

District I  
 1625 N. French Blvd., El Paso, NM 88501  
 Phone: (915) 595-6100 Fax: (915) 595-6101  
 District II  
 1111 N. Third St., El Paso, NM 88501  
 Phone: (915) 595-6101 Fax: (915) 595-6101  
 District III  
 1000 R. to Fortuna Road, Aztec, NM 87410  
 Phone: (505) 334-6101 Fax: (505) 334-6101  
 District IV  
 1725 S. St. Francis Dr., Santa Fe, NM 87505  
 Phone: (505) 456-4100 Fax: (505) 456-4101

State of New Mexico  
 Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-102  
 Revised August 1, 2011  
 Submit one copy to appropriate  
 District Office  
☐ AMENDED REPORT

OCT 11 2016

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

30-005- <b>29215</b>	<sup>1</sup> API Number <b>12049 59469</b>	<b>CHAVEZ TOMAHAWK SAN ANDRES</b>
<sup>2</sup> Property Code <b>316875</b>	<sup>3</sup> Property Name <b>HUMBOLDT STATE</b>	<sup>4</sup> Well Number <b>1H</b>
<sup>5</sup> GRID No <b>371115</b>	<sup>6</sup> Operator Name <b>ROCKCLIFF OPERATING NEW MEXICO LLC</b>	<sup>7</sup> Elevation <b>4386'</b>

Surface Location

PL or lot no	Section	Township	Range	Lot Idn	Feet from the	North-South line	Feet from the	East-West line	County
N	15	8 SOUTH	32 EAST, N.M.P.M.		120'	SOUTH	2200'	WEST	CHAVEZ

Bottom Hole Location If Different From Surface

PL or lot no	Section	Township	Range	Lot Idn	Feet from the	North-South line	Feet from the	East-West line	County
C	15	8 SOUTH	32 EAST, N.M.P.M.		330'	NORTH	2200'	WEST	CHAVEZ

<sup>8</sup> Dedicated Acres	<sup>9</sup> Feet of Drift	<sup>10</sup> Consolidation Code	<sup>11</sup> Order No.
160		C	

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	<p><b>PROPOSED BOTTOM HOLE LOCATION</b></p> <p>X= 705.245 NAD 27 Y= 956.030 LAT 33.626243 LONG 103.659077</p> <p>X= 746.422 NAD83 Y= 955.095 LAT 33.626340 LONG 103.659590</p>	<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that this information was obtained from a reliable source and is not a copy of any other information.</p> <p><i>Brian Wood</i> 10-7-16 Signature Date</p> <p>Brian Wood Printed Name</p> <p>brian@permitswest.com Email Address</p> <p>(505) 466-8120 Phone Number</p>
	<p><b>CORNER COORDINATES TABLE (NAD 27)</b></p> <p>A - Y=956359.62 X=704362.73 B - Y=956353.62 X=705680.59 C - Y=951079.62 X=704362.73 D - Y=951079.62 X=705680.59</p>	<p><b>SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>7-19-2016 Date of Survey</p> <p><i>Robert J. Straper</i> Signature and Seal of Professional Surveyor</p> <p>8-4-2016 Date of Survey</p> <p>13006 Certificate Number</p>

OCD Case No. 15587

ROCKCLIFF  
 Exhibit # 2



**Aubrey Dunn**  
**COMMISSIONER**

*State of New Mexico*  
*Commissioner of Public Lands*

310 OLD SANTA FE TRAIL  
P.O. BOX 1148  
SANTA FE, NEW MEXICO 87504-1148

**COMMISSIONER'S OFFICE**

Phone (505) 827-5760

Fax (505) 827-5766

[www.nmstatelands.org](http://www.nmstatelands.org)

September 7, 2016

Ken Haley  
Vice President – Exploitation  
Rockcliff Energy, LLC  
1301 McKinney Street  
Suite 1300  
Houston, TX 77010

Re: Preliminary Approval  
Button Mesa San Andres Unit  
Chaves & Lea Counties, New Mexico

Dear: Mr Haley

This office has received the unexecuted copy of the unit agreement, which you have submitted for the proposed Button Mesa San Andres Unit area, Chaves & Lea Counties, New Mexico. This agreement meets the general requirements of the Commissioner of Public Lands, who has this date granted you preliminary approval as to form and content.

Preliminary approval shall not be construed to mean final approval of this agreement in any way and will not extend any short-term leases until final approval and an effective date have been given.

When submitting your agreement for final approval, please include the following:

1. Application for final approval by the Commissioner setting forth the tracts that have been committed and the tracts that have not been committed.
2. Pursuant to Rule 19.2.100.51, a statement of facts showing that:
  - a. The agreement will tend to promote the conservation of oil and gas and the better utilization of reservoir energy.
  - b. Under the proposed unit operation, the State of New Mexico will receive its fair and equitable share of the recoverable oil and gas in place under its lands in the proposed unit area.
  - c. Each beneficiary institution of the State of New Mexico will receive its fair and equitable share of the recoverable oil and gas under its lands within the unit area.
  - d. The unit agreement is in other respects for the best interest of the Trust.

OCD Case No. 15587

**ROCKCLIFF**  
**Exhibit # 3**

Rockcliff Energy, LLC  
September 7, 2016  
Page 2

3. All ratifications from the Lessees of Record and Working Interest Owners. All signatures should be acknowledged by a notary and one set must contain original signatures.
4. Approval order from the New Mexico Oil Conservation Division. State Land Office approval is conditioned upon approval by the New Mexico Oil Conservation Division.
5. One copy of the Unit Operating Agreement with the language that reads in Article 17: the Agreement..shall automatically terminate 5 years from said effective date unless..., and Article 19: At the end of the clause, the standard language is to be used:"any other interested party shall also have the right at its own expense to appear and to participate in any such proceedings."
6. Submit the Geologic write up for the unit area.
7. A Plan of Development for the unit outlining the drilling operations and facilities locations.
8. All leases included in the unit shall have the correct Leasee Names and percentages shown on all exhibits.
9. A \$1,700.00 total filing fee. The filing fee is \$100 for each section or partial section included in the unit, whether federal, state, or privately owned.

If you have any questions or if we may be of further assistance, please contact the Units Manager, Marilyn Gruebel, at 505.827.5791 or the Units Analyst, Sue Keelin, at 505.827.5783.

Respectfully,



AUBREY DUNN  
COMMISSIONER OF PUBLIC LANDS

AD/sk

cc: Reader File  
NMOCD, Attn: Mr. Daniel Sanchez  
TRD, Attn: Ms. Billie Luther  
RMD, Attn: Mr. Danny Martinez



## HINKLE SHANOR LLP

ATTORNEYS AT LAW

400 PENN PLAZA, SUITE 640

PO BOX 10

ROSWELL, NEW MEXICO 88202

575-622-6510 (FAX) 575-623-9332

October 20, 2016

WRITER

Jared A. Hembree

jhembree@hinklelawfirm.com

**Via Certified Mail**

**Return Receipt Requested**

**No. 7009 2250 0001 5577 7144**

Commissioner of Public Lands  
New Mexico State Land Office  
P.O. Box 1148  
Santa Fe, NM 87504-1148

Re: *Rockcliff Operating New Mexico LLC NMOCD Application*

Ladies and Gentlemen:

Enclosed is a copy of an application for approval of the Button Mesa San Andres State Exploratory Unit Agreement that Rockcliff Operating New Mexico LLC ("Rockcliff") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed unit is comprised of the following lands in Chaves and Lea Counties:

**Township 8 South, Range 32 East, N.M.P.M., Chaves County**

Section 14: ALL  
Section 15: ALL  
Section 21: E½  
Section 22: ALL  
Section 23: ALL  
Section 26: ALL  
Section 27: ALL  
Section 28: ALL  
Section 29: E½  
Section 32: ALL  
Section 33: ALL  
Section 34: ALL  
Section 35: ALL

**Township 9 South, Range 32 East, N.M.P.M., Lea County**

Section 3: ALL  
Section 4: ALL  
Section 9: N½  
Section 10: N½

comprising 9,602.72 acres, more or less.

OCD Case No. 15587

**ROCKCLIFF  
Exhibit # 4**

PO BOX 10  
ROSWELL, NEW MEXICO 88202  
575-622-6510  
(FAX) 575-623-9332

PO BOX 1720  
ARTESIA, NEW MEXICO 88211  
575-622-6510  
(FAX) 575-746-6316

PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
505-982-4554  
(FAX) 505-982-8623

7801 JEFFERSON ST NE • SUITE 180  
ALBUQUERQUE, NEW MEXICO 87109  
505-858-8320  
(FAX) 505-858-8321

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 17, 2016 in Porter Hall at the Division's offices located at 1220 South St. 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 Rockcliff's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, November 10, 2016. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

**HINKLE SHANOR LLP**



Jared A. Hembree

JAH:pc

Enclosure

xc: Client (*via email only*)

**HINKLE SHANOR LLP**



## HINKLE SHANOR LLP

ATTORNEYS AT LAW  
400 PENN PLAZA, SUITE 640  
PO BOX 10  
ROSWELL, NEW MEXICO 88202  
575-622-6510 (FAX) 575-623-9332  
October 20, 2016

WRITER:  
Jared A. Hembree  
jhembree@hinklelawfirm.com

**Via Certified Mail**  
**Return Receipt Requested**  
**No. 7009 2250 0001 5577 7076**

Tierra Oil Company LLC  
P.O. Box 700968  
San Antonio, TX 78270-0968

Re: *Rockcliff Operating New Mexico LLC NMOCD Application*

Ladies and Gentlemen:

Enclosed is a copy of an application for approval of the Button Mesa San Andres State Exploratory Unit Agreement that Rockcliff Operating New Mexico LLC ("Rockcliff") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed unit is comprised of the following lands in Chaves and Lea Counties:

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Section 15: ALL  
Section 21: E½  
Section 22: ALL  
Section 23: ALL  
Section 26: ALL  
Section 27: ALL  
Section 28: ALL  
Section 29: E½  
Section 32: ALL  
Section 33: ALL  
Section 34: ALL  
Section 35: ALL

**Township 9 South, Range 32 East, N.M.P.M., Lea County**

Section 3: ALL  
Section 4: ALL  
Section 9: N½  
Section 10: N½

comprising 9,602.72 acres, more or less.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 17, 2016 in Porter Hall at the Division's offices located at 1220 South St. 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 Rockcliff's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

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Thank you for your attention to this matter.

Very truly yours,

**HINKLE SHANOR LLP**



Jared A. Hembree

JAH:pc  
Enclosure  
xc: Client (*via email only*)

**HINKLE SHANOR LLP**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Commissioner of Public Lands New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504-1148</p>	<p>A. Signature <b>X</b> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from serv) <b>7009 2250 0001 5577 7144</b></p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">BriLi, LLC 2135 Sedona Hills Parkway Las Cruces, NM 88011</p>	<p>A. Signature <b>X</b> </p> <p>B. Received by (Printed Name) <b>Marc Liley</b> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7009 2250 0001 5577 7106</b></p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

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<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Chalcom Exploration LLC 403 Tierra Berrenda Roswell, NM 88201</p>	<p>A. Signature <b>X</b> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7009 2250 0001 5577 7083</b></p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	



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<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/>   <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)  <u>KORALUNA</u></p> <p>C. Date of Delivery  <u>7-24-13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Pedregosa Partners LLC</b>  <b>5949 Sherry Lane, Suite 835</b>  <b>Dallas, TX 75225</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label) <b>7009 2250 0001 5577 7137</b></p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

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<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/>   <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)  <u>Tim L</u></p> <p>C. Date of Delivery  <u>7-24-13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Tim Lilley</b>  <b>4425 98<sup>th</sup> Street, Suite 200</b>  <b>Lubbock, TX 79424</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label) <b>7009 2250 0001 5577 7090</b></p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

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<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/>   <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)  <u>Tim L</u></p> <p>C. Date of Delivery  <u>7-24-13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Energex LLC</b>  <b>4425 98<sup>th</sup> Street, Suite 200</b>  <b>Lubbock, TX 79424</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label) <b>7009 2250 0001 5577 7120</b></p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

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<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Slash Exploration P.O. Box 1973 Roswell, NM 88202</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addres</span>  <i>X Maria Alatorre</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Deliv</span>  <i>MARIA ALATORRE</i> <span style="float: right;">10/21/16</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">OCT 21 2016</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Priority Mail Express<sup>™</sup>  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchant  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <span style="float: right;">7009 2250 0001 5577 7113</span>            (Transfer from service label)</p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

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<p>2. Article Number <span style="float: right;">7009 2250 0001 5577 7076</span>            (Transfer from service label)</p>	
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	