

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Judah Oil LLC
 P.O. Box 568
 Artesia, NM 88210

Article Number
 (Transfer from service label) 7008 3230 0000 2318 8526

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Hammitt

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number
 (Transfer from service label) 7008 3230 0000 2318 8526

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

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Article Addressed to:

Yeso Energy, Inc.
 P.O. Box 2248
 Roswell, NM 88202-0028

Article Number
 (Transfer from service label) 7008 3230 0000 2318 8502

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Gene Lee

B. Received by (Printed Name) C. Date of Delivery
Gene Lee *8-25-10*

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

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number
 (Transfer from service label) 7008 3230 0000 2318 8502

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Bertha Stankovic

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
Aug 27 2008

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1. Article Addressed to:

Scott Hall
 Attorney for COG
 Montgomery & Andrews,
 P.O. Box 2307
 Santa Fe, NM 87504

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

4. Restricted Delivery? (Extra Fee) Yes

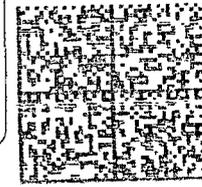
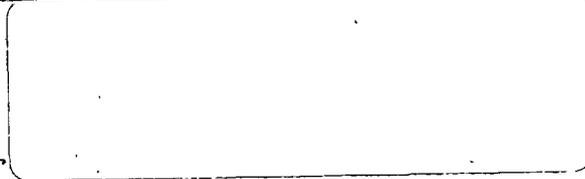
2. Article Number
 (Transfer from service label) 7008 3230 0000 2318 8533

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

Affidavit of
 Gail MacQuesten
 Case 14547
 Exhibit B

CERTIFIED MAIL

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



016H16507300

\$05.71

08/24/2010

Mailed From 87505
US POSTAGE

Hasler



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 Street Number
- Variant Illegible
- No Mail Receiptable
- Post Office No Order
- Incorrect Post Office Address
- Postage Paid

LEN
R20A
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 *0950-02879-24-42

[Redacted]



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1. Article Addressed to:

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

2. Article Number

(Transfer from service label)

7008 3230 0000 2318 8540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Bruce*

Agent

Addressee

B. Received by (Printed Name)

James Bruce

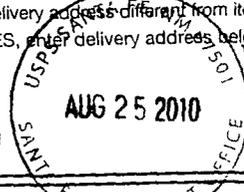
C. Date of Delivery

8/25/10

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)

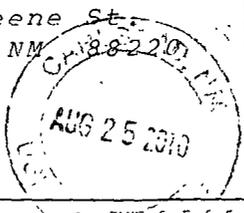
Yes

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1. Article Addressed to:

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



2. Article Number

(Transfer from service label)

7008 3230 0000 2318 8557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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