

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

**APPLICATION OF APACHE CORPORATION
TO AMEND ORDER NO. R-13176 FOR A
SECONDARY RECOVERY PROJECT, LEA
COUNTY, NEW MEXICO.**

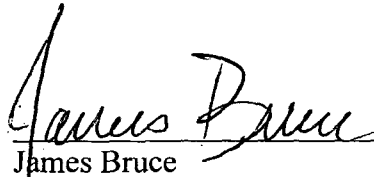
Case No. 14,803

AFFIDAVIT OF NOTICE

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

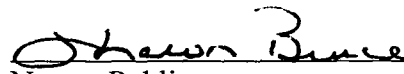
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Apache Corporation.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the surface owner, offset operators, and offset working 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 Form C-108 and Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 12th day of March, 2012 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 9
Exhibit No. 1

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

February 23, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Surface owner and offset operators or working interest owners

Ladies and gentlemen:

Enclosed is a copy of an application to amend an order for a pilot secondary recovery project for the Blankenship Lease in the W $\frac{1}{2}$ SW $\frac{1}{4}$ of Section 12, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico, filed with the New Mexico Oil Conservation Division by Apache Corporation. The amendment will add injection perforations in the Paddock formation.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 15, 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 offset operator or 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 this matter at a later date.

A party appearing in a Division case is required by Division Rule to file a Pre-Hearing Statement no later than Thursday, March 8, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and with the attorney for Apache Corporation, 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.

Very truly yours,


James Bruce

Attorney for Apache Corporation

EXHIBIT **A**

**List of Working Interest Owners within ½-mile radius of
Blankenship Well No. 2, as to the Paddock Formation**

TOWNSHIP 20 SOUTH, RANGE 38 EAST, N.M.P.M.

SW/4NE/4 Section 11:

Apache Corporation

NW/4SE/4 Section 11:

Apache Corporation

SW/4SE/4 Section 11:

Apache Corporation

E/2E/2 Section 11:

Apache Corporation

NW/4NW/4 Section 12:

Western Commerce Bank, Agent
for the Kirby Schenck Trust
P. O. Box 1627
Lovington, NM 88260

Alton C. White, Jr.
3112 Above Stratford Place
Austin, TX 78746

Petro Tiger I, Ltd.
P. O. Box 3166
Tulsa, OK 74101

Intrepid Energy L.L.C.
P. O. Box 711
Yankton, SD 57078

Zeus Petroleum, Inc.
P. O. Box 458
Bellaire, TX 77402-0458

John E. Donnellan and wife
Gail Donnellan
P. O. Box 1433
Chickasha, OK 73023

Trio Production Company, L.L.C.
1601 E. 19th St.
Edmond, OK 73013

Cynthia Stratton O'Malley
9575 Katy Freeway, Suite 440
Houston, TX 77024-1408

Partin Petroleum, Inc.
P. O. Box 572425
Houston, TX 77257-2425

Suzanne Thomas
3936 Byron St.
Houston, TX 77005

Ward N. Adkins, Jr.
5519 Tupper Lake
Houston, TX 77056

NE/4NW/4 Section 12:

Devon Energy Production Company, L.P.
Suite 1500
20 North Broadway,
Oklahoma City, OK 73102-8260

NM O&G Ltd.
P. O. Box 10217
Lubbock, TX 79408

Nona Pevehouse Burgamy
7112 19th St.
Lubbock, TX 79407-4402

Lucille Pevehouse, Executrix of the
Estate of Byron Cone Pevehouse
13623 NE 32nd Place
Bellevue, WA 98005

Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79408-5930

Stephen E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408

Katherine Cone Keck
Suite 446
1801 Avenue of the Stars
Los Angeles, CA 90067-5906

SW/4NW/4 and W/2SW/4 Section 12:

Apache Corporation

SE/4NW/4 and NW/4SE/4 Section 12:

David M. Rost
P.O. Box 615
Ligonier, PA 15658

Katherine A. Keck

Marjorie Alice Kastman

NM O&G, Ltd.

Nona Pevehouse Burgamy

Lucille Pevehouse, Executrix of the
Estate of Byron Cone Pevehouse

SW/4NE/4 Section 12:

Olsen Energy Inc.
Suite 102
3512 Paesanos Parkway
San Antonio, TX 78231

Devon Energy Production Company, L.P.

NM O&G Ltd.

Nona Pevehouse Burgamy

Lucille Pevehouse, Executrix of the
Estate of Byron Cone Pevehouse

Marjorie Cone Kastman

Stephen E. Cone, Jr.

Katherine Cone Keck

E/2SW/4 and SW/4SE/4 Section 12:

Cobrador LLC
P.O. Box 10549
Midland, TX 79702

Critterville, LLC
P.O. Box 620
Wimberly, TX 78676

Dan M. Leonard
P.O. Box 3422
Midland, TX 79702-3422

Devon Energy Production Co., L.P.

El Captain Ventures, LLC
P.O. Box 700633
San Antonio, TX 78270

Eureka Gas Company Inc.
P.O. Box 2120
Allen, TX 75013

Frank Henry Revocable Living Trust
c/o The Bessemer Trust Co NA
Angelo Campanile, Sr. Vice President
630 Fifth Ave.
New York, NY 10111

JTD Resources LLC
P.O. Box 3422
Midland, TX 79702

L.S. Melzer
P.O. Box 2083
Midland, TX 79702-2083

Lisa L. Durban
P.O. Box 3194
Boulder, CO 80307

Mary A. Hudson Seay
P.O. Box 4462
Midland, TX 79704

Matthew Seay
10406 MacAndrew Lane
Chesterfield, VA 23838

Maurice Mordka Estate
Gail Mordka, Personal Representative
1800 North Grady Ave.
Tucson, AZ 85715

Melzer Exploration
P.O. Box 2083
Midland, TX 79702-2083

Michael Kyle Leonard Child's Trust
Michael Kyle Leonard, Trustee
P.O. Box 2625
Eagle Pass, TX 78853

Morgan Trust
67 East Baffert Dr.
Nogales, AZ 85621

PJC Limited Partnership
P.O. Box 1713
Roswell, NM 88202

Robert K. Leonard
P.O. Box 332
Midland, TX 79702

Roy G. Barton, Jr.
1919 North Turner St.
Hobbs, NM 88241-2712

S.P. Johnson III
S.P. Johnson III and Barbara
Jo Johnson, Trustees
P.O. Box 1641
Roswell, NM 88202-1641

Sandfly Inc.
P.O. Box 11371
Midland, TX 79704

Shannon C. Leonard Child's Trust
Shannon C. Leonard, Trustee
1018 Sunset Canyon Drive North
Dripping Springs, TX 78620

Melzer Exploration

Ted Weiner Oil Properties Trust
Gwendolyn P. Weiner, Individually
and as Trustee
P.O. Box 121938
Fort Worth, TX 76121

Texas Crude Operator Inc.
Charles Weiner, Patricia Ann Weiner,
Glen A. Bodzy, Gerald W. Bodzy,
Diane Weiner Dillard and Mary Don Weiner
P.O. Box 122389
Fort Worth, TX 76121-2389

Timothy A. Dernbach
No. 502E
2900 12th Avenue North
Billings, MT 59101

Tumbleweed Exploration LLC
P.O. Box 50688
Midland, TX 79710

Wadi Petroleum Inc.
Suite 200
4355 Sylvanfield
Houston, TX 77014

WBR Petroleum LLC
c/o WB Robbins, III, General Partner
P.O. Box 10428
Midland, TX 79702

Worrall Investment Corp.
P.O. Box 1834
Roswell, NM 88202-1834

NW/4NW/4 Section 13:

Apache Corporation

NE/4NW/4 Section 13:

Roy G. Barton Jr.

Texas Crude Operator Inc.
Charles Weiner, Patricia Ann Weiner,
Glen A. Bodzy, Gerald W. Bodzy,
Diane Weiner Dillard and Mary Don Weiner

Ted Weiner Oil Properties Trust
Gwendolyn P. Weiner, Individually
and as Trustee

NE/4NE/4 Section 14:

Apache Corporation

SURFACE OWNER (NW/4SW/4 Section 12):

Armando Valdez
228 Starlight Road
Hobbs, NM 88240

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:

Mary A. Hudson Seay
P.O. Box 4462
Midland, TX 79704

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6650

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary A. Hudson Seay*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Mary A. Hudson Seay

C. Date of Delivery

3/6/12

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Tumbleweed Exploration LLC

P.O. Box 50688

Midland, TX 79710

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To Mary A. Hudson Seay

P.O. Box 4462

Street, Apt. No.,
or PO Box No. Midland, TX 79704

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

Tumbleweed Exploration LLC
P.O. Box 50688
Midland, TX 79710

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5869

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kevin K. Leonard*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kevin K. Leonard

C. Date of Delivery

3-5-12

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	
- 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 <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Frank Henry Revocable Living Trust c/o The Bessemer Trust Co NA Angelo Campanile, Sr. Vice President 630 Fifth Ave. New York, NY 10111		B. Received by (Printed Name) <i>S. ESPANA</i> C. Date of Delivery <i>2/27/12</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from service label) 7010 0780 0002 3937 9132		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

7008 1140 0003 5861 5807

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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



Sent To
Suzanne Thomas
3936 Byron St.
Houston, TX 77005
City, State, ZIP+4

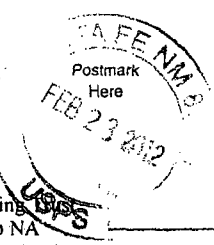
PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0002 3937 9132

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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



Sent To
Frank Henry Revocable Living Trust
c/o The Bessemer Trust Co NA
Angelo Campanile, Sr. Vice President
630 Fifth Ave.
New York, NY 10111
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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 <i>Suzanne Thomas</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Suzanne Thomas 3936 Byron St. Houston, TX 77005		B. Received by (Printed Name) <i>SUZANNE THOMAS</i> C. Date of Delivery <i>2/27/12</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from serv. label) 7008 1140 0003 5861 5807		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

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: [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 2/27/12

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 1140 0003 5861 5760

(Transfer from service)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Lisa L. Durban

P.O. Box 3194

Boulder, CO 80307

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3937 6674

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:

Lisa L. Durban
P.O. Box 3194
Boulder, CO 80307

2. Article Number 7010 0780 0002 3937 6674

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) KEVIN DURBAN C. Date of Delivery 3/3/12

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

7010 0780 0002 3937 6674

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Cynthia Stratton O'Malley

9575 Katy Freeway, Suite 440

Houston, TX 77024-1408

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 1140 0003 5861 5760

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:

Melzer Exploration
P.O. Box 2083
Midland, TX 79702-2083

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6636

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3-1-12

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Cobrador LLC

Street, Apt. No.,
or PO Box No.

P.O. Box 10549

City, State, ZIP+4

Midland, TX 79702

PS Form 3800, August 2006

See Reverse 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:

Cobrador LLC
P.O. Box 10549
Midland, TX 79702

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9187

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

2/27/12

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:

L.S. Melzer
P.O. Box 2083
Midland, TX 79702-2083

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6681

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

L.S. Melzer

C. Date of Delivery

3/1/12

D. Is delivery address different from item 1? ☐ YesIf 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

FEB 23 2012

USPS

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Ward N. Adkins, Jr.
5519 Tupper Lake
Houston, TX 77056

PS Form 3800, August 2006

See Reverse 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:

Ward N. Adkins, Jr.
5519 Tupper Lake
Houston, TX 77056

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-28-12

D. Is delivery address different from item 1? ☐ YesIf 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

FEB 23 2012

USPS

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

L.S. Melzer
P.O. Box 2083
Midland, TX 79702-2083

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3937 6681

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:

Lucille Pevehouse, Executrix of the
Estate of Byron Cone Pevehouse
13623 NE 32nd Place
Bellevue, WA 98005

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Stephen E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3937 9248

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Lucille Pevehouse, Executrix of the
Estate of Byron Cone Pevehouse
13623 NE 32nd Place
Bellevue, WA 98005

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

Stephen E. Cone, Jr.
P. O. Box 10321
Lubbock, TX 79408

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. 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

7010 0780 0002 3937 9248

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:

Zeus Petroleum, Inc.
P. O. Box 458
Bellaire, TX 77402-0458

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5739

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
B. Received by (Printed Name)
R. Weenig

☐ Agent☐ Addressee

C. Date of Delivery

2-28-12

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

NM 87501
FEB 28 2012

USPS

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Alton C. White, Jr.
3112 Above Stratford Place
Austin, TX 78746

PS Form 3800, August 2006

See Reverse for Instructions

2695 1985 0000 0411 8001

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

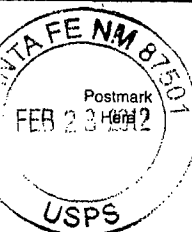
\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$



Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Zeus Petroleum, Inc.
P. O. Box 458
Bellaire, TX 77402-0458

PS Form 3800, August 2006

See Reverse 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:

Alton C. White,
3112 Above Stratford Place
Austin, TX 78746

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5692

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
B. Received by (Printed Name)
ALTON C WHITE JR

☐ Agent☒ Addressee

C. Date of Delivery

2-27-2012

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:

El Captain Ventures, LLC
P.O. Box 700633
San Antonio, TX 78270

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9156

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Patrick Leonard

☐ Agent☐ Addressee

B. Received by (Printed Name)

Patrick Leonard

C. Date of Delivery

2/27/12

D. Is delivery address different from item 1? ☐ YesIf 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)

☐ YesU.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Dan M. Leonard

Street, Apt. No.,
or PO Box No.P.O. Box 3422
Midland, TX 79702-3422

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

El Captain Ventures, LLC

P.O. Box 700633

Street, Apt. No.,
or PO Box No. San Antonio, TX 78270

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

Dan M. Leonard
P.O. Box 3422
Midland, TX 79702-3422

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9163

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Dan M. Leonard

☐ Agent☐ Addressee

B. Received by (Printed Name)

Dan M. Leonard

C. Date of Delivery

2/27/12

D. Is delivery address different from item 1? ☐ YesIf 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:

Michael Kyle Leonard Child's Trust
Michael Kyle Leonard, Trustee
P.O. Box 2625
Eagle Pass, TX 78853

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6629

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by: (Printed Name)

Michael K. Leonard

C. Date of Delivery

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

P.O. Box 2625

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Ted Weiner Oil Properties Trust
Gwendolyn P. Weiner, Individual
and as Trustee
P.O. Box 121938
Fort Worth, TX 76121

PS Form 3800, August 2006

See Reverse for Instructions

7008 1140 0003 5861 5890

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Michael Kyle Leonard Child's Trust
Michael Kyle Leonard, Trustee
P.O. Box 2625
Eagle Pass, TX 78853

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3937 6629

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:

Ted Weiner Oil Properties Trust
Gwendolyn P. Weiner, Individual
and as Trustee
P.O. Box 121938
Fort Worth, TX 76121

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5890

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by: (Printed Name)

Little B...

C. Date of Delivery

2-29-12

- 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:

Wadi Petroleum Inc.
Suite 200
4355 Sylvanfield
Houston, TX 77014

2. Article Number
(Transfer from service label) **7008 1140 0003 5861 5852**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **2-28-12**

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

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

U.S. Postal Service™
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OFFICIAL USE

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

Sent To **WBR Petroleum LLC**
c/o WB Robbins, III, General Partner
P.O. Box 10428
Midland, TX 79702

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To **Wadi Petroleum Inc.**
Suite 200
4355 Sylvanfield
Houston, TX 77014

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse 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:

WBR Petroleum LLC
c/o WB Robbins, III, General Partner
P.O. Box 10428
Midland, TX 79702

2. Article Number
(Transfer from service label) **7008 1140 0003 5861 5845**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **2-28-12**

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

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:

JTD Resources LLC
P.O. Box 3422
Midland, TX 79702

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6698

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

DAN M. LEMARD

☐ Agent

☐ Addressee

B. Received by (Printed Name)

DAN M. LEMARD

C. Date of Delivery

2-28-12

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

NM O&G Ltd.

P. O. Box 10217

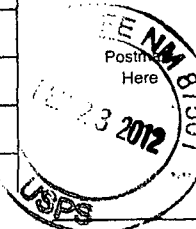
Street, Apt. No.,
or PO Box No.

Lubbock, TX 79408

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

JTD Resources LLC

P.O. Box 3422

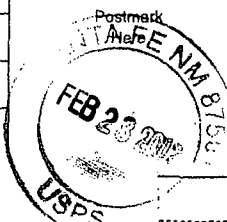
Street, Apt. No.,
or PO Box No.

Midland, TX 79702

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

NM O&G Ltd.
P. O. Box 10217
Lubbock, TX 79408

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jane Cone

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JANE CONE

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

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:

Marjorie Cone Kastman
P. O. Box 5930
Lubbock, TX 79408-5930

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9231

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David M. Rost*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

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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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

David M. Rost

Street, Apt. No.,
or PO Box No.

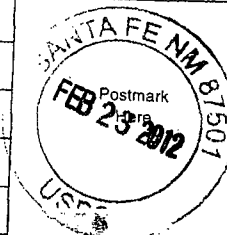
P.O. Box 615

City, State, ZIP+4

Ligonier, PA 15658

PS Form 3800, August 2006

See Reverse for Instructions



7010 0780 0002 3937 9200

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Marjorie Cone Kastman

Street, Apt. No.,
or PO Box No.

P. O. Box 5930

City, State, ZIP+4

Lubbock, TX 79408-5930

PS Form 3800, August 2006

See Reverse for Instructions



7010 0780 0002 3937 9231

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:

David M. Rost
P.O. Box 615
Ligonier, PA 15658

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David M. Rost*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

D. Rost

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

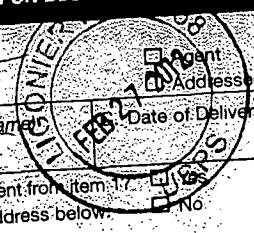
4. Restricted Delivery? (Extra Fee)

☐ Yes

7010 0780 0002 3937 9200

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:

Texas Crude Operator Inc.
Charles Weiner, Patricia Ann Weiner,
Glen A. Bodzy, Gerald W. Bodzy,
Diane Weiner Dillard and Mary Don Weiner
P.O. Box 122389
Fort Worth, TX 76121-2389

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5883

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Nancy Buffum

☐ Agent☐ Addressee

B. Received by (Printed Name)

NANCY BUFFUM

C. Date of Delivery

2-27-12

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

122389

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Timothy A. Dernbach

No. 502E

2900 12th Avenue North

Billings, MT 59101

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

Timothy A. Dernbach
No. 502E
2900 12th Avenue North
Billings, MT 59101

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5876

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Holmes

☐ Agent☐ Addressee

B. Received by (Printed Name)

B. Holmes

C. Date of Delivery

2/27/12

D. Is delivery address different from item 1?

☐ YesIf 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:

Devon Energy Production Company, L.P.
Suite 1500
20 North Broadway,
Oklahoma City, OK 73102-8260

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9279

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Clint Cline
Clint Cline

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

**U.S. Postal Service™
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OFFICIAL USE

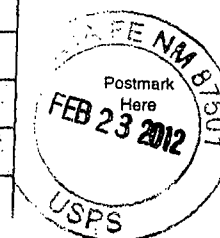
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To Katherine Cone Keck
Suite 446
Street, Apt. No., or PO Box No. 1801 Avenue of the Stars
Los Angeles, CA 90067-5906
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**U.S. Postal Service™
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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To Devon Energy Production Company, L.P.
Suite 1500
Street, Apt. No., or PO Box No. 20 North Broadway,
Oklahoma City, OK 73102-8260
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

Katherine Cone Keck
Suite 446
1801 Avenue of the Stars
Los Angeles, CA 90067-5906

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Phyllis Wilson
Phyllis Wilson

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ 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:

Trio Production Company, L.L.C.
1601 E. 19th St.
Edmond, OK 73013

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5753

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Daniel Phillips*☐ Agent☐ Addressee

B. Received by (Printed Name)

Daniel Phillips

C. Date of Delivery

*2/25/12*D. Is delivery address different from item 1? ☐ YesIf 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

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

John E. Donnellan and wife

Street, Apt. No.,
or PO Box No.

Gail Donnellan

City, State, ZIP+4

P. O. Box 1433

Chickasha, OK 73023

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at www.usps.com

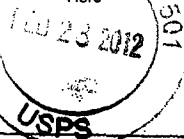
OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No.

Trio Production Company, L.L.C.

City, State, ZIP+4

1601 E. 19th St.
Edmond, OK 73013

PS Form 3800, August 2006

See Reverse 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:

John E. Donnellan and wife
Gail Donnellan
P. O. Box 1433
Chickasha, OK 73023

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5746

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gail Donnellan*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*2/27/12*D. Is delivery address different from item 1? ☐ YesIf 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:

Petro Tiger I, Ltd.
P. O. Box 3166
Tulsa, OK 74101

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5708

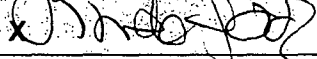
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

Linda Seay

C. Date of Delivery

2/2/12

D. Is delivery address different from item 1? ☐ YesIf 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

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & F--- \$

Matthew Seay

Sent To 10406 MacAndrew Lane

Chesterfield, VA 23838

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Postmark
Here

USPS

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Apt. No.,
or PO Box No. Petro Tiger I, Ltd.
P. O. Box 3166
City, State, ZIP+4 Tulsa, OK 74101

PS Form 3800, August 2006

See Reverse 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:

Matthew Seay
10406 MacAndrew Lane
Chesterfield, VA 23838

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6667

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☒ Addressee

B. Received by (Printed Name)

L A SEAY

C. Date of Delivery

2-3-12

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

3. Service Type:

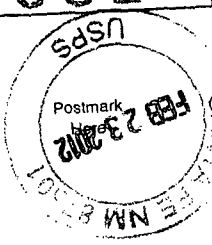
☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

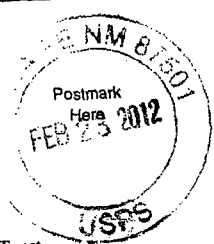
4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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  ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>2-27-12</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Shannon C. Leonard Child's Trust Shannon C. Leonard, Trustee 1018 Sunset Canyon Drive North Dripping Springs, TX 78620		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7008 1140 0003 5861 5906		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Eureka Gas Company Inc. P.O. Box 2120 Allen, TX 75013 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Shannon C. Leonard Child's Trust Shannon C. Leonard, Trustee 1018 Sunset Canyon Drive North Dripping Springs, TX 78620 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

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  ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Natalie Herlihy</u> C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Eureka Gas Company Inc. P.O. Box 2120 Allen, TX 75013		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7010 0780 0002 3937 9149		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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:

Crittville, LLC
P.O. Box 620
Wimberly, TX 78676

2. Article Number
(Transfer from service label)

PS Form 3811, February 20

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Lopez ☐ Agent
☒ Addressee

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

D. Is delivery address different from item 1?
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

7010 0780 0002 3937 9170

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

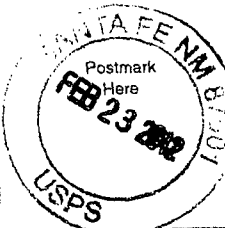
Morgan Trust
67 East Baffert Dr.
Nogales, AZ 85621

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



7010 0780 0002 3937 6612

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:

Morgan Trust
67 East Baffert Dr.
Nogales, AZ 85621

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6612

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Maria H. Lopez ☐ Agent
☒ Addressee

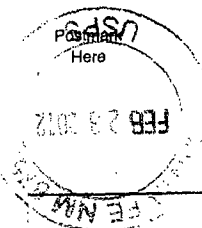
B. Received by (Printed Name) C. Date of Delivery

MARIA H. Lopez 2-25-12

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) ☐ YesU.S. Postal ServiceTM
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(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Crittville, LLC
P.O. Box 620
Wimberly, TX 78676

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3937 9170

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:

PJC Limited Partnership
P.O. Box 1713
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Tracy Thompson* ☐ Agent ☐ Addressee

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

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

2. Article Number (Transfer from service label) **7010 0780 0002 3937 6605**

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To _____ Worrall Investment Corp.
 P.O. Box 1834
 Roswell, NM 88202-1834

Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To PJC Limited Partnership
 P.O. Box 1713
 Roswell, NM 88202

Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse 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:

Worrall Investment Corp.
P.O. Box 1834
Roswell, NM 88202-1834

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sharon Scott* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Sharon Scott* C. Date of Delivery *2/24/12*

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

2. Article Number (Transfer from service label) **7008 1140 0003 5861 5838**

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:

Armando Valdez
228 Starlight Road
Hobbs, NM 88240

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5814

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Armando Valdez

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Armando Valdez

C. Date of Delivery

3-7-12

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fee

S.P. Johnson III
S.P. Johnson III and Barbara
Jo Johnson, Trustees
P.O. Box 1641
Roswell, NM 88202-1641

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Postmark
Here

FEB 23 2012

USPS

See Reverse for Instructions

PS Form 3800, August 2006

7010 0780 0002 3937 6575

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

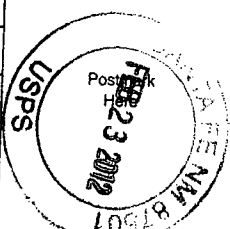
Armando Valdez
228 Starlight Road
Hobbs, NM 88240

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse 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:

S.P. Johnson III
S.P. Johnson III and Barbara
Jo Johnson, Trustees
P.O. Box 1641
Roswell, NM 88202-1641

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 6575

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tracy Johnson

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

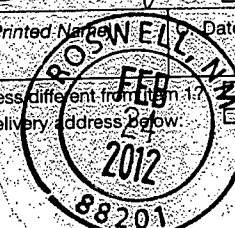
If YES, enter delivery address below: ☐ No

3. Service Type

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

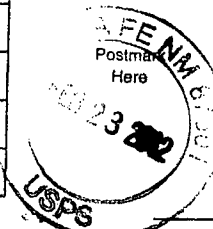
4. Restricted Delivery? (Extra Fee)

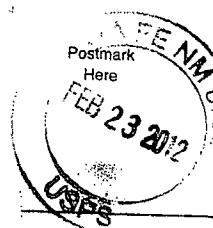
☐ Yes



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 Brenda Stewart ☐ Agent ☐ Addressee	
1. Article Addressed to: Roy G. Barton, Jr. 1919 North Turner St. Hobbs, NM 88241-2712		B. Received by (Printed Name) <i>Brenda Stewart</i>	
		C. Date of Delivery 2-24-12	
		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 3937 6582			

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

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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Nona Pevehouse Burgamy Street, Apt. No., or PO Box No. 7112 19th St. City, State, ZIP+4 Lubbock, TX 79407-4402	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Roy G. Barton, Jr. Street, Apt. No., or PO Box No. 1919 North Turner St. City, State, ZIP+4 Hobbs, NM 88241-2712	
PS Form 3800, August 2006 See Reverse for Instructions	

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 Nona Burgamy ☐ Agent ☐ Addressee	
1. Article Addressed to: Nona Pevehouse Burgamy 7112 19th St. Lubbock, TX 79407-4402		B. Received by (Printed Name) <i>Nona Burgamy</i>	
		C. Date of Delivery 2-23-12	
		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 3937 9255			

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:

Intrepid Energy L.L.C.
P. O. Box 711
Yankton, SD 57078

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5722

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deanne Mitchell* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Deanne Mitchell 2-25-12

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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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Western Commerce Bank, Agent
for the Kirby Schenck Trust
P. O. Box 1627
Lovington, NM 88260

PS Form 3800, August 2006

See Reverse 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:

Western Commerce Bank, Agent
for the Kirby Schenck Trust
P. O. Box 1627
Lovington, NM 88260

2. Article Number

(Transfer from service label)

7008 1140 0003 5861 5685

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deanne Mitchell* ☐ 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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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

FEB 23 2012

USPS

Sent To

Intrepid Energy L.L.C.
P. O. Box 711
Yankton, SD 57078

PS Form 3800, August 2006

See Reverse for Instructions

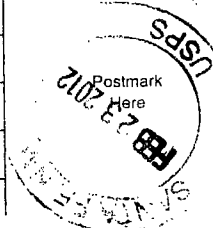
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Gail Mordka</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>GAIL MORDKA</i> C. Date of Delivery <i>2/25/12</i> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Maurice Mordka Estate Gail Mordka, Personal Representative 1800 North Grady Ave. Tucson, AZ 85715		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 <i>7010 0780 0002 3937 6643</i> (Transfer from service label)			

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

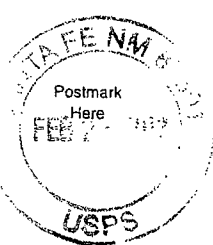
Sent To	Olsen Energy Inc.
Street, Apt. No., or PO Box No.	Suite 102 3512 Paesanos Parkway San Antonio, TX 78231
City, State, ZIP+4	

PS Form 3800, August 2006 See Reverse for Instructions

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

Sent To	Maurice Mordka Estate Gail Mordka, Personal Representative
Street, Apt. No., or PO Box No.	1800 North Grady Ave. Tucson, AZ 85715
City, State, ZIP+4	

PS Form 3800, August 2006 See Reverse for Instructions

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 <i>Donna Dice</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Donna Dice</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
1. Article Addressed to: Olsen Energy Inc. Suite 102 3512 Paesanos Parkway San Antonio, TX 78231		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 <i>7010 0780 0002 3937 9194</i> (Transfer from service label)			

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YOUR LABEL NUMBER

7008114000358615777

SERVICE

First-Class Mail®

STATUS OF YOUR ITEM

Depart USPS Sort Facility

DATE & TIME

February 27, 2012

LOCATION

HOUSTON, TX 77201

FEATURES

Expected Delivery By:
February 27, 2012
Certified Mail™

 Processed at USPS
 Origin Sort Facility

February 27, 2012, 1:13 am

HOUSTON, TX 77201

Acceptance

February 23, 2012, 1:54 pm

SANTA FE, NM 87501

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box No. Partin Petroleum, Inc. P. O. Box 572425 City, State, ZIP+4 Houston, TX 77257-2425	
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70100780000239376568

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. >

METHOD

First-Class Mail™

STATUS OR EVENT TYPE

Notice Left

DATE & TIME

February 28, 2012, 8:38 am

LOCATION

MIDLAND, TX 79702

FEATURES

Expected Delivery By:

February 27, 2012

Certified Mail™

Arrival at Unit

February 27, 2012, 7:11 am

MIDLAND, TX 79701

Depart USPS Sort Facility

February 25, 2012

MIDLAND, TX 79711

Processed at USPS Origin Sort Facility

February 25, 2012, 2:37 am

MIDLAND, TX 79711

Acceptance

February 23, 2012, 2:41 pm

SANTA FE, NM 87501

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: Sandfly Inc. P.O. Box 11371 Midland, TX 79704	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
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70100780000239376599

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RECEIPT

STATUS OF YOUR ITEM

DATE & TIME

LOCATION

FEATURES

Notice Left

February 28, 2012, 10:32 am

MIDLAND, TX 79702

Certified Mail™

Arrival at Unit

February 27, 2012, 10:54 am

MIDLAND, TX 79701

Depart USPS Sort Facility

February 27, 2012

MIDLAND, TX 79711

Processed through USPS Sort Facility

February 27, 2012, 1:41 am

MIDLAND, TX 79711

Check on Another Item

What's your label (or receipt) number?

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	Robert K. Leonard P.O. Box 332 Midland, TX 79702
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

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