

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

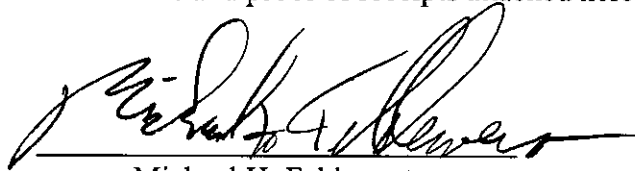
**APPLICATIONS OF CHEVRON U.S.A. INC.
FOR A NON-STANDARD SPACING AND
PRORATION UNIT, AND COMPULSORY POOLING,
EDDY COUNTY NEW MEXICO**

CASE NOS. 15269 & 15270

AFFIDAVIT

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

Michael H. Feldewert, attorney in fact and authorized representative of Chevron U.S. A., Inc. the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Applications have been provided under the notice letters and proof of receipts attached hereto.

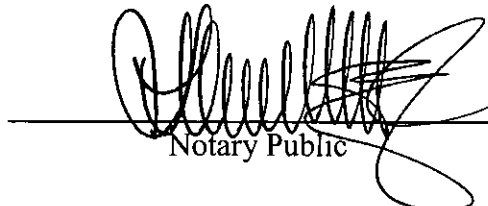


Michael H. Feldewert

SUBSCRIBED AND SWORN to before me this 18th day of March 2015 by Michael H. Feldewert.



**OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO**
My commission expires 04/14/19



Notary Public

**BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: CHEVRON U.S.A., INC.
Hearing Date: March 19, 2015**

CHEVRON U.S.A. INC.
WHITE CITY 21 25 27 FED COM 5H & 6H

POOLED PARTIES:

Clarence W. Ervin & wife,
Mary I. Ervin
4016 Jones Street
Carlsbad, NM 88220

Klipstine & Hanratty, a Law
Partnership
P. O. Box 1525
Carlsbad, NM 88220

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

LBD, a Limited Partnership
P. O. Box 686
Hobbs, NM 88241

MRC Permian
5400 LBJ Freeway
Suite 1500
Dallas, TX 75240

John Edward Hall, III
1156 Highway 121, Space 54
Louisville, TX 75057

The Estate of Mary Jo Dickerson,
formerly Mary Jo Fields, formerly
Mary Jo Beeman, Deceased
1157 Highway 121, Space 54
Louisville, TX 75058

Nevill Manning
2112 Indiana
Lubbock, TX 79410

Nolan Greak
8008 Slide Rd., Suite 33
Lubbock, TX 79424

The Beveridge Company
P. O. Box 993
Midland, TX 79702

Kirby, Ratliff, Manning & Greak, a
Texas professional corporation
8008 Slide Rd., Suite 33
Lubbock, TX 79424

Mary Camille Hall
3812 Tailfeather Dr.
Round Rock, TX 78681

Sue Osborn Powell
889 Hedgewood Dr.
Georgetown, TX 78620

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

George O. Stribling & wife Teresa
6818 Academy Parkway West NE
Albuquerque, NM 87109

Margaret Stribling, Robert Cain and Salem
Stribling Trust, George O. Stribling, Trustee
of the Margaret Stribling Trust under the
Trust Agreement dated 9/22/1999
6819 Academy Parkway West NE
Albuquerque, NM 87110

Martha J. Stribling
6820 Academy Pkwy. West NE
Albuquerque, NM 87109

John D. Stribling
6820 Academy Pkwy. West NE
Albuquerque, NM 87109

M44th, LLC and the Unknown Trustee of the
Martha Stribling Revocable Trust, restated as
of June 21, 2010
52 Circle Dr.,
Albuquerque, NM 87122

Tom Stribling, Trustee of the LTS
Trust, a.k.a. Thomas Luke Stribling
Trust
520 Ranchitos Rd. NE
Albuquerque, NM 87114

Martha G. Stribling Revocable
Trust restated as of 6/21/2010
520 Ranchitos Rd. NE
Albuquerque, NM 87114

Thomas Luke Stribling Trust,
Thomas B. Stribling Trustee
75 Circle Dr.
Albuquerque, NM 87122

CHEVRON U.S.A. INC.
WHITE CITY 21 25 27 FED COM 5H & 6H

OFFSETS White City 21 25 27 Com #5H

Cimarex Energy Co.
600 N. Marienfeld Street
Midland, TX 79701
Attn: Mark Compton

Panhandle Properties LLC
1717 Northgate Place
Artesia, NM 88210
Attn: Ross Duncan

ABO Petroleum Corp.
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Land Manager

Myco Industries Inc.
423 W Main St
Artesia, NM 88210
Attn: Land Manager

Oxy Y-1 Company
105 S. 4th Street
Artesia, New Mexico 88210

Yates Petroleum Corp.
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Land Manager

OFFSETS White City 21 25 27 Com #6H

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Oxy Y-1 Company
105 S. 4th Street
Artesia, New Mexico 88210

Yates Petroleum Corp.
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Land Manager

HOLLAND & HART



Jordan L. Kessler
Associate

Phone (505) 988-4421

Fax (505) 983-6043

JLKessler@hollandhart.com

February 13, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

**Re: Application of Chevron U.S.A. Inc. for a non-standard spacing and
proration unit and compulsory pooling, Eddy County, New Mexico.
White City 21 25 27 Fed Com No. 5H Well**

Ladies & Gentlemen:

This letter is to advise you that Chevron U.S.A. Inc. 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 March 5, 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 India Isbell, at (713) 372-1288 or Indialisbell@chevron.com.

Sincerely,

Jordan L. Kessler

ATTORNEYS FOR CHEVRON U.S.A. INC.

Holland & Hart LLP

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

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

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

HOLLAND & HART^{LLP}



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Sincerely,

Jordan L. Kessler

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Holland & Hart^{LLP}

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



Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

February 13, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of Chevron U.S.A. Inc. for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.
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Sincerely,

A handwritten signature in black ink, appearing to read "Jordan L. Kessler".

Jordan L. Kessler
ATTORNEYS FOR CHEVRON U.S.A. INC.

Holland & Hart LLP

Phone (505) 988-4421 **Fax** (505) 983-6043 **www.hollandhart.com**

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

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HOLLAND & HART^{LLP}



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Associate

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Fax (505) 983-6043

JLKessler@hollandhart.com

February 13, 2015

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

7006 2760 0001 6382 8697

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

Sent To: Cimarex Energy Co.
 600 N. Marienfeld Street
 Midland, TX 79701
 Attn: Mark Compton

PS Form 3800, August 2006

7006 2760 0001 6382 8697

U.S. Postal Service™
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MHF/CHEVRON WHITE CITY 5H

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

Sent To: Panhandle Properties
 1717 Northgate Place
 Artesia, NM 88210
 Attn: Ross Duncan

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:
 Cimarex Energy Co.
 600 N. Marienfeld Street
 Midland, TX 79701
 Attn: Mark Compton

2. Article Number (Transfer from service label)
 7006 2760 0001 6382 8697

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Donna Russell* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 Donna E Russell

C. Date of Delivery
 2-23-15

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

Domestic Return Receipt

Return

7006 2760 0001 6382 8529

U.S. Postal Service
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OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1338

ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Land Manager

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here
 FEB 13 2015
 USPS SANTA FE NM 87501

7006 2760 0001 6382 8710

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance or Signature Provided)
 For delivery information visit usps.com

OFFICE

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1338

Myco Industries Inc.
 423 W Main St
 Artesia, NM 88210
 Attn: Land Manager

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here
 FEB 13 2015
 USPS SANTA FE NM 87501

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Land Manager

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8529**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Stuente C. Date of Delivery 2-20-15

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:

Myco Industries Inc.
 423 W Main St
 Artesia, NM 88210
 Attn: Land Manager

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8710**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) Myco Industries C. Date of Delivery 2-20-15

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 8727

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CERTIFIED MAIL™ RECEIPT
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OFFICE **MHF/CHEVRON**
WHITE CITY 5H

Postage \$ 6.9
 Certified Fee 3.3
 Return Receipt Fee (Endorsement Required) 0.0
 Restricted Delivery Fee (Endorsement Required) 0.0
 Total Postage & Fees \$ 10.2

Oxy Y-1 Company
105 S. 4th Street
Artesia, New Mexico 88210

PS Form 3800, August 2006 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:
Oxy Y-1 Company
105 S. 4th Street
Artesia, New Mexico 88210

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8727**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** S. Huerte ☐ Agent ☐ Addressee
 B. Received by (Printed Name) S. Huerte C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

2158 2989 1000 0922 9002

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WHITE CITY 5H

Postage \$ 6.9
 Certified Fee 3.3
 Return Receipt Fee (Endorsement Required) 0.0
 Restricted Delivery Fee (Endorsement Required) 0.0
 Total Postage & Fees \$ 10.2

Yates Petroleum Corp.
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Land Manager

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:
Yates Petroleum Corp.
105 S. 4th Street
Artesia, New Mexico 88210
Attn: Land Manager

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8512**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** S. Huerte ☐ Agent ☐ Addressee
 B. Received by (Printed Name) S. Huerte C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

7006 2760 0001 6382 8536

U.S. Postal ServiceTM
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MHF/CHEVRON WHITE CITY 6H

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

ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Land Manager

FEB 13 2015
USPS SAN ANTONIO NM 88201

for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ABO Petroleum Corp.
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Land Manager

2. Article Number (Transfer from service label) **7006 2760 0001 6382 8536**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Silvestre* 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 1711

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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MHF/CHEVRON WHITE CITY 6H

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

Myco Industries Inc.
 423 W Main St
 Artesia, NM 88210
 Attn: Land Manager

FEB 13 2015
USPS SAN ANTONIO NM 88201

for Instructions

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SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
Myco Industries Inc.
 423 W Main St
 Artesia, NM 88210
 Attn: Land Manager

2. Article Number (Transfer from service label) **7006 2760 0001 6382 1711**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Colby Hunter* C. Date of Delivery **2-20-15**

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

9221 28E9 1000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit **OFFIC**
MHF/CHEVRON
WHITE CITY 6H

Postage \$ 3.69
 Certified Fee 2.00
 Return Receipt Fee (Endorsement Required) 66
 Restricted Delivery Fee (Endorsement Required)

Oxy Y-1 Company
 105 S. 4th Street
 Artesia, New Mexico 88210

Postmark Here
FEB 13 2015
USPS SANTA FE NM 87501

See Reverse for Instructions

5E21 28E9 1000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFIC**
MHF/CHEVRON
WHITE CITY 6H

Postage \$ 6.49
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.00
 Restricted Delivery Fee (Endorsement Required)

Yates Petroleum Corp.
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Land Manager

Postmark Here
FEB 13 2015
USPS SANTA FE NM 87501

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:
 Oxy Y-1 Company
 105 S. 4th Street
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1728

THIS SECTION ON DELIVERY

A. Signature X SHW ☐ Agent ☐ Addressee
 B. Received by (Printed Name) SHW C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Yates Petroleum Corp.
 105 S. 4th Street
 Artesia, New Mexico 88210
 Attn: Land Manager

2. Article Number (Transfer from service label) 7006 2760 0001 6382 1735

COMPLETE THIS SECTION ON DELIVERY

A. Signature X SHW ☐ Agent ☐ Addressee
 B. Received by (Printed Name) SHW C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

0898 2889 1000 0922 9002

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

For delivery information visit our **OFFICIAL** **MHF/CHEVRON WHITE CITY**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 27
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To: Clarence W. Ervin & wife,
 Mary I. Ervin
 Street, Apt. or PO Box: 4016 Jones Street
 City, State: Carlsbad, NM 88220

PS Form 3811, July 2013

9998 2889 1000 0922 9002

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

For delivery information visit our **OFFICIAL** **MHF/CHEVRON WHITE CITY**

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 27
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$

Sent To: Klipstine & Hanratty
 Partnership
 Street, Apt. or PO Box: P. O. Box 1525
 City, State: Carlsbad, NM 88220

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Clarence W. Ervin & wife,
 Mary I. Ervin
 4016 Jones Street
 Carlsbad, NM 88220

2. Article Number (Transfer from service label) 7006 2760 0001 6382 8680

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 2-18

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 0000 6382 8673

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com

OFFICE **MHF/CHEVRON**
WHITE CITY

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1369

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
 Gulf Coast Oil & Gas Company
 P. O. Box 1684
 Midland, TX 79702

PS Form 3811, July 2013

7006 2760 0000 6382 8673

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit usps.com

OFFICE **MHF/CHEVRON**
WHITE CITY

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total Postage & Fees \$ 1369

Sent To
 Street, Apt. or PO Box
 City, State, ZIP+4®
 LBD, a Limited Partnership
 P. O. Box 686
 Hobbs, NM 88241

PS Form 3811, July 2013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label) 7006 2760 0000 6382 8673

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) *Car. Summers* C. Date of Delivery *2-19-15*

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 6390 7798

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

OFFICE WHITE CITY

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.60
 Total Postage 19.50

Sent To: **MRC Permian**
 5400 LBJ Freeway
 Suite 1500
 Dallas, TX 75240

Postmark: **FEB 13 2015**

PS Form 3811, July 2013

7006 2760 0001 6390 7798

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

OFFICE WHITE CITY

Postage \$ 6.90
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.60
 Total Postage 19.50

Sent To: **John Edward H. III**
 1156 Highway 1
 Louisville, TX 70004

Postmark: **FEB 13 2015**

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:
MRC Permian
5400 LBJ Freeway
Suite 1500
Dallas, TX 75240

2. Article Number 7006 2760 0001 6390 7798
 (Transfer from service label)

THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature]
 C. Date of Delivery 2/17/15
 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

7514 0690 1000 2760 7006

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit usps.com	
OFFICE	
Postage	\$ 6.90
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 12.90
Sent To	The Estate of Mary Jo Dickerson, formerly Mary Jo Fieles, formerly Mary Jo Beeman, Decase
Street, Apt or PO Box	1157 Highway 121, Space 54
City, State	Louisville, TX 75058

PS Form 3811, July 2013

7514 0690 1000 2760 7006

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit usps.com	
OFFICE	
Postage	\$ 6.90
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 12.90
Sent To	Nevill Manning
Street, Apt or PO Box	2112 Indiana
City, State	Lubbock, TX 79410

PS Form 3811, July 2013

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Deborah Kemp</i></p>	
1. Article Addressed to:		B. Received by (Printed Name) <i>D. Kemp</i> Date of Delivery <i>2/17/15</i>	
Nevill Manning 2112 Indiana Lubbock, TX 79410		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
7006 2760 0001 6390 7514		<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	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Domestic Return Receipt

7006 2760 0001 6390 7521

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICE MHF/CHEVRON WHITE CITY

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

Sent To: Nolan Greak
 Street, Apt. or PO Box: 8008 Slide Rd., Suite 33
 City, State: Lubbock, TX 79424

PS Form 3811, July 2013

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:

Nolan Greak
 8008 Slide Rd., Suite 33
 Lubbock, TX 79424

2. Article Number
(Transfer from service label)

7006 2760 0001 6390 7521

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Nolan Greak*☐ Agent☐ Addressee

B. Received by (Printed Name)

Garret Greak

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 6390 7538

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit usps.com

OFFICE MHF/CHEVRON WHITE CITY

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

Sent To: The Beveridge Company
 Street, Apt. or PO Box: P. O. Box 993
 City, State: Midland, TX 79702

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Beveridge Company
 P. O. Box 993
 Midland, TX 79702

2. Article Number
(Transfer from service label)

7006 2760 0001 6390 7538

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Sherry Waller*☐ Agent☐ Addressee

B. Received by (Printed Name)

Sherry Waller

C. Date of Delivery

2-20-15

D. Is delivery address different from item 1? ☐ YesIf 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

2006 2760 0001 6390 7552

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No International)</i>	
For delivery information visit usps.com	
OFFICE	
Postage \$ <u>69</u>	
Certified Fee <u>33</u>	
Return Receipt Fee (Endorsement Required) <u>27</u>	
Restricted Delivery Fee (Endorsement Required) <u>69</u>	
Total Postage & Fees \$	
Sent To Kirby, Ratliff, Manning Texas professional corporation 8008 Slide Rd., Suite 33 Lubbock, TX 79424	City, State, ZIP+4® City, State, ZIP+4®
PS Form 3800, June 2010	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No International)	
For delivery information visit usps.com	
OFFICE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

FEB 13 2015
 POST OFFICE
 SAN ANTONIO, TX
 78201-5607

Mary Camille Hall
3812 Tailfeather Dr
Round Rock, TX 78664

PS Form 3800, August 2006 See Reverse for Instructions

<div style="border: 1px solid black; padding: 2px; transform: rotate(180deg); display: inline-block;"> PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE </div>	
<p>SENDER: COMPLETE THIS SECTION</p> <p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> Kirby, Ratliff, Manning & Greak, a Texas professional corporation 8008 Slide Rd., Suite 33 Lubbock, TX 79424 </div>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) Carrie Greak </p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> <p>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 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px;"> 7006 12760 0001 6390 7545 </div>

PS Form 3811, July 2013
Domestic Return Receipt

<div style="border: 1px solid black; padding: 2px; font-size: small; transform: rotate(180deg); display: inline-block;"> OF THE RETURN ADDRESS, FOLD AT DOTTED LINE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT </div>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <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> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> </div> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>B. Received by (Printed Name)</p> <p>PHILIP HALL</p> </div> <div style="width: 25%;"> <p>C. Date of Delivery</p> <p>2/18/15</p> </div> </div> <div style="border: 1px solid black; padding: 5px;"> <p>D. Is delivery restricted from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> </div> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p>RECEIVED FEB 18 2015 USPS</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery </div> </div> </div> <div style="border: 1px solid black; padding: 5px;"> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> </div>
<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: large;">Mary Camille Hall 3812 Tailfeather Dr. Round Rock, TX 78681</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>2. Article Number</p> <p style="font-size: small;">(Transfer from service label)</p> </div>
<div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: large;"> 7006 2760 0001 6390 7552 </div>	

PS Form 3811, July 2013
Domestic Return Receipt

7569 6390 0001 2760 7006

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

For delivery information visit usps.com

MHF/CHEVRON
WHITE CITY

OFFICE

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

Sent To: Sue Osborn Powell
 Street, Apt. or PO Box: 889 Hedgewood Dr.
 City, State: Georgetown, TX 78620

PS Form 3811, July 2013

7569 6390 0001 2760 7006

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

For delivery information visit usps.com

MHF/CHEVRON
WHITE CITY

OFFICE

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

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

PS Form 3811, July 2013

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:
 Sue Osborn Powell
 889 Hedgewood Dr.
 Georgetown, TX 78620

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7569

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sue Osborn Powell* ☐ Agent ☐ Addressee

B. Received by (Printed Name): Powell C. Date of Delivery: *2-18-15*

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

2. Article Number (Transfer from service label): 7006 2760 0001 6390 7576

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nancy J. Phoads* ☐ Agent ☐ Addressee

B. Received by (Printed Name): Nancy J. Phoads C. Date of Delivery: *2-18-15*

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

7583 6390 0001 2760 0000 0669 0000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Ins.)
 For delivery information visit usps.com

OFFICE MHF/CHEVRON WHITE CITY

Postage \$ 69
 Certified Fee 370
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1378

Sent to: George O. Stribling & wife Teresa
 Street or PO: 6818 Academy Parkway West NE
 City: Albuquerque, NM 87109

Postmark: FEB 13 2015 SANTA FE NM 87501

PS Form 3811, July 2013 See Reverse for Instructions

7583 6390 0001 2760 0000 0669 0000 0922 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Ins.)
 For delivery information visit usps.com

OFFICE MHF/CHEVRON WHITE CITY

Postage \$ 69
 Certified Fee 370
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669
 Total 1378

Sent to: Margaret Stribling, Robert Cain and Salem Stribling Trust, George O. Stribling, Trust of the Margaret Stribling Trust under Trust Agreement dated 9/22/1999
 Street or PO: 6819 Academy Parkway West NE
 City: Albuquerque, NM 87110

Postmark: FEB 13 2015 SANTA FE NM 87501

PS Form 3811, July 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:

George O. Stribling & wife Teresa
 6818 Academy Parkway West NE
 Albuquerque, NM 87109

2. Article Number

(Transfer from service label)

7006 2760 0001 6390 7583

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/17/15

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

Domestic Return Receipt

Return

7006 2760 0001 6390 7606

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **USPS.com**

OFFICE **WHITE CITY**

Postage \$ 3.00

Certified Fee \$ 2.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.00

Sent To Martha J. Stribling
Street, Apt or PO Box 6820 Academy Pkwy. West NE
City, State Albuquerque, NM 87109

PS Form 3849

Return

7006 2760 0001 6390 7613

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit **USPS.com**

OFFICE **WHITE CITY**

Postage \$ 3.00

Certified Fee \$ 2.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 5.00

Sent To John D. Stribling
Street, Apt or PO Box 6820 Academy Pkwy. West NE
City, State Albuquerque, NM 87109

PS Form 3849

Return

0292 0699 1000 2760 0001 6390 7620

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance)
 For delivery information visit usps.com

OFFICE

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

Sent To: M44th, LLC and the Unknown Trustee of the
 Martha Stribling Revocable Trust, stated as
 of June 21, 2010
 52 Circle Dr.,
 Albuquerque, NM 87122

Postmark: FEB 13 2015
 NM 87507

PS Form 3811

0292 0699 1000 2760 0001 6390 7620

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance)
 For delivery information visit usps.com

OFFICE

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

Sent To: Tom Stribling, Trustee of the Luk Trust, a.k.a. Thomas Luk Stribling Trust
 520 Ranchitos Rd. NE
 Albuquerque, NM 87114

Postmark: FEB 13 2015
 NM 87507

PS Form 3811

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:
 M44th, LLC and the Unknown Trustee of the Martha Stribling Revocable Trust, stated as of June 21, 2010
 52 Circle Dr.,
 Albuquerque, NM 87122

2. Article Number (Transfer from service label)
 7006 2760 0001 6390 7620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rob. Schep* ☐ 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

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

F. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt

Return

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

For delivery information visit **OFFIC**

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

Sent To
 Street, A or PO Box
 City, State

Martha G. Stribling Trust restated as of 12/20/00
 520 Ranchitos Rd. NE
 Albuquerque, NM 87114

PS Form 3811, July 2013

Return

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

For delivery information visit **OFFIC**

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

Sent To
 Street, A or PO Box
 City, State

Thomas Luke Stribling Trust
 Thomas B. Stribling Trustee
 75 Circle Dr.
 Albuquerque, NM 87122

PS Form 3811, July 2013

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:
 Thomas Luke Stribling Trust,
 Thomas B. Stribling Trustee
 75 Circle Dr.
 Albuquerque, NM 87122

2. Article Number:
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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

PS Form 3811, July 2013 Domestic Return Receipt