RSC Resources, L.P.
432-553-1849

6824 Island Cir.
Midland, TX 79707

November 8, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by RSC Resources Limited Partnership, regarding the N½ of Section 14, Township 24 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, November 29, 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 Wednesday, November 21, 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 amount of time the party will need to present its case; and identification of any procedural matters that need to be resolved before the hearing. The Pre-Hearing Statement must also be provided to our attorney, James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,

Randall Cate, President

Oil Conservation Division
Case No. 14932
Exhibit No. 5

RSC Resources, L.P.
432-553-1849

6824 Island Cir.
Midland, TX 79707

EXHIBIT A

OWNER	ADDRESS	CITY	STATE/ZIP	
THE LAUNDRY BASKET, LLC C/O TERRY WAYNE AMERINE	520 N. HERSHEY AVE.	BELOIT	KS	67420
THE LAUNDRY BASKET, LLC C/O TERRY WAYNE AMERINE	200 S. MILL ST.	BELOIT	KS	67420
ELSIE R. and ROBERT BARKER	2271 Ridgeview TE	RENO	NV	89509
ELSIE R. and ROBERT BARKER	515 MAGISTRATE COURT	RENO	NV	89509
Wendell F. Berry and Stanley E. Berry	1840 NE BERLIN RD	MAYSVILLE	MO	64469
RICHARD E. BRADBURY	P.O. 54	Adel	Or	97620
ERINEO CAMPOS, c/o Lilia Campos	P.O. Box 5092	Carlsbad	NM	88221
LEWIS and ELAINE CROMWELL C/O BETTY GRIMM	4320 KENSINGTON	DETROIT	MI	48224
DALLMAN, JOHN	1065 TRONA DR	GREEN RIVER	WY	82935
DEVON ENERGY, Attn. Mr. Ken Gray	20 N. Broadway Ave.	Oklahoma City	OK	73102
HELENE SOOBY ELLER, Heirs c/o DEANNA POTEET	921 MONTCREST DR.	REDDING	CA	96003
KELLY D. EVENSEN	1240 SABRINA CT.	REDWOOD CITY	CA	94061
FERN FLOREZ	1010 N. PATE	CARLSBAD	NM	88220
JOHN and MARY GAY ESTATE	111 Caroline St, Apt 2711C	Houston	TX	77010

RSC Resources, L.P.
432-553-1849

6824 Island Cir.
Midland, TX 79707

GOSSETT, DONNIE J.	PO BOX 361	Loving	NM	88256
GOSSETT, LONNIE RAY	PO BOX 361	Loving	NM	88256
GOSSETT, RONNIE LYNN	PO BOX 361	Loving	NM	88256
GOSSETT,JUANITA F.	PO BOX 361	Loving	NM	88256
HEAPHY, MARY LOU	1635 HARVARD N.E	ALBUQUERQUE	NM	87106
HENDERSON, ANNA	4602 N. 24TH ST. APT 219	PHOENIX	AZ	85106
HUFFER, CARMEN	129 MOONRAKER DR.	SLIDELL	LA	70458
HUFFER, DAVID C/O CARMEN HUFFER	129 MOONRAKER DR.	SLIDELL	LA	70458
HUFFER, JEANETTE C/O CARMEN HUFFER	129 MOONRAKER DR.	SLIDELL	LA	70458
HUFFER, JOHN C/O CARMEN HUFFER	129 MOONRAKER DR.	SLIDELL	LA	70458
HUFFER, JOY C/O CARMEN HUFFER	129 MOONRAKER DR.	SLIDELL	LA	70458
HUFFER, MICHAEL C/O CARMEN HUFFER	129 MOONRAKER DR.	SLIDELL	LA	70458
HUFFER, THOMAS C/O CARMEN HUFFER	129 MOONRAKER DR.	SLIDELL	LA	70458
WALTER L. And PAT JENNINGS	1004 N. ALAMEDA	CARLSBAD	NM	88220
DONALD JOHNSON,	8764 Bud Stel Rd	LAKE CHARLES	LA	70605
Carla Doty	3605 Dover	LAKE CHARLES	LA	70605
WALLY JOHNSON	BOX 6161	LAKE CHARLES	LA	70605
SHARON DENISE JOHNSON	410 E. FAIRGROUNDS RD.	ARTESIA	NM	88210

RSC Resources, L.P.
432-553-1849

6824 Island Cir.
Midland, TX 79707

HERBERT and BARBARA MCNAMA C/O MARJORIE S McCAMENT	3421 Calle Del Monte NE	ALBUQUERQUE	NM	87106
HEIRS OF JACK MCNAMA C/O MARJORIE S McCAMENT	3421 Calle Del Monte NE	ALBUQUERQUE	NM	87106
MILLAND, EDNA MCNAMA	409 WESTERN AVE.	GLENDALE	CA	91201
MILLER FAMILY TRUST	ROUTE 1 BOX 137	SNYDER	OK	73566
DAVID HOLLOWAY	24040 ST. HWY 5	CHATTANOOGA	OK	73528
PATRICIA A. AND FELICIA MUNOZ	PO BOX 1954	CARLSBAD	NM	88220
JAMES F. and BETTY JOE FARRER	2718 Rio Bravo Blvd SW	Albuquerque	NM	87105
CARLA KAY NEARHOOD DICKSON	405 N. OAKS LANE	RUSSELLVILLE	AR	72802
MARY NEARHOOD	425 Random RD.	El Dorado	KS	67042
BRENT NEARHOOD	821 S Taylor St	El Dorado	KS	67042
MARGURETT E. PETSCHKE Revocable Trust	41346 Carmelo Dr.	Clinton Township	MI	48038
JOSE and AGAPITA OINO	141 E. SANTE FE AVE.	SANTA FE	NM	87501
QUINN, STEPHEN	PO BOX 490	CLOVIS	NM	88101
EVELYN L. RAMSEY,TRUSTEE	9415 FOREST HILLS BLVD	DALLAS	TX	75218
MYCO INDUSTRIES, INC	105 S. FOURTH ST.	ARTESIA	NM	88210
OXY Y-1 , Attn Mr. Chris Gertson	Greenway Plaza, Suite 110	Houston,	TX	77046
MCCAMENT, MARJORIE SCOTT	3421 Calle Del Monte NE	ALBUQUERQUE	NM	87106
SEVERLIN, BERTHA MAY	2561 N.W. 20TH ST.	OKLAHOMA CITY	OK	73107

RSC Resources, L.P.
432-553-1849

6824 Island Cir.
Midland, TX 79707

DEANNA POTEET	921 MONTCREST DR.	REDDING	CA	96003
Janet Sperling	2924 CONCORD BLVD.	CONCORD	CA	94519
SPERLING, JOHN DR.	1427 N. 3RD ST.	PHOENIX	AZ	85004
SPERLING, OPAL L.	4338 TANDA N.W.	BREMERTON	WA	98312
CELENIA F HARRIS.	1402 MEADOWS DR. TX.	ROUNDROCK	TX	78681
THELMA L. RAMSEY	711 N. HAPPY VALLEY RD.	CARLSBAD	NM	88220
REBA N. ROBERTSON	1814 S. MAIN AVE.	PORTALES	NM	88130
LENORE M. JOHNSON	1146 Robinhood Lane	Norman	Ok	73072

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:

HUFFER, JEANETTE
C/O CARMEN HUFFER
129 MOONRAKER DR.
SLIDELL, LA 70458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
C. Huffer 11/13-12

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 3090 0001 8516 1503

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

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

HUFFER, THOMAS
C/O CARMEN HUFFER
129 MOONRAKER DR.
SLIDELL, LA 70458

7010 3090 0001 8510 0212

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To HUFFER, JEANETTE
Street, Apt. No., or PO Box No. C/O CARMEN HUFFER
City, State, ZIP+4 129 MOONRAKER DR.
SLIDELL, LA 70458

7010 3090 0001 8516 1503

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:

HUFFER, THOMAS
C/O CARMEN HUFFER
129 MOONRAKER DR.
SLIDELL, LA 70458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
C. Huffer 11/13-12

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 3090 0001 8510 0212

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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:

DEANNA POTEET
921 MONTCREST DR.
REDDING, CA 96003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deanna Poteet ☐ Agent ☐ Addressee

B. Received by (Printed Name) Deanna Poteet C. Date of Delivery 1142

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 s 7010 3090 0001 8512 9800

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

Postmark Here

7010 3090 0001 8516 1466

Sent T HELENE SOOBY ELLER, Heirs
c/o DEANNA POTEET
Street, or PO 921 MONTCREST DR.
City, S REDDING, CA 96003

PS Fo ...ructions

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc DEANNA POTEET	

Postmark Here

Sent To 921 MONTCREST DR.
Street, Ap or PO Bo REDDING, CA 96003
City, Stat

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:

HELENE SOOBY ELLER, Heirs
c/o DEANNA POTEET
921 MONTCREST DR.
REDDING, CA 96003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deanna Poteet ☐ Agent ☐ Addressee

B. Received by (Printed Name) Deanna Poteet C. Date of Delivery 1142

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 la 7010 3090 0001 8516 1466

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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:

Patricia A. & Felicia MUNOZ
PO BOX 1954
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Munoz ☐ Agent ☐ Addressee

B. Received by (Printed Name) PATRICIA H MUNOZ C. Date of Delivery 11-14-12

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

CARLSBAD NM NOV 14 2012 88220 USPS

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) 7011 3500 0002 4933 0228

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

Postmark Here

7010 3090 0001 8512 9725

HUFFER, CARMEN
129 MOONRAKER DR.
SLIDELL, LA 70458

Instructions

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
	$

Postmark Here

7011 3500 0002 4933 0228

Patricia A. & Felicia MUNOZ
PO BOX 1954
CARLSBAD, NM 88220

erse 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:

HUFFER, CARMEN
129 MOONRAKER DR.
SLIDELL, LA 70458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carmen Huffer ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. HUFFER C. Date of Delivery 10/13/12

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 3090 0001 8512 9725

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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 & Mary Ann Gay ESTATE
111 Caroline St, Apt 2711C
Houston, TX 77010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-13

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 3090 0001 8516 1473

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Carla Doty
3605 Dover
LAKE CHARLES, LA 70605

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8510 0229

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

John & Mary Ann Gay ESTATE
111 Caroline St, Apt 2711C
Houston, TX 77010

for Instructions

7010 3090 0001 8516 1473

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:

Carla Doty
3605 Dover
LAKE CHARLES, LA 70605

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-8-12

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
70607

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 3090 0001 8510 0229

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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:

THE LAUNDRY BASKET, LLC
C/O TERRY WAYNE AMERINE
520 N. HERSHEY AVE.
BELOIT, KS 67420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Terry Amerine ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terry Amerine 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

2. Article Number (Transfer from service label) 7010 3090 0001 8516 1329

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

Postmark Here

Sent To THE LAUNDRY BASKET, LLC
C/O TERRY WAYNE AMERINE
Street, Apt. No., or PO Box No. 520 N. HERSHEY AVE.
City, State, ZIP+4 BELOIT, KS 67420

PS Form

7010 3090 0001 8516 1329

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

Postmark Here

ERINEO CAMPOS,
c/o Lilia Campos
P.O. Box 5092
Carlsbad, NM 88221

7010 3090 0001 8516 1343

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:

ERINEO CAMPOS,
c/o Lilia Campos
P.O. Box 5092
Carlsbad, NM 88221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
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 3090 0001 8516 1343

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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:

HEAPHY, MARY LOU
1635 HARVARD N.E
ALBUQUERQUE, NM 87106

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery: 11/13/12

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 lat: 7010 3090 0001 8516 1381

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

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

7010 3090 0001 8510 0267

Carla Kay NEARHOOD DICKSON
405 N. OAKS LANE
RUSSELLVILLE, AR 72802

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

OFFICIAL USE

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

Postmark Here

7010 3090 0001 8516 1381

HEAPHY, MARY LOU
1635 HARVARD N.E
ALBUQUERQUE, NM 87106

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:

Carla Kay NEARHOOD DICKSON
405 N. OAKS LANE
RUSSELLVILLE, AR 72802

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
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 lab 7010 3090 0001 8510 026

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:

James F. & Betty Joe FARRER
2718 Rio Bravo Blvd SW
Albuquerque, NM 87105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Farrer ☑ Agent ☐ Addressee

B. Received by (Printed Name) BONNIE FARRER C. Date of Delivery 11-13-12

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) 7011 3500 0002 4933 0310

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

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OFFICIAL USE

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

Postmark Here

Sent To James F. & Betty Joe FARRER
Street, Apt. No., or PO Box No. 2718 Rio Bravo Blvd SW
City, State, ZIP+4 Albuquerque, NM 87105

PS Form ... See Reverse for Instructions

7011 3500 0002 4933 0310

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

GOSSETT, JUANITA F.
PO BOX 361
Loving, NM 88256

PS Form ... See Reverse for Instructions

7010 3090 0001 8512 9701

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:

GOSSETT, JUANITA F.
PO BOX 361
Loving, NM 88256

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Gossett ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Gossett C. Date of Delivery 11-13-12

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 3090 0001 8512 9701

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:

DALLMAN, JOHN
1065 TRONA DR
GREEN RIVER, WY 82935

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Dorbitt C. Date of Delivery 11-13-12

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 3090 0001 8516 1565

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

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

Postmark Here

Sent To GOSSETT, DONNIE J.
Street, Apt. No., or PO Box No. PO BOX 361
City, State, ZIP+4® Loving, NM 88256

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1589

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

Postmark Here

Sent To DALLMAN, JOHN
Street, Apt. No., or PO Box No. 1065 TRONA DR
City, State, ZIP+4® GREEN RIVER, WY 82935

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1565

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:

GOSSETT, DONNIE J.
PO BOX 361
Loving, NM 88256

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Gossett C. Date of Delivery 11-13-12

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 3090 0001 8516 1589

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:

GOSSETT, RONNIE LYNN
PO BOX 361
Loving, NM 88256

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Gossett ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Gossett C. Date of Delivery 11-13-12

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 3090 0001 8516 1480

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postag	

Postmark Here

Sent To Wendell F. Berry / Stanley E. Berry
Street, Apt. No. or PO Box No 1840 NE BERLIN RD
City, State, Zi MAYSVILLE, MO 64469

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1404

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

Postmark Here

Sent To GOSSETT, RONNIE LYNN
Street, Apt. No. or PO Box No PO BOX 361
City, State, Zi Loving, NM 88256

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1480

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:

Wendell F. Berry / Stanley E. Berry
1840 NE BERLIN RD
MAYSVILLE, MO 64469

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wendell Berry ☐ Agent ☑ Addressee

B. Received by (Printed Name) Wendell Berry C. Date of Delivery 11-15-12

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 3090 0001 8516 1404

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:

GOSSETT, LONNIE RAY
PO BOX 361
Loving, NM 88256

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Gossett ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Gossett C. Date of Delivery 11-13-12

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 lab) 7010 3090 0001 8516 1374

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

Postmark Here

Sent To DEVON ENERGY
Attn. Mr. Ken Gray
20 N. Broadway Ave.
Oklahoma City, OK 73102

7010 3090 0001 8516 1350

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

Postmark Here

Sent To GOSSETT, LONNIE RAY
Street, Apt. No., or PO Box No. PO BOX 361
City, State, ZIP+4 Loving, NM 88256

7010 3090 0001 8516 1374

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DEVON ENERGY
Attn. Mr. Ken Gray
20 N. Broadway Ave.
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery NOV 13

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 3090 0001 8516 1350

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:

Herbert & Barbara MCNAMA
C/O MARJORIE S McCAMENT
3421 Calle Del Monte NE
ALBUQUERQUE, NM 87106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marjorie S. McCament ☐ Agent ☐ Addressee

B. Received by (Printed Name) Marjorie S McCament C. Date of Delivery 10 Nov 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) 7011 3500 0002 4933 0297

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

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

Postmark Here

Sent To MILLER FAMILY TRUST
Street, Apt. No., or PO Box No. ROUTE 1 BOX 137
City, State, ZIP+4 SNYDER, OK 73566

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4933 0303

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent To Herbert & Barbara MCNAMA
Street, Apt. No., or PO Box No. C/O MARJORIE S McCAMENT
City, State, ZIP+4 3421 Calle Del Monte NE
ALBUQUERQUE, NM 87106

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4933 0297

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:

MILLER FAMILY TRUST
ROUTE 1 BOX 137
SNYDER, OK 73566

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tina Brown ☐ Agent ☑ Addressee

B. Received by (Printed Name) TINA BROWN C. Date of Delivery 11-10-12

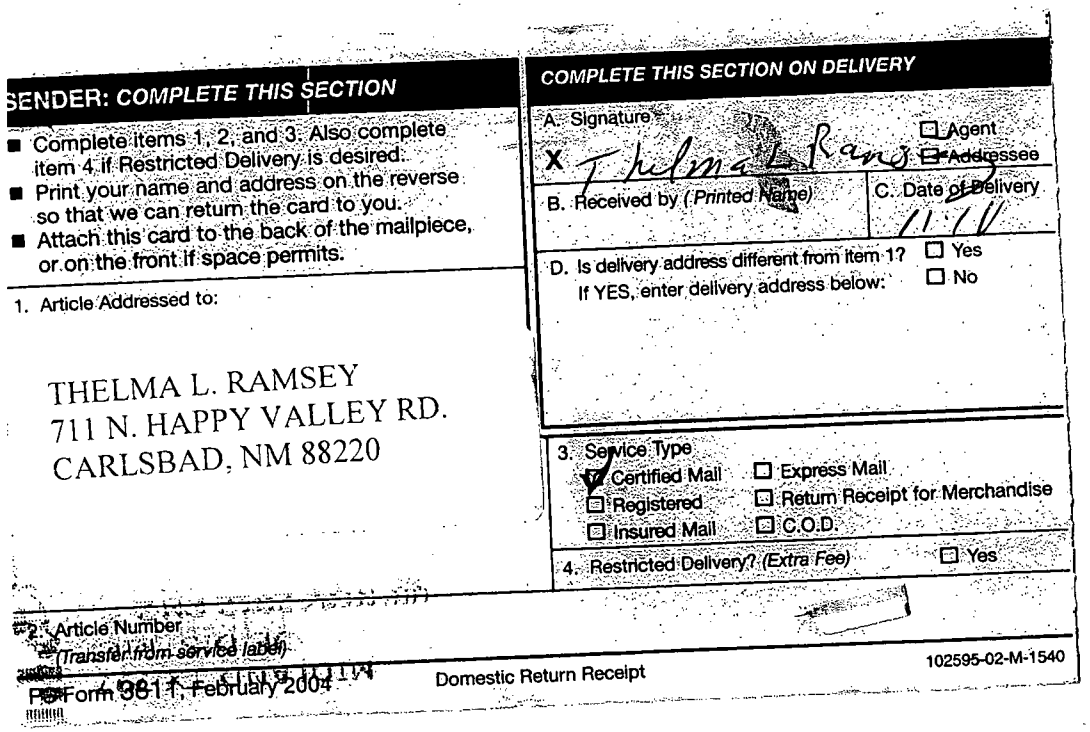
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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) 7011 3500 0002 4933 0303

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:

THELMA L. RAMSEY
711 N. HAPPY VALLEY RD.
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thelma L. Ramsey ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/10

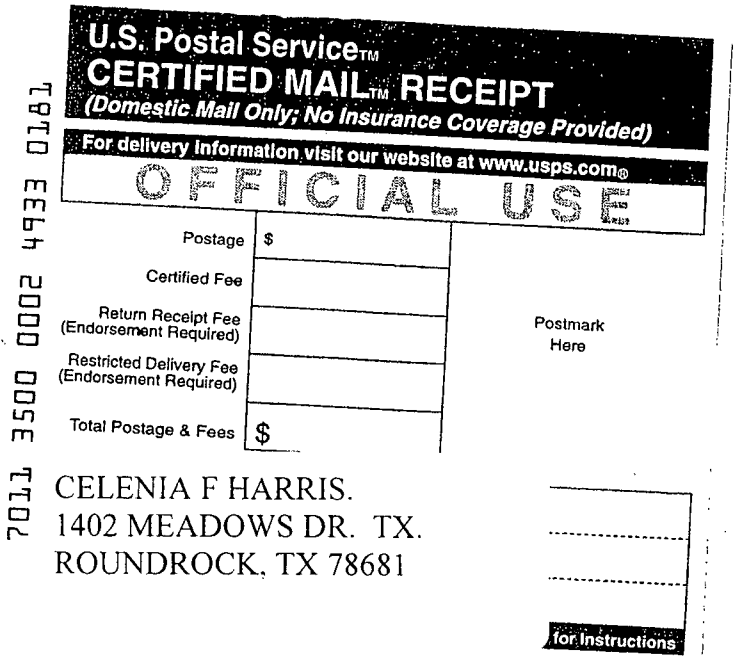
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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)

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



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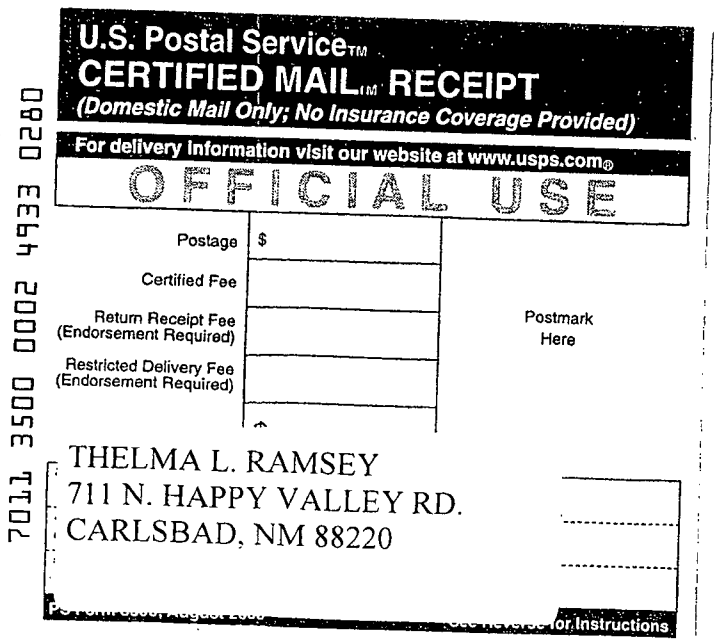
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7011 3500 0002 4933 0181

CELENIA F HARRIS.
1402 MEADOWS DR. TX.
ROUNDROCK, TX 78681

for Instructions



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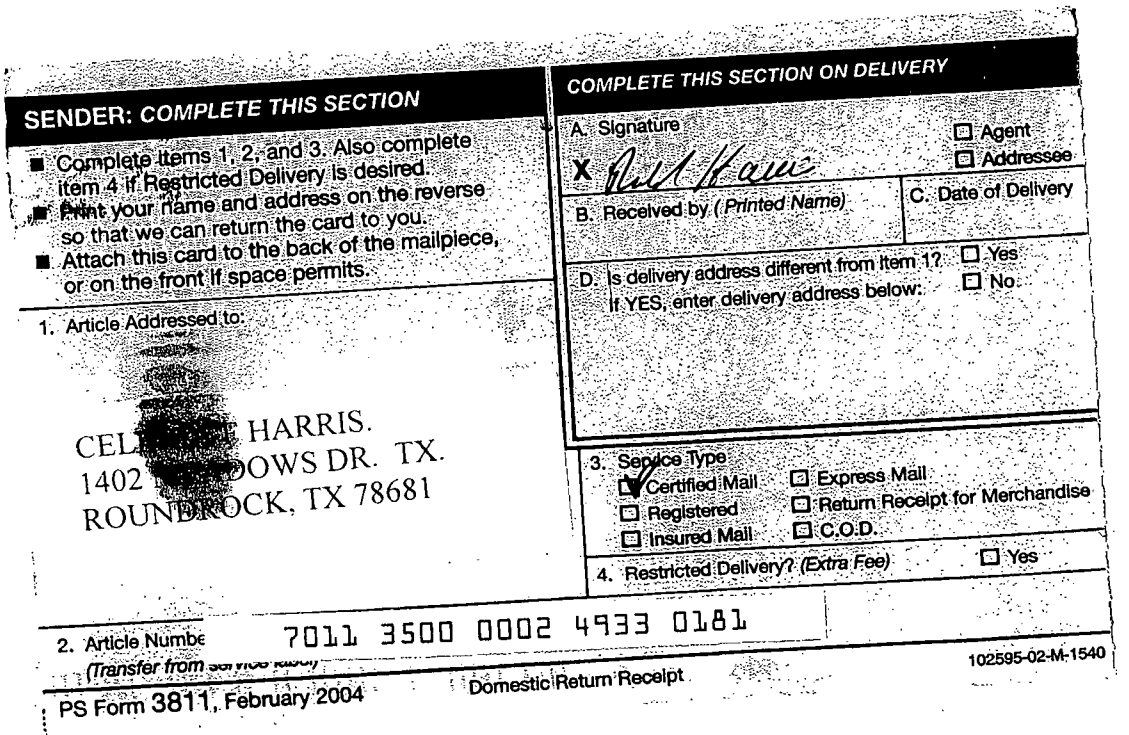
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

7011 3500 0002 4933 0280

THELMA L. RAMSEY
711 N. HAPPY VALLEY RD.
CARLSBAD, NM 88220

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:

CEL[redacted] HARRIS.
1402 [redacted]OWS DR. TX.
ROUNDROCK, TX 78681

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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

2. Article Numbe 7011 3500 0002 4933 0181
(Transfer from [illegible])

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:

EVELYN L. RAMSEY,TRUSTEE
9415 FOREST HILLS BLVD
DALLAS , TX 75218

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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

2. Article Number (Transfer from service label) 7010 3090 0001 8516 1305

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

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OFFICIAL USE

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

Postmark Here

Sent To MCCAMENT, MARJORIE SCOTT
Street, Apt. No., or PO Box No. 3421 Calle Del Monte NE
City, State, ZIP+4 ALBUQUERQUE, NM 87106

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1312

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:

MCCAMENT, MARJORIE SCOTT
3421 Calle Del Monte NE
ALBUQUERQUE, NM 87106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Marjorie S. McCament C. Date of Delivery 10 Nov 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 3090 0001 8516 1312

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

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent To EVELYN L. RAMSEY,TRUSTEE
Street, Apt. No., or PO Box No. 9415 FOREST HILLS BLVD
City, State, ZIP+4 DALLAS , TX 75218

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1305

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:

LENORE M. JOHNSON
1146 Robinhood Lane
Norman, OK 73072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/28/12

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from servic) 7011 3500 0002 4933 0198

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

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

Postmark Here

Sent To LENORE M. JOHNSON
Street, Apt. No., or PO Box No. 1146 Robinhood Lane
City, State, ZIP+4 Norman, OK 73072

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4933 0198

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent To HUFFER, JOHN
Street, Apt. No., or PO Box No. C/O CARMEN HUFFER
129 MOONRAKER DR.
City, State, ZIP+4 SLIDELL, LA 70458

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8510 0205

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:

HUFFER, JOHN
C/O CARMEN HUFFER
129 MOONRAKER DR.
SLIDELL, LA 70458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) CARMEN HUFFER C. Date of Delivery 11/03/12

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

NOV 23 2012

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 la) 7010 3090 0001 8510 0205

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:

DEC'D, Heirs of JACK MCNAMA
C/O MARJORIE S McCAMENT
3421 Calle Del Monte NE
ALBUQUERQUE, NM 87106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mayfield McNamara ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Marjorie S McCament 10 Nov 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 lab) 7010 3090 0001 8510 0243

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total P: DAVID HOLLOWAY
Sent To 24040 ST. HWY 5
Street, A; or PO Bc CHATTANOOGA, OK 73528
City, Stai

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8510 0250

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total P: DEC'D, Heirs of JACK MCNAMA
Sent To C/O MARJORIE S McCAMENT
Street, A; 3421 Calle Del Monte NE
or PO Bo ALBUQUERQUE, NM 87106
City, Stat

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8510 0243

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DAVID HOLLOWAY
24040 ST. HWY 5
CHATTANOOGA, OK 73528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janice Holloway ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Janice Holloway 11/10/12

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 3090 0001 8510 0250

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:

OXY Y-1 , Attn Mr. Chris Gertson
Greenway Plaza, Suite 110
Houston, TX 77046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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

Article Number (Transfer from ser 7010 1870 0001 6427 9667

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

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tota	

Postmark Here

Sent
Stree or PO
City,

MYCO INDUSTRIES, INC
105 S. FOURTH ST.
ARTESIA, NM 88210

PS Form 3800, August 2006 Instructions

7011 3500 0002 4933 0259

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tot	

Postmark Here

Sent
Stree or P
City,

OXY Y-1 , Attn Mr. Chris Gertson
Greenway Plaza, Suite 110
Houston, TX 77046

PS Form 3800, August 2006 See Reverse for Instructions.

7010 1870 0001 6427 9667

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MYCO INDUSTRIES, INC
105 S. FOURTH ST.
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
T. J. Delgado 11-13-12

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) 7011 3500 0002 4933 0259

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

ENDER: 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:

QUINN, STEPHEN
PO BOX 490
CLOVIS , NM 88101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
NOV 1 3 2012

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service l) 7011 3500 0002 4933 0334

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

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

Postmark Here

Sent MARY NEARHOOD
Stree 425 Random RD.
or PC El Dorado, KS 67042
City,

PS F... structions

7011 3500 0002 4933 0235

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CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sen QUINN, STEPHEN
Stre PO BOX 490
or P CLOVIS , NM 88101
City

PS

nstructions

7011 3500 0002 4933 0334

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARY NEARHOOD
425 Random RD.
El Dorado, KS 67042

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raymond Dickson ☐ Agent ☐ Addressee

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

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) 7011 3500 0002 4933 0235

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:

Janet Sperling
2924 CONCORD BLVD.
CONCORD, CA 94519

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet A. Sperling ☐ Agent ☐ Addressee

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

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

CONCORD CA 94520-4
NOV 16 2012

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) 7011 3500 0002 4933 0174

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

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

Postmark Here

Sent To Janet Sperling
Street, Apt. No., or PO Box No. 2924 CONCORD BLVD.
City, State, ZIP+4 CONCORD, CA 94519

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0002 4933 0174

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OFFICIAL USE

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

Postmark Here

Sent To LEWIS and ELAINE CROMWELL
Street, Apt. No., or PO Box No. C/O BETTY GRIMM 4320 KENSINGTON
City, State, ZIP+4 DETROIT, MI 48224

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8516 1459

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:

LEWIS and ELAINE CROMWELL
C/O BETTY GRIMM
4320 KENSINGTON
DETROIT, MI 48224

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty A Grimm ☐ 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

GROSSE POINTE BR. GROSSE POINTE, MICH. 48236
NOV 20 2012

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

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:

THE LAUNDRY BASKET, LLC
C/O TERRY WAYNE AMERINE
200 S. MILL ST.
BELOIT, KS 67420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Terry Amerine 11-19-0

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

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 3090 0001 8516 1442

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

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

Postmark Here

Sent To HUFFER, DAVID
C/O CARMEN HUFFER
Street, Apt. No.; or PO Box No. 129 MOONRAKER DR.
City, State, ZIP+4 SLIDELL, LA 70458

PS Form ... Instructions

7010 3090 0001 8516 1398

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

Postmark Here

Sent To THE LAUNDRY BASKET, LLC
C/O TERRY WAYNE AMERINE
Street, Apt. No.; or PO Box No. 200 S. MILL ST.
City, State, ZIP+4 BELOIT, KS 67420

PS Form ... Instructions

7010 3090 0001 8516 1442

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:

HUFFER, DAVID
C/O CARMEN HUFFER
129 MOONRAKER DR.
SLIDELL, LA 70458

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Carmen 11/13-12

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 3090 0001 8516 1398

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:

SPERLING, OPAL L.
4338 TANDA N.W.
BREMERTON, WA 98312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) RICHARD SPERLING C. Date of Delivery 6-7

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 la* 7010 3090 0001 8512 9824

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

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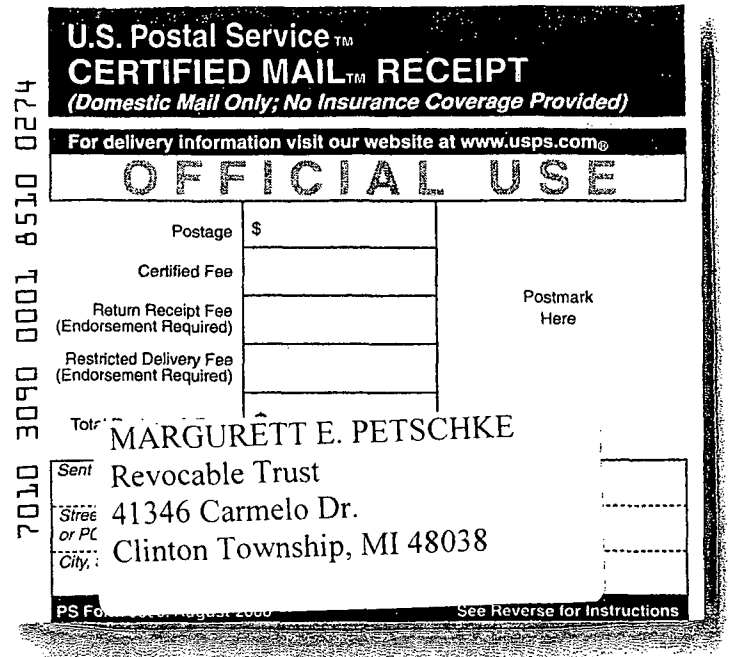
Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent To SPERLING, OPAL L.
Street, or PO I 4338 TANDA N.W.
City, St BREMERTON, WA 98312

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0001 8512 9824



RSC Resources, LP
6824 Island Circle
Midland, TX 79707

CERTIFIED MAIL™

7010 3090 0001 8510 0274

$5.950
US POSTAGE
FIRST-CLASS
062S0007007473
79707

UTF

MARGURETT E. PETSCHKE
Revocable Trust
41346 Carmelo
Clinton Townsh

NIXIE 482 FE 1 00 11/14/12
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 79707141324 *1110-00492-08-44

48038822017 C028

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7010 3090 0001 8516 1367

FERN FLOREZ
1010 N. PATE
CARLSBAD, NM 88220

...se for Instructions

CERTIFIED MAIL™

7010 3090 0001 8516 1367

$5.95 0
US POSTAGE
FIRST-CLASS
062S0007007473
79707
840844-15

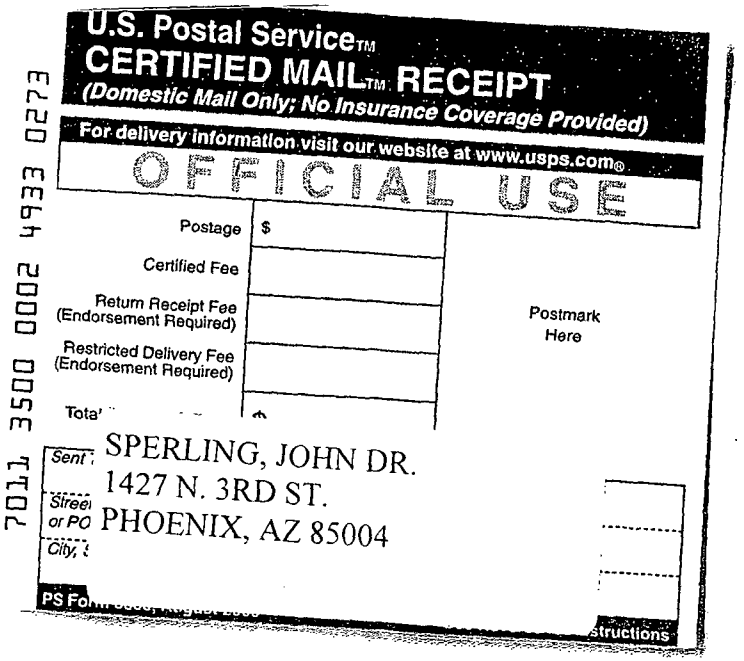
RSC Resources, LP
6824 Island Circle
Midland, TX 79707

WTF

FERN FLOREZ
1010 N. PATE
CARLSBAD, NM 88220

RETURN TO SENDER
UNABLE TO FORWARD

88220$3171



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

CERTIFIED MAIL™

7011 3500 0002 4933 0273

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

$5.95 0
US POSTAGE
FIRST-CLASS
062S0007007473
79707

840641.01

11-19
RR13

SPERLING, JOHN DR.
1427 N. 3RD ST.
PHOENIX, AZ 850

NIXIE 850 DE 1 00 11/13/17
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 79707141324 *1110-05019-08-21

79707@1413
85004$1605 C036

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

7010 3090 0001 8516 1428

Sent To WALTER L. & PAT JENNINGS
Street, Apt. No., or PO Box No. 1004 N. ALAMEDA
City, State, ZIP+4 CARLSBAD, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™

7010 3090 0001 8516 1428

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

$5.50
US POSTAGE
FIRST-CLASS
062S0007007473
79707

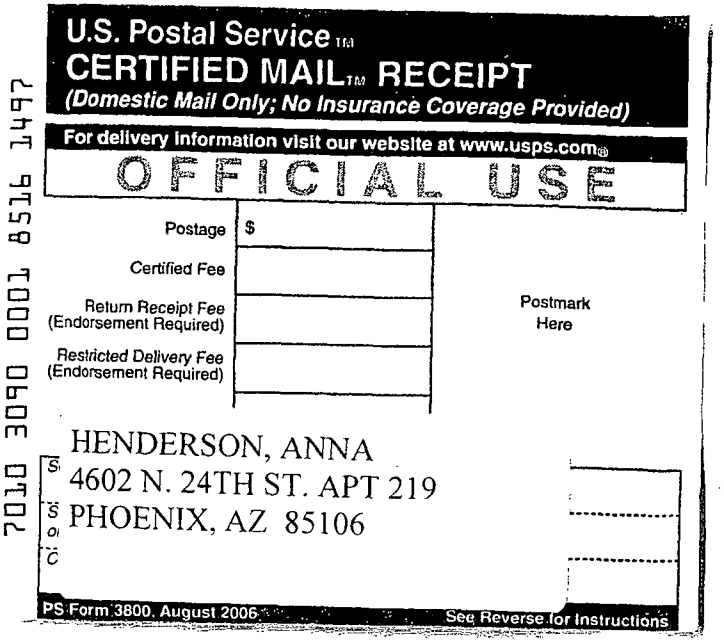
WALTER L. & PAT JENNINGS
1004 N. ALAMEDA
CARLSBAD, NM 88220

NIXIE 871 FE 1 11/13/12

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 79707141324 *1755-06637-13-34

79707@1413



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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

7010 3090 0001 8516 1497

HENDERSON, ANNA
4602 N. 24TH ST. APT 219
PHOENIX, AZ 85106

PS Form 3800, August 2006 See Reverse for Instructions

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

7010 3090 0001 8516 1497

$5.950
US POSTAGE
FIRST-CLASS
062S0007007473
79707

HENDERSON, ANNA
4602 N. 24TH ST. APT 219
PHOENIX, AZ 85016

UNKNOWN

79707@1413
8501685212 C056

NIXIE 850 DE 1 00 11/17/12

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 79707141324 *1394-06230-10-39

RSC Resources, LP
6824 Island Circle
Midland, TX 79707

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

7011 3500 0002 4933 0204

JOHNSON, SHARON DENISE
410 E. FAIRGROUNDS RD.
ARTESIA, NM 88210

...e for Instructions

CERTIFIED MAIL™

7011 3500 0002 4933 0204

$5.950
US POSTAGE
FIRST-CLASS
062S0007007473
79707

JOHNSON, SHARON DENISE
410 E. FAIRGRO...
ARTESIA, NM 8...

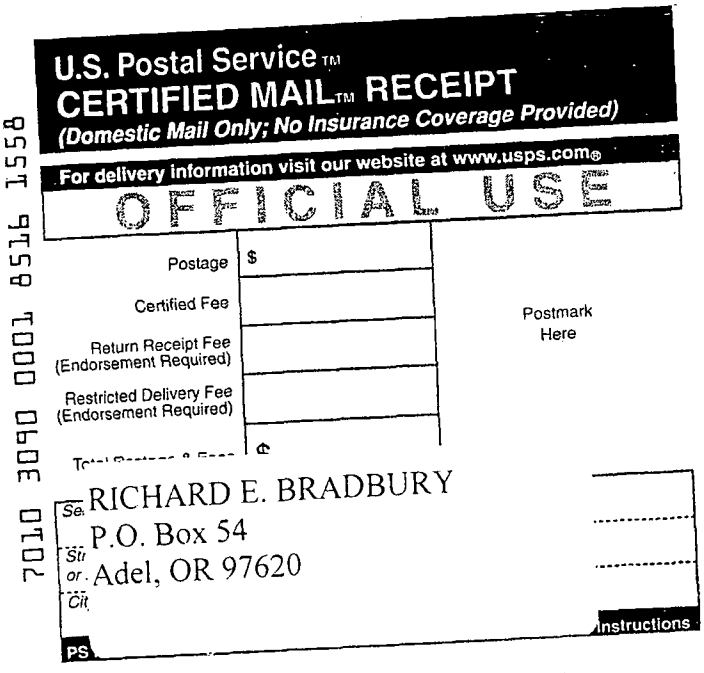
1st NOTICE 11-10-12
2nd NOTICE
RETURNED

...NEXTE... 871 ... 11/15/12

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 79707141324 *1110-07976-08-42

88210...737 R001



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P.O. Box 54
Adel, OR 97620

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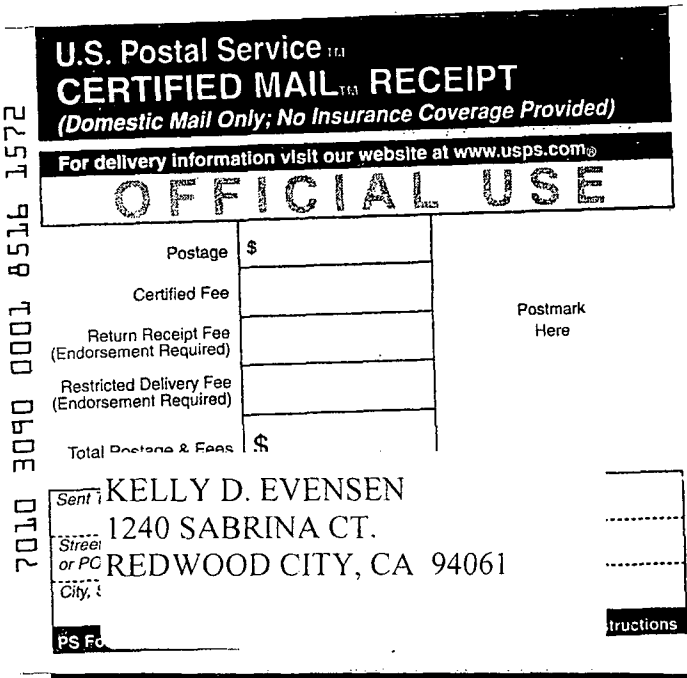

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Sent KELLY D. EVENSEN
Street 1240 SABRINA CT.
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City,

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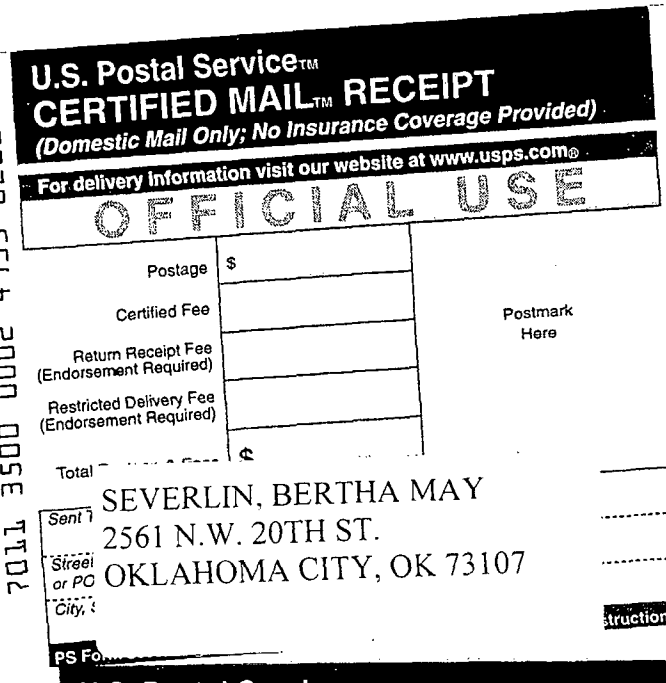

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Street 2561 N.W. 20TH ST.
or PO OKLAHOMA CITY, OK 73107
City,

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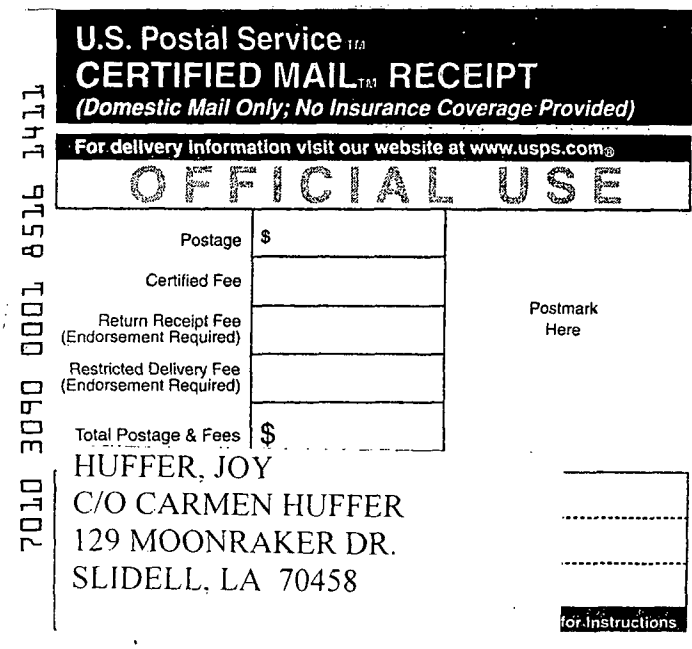

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HUFFER, JOY
C/O CARMEN HUFFER
129 MOONRAKER DR.
SLIDELL, LA 70458

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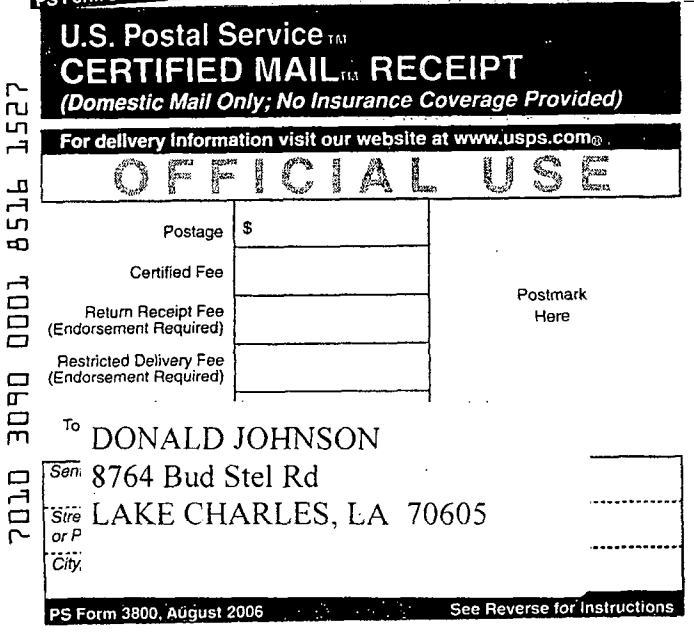

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Sen 8764 Bud Stel Rd
Stre LAKE CHARLES, LA 70605
or P
City,

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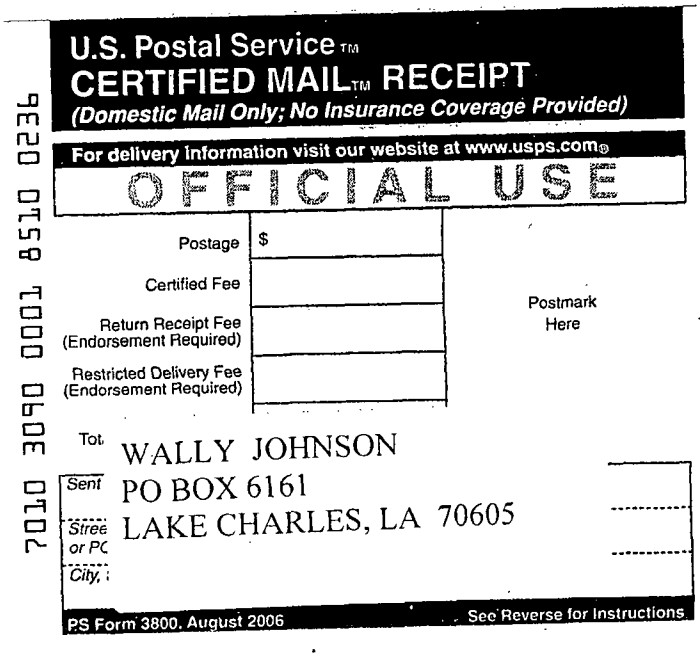

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Sent WALLY JOHNSON
Stree PO BOX 6161
or PC LAKE CHARLES, LA 70605
City,

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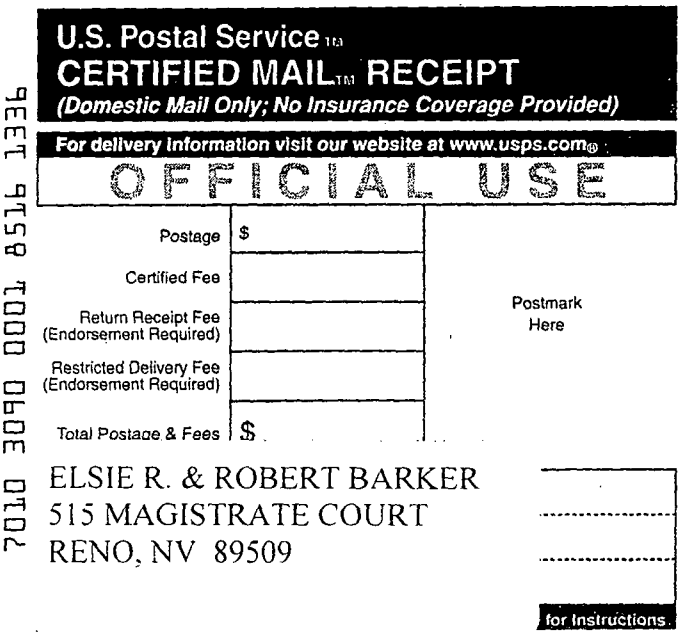

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515 MAGISTRATE COURT
RENO, NV 89509

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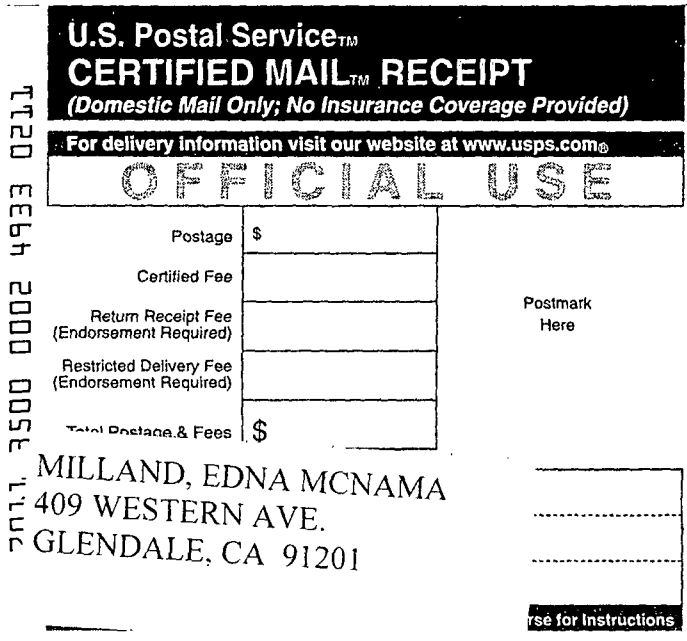

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MILLAND, EDNA MCNAMA
409 WESTERN AVE.
GLENDALE, CA 91201

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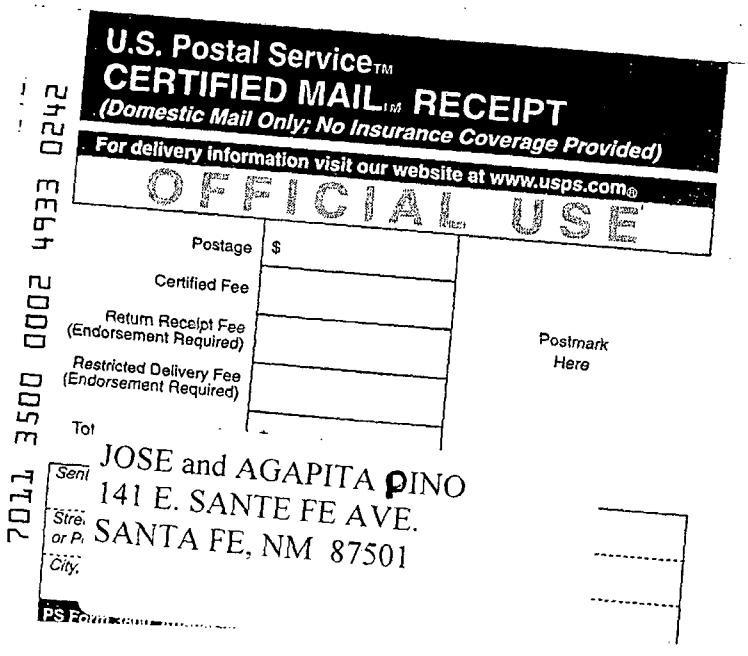

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or P
City,

JOSE and AGAPITA PINO
141 E. SANTE FE AVE.
SANTA FE, NM 87501

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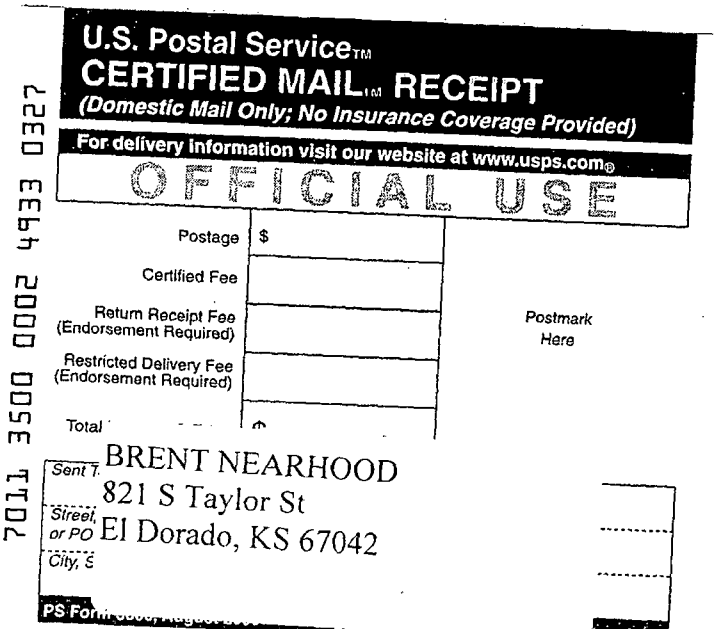

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BRENT NEARHOOD
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C/O CARMEN HUFFER
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City, S SLIDELL, LA 70458

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or F RENO, NV 89509
City

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