

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

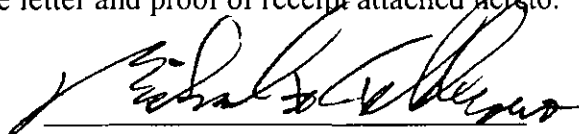
APPLICATION OF OXY USA, INC. TO REOPEN CASE NO. 8352 PURSUANT TO THE PROVISIONS OF ORDER R-7737-B AND TO REMOVE CERTAIN ACREAGE LOCATED IN THE BRAVO DOME CARBON DIOXIDE GAS UNIT FROM THE TEMPORARY SPECIAL POOL RULES AND REGULATIONS CURRENTLY GOVERNING THE "WEST BRAVO DOME CARBON DIOXIDE GAS AREA", HARDING COUNTY, NEW MEXICO.

CASE NO. 8352 (REOPENED)

AFFIDAVIT

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

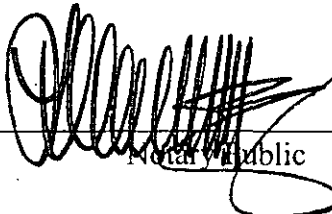
Michael H. Feldewert, attorney in fact and authorized representative of Oxy USA, Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

  
\_\_\_\_\_  
Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 3rd day of June 2013 by Michael H. Feldewert.



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

  
\_\_\_\_\_  
Notary Public

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Exhibit No. 7  
Submitted by: OXY  
Hearing Date: June 4, 2013



January 30, 2013

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL NOTICED PARTIES**

**Re: Case No. 8352: Application of OXY USA, Inc. to Reopen Case No. 8352 Pursuant to the Provisions of Order R-7737-B and to remove certain acreage located in the Bravo Dome Carbon Dioxide Gas Unit from the Temporary Special Pool Rules and Regulations Currently Governing the "West Bravo Dome Carbon Dioxide Gas Area", Harding County, New Mexico.**

This letter is to advise you that Oxy USA, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner at 8:15 AM on March 7, 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 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but no later than 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 undersigned counsel for Oxy.

Sincerely,

Michael H. Feldewert  
**ATTORNEY FOR OXY USA, INC.**

**PARTIES ENTITLED TO NOTICE**

Pete Martinez  
New Mexico State Land Office  
Post Office Box 2308  
Santa Fe, New Mexico 87504

Jim Hugart  
Hess Corporation  
1501 McKinney Street  
Houston, Texas 77010

Harry and Linda Hopson  
97 Hopson Road  
Mosquero, New Mexico 87733

XTO Energy Inc.  
Post Office Box 730586  
Dallas, Texas 75373

Kinder Morgan CO2 Co., LP  
Dept. 3007  
Post Office Box 201607  
Dallas, Texas 75320

Mr. Brian Davis  
Bureau of Land Management  
Farmington Field Office  
6251 College Blvd., Suite A  
Farmington, New Mexico 87402

J.E. Gallegos, on behalf of  
Russell Heimann, McLeod  
Farms, Inc. and Libby Materials,  
LLC  
460 St. Michael's Drive, #300  
Santa Fe, New Mexico 87505

Frank M. Bond of behalf of  
T.E. Mitchell & Sons  
The Simons Firm, L.L.P.  
Post Office Box 5333  
Santa Fe, New Mexico 87502

Reliant Exploration and  
Production, LLC  
1264 Bueyeros Hwy,  
Mosquero, New Mexico 87733

T.E. Mitchell & Son, Inc.  
665 Tequesquite Lane  
Albert, New Mexico 87733

Earl DeBrine  
Modrall, Sperling, Roehl, Harris  
& Sisk, PA  
Post Office Box 2168  
Albuquerque, N.M. 87103

Tom Kellahin  
Kellahin & Kellahin  
706 Gonzales Road  
Santa Fe, New Mexico 87501

7006 0100 0005 5769 5676

**U.S. Postal Service™**  
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**Postage** \$ **6.66**  
**Certified Fee** **3.95**  
**Return Receipt Fee** **2.55**  
**Restricted Delivery Fee** (Endorsement Required)  
**Total Postage & Fees** \$ **6.31**

**Postmark Here:** JAN 30 2013

Pete Martinez  
 N.M. State Land Office  
 Post Office Box 2308  
 Santa Fe, New Mexico 87504

See reverse for instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Pete Martinez  
 N.M. State Land Office  
 Post Office Box 2308  
 Santa Fe, New Mexico 87504

2. Article Number (Transfer from service label) **7006 0100 0005 5769 5676**

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

**THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) **Virginia Ortiz** C. Date of Delivery **FEB 1 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 0100 0005 5769 5676

**U.S. Postal Service™**  
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For delivery information, visit our **OFFICIAL** website at **usps.com**

**Postage** \$ **6.66**  
**Certified Fee** **3.95**  
**Return Receipt Fee** **2.55**  
**Restricted Delivery Fee** (Endorsement Required)  
**Total Postage & Fees** \$ **6.31**

**Postmark Here:** JAN 30 2013

Jim Hugart  
 Hess Corporation  
 1501 McKinney Street  
 Houston, Texas 77010

See reverse for instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Jim Hugart  
 Hess Corporation  
 1501 McKinney Street  
 Houston, Texas 77010

2. Article Number (Transfer from service label) **7006 0100 0005 5769 5676**

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

**THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) **JAMES FELDER** C. Date of Delivery **FEB 4 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 0100 0005 5769 5652

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/OXY
<b>OFFICE</b>	
Postage \$	66
Certified Fee	3.90
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.31
Harry and Linda Hopson 97 Hopson Road Mosquero, New Mexico 87733	
PS Form 3800, June 2002	See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Lee Chatfield</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Lee Chatfield</i>	
Harry and Linda Hopson 97 Hopson Road Mosquero, New Mexico 87733		C. Date of Delivery <i>2/4/13</i>	
2. Article Number		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
(Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5769 5652		102595-02-M-1540	

7006 0100 0005 5769 5645

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/OXY
<b>OFFICE</b>	
Postage \$	66
Certified Fee	3.90
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.31
XTO Energy Inc. Post Office Box 730586 Dallas, Texas 75373	
PS Form 3800, June 2002	See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>[Signature]</i>	
XTO Energy Inc. Post Office Box 730586 Dallas, Texas 75373		C. Date of Delivery <i>FEB 03 2013</i>	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
(Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0005 5769 5645		102595-02-M-1540	

7006 0100 0005 5769 5638

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit **OFFIC**

Postage \$ 6.60  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.55  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.31

Postmark Here  
 JAN 30 2013

Kinder Morgan CO2 Co., LP  
 Dept. 3007  
 Post Office Box 201607  
 Dallas, Texas 75320

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:  
 Kinder Morgan CO2 Co., LP  
 Dept. 3007  
 Post Office Box 201607  
 Dallas, Texas 75320

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5769 5638

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

**ION ON DELIVERY**

A. Signature  
 X ISAAC AMPOSAH ☐ Agent ☐ Addressee

B. Received by (Printed Name) ISAAC AMPOSAH C. Date of Delivery FEB 03 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 0100 0005 5769 5621

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

For delivery information visit **OFFIC**

Postage \$ 6.60  
 Certified Fee 2.95  
 Return Receipt Fee (Endorsement Required) 2.55  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.31

Postmark Here  
 JAN 30 2013

Mr. Brian Davis  
 Bureau of Land Management  
 Farmington Field Office  
 6251 College Blvd., Suite A  
 Farmington, New Mexico 87402

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:  
 Mr. Brian Davis  
 Bureau of Land Management  
 Farmington Field Office  
 6251 College Blvd., Suite A  
 Farmington, New Mexico 87402

2. Article Number  
 (Transfer from service label) 7006 0100 0005 5769 5621

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

**ION ON DELIVERY**

A. Signature  
 X Christine Horton ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0100 0005 5769 5614

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For delivery information visit **MHF/OXY**

**OFFICE**

Postage	\$ 66
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here: JAN 30 2013

J.E. Gallegos, on behalf of Russell Heimann, McLeod Farms, Inc. and Libby Materials, LLC  
 460 St. Michael's Drive, #300  
 Santa Fe, New Mexico 87505

PS Form 3811, February 2004 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

J.E. Gallegos, on behalf of Russell Heimann, McLeod Farms, Inc. and Libby Materials, LLC  
 460 St. Michael's Drive, #300  
 Santa Fe, New Mexico 87505

2. Article Number  
(Transfer from service label)

7006 0100 0005 5769 5614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Nadine Trujillo* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Nadine Trujillo 01/31/13

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 5769 5607

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

For delivery information visit **MHF/OXY**

**OFFICE**

Postage	\$ 66
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here: JAN 30 2013

Frank M. Bond of behalf of T.E. Mitchell & Sons  
 The Simons Firm, L.L.P.  
 Post Office Box 5333  
 Santa Fe, New Mexico 87502

PS Form 3811, February 2004 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Frank M. Bond of behalf of T.E. Mitchell & Sons  
 The Simons Firm, L.L.P.  
 Post Office Box 5333  
 Santa Fe, New Mexico 87502

2. Article Number  
(Transfer from service label)

7006 0100 0005 5769 5607

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Boyd Arnold* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Boyd Arnold FEB 6 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 0100 0005 5769 5560

U.S. Postal Service™	
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For delivery information visit <b>OFFICIAL</b>	MHF/OXY
Postage \$	
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Reliant Exploration and Production, LLC 1264 Bueyeros Hwy Mosquero, New Mexico 87733	
PS Form 3800, June 2002 See Reverse for Instructions	

# Returned

7006 0100 0005 5769 5591

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Postage Necessary for Delivery)	
For delivery information visit <b>OFFICIAL</b>	MHF/OXY
Postage \$	6.60
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	6.31
T.E. Mitchell & Son, Inc. 665 Tequesquite Lane Albert, New Mexico 87733	
PS Form 3800, June 2002 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE</b>		<b>ON ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Melanie Hizen</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: T.E. Mitchell & Son, Inc. 665 Tequesquite Lane Albert, New Mexico 87733		B. Received by (Printed Name) Melanie Hizen		C. Date of Delivery 1/31/13	
		D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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			
		7006 0100 0005 5769 5591			
PS Form 3811, February 2004		Domestic Return Receipt		102595-02-M-1540	



7006 0100 0005 5769 5584

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/OXY
<b>OFFICE</b>	
Postage	\$ 1.66
Certified Fee	3.78
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Earl DeBrine Modrall, Sperling, Roehl, Harris & Sisk, PA Post Office Box 2168 Albuquerque, N.M. 87103	
Postmark Here JAN 30 2013	
For Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Juan M. Alvarez C. Date of Delivery 1/31/13 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: Earl DeBrine Modrall, Sperling, Roehl, Harris, & Sisk, PA Post Office Box 2168 Albuquerque, N.M. 87103		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 5769 5584		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 5769 5577

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/OXY
<b>OFFICE</b>	
Postage	\$ 1.66
Certified Fee	3.90
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31
Tom Kellahin Kellahin & Kellahin 706 Gonzales Road Santa Fe, New Mexico 87501	
Postmark Here JAN 30 2013	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Tom Kellahin C. Date of Delivery FEB -1 2013 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: Tom Kellahin Kellahin & Kellahin 706 Gonzales Road Santa Fe, New Mexico 87501		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.	
2. Article Number (Transfer from service label) 7006 0100 0005 5769 5577		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540