





March 22, 2012

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

**TO AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 a.m. on April 12, 2012. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Sincerely,

Adam G. Rankin  
ATTORNEY FOR COG OPERATING LLC

**EXHIBIT A**  
**APPLICATION OF COG OPERATING LLC**  
**ARABIAN 6 FEE NO. 2H WELL**

**MARCH 15, 2012**

Legacy Royalty, LLC  
Frank Yates Jr.  
Post Office Box 1091  
Artesia, New Mexico 88211

7006 0100 0005 0625 7597

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 MHF/COG  
 ARABIAN 6 FEE NO. 2H

Postage	\$ .45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.75</b>



Legacy Royalty, LLC  
 Frank Yates Jr.  
 Post Office Box 1091  
 Artesia, New Mexico 88211

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

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

■ 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:

Legacy Royalty, LLC  
 Frank Yates Jr.  
 Post Office Box 1091  
 Artesia, New Mexico 88211

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Christen Lilly

C. Date of Delivery  
 MAR 26 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

2. Article Number  
 (Transfer from service label)      7006 0100 0005 0625 7597

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



March 15, 2012

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

**TO AFFECTED INTEREST OWNERS**

**Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.**

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Sincerely,

Adam G. Rankin

**ATTORNEY FOR COG OPERATING LLC**

**EXHIBIT A**  
**APPLICATION OF COG OPERATING LLC**  
**ARABIAN 6 FEE NO. 2H WELL**

**POOLED INTERESTS:**

Yates Petroleum Corporation  
105 4th Street  
Artesia, NM 88210

Sharbro Holdings LLC  
105 4th Street  
Artesia, NM 88210

Legacy Royalty LLC  
5601 NW 72nd, Suite 244  
Oklahoma City, OK 73132

Vassar L. Thompson  
1704 North Kentucky Ave.  
Roswell, NM 88201

Deborah R. Thompson  
34 Jamerson Road  
Belen, New Mexico 87002

Emmett L. Hatch  
103 Health Drive  
Ruidoso, New Mexico 88345

Cecil L. Thompson, Jr.  
34 Jamerson Road  
Belen, New Mexico 87002

Deborah C. Brown  
6068-A Appleton Road, SW  
Albuquerque, NM 87105

Katherine S. Hatch  
3143 NE 18th Ave.  
Portland, OR 97212

Linda G. McQuillen  
6724 McQuillen Road  
Shiloh, OH 44878

Pamela A. Kottler  
2000 Garcon Point Road  
Milton, Florida 32583

William L. Hatch  
103 Heath Drive  
Ruidoso, NM 88345

Yates Brothers, a partnership  
105 4th Street  
Artesia, NM 88210

Beverly Mae Watkins  
625 NMA HC 66, Box 30  
Yeso, NM 88136

**OFFSET INTERESTS:**

Cimarex  
600 North Marienfeld Street  
Suite 600  
Midland, Texas 79701

Abo Petroleum Corporation  
Contact: Katie Almeida  
P.O. Box 4294  
Houston, Texas 77210-4294

Myco Industries, Inc.  
Contact: Katie Almeida  
P.O. Box 4294  
Houston, Texas 77210-4294

Oxy Y-1  
Contact: Katie Almeida  
P.O. Box 4294  
Houston, Texas 77210-4294

Watts Properties, LLC  
P.O. Box 2367  
Roswell, NM 88202

B & G Royalties  
P.O. Box 376  
Artesia, NM 88211

Ross Duncan Properties, LLC  
P.O. Box 647  
Artesia, NM 88211

DMD LLC  
P.O. Box 300  
Artesia, NM 88211

Peak Enterprises Corp., a  
Delaware Corporation  
300 Martine Ave., Suite 2-D  
White Plains, NY 10601

**EXHIBIT A**  
**APPLICATION OF COG OPERATING LLC**  
**ARABIAN 6 FEE NO. 2H WELL**

Mepart Associates  
c/o Nearburg Exploration  
P.O. Box 823085  
Dallas, TX 75382-3085

Hideaway Partnership  
c/o TMF Investments  
25 Hanover Road, Building B  
Florham Park, NJ 07932

Eugene E. Nearburg  
c/o Nearburg Exploration  
P.O. Box 823085  
Dallas, Texas 75382-3085

Joe R. Wright, A Trustee of the  
Wright Family Trust  
320 Kearney Ave., Apt. 9  
Santa Fe, NM 87501

David L. Fraser & Eleanor A. Fraser,  
Trustees of the Fraser Family Trust  
600 Saint James Place  
Newport Beach, CA 92663

AAR Limited Partnership  
1320 W. 4th  
Roswell, NM 88201

Fred N. Nelson Farms  
3755 E. Grand Plains Rd.  
Roswell, NM 88201

C. W. Paine Company  
1314 Juniper  
Lewisville, Texas 75067

B & L Oil Company  
900 W. Cooper  
Hobbs, NM 88240

Nearburg Exploration Co.  
P.O. Box 823085  
Dallas, Texas 75382-3085

Devon Energy Production Co.  
P.O. Box 108838  
Oklahoma City, OK 73101

Nadel & Gussman Permian  
601 N. Marienfeld, Suite 508  
Midland, Texas 79701

DHA, L.L.C.  
500 West Wall Street  
Suite 300  
Midland, Texas 79701

Mary Louis Hubbard  
840 Cleveland Road  
Bogart, Georgia 30622

Marvin J. Bohannon  
4857 Del Aire Drive  
Del City, OK 73115

Fred Bohannon  
5242 South Columbia  
Tulsa, OK 74105

Marianne B. Jost (Williams)  
1975 Route 2  
Cookson, OK 74427

Chi Energy Inc.  
Post Office Box 1799  
Midland, Texas 79702

Principal Properties  
4425 S. Mopac  
Austin, Texas 78735

7006 0100 0005 0625 7504

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Yates Petroleum Corporation  
 105 4th Street  
 Artesia, NM 88210

PS Form 3811, February 2004 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:

Yates Petroleum Corporation  
 105 4th Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 0100 0005 0625 7504

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Underwood

B. Received by (Printed Name) Underwood

C. Date of Delivery 3-16-12

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

7006 0100 0005 0625 7498

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**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Sharbro Holdings LLC  
 105 4th Street  
 Artesia, NM 88210

PS Form 3811, February 2004 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:

Sharbro Holdings LLC  
 105 4th Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 0100 0005 0625 7498

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Underwood

B. Received by (Printed Name) Underwood

C. Date of Delivery 3-16-12

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.

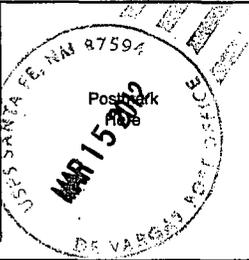
4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0625 7481

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**MHF/COG**  
**RABIAN 6 FEE NO. 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Legacy Royalty LLC  
 5601 NW 72nd, Suite 244  
 Oklahoma City, OK 73132

PS Form 3800, June 2002 for Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Legacy Royalty LLC                      5601 NW 72nd, Suite 244                      Oklahoma City, OK 73132                 </div> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Prate Weeks</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Prate Weeks</i> <span style="float: right;">5/19</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>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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>7006 0100 0005 0625 7481</p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

7006 0100 0005 0625 7474

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**OFFICIAL USE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
MAR 15 2012

Vassar L. Thompson  
 1704 North Kentucky Ave.  
 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

- 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:

Vassar L. Thompson  
 1704 North Kentucky Ave.  
 Roswell, NM 88201

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7474

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X Steve Thompson*  Agent  Addressee

B. Received by (Printed Name): *Steve Thompson* C. Date of Delivery: *3/23/12*

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

7006 0100 0005 0625 7467

**U.S. Postal Service™**  
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For delivery information visit [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
MAR 15 2012

MHF/COG  
 RABIAN 6 FEE NO. 2H

Deborah R. Thompson  
 34 Jamerson Road  
 Belen, New Mexico 87002

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

- 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:

Deborah R. Thompson  
 34 Jamerson Road  
 Belen, New Mexico 87002

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7467

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *X Dorothy Thompson*  Agent  Addressee

B. Received by (Printed Name): *Dorothy Thompson* C. Date of Delivery: *3/23/12*

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

7006 2760 0001 6380 1805

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 MHF/COG  
 For delivery information visit **ARABIAN 6 FEE NO. 2H**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark: SANTA FE, NM 87501 MAR 15 2012

Emmett L. Hatch  
 103 Health Drive  
 Ruidoso, New Mexico 88345

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **COMPLETER: 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.

1. Article Addressed to:  
 Emmett L. Hatch  
 103 Health Drive  
 Ruidoso, New Mexico 88345

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1805

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

A. Signature: *Emmett Hatch*  Agent  Addressee

B. Received by (Printed Name): **EMMETT HATCH** C. Date of Delivery: **3/19/12**

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

7006 2760 0001 6380 1690

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit **ARABIAN 6 FEE NO. 2H**  
**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark: SANTA FE, NM 87501 MAR 15 2012

Cecil L. Thompson, Jr.  
 34 Jamerson Road  
 Belen, New Mexico 87002

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION** **COMPLETER: 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.

1. Article Addressed to:  
 Cecil L. Thompson, Jr.  
 34 Jamerson Road  
 Belen, New Mexico 87002

2. Article Number (Transfer from service label): 7006 2760 0001 6380 1690

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

A. Signature: *Cecil Thompson*  Agent  Addressee

B. Received by (Printed Name): C. Date of Delivery: **3/16/12**

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

7006 2760 0001 6380 1706

**U.S. Postal Service™**  
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For delivery information visit **MHF/COG**  
**OFFICIAL MAIL SERVICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAR 15 2012

Deborah C. Brown  
 6068-A Appleton Road, SW  
 Albuquerque, NM 87105

PS Form 3811, February 2004 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:  
 Deborah C. Brown  
 6068-A Appleton Road, SW  
 Albuquerque, NM 87105

2. Article Number  
*(Transfer from service label)* 7006 2760 0001 6380 1706

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Deborah C. Brown  Agent  Addressee

B. Received by (*Printed Name*)  
 Deborah Brown C. Date of Delivery  
 3-21-12

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

7006 2760 0001 6380 1713

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

For delivery information visit **MHF/COG**  
**OFFICIAL MAIL SERVICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAR 15 2012

Katherine S. Hatch  
 3143 NE 18th Ave.  
 Portland, OR 97212

PS Form 3811, 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 S. Hatch  
 3143 NE 18th Ave.  
 Portland, OR 97212

2. Article Number  
*(Transfer from service label)* 7006 2760 0001 6380 1713

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

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

7006 2760 0001 6380 1720

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Inland Return Receipts Permitted)

For delivery information visit [www.usps.com](http://www.usps.com)

MHF/COG  
 RABIAN 6 FEE NO. 2H

**OFFICE**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here  
 MAR 15 2012

Linda G. McQuillen  
 6724 McQuillen Road  
 Shiloh, OH 44878

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:  
 Linda G. McQuillen  
 6724 McQuillen Road  
 Shiloh, OH 44878

2. Article Number (Transfer from service label) 7006 2760 0001 6380 1720

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Linda McQuillen  Agent  Addressee

B. Received by (Printed Name) LINDA McQuillen C. Date of Delivery 3-29-12

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

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

7006 2760 0001 6380 1737

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Inland Return Receipts Permitted)

For delivery information visit [www.usps.com](http://www.usps.com)

MHF/COG  
 RABIAN 6 FEE NO. 2H

**OFFICE**

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.95</b>

Postmark Here  
 MAR 15 2012

Pamela A. Kottler  
 2000 Garcon Point Road  
 Milton, Florida 32583

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:  
 Pamela A. Kottler  
 2000 Garcon Point Road  
 Milton, Florida 32583

2. Article Number (Transfer from service label) 7006 2760 0001 6380 1737

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Pamela Kottler  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

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

7006 2760 0001 6380 1744

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No. 3800)*

For delivery information visit **USPS.com** MHF/COG  
 RABIAN 6 FEE NO. 2H

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark  
 MAR 15 2012  
 U.S. POST OFFICE  
 SANTA FE, NM 87504

William L. Hatch  
 103 Heath Drive  
 Ruidoso, NM 88345

PS Form 3800, August 2006 See Reverse for Instructions

**Returned**

7006 2760 0001 6380 1751

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No. 3800)*

For delivery information visit **USPS.com** MHF/COG  
 RABIAN 6 FEE NO. 2H

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark  
 MAR 15 2012  
 U.S. POST OFFICE  
 SANTA FE, NM 87504

Yates Brothers, a partnership  
 105 4th Street  
 Artesia, NM 88210

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:

Yates Brothers, a partnership  
 105 4th Street  
 Artesia, NM 88210

2. Article Number (Transfer from service label) 7006 2760 0001 6380 1751

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Underwood

B. Received by (Printed Name) Underwood C. Date of Delivery 3-16-12

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

7006 2760 0001 6380 1768

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OFFICIAL MAIL SERVICE**  
MHF/COG  
ARABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Beverly Mae Watkins  
625 NMA HC 66, Box 30  
Yeso, NM 88136

PS Form 3811, February 2004 For Instructions

SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE ACTION 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  
 *Beverly Mae Watkins*  Agent  Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 3/19/12

1. Article Addressed to:  
 Beverly Mae Watkins  
 625 NMA HC 66, Box 30  
 Yeso, NM 88136

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

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

4. Restricted Delivery? (Extra Fee)  Yes

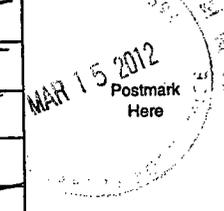
2. Article Number (Transfer from service label) 7006 2760 0001 6380 1768

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

7006 2760 0001 6380 1775

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit **OFFICIAL MAIL SERVICE**  
MHF/COG  
ARABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Cimarex  
600 North Marienfeld Street  
Suite 600  
Midland, Texas 79701

PS Form 3811, February 2004 For Instructions

SENDER: COMPLETE THIS SECTION PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE ACTION 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  
 *Delli Gias*  Agent  Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 Delli Gias 3-19-12

1. Article Addressed to:  
 Cimarex  
 600 North Marienfeld Street  
 Suite 600  
 Midland, Texas 79701

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6380 1775

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

7006 2760 0001 6380 1782

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

For delivery information, visit **MHF/COG**  
**OFFICE** ARABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here **MAR 15 2012**

Abo Petroleum Corporation  
 Contact: Katie Almeida  
 P.O. Box 4294  
 Houston, Texas 77210-4294

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:

Abo Petroleum Corporation  
 Contact: Katie Almeida  
 P.O. Box 4294  
 Houston, Texas 77210-4294

2. Article Number (Transfer from service label) **7006 2760 0001 6380 1782**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Jones Beard*

B. Received by (Printed Name)  Agent  Addressee  
 C. Date of Delivery **MAR 20 2012**

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

7006 2760 0001 6380 1799

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

For delivery information, visit **MHF/COG**  
**OFFICE** ARABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here **MAR 15 2012**

Myco Industries, Inc.  
 Contact: Katie Almeida  
 P.O. Box 4294  
 Houston, Texas 77210-4294

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:

Myco Industries, Inc.  
 Contact: Katie Almeida  
 P.O. Box 4294  
 Houston, Texas 77210-4294

2. Article Number (Transfer from service label) **7006 2760 0001 6380 1799**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Jones Beard*

B. Received by (Printed Name)  Agent  Addressee  
 C. Date of Delivery **MAR 20 2012**

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

7221 5290 5000 0005 0100 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit [www.usps.com](http://www.usps.com)  
 OFFICIAL MAIL RABIAN 6 FEE NO. 2H

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Watts Properties, LLC  
 P.O. Box 2367  
 Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Watts Properties, LLC  
 P.O. Box 2367  
 Roswell, NM 88202

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7221

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 3/16/2012

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

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

7221 5290 5000 0005 0100 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit [www.usps.com](http://www.usps.com)  
 OFFICIAL MAIL RABIAN 6 FEE NO. 2H

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



B & G Royalties  
 P.O. Box 376  
 Artesia, NM 88211

PS Form 3800, June 2002 See Reverse for Instructions

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

B & G Royalties  
 P.O. Box 376  
 Artesia, NM 88211

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7238

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): ANDREA WATTS C. Date of Delivery: 3/16/2012

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

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

7006 0100 0005 0625 7245

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Coverage Provided)  
 For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 MAR 15 2012

Ross Duncan Properties, LLC  
 P.O. Box 647  
 Artesia, NM 88211

PS Form 3800, June 2002 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:  
 Ross Duncan Properties, LLC  
 P.O. Box 647  
 Artesia, NM 88211

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7245

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X  
 B. Received by (Printed Name) Ross Duncan  
 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

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

7006 0100 0005 0625 7252

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Coverage Provided)  
 For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95

Postmark Here  
 MAR 15 2012

DMD LLC  
 P.O. Box 300  
 Artesia, NM 88211

PS Form 3800, June 2002 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:  
 DMD LLC  
 P.O. Box 300  
 Artesia, NM 88211

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7252

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X  
 B. Received by (Printed Name) Ross Duncan  
 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

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

7006 0100 0005 0625 7276

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

For delivery information visit **MHF/COG**  
**RABIAN 6 FEE NO. 2H**

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAR 15 2012

Peak Enterprises Corp., a  
 Delaware Corporation  
 300 Martine Ave., Suite 2-D  
 White Plains, NY 10601

for instructions

**Returned**

7006 0100 0005 0625 7276

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

For delivery information visit **MHF/COG**  
**RABIAN 6 FEE NO. 2H**

**OFFICE**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
 MAR 15 2012

Mepart Associates  
 c/o Nearburg Exploration  
 P.O. Box 823085  
 Dallas, TX 75382-3085

See Reverse for Instructions

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

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

- 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:

Mepart Associates  
 c/o Nearburg Exploration  
 P.O. Box 823085  
 Dallas, TX 75382-3085

2. Article Number  
 (Transfer from service label): 7006 0100 0005 0625 7276

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  
 Agent  
 Addressee  
*Joe Blades*

B. Received by (Printed Name)  
 Joe Blades

C. Date of Delivery  
 3-9-12

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

PS Form 3841, February 2004 Domestic Return Receipt 102595-02-M-15-10

7006 0100 0005 0625 7283

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **USPS.com**  
**OFFICE** ARABIAN 6 FEE NO. 2H

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Hideaway Partnership  
 c/o TMF Investments  
 25 Hanover Road, Building B  
 Florham Park, NJ 07932

PS Form 3811, February 2004

**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:  
 Hideaway Partnership  
 c/o TMF Investments  
 25 Hanover Road, Building B  
 Florham Park, NJ 07932

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7283

**SECTION ON DELIVERY**

A. Signature:  Agent,  Addressee  
*Donna Winchester*

B. Received by (Printed Name): *DONNA WINCHESTER*

C. Date of Delivery: *3/20*

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.

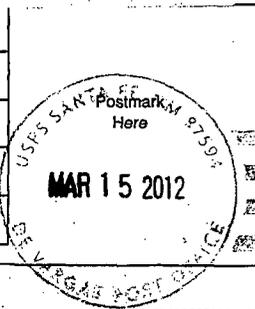
4. Restricted Delivery? (Extra Fee)  Yes

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

7006 0100 0005 0625 7290

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit **USPS.com**  
**OFFICE** ARABIAN 6 FEE NO. 2H

Postage	\$ 1.65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Eugene E. Nearburg  
 c/o Nearburg Exploration  
 P.O. Box 823085  
 Dallas, Texas 75382-3085

PS Form 3811, February 2004

**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:  
 Eugene E. Nearburg  
 c/o Nearburg Exploration  
 P.O. Box 823085  
 Dallas, Texas 75382-3085

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7290

**SECTION ON DELIVERY**

A. Signature:  Agent,  Addressee  
*Joe Blades*

B. Received by (Printed Name): *Joe Blades*

C. Date of Delivery: *3-19-12*

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

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

7006 0100 0005 0625 7306

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

For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
**MAR 15 2012**

Joe R. Wright, A Trustee of the  
 Wright Family Trust  
 320 Kearney Ave., Apt. 9  
 Santa Fe, NM 87501

for Instructions

# Returned

7006 0100 0005 0625 7313

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

For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here  
**MAR 15 2012**

David L. Fraser & Eleanor A. Fraser,  
 Trustees of the Fraser Family Trust  
 600 Saint James Place  
 Newport Beach, CA 92663

for Instructions

**SENDER: COMPLETE THIS SECTION** **RECIPIENT: 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.

1. Article Addressed to:  
 David L. Fraser & Eleanor A. Fraser,  
 Trustees of the Fraser Family Trust,  
 600 Saint James Place  
 Newport Beach, CA 92663

2. Article Number  
 (Transfer from service label) 7006 0100 0005 0625 7313

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  
 X Eleanor Fraser  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

NEWPORT BEACH  
 MAR 21 2012

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

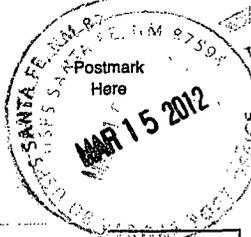
7006 0100 0005 0625 7320

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No

MHF/COG  
For delivery information visit **RABIAN 6 FEE NO. 2H**

OFFICE

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



AAR Limited Partnership  
1320 W. 4th  
Roswell, NM 88201

PS Form 3800, June 2002 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:

AAR Limited Partnership  
1320 W. 4th  
Roswell, NM 88201

2. Article Number  
(Transfer from service label)

7006 0100 0005 0625 7320

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Roger Simev*  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

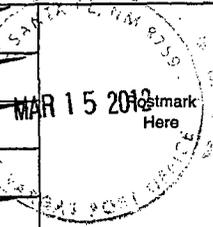
7006 0100 0005 0625 7337

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No

MHF/COG  
For delivery information visit **RABIAN 6 FEE NO. 2H**

OFFICE

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Fred N. Nelson Farms  
3755 E. Grand Plains Rd.  
Roswell, NM 88201

PS Form 3800, June 2002 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:

Fred N. Nelson Farms  
3755 E. Grand Plains Rd.  
Roswell, NM 88201

2. Article Number  
(Transfer from service label)

7006 0100 0005 0625 7337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Margaret*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
3-21-12

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.

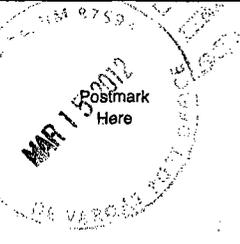
4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0625 7344

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

For delivery information visit **MHF/COG**  
**RABIAN 6 FEE NO. 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



C. W. Paine Company  
 1314 Juniper  
 Lewisville, Texas 75067

See Reverse for Instructions

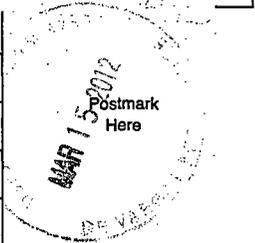
Returned

7006 0100 0005 0625 7351

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

For delivery information visit **MHF/COG**  
**RABIAN 6 FEE NO. 2H**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



B & L Oil Company  
 900 W. Cooper  
 Hobbs, NM 88240

See Reverse for Instructions

Returned

7006 0100 0005 0625 7368

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

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [www.usps.com](http://www.usps.com)

MHF/COG

RABIAN 6 FEE NO. 2H

OFFICE

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Nearburg Exploration Co.  
P.O. Box 823085  
Dallas, Texas 75382-3085

PS Form 3800, June 2002

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:

Nearburg Exploration Co.  
P.O. Box 823085  
Dallas, Texas 75382-3085

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 7368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Joe Blades*  Agent  Addressee

B. Received by (Printed Name)  
*Joe Blades*

C. Date of Delivery  
*3-19-07*

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

7006 0100 0005 0625 7375

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

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [www.usps.com](http://www.usps.com)

MHF/COG

RABIAN 6 FEE NO. 2H

OFFICE

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>



Devon Energy Production Co.  
P.O. Box 108838  
Oklahoma City, OK 73101

PS Form 3800, June 2002

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:

Devon Energy Production Co.  
P.O. Box 108838  
Oklahoma City, OK 73101

2. Article Number

(Transfer from service label)

7006 0100 0005 0625 7375

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Clint Cline*  Agent  Addressee

B. Received by (Printed Name)  
*Clint Cline*

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

7006 0100 0005 0625 7382

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit **POSTAL SERVICE WEBSITE**  
**OFFICIAL MAIL** RABIAN 6 FEE NO. 2H

Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>5.95</u></b>



Nadel & Gussman Permian  
 601 N. Marienfeld, Suite 508  
 Midland, Texas 79701

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0625 7399

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 MHF/COG  
 For delivery information visit **POSTAL SERVICE WEBSITE**  
**OFFICIAL MAIL** RABIAN 6 FEE NO. 2H

Postage	\$ <u>65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>5.95</u></b>



DHA, L.L.C.  
 500 West Wall Street  
 Suite 300  
 Midland, Texas 79701

PS Form 3800, June 2002 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:

Nadel & Gussman Permian  
 601 N. Marienfeld, Suite 508  
 Midland, Texas 79701

2. Article Number: **7006 0100 0005 0625 7382**  
 (Transfer from service label)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Mandi Blake  Agent  Addressee

B. Received by (Printed Name) Mandi Blake C. Date of Delivery 02/27/12

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

**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:

DHA, L.L.C.  
 500 West Wall Street  
 Suite 300  
 Midland, Texas 79701

2. Article Number: **7006 0100 0005 0625 7399**  
 (Transfer from service label)

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

A. Signature  
 X Lynndi Shackelford  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

7006 0100 0005 0625 7412

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit [www.usps.com](http://www.usps.com)  
MHF/COG  
RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Mary Louis Hubbard  
840 Cleveland Road  
Bogart, Georgia 30622

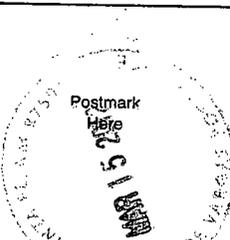
PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 7429

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)  
For delivery information visit [www.usps.com](http://www.usps.com)  
MHF/COG  
RABIAN 6 FEE NO. 2H

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Marvin J. Bohannon  
4857 Del Aire Drive  
Del City, OK 73115

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 7436

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

For delivery information visit **MHF/COG**  
**RABIAN 6 FEE NO. 2H**

**OFFI**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here

MAY 15 2012  
 U.S. POSTAL SERVICE  
 SAN ANTONIO, TX

Fred Bohannon  
 5242 South Columbia  
 Tulsa, OK 74105

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0625 7405

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

For delivery information visit **MHF/COG**  
**RABIAN 6 FEE NO. 2H**

**OFFIC**

Postage	\$ .65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.95</b>

Postmark Here

MAY 15 2012  
 U.S. POSTAL SERVICE  
 SAN ANTONIO, TX

Marianne B. Jost (Williams)  
 1975 Route 2  
 Cookson, OK 74427

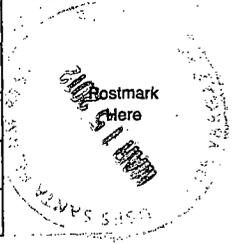
for Instructions

Returned

7006 0100 0005 0625 7443

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

For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	

Chi Energy Inc.  
 Post Office Box 1799  
 Midland, Texas 79702

PS Form 3800, June 2002 See Reverse for Instructions

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

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

1. Article Addressed to:  
 Chi Energy Inc.  
 Post Office Box 1799  
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7443

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

4. Restricted Delivery? (Extra Fee)  Yes

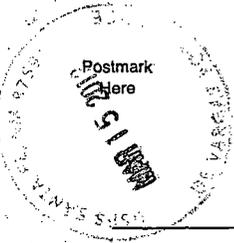
A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: 3-21-12  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

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

7006 0100 0005 0625 7450

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

For delivery information visit **MHF/COG**  
**OFFICE** RABIAN 6 FEE NO. 2H

Postage	\$ .65	
Certified Fee	2.95	
Return Receipt Fee (Endorsement Required)	2.35	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.95	

Principal Properties  
 4425 S. Mopac  
 Austin, Texas 78735

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMI** **ON DELIVERY**

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

1. Article Addressed to:  
 Principal Properties  
 4425 S. Mopac  
 Austin, Texas 78735

2. Article Number (Transfer from service label): 7006 0100 0005 0625 7450

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: 3/19/12  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

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

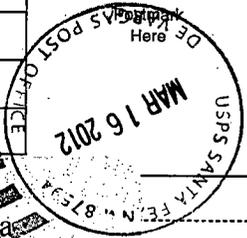
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only, No Insurance Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com) or call 1-800-ASK-USA  
MHF/COG ARABIAN 6 FEE NO. 2H

**OFFICE**

Postage	\$ 65
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.95



Oxy Y-1  
Contact : Katie Almeida  
P.O. Box 4294  
Houston, Texas 77210-4294

See Reverse for Instructions

9100 9290 5000 0010 0016 9002

<b>SENDER: CC</b>		<b>ON ON DELIVERY</b>	
<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: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): _____</p> <p>C. Date of Delivery: MAR 20 2012</p>	
<p>1. Article Addressed to:</p> <p>Oxy Y-1 Contact : Katie Almeida P.O. Box 4294 Houston, Texas 77210-4294</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>2. Article Number (Transfer from service label): 7006 0100 0005 0626 0016</p>		<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	