

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

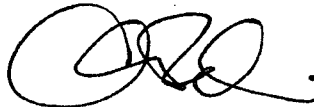
**APPLICATION OF COG OPERATING LLC FOR
A NON-STANDARD SPACING AND PRORATION
UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

CASE NO. 14849

AFFIDAVIT

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

Adam G. Rankin, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

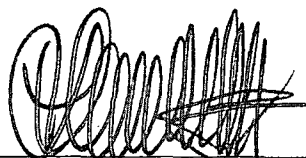


Adam G. Rankin

SUBSCRIBED AND SWORN to before me this 22nd day of June 2012 by Adam
G. Rankin.



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



Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 5
Submitted by:
COG OPERATING LLC
Hearing Date: June 25, 2012

HOLLAND & HART^{LLP}



Adam G. Rankin
Associate
Phone 505-988-4421
Fax 505-983-6043
agrankin@hollandhart.com

May 1, 2012

VIA 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.
Hogan State Com 2H Well**

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 May 24, 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.

Questions concerning this application should be directed to Mike Wallace at (432) 221-0465.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

MHF
Enclosure

Holland & Hart^{LLP}

Phone [505] 988-4421 **Fax** [505] 983-6043 **www.hollandhart.com**

110 North Guadalupe Suite 1 Santa Fe, NM 87501 **Mailing Address** P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

EXHIBIT A
COG OPERATING LLC
HOGAN STATE COM 2H WELL

Peggy Runyan
6290 Olohena Road, Apt. C
Kapaa, Hawaii 96746-8705

Vicky Moser
3555 Comal Springs
Canyon Lake, Texas 78133

Rodney Webb
2409 W. Cerro Road
Artesia, New Mexico 88210

Black Stone Natural Resources
1001 Fannin, Suite 2020
Houston, Texas 77002

ConocoPhillips Company
600 North Dairy Ashford
3WL-14066
Houston, Texas 77079

Murchison Oil & Gas, Inc.
1100 Mira Vista Blvd.
Plano, Texas 75093
Attn: Bret Austin

ZPZ Delaware LLC
303 Veterans Airpark Ln
Suite 3000
Midland, Texas 79705
Attn: Lee Scarborough

**Mewbourne Oil Company;
Mewbourne Development
Corporation; 3MG Corporation;
CWM 2000-B, Ltd; Mewbourne
Energy Partners 07-A, LP
500 West Texas
Suite 1020
Midland, Texas 79701
Attn. Brett Austin**

Maria de la Luz A. Corral-Espinoza
1865 Miner Creek Lane
Unit #3
Shula Vista, CA 91913

Morris Schertz
Post Office Box 2588
Roswell, New Mexico 88202

MEC Petroleum Corporation
414 West Texas, Suite 410
Midland, Texas 79702

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
 MHF/COG
 HOGAN 2H

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

Sent To
 Street, Apt. or PO Box
 City, State, Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Peggy Runyan
 6290 Olohena Road, Apt. C
 Kapaa, Hawaii 96746-8705

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Peggy Runyan
 6290 Olohena Road, Apt. C
 Kapaa, Hawaii 96746-8705

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5196

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

ON DELIVERY

A. Signature Peggy Runyan ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Peggy Runyan C. Date of Delivery 5-1-12
 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 ServiceTM
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 MHF/COG
 HOGAN 2H

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

Sent To
 Street, Apt. or PO Box
 City, State, Postmark Here
 MAY - 1 2012
 DE VARGAS POST OFFICE

Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Vicky Moser
 3555 Comal Springs
 Canyon Lake, Texas 78133

2. Article Number (Transfer from service label) 7006 0100 0005 0626 5189

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

ON DELIVERY

A. Signature Charles E. Moser ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Charles E. Moser C. Date of Delivery 5-4-12
 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 0626 5172

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

For delivery information
OFFFI

MHF/COG
HOGAN 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
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To
 Rodney Webb
 2409 W. Cerro Road
 Artesia, New Mexico 88210

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:
 Rodney Webb
 2409 W. Cerro Road
 Artesia, New Mexico 88210

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5172

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rodney Webb* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 SARAH WEBB

C. Date of Delivery
 5-3-12

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

7006 0100 0005 0626 5165

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

For delivery information
OFFFI

MHF/COG
HOGAN 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
 MAY - 1 2012
 DE VARGAS POST OFFICE

Sent To
 Black Stone Natural Resources
 1001 Fannin, Suite 200
 Houston, Texas 77002

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:
 Black Stone Natural Resources
 1001 Fannin, Suite 200
 Houston, Texas 77002

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5165

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Black Stone Natural Resources* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Black Stone Natural Resources

C. Date of Delivery
 5-3-12

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

2006 0100 0005 0626 5127

U.S. Postal Service™
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For delivery information visit **OFFICIAL**

MHF/COG
HOGAN 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
MAY 2 2012
DE VARGAS POST OFFICE

Sent To: Morris Schertz
 Street, or P.O.: Post Office Box 2588
 City, State: Roswell, New Mexico 88202

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: CC

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

ON-ON DELIVERY

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

A. Signature: Tara Reynolds ☐ Agent ☐ Addressee

B. Received by (Printed Name): Tara Reynolds

C. Date of Delivery: MAY 2 2012

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

1. Article Addressed to:
 Morris Schertz
 Post Office Box 2588
 Roswell, New Mexico 88202

2. Article Number (Transfer from service): 7006 0100 0005 0626 5127

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

2006 0100 0005 0626 5127

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For delivery information visit **OFFICIAL**

MHF/COG
HOGAN 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
MAY -1 2012
DE VARGAS POST OFFICE

Sent To: Maria de la Luz A. Corral-Espinoza
 Street, or P.O.: 1865 Miner Creek Lane
 City, State: Unit #3 Shula Vista, CA 91913

PS Form 3800, June 2002 See Reverse for Instructions

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For delivery information visit **OFFIC**
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 HOGAN 2H

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

Sent To: ConocoPhillips Company
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

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:
 ConocoPhillips Company
 600 North Dairy Ashford
 3WL-14066
 Houston, Texas 77079

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5158

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

For delivery information visit **OFFIC**
 MHF/COG
 HOGAN 2H

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

Sent To: Murchison Oil & Gas, Inc.
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

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:
 Murchison Oil & Gas, Inc.
 1100 Mira Vista Blvd.
 Plano, Texas 75093
 Attn: Bret Austin

2. Article Number
 (Transfer from service label) 7006 0100 0005 0626 5141

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0626 5202

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

For delivery information visit **OFFIC**

MHF/COG
HOGAN 2H

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

Postmark
 MAY - 1 2012
 MARGAS POST OFFICE

Sent to
 MEC Petroleum Corporation
 414 West Texas, Suite 410
 Midland, Texas 79702

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:
 MEC Petroleum Corporation
 414 West Texas, Suite 410
 Midland, Texas 79702

2. Article Number
 (Transfer from service) **7006 0100 0005 0626 5202**

ON DELIVERY

A. Signature
 X Wade Cannon ☐ Agent ☐ Addressee

B. Received by (Printed Name) Wade Cannon 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

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

7006 0100 0005 0626 5134

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

MHF/COG

HOGAN 2H

For delivery information:

OFFI

Postage	\$.65
Certified Fee	2.45
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.45

7006 0100 0005 0626 5134

7006 0100 0005 0626 5134

SE

Si

or

CI

PS Form 3800, June 2002

See Reverse for Instructions

<p>SENDER</p> <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: 10px; margin-top: 10px;"> <p>ZPZ Delaware LLC 303 Veterans Airpark Ln Suite 3000 Midland, Texas 79705 Attn: Lee Scarborough</p> </div>	<p align="center">ACTION ON DELIVERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">A. Signature X <i>Jonie Dalager</i></td> <td style="padding: 5px;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td style="padding: 5px;">B. Received by (Printed Name) <i>Jonie Dalager</i></td> <td style="padding: 5px;">C. Date of Delivery 5-3-12</td> </tr> <tr> <td colspan="2" style="padding: 5px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <hr/> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	A. Signature X <i>Jonie Dalager</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Jonie Dalager</i>	C. Date of Delivery 5-3-12	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Signature X <i>Jonie Dalager</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
B. Received by (Printed Name) <i>Jonie Dalager</i>	C. Date of Delivery 5-3-12						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							

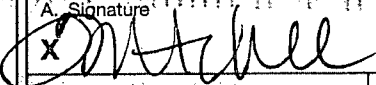
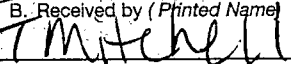
2. Article Number _____

(Transfer from service label)

7006 0100 0005 0626 5134

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> OFFICE </div>	
Postage	\$ <u>1.65</u>
Certified Fee	<u>2.95</u>
Return Receipt Fee (Endorsement Required)	<u>2.35</u>
Restricted Delivery Fee (Endorsement Required)	<u>5.95</u>
Total \$ 12.90	
Mewbourne Oil Company; Mewbourne Development Corporation; 3MG Corporat CWM 2000-B, Ltd; Mewbou Energy Partners 07-A, LP	
500 West Texas Suite 1020 Midland, Texas 79701 Attn. Brett Austin	

PS Form 3800, June 2002 See Reverse for Instructions

SENDER		SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p> A. Signature  </p> <p> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p>	
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;"> Mewbourne Oil Company; Mewbourne Development Corporation; 3MG Corporation; CWM 2000-B, Ltd; Mewbourne Energy Partners 07-A, LP </p> <p style="margin-left: 20px;"> 500 West Texas Suite 1020 Midland, Texas 79701 Attn. Brett Austin </p>		<p> B. Received by (Printed Name)  </p> <p> C. Date of Delivery </p>	
<p>2. Article Number</p> <p style="margin-left: 20px;"> <i>(Transfer from service label)</i> </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</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </p> <p> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7006 0100 0005 0626 5110</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	