

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. 14880

AFFIDAVIT

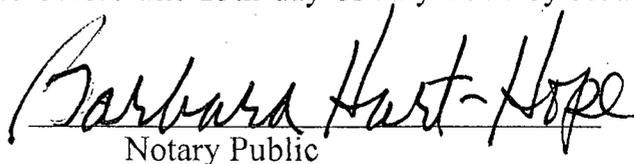
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

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 this 25th day of July 2012 by Adam G. Rankin.



Notary Public

My Commission Expires:

3/28/16

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



June 22, 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.
Falcon 28 1H 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 July 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.

Questions concerning this application should be directed to Lisa Eggemeyer at (432) 686-3011.

Sincerely,

Adam G. Rankin
ATTORNEY FOR COG OPERATING LLC

**EXHIBIT A
COG OPERATING LLC
FALCON 28 1H WELL**

Ram Energy, Inc.
5100 East Skelly Drive,
Suite 650
Tulsa, OK 742135

Vicki Jo Cox, Trustee of the
Vicki J. Cox Revocable Trust
3205 West Atlanta Court
Broken Arrow, OK 74102

Jones County Minerals, Inc.
1924 South Utica, Suite 1010
Tulsa, OK 74104

Lew Ann Ltd.
P.O. Box 700270
Tulsa, OK 74152-1057

Parthenon Trading Company
P.O. Box 521057
Tulsa, OK 74170-0270

Southwest Petroleum Corporation
PO Box 25623
Overland Park, KS 66225-5623

BK Exploration Corporation
10159 East 11th Street,
Suite 401
Tulsa, OK 74128-3028

Chevron USA Inc.
PO Box 4538
Houston, Texas 77210

Energrowth
505 North Big Spring Street,
Suite 502
Midland, Texas 79701

Milton Wessels
P.O. Box 90717
Houston, Texas 77090

Ruth Wessels
4641 Hakel
Corpus Christi, Texas 78415

C.L. Wes Wessels
P.O. Box 2299
Conroe, Texas 77305

Maurice F. Nutt
P.O. Box 669
Fulton, Texas 78358

Marilyn J. Nicholson
9603 Jan Glen Lane
Spring, Texas 77379

Herman J. Knodel
9906 Mountain Quail
Austin, Texas 78758

Joyce Jeragin
228 Beth Lane
Channelview, Texas 77530

Ronald A. Carroll
P.O. Box 218449
Houston, Texas 77218

John R. Bryant
911 West Silver
Hobbs, NM 88240

Carol J. McGlothing
15745 Lakeway Drive
Willis, Texas 77318

Oil and Water Donditioners,
Inc.
505 North Big Spring, Suite
502
Midland, Texas 79702

Energrowth
505 North Big Spring Street,
Suite 502
Midland, Texas 79701

Milton Wessels
PO Box 90717
Houston, Texas 77090

Ruth Wessels
4641 Hakel
Corpus Christi, Texas 78415

Victor F. Onsurez
531 South 2nd Street
Loving, NM 88256

Maurice F. Nutt
PO Box 669
Fulton, Texas 78358

Marilyn J. Nicholson
9603 Jan Glen Lane
Spring, Texas 77379

John Morris
PO Box 2136
Carlsbad, NM 88220

**EXHIBIT A
COG OPERATING LLC
FALCON 28 1H WELL**

Michael Markl
701 Live Oak
Cedar Park, Texas 78613

L&M Enterprises
206 Atlantic St.
Roseville, CA 95678

Herman J. Knodel
9906 Mountain Quail
Austin, Texas 78758

Joyce Jeragin
228 Beth Lane
Channelview, Texas 77530

John R. Bryant
911 West Silver
Hobbs, NM 88240

Oil and Water Donditioners,
Inc.
505 North Big Spring, Suite
502
Midland, Texas 79702

Energrowth
505 North Big Spring Street,
Suite 502
Midland, Texas 79701

Milton Wessels
PO Box 90717
Houston, Texas 77090

Ruth Wessels
4641 Hakel
Corpus Christi, Texas 78415

C.L. Wes Wessels
PO Box 2299
Conroe, Texas 77305

Victor F. Onsurez
531 South 2nd Street
Loving, NM 88256

Maurice F. Nutt
PO Box 669
Fulton, Texas 78358

Marilyn J. Nicholson
9603 Jan Glen Lane
Spring, Texas 77379

John Morris
PO Box 2136
Carlsbad, NM 88220

Michael Markl
701 Live Oak
Cedar Park, Texas 78613

L&M Enterprises
206 Atlantic St.
Roseville, CA 95678

Herman J. Knodel
9906 Mountain Quail
Austin, Texas 78758

Joyce Jeragin
228 Beth Lane
Channelview, Texas 77530

Ronald A. Carroll
PO Box 218449
Houston, Texas 77218

Carol J. McGlothing
15745 Lakeway Drive
Willis, Texas 77318

John R. Bryant
911 West Silver
Hobbs, NM 88240

Oil and Water Donditioners, Inc.
505 North Big Spring,
Suite 502
Midland, Texas 79702

BTA Oil Producers LLC
104 South Pecos
Midland, Texas 79701

BTA Oil Producers LLC
104 South Pecos
Midland, Texas 79701

Estate of Robert J. Jones, Dec'd
Larry A. Jones, Executor of Estate
Route 1, Box 29
Central City, NE 68826

7006 0100 0005 0626 6759

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 AGR/COG
 For delivery information visit **FALCON 28 1H WELL**
OFFIC

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

Sent to: Ram Energy, Inc.
 Street or PO: 5100 East Skelly Drive,
 City: Suite 650
 Tulsa, OK 742135

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:

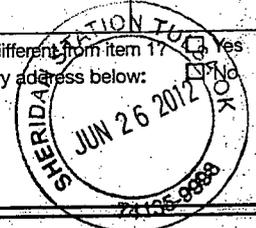
Ram Energy, Inc.
 5100 East Skelly Drive,
 Suite 650
 Tulsa OK 742135

2. Article Number: 7006 0100 0005 0626 6759
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** Larry Brand
 Agent
 Addressee

B. Received by (Printed Name): **A-Mail**
 C. Date of Delivery: 

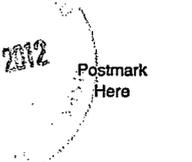
D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

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 0626 8395

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Provided)
 AGR/COG
 For delivery information visit **FALCON 28 1H WELL**
OFFIC

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

Sent to: Vicki Jo Cox, Trustee of the
 Street or PO: Vicki J. Cox Revocable Trust
 City: 3205 West Atlanta Court
 Broken Arrow, OK 74102

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:

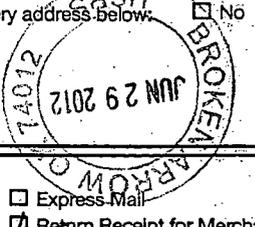
Vicki Jo Cox, Trustee of the
 Vicki J. Cox Revocable Trust
 3205 West Atlanta Court
 Broken Arrow, OK 74102

2. Article Number: 7006 0100 0005 0626 8395
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** Vicki Cox
 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 0626 8265

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL

OFFICE

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: Jones County Minerals, Inc.
 Street or P.O. Box: 1924 South Utica, Suite 1010
 City, State: Tulsa, OK 74104

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:
 Jones County Minerals, Inc.
 1924 South Utica, Suite 1010
 Tulsa, OK 74104

2. Article Number: 7006 0100 0005 0626 8265
 (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *6/25*

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

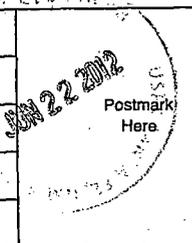
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 8258

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL

OFFICE

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: Lew Ann Ltd.
 Street, A/c or P.O. Box: P.O. Box 700270
 City, State: Tulsa, OK 74152-1057

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:
 Lew Ann Ltd.
 P.O. Box 700270
 Tulsa, OK 74152-1057

2. Article Number: 7006 0100 0005 0626 8258
 (Transfer from service label)

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): *Glenda Moon* C. Date of Delivery: *[Signature]*

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 0626 8241

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No AGR/COG)

For delivery information visit **FALCON 28 1H WELL**

OFFICE

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

Postmark Here

Sent To: Parthenon Trading Company
 Street, or PO: P.O. Box 521057
 City, State: Tulsa, OK 74170-0270

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:
 Parthenon Trading Company
 P.O. Box 521057
 Tulsa, OK 74170-0270

2. Article Number (Transfer from service label): 7006 0100 0005 0626 8241

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Barbara Keen* Agent Addressee

B. Received by (Printed Name): *Barbara Keen* C. Date of Delivery: *JUN 25 2002*

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 0626 8234

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No AGR/COG)

For delivery information visit **FALCON 28 1H WELL**

OFFICE

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

Postmark Here

Sent To: Southwest Petroleum Corporation
 Street, or PO: PO Box 25623
 City, State: Overland Park, KS 66225-5623

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:
 Southwest Petroleum Corporation
 PO Box 25623
 Overland Park, KS 66225-5623

2. Article Number (Transfer from service label): 7006 0100 0005 0626 8234

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Name]* C. Date of Delivery: *JUL - 2 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 0626 8227

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL OFFIC**

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

Postmark: JUN 22 2012
 Here

Send to: BK Exploration Corporation
 10159 East 11th Street,
 Suite 401
 Tulsa, OK 74128-3028

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:
 BK Exploration Corporation
 10159 East 11th Street,
 Suite 401
 Tulsa, OK 74128-3028

2. Article Number: 7006 0100 0005 0626 8227
 (Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Brad Burlin* Agent Addressee

B. Received by (Printed Name): *Brad Burks* C. Date of Delivery: *6-25-12*

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 8210

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL OFFIC**

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

Postmark: JUN 22 2012
 Here

Send to: Chevron USA Inc.
 PO Box 4538
 Houston, Texas 77210

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:
 Chevron USA Inc.
 PO Box 4538
 Houston, Texas 77210

2. Article Number: 7006 0100 0005 0626 8210
 (Transfer from service)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X Anthony Alley* Agent Addressee

B. Received by (Printed Name): *Anthony Alley* C. Date of Delivery: *6-29-12*

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

7006 0100 0005 0626 7985

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)
For delivery information visit **agr/coo**
FALCON 28 TH WELL OFFICE

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



Energrowth
505 North Big Spring Street,
Suite 502
Midland, Texas 79701

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:

Energrowth
505 North Big Spring Street,
Suite 502
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *R. Kinsey* C. Date of Delivery *6-25-12*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7006 0100 0005 0626 7985**
(Transfer from service)

7006 0100 0005 0626 7992

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)
For delivery information visit **agr/coo**
FALCON 28 TH WELL OFFICE

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



Sent To
Milton Wessels
PO Box 90717
Houston, Texas 77090

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0000 0626 8180

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL

OFFICE

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

Sent _____
 Street or P.O. Box _____
 City, _____
 Ruth Wessels
 4641 Hakel
 Corpus Christi, Texas 78415

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:
 Ruth Wessels
 4641 Hakel
 Corpus Christi, Texas 78415

2. Article Number: **7006 0100 0005 0626 8180**
 (Transfer from envelope)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Ruth Wessels*

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 0100 0005 0000 0626 8178

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL

OFFICE

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

Sent _____
 Street or P.O. Box _____
 City, _____
 C.L. Wes Wessels
 P.O. Box 2299
 Conroe, Texas 77305

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8036

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

For delivery information visit **AGR/COG**
FALCON 28 IH WELL

OFFICE

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


Sent To: Maurice F. Nutt
 Street, or POE: PO Box 669
 City, St: Fulton, Texas 78358

PS Form 3800, June 2002 See Reverse for Instructions

Returned

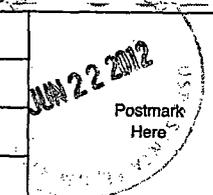
7006 0100 0005 0626 8043

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

For delivery information visit **AGR/COG**
FALCON 28 IH WELL

OFFICE

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


Sent To: Marilyn J. Nicholson
 Street, or POE: 9603 Jan Glen Lane
 City, St: Spring, Texas 77379

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>Marilyn Nicholson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Marilyn J. Nicholson 9603 Jan Glen Lane Spring, Texas 77379 </div>	B. Received by (Printed Name) <i>MARILYN NICHOLSON</i>	
	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 0626 8043		

7006 0100 0005 0626 8081

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

For delivery information via **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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

JUN 22 2012
Postmark Here

Sent _____
 Street or P.O. _____
 City, _____

Herman J. Knodel
 9906 Mountain Quail
 Austin, Texas 78758

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 8074

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

For delivery information via **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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

JUN 22 2012
Postmark Here

Sent _____
 Street or P.O. _____
 City, _____

Joyce Jeragin
 228 Beth Lane
 Channelview, Texas 77530

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8326

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL**
OFFICE

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

Postmark Here
 JUN 22 2012

Sent To:
 Street or PO: Ronald A. Carroll
 City: P.O. Box 218449
 Houston, Texas 77218

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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: <i>Ronald A. Carroll</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ <i>Ronald A. Carroll</i>
1. Article Addressed to: Ronald A. Carroll P.O. Box 218449 Houston, Texas 77218	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.
2. Article Number (Transfer from): 7006 0100 0005 0626 8326	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

7006 0100 0005 0626 7862

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL**
OFFICE

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

Postmark Here
 JUN 22 2012

Sent To:
 Street or PO: John R. Bryant
 City: 911 West Silver
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 8296

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

For delivery information visit **AGR/COG**
OFFICE FALCON 28 1H WELL

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 JUN 22 2012

Sent To: Carol J. McGlothing
 Street, or P.O.: 15745 Lakeway Drive
 City, S: Willis, Texas 77318

PS Form 3800, June 2002 Instructions

Returned

7006 0100 0005 0626 8296

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

For delivery information visit **AGR/COG**
OFFICE FALCON 28 1H WELL

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 JUN 22 2012

Sent To: Oil and Water Donditioners, Inc.
 Street, or P.O.: 505 North Big Spring, Suite 502
 City: Midland, Texas 79702

PS Form 3811, February 2004 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:

Oil and Water Donditioners, Inc.
 505 North Big Spring, Suite 502
 Midland, Texas 79702

2. Article Number (Transfer from serv

7006 0100 0005 0626 8296

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *R. Kinsey* C. Date of Delivery *6-25-12*

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 8203

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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

Postmark Here: JUN 22 2012

Sent to: Energrowth
 505 North Big Spring Street,
 Suite 502
 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:

Energrowth
 505 North Big Spring Street,
 Suite 502
 Midland, Texas 79701

2. Article Number: 7006 0100 0005 0626 8203
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): R. Kimsey C. Date of Delivery: 6-25-12

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 0626 8197

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

Postage	\$ 1.65
Certified Fee	2.45
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.45

Postmark Here: JUN 22 2012

Sent to: Milton Wessels
 P.O. Box 90717
 Houston, Texas 77090

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8159

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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

Sent _____
 Street or P.O. _____
 City, _____
 Ruth Wessels
 4641 Hakel
 Corpus Christi, Texas 78415

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:
 Ruth Wessels
 4641 Hakel
 Corpus Christi, Texas 78415

2. Article Number **7006 0100 0005 0626 8159**
 (Transfer from service label)

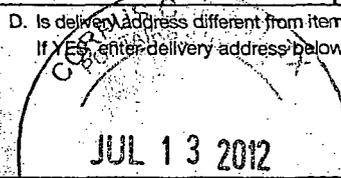
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ruth Wessels* 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

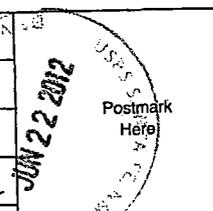


3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 0626 8029

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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

Sent _____
 Street or P.O. _____
 City, _____
 Victor F. Onsurez
 531 South 2nd Street
 Loving, NM 88256

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:
 Victor F. Onsurez
 531 South 2nd Street
 Loving, NM 88256

2. Article Number **7006 0100 0005 0626 8029**
 (Transfer from service label)

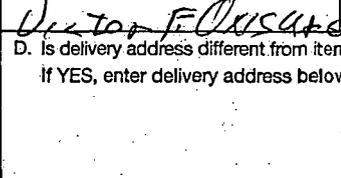
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Victor F. Onsurez* 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 8357

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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
 JUN 22 2012

Sent _____
 Street or P.O. Box _____
 City _____
 State _____
 Zip _____

Maurice F. Nutt
 P.O. Box 669
 Fulton, Texas 78358

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 8357

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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
 JUN 22 2012

Sent _____
 Street or P.O. Box _____
 City _____
 State _____
 Zip _____

Marilyn J. Nicholson
 9603 Jan Glen Lane
 Spring, Texas 77379

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <i>Marilyn J. Nicholson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Marilyn Nicholson</i> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____
1. Article Addressed to:	
Marilyn J. Nicholson 9603 Jan Glen Lane Spring, Texas 77379	
2. Article Number	7006 0100 0005 0626 8357
(Transfer from service label)	
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.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

7006 0100 0005 0626 8111

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

For delivery information visit **AGR/COG OFFICE**
FALCON 28 IH WELL

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
 JUN 22 2012

Sent To: John Morris
 Street, or PO Box: PO Box 2136
 City, State: Carlsbad, NM 88220

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by <i>John Morris</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter details below:</p>
<p>1. Article Addressed to:</p> <p>John Morris PO Box 2136 Carlsbad, NM 88220</p>	<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>
<p>2. Article Number</p> <p>(Transfer from service label) 7006 0100 0005 0626 8111</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

7006 0100 0005 0626 8067

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

For delivery information visit **AGR/COG OFFICE**
FALCON 28 IH WELL

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
 JUN 22 2012

Sent To: Michael Markl
 Street, or PO Box: 701 Live Oak
 City, State: Cedar Park, Texas 78613

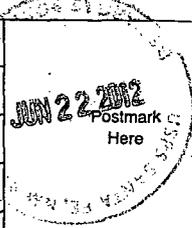
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8098

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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


Sent To
 Street, or PO Box: L&M Enterprises
 City, State: 206 Atlantic St.
 Roseville, CA 95678

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> L&M Enterprises 206 Atlantic St. Roseville, CA 95678 </div>	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7006 0100 0005 0626 8340

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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


Sent To
 Street, or PO Box: Herman J. Knodel
 City, State: 9906 Mountain Quail
 Austin, Texas 78758

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 8333

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

For delivery information visit **AGR/COG**
OFFIC FALCON 28 1H WELL

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 or PO: Joyce Jeragin
 228 Beth Lane
 City, State: Channelview, Texas 77530

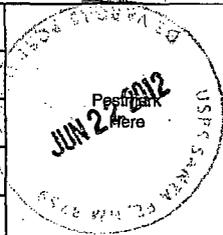
PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8272

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

For delivery information visit **AGR/COG**
OFFIC FALCON 28 1H WELL

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: John R. Bryant
 911 West Silver
 City, State: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7978

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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: JUN 22 2012

Sent to:
 Oil and Water Donditioners, Inc.
 505 North Big Spring, Suite 502
 Midland, Texas 79702

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:
 Oil and Water Donditioners, Inc.
 505 North Big Spring, Suite 502
 Midland, Texas 79702

2. Article Number (Transfer from service label): 7006 0100 0005 0626 7978

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *R. Kimsey*

C. Date of Delivery: *6-25-12*

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 8289

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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: JUN 22 2012

Sent to:
 Energrowth
 505 North Big Spring Street, Suite 502
 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:
 Energrowth
 505 North Big Spring Street, Suite 502
 Midland, Texas 79701

2. Article Number (Transfer from service label): 7006 0100 0005 0626 8289

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *R. Kimsey*

C. Date of Delivery: *6-25-12*

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

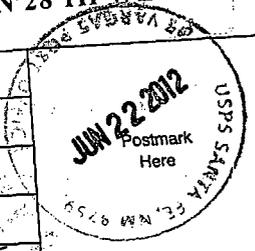
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0100 0005 0626 8166

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
OFFICE FALCON 28 1H WELL

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

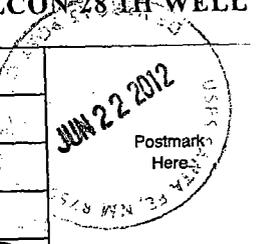


Sent To
 Street or PO City, State ZIP+4
 Milton Wessels
 PO Box 90717
 Houston, Texas 77090
 PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8005

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **AGR/COG**
OFFICE FALCON 28 1H WELL

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 or P City, State ZIP+4
 Ruth Wessels
 4641 Hakel
 Corpus Christi, Texas 78415
 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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Ruth Wessels</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Ruth Wessels 4641 Hakel Corpus Christi, Texas 78415 </div>	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> CORPUS CHRISTI JUN 26 2012 </div>
2. Article Number 7006 0100 0005 0626 8005 <small>(Transfer from serv)</small>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> P.O.D. 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes

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

7006 0100 0005 0626 8012

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL OFFIC

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

Postmark Here: JUN 22 2012

Sent to:
 C.L. Wes Wessels
 PO Box 2299
 Conroe, Texas 77305

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 8142

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL OFFIC

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

Postmark Here: JUN 22 2012

Sent to:
 Victor F. Onsurez
 531 South 2nd Street
 Loving, NM 88256

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:
 Victor F. Onsurez
 531 South 2nd Street
 Loving, NM 88256

2. Article Number: **7006 0100 0005 0626 8142**
 (Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Victor F. Onsurez* Agent Addressee

B. Received by (Printed Name): *Victor F. Onsurez* Addressee

C. Date of Delivery: *6-25-12*

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 8135

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL OFFICE**

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: JUN 22 2012

Sent To: Maurice F. Nutt
 Street or PO Box: PO Box 669
 City: Fulton, Texas 78358

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 8128

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL OFFICE**

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: JUN 22 2012

Sent To: Marilyn J. Nicholson
 Street or PO Box: 9603 Jan Glen Lane
 City, St: Spring, Texas 77379

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

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p>Marilyn J. Nicholson 9603 Jan Glen Lane Spring, Texas 77379</p> <p>2. Article Number (Transfer from service): 7006 0100 0005 0626 8128</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>Marilyn Nicholson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Marilyn Nicholson</i> C. Date of Delivery:</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>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>
--	--

7006 0100 0005 0626 8050

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL
OFFIC

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

Sent _____
 Street or PO _____
 City, _____
 John Morris
 PO Box 2136
 Carlsbad, NM 88220

PS Form 3800, June 2002 See Reverse for Instructions

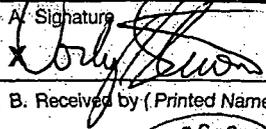
SENDER: COMPLETE THIS SECTION

- 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:
 John Morris
 PO Box 2136
 Carlsbad, NM 88220

2. Article Number **7006 0100 0005 0626 8050**
 (Transfer from serv)

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.

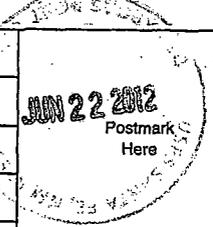
4. Restricted Delivery? (Extra Fee) Yes

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

7006 0100 0005 0626 8004

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL
OFFIC

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

Sent _____
 Street or PO _____
 City, _____
 Michael Markl
 701 Live Oak
 Cedar Park, Texas 78613

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0005 0626 7954

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL**

OFFICE

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
 JUN 22 2012

Sent _____
 Street or P.O. _____
 City _____

L&M Enterprises
 206 Atlantic St.
 Roseville, CA 95678

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:

L&M Enterprises
 206 Atlantic St.
 Roseville, CA 95678

2. Article Number (Transfer from service label) **7006 0100 0005 0626 7954**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

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

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 0626 7961

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

AGR/COG
 For delivery information visit **FALCON 28 1H WELL**

OFFICE

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
 JUN 22 2012

Sent _____
 Street or P.O. _____
 City _____

Herman J. Knodel
 9906 Mountain Quail
 Austin, Texas 78758

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7916

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

AGR/COG

OFFICE FALCON 28 1H WELL

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,
or PO Box
City, State

Joyce Jeragin
228 Beth Lane
Channelview, Texas 77530

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0005 0626 7909

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)

For delivery information visit

AGR/COG

OFFICE FALCON 28 1H WELL

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,
or PO Box
City, State

Ronald A. Carroll
PO Box 218449
Houston, Texas 77218

PS Form 3800, June 2002

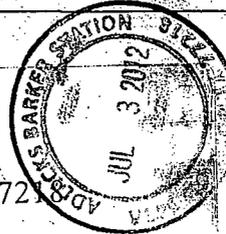
See Reverse for Instructions

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:

Ronald A. Carroll
PO Box 218449
Houston, Texas 77218



COMPLETE THIS SECTION ON DELIVERY

A. Signature
Ronald A. Carroll
 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

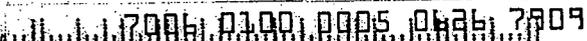
Ronald A. Carroll

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)



PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 8302

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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
 JUN 22 2012

Sent To
 Carol J. McGlothing
 15745 Lakeway Drive
 Willis, Texas 77318

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 8319

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

For delivery information visit **AGR/COG**
OFFICE OF FALCON 28 1H WELL

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
 JUN 22 2012

Sent To
 John R. Bryant
 911 West Silver
 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 0100 0005 0626 7879

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL OFFICE

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 JUN 22 2012

Sent To
 Oil and Water Donditioners, Inc.
 505 North Big Spring,
 Suite 502
 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:
 Oil and Water Donditioners, Inc.
 505 North Big Spring,
 Suite 502
 Midland, Texas 79702

2. Article Number (Transfer from service label) **7006 0100 0005 0626 7879**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *K. Kinsley* C. Date of Delivery *6-25-12*
 Agent Addressee

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 0626 7923

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL OFFICE

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 JUN 22 2012

Sent To
 BTA Oil Producers LLC
 104 South Pecos
 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:
 BTA Oil Producers LLC
 104 South Pecos
 Midland, Texas 79701

2. Article Number (Transfer from service label) **7006 0100 0005 0626 7923**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *LUIS SOSA* C. Date of Delivery *6-25-12*
 Agent Addressee

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 0626 7930

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL
OFFICE

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: **BTA Oil Producers LLC**
 104 South Pecos
 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:
BTA Oil Producers LLC
104 South Pecos
Midland, Texas 79701

2. Article Number: **7006 0100 0005 0626 7930**
 (Transfer from service label)

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): **LUIS SOSA**

C. Date of Delivery: **6-25-12**

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 7947

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

For delivery information visit **AGR/COG**
FALCON 28 1H WELL
OFFICE

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: **Estate of Robert J. Jones, Dec'd**
Larry A. Jones, Executor of Estate
Route 1, Box 29
Central City, NE 68826

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:
Estate of Robert J. Jones, Dec'd
Larry A. Jones, Executor of Estate
Route 1, Box 29
Central City, NE 68826

2. Article Number: **7006 0100 0005 0626 7947**
 (Transfer from service label)

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): **LARRY A. JONES**

C. Date of Delivery: **6-25-12**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
2719 TERRY LAVE

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

4. Restricted Delivery? (Extra Fee) Yes