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

**APPLICATION OF CHESAPEAKE EXPLORATION, LLC, TO REINSTATE ORDER NOS. R-13303 AND R-13303-A APPROVING STATUTORY UNITIZATION OF THE CHAMBERS STRAWN UNIT AREA, THE CORRESPONDING CHAMBERS STRAWN UNIT WATERFLOOD PROJECT, AND CERTIFICATION OF THE WATERFLOOD PROJECT AS AN ENHANCED OIL RECOVERY PROJECT PURSUANT TO THE ENHANCED OIL RECOVERY ACT, LEA COUNTY, NEW MEXICO**

**CASE NO. 14762**

## AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of Chesapeake Exploration, LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

Michael H. Feldewert

SUBSCRIBED AND SWORN to before this 30th day of November 2011 by Michael H. Feldewert.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15

Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 3
Submitted by:
CHESAPEAKE EXPLORATION, LLC
Hearing Date: December 1, 2011

HOLLAND&HART LLP
THE LAW OUT WEST

**Michael H. Feldewert**
**Recognized Specialist in the Area ofNatural Resources - oil and gas law**
**New Mexico Board of Legal Specialization**
mfeldewert@hollandhart.com



**October 27, 2011**

**CERTIFIED MAIL**
**RETURN RECEIPT REQUESTED**

**TO: ALL AFFECTED INTEREST OWNERS IN THE CHAMBERS STRAWN UNIT AREA.**

Re: **Application of Chesapeake Exploration, LLC, to reinstate Order Nos. R-13303 and R-13303-A approving statutory unitization of the Chambers Strawn Unit, the corresponding Chambers Strawn Unit Waterflood Project, and certification of the waterflood project as an enhanced oil recovery project pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Chesapeake Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 AM on December 1, 2011. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this application, please contact Terry Frohnapfel, Sr Landman, Chesapeake Energy Corporation, P.O. Box 18496, Oklahoma City, OK 73154-0496, telephone (405) 935-2727.

Very truly yours,

Michael H. Feldewert
Attorney for Chesapeake Operating, Inc.

# EXHIBIT A
# CHESAPEAKE OPERATING INC.

## WORKING INTEREST OWNERS

Chesapeake Exploration, L.L.C
P.O. Box 18496
Oklahoma City OK 73154-0496

Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City OK 73154

ConocoPhilips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, TX 79760-0233

Piyush V. Patel and Meena Patel
Family Trust
25 Villiage Cir.
Midland, TX 79701

Playtime, Inc.
250 Sterling Ave.
Winter Park, FL32789-5747

Quimex International, Inc.
PO Box 2662
Midland, TX 79702

Rudd Family Trust
PO Box 1719
Amarillo, TX 79159

TLW Investments, L.L.C.
Attn: Barry McKay
1001 Fannin, Ste. 2020
Houston, TX 77002

Trajan Development Co.
P.O. Box 16007
Oklahoma, City 73113

## ROYALTY OWNERS

Aetna Bess Eaves Berry
P.O. Box 1551
Lovington, NM 88260

Betty Day Dawson
P.O. Box 237
Oystervile, WA 98641-0237

Charlene E. Dye
3204 W. Ave D
Lovington, NM 88260

Christine Chambers Pruitt
1780 Hwy. 4
Jacksboro, TX 76458

Colleen Chambers Schultz
P.O. Box 776
Persall, TX 78061-0776

Denise Edward Chambers
1011 Sandy Bend Rd
Castle Rock, WA 98611

Donald E. Yarbro, aka Don Yarbro, as
his separate property
1007 W. Ave. K
Lovington, NM 88260

Dudley P. Murph, Trustee
Dudley P. Murph Revocable Living Trust
3019 W. Ave D
Lovington, NM 88260

Edward Armstrong Elkan, Jr.
Wells Fargo OGM
P.O. Box 1959
Midland, TX 79702

Freida S. Batten
818 Pipeline Dr.
Goldendale, WA 98620

Harold Alsont Elkan and Nancy H. Elkan
3731 Shade Tree Terrace
Portage, MI 49024-1036

Jasper N. Chambers
44 Woodland Rd.
Goldendale, WA 98620

K.E. Chambers a/k/a Kenneth E. Chambers
2811 W. Ave. D.
Lovington, NM 88260-5351

Melodee Nelson
22307 SE 255th St.
Maple Valley, WA 98038

Richard C. Campbell
1201 North Hillcrest Drive
Payson, AZ 85541

Shelley Marsh Rice
24 Rosebud Lane
Lovington, NM 88260

Terri Jonas
21816 NE 8th St.
Sammamish, WA 98074

Weldon R. Yarbro, aka Weldon Yarbro, as his separate property
11013 W. Ave.
Lovington, NM 88260

**OVER-RIDING ROYALTY INTEREST OWNERS**

Amy M. Hawthorne
46 Cottondale Road
The Hills, TX 78738-1513

Chesapeake Exploration, L. L. C.
P.O. Box 18496
Oklahoma City, OK 73154-0496

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

Hal W. Hawthorne
807 Las Cimas Pkwy. Ste. 350
Austin, TX 78746

MML Ventures, Ltd.
PO Box 1157
Kilgore, TX 75663-1157

**SURFACE OWNERS**

Kenneth E. Chambers
2811 W. Avenue D.
Lovington, NM 88260

Dorothy Runnels
8100 W. Alabama
Hobbs, NM 88240

7006 0100 0005 0625 4039

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Chesapeake Exploration, L. L. C.
P.O. Box 18496
Oklahoma City, OK 73154-0496

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1. Article Addressed to:

Chesapeake Exploration, L. L. C.
P.O. Box 18496
Oklahoma City, OK 73154-0496

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A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
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OCT 31 2011
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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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Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City OK 73154

for Instructions

**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.

1. Article Addressed to:

Chesapeake Investments, L.P.
P.O. Box 18756
Oklahoma City OK 73154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) RECEIVED Date of Delivery
OCT 31 2011

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
MAILROOM 3

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) 7006 0100 0005 0625 3940

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ConocoPhilips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

or Instructions

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- 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:

ConocoPhilips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 10/31/11

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 *(Transfer from service label)* 7006 0100 0005 0625 3933

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David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

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1. Article Addressed to:

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Bari Bellicim C. Date of Delivery 10-31-11

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 *(Transfer from service label)* 7006 0100 0005 0625 4299

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ICA Energy, Inc.
700 N. Grant Ave.
Odessa, TX 79760-0233

or Instructions

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Piyush V. Patel and Meena Patel
Family Trust
25 Villiage Cir.
Midland, TX 79701

e for Instructions

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1. Article Addressed to:

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, TX 79760-0233

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] OCT 31 2011

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
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4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7006 0100 0005 0625 4282

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| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

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Playtime, Inc.
250 Sterling Ave.
Winter Park, FL32789-5747

or Instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Playtime, Inc.
250 Sterling Ave.
Winter Park, FL32789-5747

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 10/31/11

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 *(Transfer from service label)* 7006 0100 0005 0625 4268

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| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

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Quimex International, Inc.
PO Box 2662
Midland, TX 79702

or Instructions

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- 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:

Quimex International, Inc.
PO Box 2662
Midland, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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Rudd Family Trust
PO Box 1719
Amarillo, TX 79159

for Instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rudd Family Trust
PO Box 1719
Amarillo, TX 79159

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Robert S. Rudd ☐ Agent ☐ Addressee

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

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

USPS OCT 31 2011 AMARILLO, TX 79105

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)* 7006 0100 0005 0625 4244

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TLW Investments, L.L.C.
Attn: Barry McKay
1001 Fannin, Ste. 2020
Houston, TX 77002

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1. Article Addressed to:

TLW Investments, L.L.C.
Attn: Barry McKay
1001 Fannin, Ste. 2020
Houston, TX 77002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X P Klimchuk ☐ Agent ☐ Addressee

B. Received by (Printed Name) P KLIMCHUK C. Date of Delivery 10-31-11

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 *(Transfer from service label)* 7006 0100 0005 0625 4237

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| Total Postage & Fees | $ 5.79 |

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Trajan Development Co.
P.O. Box 16007
Oklahoma, City 73113

r Instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Trajan Development Co.
P.O. Box 16007
Oklahoma, City 73113

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

OKLAHOMA CITY, OK 73114 NOV 1 2011 USPS

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)* 7006 0100 0005 0625 4220

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
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OCT 28 2011
SANTA FE MAIN POST OFFICE

Aetna Bess Eaves Berry
P.O. Box 1551
Lovington, NM 88260

or Instructions

**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.

1. Article Addressed to:

Aetna Bess Eaves Berry
P.O. Box 1551
Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

NOV 2011 USPS

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)* 7006 0100 0005 0625 4213

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

7006 0100 0005 0625 4206

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Betty Day Dawson
P.O. Box 237
Oystervile, WA 98641-0237

for Instructions

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

**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.

1. Article Addressed to:

Betty Day Dawson
P.O. Box 237
Oystervile, WA 98641-0237

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☑ 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)* 7006 0100 0005 0625 4206

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

7006 0100 0005 0625 4190

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AL USE

| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Charlene E. Dye
3204 W. Ave D
Lovington, NM 88260

r Instructions

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

**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.

1. Article Addressed to:

Charlene E. Dye
3204 W. Ave D
Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Bill Dye ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
11/10/11

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 *(Transfer from service label)* 7006 0100 0005 0625 4190

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

7006 0100 0005 0625 4183

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AL USE

| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark
OCT 28 2011
SANTA FE MAIN POST OFFICE

Christine Chambers Pruitt
1780 Hwy. 4
Jacksboro, TX 76458

or Instructions

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

**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.

1. Article Addressed to:

Christine Chambers Pruitt
1780 Hwy. 4
Jacksboro, TX 76458

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-1-11

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 (Transfer from service label) 7006 0100 0005 0625 4183

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

7006 0100 0005 0625 4176

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark
OCT 28 2011
SANTA FE MAIN POST OFFICE

Colleen Chambers Schultz
P.O. Box 776
Persall, TX 78061-0776

or Instructions

PLACE STICKER

**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.

1. Article Addressed to:

Colleen Chambers Schultz
P.O. Box 776
Persall, TX 78061-0776

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Colleen Schultz C. Date of Delivery 11-1-11

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 (Transfer from service label) 7006 0100 0005 0625 4176

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

7006 0100 0005 0625 4169

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark
Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Denise Edward Chambers
1011 Sandy Bend Rd
Castle Rock, WA 98611

for Instructions

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

**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.

1. Article Addressed to:

Denise Edward Chambers
1011 Sandy Bend Rd
Castle Rock, WA 98611

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dennis Chambers ☐ Agent ☒ Addressee

B. Received by (Printed Name) Dennis Chambers
C. Date of Delivery 10-31-11

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 *(Transfer from service label)* 7006 0100 0005 0625 4169

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

7006 0100 0005 0625 4152

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark
Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Donald E. Yarbro, aka Don Yarbro,
as his separate property
1007 W. Ave. K
Lovington, NM 88260

Instructions

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

**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.

1. Article Addressed to:

Donald E. Yarbro, aka Don Yarbro,
as his separate property
1007 W. Ave. K
Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Don Yarbro ☐ Agent ☐ Addressee

B. Received by (Printed Name) Don Yarbro
C. Date of Delivery 10-31-11

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 *(Transfer from service label)* 7006 0100 0005 0625 4152

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

7006 0100 0005 0625 4145

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Dudley P. Murph, Trustee
Dudley P. Murph Revocable Living Trust
3019 W. Ave D
Lovington, NM 88260

Instructions

PS

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

**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.

1. Article Addressed to:

Dudley P. Murph, Trustee
Dudley P. Murph Revocable Living Trust
3019 W. Ave D
Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
11/3/11

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 *(Transfer from service label)* 7006 0100 0005 0625 4145

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

7006 0100 0005 0625 4138

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AL USE

| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| T | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Edward Armstrong Elkan, Jr.
Wells Fargo OGM Operations
Attn: Charles N. Wallace
P.O. Box 1959
Midland, TX 79702

Instructions

PS

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

**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.

1. Article Addressed to:

Edward Armstrong Elkan, Jr.
Wells Fargo OGM Operations
Attn: Charles N. Wallace
P.O. Box 1959
Midland, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
G Pinchen 11/2

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 *(Transfer from service label)* 7006 0100 0005 0625 4138

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

7006 0100 0005 0625 3964

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
OCT 28 2011
Here
SANTA FE MAIN POST OFFICE

Freida S. Batten
818 Pipeline Dr.
Goldendale, WA 98620

Instructions

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

**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.

1. Article Addressed to:

Freida S. Batten
818 Pipeline Dr.
Goldendale, WA 98620

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Freida S. Batten ☐ Agent ☐ Addressee

B. Received by (Printed Name) FREIDA S. BATTEN C. Date of Delivery 10/31/11

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 *(Transfer from service label)* 7006 0100 0005 0625 3964

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

7006 0100 0005 0625 4121

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark
OCT 28 2011
SANTA FE MAIN POST OFFICE

Harold Alsont Elkan and Nancy H. Elkan
3731 Shade Tree Terrace
Portage, MI 49024-1036

Instructions

**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.

1. Article Addressed to:

Harold Alsont Elkan and Nancy H. Elkan
3731 Shade Tree Terrace
Portage, MI 49024-1036

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Nancy Elkan ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nancy Elkan C. Date of Delivery 10-31-11

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

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)* 7006 0100 0005 0625 4121

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

7006 0100 0005 0625 4114

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Jasper N. Chambers
44 Woodland Rd.
Goldendale, WA 98620

or Instructions

**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.

1. Article Addressed to:

Jasper N. Chambers
44 Woodland Rd.
Goldendale, WA 98620

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Jasper Chambers ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jasper Chambers
C. Date of Delivery 11/1/11

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 *(Transfer from service label)* 7006 0100 0005 0625 4114

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

7006 0100 0005 0625 3995

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

K.E. Chambers
a/k/a Kenneth E.Chambers
2811 W.Ave. D.
Lovington, NM 88260-5351

Instructions

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

**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.

1. Article Addressed to:

Kenneth E. Chambers
2811 W. Avenue D.
Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X K E Chambers ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery OCT 31 2011 USPS

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 *(Transfer from service label)* 7006 0100 0005 0625 3995

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

7006 0100 0005 0625 4107

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AL USE

| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Se Melodee Nelson
Si 22307 SE 255th St.
or
Ci Maple Valley, WA 98038

PS Instructions

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

**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.

1. Article Addressed to:

Melodee Nelson
22307 SE 255th St.
Maple Valley, WA 98038

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Melodee Nelson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Melodee Nelson
C. Date of Delivery 11/2/11

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 *(Transfer from service label)* 7006 0100 0005 0625 4107

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

7006 0100 0005 0625 4091

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AL USE

| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Ser Richard C. Campbell
Str 1201 North Hillcrest Drive
or I
Cit Payson, AZ 85541

PS Instructions

**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.

1. Article Addressed to:

Richard C. Campbell
1201 North Hillcrest Drive
Payson, AZ 85541

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Sharon Campbell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sharon Campbell
C. Date of Delivery 10/31/11

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

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)* 7006 0100 0005 0625 4091

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7006 0100 0005 0625 4077

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| Postage | $ .64 |
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| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

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OCT 28 2011
SANTA FE MAIN POST OFFICE

S Shelley Marsh Rice
s 24 Rosebud Lane
o Lovington, NM 88260

Instructions

Returned

7006 0100 0005 0625 4060

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|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Se Terri Jonas
Si 21816 NE 8th St.
or Sammamish, WA 98074
Ci

Instructions

**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.

1. Article Addressed to:

Terri Jonas
21816 NE 8th St.
Sammamish, WA 98074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Terri L Jonas ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terri L. Jonas
C. Date of Delivery 11-12-11

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

NOV 12 2011

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) 7006 0100 0005 0625 4060

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

7006 0100 0005 0625 4053

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Weldon R. Yarbro, aka Weldon
Yarbro, as his separate property
11013 W. Ave.
Lovington, NM 88260

or Instructions

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

**SENDER: COMPLETE THIS SECTION** — **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Weldon Yarbro
C. Date of Delivery: 10-31-11

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

1. Article Addressed to:

Weldon R. Yarbro, aka Weldon
Yarbro, as his separate property
11013 W. Ave.
Lovington, NM 88260

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)* 7006 0100 0005 0625 4053

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

7006 0100 0005 0625 4046

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| Postage | .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

OCT 28 2011
Postmark Here
SANTA FE MAIN P

Amy M. Hawthorne
46 Cottondale Road
The Hills, TX 78738-1513

Instructions

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

**SENDER: COMPLETE THIS SECTION** — **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): NEAL HARDIN
C. Date of Delivery: 11/9/11

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

1. Article Addressed to:

Amy M. Hawthorne
46 Cottondale Road
The Hills, TX 78738-1513

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)* 7006 0100 0005 0625 4046

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

7006 0100 0005 0625 3957

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|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
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OCT 28 2011
SANTA FE MAIN POST OFFICE

Chesapeake Exploration, L.L.C
P.O. Box 18496
Oklahoma City OK 73154-0496

for Instructions

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

**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.

1. Article Addressed to:

Chesapeake Exploration, L.L.C
P.O. Box 18496
Oklahoma City OK 73154-0496

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

OCT 31 2011

MAILROOM 3

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)* 7006 0100 0005 0625 3957

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

7006 0100 0005 0625 4022

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

or Instructions

**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.

1. Article Addressed to:

ConocoPhillips Co.
Attn: Tom Scarbrough
600 N. Dairy Ashford
Houston, TX 77079-1175

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10/31/11

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

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)* 7006 0100 0005 0625 4022

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

7006 0100 0005 0625 4015

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87501
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OFFICE

Hal W. Hawthorne
807 Las Cimas Pkwy. Ste. 350
Austin, TX 78746

or Instructions

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

**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.

1. Article Addressed to:

Hal W. Hawthorne
807 Las Cimas Pkwy. Ste. 350
Austin, TX 78746

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Danielle Capano 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 *(Transfer from service label)* 7006 0100 0005 0625 4015

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

7006 0100 0005 0625 4008

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| | |
|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.79 |

USPS SANTA FE, NM 87...
Postmark Here
OCT 28 2011
SANTA FE MAIN POST OF...

MML Ventures, Ltd.
PO Box 1157
Kilgore, TX 75663-1157

Instructions

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

**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.

1. Article Addressed to:

MML Ventures, Ltd.
PO Box 1157
Kilgore, TX 75663-1157

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

USPS-7566 0998 KILGORE TX 01 2011

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)* 7006 0100 0005 0625 4008

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

7006 0100 0005 0625 3988

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|---|---|
| Postage | $ .64 |
| Certified Fee | 2.85 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $5.79 |

USPS SANTA FE, NM 87501
Postmark
OCT 28 2011
SANTA FE MAIN POST OFFICE

Dorothy Runnels
8100 W. Alabama
Hobbs, NM 88240

...for Instructions

**SENDER: C** ...PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE ...TION ON DELIVERY

- 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.

A. Signature
X Dorothy Runnels ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dorothy Runnels | C. Date of Delivery 10-31-11

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

1. Article Addressed to:

Dorothy Runnels
8100 W. Alabama
Hobbs, NM 88240

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) 7006 0100 0005 0625 3988

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