



December 19, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to institute a tertiary recovery project for the Drickey Queen Sand Unit, and to qualify the project for the recovered oil tax rate, Chaves County, New Mexico, filed with the New Mexico Oil Conservation Division by Legacy Reserves LP.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 8, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner who 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 contesting this matter at a later date.

A party appearing in a Division case is required to file a Pre-Hearing Statement no later than Wednesday, December 31, 2014. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. A copy of the pre-hearing statement must also be provided to our attorney, James Bruce, P.O. Box 1056, Santa Fe, NM 87504.

Very truly yours,

Kyle E. Pierce

Landman

Legacy Reserves Operating, LP

Oil Conservation Division
Case No. 1715255
Exhibit No. 17

Legacy Reserves

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702
OFFICE 432-689-5200 • FAX 432-221-6399



EXHIBIT A

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504

Trigg Oil & Gas LP
P.O. Box 520
Roswell, NM 88202

Bureau of Land Management
620 East Greene
Carlsbad, NM 88220

Anadarko E&P Onshore LLC
P.O. Box 1330
Houston, TX 77251

Blanco Company
P.O. Box 25968
Albuquerque, NM 87125

OXY USA WTP Limited Partnership
5 Greenway Plaza
Houston, TX 77046

Slash Ranch
P.O. Box 1876
Lovington, NM 88260

Reliance Energy, Inc.
Suite 1200
500 West Illinois
Midland, TX 79701

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252-2197

Legacy Reserves

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702
OFFICE 432-689-5200 • FAX 432-221-6399



Chevron U.S.A. Inc.
P.O. Box 36366
Houston, TX 77232

S&S Inc.
P.O. Box 1046
Eunice, NM 88231

Ruth Zimmerman, Trustee
of the Ruth Zimmerman Trust
842 Muirlands Vista Way
La Jolla, CA 92037

Hazel Z. Hart, Trustee
of the Hazel Z. Hart Trust
842 Muirlands Vista Way
La Jolla, CA 92037

Sawyer Ward
207 Porr Drive
Ruidoso, NM 88345

Scharbauer Alston Ward
P.O. Box 64
Nogal, NM 88341

Laine W. Gilbert
c/o Western Commerce Bank
Trust Department
1003 West Avenue D
Lovington, NM 88260

Jill C. Johnson
c/o Western Commerce Bank
Trust Department
1003 West Avenue D
Lovington, NM 88260

Legacy Reserves

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702
OFFICE 432-689-5200 • FAX 432-221-6399



Cimarex Energy Co.
Magnum Hunter Production, Inc.
Suite 600
600 North Marienfeld
Midland, TX 79701

Hardin-Simmons University
2200 Hickory Street
Abilene, TX 79698

Marianne Hannon Schoefield
Apartment 143
600 Park Grove Lane
Katy, TX 77450

Jan H. Thomas
10180 Paganica Pass
Hutchinson, KS 67502

Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710

Rapid Company, Inc.
P.O. Box 1231
Lovington, NM 88260

Kevin O. Butler & Associates, Inc.
Suite 660
550 West Texas
Midland, TX 79701

Legacy Reserves

303 West Wall, Suite 1800 • Midland, Texas 79701 • P. O. Box 10848 • Midland, Texas 79702
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Postmark
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Commissioner of Public Lands

Sent To
P.O. Box 1148
Street & Apt. No.,
or PO Box No. Santa Fe, NM 87504
City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions

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Rapid Company, Inc.
P.O. Box 1231
Street & Apt. No.,
or PO Box No. Lovington, NM 88260
City, State, ZIP+4

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Sent To
Hazel Z. Hart, Trustee
of the Hazel Z. Hart Trust
Street & Apt. No.,
or PO Box No. 842 Muirlands Vista Way
City, State, ZIP+4 La Jolla, CA 92037

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Marianne Hannon-Schoefield

Sent To
Apartment 143
Street & Apt. No.,
or PO Box No. 600 Park Grove Lane
City, State, ZIP+4 Katy, TX 77450

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

Postmark
Here

Sent To
Ruth Zimmerman, Trustee
of the Ruth Zimmerman Trust
842 Muirlands Vista Way
Street & Apt. No.,
or PO Box No. La Jolla, CA 92037
City, State, ZIP+4

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Total Postage & Fees	\$

Postmark
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Sawyer Ward

Sent To
207 Porr Drive
Street & Apt. No.,
or PO Box No. Ruidoso, NM 88345
City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions

7014 2120 0001 7471 9325

U.S. Postal Service
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **S&S Inc.**
P.O. Box 1046
Eunice, NM 88231
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) C. Date of Delivery
 12/19/14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

20 0001 7471 9325

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 7471 9295

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

Sent To **Reliance Energy, Inc.**
Suite 1200
500 West Illinois
Midland, TX 79701
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) C. Date of Delivery
 12-19-14

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

20 0001 7471 9295

Domestic Return Receipt

7014 2120 0001 7471 9417

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

Sent To **Hardin-Simmons University**
2200 Hickory Street
Abilene, TX 79698
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) C. Date of Delivery
 Donna Seaton

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

20 0001 7471 9417

Domestic Return Receipt

7014 2120 0001 7471 9288

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

Sent To **Slash Ranch**
P.O. Box 1876
Lovington, NM 88260
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ 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

20 0001 7471 9288

Domestic Return Receipt

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 7471 9400

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OFFICIAL USE

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

Sent To **Cimarex Energy Co.**
Magnum Hunter Production, Inc.
Street & Apt. No., or PO Box No. **Suite 600**
City, State, ZIP+4 **600 North Marienfeld
Midland, TX 79701**

PS Form 3800, July 2014 See Reverse for Instructions
(Transfer from service label)

7014 2120 0001 7471 9400

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 7471 9370

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

Sent To **Laine W. Gilbert**
c/o Western Commerce Bank
Trust Department
Street & Apt. No., or PO Box No. **1003 West Avenue D**
City, State, ZIP+4 **Lovington, NM 88260**

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120 0001 7471 9370

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7014 2120 0001 7471 9455

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

Sent To **Kevin O. Butler & Associates, Inc.**
Suite 660
Street & Apt. No., or PO Box No. **550 West Texas**
City, State, ZIP+4 **Midland, TX 79701**

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PS Form 3811, July 2013

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7014 2120 0001 7471 9240

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

Sent To **Bureau of Land Management**
620 East Greene
Street & Apt. No., or PO Box No. **Carlsbad, NM 88220**
City, State, ZIP+4

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Domestic Return Receipt

120 0001 7471 9240

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **J. L. Jones** C. Date of Delivery **12/19/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **K. O. Butler** C. Date of Delivery **12/19/14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 7471 9394

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

Sent To
Jan H. Thomas
 Street & Apt. No.,
 or PO Box No. **10180 Paganica Pass**
 City, State, ZIP+4 **Hutchinson, KS 67502**

PS Form 3800, July 2014 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Steve Thomas** C. Date of Delivery **12-26-14**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7014 2120 0001 7471 9394

7014 2120 0001 7471 9424

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

Sent To
Marshall & Winston, Inc.
 Street & Apt. No.,
 or PO Box No. **P.O. Box 50880**
 City, State, ZIP+4 **Midland, TX 79710**

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COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) **Trina Foster** C. Date of Delivery **12/22**

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

7014 2120 0001 7471 9424

7014 2120 0001 7471 9387

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

Sent To
c/o Western Commerce Bank
 Street & Apt. No.,
 or PO Box No. **Trust Department**
 City, State, ZIP+4 **1003 West Avenue D**
Lovington, NM 88260

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A. Signature **X** *[Signature]* ☐ 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
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☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2120 0001 7471 9387

7014 2120 0001 7471 9301

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
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ConocoPhillips Company
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 or PO Box No. **P.O. Box 2197**
 City, State, ZIP+4 **Houston, TX 77252-2197**

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

B. Received by (Printed Name) **Mr R** C. Date of Delivery

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

3. Service Type
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Restricted Delivery Fee (Endorsement Required)
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Sent To Trigg Oil & Gas LP
P.O. Box 520
Roswell, NM 88202
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PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY
A. Signature X [Signature]
B. Received by (Printed Name) [Name]
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
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Certified Fee
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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
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P.O. Box 1330
Houston, TX 77251
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A. Signature X [Signature]
B. Received by (Printed Name) [Name]
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes
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Postage \$
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Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
Postmark Here
Sent To Blanco Company
P.O. Box 25968
Albuquerque, NM 87125
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PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY
A. Signature X [Signature]
B. Received by (Printed Name) [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
7014 2120 0001 7471 9264
Domestic Return Receipt

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OFFICIAL USE
Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$
Postmark Here
Sent To Scharbauer Alston Ward
P.O. Box 64
Nogal, NM 88341
PS Form 3800, July 2014 See Reverse for Instructions
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature X [Signature]
B. Received by (Printed Name) [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
2120 0001 7471 9363
Domestic Return Receipt

7014 2120 0001 7471 9271

U.S. Postal Service™	
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OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To OXY USA WTP Limited Partnership	
5 Greenway Plaza	
Street & Apt. No., or PO Box No. Houston, TX 77046	
City, State, ZIP+4	
PS Form 3800, July 2014	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: OXY USA WTP Limited Partnership 5 Greenway Plaza Houston, TX 77046	B. Received by (Printed Name) Genaro M C. Date of Delivery 12-22-14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

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

Sent To: Hazel Z. Hart, Trustee
of the Hazel Z. Hart Trust
Street & Apt. No.: 842 Muirlands Vista Way
or PO Box No.:
City, State, ZIP+4: La Jolla, CA 92037

PS Form 3800, July 2014 See Reverse for Instructions
(transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jan Williams* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
JAN WILLIAMS

C. Date of Delivery
12/31/14

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
*1513 HERITAGE PL
MC PHERSON KS
67460*

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2120 0001 7471 9349

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

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

Sent To: Marianne Hannon-Schoefield
Apartment 143
Street & Apt. No.: 600 Park Grove Lane
or PO Box No.:
City, State, ZIP+4: Katy, TX 77450

PS Form 3800, July 2014 See Reverse for Instructions
(transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *J. Schnitzer* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
J. Schnitzer

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

7014 2120 0001 7471 9431

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:

Hazel Z. Hart, Trustee
of the Hazel Z. Hart Trust
842 Muirlands Vista Way
La Jolla, CA 92037

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jan Williams
B. Received by (Printed Name)
JAN WILLIAMS

☐ Agent
☐ Addressee
C. Date of Delivery
12/31/14

D. Is delivery address different from item 1?

If YES, enter delivery address below:

1513 HERITAGE PL
MC PHERSON KS
67460

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 2120 0001 7471 9349

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:

Marianne Hannon Schoefield
Apartment 143
600 Park Grove Lane
Katy, TX 77450

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Schnitzer
B. Received by (Printed Name)
J. Schnitzer

☐ Agent
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes ☐ 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

7014 2120 0001 7471 9431

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:

OXY USA WTP Limited Partnership
5 Greenway Plaza
Houston, TX 77046

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Genaro
B. Received by (Printed Name)
Genaro

☐ Agent
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes ☐ 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

7014 2120 0001 7471 9271

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:

Scharbauer Alston Ward
P.O. Box 64
Nogal, NM 88341

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Scharbauer Ward
B. Received by (Printed Name)
SCHARBAUER WARD

☐ Agent
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes ☐ 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

7014 2120 0001 7471 9363

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:

Anadarko E&P Onshore LLC
P.O. Box 1330
Houston, TX 77251

2. Article Number
(Transfer from service label)

7014 2120 0001 7471 9257

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

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

C. Date of Delivery

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:

Blanco Company
P.O. Box 25968
Albuquerque, NM 87125

2. Article Number
(Transfer from service label)

7014 2120 0001 7471 9264

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

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

C. Date of Delivery

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:

Trigg Oil & Gas LP
P.O. Box 520
Roswell, NM 88202

2. Article Number
(Transfer from service label)

7014 2120 0001 7471 9233

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

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

C. Date of Delivery

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:

Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710

2. Article Number
(Transfer from service label)

7014 2120 0001 7471 9424

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

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

C. Date of Delivery

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:

ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252-2197

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9301

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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:

Jill C. Johnson
c/o Western Commerce Bank
Trust Department
1003 West Avenue D
Lovington, NM 88260

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9387

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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:

Jan H. Thomas
10180 Paganica Pass
Hutchinson, KS 67502

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9394

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ 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

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.
Magnum Hunter Production, Inc.
Suite 600
600 North Marienfeld
Midland, TX 79701

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9400

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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:

Laine W. Gilbert
c/o Western Commerce Bank
Trust Department
1003 West Avenue D
Lovington, NM 88260

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9370

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Paul Lind*
☐ 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

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:

Kevin O. Butler & Associates, Inc.
Suite 660
550 West Texas
Midland, TX 79701

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9455

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Kevin O. Butler*
☐ 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

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:

Bureau of Land Management
620 East Greene
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9240

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Stoules*
☐ 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

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:

Reliance Energy, Inc.
Suite 1200
500 West Illinois
Midland, TX 79701

2. Article Number

(Transfer from service label)

7014 2120 0001 7471 9295

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Tracy*
☐ 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

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>S&S Inc. P.O. Box 1046 Eunice, NM 88231</p>		<p>B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
PS Form 3811, July 2013		Domestic Return Receipt	

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>Donna Seaton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Hardin-Simmons University 2200 Hickory Street Abilene, TX 79698</p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>Donna Seaton</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
PS Form 3811, July 2013		Domestic Return Receipt	

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>Michelle Owens</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Slash Ranch P.O. Box 1876 Lovington, NM 88260</p>		<p>B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
PS Form 3811, July 2013		Domestic Return Receipt	