

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.

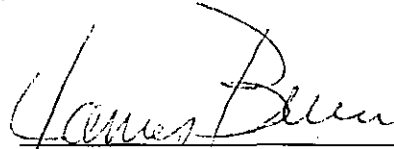
Case No. 15,169

AFFIDAVIT OF NOTICE

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

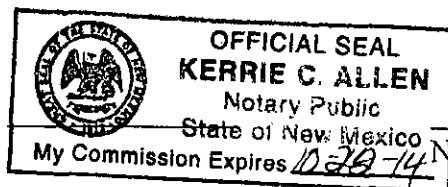
James Bruce, being duly sworn upon his oath, deposes and states:

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

SUBSCRIBED AND SWORN TO before me this 1st day of July, 2014 by James Bruce.

My Commission Expires:




Notary Public

Oil Conservation Division
Case No. 1
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)

jamesbruc@aol.com

June 19, 2014

To: Persons on Exhibit A

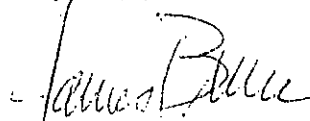
Ladies and gentlemen:

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 E½W½ 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 A

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

7013 3020 0000 4642 1379

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	\$
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
Street, Apt. No., or PO Box No.	4016 Jones St.
City, State, ZIP+4	Carlsbad, NM 88220
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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Mr. William E. Gregory 11910 Central Ave., SE, Suite B Albuquerque, NM 87123	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 3020 0000 4642 1379
PS Form 3811, July 2013 Domestic Return Receipt M2	

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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Clarence Ervin and the Estate of Mary I. Ervin 4016 Jones St. Carlsbad, NM 88220	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 3020 0000 4642 1454
PS Form 3811, July 2013 Domestic Return Receipt M2	

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	Mr. William E. Gregory
Street, Apt. No., or PO Box No.	11910 Central Ave., SE, Suite B
City, State, ZIP+4	Albuquerque, NM 87123
PS Form 3800, August 2006 See Reverse for Instructions	

7013 3020 0000 4642 1393

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

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

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 4642 1478

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Willis A. Paschal* ☐ Agent ☒ Addressee

B. Received by (Printed Name)
 WILLIS PASCHAL

C. Date of Delivery
 6/24/14

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

Domestic Return Receipt M2

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *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 ☒ No

Article Number (Transfer from service label)
 7013 3020 0000 4642 1393

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

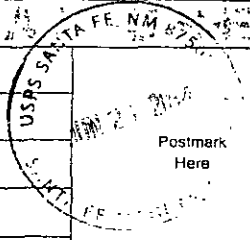
Sent To: Willis A. Paschal Trust No. 1
 P.O. Box 98
 Luray, KS 67649

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4642 1478

7013 3020 0000 4642 4074

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
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	

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 4642 1416

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *James Pennington* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
James Pennington
- 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

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Gu* ☐ 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

2. Article Number
(Transfer from service label)

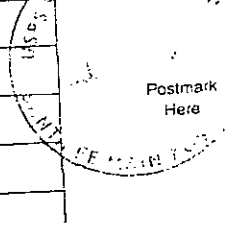
7013 3020 0000 4641 4074

PS Form 3811, July 2013

Domestic Return Receipt

M2

7013 3020 0000 4642 1416

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
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 2006 See Reverse for Instructions	

7013 3020 0000 4642 1447

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$	Postmark Here
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 2005 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)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Holladay

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Hollie Wright

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

7013 3020 0000 4642 1430

Domestic Return Receipt

m2

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 4642 1447

PS Form 3811, July 2013

Domestic Return Receipt

m2

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Scaphy Butler

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Scaphy Butler

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

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	\$	Postmark Here
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

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

City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

7013 3020 0000 4642 1430

7013 3020 0000 4641 4067

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: First Federal Savings and Loan Association P.O. Box 1390 Littlefield, TX 79339 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:

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

2. Article Number

(Transfer from service label)

7013 3020 0000 4642 1485

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathy Gregory*☐ 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)

☐ YesDomestic Return Receipt *ML*

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)

CL. FORTNEY

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

2. Article Number

(Transfer from service label)

7013 3020 0000 4641 4067

PS Form 3811, July 2013

Domestic Return Receipt *ML*

7013 3020 0000 4642 1485

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
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	

7013 3020 0000 4642 1461

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

Postmark Here

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

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. Neville Manning
 2112 Indiana
 Lubbock, TX 79410

2. Article Number
 (Transfer from service label) 7013 3020 0000 4642 1423

PS Form 3811, July 2013 Domestic Return Receipt M2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Deborah Kemp* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *D. Kemp* 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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Hilary Clayton* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Hilary Clayton* C. Date of Delivery *6/27/14*

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 4642 1461

Domestic Return Receipt M2

PS Form 3811, July 2013

7013 3020 0000 4642 1423

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	\$
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

7013 3020 0000 4642 1386

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 MAIL


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

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

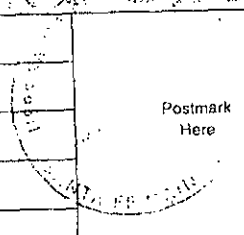
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) F. Deng</p> <p>C. Date of Delivery 6-23-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Pavlos P. Panagopoulos, Panagopoulos Enterprises and Andreas P. Panagopoulos 511 W. Reinken Ave. Belen, NM 87002</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4642 1386</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7013 3020 0000 4642 2442

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	\$	
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

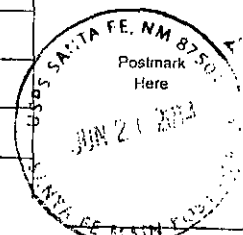
Street, Apt. No., or PO Box No.
City, State, ZIP+4

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

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

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

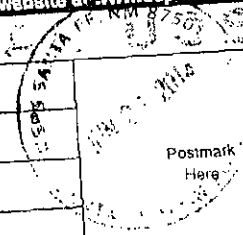
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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

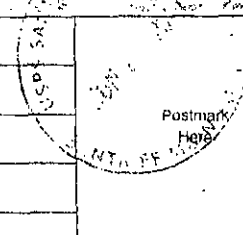
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OFFICIAL USE

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

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