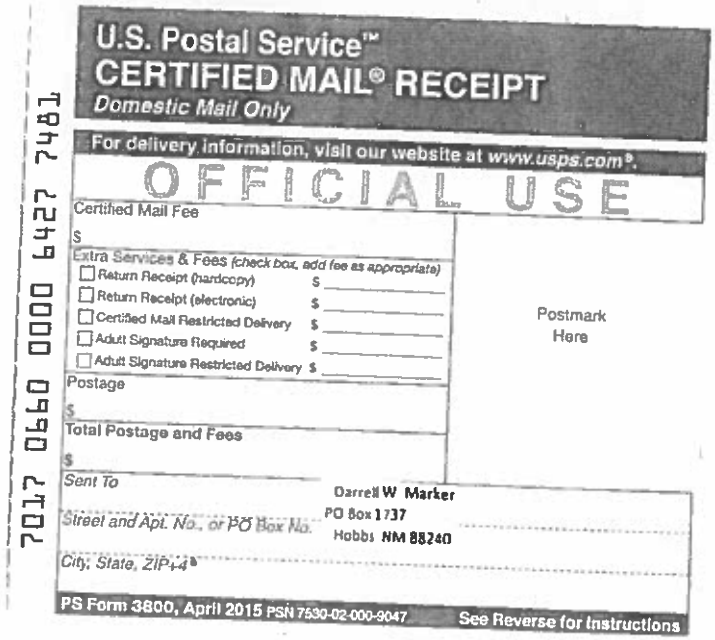
7-31
YN
DME

W Leo Slaton
14267 FM 2769

NIXIE 787 SE 1 0008/17/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0668-11098-28-40

UNC
87504>1056



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- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Darrell W Marker

Street and Apt. No., or PO Box No. PO Box 1737

City, State, ZIP+4® Hobbs NM 88240

7017 0660 0000 6427 7481

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 7481

$6.80⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098464

NTB

7/31

Darrell W Marker
PO Box 1737

NIXIE 750 SE 1 0008/08/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

BC: 87504105656 *0668-11127-28-40

7017 0660 0000 6427 7580

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- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Byrl Harris
Street and Apt. No., or PO B: PO Box 426
City, State, ZIP+4®: Hobbs NM 88240

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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CERTIFIED MAIL®

7017 0660 0000 6427 7580

$6.80
US POSTAGE
FIRST-CLASS
071V00607931
87501
000098431

Byrl Harris
PO Box 426

7/31
8-4

NIXIE 750 5E 1 0008/18/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0668-00456-28-41

88241-04062
87504>1056

7017 0660 0000 6427 7559

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
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Postmark Here

Sent To: Alan W Ralston
Street and Apt. No., or PO B: PO Box 1737
City, State, ZIP+4®: Hobbs NM 88240

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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 7559

$6.80⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000098434

NTB

7/31

Alan W Ralston
PO Box 1737

NIXIE 750 5E 1 0008/08/17

RETURN TO SENDER
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UNABLE TO FORWARD

ANK BC: 87504105656 *0668-11196-28-40

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Postmark Here

Sent To: Robert E Olson
Street and Apt. No., or PO Box No.: 9014 Callaghan Rd
City, State, ZIP+4®: San Antonio TX 78230

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

7017 0660 0000 6427 7511

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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CERTIFIED MAIL®

7017 0660 0000 6427 7511

$6.80⁰
US POSTAGE
FIRST-CLASS
00607931
87501
000098437

MAILED
1ST NOTICE
2ND NOTICE 8/14
RETURN 8/19

CW
73
30

Robert E Olson
9014 Callaghan Rd
San Antonio TX 78230

NIXIE 782 DE 1 0008/26/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0968-01788-28-43

UNC
782303455
87504>1056

7017 0660 0000 6427 7528

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Postage $	
Total Postage and Fees $	

Sent To Harvey S & Paula J Olson
Street and Apt. No., or PO 2707 Marlborough Dr
San Antonio TX 78230
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

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

7017 0660 0000 6427 7528

$6.80
US POSTAGE
FIRST-CLASS
071V00607931

7/31/17
LW
FS
3028

NOTICE
NOTICE 8/14

Harvey S & Paula J Olson
2707 Marlborough Dr

NIXIE 782 DE 1 0008/26/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *0968-01771-28-43

UNC
78230845806
87504105656

7017 0660 0000 6427 7436

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
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Postmark Here

Sent To
Marion Bowers Trust
Street and Apt. No., or PO Box No. Route 4 Box 352
City, State, ZIP+4® Seminole TX 79360

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

1st NOTICE
2nd NOTICE
RETURNED

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CERTIFIED MAIL

7017 0660 0000 6427 7436

$6.80⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098460

1st NOTICE
2nd NOTICE
RETURNED

FWD
UTF

Marion Bowers Trust
Route 4 Box 352
Seminole TX 79360

79360-932752

7017 0660 0000 6427 7429

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$

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

Postage
$

Total Postage and Fees
$

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Sent To
Don Scott
Street and Apt. No., or PO Box No. PO Box 1178
Hobbs NM 88240
City, State, ZIP+4®

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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 7429

$6.80⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098461

8/2

Don Scott
PO Box 1178

NIXIE 758 SE 1 0008/12/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK
BC: 87504105656 *0968-01781-28-43

7017 0660 0000 6427 7412

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

Postage
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Total Postage and Fees
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Sent To
Alan O Johnson
Street and Apt. No., or PO Box 400 Heritage Bank Bldg
City, State, ZIP+4® Tyler TX 75703

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

James Bruce
P.O. Box 1056
Santa Fe, New Mexico

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

CERTIFIED MAIL®

JUL '17

7017 0660 0000 6427 7412

$6.80⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000098462

Alan O Johnson
400 Heritage Bank Bldg

NIXIE 750 5E 1 0008/17/17
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF
87504105656 BC: 87504105656 *0768-06051-28-40

7017 0660 0000 6427 7405

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: G H Nelson
Street and Apt. No., or PO Box: 707 Purdue Dr
City, State, ZIP+4®: Tyler TX 75703

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 7405

$6.80⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098463

ANK

G H Nelson
707 Purdue Dr

NIXIE 1750 TFE 1 08/28/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0968-01704-28-43

ANK
75750851656R

7017 0660 0000 6427 7467

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- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: LHR Enterprises (Robert Bowers Trust)
Street and Apt. No., or PO Box: PO Box 1737
City, State, ZIP+4®: Hobbs NM 88240

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 7467

$6.80⁰
US POSTAGE

071V00607931
87501
000098466

8/2

NTR

LHR Enterprises (Robert Bowers Trust)

NIXIE 750 FE 1 0008/17/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0968-01767-28-45

8824181737 ANK
87504>1056

7017 1450 0002 2172 1910

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Sent To: Joe & Jessie Crump Memorial Fund
Street and Apt. No., or PO: 420 Throckmorton
City, State, ZIP+4®: Ft. Worth, TX 76102

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

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Joe & Jessie Crump Memorial Fund
420 Throckmorton

NIXIE 750 DE 1 0008/12/17

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Sent To
Brazos Ltd Partnership
Street and Apt. No., or PO Box 911
Breckenridge TX 76424 0911
City, State, ZIP+4®

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

7017 1450 0002 2172 1873

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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
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Total Postage and Fees
$

Postmark Here

Sent To
Marian Kelly Trust – C/O Ms. Barbara Clark
Street and Apt. No., or 3112 Clearwater Dr., Suite B
Prescott, AZ 86305
City, State, ZIP+4®

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

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

July 27, 2017

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for statutory unitization, filed with the New Mexico Oil Conservation Division by Forty Acres Energy, LLC, regarding the proposed West Eumont Unit located in portions of Township 20 South, Range 36 East, N.M.P.M. and Township 21 South, Range 35 East, N.M.P.M.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 17, 2017, in Porter Hall 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 a royalty or overriding royalty interest** who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter 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, August 10, 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 his or her 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

Attorney for Forty Acres Energy, LLC

KAISER FRANCIS OIL CO.
P.O. BOX 21468
TULSA, OK 74121

EOG RESOUCES INC
PO BOX 2267
MIDLAND, TX 79702

JANET SEALE CLUTE
PO BOX M
MESILLA, NM 88046-4613

CAROLYN SEALE MUGGENBURG
2805 CALLE DEL RIO NW
ALBUQUERQUE, NM 87104-3141

NEW MEXICO OIL CORP.
PO BOX 1714
ROSWELL, NM 88202

MILLARD DECK ESTATE
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

JEANNEA A. SUNDERS TRUST
C/O BANK OF AMERICA NA TTEE
PO BOX 840738
DALLAS, TX 75284-0738

DONALDSON-BROWN TR 1& 2
C/O BNY MELLON BANK, N.A.
525 WILLIAM PENN PLACE, STE 153-1315
PITTSBURGH, PA 15259

KRISTEN LEE HENDRIX HAYES
PO BOX 3040
MIDLAND, TX 79702-3040

KARMEN MARIE HENDRIX
PO BOX 3040
MIDLAND, TX 79702-3040

EXHIBIT A

JOHN H. HENDRIX CORPORATION OIL
PO BOX 3040
MIDLAND, TX 79702-3040

MJK MINERAL PARTNERS, LTD
600 N. MARIENFIELD ST., STE 906
MIDLAND, TX 79701-3363

DANIEL L. VEIRS
36 KESTREL LANE
EL PARADO, NM 87529

DANIEL L. VEIRS PROFIT SHARING PLAN
DANIEL VEIRS TRUSTEE
36 KESTREL LANE
EL PARADO, NM 87529

LEE & LESLIE WOOD
1606 COUNTRY CLUB DRIVE
MIDLAND, TX 79701

DIAMOND S ENERGY
6608 BRYANT IRVIN RD.
FORT WORTH, TX 76132

ELLIOT INDUSTRIES LIMITED PARTNERSHIP
PO BOX 1328
SANTA FE, NM 87504

ELLIOT HALL
PO BOX 1231
OGDEN, UT 84402

SCR ENERGY CAPITAL, LLC
PO BOX 519
PHOENIX, MD 21131

CHEVRON U.S.A. INC
6301 DEAUVILLE BOULEVARD
MIDLAND, TX 79706

CONOCOPHILLIPS CO.
P.O. BOX 2197
HOUSTON, TX 77252

DAVID H. ESSEX
PO BOX 50577
MIDLAND, TX 79702

MCGEE DRILLING CORPORATION
PO BOX 2471
MIDLAND, TX 79702

XTO ENERGY
810 HOUSTON STREET
FORT WORTH, TX 76102-6298

KATHRINE KOLLIKER MCINTYRE
RECOVABLE TRUST
420 THROCKMORTON
FT. WORTH, TX 76102

GUNSMOKE ENERGY
6608 BRYANT IRVIN RD.
FORT WORTH, TX 76132

AMERADA HESS CORPORATION
ATTN: JV DEPT 16TH FLOOR
PO BOX 2040
HOUSTON, TX 77252-2040

MARCIA BODEEN
110 TOBAGO WAY
NEW PORT, FL 34287

DK MINERAL TRUST
C/O PAM YOUNG, TRUSTEE
PO BOX 1004
DENVER CITY, TX 79323

OLIVER SETH ESTATE
C/O JEAN M. SETH PERSONAL REP
3 TANO RD
SANTA FE, NM 87506-8821

PATRICIA E. SMOTHERS ESTATE
WILLIAM BOLTON, EX
412 WEST MELBOURNE AVE
PEORIA, IL 61604

VIRGIL E. WHITE
HENRY VANDENBURGH TRUSTEE
320 BROWER RD
PALATINE BRIDGE, NY 13428

LAWRENCE W. WHITE 12045-45-1
C/O WELLS FARGO BANK CO, NA
PO BOX 5383
DENVER, CO 80217

JEAN M. SETH
3 TANO RD
SANTE FE, NM 87501

SUSAN TRIMBLE EUBANK
9610 ASTER CIRCLE
GARDEN RIDGE, TX 78266-2516

GEAN TRIMBLE HEIDMANN
8503 APPALACHIAN DRIVE
AUSTIN, TX 78759

JAMES SETH
125 HEATHER TER #227
APTOS, CA 95003

COLTON P. JOHNSON, IRA
C/O FIRST FINANCIAL TRUST
PO BOX 701
ABILENE, TX 79604

CHEROKEE LEGACY MINERALS LTD
PO BOX 3217
ALBANY, TX 76430

KENEBREW MINERALS LP
PO BOX 917
IDALOU, TX 79329

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:

MARCIA BODEEN
110 TOBAGO WAY
NEW PORT, FL 34287

9590 9402 2703 6351 7686 53

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Marcia Bodeen ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARCIA J. BODEEN C. Date of Delivery 8/9/17

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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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
$

Postmark Here

Sent To CAROLYN SEALE MUGGENBURG
Street and Apt. No., or PO Box No. 2805 CALLE DEL RIO NW
City, State, ZIP+4® ALBUQUERQUE, NM 87104-3141

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

7017 1450 0002 2172 3952

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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
$

Postmark Here

Sent To MARCIA BODEEN
Street and Apt. No., or PO Box No. 110 TOBAGO WAY
City, State, ZIP+4® NEW PORT, FL 34287

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

7017 1450 0002 2172 4157

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:

CAROLYN SEALE MUGGENBURG
2805 CALLE DEL RIO NW
ALBUQUERQUE, NM 87104-3141

9590 9402 3019 7124 6901 83

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3952

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Carolyn S. Muggenburg ☑ Agent ☐ Addressee

B. Received by (Printed Name) Carolyn S. Muggenburg C. Date of Delivery 8/9

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

MOCA AUG 09 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)

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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:

JANET SEALE CLUTE
PO BOX M
MESILLA, NM 88046-4613

9590 9402 3019 7124 6901 76

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3945

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) LULU R WRIGHT C. Date of Delivery 8/3/17

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 $

Postmark Here

Sent To JEANNEA A. SUNDERS TRUST
C/O BANK OF AMERICA NA TTEE
Street and Apt. No., or PO Box No. PO BOX 840738
City, State, ZIP+4® DALLAS, TX 75284-0738

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

7017 1450 0002 2172 3983

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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 $

Postmark Here

Sent To JANET SEALE CLUTE
PO BOX M
Street and Apt. No., or PO Box No. MESILLA, NM 88046-4613
City, State, ZIP+4®

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

7017 1450 0002 2172 3945

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:

JEANNEA A. SUNDERS TRUST
C/O BANK OF AMERICA NA TTEE
PO BOX 840738
DALLAS, TX 75284-0738

9590 9402 3019 7124 6902 13

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3983

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery AUG 08 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
☐ 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:

DK MINERAL TRUST
C/O PAM YOUNG, TRUSTEE
PO BOX 1004
DENVER CITY, TX 79323

9590 9402 2703 6351 7686 60

2. Article Number (Transfer from service label) 7017 1450 0002 2172 4140

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Young TTE ☐ Agent ☒ Addressee

B. Received by (Printed Name) Pam Young TTE C. Date of Delivery 8-7-17

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) d 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	$
Postage	$
Total Postage and Fees	$
Sent To	OLIVER SETH ESTATE
Street and Apt. No., or PO	C/O JEAN M. SETH PERSONAL REP 3 TANO RD
City, State, ZIP+4®	SANTA FE, NM 87506-8821

Postmark Here

7017 1450 0002 2172 4133

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	DK MINERAL TRUST
Street and Apt. No., or PO	C/O PAM YOUNG, TRUSTEE PO BOX 1004
City, State, ZIP+4®	DENVER CITY, TX 79323

Postmark Here

7017 1450 0002 2172 4140

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:

OLIVER SETH ESTATE
C/O JEAN M. SETH PERSONAL REP
3 TANO RD
SANTA FE, NM 87506-8821

9590 9402 2703 6351 7686 77

2. Article Number (Transfer from service label) 7017 1450 0002 2172 4133

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Seth ☐ Agent ☐ Addressee

B. Received by (Printed Name) SANTA FE, NM 87501 C. Date of Delivery

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

AUG - 3 2017

USPS

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™
stricted Delivery ☐ 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:

KENEBREW MINERALS LP
PO BOX 917
IDALOU, TX 79329

9590 9402 2703 6351 7687 83

2. Article N 7017 1450 0002 2172 1569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-15-17

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

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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 GUNSMOKE ENERGY
Street and Apt. No., or 6608 BRYANT IRVIN RD.
City, State, ZIP+4® FORT WORTH, TX 76132

Postmark Here

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

7017 1450 0002 2172 1514

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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 KENEBREW MINERALS LP
Street and Apt. No., or PO BOX 917
City, State, ZIP+4® IDALOU, TX 79329

Postmark Here

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

7017 1450 0002 2172 1569

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:

GUNSMOKE ENERGY
6608 BRYANT IRVIN RD.
FORT WORTH, TX 76132

9590 9402 2703 6351 7685 92

2. Article N 7017 1450 0002 2172 1514

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Frankalin C. Date of Delivery 8/14/17

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 Addressed to:

XTO ENERGY
810 HOUSTON STREET
FORT WORTH, TX 76102-6298

9590 9402 2703 6351 7686 15

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1538

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
AUG 04 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

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
$

Postmark Here

Sent To XTO ENERGY
Street and Apt. No., or PO Box No. 810 HOUSTON STREET
City, State, ZIP+4® FORT WORTH, TX 76102-6298

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

7017 1450 0002 2172 1538

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
$

Postmark Here

Sent To DAVID H. ESSEX
Street and Apt. No., or PO Box No. PO BOX 50577
City, State, ZIP+4® MIDLAND, TX 79702

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

7017 1450 0002 2172 1552

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:

DAVID H. ESSEX
PO BOX 50577
MIDLAND, TX 79702

9590 9402 2703 6351 7686 39

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1552

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
T REDMAN 8-7-17

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. Article Addressed to:

JEAN M. SETH
3 TANO RD
SANTE FE, NM 87501

9590 9402 2703 6351 7687 38

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) SANTA FE NM 87501 C. Date of Delivery

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

AUG -3 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)

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
$

Postmark Here

Sent To COLTON P. JOHNSON, IRA
C/O FIRST FINANCIAL TRUST
Street and Apt. No., or PO BOX 701
City, State, ZIP+4® ABILENE, TX 79604

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

7017 1450 0002 2172 1583

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
$

Postmark Here

Sent To JEAN M. SETH
Street and Apt. No., or 3 TANO RD
City, State, ZIP+4® SANTE FE, NM 87501

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

7017 1450 0002 2172 1620

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:

COLTON P JOHNSON, IRA
C/O FIRST FINANCIAL TRUST
PO BOX 701
ABILENE, TX 79604

9590 9402 2703 6351 7687 76

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1583

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 8/07/17

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

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:

CHEROKEE LEGACY MINERALS LTD
PO BOX 3217
ALBANY, TX 76430

9590 9402 2703 6351 7686 91

2. Article Number (Transfer from service label) 7017 1450 0002 2172 1576

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-14-17

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

☐ Insured Mail ☐ Insured Mail Restricted Delivery (over $500)

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
$

Postmark Here

Sent To PATRICIA E. SMOTHERS ESTATE
WILLIAM BOLTON, EX
Street and Apt. No., or PO Box No. 412 WEST MELBOURNE AVE
City, State, ZIP+4® PEORIA, IL 61604

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

7017 1450 0002 2172 4126

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
$

Postmark Here

Sent To CHEROKEE LEGACY MINERALS LTD
PO BOX 3217
Street and Apt. No., or PO Box No. ALBANY, TX 76430
City, State, ZIP+4®

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

7017 1450 0002 2172 1576

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:

PATRICIA E. SMOTHERS ESTATE
WILLIAM BOLTON, EX
412 WEST MELBOURNE AVE
PEORIA, IL 61604

9590 9402 2703 6351 7686 84

2. Article Number (Transfer from service label) 7017 1450 0002 2172 4126

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

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

☐ Insured Mail ☐ Insured Mail Restricted Delivery (over $500)

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:

VIRGIL E. WHITE
HENRY VANDENBURGH TRUSTEE
320 BROWER RD
PALATINE BRIDGE, NY 13428

9590 9402 2703 6351 7687 14

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1644

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

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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 LAWRENCE W WHITE 12045-45-1
C/O WELLS FARGO BANK CO, NA
Street and Apt. No., or PO Box No. PO BOX 5383
City, State, ZIP+4® DENVER, CO 80217

Postmark Here

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

7017 1450 0002 2172 1637

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 VIRGIL E. WHITE
HENRY VANDENBURGH TRUSTEE
Street and Apt. No., or PO Box No. 320 BROWER RD
City, State, ZIP+4® PALATINE BRIDGE, NY 13428

Postmark Here

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

7017 1450 0002 2172 1644

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:

LAWRENCE W WHITE 12045-45-1
C/O WELLS FARGO BANK CO, NA
PO BOX 5383
DENVER, CO 80217

9590 9402 2703 6351 7687 21

2. Article N... (Transfer from service label)
7017 1450 0002 2172 1637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) ST AROB 7/14 | C. Date of Delivery

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

GMF STATION DENVER CO AUG - 7 80217 USPS

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

PS Form 3811, July 2015 PSN 7530-02-...

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:

SUSAN TRIMBLE EUBANK
9610 ASTER CIRCLE
GARDEN RIDGE, TX 78266-2516

9590 9402 2703 6351 7687 45

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1613

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

(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 $

Postage
$

Total Postage and Fees
$

Sent To
ELLIOT INDUSTRIES LIMITED PARTNERSHIP
PO BOX 1328
SANTA FE, NM 87504

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

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 4065

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 $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
SUSAN TRIMBLE EUBANK
9610 ASTER CIRCLE
GARDEN RIDGE, TX 78266-2516

Street and Apt. No.,

City, State, ZIP+4®

Postmark Here

7017 1450 0002 2172 1613

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:

ELLIOT INDUSTRIES LIMITED PARTNERSHIP
PO BOX 1328
SANTA FE, NM 87504

9590 9402 3019 7124 6901 07

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4065

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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 87504

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:

DONALDSON-BROWN TR 1& 2
C/O BNY MELLON BANK, N.A.
525 WILLIAM PENN PLACE, STE 153-1315
PITTSBURGH, PA 15259

9590 9402 3019 7124 6902 20

2. Article Number (Transfer from service label) 7017 1450 0002 2172 3990

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

BNY MELLON
CORPORATE MAIL CTR
AUG 05 2017
412-234-4[illegible]

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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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
$

Postmark Here

Sent To CHEVRON U.S.A. INC
Street and Apt. No., or PO Box No. 6301 DEAUVILLE BOULEVARD
City, State, ZIP+4® MIDLAND, TX 79706

7017 1450 0002 2172 4034

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 $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To DONALDSON-BROWN TR 1& 2
Street and Apt. No., or C/O BNY MELLON BANK, N.A.
City, State, ZIP+4® 525 WILLIAM PENN PLACE, STE 153-1315
PITTSBURGH, PA 15259

7017 1450 0002 2172 3990

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:

CHEVRON U.S.A. INC
6301 DEAUVILLE BOULEVARD
MIDLAND, TX 79706

9590 9402 3019 7124 6901 38

2. Article Number 7017 1450 0002 2172 4034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Elvia Baeza ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elvia Baeza C. Date of Delivery 8/7/17

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
☐ 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

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:

SCR ENERGY CAPITAL, L.L.C
PO BOX 519
PHOENIX, MD 21131

9590 9402 3019 7124 6901 21

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4041

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 8/7/17

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

(over $500)

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
$

Postmark Here

Sent To MJK MINERAL PARTNERS, LTD
Street and Apt. No. 600 N. MARIENFIELD ST., STE 906
City, State, ZIP+4® MIDLAND, TX 79701-3363

7017 1450 0002 2172 4119

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 $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To SCR ENERGY CAPITAL, L.L.C
Street and Apt. No., or PO BOX 519
City, State, ZIP+4® PHOENIX, MD 21131

7017 1450 0002 2172 4041

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:

MJK MINERAL PARTNERS, LTD
600 N. MARIENFIELD ST., STE 906
MIDLAND, TX 79701-3363

9590 9402 2703 6351 7685 85

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4119

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) Kathryn Ealy C. Date of Delivery 8/7/17

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

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. Article Addressed to:

LEE & LESLIE WOOD
1606 COUNTRY CLUB DRIVE
MIDLAND, TX 79701

9590 9402 3019 7124 6905 34

2. Article Number *(Transfer from service label)*
7017 1450 0002 2172 4089

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leslie Wood ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Leslie Wood C. Date of Delivery 8/5/17

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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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 $
☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Postmark Here

7017 1450 0002 2172 4072

Sent To DIAMOND S ENERGY
Street and Apt. No., or PO 6608 BRYANT IRVIN RD.
City, State, ZIP+4® FORT WORTH, TX 76132

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 $

Postmark Here

7017 1450 0002 2172 4089

Sent To LEE & LESLIE WOOD
Street and Apt. No., or P 1606 COUNTRY CLUB DRIVE
City, State, ZIP+4® MIDLAND, TX 79701

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:

DIAMOND S ENERGY
6608 BRYANT IRVIN RD.
FORT WORTH, TX 76132

9590 9402 3019 7124 6905 41

2. Artic *(Transfer from service label)*
7017 1450 0002 2172 4072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Franklin C. Date of Delivery 8/4/17

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

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:

KAISER FRANCIS OIL CO.
P.O. BOX 21468
TULSA, OK 74121

9590 9402 3019 7124 6901 52

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3921

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
AUG 07 20

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 $

Postage
$

Total Postage and Fees
$

Sent To ELLIOT HALL
Street and Apt. No., or PO PO BOX 1231
City, State, ZIP+4® OGDEN, UT 84402

Postmark Here

7017 1450 0002 2172 4058

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 KAISER FRANCIS OIL CO.
Street and Apt. No., or PO Box P.O. BOX 21468
City, State, ZIP+4® TULSA, OK 74121

Postmark Here

7017 1450 0002 2172 3921

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:

ELLIOT HALL
PO BOX 1231
OGDEN, UT 84402

9590 9402 3019 7124 6901 14

2. Artic
7017 1450 0002 2172 4058

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
☐ 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:

NEW MEXICO OIL CORP
PO BOX 1714
ROSWELL, NM 88202

9590 9402 3019 7124 6901 90

2. Article Number *(Transfer from service label)*
7017 1450 0002 2172 3969

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vanessa Sexton ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Vanessa Sexton C. Date of Delivery 8-4-17

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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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
$

Postmark Here

Sent To MILLARD DECK ESTATE
C/O BANK OF AMERICA NA
Street and Apt. No., or PO Box No. PO BOX 840738
City, State, ZIP+4® DALLAS, TX 75284-0738

7017 1450 0002 2172 3976

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
$

Postmark Here

Sent To NEW MEXICO OIL CORP.
Street and Apt. No., or PO Box No. PO BOX 1714
City, State, ZIP+4® ROSWELL, NM 88202

7017 1450 0002 2172 3969

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:

MILLARD DECK ESTATE
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

9590 9402 3019 7124 6902 06

2. Article N 7017 1450 0002 2172 3976
Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery AUG 08 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

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:

EOG RESOUCES INC
PO BOX 2267
MIDLAND, TX 79702

9590 9402 3019 7124 6901 69

2. Article Number (Transfer from service label)
7017 1450 0002 2172 3938

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donald C. Frank III ☐ Agent ☐ Addressee

B. Received by (Printed Name) DONALD C. FRANK
C. Date of Delivery 8-7-17

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

stricted 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 Postage and Fees
$
Sent To KARMEN MARIE HENDRIX
Street and Apt. No., or PO Box No. PO BOX 3040
City, State, ZIP+4® MIDLAND, TX 79702-3040

Postmark Here

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

7017 1450 0002 2172 4010

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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 EOG RESOUCES INC
Street and Apt. No., or PO Box No. PO BOX 2267
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 3938

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:

KARMEN MARIE HENDRIX
PO BOX 3040
MIDLAND, TX 79702-3040

9590 9402 3019 7124 6902 44

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Sims ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jan Sims
C. Date of Delivery 8-14-17

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

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

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:

KRISTEN LEE HENDRIX HAYES
PO BOX 3040
MIDLAND, TX 79702-3040

9590 9402 3019 7124 6902 37

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Sims ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jan Sims
C. Date of Delivery 8-14-17

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 $

Postmark Here

Sent To KRISTEN LEE HENDRIX HAYES
Street and Apt. No., or PO Box No. PO BOX 3040
City, State, ZIP+4® MIDLAND, TX 79702-3040

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

7017 1450 0002 2172 4003

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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 $

Postmark Here

Sent To JOHN H. HENDRIX CORPORATION
Street and Apt. No., or PO Box No. PO BOX 3040
City, State, ZIP+4® MIDLAND, TX 79702-3040

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

7017 1450 0002 2172 1651

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 H. HENDRIX CORPORATION
PO BOX 3040
MIDLAND, TX 79702-3040

9590 9402 2703 6351 7687 07

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1651

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Sims ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jan Sims
C. Date of Delivery 8-14-17

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

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:

CONOCOPHILLIPS CO.
P.O. BOX 2197
HOUSTON, TX 77252

9590 9402 3019 7124 6901 45

2. Article Number (Transfer from service label)
7017 1450 0002 2172 4027

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
☐ 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

Domestic Return Receipt

7017 1450 0002 2172 1927

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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 AMERADA HESS CORPORATION
ATTN: JV DEPT 16TH FLOOR
Street and Apt. No., or PO Box No. PO BOX 2040
City, State, ZIP+4® HOUSTON, TX 77252-2040

Postmark Here

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

7017 1450 0002 2172 4027

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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 CONOCOPHILLIPS CO.
Street and Apt. No., or PO Box No. P.O. BOX 2197
City, State, ZIP+4® HOUSTON, TX 77252

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:

AMERADA HESS CORPORATION
ATTN: JV DEPT 16TH FLOOR
PO BOX 2040
HOUSTON, TX 77252-2040

9590 9402 2703 6351 7686 46

2. Article Number (Transfer from service label)
7017 1450 0002 2172 1927

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
☐ 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

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:

MCGEE DRILLING CORPORATION
PO BOX 2471
MIDLAND, TX 79702

9590 9402 2703 6351 7686 22

2. Article Number (Transfer from service label)

7017 1450 0002 2172 1545

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X George H McGee ☐ Agent ☐ Addressee

B. Received by (Printed Name) George H McGee

C. Date of Delivery 8/24/17

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
- ☐ 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 1545

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James Bruce
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Santa Fe, New Mexico 87504

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420 THROCKMORTON

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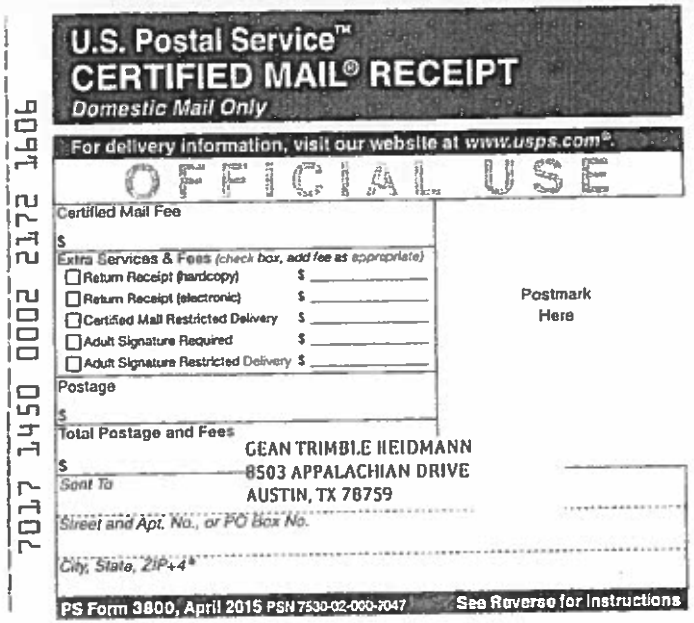

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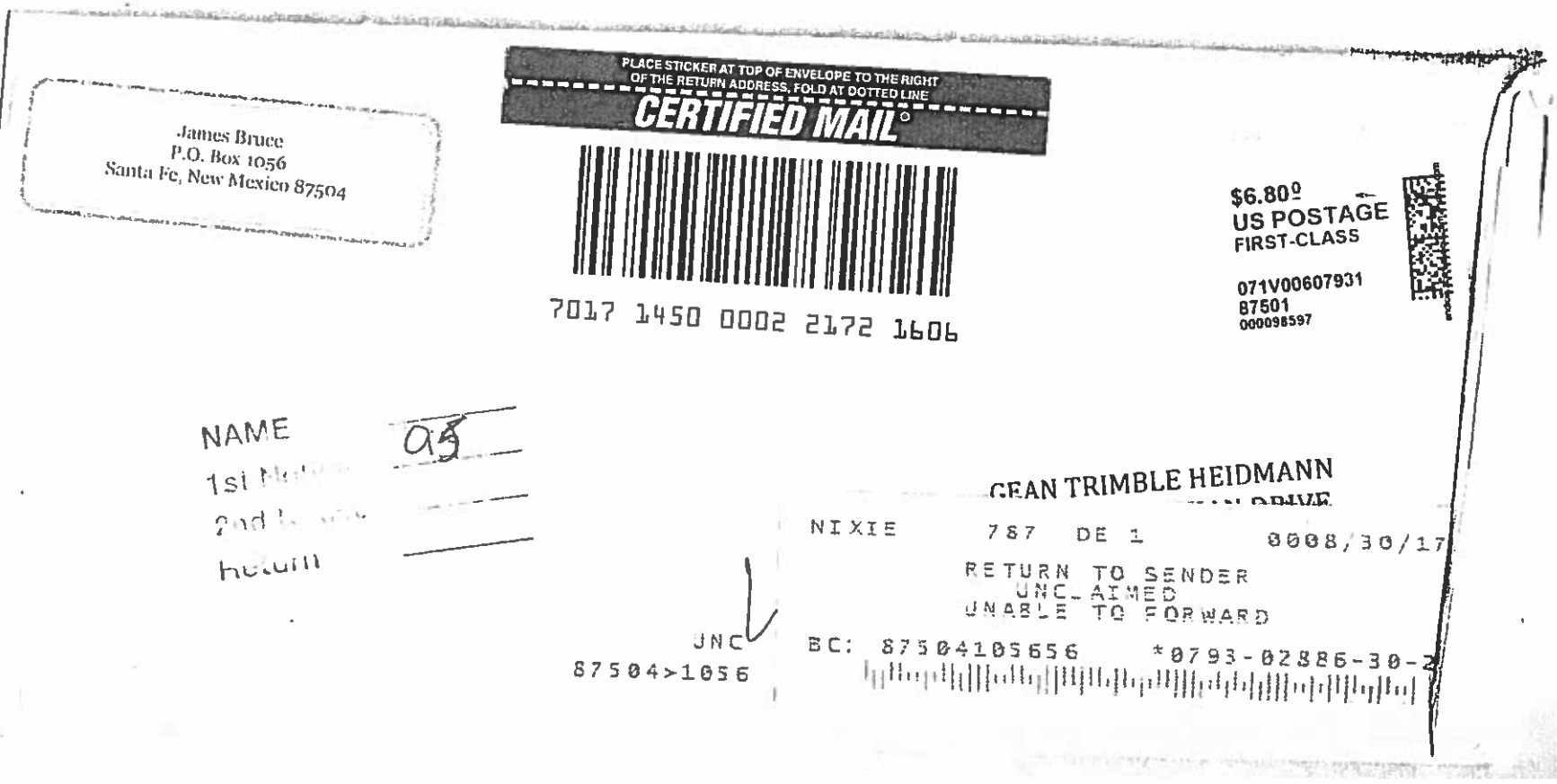

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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...N DRIVE

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UNCLAIMED
UNABLE TO FORWARD

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City, State, ZIP+4® APTOS, CA 95003

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James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

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36 KESTREL LANE
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DANIEL L. VEIRS PROFIT SHARING PLAN
DANIEL VEIRS TRUSTEE
36 KESTREL LANE
EL PARADO, NM 87529

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