



# Affidavit of Publication

STATE OF NEW MEXICO )  
 ) ss.  
COUNTY OF LEA )

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Legal Notice

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of November 19, 2005 and ending with the issue of November 19, 2005.

And that the cost of publishing said notice is the sum of \$ 74.04 which sum has been (Paid) as Court Costs.

Joyce Clemens

Subscribed and sworn to before me this 21st day of November 2005

Debbie Schilling

Debbie Schilling

Notary Public, Lea County, New Mexico

My Commission Expires June 22, 2006

**Care Rx<sup>SM</sup>**  
Local Pharmacists Caring For You

**You are invited to attend**  
**MONDAY, NOVEMBER 14, 2005**  
**8:15 AM**  
**SOUTH ST. FRANCIS CENTER**  
**1220 SOUTH ST. FRANCIS, SANTA FE, NEW MEXICO**

**OR**  
**ROLL IN**  
**DRUG COVERAGE**  
**NOVEMBER 14, 2005**  
**at 8:15 AM**  
**at the**  
**South St. Francis Center**  
**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:**  
**Florena Davidson at 505-476-3458 or through the New Mexico Relay**

**OR**  
**at**  
**Ston Hayes,**  
**are Part D En**

**EXHIBIT A**

**IN THE MATTER OF THE APPLICATION OF MATRIX NEW MEXICO HOLDINGS,  
L.L.C. TO AMEND ORDER NO. R-12291 TO MODIFY THE PROPOSED WELL  
LOCATION FOR THE TOWNSEND WELL NO. 2 TO A NON-STANDARD LOCATION,  
LEA COUNTY, NEW MEXICO.**

Apollo Exploration, L.L.C.  
1415 23rd Street  
Canyon, Texas 79015  
Attn: Chris Bright

Bronco Projects, L.L.C.  
35755 Stenzel Road  
Brookshire, Texas 77432  
Attn: George Joseph

Duck Hook II, LC  
3401 94th Street  
Lubbock, Texas 79423  
Attn: Mike Chase

Eric Fox  
Post Office Box 8736  
Amarillo, Texas 79114

Gary Greenstreet, L.L.C.  
3902 85th Place  
Lubbock, Texas 79423  
Attn: Gary Greenstreet

Jens H. Mortensen, Jr.  
12301 Rooth Road  
McAllen, Texas 78504

Larami, Ltd.  
545 North Upper Broadway, # 507  
Corpus Christi, Texas 78476  
Attn: George Placke

Lindsay Production & Royalties  
122 East Pecan Street, Suite 500  
San Antonio, Texas 78250  
Attn: Sidney Lindsay

The Nordan Trust  
122 East Pecan Street, Suite 500  
San Antonio, Texas 78250  
Attn: Louis Belinski

**OGI, Ltd.**  
**545 North Upper Broadway # 507**  
**Corpus Christi, Texas 78476**  
**Attn: George Placke**

**Sunlight Exploration, Inc.**  
**1415 23rd Street**  
**Canyon, Texas 79015**  
**Attn: Chris Bright**

**Mr. Leroy Townsend**  
**7650 East Vista Drive**  
**Scottsdale, Arizona 85250**

**WFV Partnership**  
**Post Office Box 64953**  
**Lubbock, Texas 79464**  
**Attn: Terry Wynn**

**Estate of Calvin D. Townsend**  
**Address Unknown**

# HOLLAND & HART

January 27, 2005



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

TO ALL AFFECTED INTEREST OWNERS:

Re: In The Matter Of The Application Of Matrix New Mexico Holdings, L.L.C. To Amend Order No. R-12291 To Modify The Proposed Well Location For The Townsend Well No. 2 To A Non-Standard Location, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Matrix New Mexico Holdings, L.L.C. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an amendment to Order No. R-12291 which pooled all uncommitted mineral interests from the surface to the base of the Wolfcamp formation in SE/4 NE/4 of Section 10, Township 13 South, Range 38 East, NMPM, to form a standard 40-acre oil spacing and proration unit for all formations developed on 40-acre spacing within that vertical extent which includes but is not necessarily limited to the Undesignated Bronco-Wolfcamp Pool. Applicant seeks to amend the location of its Townsend Well No. 2 to be drilled at a non-standard location 1475 feet from the North line and 780 feet from the East line of said Section 10 to a depth sufficient to test all formations through the Wolfcamp formation.

This application has been set for hearing before a Division Examiner on December 15, 2005. 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 1208.B to file a Pre-hearing Statement three 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.

Very truly yours,

*Ocean Munds-Dry*  
Ocean Munds-Dry

ATTORNEY FOR MATRIX NEW MEXICO HOLDINGS, L.L.C.

cc: Fred Bryla  
Matrix New Mexico Holdings. L.L.C.

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. ☺

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

**IN THE MATTER OF THE APPLICATION OF MATRIX NEW MEXICO HOLDINGS,  
L.L.C. TO AMEND ORDER NO. R-12291 TO MODIFY THE PROPOSED WELL  
LOCATION FOR THE TOWNSEND WELL NO. 2 TO A NON-STANDARD LOCATION,  
LEA COUNTY, NEW MEXICO.**

CASE NO. \_\_\_\_\_

**APPLICATION**

MATRIX NEW MEXICO HOLDINGS, L.L.C. ("Matrix") through its undersigned attorneys, seeks the amendment of Order No. R-12291 entered on February 25, 2005 to modify the proposed well location for the Townsend Well No. 2 to a non-standard location. Order No. R-12291 pooled all uncommitted mineral interests from the surface to the base of the Wolfcamp formation underlying the Se/4 NE/4 of Section 10, Township 13 South, Range 38 East, NMPM, Lea County, New Mexico, to form a standard 40-acre spacing and proration unit ("the Unit") for any formations and/or pools spaced on 40 acres within this vertical extend which presently include, but are not necessarily limited to the Undesignated Bronco-Wolfcamp Pool. The Unit is dedicated to the Townsend Well No. 2 which was proposed to be drilled at a standard oil well location within the SE/4 NE/4 of Section 10. Matrix now proposes to drill the well at a non-standard location, and in support thereof states:

1. Matrix submitted an administrative application to the Oil Conservation Division on November 2, 2005 for an unorthodox well location for its Townsend Well No. 2 to be drilled in the Wolfcamp formation 1475 feet from the North line and 780 feet from the East line of Section 10. This location in the Bronco-Wolfcamp Pool is unorthodox because it is governed by the Division's statewide rules which provides for wells on 40-acre spacing units to be located no closer than 330 feet to the nearest side boundary of the dedicated tract. The proposed well location is only 155 feet from the north boundary of the spacing unit.

2. The unorthodox location is required by geological conditions in the Wolfcamp formation. Moving to the proposed unorthodox location will result in the greatest potential relative amplitude.

3. Accordingly, amending the Order to provide for the non-standard location will result in more efficient recovery of oil.

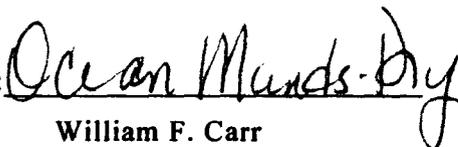
4. In accordance with Division Rules, notice of this application has been provided to the affected interest owners identified on Exhibit A to this application.

5. Approval of this application will be in the best interest of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE, Matrix New Mexico Holdings, L.L.C. requests that this application be set for hearing before an Examiner of the Oil Conservation Division on December 15, 2005 and, after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted,

HOLLAND & HART LLP

By: 

William F. Carr  
Ocean Munds-Dry  
Post Office Box 2208  
Santa Fe, New Mexico 87504  
Telephone: (505) 988-4421

ATTORNEYS FOR MATRIX NEW  
MEXICO HOLDINGS, L.L.C.

CASE \_\_\_\_\_:

**In The Matter Of The Application Of Matrix New Mexico Holdings, L.L.C. To Amend Order No. R-12291 To Modify The Proposed Well Location For The Townsend Well No. 2 To A Non-Standard Location, Lea County, New Mexico.** Applicant in the above-styled cause seeks the amendment of Order No. R-12291 entered on February 25, 2005 that pooled uncommitted interests from the surface through the Wolfcamp formation in the SE/4 NE/4 of Section 10, Township 13 South, Range 38 East, NMPM to form a standard spacing and proration unit for all formations developed on 40-acre spacing within that vertical extent which includes but is not necessarily limited to the Undesignated Bronco-Wolfcamp Pool. Applicant seeks to amend the location of its Townsend Well No. 2 to be drilled at a non-standard location 1475 feet from the North line and 780 feet from the East line of said Section 10 to a depth sufficient to test all formations through the Wolfcamp formation. Said area is located approximately 3 miles southwest of Bronco, Texas.



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

**OFFICIAL U.S.**

Postage \$ **.83**

Certified Fee **2.30**

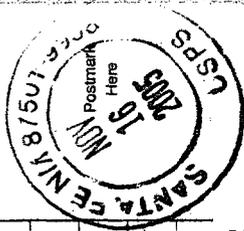
Return Receipt Fee (Endorsement Required) **1.75**

Restricted Delivery Fee (Endorsement Required) **4.88**

Total Postage & Fees \$ **7.88**

Sent To **Duck Hook II, LC**  
 Attn: Mike Chase  
 Street, Apt. No. **3401 94th Street**  
 or PO Box No.  
 City, State, Zip **Lubbock, Texas 79423**

PS Form 3800



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

**OFFICIAL U.S.**

Postage \$ **.83**

Certified Fee **2.30**

Return Receipt Fee (Endorsement Required) **1.75**

Restricted Delivery Fee (Endorsement Required) **4.88**

Total Postage & Fees \$ **7.88**

Sent To **Larami, Ltd.**  
 Attn: George Placke  
 Street, Apt. No.;  
 or PO Box No. **545 North Upper Broadway, # 507**  
 City, State, Zip **Corpus Christi, Texas 78476**

PS Form 3800



**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Duck Hook II, LC**  
**Attn: Mike Chase**  
**3401 94th Street**  
**Lubbock, Texas 79423**

2. Article Number (Copy to)  
**7001 1140 0002 9558 2740**

PS Form 3811, July 1999 Domestic Return Receipt

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:  
**Larami, Ltd.**  
**Attn: George Placke**  
**545 North Upper Broadway, # 507**  
**Corpus Christi, Texas 78476**

2. Article Number (Copy to)  
**7001 1140 0002 9558 2788**

PS Form 3811, July 1999 Domestic Return Receipt

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature *Mike Chase* Agent Addressee

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

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

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**Larami, Ltd.**  
**Attn: George Placke**  
**545 North Upper Broadway, # 507**  
**Corpus Christi, Texas 78476**

2. Article Number (Copy to)  
**7001 1140 0002 9558 2788**

PS Form 3811, July 1999 Domestic Return Receipt

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature *George Placke* Agent Addressee

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

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

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

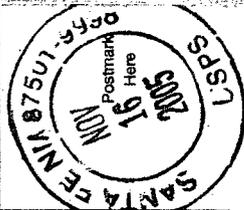
**OFFICIAL U.S.**

Postage \$ 1.83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 4.88  
 Total Postage & Fees \$ 10.76

Sent To Lindsay Production & Royalties  
 Attn: Sidney Lindsay  
 122 East Pecan Street, Suite 500  
 San Antonio, Texas 78250

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

PS Form 3800



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

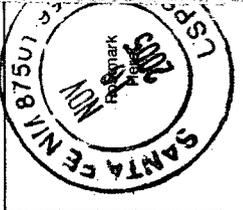
**OFFICIAL U.S.**

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 4.88  
 Total Postage & Fees \$ 9.76

Sent To Jens H. Mortensen, Jr.  
 12301 Rooth Road  
 McAllen, Texas 78504

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

PS Form 3800



**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:  
 Lindsay Production & Royalties  
 Attn: Sidney Lindsay  
 122 East Pecan Street, Suite 500  
 San Antonio, Texas 78250

**OMD Matrix Town 243**

2. Article Number (Copy for \_\_\_\_\_) 700J 1140 0002 9558 2795  
 Domestic Return Receipt  
 PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Hitton Wood B. Date of Delivery Nov 28 2005

C. Signature [Signature]  Agent  Addressee

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

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:  
 Jens H. Mortensen, Jr.  
 12301 Rooth Road  
 McAllen, Texas 78504

**OMD Matrix Town 243**

2. Article Number (Copy for \_\_\_\_\_) 700J 1140 0002 9558 2771  
 Domestic Return Receipt  
 PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Jimmie Mortensen B. Date of Delivery 11-28-05

C. Signature [Signature]  Agent  Addressee

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

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

0MD 46321	Postage \$	1.83
0003	Certified Fee (Endorsement Required)	2.30
	Restricted Delivery Fee (Endorsement Required)	1.75
	Total Postage & Fees \$	4.88

Sent To: The Nordan Trust  
 Attn: Louis Belinski  
 122 East Pecan Street, Suite 500  
 San Antonio, Texas 78250

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

PS Form 3800



U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

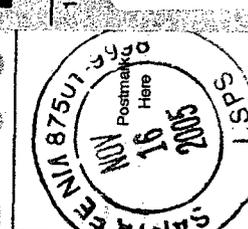
**OFFICIAL USE**

0MD 46321	Postage \$	1.83
0003	Certified Fee (Endorsement Required)	2.30
	Restricted Delivery Fee (Endorsement Required)	1.75
	Total Postage & Fees \$	4.88

Sent To: OGI, Ltd.  
 Attn: George Placke  
 545 North Upper Broadway # 507  
 Corpus Christi, Texas 78476

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

PS Form 3800



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Nordan Trust  
 Attn: Louis Belinski  
 122 East Pecan Street, Suite 500  
 San Antonio, Texas 78250

0MD Matrix Town 243

2. Article Number (Copy)

7001 1140 0002 9558 2816

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0992

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

16 Nov 2005

C. Signature

X [Signature]

Agent

Addressee

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OGI, Ltd.  
 Attn: George Placke  
 545 North Upper Broadway # 507  
 Corpus Christi, Texas 78476

0MD Matrix Town 243

2. Article Number (Copy)

7001 1140 0002 9558 2816

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0992

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

11/28/05

C. Signature

X [Signature]

Agent

Addressee

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

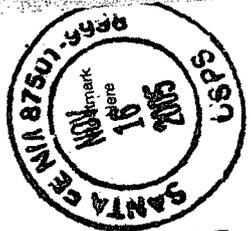
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$ 1.83
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	1.75
<b>Total Postage &amp; Fees</b>	<b>\$ 4.88</b>

Sent To Sunlight Exploration, Inc.  
 Street, Apt. No.; or PO Box No. Attn: Chris Bright  
 1415 23rd Street  
 City, State, ZIP+4 Canyon, Texas 79015

PS Form 3800



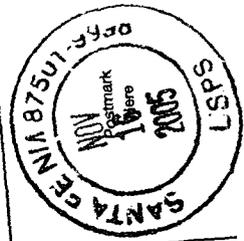
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$ 1.83
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	1.75
<b>Total Postage &amp; Fees</b>	<b>\$ 4.88</b>

Sent To Mr. Leroy Townsend  
 Street, Apt. No.; or PO Box No. 7650 East Vista Drive  
 City, State, ZIP+4 Scottsdale, Arizona 85250

PS Form 3800



**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Jerri Bright  
 B. Date of Delivery 11-21-05  
 C. Signature X Jerri Bright  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Sunlight Exploration, Inc.  
 Attn: Chris Bright  
 1415 23rd Street  
 Canyon, Texas 79015

2. Article Number (Copy in AMD Matrix Town. 283) 7001 1140 0002 9558 2825  
 PS Form 3811, July 1999 Domestic Return Receipt

102595-00-11-0952

7002 1140 0002 9558 2825

7002 1140 0002 9558 2825

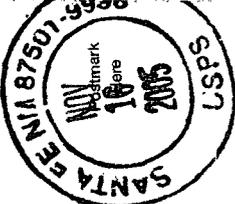
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

0 1 2 3 4 5 6 7 8 9

OMD	Postage	\$ .83
4682-1	Certified Fee	2.30
0003	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	<b>Total Postage &amp; Fees</b>	<b>\$ 4.88</b>

Sent To  
 WFV Partnership  
 Attn: Terry Wynn  
 Post Office Box 64953  
 Lubbock, Texas 79464

Street, Apt. No.;  
 or PO Box No.  
 City, State, ZIP\*



**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:  
 WFV Partnership  
 Attn: Terry Wynn  
 Post Office Box 64953  
 Lubbock, Texas 79464

2. Article Number (Copy) **7001 1140 0002 9558 2849**  
**OMD Matrix Town. 2843**

**COMPLETE THIS SECTION ON DELIVERY**

A. Recogued by (Please Print Clearly) **Terry Wynn** B. Date of Delivery **11-30-05**

C. Signature **Terry Wynn**  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL USE**

Postage \$ 1.83

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) 1.75

Total Postage & Fees \$ 4.88

Sent To Apollo Exploration, L.L.C.  
 Attn: Chris Bright  
 1415 23rd Street  
 Canyon, Texas 79015



PS Form 3800

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

**OFFICIAL USE**

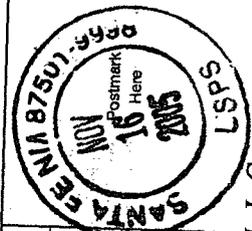
Postage \$ .83

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) 1.75

Total Postage & Fees \$ 4.88

Sent To Bronco Projects, L.L.C.  
 Attn: George Joseph  
 35755 Stenzel Road  
 Brookshire, Texas 77432



PS Form 3800

**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:

Apollo Exploration, L.L.C.  
 Attn: Chris Bright  
 1415 23rd Street  
 Canyon, Texas 79015

**OMD Matrix Town, 203**

2. Article Number (Copy from service)

7001 JJ40 0002 9558 2726

PS Form 3811, July 1999

Domestic Return Receipt

102585-00-M-0955

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Terri Bright 11-21-05

C. Signature

X Terri Bright

D. Is delivery address different from item 1?  Agent  Addressee

If YES, enter delivery address below:  Yes  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

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:

Bronco Projects, L.L.C.  
 Attn: George Joseph  
 35755 Stenzel Road  
 Brookshire, Texas 77432

**OMD Matrix Town, 203**

2. Article Number (Copy from service)

7001 JJ40 0002 9558 2733

PS Form 3811, July 1999

Domestic Return Receipt

102585-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

George Joseph

C. Signature

George Joseph

D. Is delivery address different from item 1?  Agent  Addressee

If YES, enter delivery address below:  Yes  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes