

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

**APPLICATION OF MEWBOURNE OIL COMPANY  
FOR A NON-STANDARD OIL SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

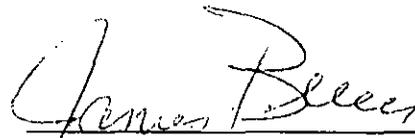
Case No. 15,170

**AFFIDAVIT OF NOTICE**

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

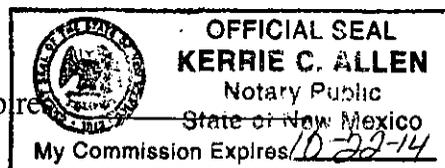
James Bruce, being duly sworn upon his oath, deposes and states:

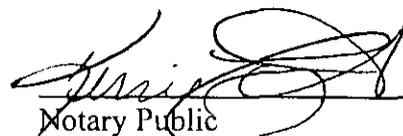
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
\_\_\_\_\_  
James Bruce  
1st

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of July, 2014 by James Bruce.

My Commission Expires



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

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No.   1

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

June 19, 2014

To: Persons on Exhibit A

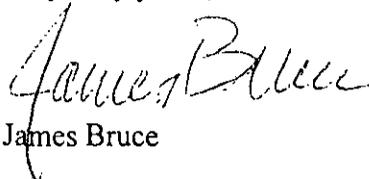
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the E $\frac{1}{2}$ W $\frac{1}{2}$  of Section 35, Township 23 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, July 10, 2014, 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 Thursday, July 3, 2014. 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 time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

Attachment



EXHIBIT **A**

Mary Jo Dickerson  
P.O. Box 642  
Glenpool, OK 74033

LBD, a Limited Partnership  
P.O. Box 686  
Hobbs, NM 88240

Magdalene P. Panagopoulos and  
Panagiota P. Panagopoulos  
10008 Ranch Hand Ave.  
Las Vegas, NV 89117

First Federal Savings and Loan Association  
P.O. Box 1390  
Littlefield, TX 79339

Laura Meade  
611 N. Mesa Ave.  
Carlsbad, NM 88203

Estate of Stan Gregory  
608 Lakeside Dr.  
Carlsbad, NM 88220  
Attn: Kathy Gregory

Willis A. Paschal Trust No. 1  
P.O. Box 98  
Luray, KS 67649

Mr. James W. Klipstine and  
Klipstine & Hanratty  
1601 N. Turner, Suite 400  
Hobbs, NM 88240

Clarence Ervin and the  
Estate of Mary I. Ervin  
4016 Jones St.  
Carlsbad, NM 88220

Mr. Kevin Hanratty  
P.O. Box 1330  
Artesia, NM 88211

Mr. Nolan Greak  
8008 Slide Road, Suite #33  
Lubbock, TX 79424

Mr. Neville Manning  
2112 Indiana  
Lubbock, TX 79410

Wells Fargo Bank, N.A.  
2318 W. Pierce St.  
Carlsbad, NM 88220

Bonnie R. Gregory and  
Irma J. Gregory  
14 Cork St.  
Alva, FL 33920

Mr. Thomas W. Gregory  
1705 Black Gold St., SE  
Albuquerque, NM 87123

Mr. Pavlos P. Panagopoulos,  
Panagopoulos Enterprises and  
Andreas P. Panagopoulos  
511 W. Reinken Ave.  
Belen, NM 87002

Mr. William E. Gregory  
11910 Central Ave., SE, Suite B  
Albuquerque, NM 87123

Virginia Lee Davis  
address unknown

John Edward Hall, III  
address unknown

Bertha Lorene Osborn  
address unknown

Ralph V. Robinson  
address unknown

Childs & Bishop Law Office, Inc.  
address unknown

Charles L. Reitenger  
address unknown

Jonathan D. Knoerdel  
address unknown

9466 6394 0000 020E ET02

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

Sent To: Laura Meade  
 611 N. Mesa Ave.  
 Carlsbad, NM 88203

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:

Mr. Nolan Greak  
 8008 Slide Road, Suite #33  
 Lubbock, TX 79424

2. Article Number (Transfer from service label): 7013 3020 0000 4641 4166

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Nolan Greak*  Agent  Addressee

B. Received by (Printed Name): *Billie Wright* C. Date of Delivery: *6/26/14*

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

3. Service Type:  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

**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:

Laura Meade  
 611 N. Mesa Ave.  
 Carlsbad, NM 88203

Article Number (Transfer from service label): 7013 3020 0000 4633 9346

Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X *Frank Greak*  Agent  Addressee

B. Received by (Printed Name): *Frank Greak* C. Date of Delivery: *6-26-14*

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

3. Service Type:  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

9466 6394 0000 020E ET02

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

Sent To: Mr. Nolan Greak  
 8008 Slide Road, Suite #33  
 Lubbock, TX 79424

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 Postage & Fees	\$

Postmark: JUN 23 2014

Sent To: First Federal Savings and Loan Association  
 P.O. Box 1390  
 Littlefield, TX 79339

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:  
 Mr. James W. Klipsine and Klipsine & Hanratty  
 1601 N. Turner, Suite 400  
 Hobbs, NM 88240

2. Article Number (Transfer from service label): 7013 3020 0000 4633 9315

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Hillary Clayton*  Agent  Addressee

B. Received by (Printed Name): *Hillary Clayton*

C. Date of Delivery: *6-23-14*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt *M3*

**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:  
 First Federal Savings and Loan Association  
 P.O. Box 1390  
 Littlefield, TX 79339

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *J. COWARD*

C. Date of Delivery: *6-23-14*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): 7013 3020 0000 4633 9353

PS Form 3811, July 2013 Domestic Return Receipt *M3*

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

Postmark: JUN 23 2014

Sent To: Mr. James W. Klipsine and Klipsine & Hanratty  
 1601 N. Turner, Suite 400  
 Hobbs, NM 88240

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 Postage & Fees \$

Sent To  
 Clarence Ervin and the Estate of Mary I. Ervin  
 4016 Jones St.  
 Carlsbad, NM 88220

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9306

Postmark Here  
 JAN 21 2014  
 SANTA FE, NM 87505

**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:  
 Magdalene P. Panagopoulos and Panagiota P. Panagopoulos  
 10008 Ranch Hand Ave.  
 Las Vegas, NV 89117

2. Article Number \_\_\_\_\_  
 (Transfer from service label)  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ervin*  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®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7013 3020 0000 4633 9360  
 Domestic Return Receipt *m3*

**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:  
 Clarence Ervin and the Estate of Mary I. Ervin  
 4016 Jones St.  
 Carlsbad, NM 88220

2. Article Number \_\_\_\_\_  
 (Transfer from service label)  
 PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ervin*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *6-23*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7013 3020 0000 4633 9308  
 Domestic Return Receipt *m3*

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

Sent To  
 Magdalene P. Panagopoulos and Panagiota P. Panagopoulos  
 10008 Ranch Hand Ave.  
 Las Vegas, NV 89117

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9360

Postmark Here  
 JAN 21 2014  
 SANTA FE, NM 87505

7013 3020 0000 4633 9339

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**POSTAGE & FEES**

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

Postmark Here

Sent To: Estate of Stan Gregory  
 608 Lakeside Dr.  
 Carlsbad, NM 88220  
 Attn: Kathy Gregory

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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:

Willis A. Paschal Trust No. 1  
 P.O. Box 98  
 Luray, KS 67649

2. Article Number (Transfer from service label): 7013 3020 0000 4633 9322

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Willis A. Paschal*  Agent  Addressee

B. Received by (Printed Name): *Willis A. Paschal* C. Date of Delivery: \_\_\_\_\_

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER - COMPLETE THIS SECTION**

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

1. Article Addressed to:

Estate of Stan Gregory  
 608 Lakeside Dr.  
 Carlsbad, NM 88220  
 Attn: Kathy Gregory

2. Article Number (Transfer from service label): 7013 3020 0000 4633 9339

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Kathy Gregory*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7013 3020 0000 4633 9322

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**POSTAGE & FEES**

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

Postmark Here

Sent To: Willis A. Paschal Trust No. 1  
 P.O. Box 98  
 Luray, KS 67649

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4633 9292

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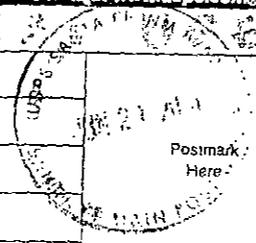
For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Sent To: Mr. Kevin Hanratty  
 P.O. Box 1330  
 Artesia, NM 88211

Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, August 2008 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:  
 Wells Fargo Bank, N.A.  
 2318 W. Pierce St.  
 Carlsbad, NM 88220

2. Article Number (Transfer from service label)  
 7013 3020 0000 4641 4142

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Kevin Hanratty*  Addressee

B. Received by (Printed Name) *Kevin Hanratty*  
 C. Date of Delivery *6-23-14*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, August 2008 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. Kevin Hanratty  
 P.O. Box 1330  
 Artesia, NM 88211

2. Article Number (Transfer from service label)  
 7013 3020 0000 4633 9292

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Sophy Bensen*  Addressee

B. Received by (Printed Name) *Sophy Bensen*  
 C. Date of Delivery *6-23-14*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, August 2008 See Reverse for Instructions

7013 3020 0000 4641 4142

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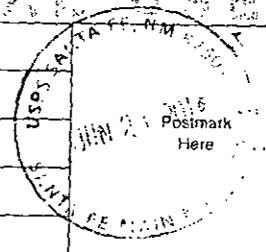
For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Sent To: Wells Fargo Bank, N.A.  
 2318 W. Pierce St.  
 Carlsbad, NM 88220

Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, August 2008 See Reverse for Instructions



5514 1494 0000 020E ETD2

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

Postmark Here

Sent To: Mr. Neville Manning  
 2112 Indiana  
 Lubbock, TX 79410

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

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:  
 Mr. William E. Gregory  
 11910 Central Ave., SE, Suite B  
 Albuquerque, NM 87123

2. Article Number (Transfer from service label)  
 7013 3020 0000 4641 4104

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name)  
 C. Date of Delivery  
 6/23/11

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**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. Neville Manning  
 2112 Indiana  
 Lubbock, TX 79410

2. Article Number (Transfer from service label)  
 7013 3020 0000 4641 4159

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name)  
 C. Date of Delivery  
 D. Kemp 6/23/11

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**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

Sent To: Mr. William E. Gregory  
 11910 Central Ave., SE, Suite B  
 Albuquerque, NM 87123

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7111 4111 4641 0000 020E E102

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

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

Postmark Here

Sent To: Mr. Pavlos P. Panagopoulos, Panagopoulos Enterprises and Andreas P. Panagopoulos, 511 W. Reinken Ave., Belen, NM 87002

Street, Apt. No., or PO Box No.

City, State, ZIP+4

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:  
 Mr. Thomas W. Gregory  
 1705 Black Gold St., SE  
 Albuquerque, NM 87123

2. Article Number (Transfer from service label): 7013 3020 0000 4641 4128

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Tom Gregory*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: 6/23

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**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. Pavlos P. Panagopoulos, Panagopoulos Enterprises and Andreas P. Panagopoulos, 511 W. Reinken Ave., Belen, NM 87002

2. Article Number (Transfer from service label): 7013 3020 0000 4641 4111

PS Form 3811, July 2013 Domestic Return Receipt M3

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *F. Pena*  Agent  Addressee

B. Received by (Printed Name): F. PENNA C. Date of Delivery: 6-23-11

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

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](http://www.usps.com)

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

Postmark Here

Sent To: Mr. Thomas W. Gregory, 1705 Black Gold St., SE, Albuquerque, NM 87123

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7111 4111 4641 0000 020E E102

7013 3020 0000 4633 9384

**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)	
Total Postage & Fees	\$



Sent To: **Mary Jo Dickerson**  
P.O. Box 642  
Glenpool, OK 74033

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

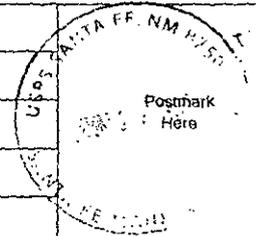
7013 3020 0000 4633 9372

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



Sent To: **LBD, a Limited Partnership**  
P.O. Box 686  
Hobbs, NM 88240

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

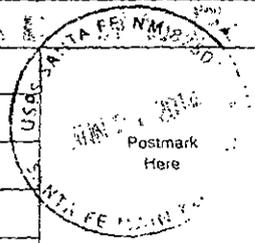
7013 3020 0000 4633 9372

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



Sent To: **Bonnie R. Gregory and  
Irma J. Gregory**  
14 Cork St.  
Alva, FL 33920

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions