

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

APPLICATION OF MEWBOURNE OIL COMPANY  
FOR APPROVAL OF A NON-STANDARD OIL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

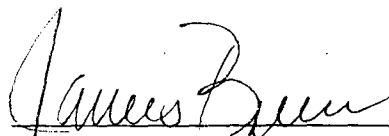
Case No. 14,809

AFFIDAVIT OF NOTICE

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

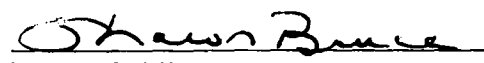
James Bruce, being duly sworn upon his oath, deposes and states:

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

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 25th day of April, 2012 by James Bruce.

My Commission Expires: 3/14/13

  
Notary Public

Oil Conservation Division  
Case No. 1  
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](mailto:jamesbruc@aol.com)

March 22, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

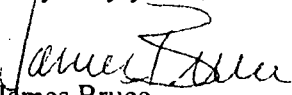
Ladies and gentlemen:

Enclosed is an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 12, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the 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 Rules to file a Pre-Hearing Statement no later than Thursday, April 5, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT 1

Penroc Oil Corporation  
P.O. Box 2769  
Hobbs, NM 88241-2769  
Attn: Mr. M.Y. Merchant

BK Exploration Corporation  
10159 East 11<sup>th</sup> Street, Suite 401  
Tulsa, OK 74128  
Attn: Mr. Brad Burks

Roden Oil Company  
P.O. Box 10909  
Midland, TX 79702-7909  
Attn: Mr. Van Tettleton

Nadel and Gussman Permian, LLC  
601 North Marienfeld, Suite 508  
Midland, TX 79701-4365  
Attn: Mr. Scott Germann

RSG Trust Dated 8/19/02  
P.O. Box 10428  
Midland, TX 79702  
Attn: Mr. Trey Robbins

SNS Oil and Gas Properties, Inc.  
P.O. Box 2234  
Ardmore, OK 73402

Mr. Thomas M. Beall  
P.O. Box 1889  
Midland, TX 79702

BKB Resources, LLC  
3800 West 71<sup>st</sup> Street  
Tulsa, OK 74132

Wells Fargo Bank New Mexico, NA  
2318 West Pierce Street  
Carlsbad, NM 88220

Virginia Lee Davis  
2605 W. Ohio  
Carlsbad, NM 88220

Stanley J. Gregory  
3510 Joshua Street  
Carlsbad, NM 88220

Seminole Memorial Hospital  
209 NW 8<sup>th</sup>  
Seminole, TX 79360

Pavlos P. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

Panagotia P. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

Panagopoulos Enterprises  
929 Lee Trevino Blvd.  
Belen, NM 87002

Nolan Greak  
8008 Slide Road, Suite 33  
Lubbock, TX 79424

Nevill Manning  
2112 Indiana  
Lubbock, TX 79410

Mary Jo Dickerson  
P.O. Box 642  
Glenpool, OK 74033

Magdalene P. Panagopoulos  
10008 Ranch Hand  
Las Vegas, NM 89117

M. Craig Beeman  
11208 Parkfield Dr. #B  
Austin, TX 78758

LBD, Limited Partnership  
P.O. Box 686  
Hobbs, NM 88241

Laura Meade  
611 N. Mesa Ave.  
Carlsbad, NM 88203

Kevin J. Hanratty  
P.O. Box 1330  
Artesia, NM 88211

John Edward Hall, III  
P.O. Box 1525  
Carlsbad, NM 88220

James W. Klipstine, Jr.  
Klipstine & Honigmann, LLC  
1601 N. Turner, Suite 400  
Hobbs, New Mexico 88240

Irma J. Gregory  
305 S. Hemlock Ave.  
Roswell, NM 88203

Helen Beeman  
6801 Beckett Road, #134R  
Austin, TX 78749

First Federal Saving and Loan  
Association of Littlefield, Texas  
P.O. Box 1390  
Littlefield, TX 79339

Clarence V. Ervin and Mary I. Ervin  
4016 Jones St.  
Carlsbad, NM 88220

Bonnie R. Gregory  
305 S. Hemlock Ave.  
Roswell, NM 88203

Bertha Lorene Osborn  
c/o Pamela Rae Cummings  
521 N. Ash  
Carlsbad, NM 88220

Andreas P. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

Alec McGonagill  
605 N. Mesa  
Carlsbad, NM 88220

Louis Mickey Ratliff, Jr.  
8 Firwood  
The Hills, TX 78738

EXHIBIT

A

## 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:

Andreas P. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

2. Article Number  
(Transfer from:)

7010 0780 0002 3937 9491

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andreas P. Panagopoulos* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

P Panagopoulos 3/20/12

C. Date of Delivery

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

615 Willowbrook  
Belen NM 87002

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<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

ARTESIA NM 88211

Postage

\$ 0.45

Certified Fee

\$ 2.95

Return Receipt Fee  
(Endorsement Required)

\$ 2.35

Restricted Delivery Fee  
(Endorsement Required)

\$ 0.00

Total Postage &amp; Fees

\$ 5.75

Sent To

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

Kevin J. Hanratty  
P.O. Box 1330  
Artesia, NM 88211

PS Form 3800, August 2006

See Reverse for Instructions



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

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

CARLSBAD NM 88220

Postage

\$ 0.45

Certified Fee

\$ 2.95

Return Receipt Fee  
(Endorsement Required)

\$ 2.35

Restricted Delivery Fee  
(Endorsement Required)

\$ 0.00

Total Postage &amp; Fees

\$ 5.75

0500

03

Postmark

03/22/2012



Sent To

Andreas P. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

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:

Kevin J. Hanratty  
P.O. Box 1330  
Artesia, NM 88211

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 1777

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sophy Briler* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Sophy Briler

C. Date of Delivery

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:

M. Craig Beeman  
11208 Parkfield Dr. #B  
Austin, TX 78758

2. Article Number

7010 0780 0002 3938 1807

(Transfer from service label)

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

M. Craig Beeman 3/27/12

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

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

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

MIDLAND TX 79701

Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

Sent To Nadel and Gussman Permian, LLC  
601 North Marienfeld, Suite 508  
Midland, TX 79701-4365  
Attn: Mr. Scott Germann  
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](http://www.usps.com)

AUSTIN TX 78758

Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

Sent To M. Craig Beeman  
11208 Parkfield Dr. #B  
Austin, TX 78758  
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:

Nadel and Gussman Permian, LLC  
601 North Marienfeld, Suite 508  
Midland, TX 79701-4365  
Attn: Mr. Scott Germann

2. Article Number

7010 0780 0002 3938 1968

(Transfer from service label)

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

Mandi Brake 3/27/12

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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Van Tetteleton</p> <p>C. Date of Delivery            3-28-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Roden Oil Company            P.O. Box 10909            Midland, TX 79702-7909            Attn: Mr. Van Tetteleton</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number            (Transfer from service label) 7010 0780 0002 3938 1975</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

U.S. Postal Service <sup>TM</sup> CERTIFIED MAIL <sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
OFFICIAL USE		
Postage	\$ 0.45	0500
Certified Fee	\$2.95	03
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	03/22/2012
Sent To: Magdalene P. Panagopoulos 10008 Ranch Hand Las Vegas, NM 89117		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

U.S. Postal Service <sup>TM</sup> CERTIFIED MAIL <sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
OFFICIAL USE		
Postage	\$ 0.45	0500
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	03/22/2012
Sent To: Roden Oil Company P.O. Box 10909 Midland, TX 79702-7909 Attn: Mr. Van Tetteleton		
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	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Magdalene P. Panagopoulos</p> <p>C. Date of Delivery            03/22/2012</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Roden Oil Company            P.O. Box 10909            Midland, TX 79702-7909            Attn: Mr. Van Tetteleton</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number            (Transfer from service label) 7010 0780 0002 3938 1814</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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:

Irma J. Gregory  
305 S. Hemlock Ave.  
Roswell, NM 88203

2. Article Number

(Transfer from service)

7010 0780 0002 3937 9552

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Brenda Clement*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/23/12

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

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

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

ROSWELL, NM 88203

Postage \$ 0.45

0500

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.75



Sent To

Bonnie R. Gregory  
305 S. Hemlock Ave.  
Roswell, NM 88203

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](http://www.usps.com)

ROSWELL, NM 88203

Postage \$ 0.45

0500

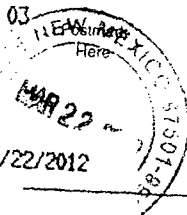
Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.75

03/22/2012



Sent To

Irma J. Gregory  
305 S. Hemlock Ave.  
Roswell, NM 88203

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:

Bonnie R. Gregory  
305 S. Hemlock Ave.  
Roswell, NM 88203

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9514

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Brenda Clement*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/23/12

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

# 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:

BKB Resources, LLC  
3800 West 71st Street  
Tulsa, OK 74132

2. Article Number

(Transfer from service)

7010 0780 0002 3938 1920

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *P. Gay Sitter*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*P. Gay Sitter*

C. Date of Delivery

*3-24-12*

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

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

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOBBS NM 88240

Postage

\$ 0.45

0500

Certified Fee

\$2.95

03

Return Receipt Fee  
(Endorsement Required)

\$2.35

Restricted Delivery Fee  
(Endorsement Required)

\$0.00

Total Postage & Fees

\$ 5.75

James W. Klipstine, Jr.

Klipstine & Honigmann, LLC

1601 N. Turner, Suite 400

Hobbs, New Mexico 88240

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](http://www.usps.com)

TULSA OK 74132

Postage

\$ 0.45

0500

Certified Fee

\$2.95

03

Return Receipt Fee  
(Endorsement Required)

\$2.35

Restricted Delivery Fee  
(Endorsement Required)

\$0.00

Total Postage & Fees

\$ 5.75

03/22/2012

Sent To

BKB Resources, LLC

3800 West 71st Street,

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

Tulsa, OK 74132

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:

James W. Klipstine, Jr.  
Klipstine & Honigmann, LLC  
1601 N. Turner, Suite 400  
Hobbs, New Mexico 88240

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9569

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Liliana Delacruz*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Liliana Delacruz*

C. Date of Delivery

*3-23-12*

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mr. Thomas M. Beall P.O. Box 1889 Midland, TX 79702</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <b>7010 0780 0002 3938 1937</b></p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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 <a href="http://www.usps.com">www.usps.com</a>		
DEXTER NM 88230		
Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75
Sent To		Postmark Here
Laura Meade 611 N. Mesa Ave. Carlsbad, NM 88203		03/22/2012
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 <a href="http://www.usps.com">www.usps.com</a>		
MIDLAND TX 79702		
Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75
Sent To		Postmark Here
Mr. Thomas M. Beall P.O. Box 1889 Midland, TX 79702		03/22/2012
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	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Laura Meade 611 N. Mesa Ave. Carlsbad, NM 88203</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Article Number <b>7010 0780 0002 3938 1784</b></p> <p>Transfer from serv.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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:

Alec McGonagill  
605 N. Mesa  
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9484

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)

Brian L. McGonagill

C. Date of Delivery

4-3-12

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

1612 Westridge

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](http://www.usps.com)

HOBBS NM 88241

Postage \$ 0.45

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage &amp; Fees \$ 5.75

Sent To

Penroc Oil Corporation  
P.O. Box 2769  
Hobbs, NM 88241-2769  
Attn: Mr. M.Y. Merchant

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](http://www.usps.com)

CARLSBAD NM 88220

Postage \$ 0.45

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage &amp; Fees \$ 5.75

Sent To

Alec McGonagill  
605 N. Mesa  
Carlsbad, NM 88220

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:

Penroc Oil Corporation  
P.O. Box 2769  
Hobbs, NM 88241-2769  
Attn: Mr. M.Y. Merchant

2. Article Number

(Transfer from service

7010 0780 0002 3938 1999

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)

Alec McGonagill

C. Date of Delivery

3-21-12

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:

Clarence V. Ervin and Mary I. Ervin  
4016 Jones St.  
Carlsbad, NM 88220

2. Article Number  
(Transfer from service label).

7010 0780 0002 3937 9521

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

3-23

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](http://www.usps.com)

MIDLAND TX 79702

Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

0500

16

Postmark  
Here

03/22/2012

Sent To

RSG Trust Dated 8/19/02

P.O. Box 10428

Midland, TX 79702

Attn: Mr. Trey Robbins

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](http://www.usps.com)

CARLSBAD NM 88220

Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

0500

03

Postmark

03/22/2012

Sent To

Clarence V. Ervin and Mary I. Ervin

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

4016 Jones St.  
Carlsbad, NM 88220

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:

RSG Trust Dated 8/19/02  
P.O. Box 10428  
Midland, TX 79702  
Attn: Mr. Trey Robbins

2. Article Number

(Transfer from service lab

7010 0780 0002 3938 1951

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

3/27/12

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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>[Signature]</i> Agent</p> <p>B. Received by (Printed Name) <i>[Signature]</i> Addressee</p> <p>C. Date of Delivery <i>03/22/2012</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>First Federal Saving and Loan Association of Littlefield, Texas P.O. Box 1390 Littlefield, TX 79339</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <b>7010 0780 0002 3937 9538</b></p> <p>(Transfer from service la)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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 <a href="http://www.usps.com">www.usps.com</a>		
OFFICIAL USE		
Postage	\$ 0.45	0500 03 Postmark Here 03/22/2012 888-1091
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	
Sent To		03/22/2012
Seminole Memorial Hospital 209 NW 8 <sup>th</sup> Seminole, TX 79360		
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 <a href="http://www.usps.com">www.usps.com</a>		
OFFICIAL USE		
Postage	\$ 0.45	0500 03 Postmark Here 03/22/2012 888-1091
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	
Sent To		03/22/2012
First Federal Saving and Loan Association of Littlefield, Texas P.O. Box 1390 Littlefield, TX 79339		
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	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>03/22/2012</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Seminole Memorial Hospital 209 NW 8<sup>th</sup> Seminole, TX 79360</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <b>7010 0780 0002 3938 1883</b></p> <p>(Transfer from service)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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:

Nevill Manning  
2112 Indiana  
Lubbock, TX 79410

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 1838

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)

Brenda Berry

C. Date of Delivery

3/26/12

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<sup>TM</sup>

**CERTIFIED MAIL<sup>TM</sup> RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

AUSTIN TX 78738

Postage

\$ \$0.45

Certified Fee

\$2.95

Return Receipt Fee  
(Endorsement Required)

\$2.35

Restricted Delivery Fee  
(Endorsement Required)

\$0.00

Total Postage & Fees

\$ \$5.75

0500

03

Postmark  
Hill Country

03/22/2012

Sent To

Louis Mickey Ratliff, Jr.

8 Firwood

The Hills, TX 78738

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

LUBBOCK TX 79410

Postage

\$ \$0.45

0500

Certified Fee

\$2.95

03

Return Receipt Fee  
(Endorsement Required)

\$2.35

Restricted Delivery Fee  
(Endorsement Required)

\$0.00

Total Postage & Fees

\$ \$5.75

03/22/2012

Sent To

Nevill Manning

2112 Indiana

Lubbock, TX 79410

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:

Louis Mickey Ratliff, Jr.  
8 Firwood  
The Hills, TX 78738

2. Article Number

(Transfer from service label)

7010 0780 0002 3937 9477

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)

M. Ratliff

C. Date of Delivery

3-26-12

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:

SNS Oil and Gas Properties, Inc.  
P.O. Box 2234  
Ardmore, OK 73402

# 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 ☐ 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 3938 1944

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

CARLSBAD NM 88220

Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

0500

03

Postmark  
Here

03/22/2012

Sent To Stanley J. Gregory  
3510 Joshua Street  
Carlsbad, NM 88220

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

PS Form 3800, August 2006

See Reverse for Instructions

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

ARDMORE OK 73402

Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

0500

Postmark  
Here

03/22/2012

Sent To SNS Oil and Gas Properties, Inc.  
P.O. Box 2234  
Ardmore, OK 73402

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:

Stanley J. Gregory  
3510 Joshua Street  
Carlsbad, NM 88220

# 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 ☒ 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 3938 1890

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:

Wells Fargo Bank New Mexico, NA  
2318 West Pierce Street  
Carlsbad, NM 88220

2. Article Number

7010 0780 0002 3938 1913

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

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

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<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

CARLSBAD NM 88220

Postage \$ \$0.45

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$5.75

0500

03

Postmark Here

03/22/2012

Sent To

Pavlos P. Panagopoulos

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

1805 Sandy Lane  
Carlsbad, NM 88220

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

CARLSBAD NM 88220

Postage \$ \$0.45

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ \$5.75

0500

03

Postmark

03/22/2012

Sent To

Wells Fargo Bank New Mexico, NA  
2318 West Pierce Street  
Carlsbad, NM 88220

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:

Pavlos P. Panagopoulos  
1805 Sandy Lane  
Carlsbad, NM 88220

2. Article Number

7010 0780 0002 3938 1876

(Transfer from service label)

PS Form 3811, February 2004

# COMPLETE THIS SECTION ON DELIVERY

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

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

615 Willowbrook  
Belen NM 87002

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Nolan Greak  
8008 Slide Road, Suite 33  
Lubbock, TX 79424

2. Article Number

7010 0780 0002 3938 1845

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Hollie Wright*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Hollie Wright

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<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

TULSA, OK 74128

Postage \$ 0.45

Certified Fee \$2.95

Return Receipt Fee (Endorsement Required) \$2.35

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.75

Sent To

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

City, State, ZIP+4

BK Exploration Corporation  
10159 East 11<sup>th</sup> Street, Suite 401  
Tulsa, OK 74128  
Attn: Mr. Brad Burks

0500

16

Postmark  
Here  
MAR 22 2012

PS Form 3800, August 2006

See Reverse for Instructions

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

LUBBOCK, TX 79424

Postage \$ 0.45

0500

Certified Fee \$2.95

03

Return Receipt Fee (Endorsement Required) \$2.35

Postmark  
Here

Restricted Delivery Fee (Endorsement Required) \$0.00

MAR 22 2012

Total Postage & Fees \$ 5.75

Sent To

Nolan Greak  
8008 Slide Road, Suite 33  
Lubbock, TX 79424

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:

BK Exploration Corporation  
10159 East 11<sup>th</sup> Street, Suite 401  
Tulsa, OK 74128  
Attn: Mr. Brad Burks

2. Article Number

(Transfer from serv.

7010 0780 0002 3938 1842

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)

Brad Burks

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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YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70100780000239381852	First-Class Mail®	Delivered	March 23, 2012, 2:40 pm	BELEN, NM 87002	Expected Delivery By: March 23, 2012 Certified Mail™ Return Receipt
		Arrival at Unit	March 23, 2012, 7:04 am	BELEN, NM 87002	
		Depart USPS Sort Facility	March 23, 2012	ALBUQUERQUE, NM 87101	
		Processed at USPS Origin Sort Facility	March 23, 2012, 1:26 am	ALBUQUERQUE, NM 87101	
		Acceptance	March 22, 2012, 2:00 pm	SANTA FE, NM 87501	

## Check on Another Item

What's your label (or receipt) number?

Find

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2591 9866 2000 0920 0102

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BELEN NM 87002

Postage	\$ 0.45	0500 03/22/2012 Postmark Here USPS
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

Sent To

Street, Apt. No., or PO Box No. Punagopoulos Enterprises  
 929 Lee Trevino Blvd.  
 City, State, ZIP+4 Belen, NM 87002

PS Form 3800, August 2006 See Reverse for Instructions

English

Customer Service

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## Track &amp; Confirm

1-800-4USPS (1-800-487-7777)

YOUR LABEL NUMBER

701007800002381869

SERVICE

First-Class Mail®

STATUS OF DELIVERY

Depart USPS Sort Facility

DATE &amp; TIME

April 23, 2012

LOCATION

ALBUQUERQUE, NM 87101

FEATURES

Expected Delivery By:  
March 24, 2012  
Certified Mail™  
Return Receipt

Processed through USPS Sort Facility

April 23, 2012, 2:53 am

ALBUQUERQUE, NM 87101

Unclaimed

April 17, 2012, 3:47 pm

LAS VEGAS, NV

Notice Left

March 26, 2012, 11:34 am

LAS VEGAS, NV 89108

Forwarded

March 23, 2012, 10:02 am

CARLSBAD, NM

Arrival at Unit

March 23, 2012, 8:15 am

CARLSBAD, NM 88220

Processed at USPS Origin Sort Facility

March 23, 2012, 1:45 am

ROSWELL, NM 88203

Acceptance

March 22, 2012, 2:00 pm

SANTA FE, NM 87501

## Check on Another Item

What's your label (or receipt) number?

Find

## LEGAL

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of Return Service  
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# U.S. Postal Service™

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CARLSBAD NM 88220

Postage	\$ 0.45	0500
Certified Fee	\$2.95	03
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark
Restricted Delivery Fee (Endorsement Required)	\$0.00	03/22/2012
Total Postage & Fees	\$ 5.75	

Sent To  
Panagiotis P. Panagopoulos  
Street, Apt. No.,  
or PO Box No. 1805 Sandy Lane  
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, August 2006

See Reverse for Instructions

7010 0780 0002 3937 9507

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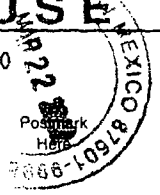
Postage	\$ 04.45	0500
Certified Fee	\$2.95	03
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	03/22/2012

Sent To: Bertha Lorene Osborn  
c/o Pamela Rae Cummings  
521 N. Ash  
Carlsbad, NM 88220

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

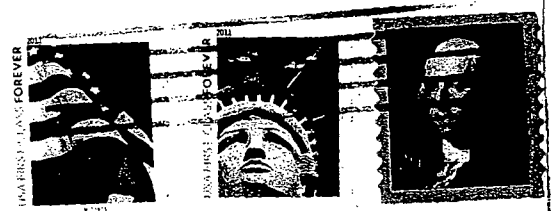


James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

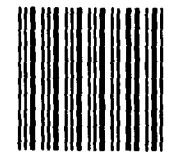
**CERTIFIED MAIL<sup>TM</sup>**



7010 0780 0002 3937 9507



1000



88220

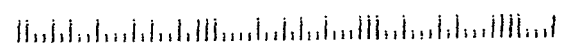
U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
MAR 22, 12  
AMOUNT

**\$4.65**  
00014520-03

4-16-12  
4N 3-24-12  
**CLAIMED**

Bertha Lorene Osborn  
c/o Pamela Rae Cummings  
521 N. Ash  
Carlsbad, NM 88220

8822034418 0507



2nd 3-28-12  
RT 4-11

7010 0780 0002 3938 1906

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CARLSBAD NM 88220

Postage	\$	\$0.45	0500
Certified Fee		\$2.95	03
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.75	03/22/2012

Sent To Virginia Lee Davis  
2605 W. Ohio  
Carlsbad, NM 88220

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

04-11-12

**CERTIFIED MAIL™**

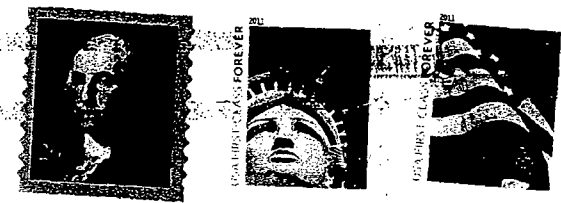


7010 0780 0002 3938 1906

3/23/12  
Virginia Lee Davis  
2605 W. Ohio  
Carlsbad, NM 88220

UNDELIVERED

87504@105  
88220+2971



**UNITED STATES POSTAL SERVICE**

U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
MAR 22, 12  
AMOUNT  
**\$4.65**  
00014520-03

1000 88220

2nd 3-28  
RT 4-8



7010 0780 0002 3937 9545

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**OFFICIAL USE**

Postage	\$ 0.45	03 Postmark Here
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	03/22/2012

Sent To: Helen Beeman  
 6801 Beckett Road, #134R  
 Austin, TX 78749

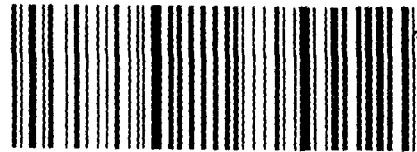
Street, Apt. No.,  
 or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

**CERTIFIED MAIL™**



7010 0780 0002 3937 9545

3-26-12

Helen Beeman  
 6801 Beckett Road, #134R  
 Austin, TX 78749

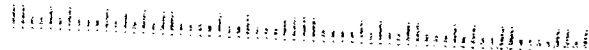


U.S. POSTAGE  
 PAID  
 SANTA FE, NM  
 87501  
 MAR 22, 12  
 AMOUNT

**\$4.65**  
 00014520-03

FORWARD X 871 N7E 1 1111 00 03/23/12  
 BEEMAN  
 11208 PARKFIELD DR # B  
 AUSTIN TX 78758-4267  
 RETURN TO SENDER

78749 87504 01056  
 78749+1466

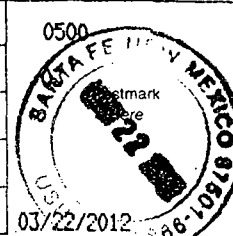


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Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.75</b>



Sent To: Mary Jo Dickerson  
P.O. Box 642  
Glenpool, OK 74033

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0002 3938 1821

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

64-10-12

324  
4.3  
4.10



7010 0780 0002 3938 1821

Mary Jo Dickerson  
P.O. Box 642  
Glenpool, OK 74033

ALP QUINCY

MAR 22 2012

U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
MAR 22, 12  
AMOUNT  
**\$4.65**  
00014520-03

1000 74033

UNITED STATES POSTAL SERVICE

ANK

7403306875040105

7010 0780 0002 3937 9576

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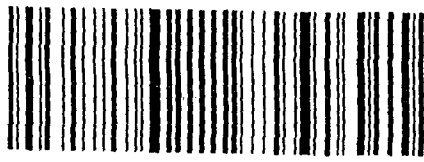
Postage	\$ 0.45	0500 03 Postmark Here MAR 22 03/22/2012
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

Sent To: John Edward Hall, III  
P.O. Box 1525  
Carlsbad, NM 88220

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

PS Form 3800, August 2006 See Reverse for Instructions

**CERTIFIED MAIL™**



7010 0780 0002 3937 9576

3-26-12

James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

John Edward Hall, III  
P.O. Box 1525  
Carlsbad, NM 88220

br



1000

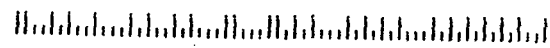


88220

U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
MAR 22, 12  
AMOUNT  
**\$4.65**  
00014520-03



87504@1056  
88221+1525



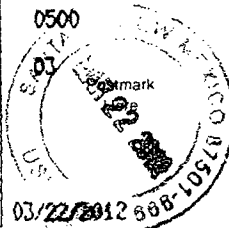
3-23

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HOBBS NM 88241

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.75</b>



Sent To: LBD, Limited Partnership  
P.O. Box 686  
Hobbs, NM 88241

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7010 0780 0002 3938 1791

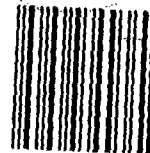
James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

4-16-12



7010 0780 0002 3938 1791

LBD, Limited Partnership  
P.O. Box 686  
Hobbs, NM 88241



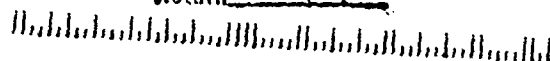
1000

88241

U.S. POSTAGE  
PAID  
SANTA FE, NM  
87501  
MAR 22, 12  
AMOUNT  
**\$4.65**  
00014520-03

NAME 3/23  
1st Notice 3-28  
2nd Notice 3-28  
Return 4-7

88241+0686 87504 0105





**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)

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

March 29, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Helen Beeman  
No. B  
11208 Parkfield Drive  
Austin, Texas 78758

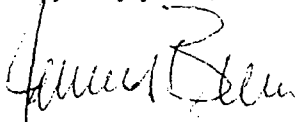
Ladies and gentlemen:

Enclosed is an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 26, 2012, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the 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 Rules to file a Pre-Hearing Statement no later than Thursday, April 19, 2012. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

**2**

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OFFICIAL USE

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

MAR 30 2012  
 1150 S. S. 1150 S. S.

Postmark  
Here

Sent To: Helen Beeman  
 No. B  
 Street, Apt. No.,  
 or PO Box No. 11208 Parkfield Drive  
 City, State, ZIP+4 Austin, Texas 78758

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:

Helen Beeman  
 No. B  
 11208 Parkfield Drive  
 Austin, Texas 78758

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*M. Craig Beeman*

C. Date of Delivery

*4/3/12*

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

2. Article Number

(Transfer from service label)

7010 0780 0002 3938 6352

PS Form 3811, February 2004

Domestic Return Receipt *del Cayla*

102595-02-M-1540