

**March 12, 2019, 11:27 pm**

Departed USPS Origin Facility  
ALBUQUERQUE, NM 87101

---

**March 12, 2019, 9:13 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

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**March 12, 2019, 5:30 pm**

Departed Post Office  
SANTA FE, NM 87505

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**March 12, 2019, 11:11 am**

USPS picked up item  
SANTA FE, NM 87505

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**Product Information**



Feedback

**See Less** ^

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Go to our FAQs section to find answers to your tracking questions.

**FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**



**BEATTY & WOZNIAK, P.C.**  
ENERGY IN THE LAW

500 Don Gaspar Ave.  
Santa Fe, NM 87505



7018 2290 0001 8731 6881

**\$8.350**  
US POSTAGE  
FIRST-CLASS  
06250011642475  
FROM 87505

9404-0002  
Edwin Kim Dunlap  
3019 Del Cerro  
Almogordo, NM 88310

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404-0002</p> <p>Edwin Kim Dunlap 3019 Del Cerro Almogordo, NM 88310</p>															
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1215 01</p> <p>7018 2290 0001 8731 6881</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

NIXIE 731 C0 1 0103/22/19

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

RC 8750526288

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**CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL USE**

7018 2290 0001 8731 6850

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage 9404 -0002

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Margaret D. Barklind  
 605 Sudden Valley  
 Bellingham WA 98229

**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.

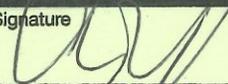
1. Article Addressed to: 9404 -0002

Margaret D. Barklind  
 605 Sudden Valley  
 Bellingham WA 98229



2. Article Number (Transfer from service label)  
 7018 2290 0001 8731 6850

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 3/22

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

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

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**OFFICIAL USE**

7018 2290 0001 8731 6836

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

9404 -0002

Sent To \_\_\_\_\_

Street and Apt. \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

Ursel S. Doran  
1421 N. Virginia, Apt A.  
Reno, NV 89503

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>Ursel S. Doran 1421 N. Virginia, Apt A. Reno, NV 89503</p>	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>3-15</b></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 2290 0001 8731 6836</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>Ursel S. Doran</i></p>
<p>9590 9402 3146 7166 1215 25</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

## Sinclair, Rowan

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**From:** Callahan, Candace  
**Sent:** Thursday, November 29, 2018 12:54 PM  
**To:** Sinclair, Rowan  
**Subject:** Fwd: injection well in 14-37  
**Attachments:** 14091601 deed eaejr to LLC in Lea County.pdf

Begin forwarded message:

**From:** "frambuestas@aol.com" <frambuestas@aol.com>  
**Subject:** injection well in 14-37  
**Date:** November 29, 2018 at 9:24:18 AM MST  
**To:** [ccallahan@bwenergylaw.com](mailto:ccallahan@bwenergylaw.com), [hcclark@wishboneep.com](mailto:hcclark@wishboneep.com), [bryan.frazier@wellsfargo.com](mailto:bryan.frazier@wellsfargo.com)

Dear Ms. Callahan

I am in receipt of two pieces of mail in re Wishbone's application for reinstatement of injection well permits in 14-37, Lea Co., NM.

One packet is addressed to my husband, Harold Alston Elkan, and we are indeed owners of nearby minerals, so this notification was properly made.

However, your title information was apparently flawed.

Your notice to Edward Armstrong Elkan Jr., c/o my husband, Harold Alston Elkan as his AIF was improperly made. My husband is no longer AIF for his deceased brother, and should probably not have accepted the correspondence.

Prior to his death, my brother in law Edward Armstrong Elkan Jr. transferred his minerals to an entity entitled Desert Waterfall LLC.

The conveyance was as follows:

deed from eaejr to Desert Waterfall LLC. Book 1716, page 728, dated 1/31/11, recorded 2/14/11

I will attach a pdf of the deed.

Assets owned by Desert Waterfall LLC are managed by Wells Fargo as Agent.

Please send the required notification to:

Bryan Frazier, CPL  
Vice President, Sr. Regional Oil & Gas Manager  
Wells Fargo Bank, N.A.  
Wealth Management  
address: 201 Main Street, Suite 400, Fort Worth, TX 76102  
email: [bryan.frazier@wellsfargo.com](mailto:bryan.frazier@wellsfargo.com)  
817-334-7031 office  
817-247-7858 cell  
817-334-7157 fax

Thank you very much.

Nancy Hastings Elkan  
(Mrs. Harold Alston Elkan)  
3731 Shade Tree Terrace, Portage, MI 49024-1036





EXHIBIT A

LEA COUNTY NEW MEXICO				
TOWNSHIP	RANGE	SECTION	LOCATION	UNDIVIDED OWNERSHIP
9 SOUTH	33 EAST	29	NW/4	0.039975
13 SOUTH	34 EAST	25	SW/4, S/2 NW/4	0.25625
		34	NE/4, W/2 SE/4, SW/4	0.25625
14 SOUTH	34 EAST	1	LOT 1, S/2 NE/4, SE/4 NW/4	0.25625
		11	S/2 NE/4, NW/4 NE/4	0.25625
15 SOUTH	34 EAST	12	W/2, N/2 NW/4	0.016015625
		35	ALL	0.004966875
20 SOUTH	34 EAST	28	N/2	5.9783125
13 SOUTH	35 EAST	8	E/2 SE/4 of LOT 6, LOTS 6, 7 (W/2 SW/4)	0.016015625
		4	SE/4 SE/4	0.03203125
		9	S/2 NE/4, NE/4 NE/4	0.03203125
		16	W/2	0.25625
		24	S/2 S/2 NE/4	0.240234375
		29	N/2	0.22421875
		30	W/2 NW/4, NE/4, E/2 E/2 E/2 NW/4	0.128125
		30	W/2 E/2 NW/4	0.25625
14 SOUTH	35 EAST	7	SE/4 (837/4000 MI)	0.124088063
		7	E/2 SW/4	0.25625
		15	E/2	0.016015625
		26	SW/4	0.008326125
		33	SE/4	0.00899375
		33	SW/4	0.00333125
15 SOUTH	36 EAST	10	S/2	0.002498438
		23	E/2, SE/4 NW/4, E/2 SW/4, NW/4 SW/4	0.0066625
		24	W/2	0.010677083
		26	W/2	0.0066625
18 SOUTH	36 EAST	23	NE/4	0.1599
		24	W/2 NW/4, SE/4 NW/4	0.1599
19 SOUTH	35 EAST	9	W/2 SE/4, SE/4 SW/4	0.128125
10 SOUTH	35 EAST	17	S/2	0.002498438
12 SOUTH	36 EAST	21	SW/4 NE/4	0.039975
16 SOUTH	36 EAST	1	LOTS 3, 4, 5, 6	0.00998375
		8	SE/4, N/2 SW/4, SW/ SW/4	0.1599
		12	NW/4	0.0199875
		25	S/2 NW/4, N/2 SW/4	0.001873628
15 SOUTH	37 EAST	7	SW/4	0.0040625
		33	NE/4	0.0540625
16 SOUTH	37 EAST	7	NW/4,	0.05125
		7	LOTS 1, 2	0.014250511
		8	NW/4	0.05125
		21	S/2	0.004966875
		27	NE/4	0.00998375

EXHIBIT A

LEA COUNTY NEW MEXICO				
TOWNSHIP	RANGE	SECTION	LOCATION	UNDIVIDED OWNERSHIP
17 SOUTH	37 EAST	6	SE/4	0.004996875
		29	W/2 SW/4 , SE/4 SW/4	0.128125
		29	NE/4 SW/4	0.1921875
		31	ALL	0.1921875
		32	NW/4	0.1921875
10 SOUTH	38 EAST	31	N/2 NE/4	0.1066
13 SOUTH	38 EAST	28	W/2	0.046590909
14 SOUTH	38 EAST	30	W/2 SW/4 , S/2 N/2	0.085418375
16 SOUTH	38 EAST	28	NW/4	0.00999375
17 SOUTH	38 EAST	21	SE/4	0.003497813
18 SOUTH	38 EAST	10	N/2 , SE/4	0.001655825
17 SOUTH	39 EAST	6	SW/4	0.004996875
		8	NW/4	0.004996875
18 SOUTH	39 EAST	7	SE/4	0.03203125

STATE OF NEW MEXICO  
 COUNTY OF LEA  
 FILED

FEB 14 2011

27548

at 12:31 o'clock P.M.  
 Paid \_\_\_\_\_  
 Pat Chappelle, Lea County Clerk  
 By AB Deputy



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Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	9404-0002
Total Postage \$	Wells Fargo Bank N.A, Wealth Management as Agent for Desert Waterfall LLC 201 Main Street, Suite 400 Fort Worth, TX 76102 ATTN: Bryan Frazier, CPL Vice President, Sr. Regional Oil & Gas Manager
Sent To	
Street and Apt. #	
City, State, ZIP+4	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>S. Frazier</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Samira Rizo</i></p> <p>C. Date of Delivery  <i>3/15/19</i></p> <p>D. Is delivery address different from item 1?                  If YES, enter delivery address below: <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:                  9404-0002                  Wells Fargo Bank N.A, Wealth Management as                  Agent for Desert Waterfall LLC                  201 Main Street, Suite 400                  Fort Worth, TX 76102                  ATTN: Bryan Frazier, CPL                  Vice President, Sr. Regional Oil &amp; Gas Manager</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															
<p>2. Article Number (Transfer from service label)                  9590 9402 3146 7166 1215 32</p>	<p>Restricted Delivery</p>														
<p>7018 2290 0001 8731 6843</p>															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

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Certified Mail Fee  
\$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage  
\$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To  
3731 Shade tree Terrace

Street and Apt.  
Portage, MI 49024-1036

City, State, ZIP

9404-0002

Harold Alston Elkan and Nancy Hastings Elkan,  
Joint Tenants

3731 Shade tree Terrace  
Portage, MI 49024-1036

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:

9404-0002

Harold Alston Elkan and Nancy Hastings Elkan,  
Joint Tenants  
3731 Shade tree Terrace  
Portage, MI 49024-1036



9590 9402 3146 7166 1215 49

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6829

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Nancy Elkan*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 3/15/15

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

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

Domestic Return Receipt

**U.S. Postal Service™**  
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 Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage at 9404 -0002  
 \$ \_\_\_\_\_

Sent To James Reed McCrory  
 PO Box 25764  
 Street and Apt. N Albuquerque, NM 8712-0764  
 City, State, ZIP+4

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

7018 2290 0001 8731 6812

**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:

9404 -0002  
 James Reed McCrory  
 PO Box 25764  
 Albuquerque, NM 8712-0764



9590 9402 3146 7166 1215 56

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6812

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *James Reed McCrory*  Agent  Addressee

B. Received by (Printed Name)  
 \_\_\_\_\_

C. Date of Delivery  
 3-18-19

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



3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**U.S. Postal Service™**  
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 Domestic Mail Only

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

**OFFICIAL USE**

7018 2290 0001 8731 6805

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage	\$
Sent To	
Street and Apt	
City, State, Zi	

9404 -0002  
 Western Commerce Bank, Trustee of the W.T.  
 Reed Trust OF  
 PO Box 1627  
 Lovington, NM 88260-1627

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

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

9404 -0002  
 Western Commerce Bank, Trustee of the W.T.  
 Reed Trust OF  
 PO Box 1627  
 Lovington, NM 88260-1627



2. Article Number (Transfer from service label)

7018 2290 0001 8731 6805

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Paul... C. Date of Delivery APR 13 2019

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery



FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

### Track Another Package +

**Tracking Number:** 70182290000187316898

Remove X

Your item could not be delivered on March 28, 2019 at 3:33 pm in CROWNPOINT, NM 87313. It was held for the required number of days and is being returned to the sender.

### Alert

March 28, 2019 at 3:33 pm  
Unclaimed/Being Returned to Sender  
CROWNPOINT, NM 87313

Get Updates

**Text & Email Updates**

### Tracking History

**March 28, 2019, 3:33 pm**  
Unclaimed/Being Returned to Sender  
CROWNPOINT, NM 87313

Your item could not be delivered on March 28, 2019 at 3:33 pm in CROWNPOINT, NM 87313. It was held for the required number of days and is being returned to the sender.

**March 19, 2019, 10:12 am**  
Available for Pickup  
CROWNPOINT, NM 87313

**March 14, 2019, 10:02 am**  
Available for Pickup  
CROWNPOINT, NM 87313

7018 2290 0001 8731 6898

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage at	9404 -0002
Sent To	John David Dunlap
	PO Box 1259
Street and Apt. N	Crown Point, NM 87313
City, State, ZIP+4	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

**March 14, 2019, 10:02 am**

Arrived at Unit  
CROWNPOINT, NM 87313

**March 13, 2019, 6:58 pm**

Departed USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 13, 2019**

In Transit to Next Facility

**March 12, 2019, 9:13 pm**

Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101

**March 12, 2019, 5:30 pm**

Departed Post Office  
SANTA FE, NM 87505

**March 12, 2019, 11:11 am**

USPS picked up item  
SANTA FE, NM 87505

Feedback

**Product Information**



See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**

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**OFFICIAL USE**

7018 2290 0001 8731 6904

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage  
 \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

9404 -0002

Sent To Herd Partners Ltd.  
 PO Box 130  
 Street and Apt Midland, TX 79702  
 City, State, Zip

**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:

9404 -0002

Herd Partners Ltd.  
 PO Box 130  
 Midland, TX 79702



9590 9402 3146 7166 1215 87

2. Article Number (Transfer from service label)

7018 2290 0001 8731 6904

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 \* *Marsha McDuffy*  Agent  Addressee

B. Received by (Printed Name) *MARSHA MCDUFFY* C. Date of Delivery *3-26-19*

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery                     |   |

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**OFFICIAL USE**

7018 0680 0002 2179 8111

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage \$ \_\_\_\_\_

Total Postage at \$ \_\_\_\_\_

9404 -0002

Sent To Jane B. Ramsland Oil and Gas Partnership  
 PO Box 10505  
 Street and Apt. # Midland, TX 79702  
 City, State, ZIP+4

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">9404 -0002</p> <p>Jane B. Ramsland Oil and Gas Partnership                      PO Box 10505                      Midland, TX 79702</p>  <p style="text-align: center;">9590 9402 3146 7166 1213 96</p>	<p>A. Signature                      X <i>Mitzi Matthews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Mitzi Matthews</i></p> <p>C. Date of Delivery  <i>3-18-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 0680 0002 2179 8111</p>	<p>Restricted Delivery</p>

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

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**OFFICIAL USE**

7018 0680 0002 2179 8128

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

9404 -0002

Sent To Christy B. Mallams  
 PO Box 10505  
 Street and Apt. N Midland, TX 79702  
 City, State, ZIP+4

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002

Christy B. Mallams  
 PO Box 10505  
 Midland, TX 79702



9590 9402 3146 7166 1214 02

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8128

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Mitzi Matthews*  Agent  
 Addressee

B. Received by (Printed Name)

*Mitzi Matthews*

C. Date of Delivery

*3-18-19*

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 \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage  
 \$ \_\_\_\_\_

9404 -0002

Sent To  
 V. Elaine Barnes  
 PO Box 10505  
 Street and Apt  
 Midland, TX 79702  
 City, State, Z

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

7018 0680 0002 2179 8135

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>Mitch Matthews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>V. Elaine Barnes                  PO Box 10505                  Midland, TX 79702</p>	<p>B. Received by (Printed Name)  <i>Mitch Matthews</i></p>	<p>C. Date of Delivery                  3-18-19</p>
<p>2. Article Number (Transfer from service label)                  9590 9402 3146 7166 1214 19</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		
		Domestic Return Receipt

7018 0680 0002 2179 8135

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7018 2290 0001 8731 6683

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage at  
 \$ \_\_\_\_\_

9404-0002

Sent To  
 Street and Apt. N  
 City, State, ZIP+4

Steven C. Barnes  
 PO Box 10505  
 Midland, TX 79702

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:

9404-0002

Steven C. Barnes  
 PO Box 10505  
 Midland, TX 79702



9590 9402 3146 7166 1214 26

2. Article Number (Transfer from service label)  
 7018 2290 0001 8731 6683

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Mitzi Matthews*  Agent  
 Addressee

B. Received by (Printed Name)  
 Mitzi Matthews

C. Date of Delivery  
 3-29-19

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

**BEATTY & WOZNIAK, P.C.**  
 ENERGY IN THE LAW  
 500 Don Gaspar Ave.  
 Santa Fe, NM 87505



stamps  
**\$8.350**  
 US POSTAGE  
 FIRST-CLASS  
 06250011642475  
 FROM 87505  
 B04831.23  
 stamps

*Unknown  
 RTS*

*3/5  
 10505*

~~Laurie B. Barr  
 PO Box 10505  
 Midland, TX 79702~~ 9404-0002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p><del>Laurie B. Barr          PO Box 10505          Midland, TX 79702</del> 9404-0002</p>															
<p>2. Article Number (Transfer from service label)          7018 2290 0001 8731 6690</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Restricted Delivery															
<p>9590 9402 3146 7166 1214 33</p>															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

NIXIE 731 0003/25/19  
 NOT DELIVERED  
 SENDER AS ADDRESSED  
 RETURN TO FORWARD  
 EC: 87505201 08 23260034153-82083

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**OFFICIAL USE**

7018 2290 0001 8731 6706

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage	
\$	
Total Postage	9404 -0002

Sent To	Julie Ellen Barnes
Street and Apt.	PO Box 10505
City, State, ZIP	Midland, TX 79702

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Mitzi Matthews</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Mitzi Matthews</i></p> <p>C. Date of Delivery  <i>3-18-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right;">9404 -0002</p> <p>Julie Ellen Barnes                      PO Box 10505                      Midland, TX 79702</p> </div>															
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 8731 6706</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery (over \$500)															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>														

**BEATTY & WOZNIAK, P.C.**  
 ENERGY IN THE LAW  
 500 Don Gaspar Ave.  
 Santa Fe, NM 87505



7018 2290 0001 8731 6713

stamps  
**\$8.35 0**  
 US POSTAGE  
 FIRST-CLASS  
 062S0011642475  
 FROM 87505

*Unknown  
 RTS*

*10505 2/15*

~~Shirley B. Wynn  
 PO Box 10505  
 Midland, TX 79702~~ 9404-0002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><del>Shirley B. Wynn            PO Box 10505            Midland, TX 79702</del> 9404-0002</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1214 57</p> <p>7018 2290 0001 8731 6713</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>NIXIE 731 D0 1 0003/25/19</p> <p>RETURN TO SENDER            NOT DELIVERABLE AS ADDRESSED            UNABLE TO FORWARD</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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**OFFICIAL USE**

7018 2290 0001 8731 6720

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

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_  
 Total Postage \$ \_\_\_\_\_  
 Sent To \_\_\_\_\_  
 Street and Apt. # \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

9404 -0002

Wells Fargo Bank, N.A., Trustee for the Lois  
 Mae Wallace Revocable Trust "A"  
 PO Box 1959  
 Midland, TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047

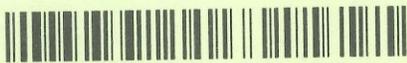
See Reverse for Instructions

**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:**

9404 -0002  
 Wells Fargo Bank, N.A., Trustee for the Lois  
 Mae Wallace Revocable Trust "A"  
 PO Box 1959  
 Midland, TX 79702



9590 9402 3146 7166 1214 64

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

7018 2290 0001 8731 6720

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  
 *E. Fall*  Agent  
 Addressee

**B. Received by (Printed Name)** *Elvion Acuña* **C. Date of Delivery** *3-28-16*

**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

Bank of America, N.A.

Date 11/27/2018

BEATTY & WOZNIAK, P.C.

500 DON GASPAR AVE.

SANTA FE, NM 87505

Re: Attachments / Enclosures

Owner Relations:

This letter is to inform you the account for correspondence enclosed is no longer managed by Bank of America N.A.. The account has been closed over twelve months, the last known contact(s) are shown below:

FARMERS NATIONAL COMPANY

5110 S. YALE AVE, STE 400

TULSA , OK 74135

ATTN: OIL / GAS MINERAL MANAGEMENT DEPT

Please contact or direct any inquires to above.

Respectfully,

U.S. Trust, Bank of America Private Wealth Management  
901 Main Street, TX1-492-17-01  
Dallas, TX 75202-3714

TX1-492-17-01, P.O. BOX 830308  
Dallas, TX 75283-0308

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**OFFICIAL USE**

7018 2290 0001 8731 6737

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and	\$
Sent To	
Street and Apt. No.	
City, State, ZIP+4®	

9404 -0002

Farmers National Company and Brian Tony Kirk  
 Co-Trustees of the Golda Raechel Watkins Trust  
 5110 S. Yale Ave, STE 400  
 Tulsa, OK 74135  
 ATTN: Oil/ Gas Mineral Management Dept

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:  
 9404 -0002  
 Farmers National Company and Brian Tony Kirk  
 Co-Trustees of the Golda Raechel Watkins Trust  
 5110 S. Yale Ave, STE 400  
 Tulsa, OK 74135  
 ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1214 71

2. Article Number (Transfer from service label)  
 7018 2290 0001 8731 6737

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

B. Received by (Printed Name) *Megan Lee* C. Date of Delivery *3/16/19*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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**OFFICIAL USE**

7018 2290 0001 8731 6874

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage  
 \$ \_\_\_\_\_

Total Postage and  
 \$ \_\_\_\_\_

Sent To  
 \_\_\_\_\_

Street and Apt. No.  
 \_\_\_\_\_

City, State, ZIP+4  
 \_\_\_\_\_

9404 -0002

Farmers National Company and Brian Tony Kirk Co-  
 Trustees of the Edward Wesley Salem Trust  
 5110 S. Yale Ave, STE 400  
 Tulsa, OK 74135  
 ATTN: Oil/ Gas Mineral Management Dept

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:

9404 -0002

Farmers National Company and Brian Tony Kirk Co-  
 Trustees of the Edward Wesley Salem Trust  
 5110 S. Yale Ave, STE 400  
 Tulsa, OK 74135  
 ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1214 88

2. Article Number (Transfer from service label)  
 7018 2290 0001 8731 6874

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)  
*Megan Lee*

C. Date of Delivery  
*3/15/14*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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**OFFICIAL USE**

7018 0680 0002 2179 8029

Certified Mail Fee  
\$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage  
\$ \_\_\_\_\_

Total Postage at  
\$ \_\_\_\_\_

Sent To  
\$ \_\_\_\_\_

Street and Apt. N  
\$ \_\_\_\_\_

City, State, ZIP+4  
\$ \_\_\_\_\_

Farmers National Company and Brian Tony Kirk  
Co-Trustees of the Monte Forrest Byers Trust  
5110 S. Yale Ave, STE 400  
Tulsa, OK 74135  
ATTN: Oil/ Gas Mineral Management Dept

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:**

9404 -0002

Farmers National Company and Brian Tony Kirk  
Co-Trustees of the Monte Forrest Byers Trust  
5110 S. Yale Ave, STE 400  
Tulsa, OK 74135  
ATTN: Oil/ Gas Mineral Management Dept



9590 9402 3146 7166 1216 86

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

7018 0680 0002 2179 8029

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*[Signature]*  Agent  
 Addressee

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

*Megan Lee*

**C. Date of Delivery**

*3/15/19*

**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

## Track Another Package +

**Tracking Number:** 70180680000221798036

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

### In-Transit

March 27, 2019  
In Transit to Next Facility

Get Updates ✓

### Text & Email Updates

### Tracking History

**March 27, 2019**

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

**March 23, 2019, 10:12 pm**

Departed USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

**March 23, 2019, 6:18 pm**

Arrived at USPS Regional Facility  
OKLAHOMA CITY OK DISTRIBUTION CENTER

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ <b>Total Postage and Fees</b> \$ _____	Postmark Here           9404 -0002  Alton C. White, Jr. 3112 Above Stratford Place Austin, TX 78746  City, State, ZIP+4
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7018 0680 0002 2179 8036

**March 18, 2019, 8:13 am**Out for Delivery  
AUSTIN, TX 78746**March 18, 2019, 8:03 am**Sorting Complete  
AUSTIN, TX 78746**March 18, 2019, 3:19 am**Arrived at Unit  
AUSTIN, TX 78704**March 18, 2019, 2:47 am**Departed USPS Regional Facility  
AUSTIN TX DISTRIBUTION CENTER**March 16, 2019, 2:52 pm**Arrived at USPS Regional Facility  
AUSTIN TX DISTRIBUTION CENTER**March 14, 2019, 11:25 pm**Departed USPS Regional Facility  
SAINT PAUL MN NETWORK DISTRIBUTION CENTER**March 14, 2019, 9:24 am**Arrived at USPS Regional Facility  
SAINT PAUL MN NETWORK DISTRIBUTION CENTER**March 12, 2019, 9:25 pm**Departed USPS Facility  
ALBUQUERQUE, NM 87101**March 12, 2019, 9:13 pm**Arrived at USPS Origin Facility  
ALBUQUERQUE, NM 87101**March 12, 2019, 5:30 pm**Departed Post Office  
SANTA FE, NM 87505

Feedback

**March 12, 2019, 11:11 am**

USPS picked up item

SANTA FE, NM 87505

---

**Product Information**



---

**See Less** ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**

Feedback

**The easiest tracking number is the one you don't have to know.**

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- See images\* of incoming mail.

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7018 0680 0002 2179 8043

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark  
Here

Postage  
 \$ \_\_\_\_\_

**Total Postage**  
 \$ \_\_\_\_\_

Sent To  
 \_\_\_\_\_

Street and Apt.  
 \_\_\_\_\_

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

9404 -0002

Muirfield Resources Company  
 PO Box 3166  
 Tulsa, OK 74101-3166

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:

9404 -0002  
 Muirfield Resources Company  
 PO Box 3166  
 Tulsa, OK 74101-3166



9590 9402 3146 7166 1219 69

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8043

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *W. Miller*

- Agent
- Addressee

B. Received by (Printed Name)

*W. Miller*

C. Date of Delivery

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



3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |

Restricted Delivery

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

Domestic Return Receipt

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**OFFICIAL USE**

7018 0680 0002 2179 8050

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

9404 -0002

Silverado Oil and Gas, LLP  
 PO Box 52308  
 Tulsa, OK 74152

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature                  X <i>Greg Duke</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>Silverado Oil and Gas, LLP                  PO Box 52308                  Tulsa, OK 74152</p>		<p>B. Received by (Printed Name)  <i>Greg Duke</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1219 52</p> <p>7018 0680 0002 2179 8050</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Domestic Return Receipt

7018 0680 0002 2179 8067

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Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage \$ \_\_\_\_\_

Total Postage and \$ \_\_\_\_\_

9404 -0002

Sent To Waikiki Partners, LP  
Street and Apt. No. PO Box 2127  
City, State, ZIP+4® Midland, TX 79702

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<p>Complete items 1, 2, and 3.</p> <ul style="list-style-type: none"> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Ana Prieto</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Ana Prieto</i></p> <p>C. Date of Delivery  <i>3/29/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: 9404 -0002</p> <p>Waikiki Partners, LP PO Box 2127 Midland, TX 79702</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1213 41</p> <p>7018 0680 0002 2179 8067</p>	<p>Domestic Return Receipt</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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**OFFICIAL USE**

7018 0680 0002 2179 8074

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

Total Postage and  
 \$ \_\_\_\_\_

9404 -0002

Sent To  
 Street and Apt. No.  
 City, State, ZIP+4

Live Oak Mineral Partners  
 PO Box 341981  
 Austin, TX 78734

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:

9404 -0002  
 Live Oak Mineral Partners  
 PO Box 341981  
 Austin, TX 78734



9590 9402 3146 7166 1213 58

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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

Kim Clenday 3/18/19

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

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

**OFFICIAL USE**

7018 0680 0002 2179 8081

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage \$ \_\_\_\_\_

Total Postage at \$ \_\_\_\_\_

9404 -0002

Sent To \_\_\_\_\_

Street and Apt. # \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

Devon Production Company, LP  
 333 West Sheridan Avenue  
 Oklahoma City, Oklahoma 73102-5015

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:

9404 -0002  
 Devon Production Company, LP  
 333 West Sheridan Avenue  
 Oklahoma City, Oklahoma 73102-5015



9590 9402 3146 7166 1213 65

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8081

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten 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

Restricted Delivery

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

Domestic Return Receipt

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

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

**OFFICIAL USE**

7018 0680 0002 2179 8098

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage \$ \_\_\_\_\_

Total Postage and Certified Mail Fee \$ \_\_\_\_\_

9404 -0002

Clifford N. Hair, Jr.  
 PO Box 8122  
 Midland, TX 79708

Sent To \_\_\_\_\_

Street and Apt. No. \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

9404 -0002  
 Clifford N. Hair, Jr.  
 PO Box 8122  
 Midland, TX 79708



9590 9402 3146 7166 1213 72

2. Article Number (Transfer from service label)

7018 0680 0002 2179 8098

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X M Hair*

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

C. Date of Delivery *3-19-19*

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



3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

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

**OFFICIAL USE**

7018 0680 0002 2179 8104

Certified Mail Fee  
 \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ \_\_\_\_\_

9404 -0002

Total Postage and  
 \$ \_\_\_\_\_

Sent To

Cimarex Energy Co.  
 15 East 5th Street, Suite 1000  
 Tulsa, OK 74103

Street and Apt. No.

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>Justin Wallace</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JUSTIN WALLACE</u></p> <p>C. Date of Delivery <u>3-18-19</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">9404 -0002</p> <p>Cimarex Energy Co.                      15 East 5th Street, Suite 1000                      Tulsa, OK 74103</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3146 7166 1213 89</p> <p>7018 0680 0002 2179 8104</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

# USPS Tracking®

FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

## Track Another Package +

Tracking Number: RE093588895US

Remove X

### Not Trackable

USPS Tracking® is unavailable for this product for AUSTRALIA.

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

Feedback

FAQs (<https://www.usps.com/faqs>)

Registered No. **RE093588895US**

To Be Completed By Post Office	Reg. Fee	\$8.85	
	Handling Charge	\$16.00	Return Receipt
	Postage	\$0.00	Restricted Delivery
	Received by	\$0.00	
		<b>\$24.85</b>	
Customer Must Declare Full Value		\$0.00	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance

Date Stamp: **MAR 13 2019** 0496 43

Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).

**OFFICIAL USE**

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	SANTA FE, NM 87501 Beatty and Wozniak p.c 500 Don Gaspar Ave. Santa Fe, NM 87505
	TO	Christopher L. Doran 15 Strossmayer Street Mt. Gravatt Queensland, 4122 Australia

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer  
 May 2004 (7530-02-000-9051) (See Information on Reverse)  
 For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**Status of Wishbone Case 20406 Surface Owner Mailing**

Recipient	Delivered	Receipt	Returned	Status	Publish date:
1 Donna Spears Johnson	X	X		delivered	
2 Resolute Natural Resources	X	X		delivered	

**Status of Wishbone Case 20406 Mineral interest and Operator Mailing**

Recipient	Delivered	Receipt	Returned	Status	Publish date:
3 Occidental Oil and Gas Corporation	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Marc Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lee Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Peter Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Angelica S. Bryce T/U/W FBO Lynne Appleton	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Nina Potter created under the will of Angelica S. Bryce, deceased	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Clifford Potter created under the will of Angelica S. Bryce, deceased	X	X		delivered	
Wells Fargo Bank N.A., as Trustee of the Sylvie Bryce Trust FBO Angelica Schuyler Roop created under the will of Angelica S. Bryce, deceased	X	X		delivered	
11 Karl Mark Dunlap				in transit	published 3/21/19
12 Edwin Kim Dunlap			X	returned to sender	published 3/21/19
13 Margaret D. Barklind	X	X		delivered	
14 Ursel S. Doran	X	X		delivered	
Wells Fargo Bank N.A, Wealth Management as Agent for Desert Waterfall, LLC	X	X		delivered	

16	Harold Alston Elkan and Nancy Hastings Elkan, Joint Tenants	X	X			delivered	
17	James Reed McCrory Western Commerce Bank, Trustee of the	X	X			delivered	
18	W.T. Reed Trust OF	X	X			delivered	
19	John David Dunlap	X				to be returned to sender	published 3/21/19
20	Herd Partners Ltd.	X	X			delivered	
21	Jane B. Ramsland Oil and Gas Partnership	X	X			delivered	
22	Christy B. Mallams	X	X			delivered	
23	V. Elaine Barnes	X	X			delivered	
24	Steven C. Barnes	X	X			delivered	
25	Laurie B. Barr	X			X	returned to sender	published 3/21/19
26	Julie Ellen Barnes	X	X			delivered	
27	Shirley B. Wynn				X	returned to sender	published 3/21/19
28	Wells Fargo Bank, N.A., Trustee for the Lois Mae Wallace Revocable Trust "A"	X	X			delivered	
29	Farmers National Company and Brian Tony Kirk co Trustees of the Golda Raechel Watkins Trust	X	X			delivered	
30	Farmers National Company and Brian Tony Kirk co Trustees of the Edward Wesley Salem Trust	X	X			delivered	
31	Farmers National Company and Brian Tony Kirk co Trustees of the Monte Forrest Byers Trust	X	X			delivered	
32	Alton C. White, Jr					in transit	published 3/21/19
33	Muirfield Resources Company	X	X			delivered	
34	Silverado Oil and Gas, LLP	X	X			delivered	
35	Waikiki Partners, LP	X	X			delivered	
36	Live Oak Mineral Partners	X	X			delivered	
37	Devon Production Company, LP	X	X			delivered	
38	Clifford N. Hair, Jr	x	x			delivered	
39	Cimarex Energy Co.	X	X			delivered	

Status of Wishbone Case 20406 Mineral interest and Operator Mailing: **International**

Recipient	Delivered	Receipt	Returned	Tracking Link/ Status	Publish date:
Christopher L. Doran Stranhope Street. Mt. Gravatt. 40 Queensland, 4122 Australia	15			not currently trackable, in transit.	3/21/2019

# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated  
March 21, 2019  
and ending with the issue dated  
March 21, 2019.



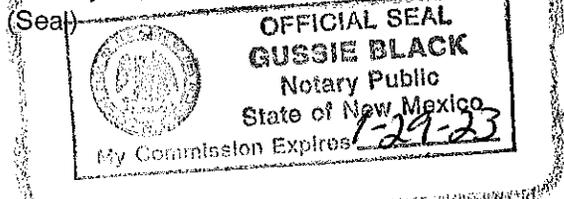
Publisher

Sworn and subscribed to before me this  
21st day of March 2019.



Business Manager

My commission expires  
January 29, 2023



This newspaper is duly qualified to publish  
notices or advertisements within the  
meaning of Section 3, Chapter 167, Laws of  
1937 and payment of fees for said

LEGAL

LEGAL

LEGAL NOTICE  
MARCH 21, 2019

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 a.m. on April 4, 2019 in the Oil Conservation Division's Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner, duly appointed for the hearing. OCD Rule Subsection B of 19.15.4.13 NMAC requires parties who intend to present evidence at an adjudicatory hearing to file a pre-hearing statement no later than the Thursday before the hearing and serve a copy on opposing counsel of record. If the OCD does not receive a pre-hearing statement from the applicant by the close of business on the Thursday before the hearing, the hearing may be continued.

**STATE OF NEW MEXICO TO:**

All named parties and persons having any right, title interest or claim in the following cases and notice to the public (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)

**TO:** Resolute Natural Resources, Occidental Oil and Gas Corporation, Karl Mark Dunlap, Christopher L. Doran, Edwin Kim Dunlap, Margaret D. Barklind, John David Dunlap, Herd Partners Ltd., Steven C. Barnes, Laurie B. Barr, Shirley B. Wynn, Wells Fargo Bank, N.A., Trustee for the Lois Mae Wallace Revocable Trust "A", Alton C. White, Jr., Muirfield Resources Company, Silverado Oil and Gas, LLP, Walkiki Partners, LP, Live Oak Mineral Partners, Devon Production Company, LP, Clifford N. Hair, Jr., Cimarex Energy Co.

**Case No. 20406: Application of Wishbone Texas Operating Company, LLC for Reinstatement of Injection Well Permits to Enhance Oil Recovery in Denton Devonian Waterflood Project, Lea County, New Mexico.** Applicant in the above-styled cause seeks an order reinstating injection well permits for the wells described below to enhance oil recovery in the Denton Devonian Waterflood Project Area comprising the S/2SW/4 of Section 25 and the NW/4 and W/2NE/4 of Section 36, both in Township 14 South, Range 37 East, Denton-Devonian Pool, Lea County, New Mexico:

T. D. Pope 36 Well No. 10, located 350' FNL and 990 FWL, in Unit D, Section 36, T. 14 S., R. 37 E., Injection Interval: 12,227' to 12,504'

W. T. Mann A Well No. 2, located 660' FNL and 2310' FWL, in Unit B, Section 36, T. 14 S., R. 37 E., Injection Interval: 12,760' to 12,900'

Produced water from the Denton-Devonian Pool will be injected into the wells at a maximum rate of 20,000 bwpd per well. The initial surface injection pressure for each well is anticipated to be approximately 2500 psi. Additional information can be obtained by contacting H. Craig Clark at +1 (832-807-2207) or [hcclark@wishboneop.com](mailto:hcclark@wishboneop.com). The wells are located approximately 14 miles northeast from Lovington, New Mexico.  
#33927

67112105

00226152

**Application of Wishbone Texas Operating  
Company, LLC  
Case No. 20406  
Affidavit of Publication EXHIBIT #6**