

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Judah Oil LLC P.O. Box 568 Artesia, NM 88210</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Shirley Hammett</i> C. Date of Delivery <i>Aug 25 2010</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number (Transfer from service label) 7008 3230 0000 2318 8526</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

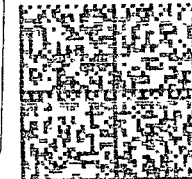
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<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Yeso Energy, Inc. P.O. Box 2248 Roswell, NM 88202-0028</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>GENE LEE</i> C. Date of Delivery <i>8-25-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number (Transfer from service label) 7008 3230 0000 2318 8502</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

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<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Scott Hall Attorney for COG Montgomery & Andrews, P.O. Box 2307 Santa Fe, NM 87504</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Betha Sanchez</i> C. Date of Delivery <i>Aug 27 2010</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7008 3230 0000 2318 8533</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

Affidavit of
Gail MacQuesten
Case 14547
Exhibit B

OIL CONSERVATION DIVISION
ENERGY MINERALS AND
NATURAL RESOURCES DEPARTMENT
1220 SOUTH SAINT FRANCIS DRIVE
SANTA FE, NEW MEXICO 87505

CERTIFIED MAIL



Hasler

016H16507300
\$05.71
08/24/2010
Mailed From 87505
US POSTAGE



7008 3230 0000 2318 8519

- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted, Not Known
- ☐ No Such Person ☐ Number
- ☐ Vacant ☐ Incomplete
- ☐ No Mail Receptacle
- ☐ Post Office Closed
- ☐ Incorrect Post Office Address
- ☐ Postage Due

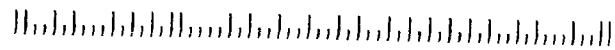
Handwritten: KISN BREA 8/25

Chica Energy LLC
3003 McPherson Road
Roswell, NM 88201

NIXIE 871 DE 1 00 08/26/10

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 87505422599 *0968-02879-24-42



[Redacted]

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1. Article Addressed to:

James Bruce
Attorney for Yeso and Chica
P.O. Box 1056
Santa Fe, NM 87504

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Bruce*☐ Agent☒ Addressee

B. Received by (Printed Name)

James Bruce

C. Date of Delivery

*8/27/10*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 25 2010

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7008 3230 0000 2318 8540

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

BLM Carlsbad Field Office
Attn: Jim Stovall, Field Manager
620 E. Greene St.
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim Stovall*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jim Stovall

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7008 3230 0000 2318 8557

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540