

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

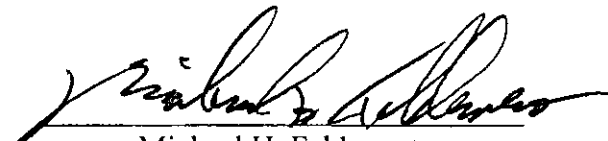
**IN THE MATTER OF THE AMENDED
APPLICATION OF MATADOR PRODUCTION
COMPANY FOR COMPULSORY POOLING
AND UNORTHODOX WELL LOCATION,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 15039

AFFIDAVIT

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

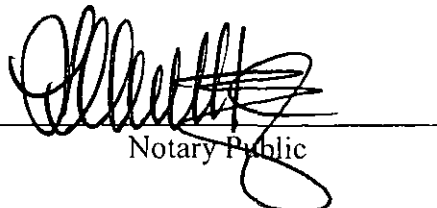
Michael H. Feldewert, attorney in fact and authorized representative of Matador Production Company, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 16th day of October 2013 by Michael H. Feldewert.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/16


Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 6
Submitted by: MATADOR PRODUCTION CO.
Hearing Date: October 17, 2013



September 27, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**TO: AFFECTED INTEREST OWNERS****Re: Amended Application of Matador Production Company for compulsory
pooling and unorthodox well location: Rustler Breaks 12-24-27 #1H Well**

Enclosed please find an Amended Application that has been filed with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application. We understand that some of you may have previously received the wrong application with the initial notice letter.

This matter was scheduled for hearing before a Division Examiner at 8:15 a.m. on September 5, 2013. It was rescheduled and is now set before a Division Examiner at 8:15 a.m. on October 17, 2013. 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 19.15.4.13(B) NMAC 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 Jonathan Filbert, Senior Staff Landman at Matador Production Company (972) 371-5275.

Sincerely,

Adam G. Rankin

EXHIBIT A
MATADOR PRODUCTION COMPANY
RUSTLER BREAKS 12-24-27 1H WELL

Zia Royalty, LLC.
P.O. Box 2160
Hobbs, NM 88241-2160

Zia Royalty, LLC.
201 E. Sanger St.
Hobbs, NM 88240-4403

Zia Royalty, LLC
220 W. Broadway St. Ste. 200
Hobbs, NM 88240-6038

Gulf Coast Oil & Gas Co.
500 W. Texas Ave.
Midland, TX 79701-4230

Gulf Coast Oil & Gas Co.
P.O. Box 1684
Midland, TX 79702-1684

Gulf Coast Oil & Gas Co.
1320 W. Texas Ave.
Midland, TX 79701-6176

Gulf Coast Oil & Gas Co.
5301 Scottsboro Ln
Midland, TX 79707-1424

Gulf Coast Oil & Gas Co.
1601 N. Turner St. Ste. 213
Hobbs, NM 88240-4335

Bertha Lorene Osborn
1412 N. Country Club Cir.
Carlsbad, NM 88220-4113

Carmex Inc.
P.O. Box 1718
Carlsbad, NM 88221-1718

Carmex Inc.
112 N. Canyon St.
Carlsbad, NM 88220-5717

ABO Petroleum Corporation
105 S 4th Street
Artesia, NM 88210

MYCO Industries, Inc
423 W Main St
Artesia, NM 88210

Yates Petroleum Corporation
105 S. 4th Street
Artesia, NM 88210

7006 0100 0005 5770 7935

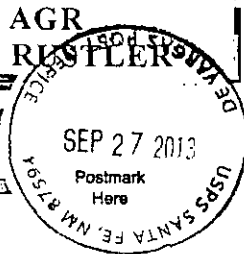
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** AGR MRC RUSTLER

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To: ABO Petroleum Corporation
 Street, or PO Box: 105 S 4th Street
 City, State: Artesia, NM 88210

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:
 ABO Petroleum Corporation
 105 S 4th Street
 Artesia, NM 88210

2. Article Number: 4 7006 0100 0005 5770 7935

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J. Delgado* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *J. Delgado* C. Date of Delivery: *9-3-13*

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 5770 7102

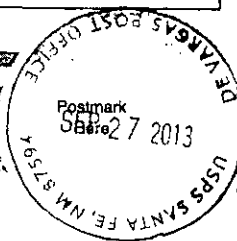
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** AGR MRC RUSTLER

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Sent To: Bertha Lorene Osborn
 Street, or PO Box: 1412 N. Country Club Cir.
 City, State: Carlsbad, NM 88220-4113

PS Form 3811, February 2004



Returned

7006 0100 0005 5770 7942

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

For delivery information visit our **OFFICIAL MRC RUSTLER**

Postage \$ 4.66

Certified Fee 3.00

Return Receipt Fee (Endorsement Required) 2.55

Restricted Delivery Fee (Endorsement Required) 6.11

Total Postage & Fees \$ 16.32

SEP 27 2013
Postmark Here

Sent 1 Carmex Inc.
 Street or P.O. 112 N. Canyon St.
 City Carlsbad, NM 88220-5717

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:

Carmex Inc.
 112 N. Canyon St.
 Carlsbad, NM 88220-5717

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Sandra Rodriguez C. Date of Delivery 9-30-13

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. A 7006 0100 0005 5770 7942

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

7006 0100 0005 5770 7119

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

For delivery information visit our **OFFICIAL MRC RUSTLER**

Postage \$ 4.66

Certified Fee 3.00

Return Receipt Fee (Endorsement Required) 2.55

Restricted Delivery Fee (Endorsement Required) 6.11

Total Postage & Fees \$ 16.32

SEP 27 2013
Postmark Here

Sent 1 Carmex Inc.
 Street or P.O. P.O. Box 1718
 City Carlsbad, NM 88221-1718

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:

Carmex Inc.
 P.O. Box 1718
 Carlsbad, NM 88221-1718

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 10-1-2013

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. A 7006 0100 0005 5770 7119

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

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

For delivery information visit usps.com

OFFICE AGR MRC RUSTLER

Postage \$ 4.46

Certified Fee 3.70

Return Receipt Fee (Endorsement Required) 2.33

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.11

SEP 27 2013 Postmark Here

Sent To: Gulf Coast Oil & Gas Co.
 1601 N. Turner St. Ste. 213
 Hobbs, NM 88240-4335

PS Form 3811, February 2004

Returned

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

For delivery information visit usps.com

OFFICE AGR MRC RUSTLER

Postage \$ 4.46

Certified Fee 3.70

Return Receipt Fee (Endorsement Required) 2.33

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.11

SEP 27 2013 Postmark Here

Sent To: Gulf Coast Oil & Gas Co.
 P.O. Box 1684
 Midland, TX 79702-1684

PS Form 3811, February 2004

SEND TO: PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gulf Coast Oil & Gas Co.
 P.O. Box 1684
 Midland, TX 79702-1684

A. Signature: [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): LOR. Saunders

C. Date of Delivery: 10/3/13

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

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ 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 5770 7089

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

For delivery information visit **AGR**
OFFICE MRC RUSTLER

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.53
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 SEP 27 2013

Se Gulf Coast Oil & Gas Co.
 St 5301 Scottsboro Ln
 or
 Ci Midland, TX 79707-1424
 PS

Instructions

AT TOP OF ENVELOPE TO THE RIGHT
 ANY ADDRESS, TOLD 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:

Gulf Coast Oil & Gas Co.
 5301 Scottsboro Ln
 Midland, TX 79707-1424

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Walter Spear* ☐ 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 7006 0100 0005 5770 7089

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

7006 0100 0005 5770 7072

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

For delivery information visit **AGR**
OFFICE MRC RUSTLER

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.53
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 SEP 27 2013

Gulf Coast Oil & Gas Co.
 1320 W. Texas Ave.
 Midland, TX 79701-6176

Instructions

Returned

7006 0100 0005 5770 7379

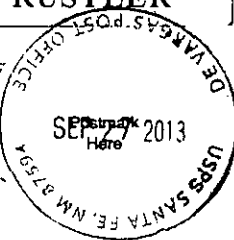
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit us

AGR

OFFICIAL MRC RUSTLER

Postage \$ 46
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required) 6.11
 Total Postage & Fees \$ 6.11



Sent To: Gulf Coast Oil & Gas Co.
 Street, or PO: 500 W. Texas Ave.
 City, St: Midland, TX 79701-4230

PS Form

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:

Gulf Coast Oil & Gas Co.
 500 W. Texas Ave.
 Midland, TX 79701-4230

2. Article Number (Transfer)

7006 0100 0005 5770 7379

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Lori Saunders
 B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

9-30

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 7928

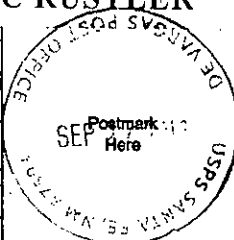
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit us

AGR

OFFICIAL MRC RUSTLER

Postage \$ 46
 Certified Fee 3.10
 Return Receipt Fee (Endorsement Required) 2.55
 Restricted Delivery Fee (Endorsement Required) 6.11
 Total Postage & Fees \$ 6.11



Sent To: MYCO Industries, Inc
 Street, or PO: 423 W Main St
 City, St: Artesia, NM 88210

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MYCO Industries, Inc
 423 W Main St
 Artesia, NM 88210

2. Article Number (Transfer from)

7006 0100 0005 5770 7928

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Delgado
 B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

9-30-13

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 5770 7911

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR**
OFFICE MRC RUSTLER

Postage	\$ 1.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark
 SEP 27 2013
 USPS SANTA FE, NM 87501

Send to:
 Yates Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88210

PS Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Yates Petroleum Corporation
 105 S. 4th Street
 Artesia, NM 88210

2. Article (Trans) 7006 0100 0005 5770 7911

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X J. Delgado

B. Received by (Printed Name) C. Date of Delivery
 J. Delgado 9-30-13

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

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

7006 0100 0005 5770 7362

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **AGR**
OFFICE MRC RUSTLER

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark
 SEP 27 2013
 USPS SANTA FE, NM 87501

Send to:
 Zia Royalty, LLC
 220 W. Broadway St. Ste. 200
 Hobbs, NM 88240-6038

PS Instructions

Returned

7006 0100 0005 5770 7355

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** **AGR**
MRC RUSTLER

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 61.11

Postmark: SEP 27 2013

Sent To: Zia Royalty, LLC.
 Street or PO: 201 E. Sanger St.
 City: Hobbs, NM 88240-4403

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:
 Zia Royalty, LLC.
 201 E. Sanger St.
 Hobbs, NM 88240-4403

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nancy J. Rhoads*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Nancy J. Rhoads*
 C. Date of Delivery: *10/1/13*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7006 0100 0005 5770 7355

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

7006 0100 0005 5770 7348

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** **AGR**
MRC RUSTLER

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 61.11

Postmark: SEP 27 2013

Sent To: Zia Royalty, LLC.
 Street or PO: P.O. Box 2160
 City: Hobbs, NM 88241-2160

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:
 Zia Royalty, LLC.
 P.O. Box 2160
 Hobbs, NM 88241-2160

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nancy J. Rhoads*
☐ Agent
☒ Addressee

B. Received by (Printed Name): *Nancy J. Rhoads*
 C. Date of Delivery: *9/30/13*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7006 0100 0005 5770 7348

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



August 21, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: AFFECTED INTEREST OWNERS

Re: Amended Application of Matador Production Company for compulsory pooling and unorthodox well location: Rustler Breaks 12-24-27 #1H Well

Enclosed please find an Amended Application that has been filed with the New Mexico Oil Conservation Division. As an interest owner subject to this pooling application, you are entitled to notice of this application. We understand that some of you may have previously received the wrong application with the initial notice letter.

This matter is scheduled for hearing before a Division Examiner at 8:15 a.m. on September 5, 2013. 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.

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Questions concerning this application should be directed to Jonathan Filbert, Senior Staff Landman at Matador Production Company (972) 371-5275.

Sincerely,

Adam G. Rankin

HOLLAND & HART^{LLP}



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

August 21, 2013

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSET OWNERS

Re: Amended Application of Matador Production Company for compulsory pooling and unorthodox well location: Rustler Breaks 12-24-27 #1H Well

Enclosed please find an Amended Application that has been filed with the New Mexico Oil Conservation Division. As a mineral lessee or operator in the offsetting properties, you are entitled to notice of this application. We understand that some of you may have previously received the wrong application with the initial notice letter.

This matter is set for hearing before a Division Examiner at 8:15 AM on September 5, 2013. 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 19.15.4.13(B) NMAC to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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 Jonathan Filbert, Senior Staff Landman at Matador Production Company (972) 371-5275.

Sincerely,

Adam G. Rankin

EXHIBIT A
MATADOR PRODUCTION COMPANY
RUSTLER BREAKS 12-24-27 1H WELL

AFFECTED INTEREST OWNERS:

The Martha B. Stribling Revocable Trust
Mr. John Stribling, Co- Trustee
Mr. George Stribling, Co- Trustee
520 Ranchitos Rd NW
Albuquerque, NM 87114

Joe Beeman, Jr
1102 Memphis Avenue Apt 5104
Lubbock, Texas 79415

Ms. Jackie Reed
245 E. London Road
Loving, NM 88256

Martha B. Stribling
520 Ranchitos Road NW
Albuquerque, NM 87114

Martha B. Stribling Irrevocable Trust
Mr. Thomas Stribling, Trustee
P.O. Box 95557
Albuquerque, NM 87119

OFFSET INTERESTS:

Betty Witherspoon Nevill, Trustee
Virginia Nevill Trust
5528 Tahoe Ln.
Fairway, KS 66205

Mewbourne Oil Co. N2 HBP
P. O. Box 7698
Tyler, TX 75711

Caza Operating LLC
200 N. Lorraine Ste 1550
Midland, Texas 79701

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, Texas 70701

Chesapeake Exploration
P. O. Box 18496
Oklahoma City, OK 73154

Wolfcamp Title, LLC
P. O. Box 412
Roswell, NM 88202

Watts Properties. LLC
P. O. Box 2367
Roswell, New Mexico 88202

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

Yates Petroleum Corp.
105 S. 4th St.
Artesia, NM 88210
State of New Mexico

Legends Natural Gas III LP
15021 Katy Freeway Ste. 200
Houston, Texas 77094

OGX Resources, LLC
P. O. Box 2064
Midland, Texas 79702

O'Brien Oil & Gas
P. O. Box 1743
Midland, Texas 79702

Marbob Energy Corp. S2 -
HBP
PO Box 227
Artesia, NM 88211

John Guitar III
1234 Leggett Drive
Abilene, Texas 79605

Phillip E. Guitar
P. O. Box 2213
Abilene, Texas

Presley Hudson Guitar
P. O. Box 5383
Abilene, Texas 79608

Stephen F. Backman
Barbara Lee Backman
4407 N, Division, Ste 900
Spokane, WA 99207

Kelly Woods Leach
312 Greatview Circle
Birmingham, AL 35226

EXHIBIT A
MATADOR PRODUCTION COMPANY
RUSTLER BREAKS 12-24-27 1H WELL

James Kelley Polk
Estate of Mary Guitar Polk
12 Augusta Court
Abilene, Texas 79606

Whitten Guitar Witherspoon
4508 Tall Meadow
Ft. Worth, TX 76133

Wende Witherspoon Morgan
1720 Southwicke
Flower Mound, TX 75022

John Guitar Witherspoon, Jr.
7404 Lemonwood Ln.
Fort Worth, TX 76133

Brett Guitar Witherspoon
P. O. Box 100635
Ft. Worth, TX 76185

Guy P. Witherspoon, III
P. O. Box 100403
Ft. Worth, TX 76185

Witherspoon Nevill, Trustee
Gayle Nevill Trust
5528 Tahoe Ln.
Fairway, KS 66205

7006 2760 0001 6376 2335

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL <i>Postmark</i>	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To: Street, or P.O. City, State Phillip E. Guitar P. O. Box 2213 Abilene, Texas	
PS Form 3800, August 2006 Postmark Here AUG 21 2013 DENVER POST OFFICE	

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:

Phillip E. Guitar
 P. O. Box 2213
 Abilene, Texas

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Glenda Wilson* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Glenda Wilson* C. Date of Delivery: *AUG 26 2013*
- 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 (Mail) 7006 2760 0001 6376 2335

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 1840

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL <i>Postmark</i>	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent To: Street, or P.O. City, State Legends Natural Gas III LP 15021 Katy Freeway Ste. 200 Houston, Texas 77094	
PS Form 3800, August 2006 Postmark Here AUG 21 2013 DENVER POST OFFICE	

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:

Legends Natural Gas III LP
 15021 Katy Freeway Ste. 200
 Houston, Texas 77094

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Glenda Wilson* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *Glenda Wilson* C. Date of Delivery: *AUG 26 2013*
- 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 2760 0001 6376 1840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5770 4330

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11

Postmark Here
 AUG 21 2013
 DE VARGAS POST OFFICE

Presley Hudson Guitar
 P. O. Box 5383
 Abilene, Texas 79608

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.

Article Addressed to:
 Presley Hudson Guitar
 P. O. Box 5383
 Abilene, Texas 79608

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Presley H. Hudson* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Presley H. Hudson* C. Date of Delivery: *8-28-13*

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 5770 4330*
 (Transfer from service label)

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

7006 2760 0001 6376 1819

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark Here
 AUG 21 2013
 DE VARGAS POST OFFICE

Marbob Energy Corp. S2 -
 HBP
 PO Box 227
 Artesia, NM 88211

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:
 Marbob Energy Corp. S2 -
 HBP
 PO Box 227
 Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Misti McLurg* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Misti McLurg* C. Date of Delivery: *9-9-13*

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 2760 0001 6376 1819*
 (Transfer from service label)

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

7006 2760 0001 6376 1826

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

OFFICIAL RECEIPT

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 611

Postmark Here
 AUG 21 2013
 DE VARGAS POST OFFICE

San Antonio, TX 78201

O'Brien Oil & Gas
 P. O. Box 1743
 Midland, Texas 79702

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:

O'Brien Oil & Gas
 P. O. Box 1743
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Mike O'Brien* C. Date of Delivery: *8/28/13*

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 2760 0001 6376 1826

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

7006 0100 0005 0625 5418

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

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 611

Postmark Here
 AUG 21 2013
 DE VARGAS POST OFFICE

Witherspoon Nevill, Trustee
 Gayle Nevill Trust
 5528 Tahoe Ln.
 Fairway, KS 66205

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:

Witherspoon Nevill, Trustee
 Gayle Nevill Trust
 5528 Tahoe Ln.
 Fairway, KS 66205

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gayle Nevill* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Gayle Nevill* C. Date of Delivery: *8/29/13*

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 0625 5418

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

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

OFFICIAL RECEIPT

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11

AUG 21 2013
 Postmark Here
 DE VARGAS POST OFFICE

Guy P. Witherspoon, III
 P. O. Box 100403
 Ft. Worth, TX 76185

for Instructions

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

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

1. Article Addressed to:
 Guy P. Witherspoon, III
 P. O. Box 100403
 Ft. Worth, TX 76185

2. Article Number:
 (Transfer from service label) 7006 0100 0005 0625 5395

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

B. Received by (Printed Name)
 Guy P. Witherspoon

C. Date of Delivery
 AUG 29 2013

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

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

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

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11

AUG 21 2013
 Postmark Here
 DE VARGAS POST OFFICE

James Kelley Polk
 Estate of Mary Guitar Polk
 12 Augusta Court
 Abilene, Texas 79606

for Instructions

Returned

7006 0100 0005 0625 5371

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL REGISTER	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
Postmark Here AUG 21 2013 DE VARGAS POST OFFICE	
Wende Witherspoon Morgan 1720 Southwicke Flower Mound, TX 75022	

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>W. Morgan</i></p> <p>C. Date of Delivery <i>8-23-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Wende Witherspoon Morgan 1720 Southwicke Flower Mound, TX 75022		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) 7006 0100 0005 0625 5371		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL REGISTER	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
Postmark Here AUG 21 2013 DE VARGAS POST OFFICE	
John Guitar Witherspoon, Jr. 7404 Lemonwood Ln. Fort Worth, TX 76133	

SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>John W. Witherspoon</i></p> <p>C. Date of Delivery <i>8-23-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: John Guitar Witherspoon, Jr. 7404 Lemonwood Ln. Fort Worth, TX 76133		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) 7006 0100 0005 0625 5388		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 1741

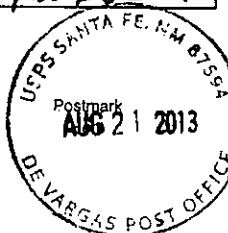
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL RECEIPT	
Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
Total Postage & Fees	
Stephen F. Backman Barbara Lee Backman 4407 N. Division, Ste 900 Spokane, WA 99207	
For Instructions	



Returned

7006 0100 0005 0625 5340

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL RECEIPT	
Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
Total Postage & Fees	
Kelly Woods Leach 312 Greatview Circle Birmingham, AL 35226	
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:

Kelly Woods Leach
312 Greatview Circle
Birmingham, AL 35226

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-23-13

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

7006 0100 0005 0625 5340

7006 2760 0001 6376 1802

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

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.11

Postmark Here
 AUG 21 2013
 DE VARGAS POST OFFICE

John Guitar III
 1234 Leggett Drive
 Abilene, Texas 79605

PS Form 3800, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6376 1833

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

For delivery information visit our website at www.usps.com

OFFICIAL RECEIPT

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.11

Postmark Here
 AUG 21 2013
 DE VARGAS POST OFFICE

OGX Resources, LLC
 P. O. Box 2064
 Midland, Texas 79702

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:

OGX Resources, LLC
 P. O. Box 2064
 Midland, Texas 79702

RECIPIENT: COMPLETE THIS SECTION

A. Signature
 X *Eric Montez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Eric Montez

C. Date of Delivery
8-28-13

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. 7006 2760 0001 6376 1833

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

7006 2760 0001 6376 1918

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL RECEIPT	
Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
<p>Chesapeake Exploration P. O. Box 18496 Oklahoma City, OK 73154</p>	

Postmark Here
AUG 21 2013
DEVARGAS POST OFFICE

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chesapeake Exploration
P. O. Box 18496
Oklahoma City, OK 73154

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

AUG 23 2013

MAILROOM

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 1918

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 1949

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL RECEIPT	
Postage	\$ 4.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
<p>Martha B. Stribling 520 Ranchitos Road NW Albuquerque, NM 87114</p>	

Postmark Here
AUG 21 2013
DEVARGAS POST OFFICE

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martha B. Stribling
520 Ranchitos Road NW
Albuquerque, NM 87114

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

7006 2760 0001 6376 1949

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 1901

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

For delivery information visit our website at www.usps.com

OFFICIAL REGISTER

Postage	\$ 146
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark: SANTA FE, NM 87504
AUG 21 2013
DE VARGAS POST OFFICE

Yates Petroleum Corp.
 105 S. 4th St.
 Artesia, NM 88210
 State of New Mexico

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:

Yates Petroleum Corp.
 105 S. 4th St.
 Artesia, NM 88210
 State of New Mexico

 2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J. Delgado* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *J. Delgado* C. Date of Delivery: *8-23-13*

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

7006 2760 0001 6376 1864

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

For delivery information visit our website at www.usps.com

OFFICIAL REGISTER

Postage	\$ 146
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark: SANTA FE, NM 87504
AUG 21 2013
DE VARGAS POST OFFICE

Sent by: *Mike A. Kautz*

Caza Operating LLC
 200 N. Lorraine Ste 1550
 Midland, Texas 79701

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:

Caza Operating LLC
 200 N. Lorraine Ste 1550
 Midland, Texas 79701

 2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mike A. Kautz* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Mike A. Kautz* C. Date of Delivery: *8-23-13*

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

7006 2760 0001 6376 1857

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent to: COG Operating LLC Street or PO: One Concho Center City: 600 W. Illinois Ave. Midland, Texas 70701	

Postmark: AUG 21 2013
SANTA FE, NM 87501
DEVARGAS POST OFFICE

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:

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, Texas 70701

2. 7006 2760 0001 6376 1857

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: 8/23/13
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6376 1925

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Sent to: The Martha B. Stribling Revocable Trust Street or PO: Mr. John Stribling, Co-Trustee City: Mr. George Stribling, Co-Trustee 520 Ranchitos Rd NW Albuquerque, NM 87114	

Postmark: AUG 21 2013
SANTA FE, NM 87501
DEVARGAS POST OFFICE

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 Martha B. Stribling Revocable Trust
Mr. John Stribling, Co-Trustee
Mr. George Stribling, Co-Trustee
520 Ranchitos Rd NW
Albuquerque, NM 87114

2. Article 7006 2760 0001 6376 1925

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: 8/23/13
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 0625 5425

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web site at www.usps.com

OFFICIAL USE

Postage	\$ 4.60
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11

USPS SAN ANTONIO, TX 78204
 AUG 21 2013
 Postmark Here
 DE VARGAS POST OFFICE

Betty Witherspoon Nevill, Trustee
 Virginia Nevill Trust
 5528 Tahoe Ln.
 Fairway, KS 66205

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:

Betty Witherspoon Nevill, Trustee
 Virginia Nevill Trust
 5528 Tahoe Ln.
 Fairway, KS 66205

2. Article (Transit) 7006 0100 0005 0625 5425

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Gayle Nevill* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *Gayle Nevill*

C. Date of Delivery: *8/21/13*

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 ☐ O.D.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7006 0100 0005 0625 5364

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web site at www.usps.com

OFFICIAL USE

Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11

USPS SAN ANTONIO, TX 78204
 AUG 21 2013
 Postmark Here
 DE VARGAS POST OFFICE

Whitten Guitar Witherspoon
 4508 Tall Meadow
 Ft. Worth, TX 76133

PS Form 3800, June 2002 See Reverse for Instructions

Returned

7006 2760 0001 6376 1970

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL BUSINESS	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
<p>Sent To</p> <p>Street, Apt. or PO Box: DMD, LLC</p> <p>City, State: P. O. Box 300</p> <p>Artesia, NM 88211</p>	
<p>Postmark: AUG 21 2013</p> <p>DE VARGAS POST OFFICE</p>	
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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Kendrick Duncan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Kendrick Duncan</i>	C. Date of Delivery <i>8-23-13</i>
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<i>P.O. Box 300</i>	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. 7006 2760 0001 6376 1970

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6376 1886

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL BUSINESS	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
<p>Sent To</p> <p>Street, Apt. or PO Box: Watts Properties, LLC</p> <p>City, State: P. O. Box 2367</p> <p>Roswell, New Mexico 88202</p>	
<p>Postmark: AUG 21 2013</p> <p>DE VARGAS POST OFFICE</p>	
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:

Watts Properties, LLC
P. O. Box 2367
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>8-23-13</i>
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

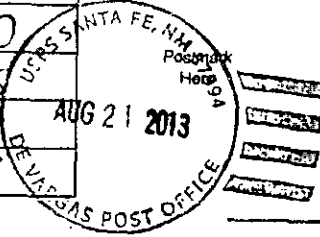
7006 2760 0001 6376 1886

PS Form 3811, February 2004

Domestic Return Receipt


102595-02-M-1540

7006 2760 0001 6376 1895

U.S. Postal Service	
CERTIFIED MAIL - RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Wolfcamp Title, LLC P. O. Box 412 Roswell, NM 88202	
PS Form 3800, August 2006 See reverse for instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature: <u>Michael S. Richardson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Wolfcamp Title, LLC P. O. Box 412 Roswell, NM 88202		B. Received by (Printed Name): <u>Michael S. Richardson</u> C. Date of Delivery: <u>AUG 24 2013</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer): <u>7006 2760 0001 6376 1895</u>		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7006 2760 0001 6376 1895

U.S. Postal Service	
CERTIFIED MAIL - RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
	
Martha B. Stribling Irrevocable Trust Mr. Thomas Stribling, Trustee P.O. Box 95557 Albuquerque, NM 87119	
PS Form 3800, August 2006 See reverse for instructions	

Returned

7006 2760 0001 6376 1871

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.40
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Postmark AUG 21 2013 DE VARGAS POST OFFICE	
Mewbourne Oil Co. N2 HBP P. O. Box 7698 Tyler, TX 75711	
PS Form 3800, August 2006	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <u>Henry Granville</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <u>HENRY GRANVILLE</u> C. Date of Delivery <u>8-26-13</u>	
Mewbourne Oil Co. N2 HBP P. O. Box 7698 Tyler, TX 75711		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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 2760 0001 6376 1871			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

7006 2760 0001 6376 1932

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.40
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
Postmark AUG 21 2013 DE VARGAS POST OFFICE	
Ms. Jackie Reed 245 E. London Road Loving, NM 88256	
PS Form 3800, August 2006	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <u>Ms. Jackie Reed</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <u>Ms. Jackie Reed</u> C. Date of Delivery <u>8-26-13</u>	
Ms. Jackie Reed 245 E. London Road Loving, NM 88256		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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 2760 0001 6376 1932			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.1

Postmark
 AUG 21 2013
 DE VARGAS POST OFF

Joe Beeman, Jr
 1102 Memphis Avenue Apt
 5104
 Lubbock, Texas 79415

PS Form 3800, June 2002

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:

Joe Beeman, Jr
 1102 Memphis Avenue Apt
 5104
 Lubbock, Texas 79415

2. 7006 2760 0001 6376 1963

PS Form 3800, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 Joe H. Beeman Jr

C. Date of Delivery
 AUG 28 2013

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.1

Postmark
 AUG 21 2013
 DE VARGAS POST OFF

Brett Guitar Witherspoon
 P. O. Box 100635
 Ft. Worth, TX 76185

PS Form 3800, June 2002

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:

Brett Guitar Witherspoon
 P. O. Box 100635
 Ft. Worth, TX 76185

2. 7006 0000 0005 0625 5401

PS Form 3800, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
 BRETT WITHERSPOON

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

4. Restricted Delivery? (Extra Fee) ☐ Yes