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

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

CASE NOS. 15376 & 15377

AFFIDAVIT

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

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

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 30th day of September 2015 by Jordan L. Kessler.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/19

Notary Public

BEFORE THE OIL CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 10
Submitted by: **COG OPERATING LLC**
Hearing Date: October 1, 2015

HOLLAND&HART LLP

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

August 28, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Bone Yard 11 Fee No. 11H Well.

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 17, 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART

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

August 28, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: *Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico.*
Bone Yard 11 Fee No. 11H Well.

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

This application has been set for hearing before a Division Examiner at 8:15 AM on September 17, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

COG OPERATING LLC
BONE YARD 11H

Charles M. Thompson
P O Box 777
Pierre, SD 57501

Lois Thompson
PO Box 396
Pierre, SD 57501

Harvey D. Sheehan II
19395 288th Avenue
Pierre, SD 57501

Dan Evans Sheehan
9227 Flushing Meadows Drive NE
Albuquerque, NM 87111

Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

Dan Cody Keefe
2798 Paw Print Way
Castle Rock, CO 80109

Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

Jack Dean London c/o Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

Christie Lynn London
6116 Hanson Rd.
Amarillo, TX 79106

Randy V. Watts
PO Box 2367
Roswell, NM 88202

Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

Robert Akins
6134 Crane Drive
Fort Collins, CO 80528

Patsy Harris
6255 West Northwest
Highway, Apt. #106
Dallas, TX 75225

Charles Louis Ray
6909 Columbia Falls Drive
McKinney, TX 75070

Charles Louis Ray
4141 Horizon North Pkwy Unit
915
Dallas, TX 75287

Christopher Robert Ray
929 Pleasant Drive
Mesquite, TX 75150

Wilda Jean Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

Peggy Collins
117 Crepe Myrtle
Glenn Laurel Park, NC 28739

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

Jack L. Lyle
4014 Bond Street
Rowlett, TX 75088

Wesley Wayne Scott
1006 Meadow Oaks Street
Azle, TX 76020

Kevin Scott
2300 Conveyor Drive
Burleson, TX 76028

William Clinton Bird
806 N. Cummings Drive, #7
Alvarado, TX 76009

Miriam C. Monzingo
10709 Shannon Valley Drive
Crowley, TX 76036

Miriam C. Monzingo
5 Shannon Valley Drive
Crowley, TX 76036

Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586

Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552

COG OPERATING LLC
BONE YARD 11H

Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410

Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112

Donna F. Leach
4008 Tracy Street NE
Albuquerque, NM 87111

Dwain Leach
956 Pepper Tree Lane
Fallbrook, CA 92028

Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706

Clifford Marrion Parish
2713 54th Street
Lubbock, TX 79413

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

Apache Corporation
303 Veterans Airpark Lane,
Suite 3000
Midland, TX 79705

OFFSETS

Apache Corporation
303 Veterans Airpark Lane, Suite 3000
Midland, TX 79705

William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99
211 Dunes Street
Morro Bay, CA 93442

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243

Catherine Connoly, Trustee of the Catherine Connolly Trust, a Revocable Trust under Agmt dtd 12-30-10
208 Esther Roberts Road
Glenwood Durban, South Africa 4001

Charles Lee Cole and Margaret K. Cole, Trustees under the Charles and Margaret Cole Living Trust dtd 9/30/03 Charles Lee Cole individually and as Successor Trustee of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211

Cheryl Ann Currier
PO Box 1813
Artesia, NM 88211-1813

Chisos Ltd
670 Dona Ana Road SW
Deming, NM, 88030

Connacht, LLC
9575 Katy Freeway Ste 440
Houston, TX 77024

Constance D. Connelly, Trustee of the Constance D. Connelly 2015 Rev Trust, dtd 3/6/15
1014 Whispering Oak Ct.
Arlington, TX 76012

Cross Border Resources
2515 McKinney Ave Ste 900
Dallas, TX 75201

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

David N. Harris and Iris M. Harris as Trustees of the David N. & Iris M. Harris Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

David R. Woodson and Loretta M. Woodson, Trustees of the David R. Woodson and Loretta M. Woodson Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

DiaKan Minerals, LLC
PO Box 693
Artesia, NM 88211

Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

Hunt Cimarron LP
PO Box 1592
Roswell, NM 88202-1592

COG OPERATING LLC
BONE YARD 11H

Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

Marshall & Winston, Inc.
PO Box 50880
Midland, TX 79710-0880

McCombs Energy LLC
5599 San Felipe Ste 1200
Houston, TX 77056-2794

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

Nearburg Producing Company
3300 N. A St., Bldg 2, Ste 120
Midland, TX 79705

Partin Petroleum
PO Box 41070
Houston, TX 77241-1070

Plains Production, Inc
1601 SE 19th Street
Edmond, OK 73013

Robert C. Chase
PO Box 297
Artesia, NM 88211

Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave
Anaheim, CA 92804

Solis Energy, LLC
PO Box 51451
Midland, TX 79710

Steven R. Willard
PO Box 1174
Artesia, NM 88211-1174

Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98
PO Box 195
Acton, CA 93510

The Robert D. & Tawnya J. Cole Rev Living Trust
5414 70th Place
Lubbock, TX 75711

Thomas C. Woodson and Linda K. Woodson
818 Del Mar Lane
Arlington, TX 76102

Ventana Minerals, LLC
PO Box 359
Artesia, NM 88211

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

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Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent T $

Street

City, S

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

Charles M. Thompson
P O Box 777
Pierre, SD 57501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4210

SENDER: COMPLETE THIS SECTION

- ■ Complete items 1, 2, and 3.
- ■ 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:

Charles M. Thompson
P O Box 777
Pierre, SD 57501

9590 9403 0643 5183 8044 58

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Thompson C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent $

Street

City, S

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Lois Thompson
PO Box 396
Pierre, SD 57501

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4203

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.
- ■ 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:

Lois Thompson
PO Box 396
Pierre, SD 57501

9590 9403 0643 5183 8043 35

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X by: [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Thompson C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0002 1143 4197

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Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Harvey D. Sheehan II

Street an
19395 288th Avenue

City, Stat
Pierre, SD 57501

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0002 1143 4180

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- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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$

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$

Sen
Dan Evans Sheehan

Stre
9227 Flushing Meadows Drive NE

City
Albuquerque, NM 87111

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DEVARGAS POST OFFICE

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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.
- 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:

Harvey D. Sheehan II
19395 288th Avenue
Pierre, SD 57501

9590 9403 0643 5183 8042 29

2. Article Number (Transfer from service label)

7015 0640 0002 1143 4197

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Harvey Sheehan C. Date of Delivery 9/1/2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4173

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Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po

$
Sent To Doda Suzanne Sheehan
Street a 7043 W. Belmont Drive
City, Sta Littleton, CO 80123

PS Form

SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DE VARGAS POST OFFICE

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.
- 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:

Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

9590 9403 0643 5183 8042 43

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4173

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
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4166

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- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total

$
Sent
Street
City,

Postmark Here

Dan Cody Keefe
2798 Paw Print Way
Castle Rock, CO 80109

PS Fo

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.
- 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:

Dan Cody Keefe
2798 Paw Print Way
Castle Rock, CO 80109

9590 9403 0643 5183 8045 02

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4166

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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BONE YARD 11H

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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Pc

Postmark Here
SANTA FE, NM 87594
AUG 28 2015
USPS
DE VARGAS POST OFFICE

Sent To
Jimmy Lynn London
Street a. 239 Dawn Drive
City, Sta Fritch, Texas 79036

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4159

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BONE YARD 11H

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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pos

Postmark Here
SANTA FE, NM 87594
AUG 28 2015
USPS
DE VARGAS POST OFFICE

Sent To
Jack Dean London c/o Jimmy
Street and Lynn London
City, State 239 Dawn Drive
Fritch, Texas 79036

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4142

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

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- ■ Complete items 1, 2, and 3.
- ■ 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:

Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

9590 9403 0643 5183 8042 05

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4159

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa London
☐ Agent
☐ Addressee

B. Received by (Printed Name) TERESA London
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

- ■ Complete items 1, 2, and 3.
- ■ 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:

Jack Dean London c/o Jimmy
Lynn London
239 Dawn Drive
Fritch, Texas 79036

9590 9403 0643 5183 8042 12

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4142

A. Signature
X Teresa London
☐ Agent
☐ Addressee

B. Received by (Printed Name) TERESA London
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4135

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage & Fees
$

Sent To: Christie Lynn London
Street and Apt. No.: 6116 Hanson Rd.
City, State, ZIP+4®: Amarillo, TX 79106

SANTA FE, NM 87594
Postmark Here
AUG 28 2015
U.S. POSTAL SERVICE
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4128

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage & Fees
$

Sent To: Randy V. Watts
Street and Apt. No.: PO Box 2367
City, State, ZIP+4®: Roswell, NM 88202

SANTA FE, NM 87594
Postmark Here
AUG 28 2015
U.S. POSTAL SERVICE
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Randy V. Watts
PO Box 2367
Roswell, NM 88202

9590 9403 0643 5183 8044 72

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4128

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Randy Watts

C. Date of Delivery
8/28/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4319

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vi

OFFICIAL

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

PS

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

Instructions

7015 0640 0007 1143 4302

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street an
City, Stat

Robert Akins
6134 Crane Drive
Fort Collins, CO 80528

USPS SANTA FE, NM 87594
Postmark Here AUG 28 2015
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

9590 9403 0643 5183 8044 89

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4319

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
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

Robert Akins
6134 Crane Drive
Fort Collins, CO 80528

9590 9403 0643 5183 8044 96

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4302

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information,
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

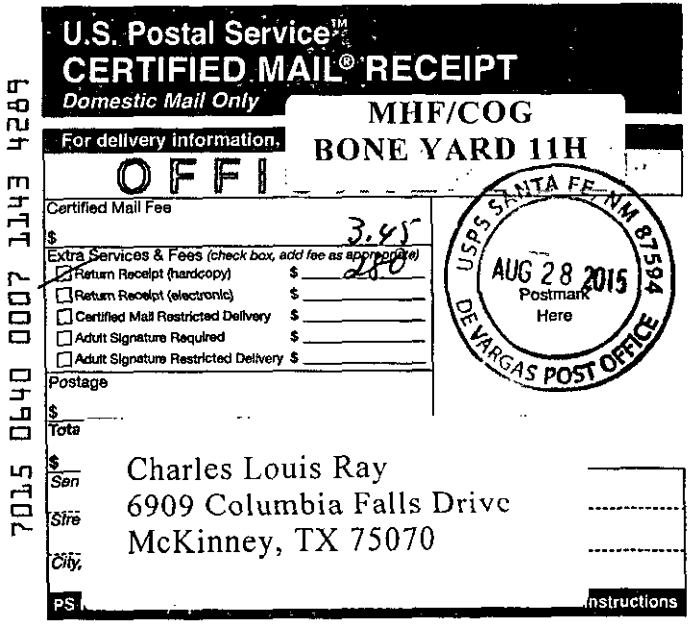
Postage
$
Total
$
Sent
Stree
City,

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DEVARGAS POST OFFICE

Patsy Harris
6255 West Northwest
Highway, Apt. #106
Dallas, TX 75225

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4296



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information,
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Tota
$
Sen
Stre
City,

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DEVARGAS POST OFFICE

Charles Louis Ray
6909 Columbia Falls Drive
McKinney, TX 75070

PS
Instructions

7015 0640 0007 1143 4289

Return

7015 0640 0007 1143 4272

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information

OFFI...

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Charles Louis Ray

Street a
4141 Horizon North Pkwy Unit
915

City, Sta
Dallas, TX 75287

PS For ...uctions

SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DEVARGAS POST OFFICE

7015 0640 0007 1143 4265

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visi

OFFIC...

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P...
$

Sent T...
Christopher Robert Ray

Street
929 Pleasant Drive

City, S...
Mesquite, TX 75150

PS Fo...structions

A FE, NM 87594
AUG 28 2015
Postmark Here
DEVARGAS POST OFFICE

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.
- 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:

Christopher Robert Ray
929 Pleasant Drive
Mesquite, TX 75150

9590 9403 0643 5183 8045 19

2. Artic... 7015 0640 0007 1143 4265 ...ted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
Chris Ray

C. Date of Delivery
SEP 1 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4258

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Wilda Jean Bethurum

Street and Apt. No.: 1050 N. Buckner Blvd.

City, State, ZIP+4®: Dallas, TX 75218

USPS SANTA FE, NM 87594 AUG 28 2015 DEVASCIS POST OFFICE

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Wilda Jean Bethurum
1050 N. Buckner Blvd
Dallas, TX 75218

9590 9403 0643 5183 8045 26

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4258

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wilda Jean Bethurum ☐ 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
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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7015 0640 0007 1143 4241

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Peggy Collins

Street and Apt. No.: 117 Crepe Myrtle

City, State, ZIP+4®: Glenn Laurel Park, NC 28739

USPS SANTA FE, NM 87594 AUG 28 2015 DEVASCIS POST OFFICE

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Peggy Collins
117 Crepe Myrtle
Glenn Laurel Park, NC 28739

9590 9403 0643 5183 8045 33

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy Collins ☐ Agent ☐ Addressee

B. Received by (Printed Name) PEGGY COLLINS C. Date of Delivery

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

114 CREPE MYRTLE GLEN

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent T
Street
City, S

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

PS Fo

7015 0640 0007 1143 4234

USPS AUG 28 2015 DE VARGAS POST OFFICE NM 87594 Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

9590 9403 0643 5183 8045 40

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4234

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Lyle
C. Date of Delivery 9/5/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent T
Street
City, S

Jack L. Lyle
4014 Bond Street
Rowlett, TX 75088

PS Form 3800, April 2015 PSN 7530-02-000-9053

7015 0640 0007 1143 4227

USPS AUG 28 2015 DE VARGAS POST OFFICE FE, NM 87 Postmark Here

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.
- 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:

Jack L. Lyle
4014 Bond Street
Rowlett, TX 75088

9590 9403 0643 5183 8045 57

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4227

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4418

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total

$

Sent

Street

City,

Wesley Wayne Scott
1006 Meadow Oaks Street
Azle, TX 76020

PS

Instructions

USPS SANTA FE NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

Return

7015 0640 0007 1143 4401

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total

$

Sent

Street

City,

Kevin Scott
2300 Conveyor Drive
Burleson, TX 76028

PS

Instructions

USPS SANTA FE NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Scott
2300 Conveyor Drive
Burleson, TX 76028

9590 9403 0643 5183 8045 71

2. Article Number (Transfer from service label)

7015 0640 0007 1143 4401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) KEVIN Scott

C. Date of Delivery 8/29

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4395

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visi
OFFIC

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Pos $

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DE VARGAS

Sent To: William Clinton Bird
Street and: 806 N. Cummings Drive, #7
City, State: Alvarado, TX 76009

PS Form

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

William Clinton Bird
806 N. Cummings Drive, #7
Alvarado, TX 76009

9590 9403 0643 5183 8047 48

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4395

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Dawn Price
C. Date of Delivery 8/31/15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4388

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit ou
OFFICI

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $
Total Post $

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

Sent To: Miriam C. Monzingo
Street and: 10709 Shannon Valley Drive
City, State: Crowley, TX 76036

PS Form See Reverse for Instructions

7015 0640 0007 1143 4371

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit o

OFFICI

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street and
City, State

Miriam C. Monzingo
5 Shannon Valley Drive
Crowley, TX 76036

PS Form

SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

7015 0640 0007 1143 4364

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For delivery information, visit o

OFFICI

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Posta
$

Sent To
Street and
City, State,

Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586

PS Form 3

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

Return

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586

9590 9403 0643 5183 8046 56

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4364

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

C B

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4357

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To
Street and
City, State

Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552

PS Form

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DEVINE AS POST OFFICE

7015 0640 0007 1143 4340

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.46

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street an
City, Stat

Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594
AUG 2 Postmark Here 15
DEVINE AS POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552

9590 9403 0643 5183 8046 63

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reita King
☐ Agent
☒ Addressee

B. Received by (Printed Name) Reita King
C. Date of Delivery 8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

- Complete items 1, 2, and 3.
- 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:

Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410

9590 9403 0643 5183 8046 70

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4340

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☒ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 9-2-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☑ Registered Mail Restricted Delivery
- ☑ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4333

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To — Gary Tipton
Street an — 13219 Strada Tuscano NE
City, Stat — Albuquerque, NM 87112

PS Form ... ctions

USPS SANTA FE, NM 87594 AUG 28 2015 DEVARC
Postmark Here

7015 0640 0007 1143 4326

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To — Donna F. Leach
Street an — 4008 Tracy Street NE
City, Stat — Albuquerque, NM 87111

PS Form ... ctions

SANTA FE, NM 87594 AUG 28 2015 DEVARC POST OFFICE
Postmark Here

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

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112

9590 9403 0643 5183 8046 32

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4333

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Gary Tipton
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ *Adult Signature*
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7015 0640 0007 1143 4517

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit c

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

2.80

Postage
$

Total Po
$

Sent To Dwain Leach
Street an 956 Pepper Tree Lane
City, Stat Fallbrook, CA 92028

PS Form

See Reverse for Instructions

E, NM 87594 AUG 28 2015 Postmark Here DEVARGAS POST OFFICE

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.
- 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:

Dwain Leach
956 Pepper Tree Lane
Fallbrook, CA 92028

9590 9403 0643 5183 8045 88

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4517

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dwain Leach ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dwain Leach
C. Date of Delivery 9-1-15

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

SEP - 1 2015 92028

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4500

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit c

OFFICI

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

2.80

Postage
$

Total Postag
$

Sent To Carolyn Ann Lewis
Street and A 2139 N. Fairview Street
City, State, Z Santa Ana, CA 92706

PS Form 38

USPS SANTA ANA, CA 92706 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

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

ETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706

9590 9403 0643 5183 8045 95

7015 0640 0007 1143 4500

A. Signature
X Carolyn Lewis ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery SEP 1 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☑ Certified Mail Restricted Delivery
- ☑ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ail Restricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4494

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City,

Clifford Marrion Parish
2713 54th Street
Lubbock, TX 79413

PS F ...structions

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

Return

7015 0640 0007 1143 4487

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street an
City, Stat

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

PS Form ...See Reverse for Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

9590 9403 0643 5183 8047 62

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4487

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie E Benson
☐ Agent ☐ Addressee

B. Received by (Printed Name)
Bonnie E Benson

C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.50
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Posta

$
Sent To

Street and A

City, State,

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

7015 0640 0007 1143 4470

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

9590 9403 0643 5183 8047 79

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4470

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kim Acorn
C. Date of Delivery 9/1/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, v
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.50
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pos

$
Sent To

Street an

City, State

Apache Corporation
303 Veterans Airpark Lane,
Suite 3000
Midland, TX 79705

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

7015 0640 0007 1143 4616

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Apache Corporation
303 Veterans Airpark Lane,
Suite 3000
Midland, TX 79705

9590 9403 0643 5183 8039 49

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4616

ECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Benny
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4876

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☑ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent To
William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99

Street
211 Dunes Street

City, S
Morro Bay, CA 93442

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DELIVERED POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION — **S SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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:
William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99
211 Dunes Street
Morro Bay, CA 93442

9590 9403 0643 5183 8040 38

2. Art... (Transfer from service label)
7015 0640 0007 1143 4876

A. Signature
X
☐ Agent
☐ Addressee

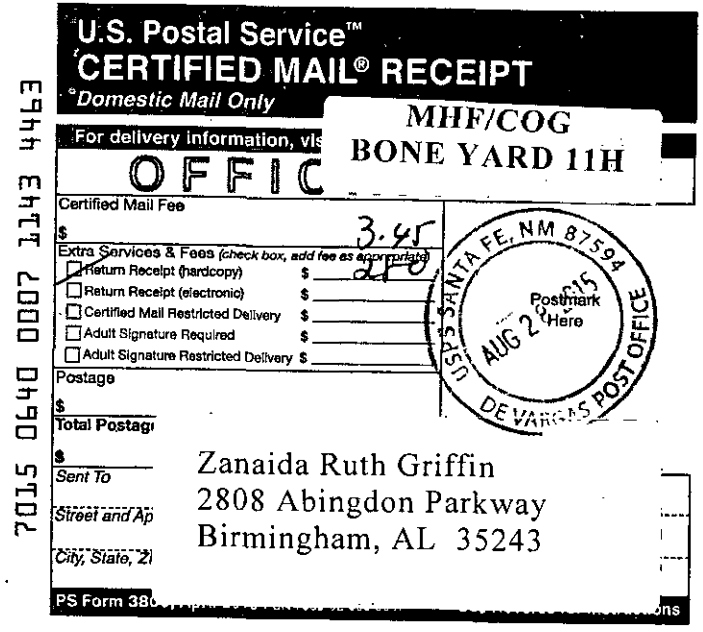
B. Received by *(Printed Name)*
W - Woodson

C. Date of Delivery
8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $

Postage
$
Total Postag

$
Sent To

Street and Ap

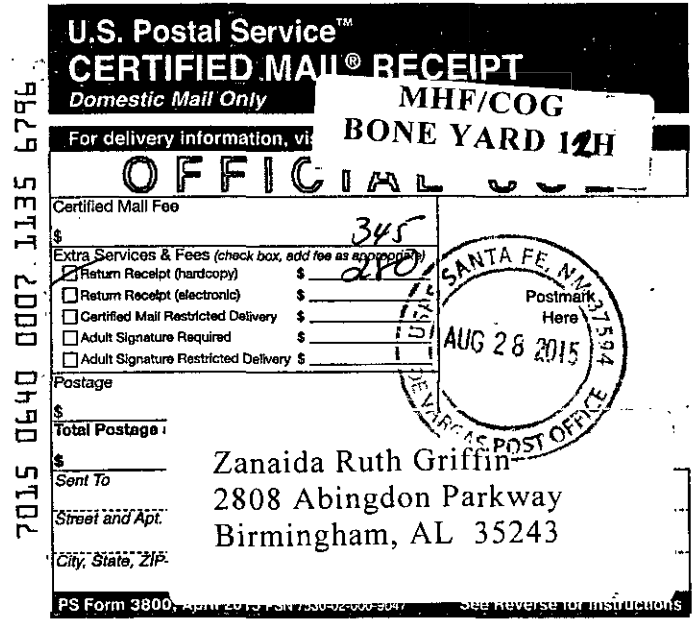
City, State, Z

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243

PS Form 380

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DE VARGAS POST OFFICE

7015 0640 0007 1143 4463



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vi
OFFICIAL

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $

Postage
$
Total Postage

$
Sent To

Street and Apt.

City, State, ZIP

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243

PS Form 3800, See Reverse for Instructions

SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DE VARGAS POST OFFICE

7015 0640 0007 1135 6796

Return

Return

7015 0640 0007 1143 4609

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF/COG
BONE YARD 11H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City, S

Catherine Connoly, Trustee of the
Catherine Connolly Trust, a Revocable
Trust under Agmt dtd 12-30-10
208 Esther Roberts Road
Glenwood Durban, South Africa 4001

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4593

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF/COG
BONE YARD 11H

For delivery information,
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To
Street and
City, State

Charles Lee Cole and Margaret K. Cole,
Trustees under the Charles and Margaret
Cole Living Trust dtd 9/30/03 Charles Lee
Cole individually and as Successor Trustee
of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 ...ctions

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:
Charles Lee Cole and Margaret K. Cole, Trustees under the Charles and Margaret Cole Living Trust dtd 9/30/03 Charles Lee Cole individually and as Successor Trustee of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

9590 9403 0643 5183 8039 63

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4593

A. Signature
x Margaret Cole ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Margaret Cole
C. Date of Delivery

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

CARMICHAEL, CA 95608 SEP - 1 2015 USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

...tricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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BONE YARD 11H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Chase Oil Corporation

Street and Apt. No., or PO Box No. P.O. Box 1767

City, State, ZIP+4® Artesia, NM 88211

USPS SANTA FE NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4586

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211

9590 9403 0643 5183 8039 70

2. Article Number (Transfer from service label)

7015 0640 0007 1143 4586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY BEAUREGARD

C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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BONE YARD 11H

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

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Cheryl Ann Currier

Street and Apt. No., or PO Box No. PO Box 1813

City, State, ZIP+4® Artesia, NM 88211-1813

USPS SANTA FE NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4579

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Cheryl Ann Currier
PO Box 1813
Artesia, NM 88211-1813

9590 9403 0643 5183 8038 88

2. Article Number (Transfer from service label)

7015 0640 0007 1143 4579

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Terri Hamilton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terri Hamilton

C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4562

U.S. Postal Service™
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Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Po	$

USPS SANTA FE, NM 87594 AUG 2 2015 DE VARGAS POST OFFICE
Postmark Here

Sent To: Chisos Ltd
Street ar: 670 Dona Ana Road SW
City, Stat: Deming, NM, 88030

PS Form ... See Reverse for Instructions

7015 0640 0007 1143 4555

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vi

OFFIC

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE
Postmark Here

Sent: Connacht, LLC
Stree: 9575 Katy Freeway Ste 440
City, Houston, TX 77024

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION — **SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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 [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Sm. Th C. Date of Delivery: 8-31-15

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

1. Article Addressed to:

Chisos Ltd
670 Dona Ana Road SW
Deming, NM, 88030

9590 9403 0643 5183 8038 95

2. Article Number (Transfer from service label): 7015 0640 0007 1143 4562

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

SENDER: COMPLETE THIS SECTION — **SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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 [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): C. Date of Delivery: 8/31/15

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

1. Article Addressed to:

Connacht, LLC
9575 Katy Freeway Ste 440
Houston, TX 77024

9590 9403 0643 5183 8039 01

2. Article Number (Transfer from service label): 7015 0640 0007 1143 4555

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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MHF/COG
BONE YARD 11H

For delivery information, v
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Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total	$

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

Sent
Stre
City,

Constance D. Connelly, Trustee of the
Constance D. Connelly 2015 Rev Trust,
dtd 3/6/15
1014 Whispering Oak Ct.
Arlington, TX 76012

PS F nstructions

7015 0640 0007 1143 4548

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BONE YARD 11H

For delivery information
OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Po	$

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

Sent To
Street an
City, Stat

Cross Border Resources
2515 McKinney Ave Ste 900
Dallas, TX 75201

PS Form See Reverse for Instructions

7015 0640 0007 1143 4531

CERTIFIED MAIL®

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

SENDER: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

Constance D. Connelly, Trustee of the
Constance D. Connelly 2015 Rev Trust,
dtd 3/6/15
1014 Whispering Oak Ct.
Arlington, TX 76012

9590 9403 0643 5183 8039 18

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4548

A. Signature
x Constance D Connelly ☐ Agent ☐ Addressee

B. Received by (Printed Name) Constance D Connelly
C. Date of Delivery 9-1-15

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

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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MHF/COG
BONE YARD 11H

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $ 2.80
- ☐ Adult Signature Restricted Delivery $

Postage $
Tot

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

Ser.
Stre
City

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

PS See Reverse for Instructions

7015 0640 0007 1143 4524

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.
- 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:

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

9590 9403 0643 5183 8039 32

2. Artic 7015 0640 0007 1143 4524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]
C. Date of Delivery 8/29/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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For delivery informatio
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MHF/COG
BONE YARD 11H

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $ 2.80
- ☐ Adult Signature Restricted Delivery $

Postage $
Tot

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

Sei
Stre
City

David N. Harris and Iris M. Harris as
Trustees of the David N. & Iris M.
Harris Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

PS See Reverse for Instructions

7015 0640 0007 1143 4715

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.
- 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:

David N. Harris and Iris M. Harris as
Trustees of the David N. & Iris M.
Harris Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

9590 9403 0643 5183 8038 71

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4715

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
- ☑ Adult Signature
- ☑ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, v
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Street and
City, State

David R. Woodson and Loretta M. Woodson, Trustees of the David R. Woodson and Loretta M. Woodson Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

PS Form

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DEVARGAS POST OFFICE

7015 0640 0007 1143 4708

U.S. Postal Service™
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BONE YARD 11H

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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tota
$

Sen
Stre
City,

DiaKan Minerals, LLC
PO Box 693
Artesia, NM 88211

PS

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DEVARGAS POST OFFICE

7015 0640 0007 1143 4692

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

SE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:
David R. Woodson and Loretta M. Woodson, Trustees of the David R. Woodson and Loretta M. Woodson Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

9590 9403 0643 5183 8037 72

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4708

A. Signature
X David R. Woodson ☐ Agent ☒ Addressee

B. Received by (Printed Name)
DAVID R. WOODSON

C. Date of Delivery
9-1-2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

SENDER: COMPLETE THIS SECTION HIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:
DiaKan Minerals, LLC
PO Box 693
Artesia, NM 88211

9590 9403 0643 5183 8037 89

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4692

A. Signature
Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name)
KATHY BEAUREGARD

C. Date of Delivery
8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

MHF/COG
BONE YARD 11H

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

2.80

Postage
$

Total
$

Sent
Street
City,

Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

PS

Instructions

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DEVARGAS POST OFFICE

7015 0640 0007 1143 4685

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

9590 9403 0643 5183 8037 96

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4685

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
AUG 31 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

MHF/COG
BONE YARD 11H

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
Street and
City, State,

H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

PS Form 3800, April 2015, PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DEVARGAS POST OFFICE

7015 0640 0007 1143 4678

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

9590 9403 0643 5183 8038 02

2. (Transfer from service label)
7015 0640 0007 1143 4678

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
9/2/15

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

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 0640 0007 1143 4661

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information: OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To: Hunt Cimarron LP
Street: PO Box 1592
City: Roswell, NM 88202-1592

USPS SANTA FE, NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4661

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Hunt Cimarron LP
PO Box 1592
Roswell, NM 88202-1592

9590 9403 0643 5183 8038 19

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4661

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANET ROYAL C. Date of Delivery 8-28-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4654

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vi
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $ 1.45
- ☐ Certified Mail Restricted Delivery $ 1.30
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

SANTA FE, NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4654

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

9590 9403 0643 5183 8038 26

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4654

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DAVID N. HARKEY C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4647

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total P
$
Sent To
Street
City, St

USPS SANTA FE, NM 87504 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

PS For ...tructions

7015 0640 0007 1143 4630

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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To
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Ci

USPS SANTA FE, NM 87504 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

PS ... April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION | **SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 8-31-15

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

SEP - 2 2015
USPS 77339-9998

1. Article Addressed to:

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8043 73

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4647 ...lestricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0002 1143 4623

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, v

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total F
$
Sent T
Street
City, St

USPS SANTA FE, NM 87594
AUG 26 2015 Postmark Here
DEVARGAS POST OFFICE

Marshall & Winston, Inc.
PO Box 50880
Midland, TX 79710-0880

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0002 1143 4814

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information.

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total F
$
Sent T
Street
City, St

USPS SANTA FE, NM 87594
AUG 26 2015 Postmark Here
DEVARGAS POST OFFICE

McCombs Energy LLC
5599 San Felipe Ste 1200
Houston, TX 77056-2794

PS For See Reverse for Instructions

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

CERTIFIED MAIL®

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.
PO Box 50880
Midland, TX 79710-0880

9590 9403 0643 5183 8043 97

2. Article Number (Transfer from service label)
7015 0640 0002 1143 4623

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tina Polk C. Date of Delivery 9/1/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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.
- 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:

McCombs Energy LLC
5599 San Felipe Ste 1200
Houston, TX 77056-2794

9590 9403 0643 5183 8044 03

2. Article Number (Transfer from service label)
7015 0640 0002 1143 4814

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9/8/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4807

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total P $

Sent To

Street

City, St

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

USPS SANTA FE, NM 87594 AUG 8 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mewbourne Oil Company
500 W. Texas Ave.
Midland, TX 79701

9590 9403 0643 5183 8044 10

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4807

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) T Mitchell C. Date of Delivery 8-31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7015 0640 0007 1143 4791

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi

OFFIC

MHF/COG
BONE YARD 11H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent

Street

City,

Nearburg Producing Company
3300 N. A St., Bldg 2, Ste 120
Midland, TX 79705

USPS SANTA FE, NM 87594 AUG 8 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nearburg Producing Company
3300 N. A St., Bldg 2, Ste 120
Midland, TX 79705

9590 9403 0643 5183 8044 27

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4791

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) RUE LANDON C. Date of Delivery 8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7015 0640 0007 1143 4784

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

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

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $ 5.11

Total Postage a $

Sent To: Partin Petroleum
Street and Apt.: PO Box 41070
City, State, ZIP+: Houston, TX 77241-1070

SANTA FE, NM 87594 AUG 28 Postmark Here POST OFFICE

PS Form 3800, See Reverse for Instructions

7015 0640 0007 1143 4777

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vi
OFFIC
Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $ 5.11

Tot $

Ser
Str
City

Plains Production, Inc
1601 SE 19th Street
Edmond, OK 73013

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

PS Instructions

CERTIFIED MAIL®

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.
- 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:

Partin Petroleum
PO Box 41070
Houston, TX 77241-1070

9590 9403 0643 5183 8044 34

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4784

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E Davis ☐ Agent ☐ Addressee

B. Received by (Printed Name) E Davis
C. Date of Delivery 9-1-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4760

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit c
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total P
$

USPS SANTA FE, NM 87594
AUG 28 2015 Postmark Here
DE VARGAS POST OFFICE

Sent
Street
City, S

Robert C. Chase
PO Box 297
Artesia, NM 88211

PS Fo

See Reverse for Instructions

7015 0640 0007 1143 4753

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Po
$

USPS SANTA FE, NM 87594
AUG 28 2015 Postmark Here
DE VARGAS POST OFFICE

Sent To
Street a
City, St

Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave
Anaheim, CA 92804

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Robert C. Chase
PO Box 297
Artesia, NM 88211

9590 9403 0643 5183 8047 86

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4760

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name)
KATHY BEAUREGARD

C. Date of Delivery
8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SEN

- Complete items 1, 2, and 3.
- 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:

Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave
Anaheim, CA 92804

9590 9403 0643 5183 8047 93

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4753

SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Robert L Aho

C. Date of Delivery
8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4746

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $ 2.80

Postage
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Total P
$
Sent T
Street
City, S

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
J.C. VARGAS POST OFFICE

Solis Energy, LLC
PO Box 51451
Midland, TX 79710

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Solis Energy, LLC
PO Box 51451
Midland, TX 79710

9590 9403 0643 5183 8048 09

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Monica B. ☐ Agent ☐ Addressee

B. Received by (Printed Name) Monica B.
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4739

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $ 2.80

Postage
$
Total P
$
Sent T
Street
City, S

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
J.C. VARGAS POST OFFICE

Steven R. Willard
PO Box 1174
Artesia, NM 88211-1174

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Steven R. Willard
PO Box 1174
Artesia, NM 88211-1174

9590 9403 0643 5183 8047 00

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4739

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Steven R. Willard ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 9-1-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vi
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent To: Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98

Street: PO Box 195

City: Acton, CA 93510

PS Form ... Instructions

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DEVARGAS POST OFFICE

7015 0640 0007 1143 4722

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, vis
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and $

Sent To: The Robert D. & Tawnya J. Cole Rev Living Trust

Street and Apt. No.: 5414 70th Place

City, State, ZIP+4: Lubbock, TX 75711

PS Form 3800, A

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DEVARGAS POST OFFICE

7015 0640 0007 1143 4913

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.
- 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:
Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98
PO Box 195
Acton, CA 93510

9590 9403 0643 5183 8047 17

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4722

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S.M. Woodson
☐ Agent
☐ Addressee

B. Received by (Printed Name) S.M. Woodson C. Date of Delivery

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

USPS ACTON CA 93510 SEP - 3 2015

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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.
- 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 Robert D. & Tawnya J. Cole Rev Living Trust
5414 70th Place
Lubbock, TX 75711

9590 9403 0643 5183 8047 24

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4913

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

USPS LUBBOCK, TX SEP 1 2015

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Post $

Sent To: Thomas C. Woodson and Linda K. Woodson

Street and: 818 Del Mar Lane

City, State: Arlington, TX 76102

USPS SANTA FE, NM 87594 AUG 2015 Postmark Here DE VARGAS POST OFFICE

PS Form ... tions

7015 0640 0007 1143 4906

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Thomas C. Woodson and Linda K. Woodson
818 Del Mar Lane
Arlington, TX 76102

9590 9403 0643 5183 8040 07

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4906

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Thomas C Woodson ☐ Agent ☐ Addressee

B. Received by (Printed Name): THOMAS C WOODSON C. Date of Delivery

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

OAKWOOD STATION ARLINGTON SEP - 1 2015

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit
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Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Post $

Sent To: Ventana Minerals, LLC

Street and: PO Box 359

City, State: Artesia, NM 88211

USPS SANTA FE, NM 87594 AUG 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4890

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ventana Minerals, LLC
PO Box 359
Artesia, NM 88211

9590 9403 0643 5183 8040 14

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4890

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name): KATHY BEAUREGARD C. Date of Delivery: 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☑ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4883

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 11H

For delivery information, visit

OFFIC...

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pc
$

Sent To

Street a

City, Sta

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

9590 9403 0643 5183 8040 21

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4883

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Carol D Duncan
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Carol D Duncan
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

HOLLAND&HART LLP

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

August 28, 2015

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Bone Yard 11 Fee No. 12H Well.

Ladies & Gentlemen:

This letter is to advise you that COG Operating LLC, has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 17, 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 Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

HOLLAND&HART LLP

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

August 28, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING LESSEES AND OPERATORS

RE: Application of COG Operating LLC for a non-standard spacing and proration unit and compulsory pooling, Eddy County, New Mexico. Bone Yard 11 Fee No. 12H Well.

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

This application has been set for hearing before a Division Examiner at 8:15 AM on September 17, 2015. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter please contact Stuart Dirks, at (432) 685-4354 or sdirks@concho.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR COG OPERATING LLC

COG OPERATING LLC
BONE YARD 12H

EHW LLC
James E Haas
101 South Fourth Street
Artesia, NM 88210

William C. White
15 Desert Flower Road
Artesia, NM 88210

Ocotillo Production LLC
1705 W. Washington Ave
Artesia, NM 88210

Mary L. Gore Living Trust
12231 Monument Hill Ave
Las Vegas, NV 89138

B&G Royalties
Attn: William J. McCaw
P.O. Box 376
Artesia, NM 88211

Tanya Marie Mangum
684 N. Hopper Road
Modesto, CA 95357

Tanya Marie Mangum
7 Joshua Court
Edgewood, NM 87015

Charles M. Thompson
P O Box 777
Pierre, SD 57501

Lois Thompson
PO Box 396
Pierre, SD 57501

Harvey D. Sheehan II
19395 288th Avenue
Pierre, SD 57501

Dan Evans Sheehan
9227 Flushing Meadows Drive NE
Albuquerque, NM 87111

Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

Dan Cody Keefe
2798 Paw Print Way
Castle Rock, CO 80109

Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

Jack Dean London c/o Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

Christie Lynn London
6116 Hanson Rd.
Amarillo, TX 79106

Randy V. Watts
PO Box 2367
Roswell, NM 88202

Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

Robert Akins
6134 Crane Drive
Fort Collins, CO 80528

Patsy Harris
6255 West Northwest
Highway, Apt. #106
Dallas, TX 75225

Charles Louis Ray
6909 Columbia Falls Drive
McKinney, TX 75070

Charles Louis Ray
4141 Horizon North Pkwy Unit 915
Dallas, TX 75287

Christopher Robert Ray
929 Pleasant Drive
Mesquite, TX 75150

Wilda Jean Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

Peggy Collins
117 Crepe Myrtle
Glenn Laurel Park, NC 28739

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

Jack L. Lyle
4014 Bond Street
Rowlett, TX 75088

COG OPERATING LLC
BONE YARD 12H

Wesley Wayne Scott
1006 Meadow Oaks Street
Azle, TX 76020

Kevin Scott
2300 Conveyor Drive
Burleson, TX 76028

William Clinton Bird
806 N. Cummings Drive, #7
Alvarado, TX 76009

Miriam C. Monzingo
10709 Shannon Valley Drive
Crowley, TX 76036

Miriam C. Monzingo
5 Shannon Valley Drive
Crowley, TX 76036

Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586

Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552

Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410

Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112

Donna F. Leach
4008 Tracy Street NE
Albuquerque, NM 87111

Dwain Leach
956 Pepper Tree Lane
Fallbrook, CA 92028

Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706

Clifford Marrion Parish
2713 54th Street
Lubbock, TX 79413

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

Offset Owners

Apache Corporation
303 Veterans Airpark Lane,
Suite 3000
Midland, TX 79705

Catherine Connoly, Trustee of the Catherine Connolly Trust, a Revocable Trust under Agmt dtd 12-30-10
208 Esther Roberts Road
Glenwood Durban, South Africa 4001

Charles Lee Cole and Margaret K. Cole, Trustees under the Charles and Margaret Cole Living Trust dtd 9/30/03 Charles Lee Cole individually and as Successor Trustee of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211

Cheryl Ann Currier
PO Box 1813
Artesia, NM 88211-1813

Chisos Ltd
670 Dona Ana Road SW
Deming, NM, 88030

Connacht, LLC
9575 Katy Freeway Ste 440
Houston, TX 77024

Constance D. Connelly, Trustee of the Constance D. Connelly 2015 Rev Trust, dtd 3/6/15
1014 Whispering Oak Ct.
Arlington, TX 76012

Cross Border Resources
2515 McKinney Ave Ste 900
Dallas, TX 75201

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

David N. Harris and Iris M. Harris as Trustees of the David N. & Iris M. Harris Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

COG OPERATING LLC
BONE YARD 12H

David R. Woodson and Loretta M. Woodson, Trustees of the David R. Woodson and Loretta M. Woodson Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

DiaKan Minerals, LLC
PO Box 693
Artesia, NM 88211

Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

Hunt Cimarron LP
PO Box 1592
Roswell, NM 88202-1592

Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

L R Energy Inc
8150 N Central Expy Suite 1605
Dallas, TX 75206

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

Marshall & Winston, Inc.
PO Box 50880
Midland, TX 79710-0880

McCombs Energy LLC
5599 San Felipe Ste 1200
Houston, TX 77056-2794

Nearburg Exploration Company, LLC
PO Box 823085
Dallas, TX 75382

Partin Petroleum
PO Box 41070
Houston, TX 77241-1070

Plains Production, Inc
1601 SE 19th Street
Edmond, OK 73013

Robert C. Chase
PO Box 297
Artesia, NM 88211

Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave
Anaheim, CA 92804

Solis Energy, LLC
PO Box 51451
Midland, TX 79710

Steven R. Willard
PO Box 1174
Artesia, NM 88211-1174

Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98
PO Box 195
Acton, CA 93510

The Robert D. & Tawnya J. Cole Rev Living Trust
5414 70th Place
Lubbock, TX 75711

Thomas C. Woodson and Linda K. Woodson
818 Del Mar Lane
Arlington, TX 76102

Ventana Minerals, LLC
PO Box 359
Artesia, NM 88211

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99
211 Dunes Street
Morro Bay, CA 93442

Zanaida Ruth Griffin
2808 Abingdon Parkway
Birmingham, AL 35243

7015 0640 0007 1135 6710

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To EHW LLC
James E Haas

Street and Apt. No. 101 South Fourth Street

City, State, ZIP+4® Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

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.
- 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:

EHW LLC
James E Haas
101 South Fourth Street
Artesia, NM 88210

9590 9403 0643 5183 8048 47

2. Article Number (Transfer from service label) 7015 0640 0007 1135 6710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-31-15

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

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4845

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total $

Sent William C. White

Street 15 Desert Flower Road

City, Artesia, NM 88210

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

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.
- 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:

William C. White
15 Desert Flower Road
Artesia, NM 88210

9590 9403 0643 5183 8048 54

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4845

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W.C.White ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4838

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Street
City, S

Postmark Here
AUG 28 2015
USPS SANTA FE NM 87594
DE VARGAS POST OFFICE

Ocotillo Production LLC
1705 W. Washington Ave
Artesia, NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4821

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information,
OFFI OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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City

Postmark Here
AUG 28 2015
USPS SANTA FE NM 87594
DE VARGAS POST OFFICE

Mary L. Gore Living Trust
12231 Monument Hill Ave
Las Vegas, NV 89138

PS See Reverse for Instructions

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.
- 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:

Ocotillo Production LLC
1705 W. Washington Ave
Artesia, NM 88210

9590 9403 0643 5183 8031 09

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4838

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Randy G Patterson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Rand, G Patterson
C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit ou

OFFICI

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Se

Sir

Cit

B&G Royalties
Attn: William J. McCaw
P.O. Box 376
Artesia, NM 88211

USPS SANTA FE NM 87594 Postmark Here AUG 28 2015 DE VARGAS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4456

U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P

$
Sent To

Street

City, St

Tanya Marie Mangum
684 N. Hopper Road
Modesto, CA 95357

USPS SANTA FE NM 87594 Postmark Here AUG 28 2015 DE VARGAS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4449

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.
- 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:

B&G Royalties
Attn: William J. McCaw
P.O. Box 376
Artesia, NM 88211

9590 9403 0643 5183 8031 23

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4456

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] AUG 28 2015

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

USPS 88210

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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PLACE STICKER AT TOP OF THE E

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Tanya Marie Mangum
684 N. Hopper Road
Modesto, CA 95357

9590 9403 0643 5183 8049 08

2. [illegible] (Transfer from service label)
7015 0640 0007 1143 4449

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Toni Gambini 9/7/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Return

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here
USPS SANTA FE NM 87594 POST OFFICE DE VARGAS AUG 28 2015

Tanya Marie Mangum
7 Joshua Court
Edgewood, NM 87015

7015 0640 0007 1143 4432

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$
Sent T
Street
City, S

USPS SANTA FE NM 87594 POST OFFICE DE VARGAS AUG 28 2015 Postmark Here

Charles M. Thompson
P O Box 777
Pierre, SD 57501

7015 0640 0007 1143 4425

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Charles M. Thompson
P O Box 777
Pierre, SD.57501

9590 9403 0643 5183 8048 16

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4425

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ livery Restricted Delivery
- ☐ Priority Mail Express®
- ☑ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500) Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

MHF/COG
BONE YARD 12H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $ 1.47

Total Postage and Fees $

Sent To Lois Thompson

Street and Apt. No., or PO Box No. PO Box 396

City, State, ZIP+4® Pierre, SD 57501

USPS SANTA FE, NM 87594 AUG 28 2015 USPS POSTAGE PAID DEVARGAS POST OFFICE Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 6901

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OFFICIAL USE

MHF/COG
BONE YARD 12H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To Harvey D. Sheehan II

Street and Apt. No., or PO Box No. 19395 288th Avenue

City, State, ZIP+4® Pierre, SD 57501

USPS SANTA FE, NM 87594 AUG 28 2015 USPS POSTAGE PAID DEVARGAS POST OFFICE Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 6895

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.
- 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:

Lois Thompson
PO Box 396
Pierre, SD 57501

9590 9403 0643 5183 8048 23

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. THOMPSON C. Date of Delivery 8-30-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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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.
- 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:

Harvey D. Sheehan II
19395 288th Avenue
Pierre, SD 57501

9590 9403 0643 5183 8048 30

2. Article Number (Transfer from service label)

7015 0640 0007 1135 6895

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Harvey Sheehan C. Date of Delivery 9/1/2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 6888

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Po
$
Sent To
Street ar
City, Sta

Dan Evans Sheehan
9227 Flushing Meadows Drive NE
Albuquerque, NM 87111

USPS SANTA FE NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 6871

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Post
$
Sent To
Street and
City, State

Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

USPS SANTA FE NM 87594 DE VARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Doda Suzanne Sheehan
7043 W. Belmont Drive
Littleton, CO 80123

9590 9401 0033 5071 8257 57

2. Article Number *(Transfer from service label)*
7015 0640 0007 1135 6871

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
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 6864

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

MHF/COG
BONE YARD 12H

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pos'

Sent To Dan Cody Keefe

Street and 2798 Paw Print Way

City, State Castle Rock, CO 80109

PS Form

Postmark Here
AUG 28 2015
USPS SANTA FE NM 87594 DEVARGAS POST OFFICE

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- 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:

Dan Cody Keefe
2798 Paw Print Way
Castle Rock, CO 80109

9590 9401 0033 5071 8257 40

2. Article Number *(Transfer from service label)*
7015 0640 0007 1135 6864

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7015 0640 0007 1135 6857

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information,

MHF/COG
BONE YARD 12H

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage

Sent To Jimmy Lynn London

Street and A 239 Dawn Drive

City, State, Z Fritch, Texas 79036

PS Form 38

Postmark Here
AUG 28 2015
USPS SANTA FE NM 87594 DEVARGAS POST OFFICE

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:

Jimmy Lynn London
239 Dawn Drive
Fritch, Texas 79036

2. Article Number *(Transfer from service label)*
7015 0640 0007 1135 6857

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

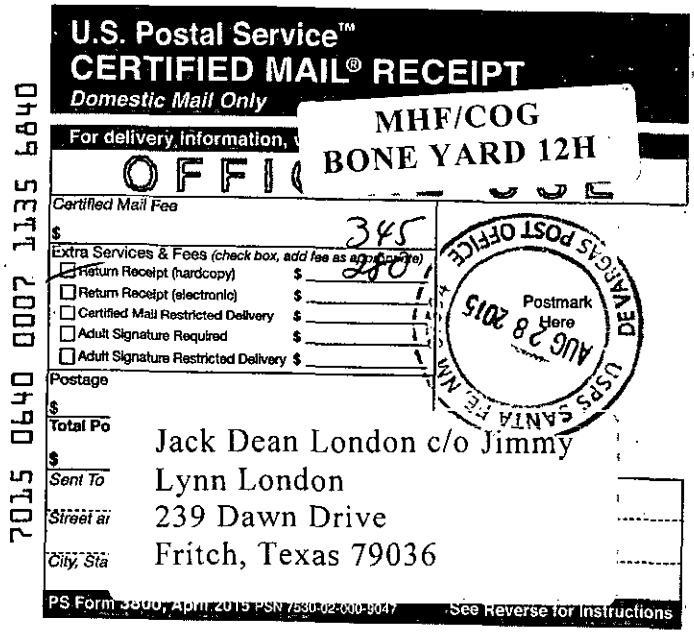
B. Received by *(Printed Name)*
TERESSA London

C. Date of Delivery
8-31-15

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, v

OFFIC

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

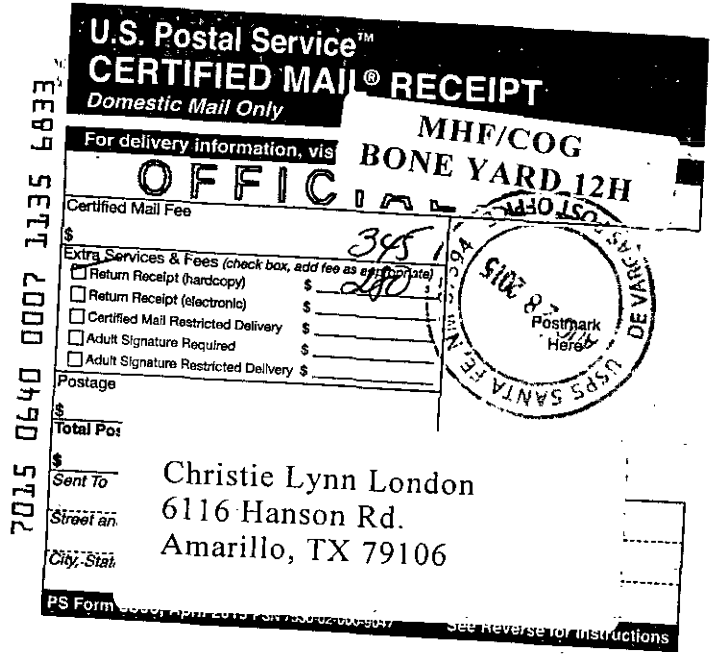
Postage
$
Total Po
$
Sent To
Street ar
City, Sta

Jack Dean London c/o Jimmy
Lynn London
239 Dawn Drive
Fritch, Texas 79036

Postmark Here
AUG 28 2015
USPS SANTA FE NM
DE VARGAS POST OFFICE

7015 0640 0007 1135 6840

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vis

OFFIC

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

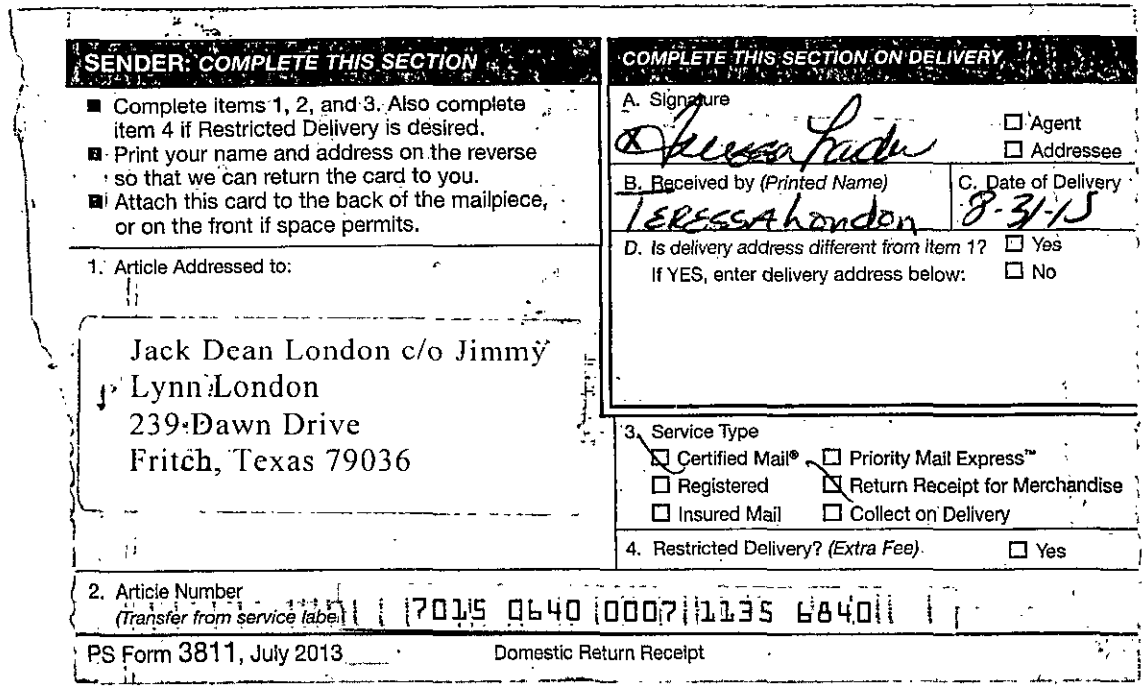
Postage
$
Total Pos
$
Sent To
Street an
City, Stat

Christie Lynn London
6116 Hanson Rd.
Amarillo, TX 79106

Postmark Here
USPS SANTA FE NM
DE VARGAS POST OFFICE

7015 0640 0007 1135 6833

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

Jack Dean London c/o Jimmy
Lynn London
239 Dawn Drive
Fritch, Texas 79036

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Teresa London ☐ Agent ☐ Addressee

B. Received by (Printed Name) TERESA London
C. Date of Delivery 8-31-15

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

2. Article Number (Transfer from service label) 7015 0640 0007 1135 6840

PS Form 3811, July 2013 Domestic Return Receipt

7015 0640 0007 1135 6826

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 345

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pos
$
Sent To
Street an
City, Stat

Randy V. Watts
PO Box 2367
Roswell, NM 88202

USPS SANTA FE NM 87594 AUG 2015 Postmark Here DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

Randy V. Watts
PO Box 2367
Roswell, NM 88202

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

2. Article Number *(Transfer from service label)* 7015 0640 0007 1135 6826

PS Form 3811, July 2013 Domestic Return Receipt

7015 0640 0007 1135 6819

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 345

Extra Services & Fees *(check box, add fee as appropriate)*
- ☒ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Posta
$
Sent To
Street and A
City, State, Z

Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

USPS SANTA FE NM 87594 AUG 28 2015 Postmark Here DEVARGAS POST OFFICE

PS Form 38 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Suzanne Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

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

2. Article Number *(Transfer from service label)* 7015 0640 0007 1135 6819

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $ 1.51
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 0.49

Total Postage and Fees
$ 8.25

Sent To
Robert Akins

Street and Apt. No., or PO Box No.
6134 Crane Drive

City, State, ZIP+4®
Fort Collins, CO 80528

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4930

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 0.49

Total Postage and Fees
$ 6.74

Sent To
Patsy Harris

Street and Apt. No., or PO Box No.
6255 West Northwest
Highway, Apt. #106

City, State, ZIP+4®
Dallas, TX 75225

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4947

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:

Robert Akins
6134 Crane Drive
Fort Collins, CO 80528

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Akins ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/31/15

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

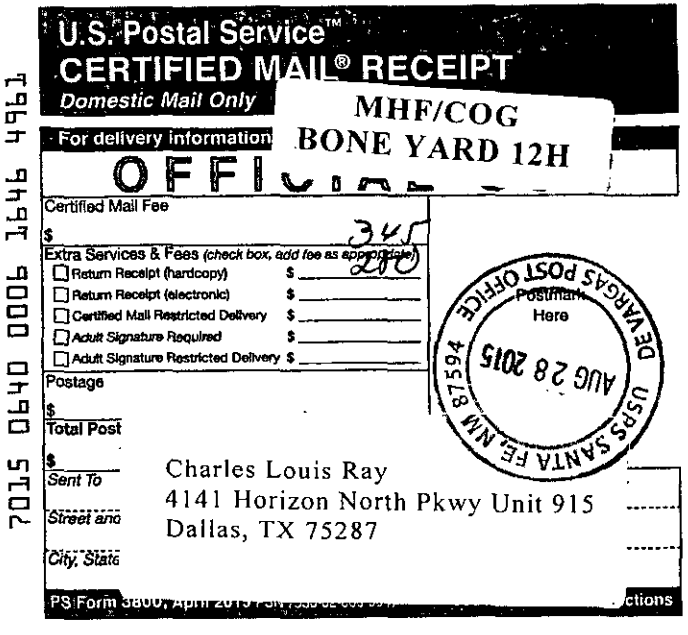
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 0640 0006 1646 4930

PS Form 3811, July 2013 Domestic Return Receipt

Return


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/COG
BONE YARD 12H
For delivery information, vis
OFFIC
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 280
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Pc
$
Sent To
Street a
City, Sta
Charles Louis Ray
6909 Columbia Falls Drive
McKinney, TX 75070
USPS SANTA FE, NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0006 1646 4954


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/COG
BONE YARD 12H
For delivery information
OFFI
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 280
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Post
$
Sent To
Street and
City, State
Charles Louis Ray
4141 Horizon North Pkwy Unit 915
Dallas, TX 75287
USPS SANTA FE, NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015
7015 0640 0006 1646 4961

Return

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

2.20

Postage
$
Total Pc
$
Sent To
Street a
City, Sta

USPS SANTA FE NM 87594 DE VARGAS POST OFFICE
Postmark Here
AUG 28 2015

Christopher Robert Ray
929 Pleasant Drive
Mesquite, TX 75150

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4978

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.
- 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:

Christopher Robert Ray
929 Pleasant Drive
Mesquite, TX 75150

9590 9401 0033 5071 7852 42

2. Article Number *(Transfer from service label)*
7015 0640 0006 1646 4978

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery
AUG 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi
OFFIC

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BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☑ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

2.20

Postage
$
Total P
$
Sent To
Street
City, St

USPS SANTA FE, NM 87594 DE VARGAS POST OFFICE
Postmark Here
AUG 28 2015

Wilda Jean Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4985

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.
- 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:

Wilda Jean Bethurum
1050 N. Buckner Blvd.
Dallas, TX 75218

9590 9401 0033 5071 7852 35

2. Article Number *(Transfer from service label)*
7015 0640 0006 1646 4985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
D. Date of Delivery
AUG 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pc
$
Sent To
Street a
City, Sta

Peggy Collins
117 Crepe Myrtle
Glenn Laurel Park, NC 28739

Postmark Here
AUG 28 2015
USPS SANTA FE NM 87594 DEVARGAS POST OFFICE

PS Form [illegible] See Reverse for Instructions

7015 0640 0006 1646 4992

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information,
OFFI

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☒ Return Receipt (electronic) $ 2.20
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Post
$
Sent To
Street and
City, State,

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

Postmark Here
AUG 28 2015
USPS SANTA FE NM 87594 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4909

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Peggy Collins
117 Crepe Myrtle
Glenn Laurel Park, NC 28739

9590 9401 0033 5071 7852 28

2. Article Number (Transfer from service label)
7015 0640 0006 1646 4992

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy Collins ☒ Agent ☐ Addressee

B. Received by (Printed Name) PEGGY COLLINS
C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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.
- 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:

Don Lyle
1287 Silverado Street
La Jolla, CA 92037

9590 9403 0643 5183 8038 33

2. Article Number (Transfer from service label)
7015 0640 0006 1646 4909

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DC Lyle ☐ Agent ☒ Addressee

B. Received by (Printed Name) DON LYLE
C. Date of Delivery 9/1/15

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

3. Service Type
- ☐ Adult Signature
- ☒ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 4916

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Domestic Mail Only

For delivery information, visit

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos

$

Sent To
Jack L. Lyle

Street an
4014 Bond Street

City, Stat
Rowlett, TX 75088

PS Form

DEVARGAS POST OFFICE USPS SANTA FE, NM 87504
Postmark Here
AUG 28 2015

7015 0640 0006 1646 4923

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po

$

Sent To
Wesley Wayne Scott

Street a
1006 Meadow Oaks Street

City, Sta
Azle, TX 76020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

DEVARGAS POST OFFICE USPS SANTA FE, NM 87504
Postmark Here
AUG 28 2015

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.
- 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:

Jack L. Lyle
4014 Bond Street
Rowlett, TX 75088

9590 9403 0643 5183 8038 40

2. Article Number (Transfer from service label)
7015 0640 0006 1646 4916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
8-31-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 4718

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pc
$
Sent To
Street a
City, Sta

Kevin Scott
2300 Conveyor Drive
Burleson, TX 76028

USPS SANTA FE NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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 Scott
2300 Conveyor Drive
Burleson, TX 76028

9590 9403 0643 5183 8038 64

2. Article Number (Transfer from service label)
7015 0640 0006 1646 4718

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 4725

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Post
$
Sent To
Street and
City, State,

William Clinton Bird
806 N. Cummings Drive, #7
Alvarado, TX 76009

USPS SANTA FE NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- 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:

William Clinton Bird
806 N. Cummings Drive, #7
Alvarado, TX 76009

9590 9403 0643 5183 8037 34

2. Article Number (Transfer from service label)
7015 0640 0006 1646 4725

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)
Dawn Price
C. Date of Delivery
8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 4732

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent To
Miriam C. Monzingo

Street and
10709 Shannon Valley Drive

City, State
Crowley, TX 76036

USPS SANTA FE, NM 87594 POST OFFICE DE VARGAS
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4749

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF/COG
BONE YARD 12H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
Miriam C. Monzingo

Street and
5 Shannon Valley Drive

City, State
Crowley, TX 76036

USPS SANTA FE, NM 87594 POST OFFICE DE VARGAS
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Return

7015 0640 0006 1646 4756

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Pos
$
Sent To
Street an
City, Stat

Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DE VARGAS POST OFFICE

PS Form [illegible] April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Jerry Brown
4307 Honey Oaks Drive
Seabrook, TX 77586

9590 9403 0643 5183 8037 65

2. Article Number *(Transfer from service label)*
7015 0640 0006 1646 4756

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

G B

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 4763

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery informa
OFF

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45
Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Post
$
Sent To
Street and
City, State

Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DE VARGAS POST OFFICE

PS Form [illegible]

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Reita D. King
1357 Fieldstone Drive
Mount Joy, PA 17552

9590 9403 0643 5183 8036 66

2. Article Number *(Transfer from service label)*
7015 0640 0006 1646 4763

COMPLETE THIS SECTION ON DELIVERY

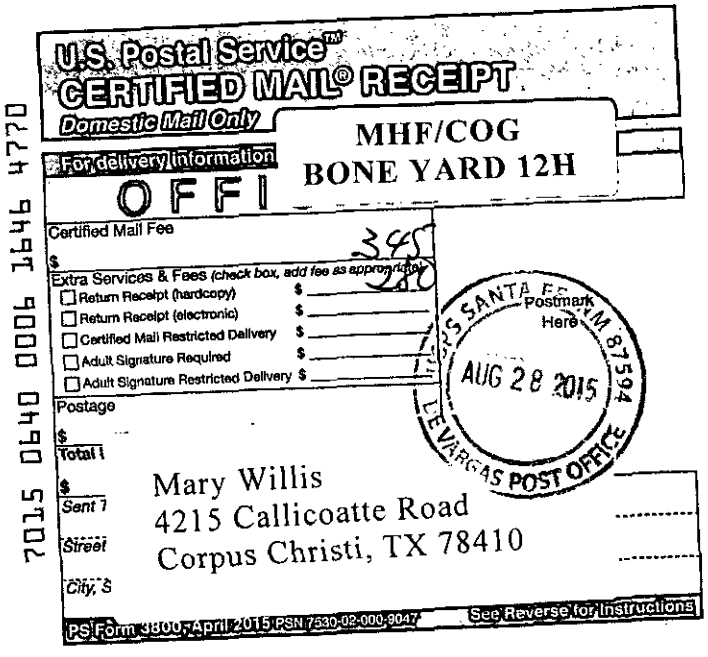
A. Signature
X Reita King ☐ Agent ☐ Addressee

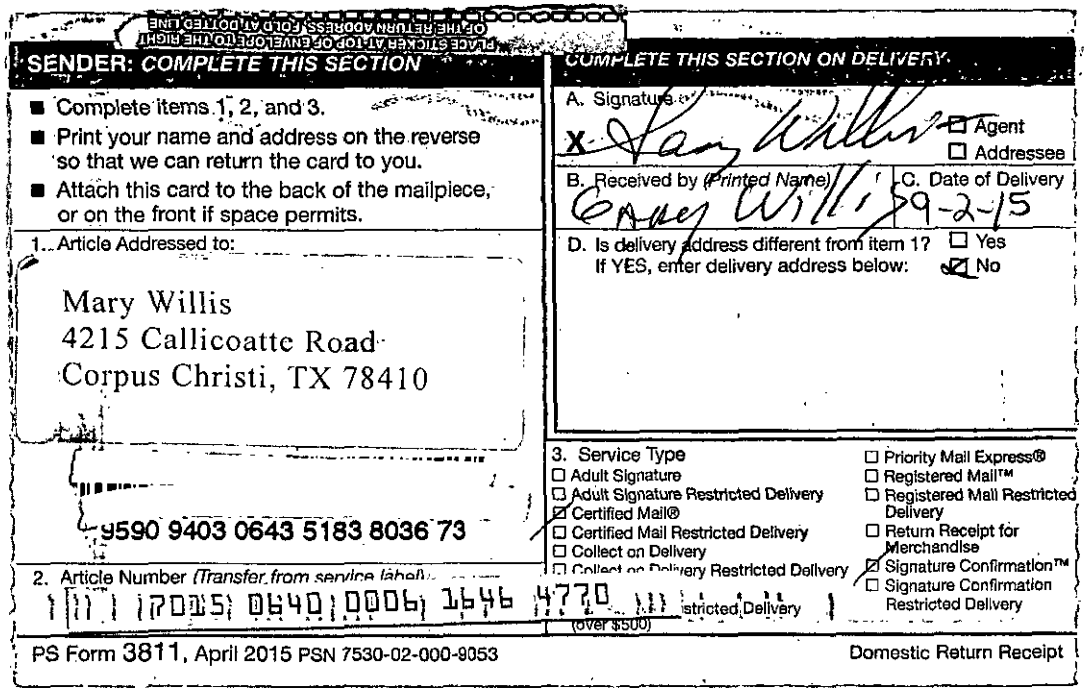
B. Received by *(Printed Name)* Reita King | C. Date of Delivery 8/31/15

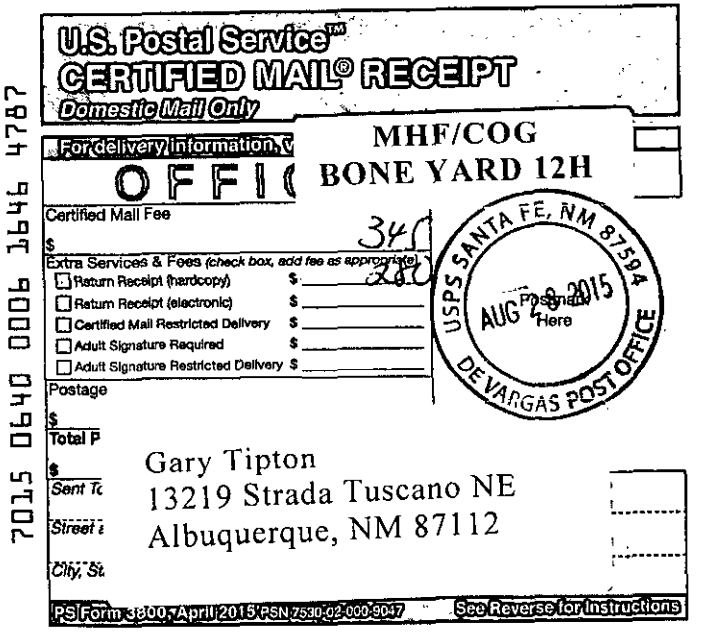
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

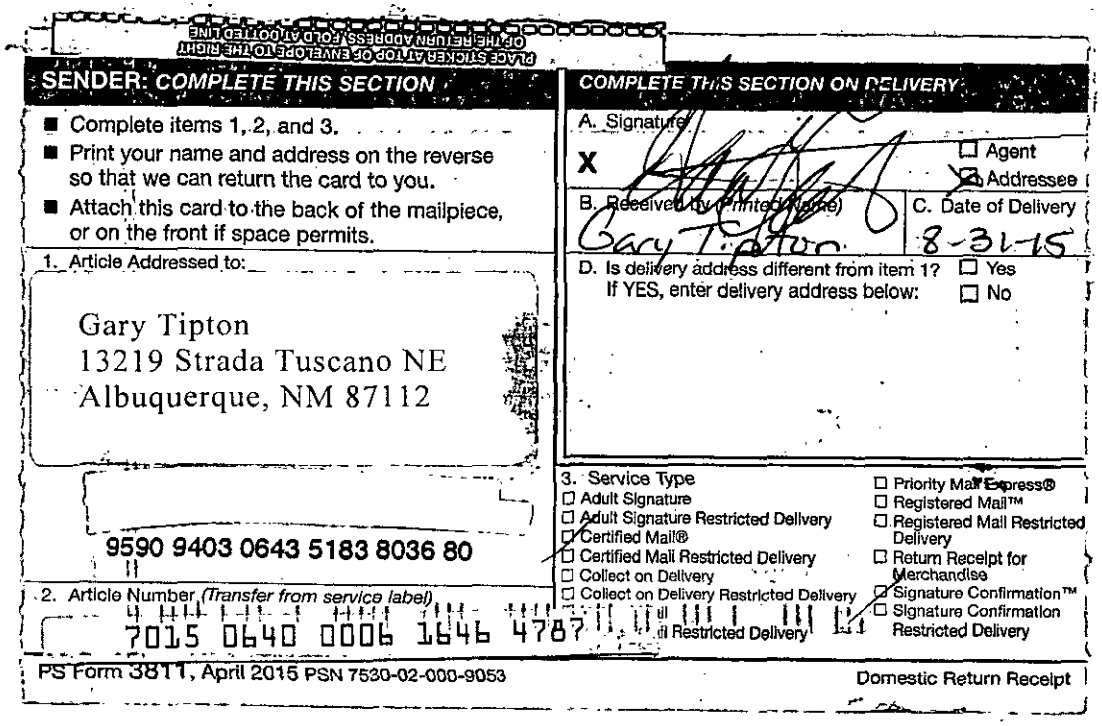
3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information
MHF/COG
BONE YARD 12H
OFFI
Certified Mail Fee
$3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
$2.80
Postage
$
Total
Sent
Street
City, S
USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE
Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0006 1646 4770


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.
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:
Mary Willis
4215 Callicoatte Road
Corpus Christi, TX 78410
9590 9403 0643 5183 8036 73
2. Article Number (Transfer from service label)
7015 0640 0006 1646 4770
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
9-2-15
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Adult Signature
Adult Signature Restricted Delivery
Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information
MHF/COG
BONE YARD 12H
OFFI
Certified Mail Fee
$3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
$2.80
Postage
$
Total P
Sent To
Street
City, St
USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE
Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0006 1646 4787


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.
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:
Gary Tipton
13219 Strada Tuscano NE
Albuquerque, NM 87112
9590 9403 0643 5183 8036 80
2. Article Number (Transfer from service label)
7015 0640 0006 1646 4787
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
Gary Tipton
C. Date of Delivery
8-31-15
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
Adult Signature
Adult Signature Restricted Delivery
Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053
Domestic Return Receipt

7015 0640 0006 1646 4794

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vi

OFFICIAL

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent T
Donna F. Leach

Street
4008 Tracy Street NE

City, S
Albuquerque, NM 87111

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 4800

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vis

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postag
$

Sent To
Dwain Leach

Street and A
956 Pepper Tree Lane

City, State, Z
Fallbrook, CA 92028

SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

956 Pepper Tree Lane
Fallbrook, CA 92028

9590 9403 0643 5183 8037 05

2. Article Number (Transfer from service label)
7015 0640 0006 1646 4800

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dwain Leach
☐ Agent
☐ Addressee

B. Received by (Printed Name) Dwain Leach
C. Date of Delivery 9-1-15

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

SEP - 1 2015
FALLBROOK CA 92028

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 6798

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Po
$
Sent To
Street a
City, Sta

Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706

USPS SANTA FE, NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 6781

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Post
$
Sent To
Street and
City, State

Clifford Marrion Parish
2713 54th Street
Lubbock, TX 79413

USPS SANTA FE, NM 87594 DEVARGAS POST OFFICE
Postmark Here
AUG 28 2015

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION — **COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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:

Carolyn Ann Lewis
2139 N. Fairview Street
Santa Ana, CA 92706

9590 9403 0643 5183 8037 10

2. Article Number *(Transfer from service label)*
7015 0640 0006 1646 6798

A. Signature
X Carolyn Lewis ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
SEP 1 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Return

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, v

OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $ 2.80

Postage $
Total Pos $
Sent To
Street an
City, Stat

USPS SANTA FE, NM 87594
Postmark Here AUG 28 2015
DEVARGAS POST OFFICE

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 6774

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information

OFFICIAL USE

Certified Mail Fee $ 3.45
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $ 2.80

Postage $
Total Po $
Sent To
Street a
City, Sta

SANTA FE, NM 87594
AUG 28 2015 Postmark Here
POST OFFICE

Richard W. Benson
100 SE 9 th Street, Apt. 606
Topeka, KS 66612

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 6767

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Bonnie E. Benson
5619 Charlotte Street
Kansas City, MO 64110

9590 9403 0643 5183 8035 98

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6774

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie E Benson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bonnie E. Benson C. Date of Delivery

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

SEP 23 2015
KANSAS CITY MO 64131

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Richard W. Benson
100 SE 9th Street, Apt. 606
Topeka, KS 66612

9590 9403 0643 5183 8036 04

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6767

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kim Alcorn ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kim Alcorn C. Date of Delivery 9/1/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

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

OFFICIAL USE

7015 0640 0006 1646 6750

Certified Mail Fee	$3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Postage	$

USPS SANTA FE, NM 87594 AUG 2 2015 POSTMARK DE VARGAS

Sent To: Apache Corporation
Street and: 303 Veterans Airpark Lane,
City, State: Suite 3000
Midland, TX 79705

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Apache Corporation
303 Veterans Airpark Lane,
Suite 3000
Midland, TX 79705

9590 9403 0643 5183 8036 11

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6750

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Berry ☑ Agent ☐ Addressee

B. Received by (Printed Name) J Berry
C. Date of Delivery 8-11-15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Registered No. RE039186178US

Date Stamp 0496 14

Reg. Fee	$2.06		
Handling Charge	$13.95	Return Receipt	
Postage	$0.00 $0.00	Restricted Delivery	
Received by	$0.00	$16.01	

DE VARGAS POST OFFICE USPS SANTA FE, NM 87504 AUG 28 2015

Customer Must Declare Full Value $0.00

Domestic insurance up to $25,000 is included based upon the declared value. International indemnity is limited. (See Reverse).

08/28/2015

SANTA FE NM 87501

OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed

FROM: Holland & Hart
P.O. BOX 2208
Santa Fe NM 87504
87501

TO: Catherine Connoly et al
208 Esther Roberts Rd
Glenwood Durban
South Africa 4001

PS Form 3806, May 2007 (7530-02-000-9051) Receipt for Registered Mail Copy 1 - Customer (See Information on Reverse)

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $ 2.80

Postage
$

Total Postage
$

Sent To
Charles Lee Cole and Margaret K. Cole
Trustees under the Charles and Margaret
Cole Living Trust dtd 9/30/03 Charles Lee
Cole individually and as Successor Trustee
of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

Street and Apt.

City, State, ZIP

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 6743

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Charles Lee Cole and Margaret K. Cole
Trustees under the Charles and Margaret
Cole Living Trust dtd 9/30/03 Charles Lee
Cole individually and as Successor Trustee
of the Oleta Mounts Cole Trust
3730 California Avenue
Carmichael, CA 95608

9590 9403 0643 5183 8036 28

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6743

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Margaret K Cole ☐ Agent ☐ Addressee

B. Received by (Printed Name) Margaret K Cole C. Date of Delivery 9-1-15

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

CARMICHAEL, CA 95608 SEP 1 - 2015

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $ 2.80

Postage
$

Total Postage
$

Sent To
Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211

Street and Apt.

City, State, ZIP

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0006 1646 6736

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.
- 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:

Chase Oil Corporation
P.O. Box 1767
Artesia, NM 88211

9590 9403 0643 5183 8036 35

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6736

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY BEAUREGARD C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, v

OFFIC ... USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postag
$

Sent To
Cheryl Ann Currier

Street and A
PO Box 1813

City, State,
Artesia, NM 88211-1813

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions.

7015 0640 0006 1646 6729

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Cheryl Ann Currier
PO Box 1813
Artesia, NM 88211-1813

9590 9403 0643 5183 8036 42

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6729

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Terri Hamilton ☐ Agent ☐ Addressee

B. Received by (Printed Name) Terri Hamilton
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
Chisos Ltd

Street and Apt
670 Dona Ana Road SW

City, State, ZI
Deming, NM, 88030

USPS SANTA FE, NM 87594 AUG 27 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 380 ...ns

7015 0640 0006 1646 6712

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Chisos Ltd
670 Dona Ana Road SW
Deming, NM, 88030

9590 9403 0643 5183 8036 59

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) L Smith
C. Date of Delivery 8-27-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 6705

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFI

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

2.80

Postage
$

Total Postage
$

Sent To
Connacht, LLC
Street and.
9575 Katy Freeway Ste 440
City, State,
Houston, TX 77024

USPS SANTA FE NM 87594 AUG 28 2015 DE VARGAS POST OFFICE
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Connacht, LLC
9575 Katy Freeway Ste 440
Houston, TX 77024

9590 9403 0643 5183 8026 52

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruth Bonacho ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 5201

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
Constance D. Connelly, Trustee of the
Street and. Constance D. Connelly 2015 Rev Trust,
dtd 3/6/15
City, State, 1014 Whispering Oak Ct.
Arlington, TX 76012

USPS SANTA FE NM 87594 AUG 28 2015 DE VARGAS POST OFFICE
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Constance D. Connelly, Trustee of the
Constance D. Connelly 2015 Rev Trust,
dtd 3/6/15
1014 Whispering Oak Ct.
Arlington, TX 76012

9590 9403 0643 5183 8026 69

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Constance D Connelly ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
Constance D Connelly 9-1-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 5195

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit ou

OFFICI

MHF/COG
BONE YARD 12H

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total	
Sent	Cross Border Resources
Stree	2515 McKinney Ave Ste 900
City,	Dallas, TX 75201

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 5188

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Post	
Sent To	D2 Resources, LLC
Street and	PO Box 10187
City, State	Midland, TX 79702

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL

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

LETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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:

D2 Resources, LLC
PO Box 10187
Midland, TX 79702

9590 9403 0643 5183 8026 83

A. Signature ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery 9/2/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Article Number (Transfer from service label) 7015 0640 0007 1135 5188

ail ail Restricted Delivery,

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 5171

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/COG
BONE YARD 12H

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To

Street a

City, St

David N. Harris and Iris M. Harris as
Trustees of the David N. & Iris M.
Harris Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 5164

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information visi

MHF/COG
BONE YARD 12H

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent

Stree

City,

David R. Woodson and Loretta M.
Woodson, Trustees of the David R.
Woodson and Loretta M. Woodson
Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

USPS SANTA FE, NM 87594
AUG 28 2015
Postmark Here
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

- Complete items 1, 2, and 3.
- 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:

David N. Harris and Iris M. Harris as
Trustees of the David N. & Iris M.
Harris Living Trust dtd 10/16/09
2208 Falling Springs Lane
Yukon, OK 73099

9590 9403 0643 5183 8041 20

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5171

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x David N. Harris
- [ ] Agent
- [x] 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
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

- Complete items 1, 2, and 3.
- 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:

David R. Woodson and Loretta M.
Woodson, Trustees of the David R.
Woodson and Loretta M. Woodson
Living Trust dtd 1/4/99
20313 NE 89th Ave
Battleground, WA 98604

9590 9403 0643 5183 8041 37

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5164

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x David R. Woodson
- [ ] Agent
- [x] Addressee

B. Received by (Printed Name) | C. Date of Delivery
DAVID R. WOODSON | 9-1-2015

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

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
DiaKan Minerals, LLC
Street and
PO Box 693
City, State,
Artesia, NM 88211

SANTA FE, NM 87504
AUG 28 2015
DE VARGAS POST OFFICE
Postmark Here

PS Form 3

7015 0640 0007 1135 5157

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Edge Petroleum
Street
PO Box 840133
City,
Dallas, TX 75284-0133

SANTA FE, NM 87594
AUG 28 2015
DE VARGAS POST OFFICE
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1135 5140

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

DiaKan Minerals, LLC
PO Box 693
Artesia, NM 88211

9590 9403 0643 5183 8041 44

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Beauregard
☐ Agent
☐ Addressee

B. Received by (Printed Name)
KATHY BEAUREGARD

C. Date of Delivery
8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Edge Petroleum
PO Box 840133
Dallas, TX 75284-0133

9590 9403 0643 5183 8041 51

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5140

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
AUG 31 2015

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 5133

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, visi
OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To H.F. Investments, LLC
Street a 3018 S. High Street
City, St Denver, CO 80210

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

H.F. Investments, LLC
3018 S. High Street
Denver, CO 80210

9590 9403 0643 5183 8040 45

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/31

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

3. Service Type
- ☐ Adult Signature
- ☑ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 5126

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information
OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Pc $

Sent To Hunt Cimarron LP
Street a PO Box 1592
City, Sta Roswell, NM 88202-1592

USPS SANTA FE, NM 87594 Postmark Here AUG 28 2015 DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Hunt Cimarron LP
PO Box 1592
Roswell, NM 88202-1592

9590 9403 0643 5183 8040 52

2. Article Number (Transfer from service label)
7015 0640 0007 1135 5126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet Poyal ☐ Agent ☐ Addressee

B. Received by (Printed Name) JANET POYAL C. Date of Delivery 8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1135 5119

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P

Sent T

Street

City, S

Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

USPS SANTA FE, NM 87594
Postmark Here
AUG 28 2015
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7015 0640 0007 1143 4937

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post

Sent To

Street and

City, State,

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

USPS SANTA FE, NM 87594
AUG Postmark Here 2015
DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- 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 David N. Harris ☐ Agent ☐ Addressee

B. Received by (Printed Name) David N. HARRIS — C. Date of Delivery 8-31-15

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

1. Article Addressed to:

Iris M. Harris, Trustee of the Nettie Louise Putman Trust, created under the Mildred V. Cole Living Trust Agreement dtd 6/7/90
PO Box 850403
Yukon, OK 73085

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8040 69

2. Article Number (Transfer from service label) 7015 0640 0007 1135 5119

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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.
- 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:

Janet M. Hanley
5422 Beaver Lodge Drive
Kingwood, TX 77345

9590 9403 0643 5183 8039 87

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4937

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 8-31-15

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

SEP - 2 2015
USPS 77339-9998 TX

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7015 0640 0007 1143 4944

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/COG
BONE YARD 12H

OFFI

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Post
$

Sent To
Street and
City, State,

L R Energy Inc
8150 N Central Expy Suite
1605
Dallas, TX 75206

SANTA FE, NM 87504 AUG 28 2015 Postmark Here DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4951

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/COG
BONE YARD 12H

OFFI

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To
Street an
City, Stat

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

SANTA FE, NM 87594 AUG 28 2015 Postmark Here DEVARGAS POST OFFICE

PS Form [illegible] April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

L R Energy Inc
8150 N Central Expy Suite
1605
Dallas, TX 75206

9590 9403 0643 5183 8039 94

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4944

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Saunders ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
8/31

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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.
- 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:

Laurence David Willard
11020 Mira Vista Place
Albuquerque, NM 87123

FOOTHILLS STA ALBUQUERQUE NM 87123 SEP 10 2015 USPS

9590 9403 0643 5183 8031 30

2. Article Number *(Transfer from service label)*
7015 0640 0007 1143 4951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laurence D Willard ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
LAURENCE D WILLARD

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

FOOTHILLS STA ALBUQUERQUE NM 87123 SEP 10 2015 USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

MHF/COG
BONE YARD 12H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Marshall & Winston, Inc.

Street and Apt. No.: PO Box 50880

City, State, ZIP+4®: Midland, TX 79710-0880

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

7015 0640 0007 1143 4968

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Marshall & Winston, Inc.
PO Box 50880
Midland, TX 79710-0880

9590 9403 0643 5183 8041 82

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4968

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

MHF/COG
BONE YARD 12H

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: McCombs Energy LLC

Street and Apt. No.: 5599 San Felipe Ste 1200

City, State, ZIP+4®: Houston, TX 77056-2794

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

7015 0640 0007 1143 4975

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

McCombs Energy LLC
5599 San Felipe Ste 1200
Houston, TX 77056-2794

9590 9403 0643 5183 8041 99

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4975

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

COMPLETE THIS SECTION ON DELIVERY

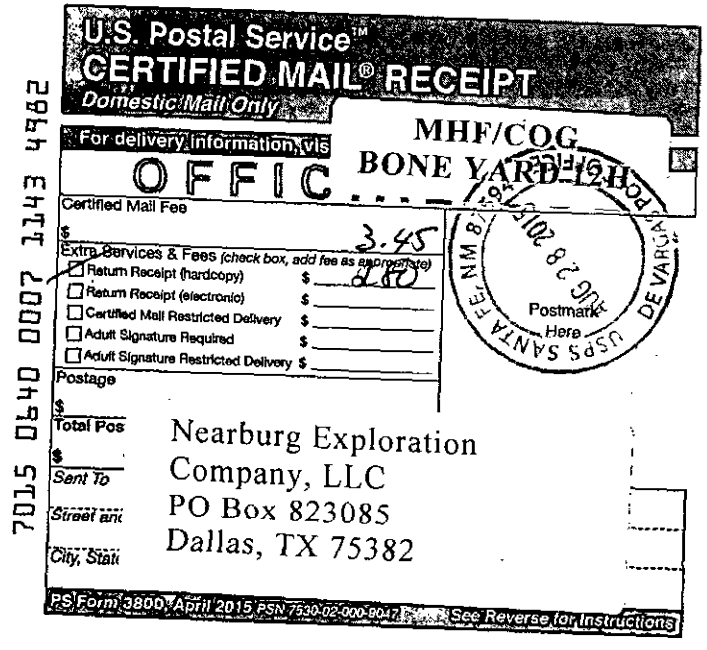
A. Signature X D. Cook ☐ Agent ☐ Addressee

B. Received by (Printed Name) D COOK C. Date of Delivery 9/01/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☑ Registered Mail Restricted Delivery
- ☑ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

OFFIC

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Nearburg Exploration
Company, LLC

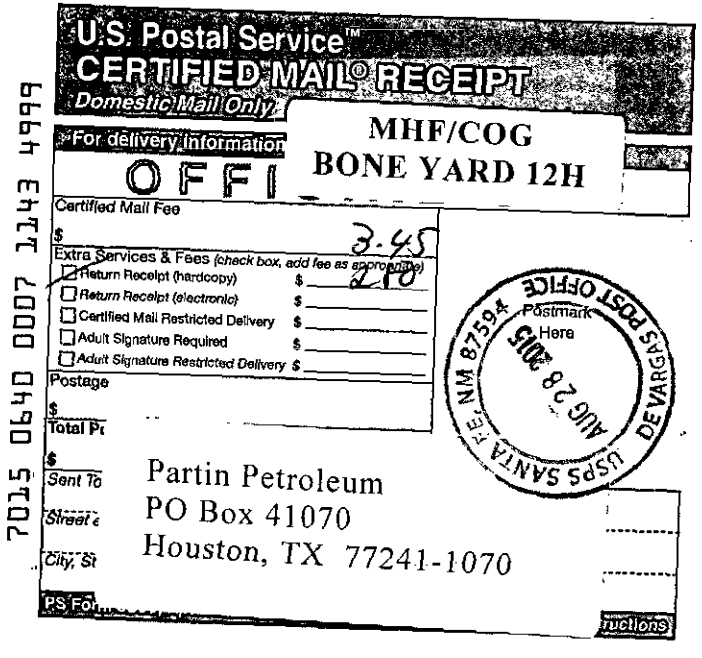
Street and
PO Box 823085

City, Stat
Dallas, TX 75382

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

7015 0640 0007 1143 4982



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

OFFI

MHF/COG
BONE YARD 12H

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total Pi
$

Sent To
Partin Petroleum

Street a
PO Box 41070

City, St
Houston, TX 77241-1070

PS Fo

tructions)

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

7015 0640 0007 1143 4999

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.
- 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:

Nearburg Exploration
Company, LLC
PO Box 823085
Dallas, TX 75382

9590 9403 0643 5183 8042 50

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4982

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Edna Fewell

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☑ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Partin Petroleum
PO Box 41070
Houston, TX 77241-1070

9590 9403 0643 5183 8042 67

2. Article Number (Transfer from service label)
7015 0640 0007 1143 4999

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
E DAVIS 9-1-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 5002

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

To
$

Sent To
Plains Production, Inc
1601 SE 19th Street
Edmond, OK 73013

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

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.
- 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:
Plains Production, Inc
1601 SE 19th Street
Edmond, OK 73013

9590 9403 0643 5183 8042 74

2. Article Number (Transfer from service label)
7015 0640 0007 1143 5002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dan Russell
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 7518

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Robert C. Chase
PO Box 297
Artesia, NM 88211

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

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.
- 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:
Robert C. Chase
PO Box 297
Artesia, NM 88211

9590 9403 0643 5183 8040 76

2. Article Number (Transfer from service label)
7015 0640 0007 1143 7518

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY BEAUREGARD
C. Date of Delivery 8-31-15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0007 1143 4920

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/COG
BONE YARD 12H

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Total F $

Sent T

Street Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave

City, S Anaheim, CA 92804

PS Fo ... Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 POST OFFICE DE VARGAS
Postmark Here

SEND ... **SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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 [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robert L Aho C. Date of Delivery 8/31/15

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

1. Article Addressed to:
Robert L. Aho and Sharon K. Aho
2941 W. Rome Ave
Anaheim, CA 92804

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8040 83

2. Article Number (Transfer from service label) 7015 0640 0007 1143 4920

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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7015 0640 0006 1646 6699

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MHF/COG
BONE YARD 12H

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [ ] Return Receipt (hardcopy) $
- [ ] Return Receipt (electronic) $
- [x] Certified Mail Restricted Delivery $ 2.80
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage $

Tota $

Sen

Stre

City,

PS ... Instructions

USPS SANTA FE, NM 87594 AUG 28 2015 POST OFFICE DE VARGAS
Postmark Here

Solis Energy, LLC
PO Box 51451
Midland, TX 79710

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- 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 Monica B. ☐ Agent ☐ Addressee

B. Received by (Printed Name) Monica B. C. Date of Delivery 8-31-15

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

1. Article Addressed to:
Solis Energy, LLC
PO Box 51451
Midland, TX 79710

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9590 9403 0643 5183 8040 90

2. Article Number (Transfer from service label) 7015 0640 0006 1646 6699

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 6682

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MHF/COG
BONE YARD 12H

OFF

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Po	$
Sent To	Steven R. Willard
Street an	PO Box 1174
City, Sta	Artesia, NM 88211-1174

USPS SANTA FE, NM 87594 AUG 28 2015 DE VARGAS POST OFFICE Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.
- 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:

Steven R. Willard
PO Box 1174
Artesia, NM 88211-1174

9590 9403 0643 5183 8041 06

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6682

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
9-1-15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 6675

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MHF/COG
BONE YARD 12H

OFFI

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$
Total Pos	$
Sent To	Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev Trust created 5/6/98
Street an	PO Box 195
City, Stat	Acton, CA 93510

USPS SANTA FE, NM 87594 AUG 2015 DE VARGAS POST OFFICE Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson, Trustees of the Tarleton A. Woodson, a/k/a T.A. Woodson and Sherrill M. Woodson Rev. Trust created 5/6/98
PO Box 195
Acton, CA 93510

9590 9403 0643 5183 8041 13

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6675

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
S. M. Woodson

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

ACTON CA 93510-0998 SEP - 3 2015 USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 6668

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

MHF/COG
BONE YARD 12H

For delivery information

OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage $

Total Post $

Sent To

Street and

City, State

The Robert D. & Tawnya J.
Cole Rev Living Trust
5414 70th Place
Lubbock, TX 75711

USPS SANTA FE, NM 87594 AUG 28 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Robert D. & Tawnya J.
Cole Rev Living Trust
5414 70th Place
Lubbock, TX 75711

9590 9403 0643 5183 8043 42

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6668

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery

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

SEP - 1 2015 LUBBOCK, TX SINGING STATION

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0006 1646 6651

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MHF/COG
BONE YARD 12H

For delivery information

OFFICIAL USE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage $

Total P $

Sent T

Street

City, S

Thomas C. Woodson and Linda K. Woodson
818 Del Mar Lane
Arlington, TX 76102

USPS SANTA FE, NM 87594 AUG 2015 Postmark Here DE VARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 C. Woodson and Linda K. Woodson
818 Del Mar Lane
Arlington, TX 76102

9590 9403 0643 5183 8043 59

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6651

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thomas C Woodson ☐ Agent ☐ Addressee

B. Received by (Printed Name) THOMAS C WOODSON C. Date of Delivery

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

SEP - 1 2015 ARLINGTON TX OAKWOOD STATION

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☑ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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BONE YARD 12H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To	Ventana Minerals, LLC
Street and Apt. No., or PO Box No.	PO Box 359
City, State, ZIP+4®	Artesia, NM 88211

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PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7015 0640 0006 1646 6644

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ventana Minerals, LLC
PO Box 359
Artesia, NM 88211

9590 9403 0643 5183 8043 66

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathy Beauregard ☐ Agent ☐ Addressee

B. Received by (Printed Name) KATHY BEAUREGARD
C. Date of Delivery 8-31-15

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

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

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information, visit

OFFICIAL USE

Certified Mail Fee	3.45
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	2.80
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage	
Total Postage and Fees	
Sent To	William J. Duncan
Street and Apt. No., or PO Box No.	1414 Crownhill Drive
City, State, ZIP+4®	Arlington, TX 76012

USPS SANTA FE, NM 87594 — Postmark Here — AUG 28 2015 — USPS POST OFFICE DEVARGAS

PS Form

7015 0640 0006 1646 6637

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

William J. Duncan
1414 Crownhill Drive
Arlington, TX 76012

9590 9403 0643 5183 8043 04

2. Article Number (Transfer from service label)
7015 0640 0006 1646 6637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Carol L Duncan ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carol L Duncan
C. Date of Delivery 8-31-15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

7015 0640 0006 1646 6620

U.S. Postal Service™
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Domestic Mail Only

MHF/COG
BONE YARD 12H

For delivery information: OFFI

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Po $

Sent To: William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99

Street a: 211 Dunes Street

City, Sta: Morro Bay, CA 93442

USPS SANTA FE NM 87594 Postmark Here AUG 28 2015 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 1143 4869

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CERTIFIED MAIL® RECEIPT
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MHF/COG
BONE YARD 12H

For delivery information, v

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postag $

Sent To: Zanaida Ruth Griffin

Street and Ap: 2808 Abingdon Parkway

City, State, Zi: Birmingham, AL 35243

USPS SANTA FE NM 87594 Postmark Here AUG 28 2015 DEVARGAS POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

William S. Woodson and Linda Kay Woodson, Trustees of the Willilam S. Woodson and Linda Kay Woodson Trust dtd 12/17/99
211 Dunes Street
Morro Bay, CA 93442

9590 9403 0643 5183 8043 11

2. Article Number (Transfer from service label) 7015 0640 0006 1646 6620

COMPLETE THIS SECTION ON DELIVERY

A. Signature X W. Woodson ☑ Agent ☐ Addressee

B. Received by (Printed Name) W. Woodson C. Date of Delivery 8/31/15

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Return