

# Affidavit of Publication

No. 23303

State of New Mexico

County of Eddy

**Danny Scott**

being duly sworn, says that he is the

**Publisher**

of the Artesia Daily Press, a daily newspaper of General circulation, published in English at Artesia, said county and state, and that the hereto attached

## Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 Consecutive weeks/day on the same day as follows:

First Publication December 28, 2014

Second Publication

Third Publication

Fourth Publication

Fifth Publication

Sixth Publication

Subscribed and sworn before me this

29th day of December 2014



OFFICIAL SEAL  
Latisha Romine  
NOTARY PUBLIC-STATE OF NEW MEXICO

My commission expires: 5/12/2015

*Latisha Romine*

Latisha Romine

Notary Public, Eddy County, New Mexico

# Copy of Publication:

## LEGAL NOTICE

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division, of the following public hearing to be held at 8:15 A.M. on January 8, 2015, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network: 1-800-659-1779 by December 28, 2014. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

All named parties and persons  
having any right, title, interest  
or claim in the following cases  
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

To: Pearl K. Persinger, her heirs or devisees; Nancy Tutorino, her heirs or devisees; Lois Carr, her heirs or devisees; Cindy Cretcher Bennett, her heirs or devisees; Beverly Stanley, her heirs or devisees; Raymond W. Ackerman, his heirs or devisees; Bernice F. Jackson, her heirs or devisees; Bernice Ackerman, her heirs or devisees; Mrs. Elmer (Bernice) Schmidt, her heirs or devisees; Bernice Schmidt, her heirs or devisees; and all other affected parties.

CASE 15258: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order (1) creating a non-standard, 160-acre, more or less, spacing and proration unit comprised of the W/2E/2 of Section 3, Township 19 South, Range 26 East, NMPM, Eddy County and (2) pooling all mineral interests in the Yesso formation underlying this acreage. Said non-standard unit is to be dedicated to applicant's proposed Lee 3 Fee No. 7H Well, which will be horizontally drilled from a surface location in the SW/4SE/4 (Unit O) to a standard bottom hole location in the NW/4NE/4 (Unit B) of Section 3. The completed interval for this well will remain within the 330-foot standard offset required by the rules. Also to be considered will be the cost of drilling and completing said well and the allocation of the cost thereof as well as actual operating costs and charges for supervision, designation of COG Operating LLC as operator of the well and a 200% charge for risk involved in drilling said well. Said area is located 10 miles South of Artesia.

Published in the Artesia Daily Press, Artesia, N.M., December 28, 2014 Legal No. 23303.

BEFORE THE OIL CONSERVATION  
DIVISION

Santa Fe, New Mexico

Exhibit No. 6

Submitted by: COG Operating LLC

Hearing Date: January 8, 2015

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

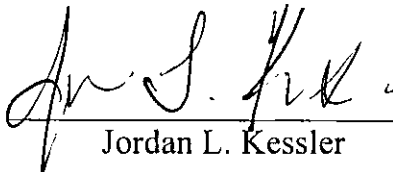
**APPLICATION OF COG OPERATING LLC  
FOR A NON-STANDARD SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 15258**

**AFFIDAVIT**

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

Jordan L. Kessler, attorney in fact and authorized representative of COG Operating LLC, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter attached hereto.

  
\_\_\_\_\_  
Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 7th day of January 2015 by Jordan L.  
Kessler.



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

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

**COG OPERATING LLC  
LEE 3 FEE NO. 7H WELL**

**Pooled Parties**

Timothy Leahy  
P.O. Box 1096  
Londonderry, NH 030533

Elizabeth Delany  
1011 First Avenue  
Croydon, PA 19021

Martin Palencik  
1011 First Avenue  
Croydon, PA 19021

Stephen J. Terrell  
6104 North Hampton  
Austin, TX 78723

Michelle C. Shillito  
P.O. Box 1635  
Oak View, CA 93022

Windom Royalties  
15601 Dallas Parkway, Suite  
900  
Addison, TX 75001

Corinne Grace  
P.O. Box 1418  
Carlsbad, NM 88221

LAJ Corporation  
P.O. Box 10626  
Midland, TX 79702-7626

Sigmar, Inc  
400 North Marienfeld  
Suite 100  
Midland, TX 79701

Judson Properties  
P.O. Box 3340  
Midland, TX 79702-3340

Oil Town Road  
101 West Greene Street  
Carlsbad, NM 88220

The known and unknown Heirs &  
Devises of Pearl K. Persinger  
495 Hillcrest East  
Lake Quivira KS 66217

Bert Cretcher  
495 Hillcrest East  
Lake Quivira KS 66217

Shirley Rossi, widow  
1120 NE 77th Terrace  
Kansas City MO 64118

The known and unknown heirs  
of Nancy Tutorino, widow  
7219 N Kensington  
Kansas City MO 64119

The known and unknown heirs of  
Lois Carr (Kansas City MO) Karen  
Carr  
13327 Webster St  
Brooksville FL 34613

Donald Carr  
4814 Locust  
Kansas City MO 66106

Jeff Carr  
2531 Sierra Drive  
Colorado Springs, CO 80917

Diane Pointon  
PO Box 481  
Oak Grove, MO 64075

Gayle Sneed  
11819 Broad St.  
Brooksville, FL 34601

The known heirs of Beverly Stanley,  
deceased over five years ago John  
Stanley  
164420 N. Thompson Peak Parkway  
Unit 109  
Scottsdale, AZ, 85260

Joan Bua  
76251 Highway 1081  
Covington, LA 70435

Susan Colison  
2837-A Baumberg Ave  
Hayward CA 94545

Kathleen Wilson  
2316 Chesnut St.,  
Livermore, CA 94551

Charles Stanley  
318 Creekview Way  
Orroyo Grande, CA 93420

Sharon Turner  
31910 Blanco Road  
Bulverde, TX 78163

**COG OPERATING LLC  
LEE 3 FEE NO. 7H WELL**

The known and unknown heirs of  
Raymond W. Ackerman, aka Raymond  
Warren Ackerman, spouse,  
31910 Blanco Road  
Bulverde, TX 78163

The known and unknown heirs of Bernice F.  
Jackson, f/k/a Bernice Ackerman, Mrs.  
Elmer (Bernice) Schmidt, Bernice Florentina  
Schmidt, Bernice A. Schmidt and Bernice  
Schmidt,  
31910 Blanco Road,  
Bulverde, Texas 78163

Eldred E. Schmidt  
31910 Blanco Road,  
Bulverde, TX 78163

Deborah R. Jensen, f/k/a  
Deborah R. Hales  
12057 Summer Meadows,  
Spring Branch, TX 78070

**Offset Parties**

Yates Petroleum Corporation  
Abo Petroleum Corporation  
Myco Industries, Inc.  
Sharbro Energy, LLC  
Yates Industries, LLC  
105 South 4th Street, Artesia, NM 88210

John A. Yates, Trustee of Trust Q  
u/w/o Peggy A. Yates, dec'd  
105 South 4th Street, Artesia, NM  
88210

Descendants Trust u/w/o Peggy  
A. Yates, dec'd  
105 South 4th Street,  
Artesia, NM 88210

John A. Yates  
105 South 4th Street  
Artesia, NM 88210

Santo Legado, LLP  
P.O. Box 1020,  
Artesia, NM 88211-1020

Tulipan, LLC  
P.O. Box 1020  
Artesia, NM 88211-1020

Marigold, LLP  
P.O. Box 1290  
Artesia, NM 88211-1290

Featherstone Development  
Corporation  
P.O. Box 429  
Roswell, NM 88202

Exama Oil Company  
Suite 1040 Sonat Tower  
5599 San Felipe  
Houston, TX 77056

Stanolind Oil and Gas SPV, LLC,  
c/o Memorial Production Partners  
GP, LLC  
1301 McKinney Street, Suite 2100  
Houston, TX 77010

Bassett-Birney Oil Corp.  
P.O. Box 127  
Artesia, NM 88210

Oxy Y-1 Company  
5 Greenway Plaza, Suite 10  
Houston, TX 77046-0521



**Michael H. Feldewert**  
Recognized Specialist in the Area of  
Natural Resources - oil and gas law -  
New Mexico Board of Legal  
Specialization  
mfeldewert@hollandhart.com

December 19, 2014

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

**TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Eddy County, New Mexico.  
Lee 3 Fee No. 7H**

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on January 8, 2015. 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.

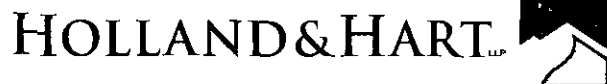
Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; 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.

If you have any questions about this matter please contact Pedie Monta, at (432) 688-6605 or [pmonta@concho.com](mailto:pmonta@concho.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert".

Michael H. Feldewert  
ATTORNEY FOR COG OPERATING LLC



**Michael H. Feldewert**  
Recognized Specialist in the Area of  
Natural Resources - oil and gas law -  
New Mexico Board of Legal  
Specialization  
mfeldewert@hollandhart.com

December 19, 2014

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

**TO: OFFSET PARTIES**

**RE: Application of COG Operating LLC for a non-standard spacing and  
proration unit and compulsory pooling, Eddy County, New Mexico.  
Lee 3 Fee No. 7H**

This letter is to advise you that COG Operating LLC has filed the enclosed application with the New Mexico Oil Conservation Division. *Your interests are not being pooled under this application*, but as a lessee or operator in an offsetting tract, you are entitled to notice of this application.

This application has been set for hearing before a Division Examiner at 8:15 AM on January 8, 2015. 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 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.

If you have any questions about this matter please contact Pedie Monta, at (432) 688-6605 or pmonta@concho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Feldewert".

Michael H. Feldewert  
ATTORNEY FOR COG OPERATING LLC

**Holland & Hart LLP**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☐

5620 2760 0001 6382 0295

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information visit [usps.com](http://usps.com)

MHF/COG  
 LEE 7H

**OFFICIAL**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669

Postmark  
 DEC 19 2013  
 USPS SAN JUAN, PR

Timothy Leahy  
 P.O. Box 1096  
 Londonderry, NH 030533

For Instructions

7006 2760 0001 6382 0301

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information visit [usps.com](http://usps.com)

MHF/COG  
 LEE 7H

**OFFICIAL**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669

Postmark  
 DEC 19 2013  
 USPS SAN JUAN, PR

Elizabeth Delany  
 1011 First Avenue  
 Croydon, PA 19021

For Instructions

**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

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:  
 Timothy Leahy  
 P.O. Box 1096  
 Londonderry, NH 030533

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0295

PS Form 3811, July 2013 Domestic Return Receipt

**ACTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 12/19  
 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** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

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:  
 Elizabeth Delany  
 1011 First Avenue  
 Croydon, PA 19021

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0301

PS Form 3811, July 2013 Domestic Return Receipt

**ACTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 12/23/2014  
 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

7006 2760 0001 6382 0639

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only) MHF/COG  
 For delivery information LEE 7H

**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Martin Palencik  
 1011 First Avenue  
 Croydon, PA 19021

Postmark Here  
 DEC 19 2013

See Reverse for Instructions

7006 2760 0001 6382 0622

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only) MHF/COG  
 For delivery information LEE 7H

**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Stephen J. Terrell  
 6104 North Hampton  
 Austin, TX 78723

Postmark Here  
 DEC 19 2013

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

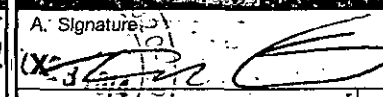
1. Article Addressed to:  
 Martin Palencik  
 1011 First Avenue  
 Croydon, PA 19021

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 0639

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**RECIPIENT: COMPLETE THIS SECTION**

A. Signature:  ☐ 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:

PS Form 3811, July 2013 Domestic Return Receipt



7006 2760 0001 6382 0615

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information: MHF/COG LEE 7H

**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here  
 DEC 19 2014

Michelle C. Shillito  
 P.O. Box 1635  
 Oak View, CA 93022

for instructions

7006 2760 0001 6382 0608

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information: MHF/COG LEE 7H

**OFFICIAL**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here  
 DEC 19 2014

Windom Royalties  
 15601 Dallas Parkway, Suite  
 900  
 Addison, TX 75001

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:  
 Windom Royalties  
 15601 Dallas Parkway, Suite  
 900  
 Addison, TX 75001

2. Article Number:  
 (Transfer from service label) 7006 2760 0001 6382 0608

**ACTION ON DELIVERY:**

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

B. Received by (Printed Name)  
*Karina Quinlan*

C. Date of Delivery  
*12/23*

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

PS Form 3811, July 2013 Domestic Return Receipt

2650 2760 0001 6382 0592

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Necessary for Delivery)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

Postage \$ 1.09

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required) 6.67

**Postmark Here**  
 DEC 19 2014

Corinne Grace  
 P.O. Box 1418  
 Carlsbad, NM 88221

for instructions

2650 2760 0001 6382 0585

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Postage Necessary for Delivery)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICIAL MAIL**

Postage \$ 6.97

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required) 6.67

**Postmark Here**  
 DEC 19 2014

LAJ Corporation  
 P.O. Box 10626  
 Midland, TX 79702-7626

PS Form 3800, August 2006 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:

LAJ Corporation  
 P.O. Box 10626  
 Midland, TX 79702-7626

2. Article Number (Transfer from service label)

7006 2760 0001 6382 0585

**ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY**

A. Signature Corinne Grace ☐ Agent ☒ Addressee

B. Received by (Printed Name) Corinne Grace C. Date of Delivery 12-23-14

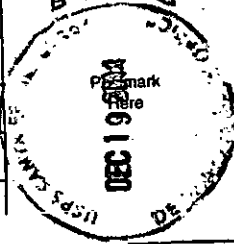
D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

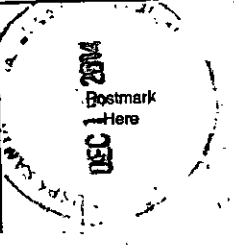
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 0578

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)		MHF/COG LEE 7H
For delivery information visit <a href="http://usps.com">usps.com</a>		
<b>OFFICIAL</b>		
Postage	\$ 69	
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)	669	
Total Postage & Fees		\$
Sigmar, Inc 400 North Marienfeld Suite 100 Midland, TX 79701		
<a href="#">For Instructions</a>		

7006 2760 0001 6382 0561

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No International Mail)		MHF/COG LEE 7H
For delivery information visit <a href="http://usps.com">usps.com</a>		
<b>OFFICIAL</b>		
Postage	\$ 69	
Certified Fee	330	
Return Receipt Fee (Endorsement Required)	270	
Restricted Delivery Fee (Endorsement Required)	669	
Total Postage & Fees		\$
Judson Properties P.O. Box 3340 Midland, TX 79702-3340		
<a href="#">For Instructions</a>		

<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>Alexson Rodgers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Sigmar, Inc            400 North Marienfeld            Suite 100            Midland, TX 79701         </div>		B. Received by (Printed Name) <i>Alexson Rodgers</i>	
2. Article Number (Transfer from service label)		C. Date of Delivery _____	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		5. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

<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>Bennie Ross</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Judson Properties            P.O. Box 3340            Midland, TX 79702-3340         </div>		B. Received by (Printed Name) <i>Bennie Ross</i>	
2. Article Number (Transfer from service label)		C. Date of Delivery 12/19/14	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		5. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6382 0554

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

For delivery information visit **usps.com**

**OFFICIAL**

MHF/COG  
LEE 7H

Postage \$ 09

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Oil Town Road  
 101 West Greene Street  
 Carlsbad, NM 88220

PS Form 3811, August 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Oil Town Road  
 101 West Greene Street  
 Carlsbad, NM 88220

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6382 0554

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 12/22/14

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

7006 2760 0001 6382 0547

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

For delivery information visit **usps.com**

**OFFICIAL**

MHF/COG  
LEE 7H

Postage \$ 09

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

The known and unknown Heirs &  
 Devises of Pearl K. Persinger  
 495 Hillcrest East  
 Lake Quivira KS 66217

PS Form 3811, August 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 The known and unknown Heirs &  
 Devises of Pearl K. Persinger  
 495 Hillcrest East  
 Lake Quivira KS 66217

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6382 0547

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 12-22

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

7006 2760 0001 6382 1452

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only)	
For delivery information	
MHF/COG LEE 7H	
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Postmark Here DEC 19 2014	
Bert Cretcher 495 Hillcrest East Lake Quivira KS 66217	

7006 2760 0001 6382 1445

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only)	
For delivery information	
MHF/COG LEE 7H	
OFFICIAL	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Postmark Here DEC 19 2014	
Shirley Rossi, widow 1120 NE 77th Terrace Kansas City MO 64118	

SENDER: COMPLETE THIS SECTION		ACTION 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 X Bert Cretcher <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Bert Cretcher C. Date of Delivery 12-22 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:		3. Service Type	
Bert Cretcher 495 Hillcrest East Lake Quivira KS 66217		<input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		ACTION 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 X Shirley Rossi <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Shirley Rossi C. Date of Delivery 12-22 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:		3. Service Type	
Shirley Rossi, widow 1120 NE 77th Terrace Kansas City MO 64118		<input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
PS Form 3811, July 2013		Domestic Return Receipt	

7006 2760 0001 6382 1438

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information

MHF/COG  
 LEE 7H

**OFFICIAL**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here  
 DEC 19 2014

The known and unknown heirs  
 of Nancy Tutorino, widow  
 7219 N Kensington  
 Kansas City MO 64119

For instructions

7006 2760 0001 6382 1421

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only)  
 For delivery information

MHF/COG  
 LEE 7H

**OFFICIAL**

Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here  
 DEC 19 2014

The known and unknown heirs of  
 Lois Carr (Kansas City MO) Karen Carr  
 13327 Webster St  
 Brooksville FL 34613

SEE REVERSE FOR INSTRUCTIONS

**SENDER:** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

**INSTRUCTIONS 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:  
 The known and unknown heirs of  
 Lois Carr (Kansas City MO) Karen Carr  
 13327 Webster St  
 Brooksville FL 34613

2. Article Number (Transfer from service label)  
 7006 2760 0001 6382 1421

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature  
 Karen Carr ☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Karen Carr

C. Date of Delivery  
 DEC 24 2014

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

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit

**OFFICE**

MHF/COG

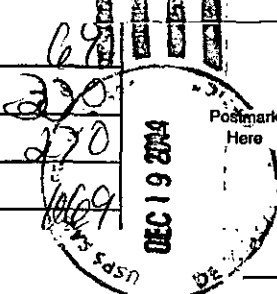
LEE 7H

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)



Donald Carr  
4814 Locust  
Kansas City MO 66106

PS Form 3800, August 2006

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit

**OFFICE**

MHF/COG

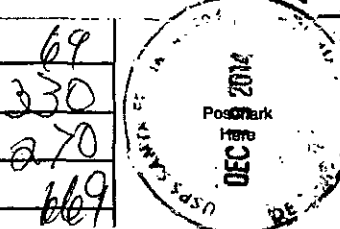
LEE 7H

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)



Jeff Carr  
2531 Sierra Drive  
Colorado Springs, CO 80917

PS Form 3800, August 2006

**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:

Jeff Carr  
2531 Sierra Drive  
Colorado Springs, CO 80917

2. Article Number

(Transfer from service label)

7006 2760 0001 6382 0684

PS Form 3811, July 2013

Domestic Return Receipt

**RECIPIENT: COMPLETE THIS SECTION**

A. Signature

X *Jeff Carr*

☐ 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

7006 2760 0001 6382 0677

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) No  
 For delivery information visit  
**OFFICE**  
 MHF/COG  
 LEE 7H  
 Postage \$ 69  
 Certified Fee 380  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Postmark Here  
 DEC 19 2014  
 Diane Pointon  
 PO Box 481  
 Oak Grove, MO 64075  
 PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 0660

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only) No  
 For delivery information visit  
**OFFICE**  
 MHF/COG  
 LEE 7H  
 Postage \$ 69  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required) 669  
 Postmark Here  
 DEC 19 2014  
 Gayle Sneed  
 11819 Broad St.  
 Brooksville, FL 34601  
 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:  
 Diane Pointon  
 PO Box 481  
 Oak Grove, MO 64075

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0677

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
 X Diane Pointon

B. Received by (Printed Name) Diane Pointon C. Date of Delivery 12/27/14

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

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:  
 Gayle Sneed  
 11819 Broad St.  
 Brooksville, FL 34601

2. Article Number (Transfer from service label) 7006 2760 0001 6382 0660

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
 X Gayle Sneed

B. Received by (Printed Name) Gayle Sneed C. Date of Delivery DEC 24 2014

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



7006 2760 0001 6382 0653

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Provided)	
For delivery information visit	MHF/COG LEE 7H
OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	069
<p>The known heirs of Beverly Stanley, deceased over five years ago John Stanley 164420 N. Thompson Peak Parkway Unit 109 Scottsdale, AZ, 85260</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

7006 2760 0001 6382 0646

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Provided)	
For delivery information visit	MHF/COG LEE 7H
OFFIC	
Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	069
<p>Joan Bua 76251 Highway 1081 Covington, LA 70435</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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 x <i>Joan Bua</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Joan Bua 76251 Highway 1081 Covington, LA 70435</p>		<p>B. Received by (Printed Name) <i>Joan Bua</i> C. Date of Delivery</p>	
<p>2. Article Number 7006 2760 0001 6382 0646</p> <p>(Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

7006 2760 0001 6382 1551

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; For delivery information)

**OFFICIAL**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

**MHF/COG**  
**LEE 7H**

Postmark  
 Here

Susan Colison  
 2837-A Baumberg Ave  
 Hayward CA 94545

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1544

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; For delivery information)

**OFFICIAL**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

**MHF/COG**  
**LEE 7H**

Postmark  
 Here

Kathleen Wilson  
 2316 Chesnut St.,  
 Livermore, CA 94551

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; For delivery information)

**OFFICIAL**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

**MHF/COG**  
**LEE 7H**

Postmark  
 Here

Susan Colison  
 2837-A Baumberg Ave  
 Hayward CA 94545

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; For delivery information)

**OFFICIAL**

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

**MHF/COG**  
**LEE 7H**

Postmark  
 Here

Kathleen Wilson  
 2316 Chesnut St.,  
 Livermore, CA 94551

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6382 1537

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only)	
For delivery information visit	MHF/COG LEE 7H
<b>OFF</b>	
Postage \$	69
Certified Fee	230
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	
Charles Stanley 318 Creekview Way Orroyo Grande, CA 93420	
for instructions	

7006 2760 0001 6382 1520

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only, No)	
For delivery information visit	MHF/COG LEE 7H
<b>OFFIC</b>	
Postage \$	89
Certified Fee	230
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	669
Sharon Turner 31910 Blanco Road Bulverde, TX 78163	
See reverse for instructions	

<b>SENDER: COMPLETE THIS SECTION</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.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <i>Sharon Turner</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sharon Turner</i> C. Date of Delivery <i>DEC 23 2014</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Sharon Turner            31910 Blanco Road            Bulverde, TX 78163         </div>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7006 2760 0001 6382 1520		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013

Domestic Return Receipt

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

For delivery information visit [usps.com](#)

**OFFICE OF THE CLERK**

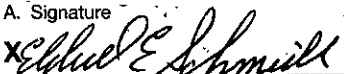
MHF/COG  
LEE 7H

Postage \$ 69  
Certified Fee 30  
Return Receipt Fee (Endorsement Required) 70  
Restricted Delivery Fee (Endorsement Required) 66

Postmark  
JUN 6 1980

The known and unknown heirs of  
Raymond W. Ackerman, aka Raymond  
Warren Ackerman, spouse,  
31910 Blanco Road  
Bülvérde, TX 78163

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No International)	
For delivery information, visit <a href="http://usps.com">usps.com</a>	
OFFICE OF THE POSTMASTER GENERAL	
Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
The known and unknown heirs of Bernice F. Jackson, f/k/a Bernice Ackerman, Mrs. Elmer (Bernice) Schmidt, Bernice Florentina Schmidt, Bernice A. Schmidt and Bernice Schmidt, 31910 Blanco Road, Bulverde, Texas 78163	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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  </p> <p><input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>The known and unknown heirs of  Raymond W. Ackerman, aka Raymond  Warren Ackerman, spouse,  31910 Blanco Road  Bulverde, TX 78163</p>		<p>B. Received by (Printed Name)  ELDED E. SCHMIDT</p> <p>C. Date of Delivery  12/24/14</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>7006 2760 0001 6382 1513</p>		<p>D. Is delivery address different from item 1?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p>YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail</p>		<p><input checked="" type="checkbox"/> Priority Mail Express™  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery</p>	
<p>4. Restricted Delivery? (Extra Fee)</p> <p><input type="checkbox"/> Yes</p>			
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>		<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          ELDRED G. SCHMIDT</p> <p>C. Date of Delivery          12/24/14</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>	
<p>1. Article Addressed to:           The known and unknown heirs of Bernice Jackson, f/k/a Bernice Ackerman, Mrs.          Elmer (Bernice) Schmidt, Bernice Florentine Schmidt, Bernice A. Schmidt and Bernice Schmidt,          31910 Blanco Road,          Bulverde, Texas 78163</p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Priority Mail Express™  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7006 2760 0001 6382 1490

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICIAL**

MHF/COG  
LEE 7H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Postmark  
DEC 9 2014  
DE SALT

Eldred E. Schmidt  
31910 Blanco Road,  
Bulverde, TX 78163

for instructions

7006 2760 0001 6382 1483

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit [usps.com](http://usps.com)

**OFFICIAL**

MHF/COG  
LEE 7H

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Postmark  
DEC 19 2014  
DE SALT

Deborah R. Jensen, f/k/a  
Deborah R. Hales  
12057 Summer Meadows,  
Spring Branch, TX 78070

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:

Eldred E. Schmidt  
31910 Blanco Road,  
Bulverde, TX 78163

2. Article Number 7006 2760 0001 6382 1490  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature Eldred E. Schmidt ☐ Agent ☒ Addressee

B. Received by (Printed Name) Eldred E. Schmidt C. Date of Delivery 12/24/14

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

**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:

Deborah R. Jensen, f/k/a  
Deborah R. Hales  
12057 Summer Meadows,  
Spring Branch, TX 78070

2. Article Number 7006 2760 0001 6382 1483  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature Mike Jensen ☒ Agent ☐ Addressee

B. Received by (Printed Name) Mike Jensen C. Date of Delivery 12-22

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

7006 2760 0001 6382 1476

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

For delivery information visit **OFFICIAL**

MHF/COG  
LEE TH

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Postmark  
DEC 9 2014

Yates Petroleum Corporation  
 Abo Petroleum Corporation  
 Myco Industries, Inc.  
 Sharbro Energy, LLC  
 Yates Industries, LLC  
 105 South 4th Street, Artesia, NM 88210

PS Form 3811, August 2013 See reverse for instructions

7006 2760 0001 6382 1468

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

For delivery information visit **OFFICIAL**

MHF/COG  
LEE TH

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Postmark  
DEC 19 2014

John A. Yates, Trustee of Trust Q  
 u/w/o Peggy A. Yates, dec'd  
 105 South 4th Street, Artesia, NM  
 88210

PS Form 3811, August 2013 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:

Yates Petroleum Corporation  
 Abo Petroleum Corporation  
 Myco Industries, Inc.  
 Sharbro Energy, LLC  
 Yates Industries, LLC  
 105 South 4th Street, Artesia, NM 88210

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6382 1476

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

S. Huerta

☐ Agent☐ Addressee

## B. Received by (Printed Name)

S. Huerta

## 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

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

John A. Yates, Trustee of Trust Q  
 u/w/o Peggy A. Yates, dec'd  
 105 South 4th Street, Artesia, NM  
 88210

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6382 1468

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

S. Huerta

☐ Agent☐ Addressee

## B. Received by (Printed Name)

S. Huerta

## 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

7006 2760 0001 6377 7162

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

For delivery information visit **OFFICIAL**

MHF/COG  
LEE

Postage \$  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required)

Postmark Here  
 DEC 19 2013

Descendants Trust u/w/o Peggy  
 A. Yates, dec'd  
 105 South 4th Street,  
 Artesia, NM 88210

PS Form 3811, July 2013 August 2005 (for instructions)

7006 2760 0001 6377 7179

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

For delivery information visit **OFFICIAL**

MHF/COG  
LEE

Postage \$  
 Certified Fee 330  
 Return Receipt Fee (Endorsement Required) 270  
 Restricted Delivery Fee (Endorsement Required)

Postmark Here  
 DEC 19 2013

John A. Yates  
 105 South 4th Street  
 Artesia, NM 88210

PS Form 3811, July 2013 August 2005 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Descendants Trust u/w/o Peggy  
 A. Yates, dec'd  
 105 South 4th Street,  
 Artesia, NM 88210

2. Article Number 7006 2760 0001 6377 7162  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X *S. H. H.* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *S. H. H.* 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

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 John A. Yates  
 105 South 4th Street  
 Artesia, NM 88210

2. Article Number 7006 2760 0001 6377 7179  
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X *S. H. H.* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *S. H. H.* 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

7006 2760 0001 6377 7186

U.S. Postal Service <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only) (Endorsement Required)	
For delivery information	MHF/COG LEE 7H
<b>OFFICIAL</b>	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<p>Santo Legado, LLP P.O. Box 1020, Artesia, NM 88211-1020</p>	

Postmark Here  
DEC 19 2014

PS Form 3811, July 2013 See Reverse for Instructions

7006 2760 0001 6377 7186

U.S. Postal Service <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only) (Endorsement Required)	
For delivery information	MHF/COG LEE 7H
<b>OFFICIAL</b>	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
<p>Tulipan, LLC P.O. Box 1020 Artesia, NM 88211-1020</p>	

Postmark Here  
DEC 19 2014

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS 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 x <i>Tigua</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Santo Legado, LLP P.O. Box 1020, Artesia, NM 88211-1020</p>		<p>B. Received by (Printed Name) <i>Tigua</i></p> <p>C. Date of Delivery <i>12/24/14</i></p>	
<p>2. Article Number (Transfer from service label) 7006 2760 0001 6377 7186</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			



7206 2760 0001 6377 7204

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

For delivery information visit **OFFICIAL**

MHF/COG  
LEE 7H

Postage \$  
 Certified Fee 33.00  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required)

Postmark Here  
 DEC 19 2014

Marigold, LLP  
 P.O. Box 1290  
 Artesia, NM 88211-1290

SEE REVERSE FOR INSTRUCTIONS

7206 2760 0001 6377 7216

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

For delivery information visit **OFFICIAL**

MHF/COG  
LEE 7H

Postage \$  
 Certified Fee 23.00  
 Return Receipt Fee (Endorsement Required) 2.70  
 Restricted Delivery Fee (Endorsement Required)

Postmark Here  
 DEC 19 2014

Featherstone Development Corporation  
 P.O. Box 429  
 Roswell, NM 88202

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:  
 Featherstone Development Corporation  
 P.O. Box 429  
 Roswell, NM 88202

2. Article Number: 7206 2760 0001 6377 7216  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): *Jennifer Anderson*  
 C. Date of Delivery: *DEC 23 2014*

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

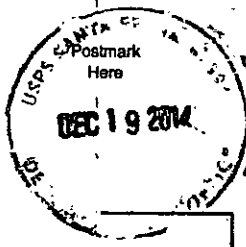
3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

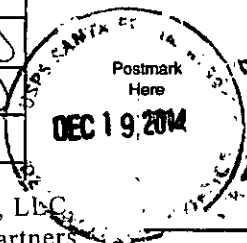
7006 2760 0001 6377 7230

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information:	MHF/COG LEE 7H
<b>OFFICE</b>	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Exama Oil Company Suite 1040 Sonat Tower 5599 San Felipe Houston, TX 77056	
<small>See Reverse for Instructions</small>	



7006 2760 0001 6377 7230

U.S. Postal Service <sup>™</sup>	
<b>CERTIFIED MAIL<sup>™</sup> RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information:	MHF/COG LEE 7H
<b>OFFICE</b>	
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Stanolind Oil and Gas SPV, LLC c/o Memorial Production Partners GP, LLC 1301 McKinney Street, Suite 2100 Houston, TX 77010	
<small>See Reverse for Instructions</small>	



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 <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Stanolind Oil and Gas SPV, LLC, c/o Memorial Production Partners GP, LLC 1301 McKinney Street, Suite 2100 Houston, TX 77010		B. Received by (Printed Name) <i>Alexander J. Lopez</i>	
		C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <input type="checkbox"/> Registered <input checked="" 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: <i>7006 2760 0001 6377 7230</i> (Transfer from service label)			
PS Form 3811, July 2013 Domestic Return Receipt			

7006 2760 0001 6377 7247

U.S. Postal Service™	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/COG
<b>OFFIC</b>	LEE 7H
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Bassett-Birney Oil Corp.	
P.O. Box 127	
Artesia, NM 88210	

Postmark Here  
DEC 19 2014

7006 2760 0001 6377 7254

U.S. Postal Service™	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit	MHF/COG
<b>OFFI</b>	LEE 7H
Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Oxy Y-1 Company	
5 Greenway Plaza, Suite 10	
Houston, TX 77046-0521	

Postmark Here  
DEC 19 2014

# Returned

<b>SENDER: COMPLETE THIS SECTION ON DELIVERY</b>	
<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>	
1. Article Addressed to:	
Oxy Y-1 Company 5 Greenway Plaza, Suite 10 Houston, TX 77046-0521	
2. Article Number	
(Transfer from service label) 7006 2760 0001 6377 7254	
A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name) C. Date of Delivery Genaro M 12-23-14	
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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" 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	

PS Form 3800, August 2006 Edition See Reverse for Instructions

PS Form 3811, July 2013

Domestic Return Receipt