

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

**APPLICATION OF CIMAREX ENERGY CO.  
OF COLORADO FOR A NON-STANDARD OIL  
SPACING AND PRORATION UNIT, AN  
UNORTHODOX LOCATION, AND  
COMPULSORY POOLING, LEA COUNTY,  
NEW MEXICO.**

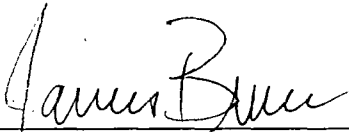
**Case No. 14,764**

**AFFIDAVIT OF NOTICE**

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

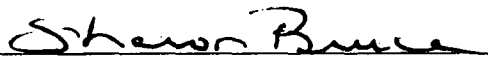
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 17<sup>th</sup> day of January, 2012 by James Bruce.

My Commission Expires: 3/14/13

  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 10

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

December 15, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Working Interest Owners in the E½E½ of Section 33

Ladies and gentlemen:

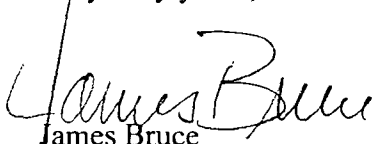
Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co. of Colorado, regarding the E½E½ of Section 33, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 5, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest 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 contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, January 29, 2011. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

**If you have committed your interest to the subject well, you may disregard this letter.**

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co. of Colorado

EXHIBIT A

#### ADDRESS LIST

Read & Stevens, Inc.  
Attn: Bob Watson  
P. O. Box 1518  
Roswell, NM 88202

First Century Oil, Inc.  
C/O: Read & Stevens, Inc.  
Address above

Charles B. Read  
C/O: Read & Stevens, Inc.  
Address above

Diamond Star Production Co., LLC.  
C/O: Read & Stevens, Inc.  
Address above

Betty Read Young  
C/O: Read & Stevens, Inc.  
Address above

Laura K. Read  
C/O: Read & Stevens, Inc.  
Address above

**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:

W.A. Moncrief Jr. Trust  
Moncrief Building  
9th & Commerce  
Fort Worth, Texas 76102

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *M. C. Bell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*M. C.*

C. Date of Delivery

*1/28/2011*

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

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 0780 0002 3930 1300

PS Form 3811, February 2004

Domestic Return Receipt

*ex 33*

102595-02-M-1540

**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:

Hyde Oil & Gas Corp  
6300 Bldg Lea Place, Suite 1018  
Fort Worth, Texas 76116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *S. Godby*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*S. Godby*

C. Date of Delivery

*12-22-11*

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)

7010 0780 0002 3930 1331

PS Form 3811, February 2004

Domestic Return Receipt

*C 33*

102595-02-M-1540

**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:

Michael J. Moncrief 2008 Trust A  
Michael J. Moncrief Trustee  
777 Taylor Street  
Suite 1030  
Fort Worth Club Tower  
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7010 0780 0002 3930 1270

PS Form 3811, February 2004

Domestic Return Receipt

C-33

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Deane Elliott* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/22

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

**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:

Lee Wiley Moncrief 1988  
Attn: Deborah Coughlin  
Bank of America, Successor Trustee  
P.O. Box 840738  
Dallas, Texas 75284-0738

2. Article Number

(Transfer from service label)

7010 0780 0002 3930 1324

PS Form 3811, February 2004

Domestic Return Receipt

C-33

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *JP* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/22

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

## 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:

Read & Stevens, Inc. Group  
Address List Attached  
Attn: Bob Watson  
P. O. Box 1518  
Roswell, NM 88202

2. Article Number:

(Transfer from service label)

7008 1140 0003 5864 4579

PS Form 3811, February 2004

Domestic Return Receipt

C 33

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Anita Thompson*☐ Agent☐ Addressee

B. Received by (Printed Name)

ANITA THOMPSON

C. Date of Delivery

12/21/2011

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☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 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 B. Moncrief Grantors Trust  
C. Jan Moncrief & Edward R. Nelson, III  
Co-Trustees  
P.O. Box 471610  
Fort Worth, Texas 76147

2. Article Number:

(Transfer from service label)

7010 0780 0002 3930 1317

PS Form 3811, February 2004

Domestic Return Receipt

C 33

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Jan Moncrief*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Jan Moncrief

C. Date of Delivery

12-28-11

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

# 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:

Lincoln Oil & Gas LLC  
Attn: Land Dept.  
701 Three Cross  
Roswell, NM 88201

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Hannah Breckner*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Hannah Breckner*

C. Date of Delivery

*12/21/11*

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)

7008 1140 0003 5864 4524

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# 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:

CLM Production Company  
Attn: Land Dept.  
P. O. Box 881  
Roswell, NM 88202

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Coffey*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*12/22/11*

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)

7010 0780 0002 3930 1393

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>  <i>X Bernadine Glenn</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Bernadine Glenn</i> <span style="float: right;"><i>12-21-11</i></span></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-top: 20px; text-align: center;">             Bernadine Glenn              10-D Townpark Lane              Charleston, SC 29412           </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail           </div> <div> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.           </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <span style="float: right;">7008 1140 0003 5864 4555</span></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>  <i>X Watson</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="float: right;"><i>12-21-11</i></span></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-top: 20px; text-align: center;">             Watson Properties, LLC              Attn: Bob Watson              3905 Futura Drive              Roswell, NM 88201           </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail           </div> <div> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.           </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <span style="float: right;">7008 1140 0003 5864 4562</span></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	



**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:

Marion P. Riley  
1105 San Juan  
Roswell, NM 88201

2. Article Number  
(Transfer from service label)

7010 0780 0002 3930 1386

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *T. Riley*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

T. RILEY

C. Date of Delivery

12/25/11

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

**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:

Cactus Operating Company, Ltd.  
c/o William V. Palmer  
3226 Anderson Drive  
Lovington, NM 88260

2. Article Number  
(Transfer from service label)

7010 0780 0002 3930 1263

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *W. Palmer*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

W. PALMER

C. Date of Delivery

12/25/11

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

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.</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>A. Signature: <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>[Signature]</u> C. Date of Delivery: <u>12-20-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Spiral, Inc. P.O. Box 1933 Roswell, New Mexico 88202-1933</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: <u>7010 0780 0002 3930 1287</u> (Transfer from service label)</p>			

PS Form 3811, February 2004 Domestic Return Receipt (C.33) 102595-02-M-1540

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.</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>A. Signature: <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>[Signature]</u> C. Date of Delivery: <u>12-20-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Pecos Air Inc. Attn: Robert Armstrong P. O. Box 1973 Roswell, NM 88202</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: <u>7010 0780 0002 3930 1362</u> (Transfer from service label)</p>			

PS Form 3811, February 2004 Domestic Return Receipt (C.33) 102595-02-M-1540

**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:

HHB Limited Partnership  
6823 S. Florence Ave.  
Tulsa, Oklahoma 74136

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ *Robert Ben*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/24/11

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

7010 0780 0002 3930 1348

(Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

C 37

102595-02-M-1540

English

Customer Service

USPS Mobile

Register / Sign In



Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

## Track & Confirm

GET EMAIL UPDATES

PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70100780000239301379		Notice Left	January 18, 2012, 8:15 am	SANTA FE, NM 87504	Certified Mail™
<small>www.usps.com/redelivery or calling 800-ASK-USPS, or may pick up the item at the Post Office indicated on the notice. If this item is unclaimed after 15 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.&gt;</small>					
		Depart USPS Sort Facility	January 07, 2012	ALBUQUERQUE, NM 87101	
		Processed through USPS Sort Facility	January 07, 2012, 4:00 am	ALBUQUERQUE, NM 87101	
		Unclaimed	January 04, 2012, 6:32 pm	ALBUQUERQUE, NM	
		Notice Left	December 19, 2011, 1:58 pm	ALBUQUERQUE, NM 87114	
		Arrival at Unit	December 19, 2011, 9:22 am	ALBUQUERQUE, NM 87114	

### Check on Another Item

What's your label (or receipt) number?

Find

#### LEGAL

Privacy Policy  
Terms of Use  
FOIA  
No FEAR Act/EEO Data

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Inspector General  
Postal Explorer

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*(Domestic Mail Only; No Insurance Coverage Provided)*

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Steven Rodrigue  
 Individually and as Trustee  
 of the Jessica and Tyler Rodrigue Trust  
 8035 Corn Mountain Place NW  
 Albuquerque, NM 87114

Postmark: DEC 17 2011 SANTA FE, NM

PS Form 3800, August 2006 See Reverse for Instructions

**James Bruce**  
PO Box 1056  
Santa Fe, NM 87504-1056

OFFICE 12-28-11  
OFFICE 12-28-11  
IN 12-28-11

7010 0780 0002 3930 1244

~~Thomas Beall  
P.O. Box 3098  
Midland, Texas 79702~~

87504

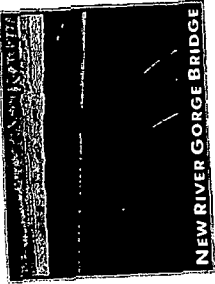
CERTIFIED MAIL™

Mr. James Bruce  
PO Box 1056  
Santa Fe NM 87504

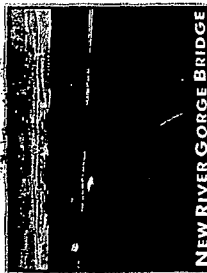
1ST NOTICE 12-28-11  
2ND NOTICE 12-28-11  
RETURN TO SENDER 12-28-11

7010 0780 0002 3930 1355

~~Fuel Products, Inc.  
Attn: Thomas Beall  
P.O. Box 3098  
Midland, Texas 79702~~



12-22



12-22





1000



79702

U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
DEC 17, 11  
AMOUNT

\$4.71

00037626-19

RETURN  
REQUESTED

12-22

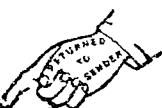


Mr James Bruce  
PO Box 1056  
Santa Fe NM 87504

1ST NOTICE 12/29/11  
2ND NOTICE 1/1/12  
RETURN

7000 1140 0003 5864 4531

Carolyn Beall  
P. O. Box 3998  
Midland, TX 79702



RETURN  
REQUESTED